PETERBOROUGH CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MONDAY 19 JUNE 2017
7.00 PM
Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. Apologies for Absence

2. Declarations of Interest and Whipping Declarations

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council.

Members must also declare if they are subject to their party group whip in relation to any items under consideration.

10. Date of Next Meeting:

Monday, 4 September 2017

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Committee Members:

Councillors: M Cereste (Chairman), B Rush (Vice Chairman), K Aitken, S Barkham, J Bull, H Fuller, N Khan, S Lane, G Nawaz, N Sandford and A Sylvester

Parish Councillor Co-opted Member: Henry Clark
Parish Councillor Co-opted Member Substitute: Jason Merrill

Substitutes: Councillors: G Casey, J R Fox, and A Shaheed

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 14 MARCH 2017

Present:	Councillors Cereste (Chairman), Rush (Vice-Chairman), Aitken, Ayres, Barkham, Bull, Lillis, Serluca, Sylvester, Murphy, and John Fox	
Also present	Parish Councillor Henry Clark	Co-opted Member
	Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Dr. Richard Spiers	
	Kishore Sankla	Chief Executive,Solutions4Health
Officers Present:	Dr Liz Robin	Director of Public Health
	Julian Base	Head of Health Strategy
	Philippa Turvey	Democratic and Constitutional Services Manager
	Joanna Morley	Democratic Services Officer

1. Apologies

Apologies for absence were received from Councillors Khan and Lane, and David Whiles. Councillors Murphy and John Fox, and Susan Mahmoud were in attendance as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 10 January 2017

The minutes of the meetings held on 10 January 2017 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. IVF Service Consultation

The report was introduced by the Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group, and provided an overview of the proposals to stop routinely commissioning any specialist fertility services other than for two specified exceptions. Feedback from the Committee was sought as part of the consultation process.

The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group and Dr Richard Spiers were in attendance and responded to comments and questions raised by Members. A summary of responses included:

- A public consultation on IVF services had been launched and would run for 13 weeks from 13 March to 12 June 2017. 100 responses had already been received.
- The proposal to stop the routine commissioning of any specialist fertility services was purely a financial one, not a clinical one. The Clinical Commissioning Group (CCG) would have preferred to keep IVF services but under current financial constraints this was the one area that had the least impact on patients for the most return.
- There would be a saving of approximately £700,000 per annum to the CCG if the proposals were adopted.
- IVF services were looked at as part of a number of other areas. IVF services were an easily identifiable area as there was only one main provider (Bourne Hall) and therefore the amounts involved were known.
- The CCG used to provide three cycles of treatment at a cost of £1.4 million per annum. Although the service now only provided one cycle there were still patients going through the 3 year cycle as well as patients who had been referred under the one year cycle but who had yet to start. The savings amount of £700,000 for a financial year was based on this mix.
- Any health care intervention that cost more than £250,000 per annum and that was able to be easily modified was being looked at. However there were areas where there was NICE guidance and these areas could not be legally stopped.
- There was only one area where the CCG set the criteria for access and it was IVF services. Nationally all CCGs were looking at restricting this area.
- Restriction on orthopaedic services were already in place in terms of clinical thresholds for pain as well as weight restrictions for hip and knee replacements.
- There were extremely few clinical reasons that were accepted for cosmetic surgery.
- IVF was cost effective and worked well within a defined criteria and as such would be one of the services that the CCG would like to reinstate if funding improved.
- Other ways of rationing IVF, alongside age restrictions, had already been put in place. Patients had to have a uterus capable of carrying a pregnancy, be within the weight restrictions and be responsive to hormone stimulus.
- The psychological stress of infertility and its associated costs to the Health Service was acknowledged. However only a quarter of people visiting a GP with fertility problems were referred for IVF so the problem already existed to some extent.
- Another cost consideration was the issue of health tourism where patients, in the absence of IVF services at home, went abroad and had multiple embryos implanted. The cost of those pregnancies for the NHS was huge but it was difficult to prevent and there were already patients who did not fit the NHS criteria at present who went abroad for treatment.
- The Deficit for Health funding was £17.4 million. This was due to increased demand and activity across the NHS because of a growing and ageing population. The current funding formula for the particular demography of Peterborough did not meet requirements.
- The debt for the closure of the UnitingCare programme was £8.4 million.
- Prevention was identified as the key issue when dealing with patients with diabetes and weight related illnesses.
- There were only two exceptions to the proposal that were outlined in the report but patients could appeal by arguing that their case was an exception to the rule. The exceptionality process involved a panel of experts considering whether an exception could be made. The process was exhaustive and clinicians and lay members had to evaluate each case individually and find supporting evidence.

- The success rate for IVF could not be given in area specific terms but NICE data for national figures was as follows:
  - In the 23-39 age group, 40% got pregnant after the first attempt
  - In the 39-42 age group 25% got pregnant after the first attempt
  - In the 42+ age group there was a success rate of 10% or less
- NHS spending on IVF services accounted for 20% of the total spend on IVF. This figure was distorted because of the 'add-on' techniques offered by private clinics and as such it was difficult to compare costs.
- It was an extremely difficult decision to cut IVF services but every other viable option had been considered. Without this cut in services the alternative would have been increased waiting lists or persuading practitioners not to do the best for their patients.
- Scrutiny would only be in a position to stop the withdrawal of IVF services if the CCG had not carried out the consultation properly.

RECOMMENDATION

The Health Scrutiny Committee could not recommend supporting the proposal to withdraw IVF services as it was felt that the potential savings did not justify the loss of the service.

ACTIONS:

The Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group to report back to the Committee on the results of the consultation process.

6. Integrated Healthy Lifestyles Services Contract Implementation

The report was introduced by the Director of Public Health and provided an overview of the rationale used for the establishment of an Integrated Healthy Lifestyles Service and the progress made towards implementation on 1 April 2017.

Comments and questions were raised by Members and in summary included:

- Local Authorities were accountable for the prevention of serious conditions which would in turn relieve the pressure on the NHS.
- The message was much more about current lifestyle choices and prevention rather than on life threatening illnesses and death as they wanted to make people engage with the services on offer.
- The lifestyle areas covered a delivery service of programmes for both adults and children which included weight management, smoking cessation, physical activity programmes and health check programmes for the over 40s.
- Solutions4health provided a service to approximately 100,000 people around the UK and were experts in providing preventative and integrated lifestyle services.
- The main office for core staff would be located at Gladstone Park Community Centre but services would be offered from locations across the city such as Children's centres, GP practices and Citizen Advice offices. There would also be a healthy schools programme operating in schools.
- Peterborough and Cambridgeshire were part of a national prevention of diabetes programme but Solutions4health were also looking to do much more focussed work on diabetes particularly around weight management and levels of physical activity.
- A specially equipped vehicle would be available to drive to different locations so that barriers to people accessing services could be overcome.

- If a person gave up smoking at the age of 30 they could expect an increased life expectancy of 10 years. If they gave up at the age of 60 their life expectancy would increase by 3 years.
- Many lifestyle choices led to long periods of ill health that put a great strain on the NHS. The Council therefore looked to measure outcomes by looking not just at life expectancy but at healthy life expectancy.
- The contractors would be measured against validated results for example carbon dioxide validation that confirmed that an individual had stopped smoking instead of a tick on the form to say they had.
- Key Performance Indicators for Solutions4health were in discussion at the moment but the company stressed that they were not just focussed on KPI's but had a patient centric approach and would measure such things as improvement in self-esteem.
- Solutions4health was appreciative of the need to overcome cultural barriers and gave as an example their offer of women only exercise classes for Asian women with exercises that were appropriate to their culture.
- The funding of £4.2 million meant that Solutions4health could be flexible in their approach and would offer training, especially to people from the voluntary sector, improved accessibility for those people with disabilities and increased funding to support a self-care agenda so that people could better self-manage.
- An older people strategy was being developed and solutions4health would look to consult with parish councils on the largely elderly population that lived in rural areas.
- Services currently being delivered by Peterborough City Council would be transferred on 1 April to Solutions4health
- Solutions4health had contracts in many other parts of the country including Nottinghamshire, Berkshire and Oxfordshire and had been commissioned by Peterborough in part because of their successes in those areas.
- The contract had been awarded to Solutions4health after the completion of a competitive tender process.

RECOMMENDATIONS

The Health Scrutiny Committee considered the information provided within the report and

1. Noted the rationale for establishing an Integrated Healthy Lifestyles Service and the progress that had been made towards service implementation on 1 April 2017; and

2. Agreed that the progress made by the service and the associated health outcomes achieved for Peterborough post-implementation of the service would be reviewed on a six monthly basis.

ACTIONS AGREED

1. The Chief Executive of Solution4health to provide the Committee with real life case studies that gave a greater level of detail on performance monitors;

2. The Head of Health Strategy to provide the Committee with a briefing note on how the £4.2 budget would be allocated;

3. The Head of Health Strategy to provide the Scrutiny Committee with access to a 'dashboard' of real-time information showing performance against targets; and

4. The Chief Executive of Solution4health to provide the Committee with a plan and map, by ward, of what was going on where and at what time. Councillors could help disseminate this information when it was ready.

7. Forward Plan of Executive Decisions

The Committee received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Committee noted the Forward Plan of Executive Decisions and requested a briefing note on the following item:

- Community Supported Living Services - MAR17/CMDN/34

8. Work Programme

The Committee did not have any items for the draft work programme and agreed to wait for the work programme meeting for the new Council year, however the Chairman of the Committee proposed that Social Services should be bought back to this Scrutiny committee as there was so much crossover between the two areas.

The meeting began at 7.00pm and finished at 9.03pm. CHAIRMAN

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
19 JUNE 2017	PUBLIC REPORT

Report of:	Cabinet Member for Public Health	
Cabinet Member responsible:	Councillor Diane Lamb	
Contact Officer:	Dr Liz Robin	Tel. 01733 207175

PUBLIC HEALTH PORTFOLIO HOLDER'S REPORT 2016/17

RECOMMENDATIONS	
FROM: Cabinet Member for Public Health	**Deadline date: N/A**

It is recommended that the Health Scrutiny Committee

1. Note and comment on the Public Health Portfolio Holder's Report for 2016/17

1. ORIGIN OF REPORT

1.1 This Report was requested by the Health Scrutiny Committee during the annual work-planning process.

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an overview of the public health functions of the Council over the past year, including services delivered, public health outcomes achieved, progress made and future plans.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.

2.4 This report focusses on the Strategic Priority 'Achieve the best health and wellbeing for the City'

2.5 This report supports the Children in Care Pledge 'Help encourage you to be healthy'

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

BACKGROUND

4.1 **Cabinet Portfolio Holder for Public Health**

Following the May 2015 elections the post of Cabinet Portfolio Holder for Public Health was created, with responsibility for the public health functions transferred from the NHS to the City Council as part of the Health and Social Care Act (2012). These functions include:

- To help people live healthy lifestyles and make healthy choices, reducing their risk of developing long term health problems and conditions.
- To reduce health inequalities between different social groups in the city and amongst hard to reach groups
- To carry out health protection functions delegated from the Secretary of State, in relation to infectious diseases and chemical hazards.
- To ensure that public health advice is available to all local NHS organisations

4.2 **Public Health Delivery arrangements**

The Director of Public Health (DPH) has statutory Chief Officer responsibility for the public health functions outlined in the Health and Social Care Act (2012). A Public Health Board with senior officers from across directorates supports the embedding of public health outcomes across the work of the City Council.

The DPH is seconded into Peterborough City Council from Cambridgeshire County Council for two days a week, which has enabled joint working and efficiencies across the public health functions of two Councils. The wider public health team now works jointly across the two local authorities, and a joint public health commissioning unit has recently been established involving staff from both Councils, which is jointly led by Val Thomas, Public Health Consultant (Cambridgeshire), and Oliver Hayward, Assistant Director of Commissioning (Peterborough).

4.3 **The Public Health Grant to local authorities**

Peterborough City Council receives a ring-fenced public health grant from the Department of Health to deliver public health services. For 2016/17 the total grant was £11,479,000.

4.4 **Wider partnership arrangements**

The City Council's public health functions are delivered within the context of wider partnership arrangements with the NHS and other organisations for health and wellbeing. These include:

- The work of the Peterborough Health and Wellbeing Board, which is a partnership board chaired by the Council Leader with senior representation from the City Council, local NHS, HealthWatch and Safeguarding Boards. The HWB Board has agreed a joint Health and Wellbeing Strategy 2016/19 for Peterborough and has a duty to promote integrated working across health and social care.
- The statutory duty to deliver public health advice to NHS commissioners, known as the 'healthcare public health advice service' (HPHAS). This service is delivered jointly with Cambridgeshire County Council and agreed annually through a Memorandum of Understanding (MOU) with Cambridgeshire and Peterborough Clinical Commissioning Group. The Annual Report of the HPHAS is included as Appendix 3.
- Work through the 'Health Protection Steering Group', which is joint with Cambridgeshire County Council, to protect residents against infectious disease and environmental hazards. Membership includes representatives from Peterborough City Council Public Health, Environmental Health and Emergency Planning; Public Health England; NHS England; C&P Clinical Commissioning Group. More detail is provided in the Peterborough Annual Health Protection Report, which was presented to the HWB Board in March 2017.

KEY ISSUES

4.5 **Strategy**

Peterborough's Joint Health and Wellbeing Strategy was approved by Cabinet in June 2016 and by the Health and Wellbeing Board in July 2016. Implementation of the HWB Strategy is being monitored through quarterly performance reports to the HWB Board, and an annual review of key metrics and outcomes.

Peterborough's Cardiovascular Disease strategy was approved by the Health and Wellbeing Board in September 2016 and implementation is being overseen by a multi-agency

Cardiovascular Disease Steering Group, ensuring close alignment with the wider Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP) cardiovascular workstreams.

4.6 **Needs Assessment**

A Joint Strategic Needs Assessment (JSNA) to review the health and wellbeing needs of Diverse Ethnic Communities was approved by the Health and Wellbeing Board in September 2016. The People and Communities policy team reviewed the implications of this JSNA for City Council services and it is being used to support bids to the national Migration Fund. It was also referenced in the NHS Cambridgeshire and Peterborough Sustainability and Transformation Plan

A Joint Strategic Needs Assessment on Primary Prevention of Ill Health for Older People was presented to the Health and Wellbeing Board in June 2017. The purpose of this JSNA is to help inform further development of the Healthy Ageing programme for Peterborough.

Health needs assessments have also been completed or are in progress

- to support a review of Special Educational Needs transition services earlier in the year (completed)
- to identify needs, priorities and vulnerable groups for sexual health and contraception services in Peterborough (currently in draft)

Support has also been provided for a needs assessment for domestic abuse/ violence against women and girls across Cambridgeshire and Peterborough (currently in draft).

4.7 **Campaigns**

The Healthy Peterborough Campaign was delivered throughout 2016/17 covering a new topic each month. It was promoted through posters in a variety of places, lamp-post banners, magazines and newspaper advertorials, press releases, radio jingles and social media.

The campaigns generated 127,252 page views on the Healthy Peterborough website, 7,172 clicks from paid Facebook adverts and over 2,710 followers on Facebook. .

A survey of 333 Peterborough residents as part of an evaluation of the campaign found good recognition of the Healthy Peterborough brand with up to 46% of respondents recalling the campaign and 38% free recalling (unprompted) one of the campaign topics.

The results of the evaluation are being used to shape the 2017/18 Healthy Peterborough campaign, which has started with a focus on Mental Health during May.

4.8 **Commissioning of Public Health Services**

A new drug and alcohol treatment contract delivered by Change Grow Live (CGL) (previously Criminal Reduction Initatives (CRI)) commenced on April 1st 2016, integrating all parts of the local treatment system into one service. Successful transition and transformation of the service has been the priority during its first year.

The Integrated Contraception and Sexual Health service delivered by Cambridgeshire Community Services NHS Trust continued with some enhancement of preventive outreach services. The service faced pressure from high demand, and a limited amount of additional in-year funding was agreed to maintain the quality and accessibility of provision.

A Section 75 agreement was signed for health visiting, school nursing and family nurse partnership services delivered by Cambridgeshire and Peterborough NHS Foundation Trust. The purpose of the Section 75 is to continue the current services while further work is carried out on integration of child health services for ages 0-19, working with Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The specification for the Family Nurse Partnership service for vulnerable teenage mothers, which sits within the Section 75 was changed to a new more inclusive model.

A tender process for a new Integrated Lifestyles Service which supports people to make changes to their lifestyle behaviours, to reduce their risk of developing health conditions such as diabetes

or heart disease, was won by Solutions4Health. Since April 1st 2017, the new service is now in the implementation phase, with staff TUPE'd from Peterborough City Council based at the Gladstone Community Centre and working at venues across Peterborough. This service was jointly commissioned with Cambridgeshire and Peterborough CCG.

4.9 **Joint working**

In December 2016, the Health and Wellbeing Board agreed a Local Authority Appendix to a wider Memorandum of Understanding between local NHS organisations, outlining key principles and behaviours on how Council services (including public health services) would work with the NHS on the Cambridgeshire and Peterborough Sustainability and Transformation Plan. The document recognised the importance of aligning key services, including public health services, for the benefit of residents, while recognising the statutory duty of the Council to scrutinise NHS service changes as representatives of local communities, and the role of all Councillors to represent the views of their local constituents and speak up on their behalf.

4.10 **Performance**

Performance of key public health services against target is outlined in Appendix 1. Key points are

- Smoking cessation services achieved 83% of their annual quitter target. Performance fell in quarter 2 associated with low staff capacity, but following staff recruitment the Q4 target was overachieved.
- Health checks achieved 86% of annual target – again with reduced performance in Q2 and over-achievement in Q4.
- Children's weight management and adult physical activity programmes achieved completion rates above the national average.
- The percentage of drug users in treatment for opiate drugs in Peterborough who were retained for 12 weeks or more or completed treatment has remained steady at around 93-94% which is below the national average, while for non-opiate drug users the figure is 90-92% which is above the national average.
- The percentage of alcohol users completing treatment in Q3 was 34.6%, below the national average of 39.5%.
- The percentage of young people completing a planned exit from substance misuse treatment has ranged between 76% and 100% in different quarters.
- Service targets for mandatory health visitor checks were achieved for new birth visits and 6-8 week checks. The 12 month check was slightly below target and the 2 ½ year check showed some decrease in the final quarter, so these are being closely monitored.
- The majority of interventions carried out by school nurses in 2016/17 were mental health interventions
- The i-CASH service achieved its target to see more than 80% of people who contacted the service for an appointment within two days, in nine months out of twelve.

4.11 .

Wider public health outcomes

Peterborough indicators in the national Public Health Outcomes Framework have been reviewed as part of the Annual Performance Report for the Health and Wellbeing Strategy, attached as Appendix 2. Although the time needed by Public Health England to collate, quality check and nationally benchmark indicators means that they are generally for years before 2016-17, the report shows some encouraging trends in outcomes including:

- Although under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than England for all persons and for females, for males, Peterborough's directly age-standardised rate fell in 2013-15 from statistically worse to statistically similar to England for the first time since 2004-06.
- The suicide rate in Peterborough has fallen in each of the past three years and is now below that of England, although not statistically significantly different.
- Smoking prevalence in Peterborough for 2015 is 18.1%, statistically similar to England but among the lowest figures within Peterborough's group of nearest socio-economic neighbours

- Under 18 and under 16 conceptions both fell in 2015, although the under 18 rate remains statistically significantly worse than England

However

- The directly age-standardised rate of hospital admission episodes for alcohol-related conditions worsened in 2015/16 and was statistically significantly worse than England for five consecutive years.
- A significantly high directly age-standardised rate of emergency hospital admissions are attributable to the residents living in the 20% most deprived areas in Peterborough. Both the observed number of admissions and the directly age-standardised rate increased between 2013/14 and 2014/15.
- The rate of hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years, including self harm, was significantly worse than England for five consecutive years and rose in 2015/16.
- The percentage of people receiving a late HIV diagnosis in Peterborough was worse than benchmark national goal of 50.0% for five consecutive pooled periods.

4.12 **Priorities for 2017/18**

Public health delivery in Peterborough is carried out within the overall framework of the Peterborough Health and Wellbeing Strategy 2016/19. Priorities for delivery in 2017/18 include:

- Successful implementation of the new 'Solutions4Health' Integrated Lifestyle Service
- Implementation of agreed 'Sustainability and Transformation Plan' falls prevention and stroke prevention programmes jointly with the NHS
- Implementation of an emergency contraception service in pharmacies as part of the teenage pregnancy action plan
- Implementation of the new Cambs & Peterborough public health joint commissioning unit (substance misuse, sexual health, integrated lifestyles, primary care services)
- Further development of the Healthy Peterborough Campaign/Brand in response to recent evaluation
- Contributing to joint commissioning/integration plans for 0-19 children's health services, led by Wendi Ogle-Welbourn, which include health visiting and school nursing services
- Developing a Supplementary Planning Document for Health and Wellbeing as part of the Peterborough Local Plan
- Targeted work in the 20% of areas/communities in Peterborough with the highest deprivation levels to improve health and reduce high hospital admission rates.
- Further development of the Healthy Ageing Programme - including work on a dementia friendly City and the associated research project.
- Work with the constabulary to contribute to the Local Alcohol Area Action Plan

5. CONSULTATION

5.1 A number of consultation and engagement activities took place in relation to the activities outlined in this report, for example:

- Public consultation on the draft Health and Wellbeing Strategy 2016/19
- Consultation on the new Integrated Lifestyles Service prior to tendering
- Survey to evaluate the Healthy Peterborough Campaign 2016/17
- Surveys of migrant workers and stakeholders for the Diverse Ethnic Communities JSNA
- Focus groups with stakeholder and service users for the Sexual Health Needs Assessment
- Stakeholder events for the Older People and Primary Prevention JSNA

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The overall impact of Peterborough City Council's public health functions in 2016/17 should be to further improve the health of local residents and reduce health inequalities.

7. REASON FOR THE RECOMMENDATION

7.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's report. However the wider work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

9. IMPLICATIONS

Financial Implications

9.1 This report is not for decision and therefore does not have direct financial implications. Priorities for 2017/18 will be delivered within the available budget. Because the services funded are preventive, successful development and delivery will result in reduced demand pressures on wider NHS and social care services.

Legal Implications

9.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents.

Equalities Implications

9.3 There is a wider focus within services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

Rural Implications

9.4 The public health functions outlined should be delivered in both urban and rural areas of Peterborough, and it is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

10. BACKGROUND DOCUMENTS

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

10.1 Annual Health Protection Report for Peterborough 2016, as presented to the Health and Wellbeing Board, available on weblink
http://democracy.peterborough.gov.uk/documents/s30553/7.%20Appendix%201%20-%20PCC%20AHPR%202016_7%20v0.1.pdf

11. APPENDICES

11.1 Appendix 1: PH commissioned services overview and appendix
Appendix 2: Health and Wellbeing Strategy 2016-19 Annual Review
Appendix 3: Healthcare Public Health Advice Service (HPHAS) Annual Report

Appendix 1

Performance of Commissioned and Delivered Services– Peterborough City Council

May 2017

Elizabeth.wakefield@peterborough.gov.uk

Elizabeth Wakefield

Public Health Analyst

Contents

1. Introduction

This document summarises information pertaining to the commissioning and delivery of public health services in Peterborough, sourced from data provided by the Public Health delivery and commissioning teams.

This document concentrates on the targets and achievements of the following services:

- Stop smoking service
- Health checks programme
- Let's get moving weight management
- Let's get moving physical activity programme
- Adult drug services and alcohol services.
- Young people's substance misuse services
- Children's public health services (health visiting and school nursing)
- Sexual health and contraception services

Further information on some of the topic areas is available via URL: http://fingertips.phe.org.uk/

2. Peterborough Stop Smoking Service 2016/17

Annual results show that 649 smoking quits have been achieved in Peterborough for the year 2016/17, which equates to an overall percentage of 83% against the set target. Quarter 1 showed a smoking quit achievement of 80%, although achievement in Quarter 2 was lower at 64% due to reduced capacity in this quarter. However staff recruitment was undertaken at this time resulting in an increase in achievement from this point on, with Quarter 3 achievement increasing to 85% with a further increase in achievement of 102% in Quarter 4 as new staff activity became established. Although the indicators provided demonstrate the numbers of quits achieved in 2016/17 the annual targets have been adjusted to bring it in line with the adopted objective to 'treat' 5% of the smoking population (1,486 smokers) rather than to achieve quits. Additionally the percentage of people who have successfully quit at 4 weeks (Confirmed by CO Monitor) has remained steadily around 80% for each quarter (apart from quarter 2).

Figure 1: Peterborough Stop Smoking Service 2016/17

	Year end target	Per Quarter					Previous quarter
		Target	Number of people who have successfully Quit at 4 weeks	Performance against quarterly/annual targets	Percentage of people who have successfully Quit at 4 week (Confirmed by CO Monitor)	RAG status	Direction of travel
Quarter 1	784	196	156	80%	83%		n/a
Quarter 2	784	196	127	64%	49%		▼
Quarter 3	784	196	166	85%	81%		▲
Quarter 4	784	196	200	102%	83%		▲
Annual	784	784	649	83%	-		n/a

*Note: RAG status has been defined by the following: Red: Below 10% of quarterly target, Yellow: Within 10% of quarterly target, Green Above the quarterly target.

3. Peterborough Health Check Programme 2016/17

Annual results show that 5,232 health checks have been completed in Peterborough for the year 2016/17, which equates to an overall percentage of 86%. When comparing quarterly data a clear improvement can be seen between quarters. With Quarter 1 showing a 72% achievement against the received health checks target and quarter 4 showing an achievement of 110% compared to the health checks target. Although the RAG status for these indicators remains red for all but quarter 4 (which achieved a rate of 110%) the annual percentage is at 86% which is close to the 90% achievement target needed to change the indicator to amber. The increase in Quarter 4 is due to increased activity by GP Practices seeking to meet their own practice targets, led in part by increased support by Public Health. The cumulative percentage of 'people who received a health check' continues to be high compared to other areas in the East of England.

Figure 2: Peterborough Health Check Programme 2016/17

	Year end target	Per Quarter						Previous quarter
		Target (received)	Number of patients who **received** an NHS Health Check	Performance against quarterly targets (received)	Number of patients **offered** an NHS Health Check	Percentage of people offered a health check that received a health check	RAG status	Direction of travel
Quarter 1	6,061	1,515	1095	72%	2478	44%		n/a
Quarter 2	6,061	1,515	1119	74%	3522	32%		▲
Quarter 3	6,061	1,515	1355	89%	3159	43%		▲
Quarter 4	6,061	1,515	1663	110%	6229	27%		▲
Annual	6,061	6,061	5,232	86%	15,388	34%		n/a

*Note: RAG status has been defined by the following: Red: Below 10% of quarterly target, Amber: Within 10% of quarterly target, Green Above the quarterly target.

4. Peterborough More Life - Family Weight Management Programme 2016/17

In 2016/17 the Peterborough 'More Life' family weight management programme delivered 7 programmes throughout the year. 131 families took part in the 'more life' programs with 82 families completing, giving the program an overall completion rate of 63%, which is RAG rated green against the national average completion rate for this type of programme of 60%.

Figure 3: Peterborough More Life - Family Weight Management Programme 2016/17

	Per Quarter					Previous quarter
	Number of More Life programmes	Percentage of families beginning the programme that completed the programme	Number of families beginning programme	Number of families completing programme	RAG status	Direction of travel
Annual 2016/17	7	63%	131	82		n/a

*Note: RAG status has been defined by the following: Red: Below 10% of quarterly target, Yellow: Within 10% of quarterly target, Green Above the quarterly target.

5. Peterborough Let's Get Moving Physical Activity Programme 2016/17

In 2016/17 the Peterborough Let's Get Moving programme delivered 6 programmes throughout the year. 90 people took part in the 'Let's get moving' programs with 60 people completing the program, giving the program an overall completion rate of 67%, which is RAG rated green against the national average completion rate for this type of programme of 60%.

Figure 4: Peterborough Lets Get Moving Physical Activity Programme 2016/17

	Per Quarter					Previous quarter
	Number of Let's Get Moving programmes	Percentage of people beginning the programme that completed the programme	Number of people beginning programme	Number of people completing programme	RAG status	Direction of travel
Annual 2016/17	6	67%	90	60		n/a

*Note: RAG status has been defined by the following: Red: Below 10% of quarterly target, Yellow: Within 10% of quarterly target, Green Above the quarterly target.

6. Peterborough Adult Drugs Service 2016/17

Numbers in treatment, new presentations are year to date figures which means each quarter has been added together. From this we can see that for opiate drug users that are new in treatment there has been a slight decrease in new presentations between quarters 1, 2 and 3. in Peterborough 2016/17. Non-opiate new presentations has remained fairly stable (31, 24, 36). The total number of opiate users in treatment has remained steadily around 830 for quarter 1, quarter 2 and quarter 3.While the percentage of drug users in treatment for opiate drugs in Peterborough who were retained for 12 week or more or completed treatment has remained steadily around 93-94% for all quarters which is below the national average although the national average is showing a downward trend. The percentage of drug users in treatment for non-opiate drugs in Peterborough who were retained for 12 week or more or completed treatment is around 90-92% which is above the national average of 87%. Peterborough has also maintained a penetration level above 58% across quarter 1, quarter 2 and quarter 3 achieving a RAG rating of green. The percentage of OCUs who successfully complete treatment in Peterborough remains below the upper quartile range (which is below the top 8 out of 32 comparator local authorities) for quarter 1, quarter 2 and quarter 3 with a percentage of 5% for Peterborough in quarter 3 compared to 6.6% upper quartile range.

Figure 5: Peterborough Adult Drugs Service 2016/17

		Quarter 1	Quarter 2	Quarter 3
Number of people in treatment (opiate)	New presentations (YTD)	107	208	284
	Total in treatment	838	831	839
Number of people in treatment (non-opiate)	New presentations (YTD)	31	55	91
	Total in treatment	92	106	113
KPI 1 Maintain an increase of drugs users into treatment by at least 1% above the national average	Peterborough (opiate)	93.6%	93.9%	93.9%
	England (opiate)	95.1%	94.9%	94.8%
	RAG status			
	Peterborough (non- opiate)	92.4	90.6%	91.2%
	England (non- opiate)	86.6%	86.5%	86.5%
	RAG status			
Maintain a penetration level of at least 58%	Peterborough	65.1%	66.1%	67.2%

(The estimated number of people in your area who are dependent on opiates and/or crack cocaine and in the treatment system)	RAG status			
KPI 2 Maintain the number of opiate/crack users (OCUs) who successfully complete treatment as a proportion of the total number in treatment in line with the upper quartile of Peterborough's cluster group	Peterborough	7.6%	6.9%	5.0%
	Upper Quartile range	7.75% - 10.84%	7.97% - 10.74%	7.62% - 11.70%
	RAG status			
KPI 3 Improve the proportion who successfully completed treatment in the first six months of the latest twelve month period and re-presented within 6 months to be in line with the upper quartile of the cluster group	Peterborough	19.4%	24.1%	33.3%
	Direction of travel	n/a	▼	▼
100% of care plans started	Peterborough	Achieved	Achieved	Achieved
	RAG status			
Provide narrative to accompany report to explain data issues, trends and new service activity/ developments	Peterborough	Achieved	Achieved	Achieved
	RAG status			

7. Peterborough Adult Alcohol Service 2016/17

There has been a slight decrease in the number of new presentations of alcohol users in treatment between quarters 1, 2 and 3 in Peterborough 2016/17 although the service is on track to exceed previous numbers in treatment for alcohol use. The percentage of alcohol users in treatment in Peterborough who were retained for 12 weeks or more or completed treatement (KPI1) has increased between quarter 1 and quarter 2 to 84.7% remaining steady for quarter 3. For all quarters this has remained below the national average. The proportion of alcohol uses who successfully complete treatment (KPI 2) has decrease between quarter 1 and quarter 2 with a slight increase in quarter 3. The number of service users who represented (KPI 3) remains higher than England with a percentage of 12.1% for Peterborough in quarter 3 compared to 8.84% nationally.

Figure 6: Peterborough Adult Alcohol Service 2016/17

		Quarter 1	Quarter 2	Quarter 3
Number of people in treatment	New presentations (YTD)	127	204	272
	Total in treatment	127	204	272
KPI 1 Maintain an increase of alcohol users in treatment by at least 1% above the national average *This is a combined indicator for alcohol and non-opiate	Peterborough	82.8%	84.7%	84.7%
	England	87.3%	87.1%	87.1%
	RAG			
KPI 2 Maintain the number of alcohol users who successfully complete treatment as a proportion of the total number in treatment in line with the national average	Peterborough	41.6%	32.4%	34.6%
	England	39.5%	39.3%	39.50%
	Direction of travel	n/a	▼	▲
KPI 3 Improve the proportion who successfully completed treatment in the first six months of the latest twelve month period and re-presented within 6 months to be in line with the upper quartile of the cluster group	Peterborough	13.4%	14.4%	12.1%
	England	9.2%	9.04%	8.84%
	Direction of travel	n/a	▼	▲

100% of care plans started	Peterborough	Achieved	Achieved	Achieved
	RAG status			
Provide narrative to accompany report to explain data issues, trends and new service activity/ developments	Peterborough	Achieved	Achieved	Achieved
	RAG status			

*Note: Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.

8. Peterborough Young People and Family work substance misuse service 2016/17

The number of young people receiving structured treatment between quarters 1, 2 and 3 in Peterborough 2016/17 has remained stable.There has also been an increase in the number of young people who have stopped or reduced their substance misuse. The percentage of planned exits for young people with substance misuse started at 100% in Quarter 1 meaning that all exits from treatment were planned this percentage decreased in quarter 2 with a light increase to 78% by quarter 3.

Figure 7: Peterborough Young People and Family work substance misuse service 2016/17

		Quarter 1	Quarter 2	Quarter 3
Structured treatments commenced with vulnerable young people under the age of 18	Peterborough	22	42	63
	Direction of travel	n/a	▲	▲
Percentage of planned exits for young people with substance misuse	Peterborough	100%	76%	78%
	Direction of travel	n/a	▼	▼
Of whom the number who stopped their drug and/or alcohol misuse at the end of the reporting period	Peterborough	<5	6	13
	Direction of travel	n/a	▲	▲
Of whom the number who had reduced their drug and/or alcohol use at the end of the reporting period	Peterborough	6	10	13
	Direction of travel	n/a	▲	▲
Number of representations for young people with substance misuse	Peterborough	<5	<5	<5
	Direction of travel	n/a	-	-
Number of parent/carer receiving parent interventions	Peterborough	13	17	11
Number of parent support intervention	Peterborough	16	36	89
Number of family and social network interventions	Peterborough	13	17	11
All activity data reported to the National Drug Treatment Monitoring System (NDTMS) in a timely fashion and in line with the most recent NDTMS Core Data Set and with PHE performance requirements in terms of data quality.	Peterborough	Achieved	Achieved	Achieved
	RAG status			

Achieve 80% regional TOP compliance rate	Peterborough	100%	88%	85%
A number of case studies throughout the year have been acquired to show the impact on services	Peterborough	Achieved	Achieved	Achieved

9. Healthy Child Programme 2016/17

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children, through health and development reviews, health promotion and parenting support. From 1 October 2015, local authorities took over responsibility from NHS England for health visiting services. The service include 5 mandated visits – the performance of which is recorded on a monthly basis. The performance against the set targets is outlined in the table below.

Figure 8: Healthy Child Programme 2016/17

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Annual average
% of ante natal contacts	Peterborough	50%	43%	31%	40%	41%	44%	48%	39%	54%	34%	47%	46%	50%	44%
	RAG														
% of 10-14 Day New Birth Visits Uptake within 14 days	Peterborough	90%	93%	89%	92%	94%	94%	92%	89%	89%	94%	89%	92%	90%	92%
	RAG														
% of 6 - 8 week health visitor reviews completed	Peterborough	90%	98%	98%	98%	98%	97%	97%	97%	99%	96%	95%	99%	97%	97%
	RAG														
% of young children given 12 month health reviews carried out by 12 months		90%	86%	86%	89%	85%	86%	84%	83%	84%	89%	80%	85%	78%	81%
% of children given 2-2.5 year review	Peterborough	90%	96%	94%	96%	94%	93%	80%	94%	84%	77%	92%	82%	83%	88%
	RAG														

- The ante natal visit is a relatively new mandated visit for the health visitors. It has been a challenging target, and achieving the target is dependent on notifications and communications with midwifery services. However, over the year the notification process has begun to get embedded, and the general trend is upwards.
- In the main the 10 – 14 day visit target is met. Over the year the target has been met with 92% of families receiving a 10 – 14 day visit.
- The percentage of health visitor 6 – 8 week checks has met the target for 2016/17 – with 97% of families receiving this visit
- The 12 month visit by 12 month target however has not been met during 2016/17 – although if we look at the data for 12 month visits completed by 15 months, 93% of families have received their twelve month visit. This does indicate that whilst not all visits are being completed within the 12 month timeframe, families are receiving a 12 month review, albeit in a longer timeframe.
- The target for the two year old reviews has been mixed, with the target being met for the start of the year, but seeing a decline in the later 6 months.

Figure 9 – breastfeeding prevalence and coverage

		Target	Apr	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17	Annual average
% of infants for whom breastfeeding status is recorded at 6-8 weeks from birth	Peterborough	95%	98%	99%	97%	95%	99%	99%	96%	94%	99%	99%	96%	101%	98%
	RAG														
Prevalence of breastfeeding (totally and partially) at 6-8 weeks from birth	Peterborough	45%	44%	41%	41%	48%	41%	42%	41%	46%	42%	39%	44%	42%	43%
	RAG														

- The percentage of the breastfeeding infants recorded at 6-8 weeks remains high throughout the months achieving a RAG status of green for all months except November which ensures the accuracy of the breastfeeding data. Breastfeeding prevalence in Peterborough is consistently falling short of the national 45% target with the annual average at 43%.
- Whilst the health visitors record the number of fully and partially feeding mums at 6 – 8 weeks, the breastfeeding agenda is overseen through a multi agency group. If mothers have already stopped breastfeeding by the time the health visitors complete their new birth visit, the health visitors

are not able to impact on the results at 6 – 8 weeks. The multi agency strategy group includes midwifery services, the children's centres, the NCT as well as health visiting, to work together to look at the breastfeeding take up rates and develop and deliver interventions that will have a positive impact on breastfeeding rates. There is a range of services that support the breastfeeding agenda including the delivery of 4 breastfeeding cafes across Peterborough and peer support delivered through the NCT. Both the midwifery and the health visiting teams have now both achieved Stage 3 accreditation, for the Unicef, Baby Friendly Accreditation. Baby Friendly Initiative was introduced in the UK in 1995 and is designed to support breastfeeding and parent infant relationships by working with public services to improve **standards of care**. It is the first ever national intervention to have a positive effect on breastfeeding rates in the UK. Baby Friendly accreditation is based on a set of interlinking **evidence-based** standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development.

School Nursing

The school nursing service contributes to the healthy child programme. School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. School nurses are qualified nurses who hold an additional specialist public health qualification. They work with families and young people from five to nineteen, providing a range of support.

One of the outcomes for school nurses is that more children, young people and their families live healthy lifestyles. Whilst there are no targets for the number of interventions completed, we monitor the number of subject of interventions in order to identify areas of need. Over 2016/17, the greatest area of intervention has been linked to emotional health and wellbeing. There is a high number of interventions relating to behaviour, and there was a particularly high demand for weight interventions in the first quarter of 2016/17. Numbers of interventions for sexual health and smoking and substance misuse are low, with 20 interventions annually for sexual health and below five for smoking and substance misuse annually.

Figure 10: Healthy Child Programme 2016/17 – School Nursing

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Numbers of weight interventions	Peterborough	105	17	19	25
Number of mental health interventions	Peterborough	353	210	378	429
Number of behaviour interventions	Peterborough	47	30	122	42
Number of Sexual Health interventions (Annual)	Peterborough	20			
Number of smoking and substance misuse interventions (Annual)	Peterborough	<5			

10. iCash (contraception and sexual health) Services 2016/17

Percentages of people with STI needs offered appointment or walk in within 2 working days of first contact remains consistently at a level below the target of 98% only achieving green in November and December. In contrast the percentage of people with STI needs seen or assessed by healthcare professional within 2 working days of first contact remains above the target percentage of 80% for most months only falling below in April. August and September.

Figure 11: iCash (contraception and sexual health) Services 2016/17

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% of people with STI needs offered appointment or walk in within 2 working days of first contact	Peterborough	98%	84%	89%	85%	93%	79%	77%	96%	99%	100%	97%	87%	94%
	RAG													
% people with STI needs seen or assessed by healthcare professional within 2 working days of first contact	Peterborough	80%	79%	88%	82%	92%	77%	75%	91%	97%	96%	94%	84%	93%
	RAG													
Total attendances	Peterborough	Total YTD	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
		23,093	1,903	1,869	1,922	1,967	1,780	2,022	2,088	1,958	1,910	2,011	1,521	2,142

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Appendix 2

Peterborough City Council Health & Wellbeing Strategy 2016-19 Annual Review

May 2017

Contents

1. Introduction

Producing a joint Health & Wellbeing Strategy to meet the health needs of local residents is one of the main duties of Health & Wellbeing Boards as identified in the Health & Social Care Act 2012[1] The Health & Wellbeing Board of Peterborough City Council approved the 2016-19 Health & Wellbeing Strategy for Peterborough in July 2016, after a period of collaboration between key stakeholders across the healthcare sector and members of the public to establish key priorities and goals related to the health of residents in Peterborough. The 2016-19 Health & Wellbeing Strategy is available at URL: https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/PCCHealthWellbeingStrategy-2016-19.pdf?inline=true and is comprised of 12 main sections that focus on key factors that influence healthcare outcomes in Peterborough:

1. Children & Young People's Health
2. Health Behaviours & Lifestyles
3. Long Term Conditions & Premature Mortality
4. Mental Health for Adults of Working Age
5. Health & Wellbeing of People with Disability and/or Sensory Impairment
6. Ageing Well
7. Protecting Health
8. Growth, Health & the Local Plan
9. Health & Transport Planning
10. Housing & Health
11. Geographical Health Inequalities
12. Health & Wellbeing of Diverse Communities

[1] https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

Each Health & Wellbeing Strategy section performance report includes a quarterly update from the section lead on current and on-going activities, future plans and milestones, risks and key considerations. In addition to this, a number of key performance indicators have been chosen for each section in order that progress can be objectively monitored against national performance in relation to both observed numbers (e.g. number of people dying from all cardiovascular diseases) and statistical significance in comparison to England (e.g. directly age-standardised mortality rates, which take in to account differences in demographics between populations, such as disproportionately high percentages of older or younger people compared to England).

For each performance indicator, an appropriate partnership Board has been asked to agree both the appropriateness of the indicator and a three year improvement trajectory, encompassing the period from the start of Health & Wellbeing Strategy in 2016 through to March 2019.

This report summarises currently available data in relation to the aforementioned performance indicators which support Peterborough's 2016-19 Health & Wellbeing Strategy. It should be noted that many of these indicators are based on nationally-available benchmarked data that is available only on an annual basis and therefore current performance should be seen as a 'baseline' from which to assess future performance, rather than necessarily a reflection of interventions undertaken since the commencement of the 2016-19 Health & Wellbeing Strategy. Staff within the Public Health Directorate of Peterborough City Council are currently working with other relevant stakeholders to ensure that future quarterly reports include contemporary performance data as a supplemental set of measures to monitor healthcare outcomes in Peterborough.

2. Health & Wellbeing Strategy 2016-19 – Annual Review 2017 Key Findings Overview

Baseline data that show recent improvements within Peterborough in relation to Health & Wellbeing include:

- The suicide rate in Peterborough has fallen in each of the past three years and is now below that of England, although not statistically significantly different.

- The life expectancy gap between the most deprived 20% and least deprived 80% of Peterborough electoral wards has narrowed from 2.5 years in 2007-11 to 1.9 years in 2011-15, with life expectancy currently standing at 79.5 years for residents within the most deprived 20% and 81.4 years among the least deprived 80%. However, at Lower Super Output Area (LSOA) level (populations of approximately 1,500 people), inequalities in life expectancy are notably more pronounced. There is a gap of 8.4 years between life expectancy for males in Peterborough's most deprived 10% of LSOAs compared to the least deprived 10% of LSOAs and for females, this gap is 6.1 years. Although these inequalities have reduced in recent years, this demonstrates that poor healthcare outcomes in the most deprived areas of Peterborough remain worthy of significant attention and that inequalities can be more pronounced among smaller population groups in comparison to electoral ward data.

- Although under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than England for all persons and for females, for males,

Peterborough's directly age-standardised rate has fallen in 2013-15 from statistically worse to statistically similar to England for the first time since 2004-06.

- Both observed numbers and directly age-standardised rates of hospital admissions as a result of heart failure and stroke fell in Peterborough between 2013/14 and 2014/15. Emergency hospital admissions as a result of cardiovascular disease also fell in Peterborough between 2013/14 and 2014/15, but remain higher among the most deprived 20% of the area than the least deprived 80%.

- Smoking prevalence in Peterborough for 2015 is 18.1%, statistically similar to England but among the lowest figures within Peterborough's group of nearest socio-economic neighbours

- Under 18 and under 16 conceptions have both fallen in 2015, although the under 18 rate remains statistically significantly worse than England

- The number of Peterborough residents attending sports/physical activities provided by Vivacity has increased 5.7% in 2016/17, from 1,313,384 to 1,388,710

- Internal data from Peterborough City Council's Adult Social Care team show consistent increases in the number of adults in receipt of assistive technology, number of adults with social care needs receiving short term services to increase independence and the number of adults with social care needs requesting support, advice or guidance.

- The number of health checks delivered in Peterborough to residents aged 40-74 has been statistically significantly higher than England for each of the past three years.

- In 2015-16, Peterborough achieved 8 of 10 benchmark goals relating to screening and immunisation (e.g. 90.0% + of 2 and 5 year olds receiving MMR for one/two dose/s).

- The number of people killed/seriously injured on Peterborough roads has been statistically similar to England for three consecutive periods, having been statistically significantly worse in 2009-11 and 2010-12.

Baseline data that show recent negative trends and/or areas that may require further intervention to address over the course of the 2016-19 Health & Wellbeing Strategy include:

- A significantly high directly age-standardised rate of emergency hospital admissions are attributable to the most deprived 20% of the Peterborough population and both the observed number of admissions and the directly age-standardised rate increased between 2013/14 and 2014/15.

- The directly age-standardised rate of hospital admission episodes for alcohol-related conditions has worsened in 2015/16 and has been statistically significantly worse than England for five consecutive years.

- The crude rate of hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years has been significantly worse than England for five consecutive years and has risen to a new high of 189.5/10,000 in 2015/16.

- Peterborough has one of the highest directly age-standardised rates of emergency hospital admissions among over 65s as a result of falls in the East of England.

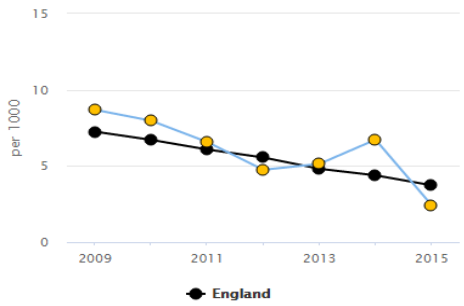
- The percentage of people receiving a late HIV diagnosis in Peterborough has been higher (therefore worse) than benchmark national goal of 50.0% for five consecutive pooled periods.

3. Health & Wellbeing Strategy 2016-19 – Annual Review 2017 Key Findings by Section

3.1 Children & Young People's Health

Reduction of under 18 conceptions is a key priority of the 2016-19 Health & Wellbeing Strategy, as most are unplanned, around half end in abortion and research shows teenage pregnancy is associated with poor outcomes for both young parents and their children. Below data show that Peterborough's under 16 conception rate has fallen to 2.4/1,000, below that of England (3.7/1,000) for 2015, although not statistically significantly lower. Peterborough's under 18 conception rate in 2015 is 28.3/1,000 which remains statistically significantly worse than England; however, this rate has fallen in each of the last there years.

Figure 1: Under 16 Conceptions in Peterborough, 2009 – 2015, Crude Rate per 1,000



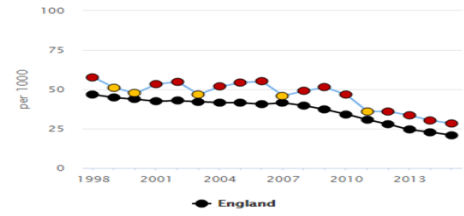
Recent trend: ⬇

Period		Count	Value	Lower CI	Upper CI	East of England	England
2009		30	8.7	5.9	12.4	5.5	7.3
2010		28	8.0	5.3	11.5	5.2	6.7
2011		23	6.6	4.2	9.9	5.4	6.1
2012		16	4.7	2.7	7.7	4.4	5.6
2013		17	5.1	3.0	8.2	4.0	4.8
2014		22	6.7	4.2	10.2	3.9	4.4
2015		8	2.4	1.0	4.8	2.9	3.7

Source: Office for National Statistics (ONS)

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90639/age/169/sex/2

Figure 2: Under 18 Conceptions in Peterborough, 1998 – 2015, Crude Rate per 1,000



Recent trend: ⬇

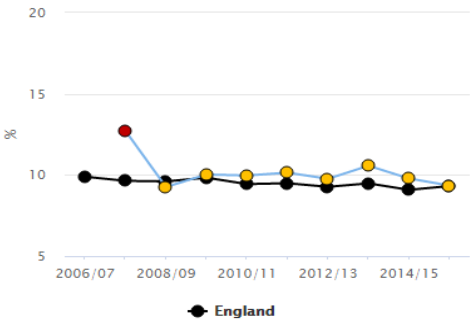
Period		Count	Value	Lower CI	Upper CI	East of England	England
1998		185	57.7	49.7	66.6	37.9	46.6
1999		158	51.0	43.4	59.6	36.4	44.8
2000		147	47.4	40.1	55.7	35.1	43.6
2001		167	53.3	45.5	62.0	34.2	42.5
2002		179	54.8	47.1	63.5	34.6	42.8
2003		155	46.8	39.7	54.7	33.1	42.1
2004		175	51.7	44.3	59.9	32.4	41.6
2005		184	54.2	46.7	62.7	32.4	41.4
2006		190	55.1	47.6	63.6	33.1	40.6
2007		155	45.9	39.0	53.8	33.0	41.4
2008		168	48.9	41.8	56.9	31.1	39.7
2009		171	51.3	43.9	59.5	30.7	37.1
2010		161	46.6	39.7	54.3	29.1	34.2
2011		127	36.0	30.0	42.8	26.6	30.7
2012		128	36.0	30.0	42.8	23.2	27.7
2013		118	33.4	27.7	40.0	21.0	24.3
2014		102	30.2	24.6	36.7	20.2	22.8
2015		95	28.3	22.9	34.6	18.8	20.8

Source: Office for National Statistics (ONS)

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20401/age/173/sex/2

Data below show that the prevalence of obesity in reception age children in Peterborough has fallen in each of the past three years, whereas it has risen among children in year six in each of the past three years; Peterborough remains statistically similar to England for both indicators.

Figure 3: Prevalence of Obesity in Reception Age Children, Peterborough, 2006/07 – 2015/16, %



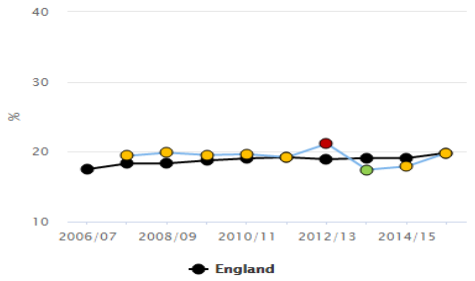
Recent trend: ➡

Period		Count	Value	Lower CI	Upper CI	East of England	England
2006/07		-	*	-	-	*	9.9
2007/08		248	12.7	11.3	14.3	9.4*	9.6
2008/09		198	9.3	8.1	10.6	8.7	9.6
2009/10		220	10.0	8.8	11.4	9.2	9.8
2010/11		226	10.0	8.8	11.3	8.9	9.4
2011/12		247	10.1	9.0	11.4	8.7	9.5
2012/13		260	9.8	8.7	10.9	8.1	9.3
2013/14		306	10.6	9.5	11.7	8.5	9.5
2014/15		266	9.8	8.7	11.0	8.2	9.1
2015/16		259	9.3	8.3	10.5	8.3	9.3

Source: NHS Digital, National Child Measurement Programme

Source: Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000006/ati/102/are/E06000031/iid/90319/age/200/sex/4

Figure 4: Prevalence of Obesity in Year Six Children, Peterborough, 2006/07 – 2015/16, %



Recent trend: ➡

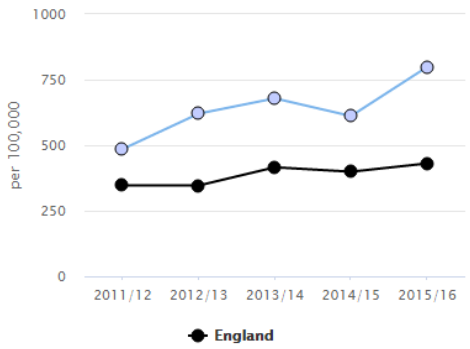
Period		Count	Value	Lower CI	Upper CI	East of England	England
2006/07		-	*	-	-	*	17.5
2007/08		277	19.4	17.4	21.5	16.7*	18.3
2008/09		378	19.9	18.1	21.7	16.6	18.3
2009/10		386	19.5	17.8	21.3	16.8	18.7
2010/11		388	19.6	18.0	21.5	17.7	19.0
2011/12		389	19.2	17.6	21.0	17.2	19.2
2012/13		438	21.1	19.4	22.9	17.1	18.9
2013/14		386	17.4	15.9	19.1	17.2	19.1
2014/15		345	17.9	16.2	19.7	16.9	19.1
2015/16		460	19.8	18.3	21.5	17.6	19.8

Source: NHS Digital, National Child Measurement Programme

Source: Public Health Outcomes Framework, https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000006/ati/102/are/E06000031/iid/90323/age/201/sex/4

The directly age-standardised rate of hospital admissions as a result of self-harm in Peterborough has been statistically significantly higher than England for each of the five years 2011/12 – 2015/16 and has risen between 2014/15 and 2015/16 from 611.2/100,000 to 798.7/100,000. Peterborough has the highest directly age-standardised rate for this indicator in the region, with the second-highest rate observed in neighbouring Cambridgeshire (635.2/100,000).

Figure 5: Hospital Admissions as a Result of Self-harm, 10-24 year olds, Peterborough, Directly Age-Standardised Rate per 100,000, 2011/12 – 2015/16



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2011/12		172	485.2	415.4	563.4	262.7	347.4
2012/13		215	620.5	540.3	709.2	291.2	346.3
2013/14		232	678.6	594.1	771.8	378.3	415.8
2014/15		208	611.2	530.9	700.2	354.7	398.8
2015/16		273	798.7	706.7	899.3	411.2	430.5

Source: Public Health Outcomes Framework, https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/4/gid/1938132754/pat/6/par/E12000006/ati/102/are/E06000031/iid/90813/age/245/sex/4

3.2 Health Behaviours & Lifestyles

Smoking prevalence among adults in Peterborough is 18.1% for 2015, statistically similar to England (16.9%) and reduced from 20.7% in 2012. Resultantly, Peterborough has one of the lowest percentages of smokers of any local authority within the below comparator group of nearest socio-economic neighbours.

Figure 6: Smoking Prevalence in Adults, Peterborough & Nearest Socio-Economic Neighbours, 2015, %

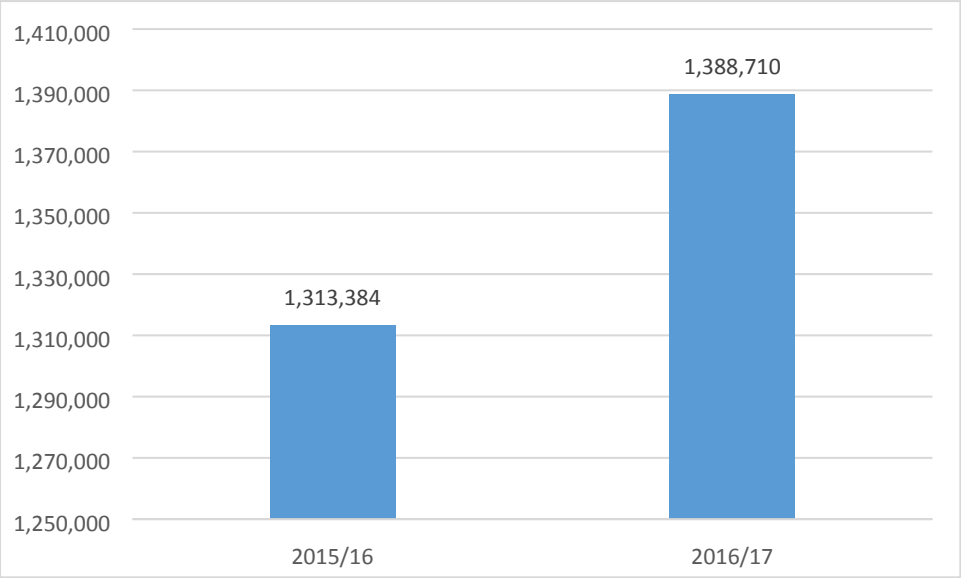
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	-	16.9	16.7	17.1
Luton	–	10	-	15.8	13.9	17.7
Milton Keynes	–	3	-	16.4	14.3	18.5
Coventry	–	4	-	16.6	14.5	18.8
Bedford	–	12	-	17.2	13.4	21.0
Peterborough	–	-	-	18.1	15.9	20.3
Telford and Wrekin	–	7	-	18.2	15.9	20.5
Stockton-on-Tees	–	14	-	18.4	15.9	20.8
Bolton	–	5	-	18.5	16.2	20.7
Derby	–	6	-	18.7	16.3	21.0
Swindon	–	2	-	18.7	16.5	20.9
Calderdale	–	13	-	18.7	16.5	20.9
Bury	–	15	-	19.5	17.0	21.9
Thurrock	–	1	-	21.3	18.8	23.7
Rochdale	–	8	-	22.0	19.8	24.2
Oldham	–	11	-	22.2	19.8	24.7
Medway	–	9	-	22.3	20.0	24.5

Source: Annual Population Survey (APS)

Source: Public Health Outcomes Framework http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/92443/age/168/sex/4/nn/nn-1-E06000031

The number of residents in Peterborough attending sports/physical activities provided by Vivacity has increased by 5.7% in 2016/17, to 1,388,710 from 1,313,384.

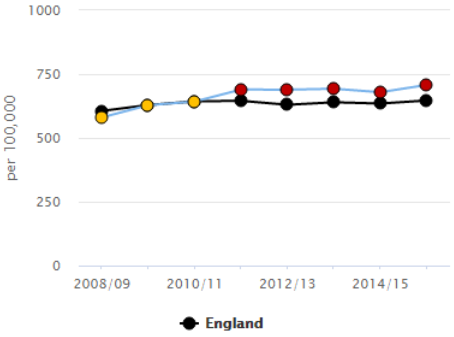
Figure 7: Attendances at Sports/Physical Activities Provided by Vivacity, 2015/16 & 2016/17



Source: Internal Peterborough City Council performance data

Reducing hospital admissions resulting from alcohol consumption is a stated aim of the 2016-19 Health & Wellbeing Strategy. However, as shown in the below figure, Peterborough's directly age-standardised rate of admission episodes for alcohol-related conditions has been statistically significantly higher than England for each of the five years to 2015/16 and is increasing with regards to both observed episodes and rate per 100,000.

Figure 8: Admission Episodes for Alcohol-Related Conditions, Peterborough, Persons, 2008/09 – 2015/16, Directly Age-Standardised Rate per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2008/09		934	580	543	620	490	606
2009/10		1,042	628	590	669	531	629
2010/11		1,069	643	604	683	542	643
2011/12		1,167	690	650	731	559	645
2012/13		1,171	689	649	730	552	630
2013/14		1,194	693	653	734	582	640
2014/15		1,169	679	640	720	580	635
2015/16		1,245	708	668	749	588	647

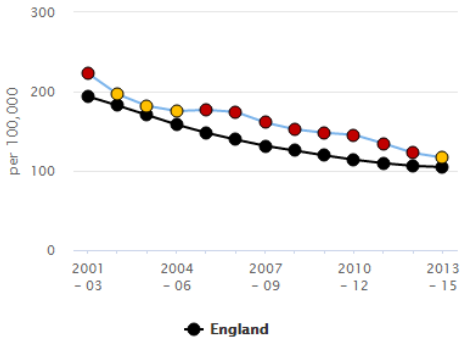
Source: Calculated by Public Health England: Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Public Health Outcomes Framework http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/91414/age/1/sex/4

3.3 Long Term Conditions & Premature Mortality

Under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than in England, for all persons and for females only. However, for males only in 2013-15, Peterborough has improved to be statistically similar to England for the first time since 2004-06.

Figure 9: Under 75 Mortality Rate from all Cardiovascular Diseases, Peterborough, Males Only, 2001/03 – 2013/15 Directly Age-Standardised Rate per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2001 - 03	●	352	222.8	199.9	247.5	166.1	193.8
2002 - 04	●	315	196.6	175.3	219.7	156.1	182.3
2003 - 05	●	297	181.8	161.5	204.0	147.0	170.3
2004 - 06	●	289	175.4	155.6	197.1	138.1	158.2
2005 - 07	●	296	176.9	157.1	198.5	128.7	147.9
2006 - 08	●	295	174.2	154.7	195.5	120.9	139.3
2007 - 09	●	281	160.8	142.3	181.0	114.6	131.4
2008 - 10	●	273	152.3	134.5	171.7	111.1	125.5
2009 - 11	●	272	148.0	130.6	167.0	106.6	119.4
2010 - 12	●	267	145.4	128.2	164.2	101.9	114.0
2011 - 13	●	251	134.5	118.1	152.5	97.6	109.5
2012 - 14	●	234	122.5	107.1	139.6	94.1	106.2
2013 - 15	●	230	116.6	101.7	133.0	93.3	104.7

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/40401/age/163/sex/1

As shown in the figure below, hospital admissions for both heart failure and stroke have reduced in Peterborough between 2013/14 and 2014/15 with regards to both observed admissions and directly age-standardised rate per 100,000.

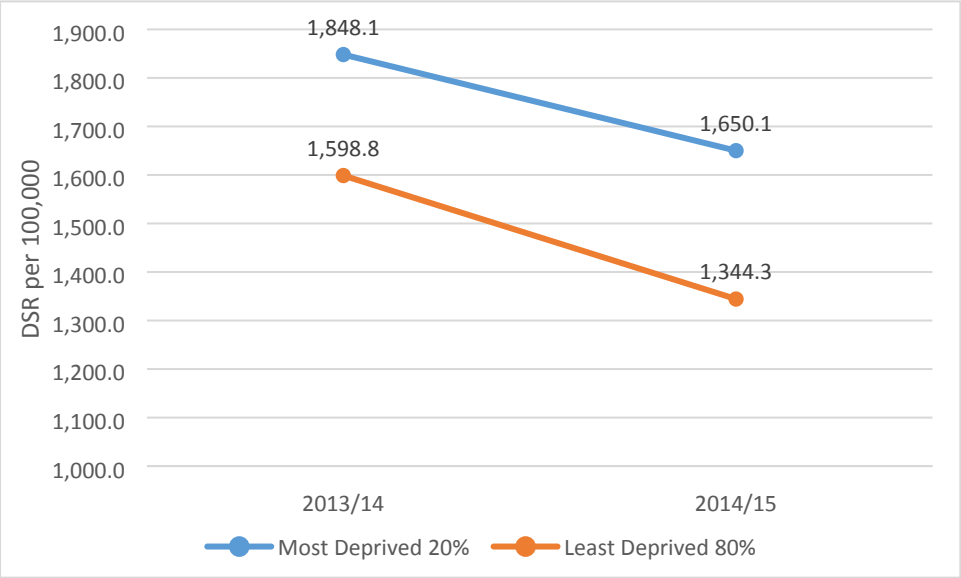
Figure 10: Heart Failure & Stroke Hospital Admissions, Peterborough, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

Time Period	Heart Failure		Stroke	
	Admissions	DSR	Admissions	DSR
2013/14	405	283.1	387	270.5
2014/15	335	235.2	369	250.7

Source: Cambridgeshire & Peterborough Clinical Commissioning Group

Emergency hospital admissions as a result of cardiovascular disease have also reduced in Peterborough between 2013/14 and 2014/15. However, data show that directly age-standardised rates of admissions are higher in the most deprived 20% of electoral wards in Peterborough compared to the least deprived 80% and although rates have reduced for both electoral ward groupings, this disparity widened between 2013/14 and 2014/15.

Figure 11: Emergency Cardiovascular Disease Admissions, Most Deprived 20% & Least Deprived 80% Electoral Wards in Peterborough, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

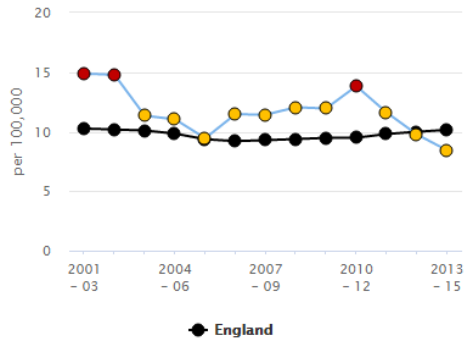


Source: Cambridgeshire & Peterborough Clinical Commissioning Group

3.4 Mental Health for Adults of Working Age

The directly age-standardised suicide rate in Peterborough is currently 8.4/100,000, which is statistically similar to England. The rate has fallen in three consecutive periods, having been statistically significantly worse than England as recently as 2010-12.

Figure 12: Suicide Rate, Persons, Peterborough, 2001/03 – 2013-15, Directly Age-Standardised Rate per 100,000



Recent trend: –

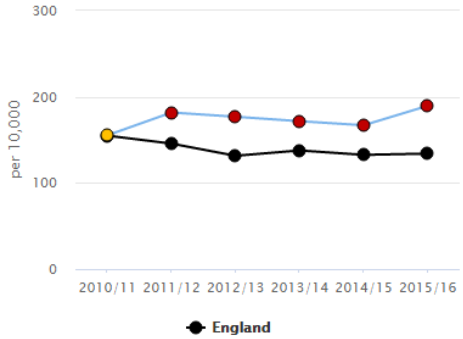
Period		Count	Value	Lower CI	Upper CI	East of England	England
2001 - 03		60	14.9	11.3	19.2	9.6	10.3
2002 - 04		58	14.8	11.1	19.2	9.6	10.2
2003 - 05		46	11.3	8.2	15.2	9.3	10.1
2004 - 06		46	11.0	8.0	14.8	9.1	9.8
2005 - 07		43	9.4	6.8	12.8	8.8	9.4
2006 - 08		53	11.5	8.5	15.1	9.0	9.2
2007 - 09		53	11.4	8.5	15.0	8.9	9.3
2008 - 10		55	12.0	9.0	15.8	8.9	9.4
2009 - 11		55	12.0	8.9	15.6	8.8	9.5
2010 - 12		65	13.8	10.6	17.7	8.9	9.5
2011 - 13		56	11.6	8.7	15.2	8.9	9.8
2012 - 14		48	9.8	7.2	13.0	9.0	10.0
2013 - 15		42	8.4	6.0	11.5	9.3	10.1

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/41001/age/285/sex/4

Hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 are known to be a significant issue in Peterborough and, as shown in the figure below, the crude rate of applicable admissions has been statistically significantly higher than England for each of the last five years for which data are available and rose between 2014/15 and 2015/16.

Figure 13: Hospital Admissions Caused by Unintentional & Deliberate Injuries in People Aged 15-24 Years, Peterborough, 2010/11 – 2015/16, Crude Rate per 10,000



Recent trend: ➡

Period		Count	Value	Lower CI	Upper CI	East of England	England
2010/11		371	155.3	139.9	171.9	120.8	154.9
2011/12		437	181.8	165.1	199.6	117.6	145.6
2012/13		415	176.8	160.2	194.7	112.9	131.5
2013/14		396	171.7	155.2	189.4	122.0	137.7
2014/15		380	166.9	150.6	184.6	121.4	132.6
2015/16		431	189.5	172.0	208.3	124.2	134.1

Source: Hospital Episode Statistics (HES)

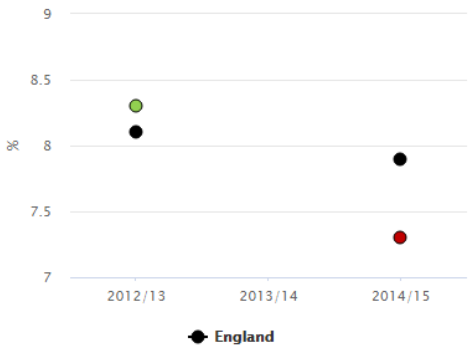
Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90285/age/156/sex/4

3.5 Health & Wellbeing of People with Disability and/or Sensory Impairment

Internal data from Peterborough City Council's Adult Social Care team show consistent increases between 2015/16 and 2016/17 in the number of adults in receipt of assistive technology, number of adults with social care needs receiving short term services to increase independence and the number of adults with social care needs requesting support, advice or guidance. Extensive details relating to these indicators are available within the monthly Adult Social Care Performance Report compiled by the Adult Social Care/Performance teams at Peterborough City Council.

Carer-reported quality of life fell between 2012/13 and 2014/15 (the latest nationally benchmarked statistics available), to be statistically significantly worse than England, with an overall composite score based on relevant questions posed to carers about the quality of their life falling to 7.3 compared to 7.9 in England.

Figure 14: Carer-Reported Quality of Life, Peterborough, 2012/13 – 2014/15



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2012/13		-	8.3	8.1	8.5	8.1	8.1
2014/15		-	7.3	7.0	7.6	8.1	7.9

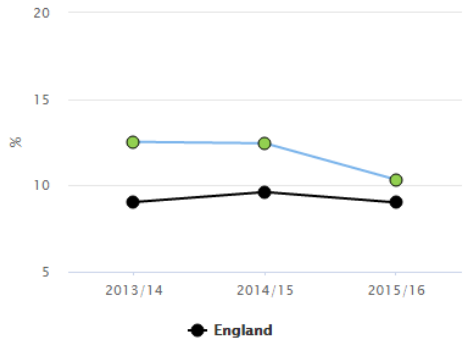
Source: NHS digital, ASCOF

Source: Public Health England,
https://fingertips.phe.org.uk/profile/adultsocialcare/data#page/4/gid/1000101/pat/6/par/E12000006/ati/102/are/E06000031/iid/90789/age/168/sex/4

3.6 Ageing Well

The number of health checks delivered to residents aged between 40 and 74 has been statistically significantly higher than England for each of the past three years as shown in the figure below.

Figure 15: People Receiving an NHS Health Check per Year, Peterborough, 2013/14 – 2015/16, %



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2013/14		6,042	12.5	12.2	12.8	10.4	9.0
2014/15		6,104	12.4	12.2	12.7	10.8	9.6
2015/16		5,153	10.3	10.1	10.6	9.9	9.0

Source:
Public Health England

Source: Public Health England, https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/4/gid/1938132726/pat/6/par/E12000006/ati/102/are/E06000031/iid/91734/age/219/sex/4

Falls are the largest cause of emergency hospital admissions for older people and Peterborough has some of the poorest outcomes with regards to emergency hospital admissions due to falls in over 65s among its comparator group. Peterborough's directly age-standardised rate of 2,409/100,000 is second only to Bedford within the group and Peterborough and Bedford are the only two local authorities that are statistically significantly worse than England for this indicator.

Figure 16: Emergency Hospital Admissions due to Falls, Age 65+, Peterborough & Nearest Socio-Economic Comparators, 2015/16

Directly standardised rate - per 100,000

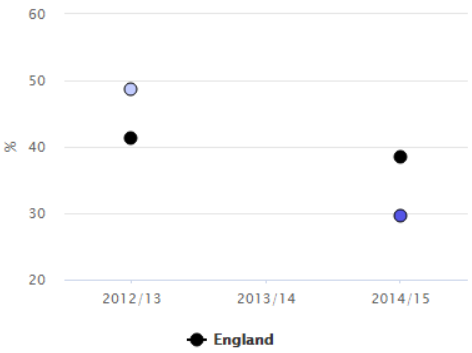
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	211,928	2,169	2,160	2,179
East of England region	–	23,627	1,989	1,964	2,015
Bedford	–	710	2,409	2,234	2,594
Peterborough	–	663	2,348	2,171	2,535
Central Bedfordshire	–	978	2,235	2,096	2,380
Cambridgeshire	–	2,613	2,232	2,147	2,319
Hertfordshire	–	4,375	2,124	2,061	2,189
Southend-on-Sea	–	791	2,104	1,958	2,257
Essex	–	5,715	1,953	1,902	2,004
Luton	–	500	1,908	1,744	2,084
Norfolk	–	3,985	1,866	1,808	1,925
Thurrock	–	368	1,716	1,544	1,902
Suffolk	–	2,929	1,708	1,647	1,771

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/22401/age/27/sex/4

Data show that the percentage of adult carers who have as much social contact as they would like in Peterborough fell between 2012/13 from 48.7% (higher than the national percentage of 41.3%) to 29.7% in 2014/15 (the latest benchmarked data available), which was significantly below the England percentage of 38.5%.

Figure 17: Adult Carers Who Have as Much Social Contact as They Would Like, Peterborough, 2012/13 – 2014/15



Period		Count	Value	Lower CI	Upper CI	East of England	England
2012/13		-	48.7	44.5	52.9	41.6	41.3
2014/15		-	29.7	25.5	33.9	42.2	38.5

Source: Personal Social Services Survey of Adult Carers in England (HSCIC)

Source: Public Health England, https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132897/pat/6/par/E12000006/ati/102/are/E06000031/iid/90638/age/168/sex/4

3.7 Protecting Health

Although some benchmark goals relating to childhood immunisations have changed in 2015-16 from 90.0% of population to 95.0% of population to achieve full 'herd immunity', Peterborough remains at 'amber' benchmark goal (90.0% - 95.0%) or better for eight of 10 indicators relating to screening and immunisation as noted in the below table, within which green = 95.0% +, amber = 90.0% – 94.9% and red = below 90.0%

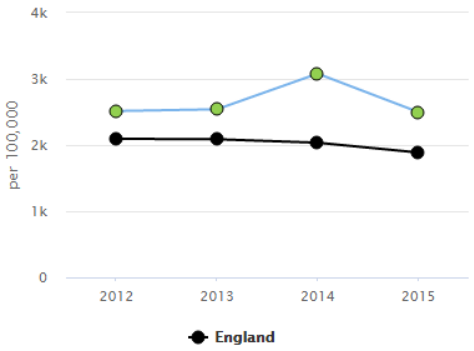
Figure 18: Screening & Immunisation Indicators, Peterborough Health & Wellbeing Strategy, 2015/16 Update

PHOF Indicator Ref	Indicator	Peterborough Value (%)
3.03iii	Dtap/IPC/Hib (1 year old)	95.2
3.03iii	Dtap/IPC/Hib (2 years old)	96.4
3.03v	PCV	94.6
3.03vi	Hib/MenC Booster (2 years old)	91.5
3.03vi	Hib/MenC Booster (5 years old)	89.5
3.03vii	PCV Booster	92.8
3.03viii	MMR for One Dose (2 years old)	92.6
3.03ix	MMR for One Dose (5 years old)	94.8
3.03x	MMR for Two Doses (5 years old)	89.6
3.03xiii	PPV	72.2 (benchmark goal = 75.0)

Source: Public Health Outcomes Framework (PHOF)

The chlamydia detection rate in Peterborough for 15-24 year olds has been above benchmark goal for each of the years 2012-15, although it has fallen slightly in 2015 compared to 2014. However the number of young people actually screened for Chlamydia is below average, therefore the high rate of cases detected leads to concern that overall prevalence of Chlamydia is high in this population.

Figure 19: Chlamydia Detection Rate (15-24 Year Olds), Peterborough, 2012-2015



Recent trend: –

Benchmarking against goal: <1,900 | 1,900 to 2,300 | ≥2,300

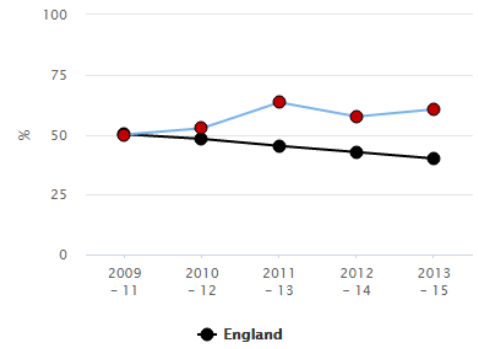
Period		Count	Value	Lower CI	Upper CI	East of England	England
2012		590	2,514	2,315	2,726	1,653	2,095
2013		586	2,540	2,339	2,755	1,691	2,088
2014		701	3,080	2,856	3,316	1,591	2,035
2015		569	2,499	2,299	2,714	1,472	1,887

Source: Public Health England

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/90776/age/156/sex/4

The percentage of people aged 15 and above receiving a new diagnosis of HIV with a CD4 count less than 350 cells per mm3 (commonly known as a late diagnosis of HIV) has been worse than the benchmark goal of 50.0% in each of the five pooled periods within the figure below and has risen for 2013-15 to 60.5%.

Figure 20: HIV Late Diagnosis, Peterborough, 2009/11 – 2013/15, %



Recent trend: –

Benchmarking against goal: <25 | 25 to 50 | ≥50

Period		Count	Value	Lower CI	Upper CI	East of England	England
2009 - 11		19	50.0	33.4	66.6	52.8	50.1
2010 - 12		20	52.6	35.8	69.0	51.4	48.2
2011 - 13		26	63.4	46.9	77.9	52.0	45.3
2012 - 14		23	57.5	40.9	73.0	52.9	42.7
2013 - 15		23	60.5	43.4	76.0	51.4	40.0

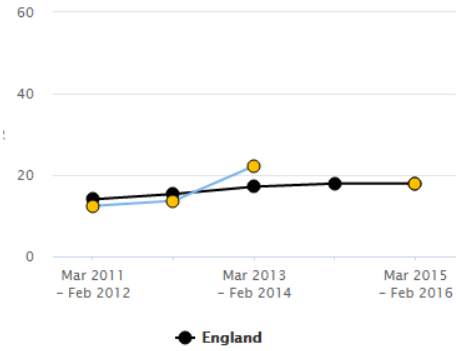
Source: Public Health England

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/90791/age/188/sex/4

3.8 Growth, Health & the Local Plan

Only 17.8% of people in Peterborough utilise outdoor space for exercise/health reasons, 0.1% lower than England but down from 22.2% in March 2013– February 2014.

Figure 21: Utilisation of Outdoor Space for Exercise/Health Reasons, Peterborough, 2011/12 – 2015/16, %



Recent trend: –

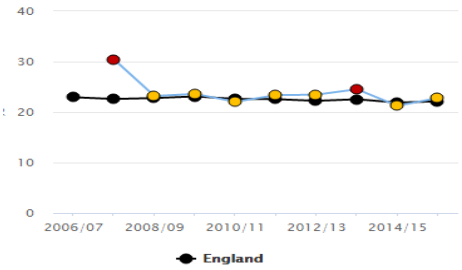
Period		Count	Value	Lower CI	Upper CI	East of England	England
Mar 2011 - Feb 2012		-	12.4	6.5	18.3	16.3	14.0
Mar 2012 - Feb 2013		-	13.7	7.2	20.1	15.5	15.3
Mar 2013 - Feb 2014		-	22.2	12.8	31.7	18.7	17.1
Mar 2014 - Feb 2015		-	*	-	-	17.8	17.9
Mar 2015 - Feb 2016		-	17.8	11.2	24.4	18.7	17.9

Source: Natural England: Monitor of Engagement with the Natural Environment (MENE) survey

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E06000031/iid/11601/age/164/sex/4

Percentages of reception and year 6 pupils with excess weight increased in 2015/16 compared to 2014/15, but both remain statistically similar to England.

Figure 22: Excess Weight in 4-5 Year Olds, Peterborough, 2007/08 – 2015/16, %



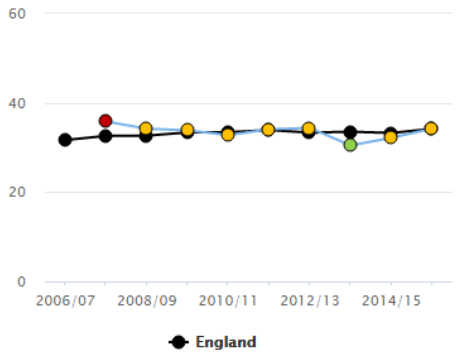
Recent trend: ↓

Period		Count	Value	Lower CI	Upper CI	East of England	England
2006/07		-	*	-	-	*	22.9
2007/08		594	30.5	28.5	32.5	22.5*	22.6
2008/09		496	23.2	21.4	25.0	21.8	22.8
2009/10		518	23.6	21.9	25.4	22.6	23.1
2010/11		500	22.0	20.4	23.8	22.1	22.6
2011/12		569	23.4	21.7	25.1	21.9	22.6
2012/13		625	23.5	21.9	25.1	21.1	22.2
2013/14		710	24.5	23.0	26.1	21.5	22.5
2014/15		578	21.3	19.8	22.8	20.7	21.9
2015/16		632	22.8	21.3	24.4	20.9	22.1

Source: NHS Digital, National Child Measurement Programme

Source: National Childhood Measurement Programme, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20601/age/200/sex/4

Figure 23: Excess Weight in 10-11 Year Olds, Peterborough, 2007/08 – 2015/16, %



Recent trend: →

Period		Count	Value	Lower CI	Upper CI	East of England	England
2006/07		-	*	-	-	*	31.7
2007/08		511	35.8	33.4	38.3	30.9*	32.6
2008/09		651	34.2	32.1	36.4	30.7	32.6
2009/10		669	33.8	31.8	36.0	31.4	33.4
2010/11		647	32.8	30.7	34.9	31.7	33.4
2011/12		690	34.1	32.0	36.2	31.7	33.9
2012/13		712	34.4	32.3	36.4	31.0	33.3
2013/14		675	30.5	28.6	32.4	31.1	33.5
2014/15		620	32.2	30.1	34.3	30.7	33.2
2015/16		794	34.2	32.3	36.2	31.7	34.2

Source: NHS Digital, National Child Measurement Programme

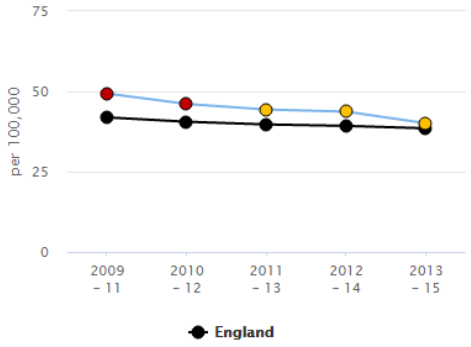
Source: National Childhood Measurement Programme, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20602/age/201/sex/4

3.9 Health & Transport Planning

Internal Peterborough City Council data shows that 48 businesses currently have a 'travel plan' designed to reduce environmental footprint, ease congestion and promote active travel within Peterborough; it is anticipated that this will increase to least 60 throughout 2017.

The percentage of people killed and seriously injured on roads in Peterborough has fallen at a faster rate than that of England and is now down to 40.1/100,000 compared to 38.5/100,000 in England. As recently as 2010-12, Peterborough was statistically significantly worse than England for this indicator but is now statistically similar.

Figure 24: Killed & Seriously Injured (KSI) Casualties on Peterborough Roads, 2009/11 – 2013/15, Crude Rate per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2009 - 11	●	269	49.3	43.6	55.6	44.1	41.9
2010 - 12	●	255	46.1	40.6	52.1	42.2	40.5
2011 - 13	●	248	44.4	39.0	50.2	40.9	39.7
2012 - 14	●	247	43.7	38.4	49.5	40.5	39.3
2013 - 15	●	229	40.1	35.1	45.6	39.6	38.5

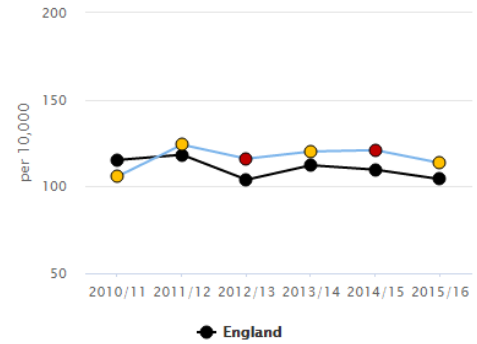
Source: Department for Transport

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E06000031/iid/11001/age/1/sex/4

3.10 Housing & Health

The number of hospital admissions caused by injuries in children 0-14 years in Peterborough has reduced from being statistically higher than that of England to now statistically similar. The crude rate per 10,000 in Peterborough for 2015/16 is 113.5 compared to 104.2/10,000 in England.

Figure 25: Hospital Admissions Caused by Injuries in Children 0-14 Years, Peterborough, 2010/11 – 2015/16, Crude Rate per 10,000



Recent trend: →

Period		Count	Value	Lower CI	Upper CI	England
2010/11	●	384	105.8	95.4	116.9	115.2
2011/12	●	457	124.0	112.9	135.9	118.3
2012/13	●	439	116.0	105.4	127.3	103.9
2013/14	●	465	120.1	109.5	131.6	112.2
2014/15	●	480	120.9	110.3	132.2	109.6
2015/16	●	464	113.5	103.4	124.4	104.2

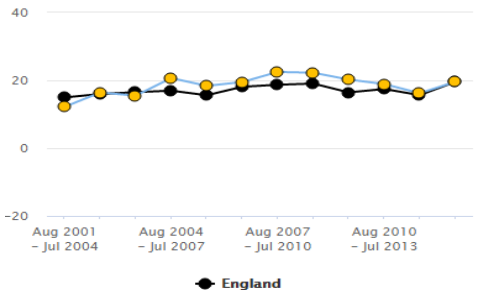
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Source: Public Health Outcomes Framework, https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/4/gid/1938132992/pat/6/par/nn-3-E06000031/ati/102/are/E06000031/iid/90284/age/26/sex/4/nn/nn-3-E06000031

The Excess Winter Deaths Index compiled by the Office of National Statistics/Public Health England calculates a ratio of 'extra deaths' from all causes that occur in winter months (December – March) compared to the average number of deaths in all other months of the year. This can be linked to vulnerable people becoming cold in their homes. A higher ratio equates to a greater disparity

between deaths in winter months compared to April – November each year. The figure below shows that this ratio rose for the pooled period August 2012 – July 2015 but remains below periods between Aug 07-Jun 10 – Aug 09-Jul 12, when the index was as its historical highest (worst) in Peterborough.

Figure 26: Excess Winter Deaths Index, Peterborough, 3 Years pooled 2001/04 – 2012/15, Persons, Ratio



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
Aug 2001 - Jul 2004		171	12.2	5.5	19.3	14.8	15.0
Aug 2002 - Jul 2005		226	16.4	9.4	23.8	15.9	16.0
Aug 2003 - Jul 2006		213	15.5	8.6	22.9	16.7	16.5
Aug 2004 - Jul 2007		278	20.7	13.5	28.3	17.7	17.0
Aug 2005 - Jul 2008		247	18.4	11.3	26.0	16.6	15.6
Aug 2006 - Jul 2009		258	19.5	12.3	27.2	18.6	18.1
Aug 2007 - Jul 2010		294	22.5	15.1	30.3	19.2	18.7
Aug 2008 - Jul 2011		293	22.3	14.9	30.1	18.9	19.0
Aug 2009 - Jul 2012		272	20.2	13.0	27.9	17.0	16.4
Aug 2010 - Jul 2013		257	18.9	11.8	26.4	17.7	17.4
Aug 2011 - Jul 2014		221	16.2	9.2	23.6	15.8	15.6
Aug 2012 - Jul 2015		268	19.6	12.5	27.1	19.5	19.6

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/90641/age/1/sex/4

3.11 Geographical Health Inequalities

Life expectancy has increased more rapidly between 2007-11 – 2011-15 in the most deprived 20% of Peterborough electoral wards (1.0 years) than it has in the least deprived 80% of Peterborough electoral wards (0.3 years) but the disparity between the two groups remains 1.9 years. However, at Lower Super Output Area (LSOA) level (populations of approximately 1,500 people), inequalities in life expectancy are notably more pronounced. There is a gap of 8.4 years between life expectancy for males in Peterborough's most deprived 10% of LSOAs compared to the least deprived 10% of LSOAs and for females, this gap is 6.1 years. Although these inequalities have reduced in recent years in Peterborough, this demonstrates that poor healthcare outcomes in the most deprived areas of Peterborough remain worthy of significant attention and that inequalities can be more pronounced among smaller population groups in comparison to electoral ward data.

Figure 27: Life Expectancy in Peterborough Electoral Wards, Pooled 5 Year Periods, 2007/11 – 2011/15

Deprivation Group	2007-11	2008-12	2009-13	2010-14	2011-15
20% Most Deprived	78.5	78.9	79.1	79.2	79.5
80% Least Deprived	81.1	81.3	81.4	81.3	81.4
Disparity (years)	2.5	2.4	2.3	2.1	1.9

Source: Peterborough City Council/Cambridgeshire County Council Public Health Intelligence

A disproportionately high percentage of NHS Health Checks have been delivered to the most deprived 20% of Peterborough residents in the years 2013-14, 2014-15 and 2015-16, with 1,961 (38.1% of the total) delivered to people from within the most deprived 20% in 2015-16.

Figure 28: Health Check Delivery in Peterborough Electoral Wards, 2013/14 – 2015/16

Deprivation Group	2013-14		2014-2015		2015-16	
	Health Checks Delivered	% Of All	Health Checks Delivered	% Of All	Health Checks Delivered	% Of All
20% Most Deprived	2,036	33.7%	2,945	45.1%	1,961	38.1%
80% Least Deprived	4,006	66.3%	3,585	54.9%	3,192	61.9%
Total	6,042	100.0%	6,530	100.0%	5,153	100.0%

Source: Peterborough City Council Health Check Data

As with health checks, a disproportionately high percentage of 4 week smoking quits in each of the years 2013/14, 2014/15 and 2015/16 are attributable to residents from within the most deprived 20% of Peterborough. In 2015/16, 229 4 week quits (32.3% of the overall total) were within the most deprived 20%.

Figure 29: 4 Week Smoking Quits in Peterborough Electoral Wards, 2013/14 – 2015/16

Deprivation Group	2013-14		2014-2015		2015-16	
	4 Week Quits	% Of All	4 Week Quits	% Of All	4 Week Quits	% Of All
20% Most Deprived	454	35.9%	377	36.0%	229	32.3%
80% Least Deprived	810	64.1%	669	64.0%	479	67.7%
Total	1,264	100.0%	1,046	100.0%	708	100.0%

Source: Peterborough City Council Health Smoking Quit Data

The emergency hospital admission rate per 100,000 in Peterborough was statistically significantly worse than the Peterborough average for patients registered with the most deprived 20% of General Practices in both 2013/14 and 2014/15 and had risen for both the most deprived 20% and the least deprived 80% across this two year period.

Figure 30: Emergency Hospital Admissions in Peterborough Electoral Wards, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

	2013/14				2014/15			
Quintile	Observed Events	DSR	LI	UI	Observed Events	DSR	LI	UI
Most Deprived 20%	4,510	10,975.4	10,634.0	11,325.0	4,727.0	11,235.0	10,894.1	11,583.4
Least Deprived 80%	11,538	8,696.8	8,534.0	8,861.0	12,396.0	9,243.1	9,076.8	9,411.7
Peterborough	**16,048**	**9,212.4**	**9,065.0**	**9,361.0**	**17,123.0**	**9,701.9**	**9,552.1**	**9,853.4**

Source: Cambridgeshire & Peterborough Clinical Commissioning Group Secondary Use Service Dataset

3.12 Health & Wellbeing of Diverse Communities

Information and data on the health needs of diverse communities was taken to the Health and Wellbeing Board in the Diverse Ethnic Communities Joint Strategic Needs Assessment (October 2016). 'Actions' from this section of the Strategy are progressing well, but creating appropriate metrics with data which is often of variable quality is more challenging, and is still under discussion.

Report prepared by:

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Peterborough City Council

Appendix 1: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards

1. Children & Young People's Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	Decreasing - getter better	Statistically similar to England	2015/16	259	9.3%	9.3%	Match or exceed average of CIPFA neighbours
1.3	Prevalence of obesity - year 6 (proportion, %)	Increasing - getting worse	Statistically similar to England	2015/16	460	19.8%	19.8%	Reduction of 1.6% per year, to reach 13.3% by 2018/19
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	Decreasing - getter better	Peterborough higher (worse) than England. Statistical significance unavailable	2016	-	5.0%	4.2%	Reduction to 3.5% by January 2019
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Strategy launched by Peterborough Safeguarding Children Board 13/09/2016	-	-	-	-	Jo Procter (Head of Service for Adult & Children's Safeguarding Boards) to provide periodic audit data to measure success of implementation

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.6	Under 18 conceptions (crude rate per 1,000)	Decreasing - getter better	Statistically significantly worse than England	2015	95	28.3	20.8	Reduce by at least same rate as England
1.7	Under 16 conceptions (crude rate per 1,000)	Decreasing - getter better	Statistically similar to England	2015	8	2.4	3.7	Reduce rate by 1.3 per year to match previous Peterborough best (4.7/1,000)

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.1	Smoking Prevalence - All (proportion, %)	Increasing - getting worse	Statistically similar to England	2015	-	18.1%	2.1	Reduce disparity between Peterborough and England
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	Decreasing - getter better	Statistically similar to England	2015	-	25.6%	2.2	Match or exceed England performance
2.3	Excess weight in adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2013-15	-	70.8%	2.3	Reduce disparity between Peterborough and England
2.4a	Physically active adults (proportion, %)	Increasing - getter better	Statistically similar to England	2015	-	54.7%	2.4a	Reduce disparity between Peterborough and England
2.4b	Physically inactive adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2015	-	34.3%	2.4b	Reduce disparity between Peterborough and England
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	Increasing - getter better	5.7% increase between 15/16 and 16/17	2015/16	1,388,710	-	2.5	Increase of year-on-year number
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	1,245	708	2.6	Reduction in DSR of 1.0% per year
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	800	939	2.7	Reduction in DSR of 1.0% per year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	Increasing - getting worse	Statistically similar to England	2015/16	445	491	2.8	Reduction in DSR of 1.0% per year
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	TBC - Awaiting data from CCG

3. Long Term Conditions & Premature Mortality

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	Decreasing - getter better	Statistically significantly worse than England	2013-15	349	86.3	74.6	Reduction in DSR of 0.5% per year
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	230	116.6	104.7	Reduction in DSR of 1.0% per year
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	Decreasing - getter better	Statistically significantly worse than England	2013-15	119	57.7	46.2	Continue recent trend of reduction in DSR of 2.45/100,000 per year
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	Increasing - getting worse	Disparity between most deprived 20% and least deprived 80% has increased between 2013/14 and 2014/15	2014/15	N/A	305.8	N/A	Reduction in DSR of most deprived 20% of Peterborough electoral wards of 2% per year
3.5	Recorded Diabetes (proportion, %)	Increasing - getting worse	Statistically similar to England	2014/15	9,740	6.5%	6.4%	Match or exceed England trend
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	Decreasing - getter better	Rate has reduced, national benchmark unavailable	2014/15	369	250.7	N/A	Reduction in DSR of 1% per year
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	Decreasing - getter better	Rate has reduced, national benchmark unavailable	2014/15	335	235.2	N/A	Reduction in DSR of 1% per year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
3.7	Outcomes for a wider range of long term conditions will be defined following completion of the long term conditions needs assessment	-	To be decided upon completion of relevant Joint Strategic Needs Assessment	N/A	N/A	N/A	N/A	-

4. Mental Health for Adults of Working Age

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	431	189.5	134.1	-
4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have fallen but this is partly attributable to closing of Cavell Centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2015/16	20	-	-	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	42	8.4	10.1	-
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	29	11.5	15.8	-
emerg4.5	Suicide Rate - Females (directly standardised rate per 100,000)	-	Data redacted due to low numbers	2013-15	-	-	-	-
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	Increasing - getter better	Statistically significantly worse than England	2012/13	410	30.7%	58.5%	-
4.7b	Adults in contact with mental health services in employment	Increasing - getter better	Statistically significantly worse than England	2012/13	65	4.8%	8.8%	-

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
4.8	Carers for people with mental health problems receiving services advice or information	Increasing - getter better	Remains below England (statistical significance not calculated	2013/14	5	2.9%	19.5%	-

5. Health & Wellbeing of People with Disability and/or Sensory Impairment

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.1a	Adults with learning disabilities in employment (proportion, %)	Increasing - getter better	Statistically similar to England	2013/14	55	8.4%	6.7%	Match or exceed England performance
5.1b	ASCOF - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	Increasing - getter better	Statistically significantly worse than England	2012/13	65	4.8%	8.8%	Match or exceed England performance
5.2a	Adults with learning disabilities in settled accommodation (proportion, %)	Decreasing - getting worse	Statistically similar to England	2013/14	475	72.5%	74.9%	Improve by 0.5% per year
5.2b	Adults in contact with mental health services in settled accommodation (proportion, %)	Increasing - getter better	Statistically significantly worse than England	2012/13	410	30.7%	58.5%	Improve at greater rate than national average
5.3	ASCOF - Permanent residential admissions of adults to residential care (to decrease) (65+, proportion, %)	Increasing - getting worse	Statistically similar to England	2013/14	20	17.3%	14.4%	1% decrease per year
5.4	Numbers of adults in receipt of assistive technology	Increasing - getter better	Green RAG status to reflect consistent increase in recipients	Feb-17	5,131 (predicted end of year)	-	-	Year-on-year increase
5.5a	Adult Social Care service user survey quality of life measure - carer-reported quality of life	Decreasing - getting worse	Statistically similar to England	2014/15	-	7.3	7.9	Improve each year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.5b	Adult Social Care service user survey quality of life measure - social care-related quality of life	Increasing - getter better	Statistical significance not calculated - Peterborough value has fallen between 2012/13 and 2013/14 and is now below that of England	2015/16	-	19.1%	19.1%	Year-on-year increase
5.6	Number of adults with social care needs receiving short term services to increase independence	Increasing - getter better	Green RAG status to reflect consistent increase in recipients	Feb-17	1,498 (Predicted end of year)	-	-	Year-on-year increase
5.7	Number of adults with social care needs requesting support, advice or guidance	Increasing - getter better	Rate per 100,000 is 490.8, currently below target rate of 658/100,000	Sep-16	-	490.8	-	658.0/100,000

6. Ageing Well

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	Decreasing - getter better	Statistically significantly worse than England	2015/16	663	2,348	2,169	Match or exceed England performance
6.1b	Numbers of over 40s taking up NHS health check offers	Increasing - getter better	Total of health checks delivered remains significantly above England average	2016/17 Q3	1,362	2.7%	2.0%	Match or exceed England performance
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	Decreasing - getter better	Statistically similar to England	Mar-13	328	176.0	178.9	Match or exceed England performance
6.3a	The proportion of people who use services who feel safe (proportion, %)	Increasing - getter better	Statistically significantly worse than England	2015/16	1,514	65.0%	69.2%	Exceed England performance in order to reach statistical similarity
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	Decreasing - getting worse	Statistically significantly better than England	2015/16	2,059	88.0%	85.4%	Match or exceed England performance

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2014/15	-	29.7%	38.5%	Match or exceed England performance
6.6	Carer-reported quality of life score for people caring for someone with dementia	-	Indicator provided for the first time in 2014-15. Peterborough has a lower score than England	2014/15	-	6.7%	7.7%	Match or exceed England performance

7. Protecting Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.1	Percentage of eligible people screened for latent TB infection	-	Awaiting provision from CCG	-	-	-	-	-
7.2	Percentage of eligible new born babies given BCG vaccination (aim 90%+)	-	Awaiting provision from NHSE	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	Increasing - getter better	Statistically similar to England	2014	35	85.4%	84.4%	Match or exceed England performance

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.4	Evidence of increasing uptake of screening and immunisation	-	Peterborough currently amber or green for 8/10 chosen indicators	2015/16	8/10	-	-	• Achieve 95% performance for years 2016/17, 2017/18 and 2018/19 where this is already being achieved or close to being achieved (Dtap/IPV/Hib (1 year old and 2 years old), MMR for one dose (5 years old) • Improve MMR for two doses (5 years old) to national benchmark goal of 90% by 2018/19 • For all other indicators, maintain 90% performance for years 2016/17 and 2017/18 and improve to 95% for 2018/19
7.5	HIV late diagnosis (proportion, %)	Increasing - getting worse	Remains above benchmark goal of 50.0%	2013-15	23	60.5%	40.3%	Return to 25% to 50% (PHOF Amber 'Rag') by 2017-19
7.6a	Chlamydia- proportion aged 15-24 screened (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2015	4,203	18.5%	22.5%	Increase to at least previous best of 24.7% (requires increase of 2.05% per year)
7.6b	Increase in chlamydia detection rate (proportion, %)	Decreasing - getting worse	Remains above benchmark goal of 2,300/100,000	2015	569	2,499	1,887	Benchmark goal already reached - maintain and improve by 1% per year

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
8.1	Excess weight in 4-5 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015/16	632	22.8%	22.1%	Match England trend (Peterborough already below England value)
8.2	Excess weight in 10-11 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015/16	794	34.2%	34.2%	Match England trend (Peterborough already below England value)
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	Decreasing - getter better	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	Retain indicator within dataset but without target
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	Decreasing - getter better	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	Retain indicator within dataset but without target
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	Decreasing - getting worse	Statistically similar to England	2015/16	-	17.8%	17.9%	Reduce disparity between Peterborough and England

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.1	The number of businesses with travel plans	-	48 business in Peterborough have travel plans	2016	48	-	-	Increase from 48 to 60 businesses in line with existing PCC target
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress					Workstream is on-going, updates to be provided periodically

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2015	1	-	-	Maintain or reduce Peterborough's number of Air Quality Management Areas (currently = 1 AQMA)
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	229	40.1	38.5	Reduce disparity between Peterborough and England

10. Housing & Health

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

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	-	In 2014/15, Attainment of 5+ A*-C GCSEs in most deprived 20% of Peterborough wards is 34.6% (least deprived 80% = 51.8%).	2014/15	223	34.6%	57.3%	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	-	In May 2016, the rate of benefit claimants in the most deprived 5 wards of Peterborough is 173.3/1,000 (other 80% of wards in Peterborough = 113.3/1,000)	May-16	5,350	173.3	111.2	-
11.2	Increase in life expectancy in wards with highest levels of deprivation	Increasing - getter better	Life expectancy has increased at higher rate for most deprived 20% than least deprived 80% in each of past 5 pooled periods	2011-15	-	79.5	-	-
11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Central, Dogsthorpe, North, Orton Longueville, Ravensthorpe) (directly standardised rates per 100,000)	Increasing - getting worse	Rate per 100,000 has increased from 2013/14 to 2014/15	2014/15	4,727	11,235	-	-
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	Decreasing - getting worse	4 week quit percentage fell between 2014-15 and 2015-16 from 38.0% to 34.5%. Suggested target = 40.0%	2015/16	229	34.5	-	-
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2015/16, 38.1% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2015/16	1,961	38.1%	-	-

12. Health & Wellbeing of Diverse Communities

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

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Appendix 3:

Review of work delivered by Cambridgeshire and Peterborough's Healthcare Public Health Advice Service (HPHAS) in 2016/17.

1. Background and purpose

1.1 The Local Authority Healthcare Public Health Advice (HPHAS) is an advisory mandated service provided to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) at no cost by the joint public health team across Cambridgeshire County Council and Peterborough City Council.

1.2 The operation of the service is described in a Memorandum of Understanding ('MOU'), which is agreed between Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and the CCG. This includes an annual work plan and a requirement to provide an annual report on the work undertaken.

1.3 The MOU was not updated for 2016/17, as an alternative model of service delivery was proposed, and the MOU development and work planning would have formed part of this. However, ultimately this was not possible and a new MOU and work plan will be in place for 2017/18, with discussions currently ongoing.

1.4 Work under the HPHAS service continued in 2016/17, including active discussions and work planning with CCG leads and the purpose of this report is to present an overview of the work undertaken.

1.5 Department of Health guidance on the HPHAS and the types of work that may be undertaken can be found at https://www.gov.uk/government/publications/public-health-advice-service-for-clinical-commissioning-groups.

2. HPHAS annual work report (2016/17)

2.1 The following annual work plan report presents an overview of work completed in 2016/17 and work that began in 2016/17 and is currently ongoing. HPHAS outputs are described in relatively general terms, in order to keep the report as brief as possible, and are categorised by broad subject area.

2.2 In summary, the work completed, or ongoing, in 2016/17 covered the following key areas, which are not always mutually exclusive:

- Clinical prioritisation policies and advice on exceptional and individual NHS clinical funding requests.
- Evidence reviews for specific services or clinical areas and general advice on the use of the evidence base.
- Public health advice on CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan, support to NHS Right Care and responding to housing growth.
- Partnership work covering preventive and healthcare services for children and young people.
- Partnership work covering preventive and healthcare services for older people.
- Partnership work for mental ill health prevention and mental health services.
- Partnership work for needs assessment, including Joint Strategic Needs

Assessment (covering CCG population and commissioned services).
- Aspects of partnership work for health protection and emergency planning.
- Support to system wide performance metrics and the CCG's previous model of priority areas of older people's services, coronary heart disease and end of life care.
- Specific data, epidemiological and analytical support services.
- Healthcare public health advice service staff management, process input and CCG engagement.
- Public health attendance at CCG and partnership meetings, including CCG Governing Body, Health and Care Executive, Clinical Advisory Group and various STP/strategy groups etc.

A more detailed summary of the work completed is provided below.

2.3 Detailed HPHAS Annual Report (2016/17)

The purpose of this section is to provide the necessary detail on the work areas summarised above in Section 2.2, to give illustrative examples of the nature of the work. This inventory is not exhaustive or intended to provide a list of all the work completed. The broader categories are not always mutually exclusive.

2.3.1 Clinical prioritisation policy development, advice for exceptional and individual funding requests and healthcare evidence reviews/support

- Healthcare public health advice to clinical prioritisation processes, including leading on the development of clinical policies (15 clinical policies developed in 2016/17), surgical thresholds and treatment pathways related to non-pharmacological interventions.
- Public Health input on individual and exceptional funding requests for NHS treatment – i.e. those clinical procedures, drugs or services that are not covered or are outside of the guidelines of local clinical policies.
- Evidence reviews and evidence support to support the development of clinical policies and clinical services, e.g. hearing aids evidence review, assistive technology literature review and a guidance on assessing the respective weight of evidence types.
- Some public health advice to pharmaceutical commissioning, e.g. worked with CCG medicines management to broker discussions about administration of medication in schools.

2.3.2 Public health advice on CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan, support to NHS Right Care and responding to housing growth.

- Public health advice on the development of CCG strategies and commissioning plans, with specific reference to primary prevention, health inequalities and lifestyle based services such as weight management.
- Diabetes Prevention Programme – joint leadership and wider public health support.
- Public health advice on the CCG's previous core priorities of improving care for older people, improving end of life care and reducing inequalities in cardiovascular disease.
- Public health advice to the development of the Cambridgeshire and Peterborough

Sustainability and Transformation Plan (STP), including attendance at strategic and service area meetings.

- Public health advice and leadership for Sustainability and Transformation Plan (STP) business cases, e.g. for falls, atrial fibrillation and stroke, and suicide prevention.
- Public health advice and analysis to help with the commissioning of children's and adult's mental health (CAMH) services.
- Public health advice to the CCG covering housing growth sites, including primary care services and new models of care and facilitation/liaison with local planning authorities.
- Brief analysis on social prescribing return on investment.
- General analytical input to STP and system's transformation work related to children and young people.
- Analysis and review of Right Care data packs, for STP.
- Assistive Technology literature review.

2.3.3 Partnership work covering preventive and healthcare services for children and young people and partnership work covering preventive and healthcare services for older people

- Public health advice to the Children and Young people's Joint Commissioning Unit (JCU). Work for the JCU has included general analytical support, development of a children's outcome framework and ongoing performance monitoring support, as well as attendance at meetings.
- Public health support to various partnership groups, e.g. Local Child Safeguarding Board and Child Death Overview Panel.
- Dementia – mapping of dementia diagnosis rates to predicted rates, looking at general practices and care homes, presentation of dementia prevalence data to Older People's Mental Health Group, analysis of hospital admissions for dementia and advice and support to the development of a local dementia strategy.
- Public health analytical support to Falls Working Groups.
- Public health analysis for urinary tract infections.
- Intermediate Bed review group – paper on need for intermediate care, ongoing analytical support and attendance at meetings.

2.3.4 Partnership work for mental ill health prevention and mental health services

- Public health advice on the development and agreement of a local Mental Health Strategy Framework for Cambridgeshire and Peterborough.
- Public health leadership and advice for the implementation of the local Suicide Prevention Strategy.
- Child and adolescent mental health – public health support for commissioning through the Children's Health JCU.
- Development of a strategic commissioning approach for dual diagnosis.
- Development of mental health promotion resources, e.g. Keep Your Head website at http://keep-your-head.com/CP-MHS.
- Public health representation on Emotional Health and Wellbeing Board and public health advice to the emotional health and wellbeing service procurement.
- Perinatal mental health (included support for bid to develop community mental health services).

2.3.5 Partnership work for specific needs assessments, including Joint Strategic Needs Assessment (covering CCG population and commissioned services)

- Migrant health JSNA for Cambridgeshire and a diverse ethnic communities JSNA for Peterborough (complete).
- Drugs and alcohol JSNA for Cambridgeshire (complete).
- Older people's primary prevention JSNA for Peterborough (ongoing).

2.3.6 Partnership work on health protection and emergency planning

- Support to the CCG for specific issues related to health protection, e.g. screening services or programme or disease specific support such as TB.
- Attendance at and public health support for the Local Health Resilience Partnership – partnership group involving CCG and all other health partners.

2.3.7 Support to system wide performance metrics and the CCG's previous model of priority areas of older people's services, coronary heart disease and end of life care

- Development of metrics for area based monitoring for the Health Executive.
- End of life care reporting covering place of death by major illnesses.
- Updates on death rates for coronary heart disease by locality and general practice, in order to try to reduce health inequalities.

2.3.8 Specific data, epidemiological and analytical services

- Provision of specialist public health intelligence advice, demographic modelling and analysis, geographic information services and analytical reporting to the CCG and the locality commissioning groups (LCGs).
- Production of CCG and LCG level public health information profiles, including general health and primary care profiles.
- Production of information summaries for diabetes, the use of CCG budgets, children and young people and CCG benchmarking reports.
- Development of a healthcare public health area to host data and information on Cambridgeshire Insight: http://cambridgeshireinsight.org.uk/health/healthcare.
- Public health intelligence advice to the development of CCG data services and related collaborative work covering information governance.
- Data agreements, processing and warehousing to support the delivery of the HPHAS.

2.3.9 Healthcare public health advice service staff management, process input and CCG engagement and public health representation at CCG related meetings

- Work on the piloting of a Joint Intelligence Unit (JIU) working across the CCG, CCC and Peterborough City Council.
- Working with CCG staff to develop and agree 2016/17 HPHAS work plans and to scope specific work requests.
- Management of staff delivering the HPHAS.
- Collecting details of the work completed under the HPHAS.
- Public health attendance at CCG and partnership meetings, including CCG Governing Body, Health and Care Executive, Clinical Advisory Group and various STP/strategy groups.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
19 JUNE 2017	PUBLIC REPORT

Report of:	Marek Zamborsky	
	Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Communications and Engagement Team, Cambridgeshire and Peterborough CCG	Tel. 01223 725304

BRIEFING UPDATE ON KEY CURRENT LOCAL MENTAL HEALTH WORK STREAMS

RECOMMENDATIONS	
FROM: Marek Zamborsky, Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough Clinical Commissioning Group	**Deadline date:** N/A
It is recommended that the Health Scrutiny Committee notes this update report on the Sustainability and Transformation Plan (STP) Mental Health Strategy Document "Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years".	

1. ORIGIN OF REPORT

1.1 This report was produced at the request of the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is to update the Health Scrutiny Committee on Mental Health Commissioning in and around Peterborough.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 INTRODUCTION

This briefing paper updates the Committee on:-

- Main Mental Health (MH) strategic direction – the Joint MH Strategy for Cambridgeshire and Peterborough and collaborative working
- Main NHS deliverables for 2017/2018
- Mental Health Crisis Services and Suicide Prevention work
- Enhanced Mental Health Primary Care Services
- Psychological Therapies Services
- Analysis of MH services use in Peterborough

3.2 **The Joint MH Strategy for Cambridgeshire and Peterborough**

This report brings to the attention of the Committee the Sustainability and Transformation Partnership (STP) Mental Health Strategy Document "Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years". This brings together a number of existing Mental Health Strategies, and places them in the context of the Five Year Forward View for Mental Health. It has been discussed and endorsed by the Sustainability and Transformation Partnership (STP) Clinical Advisory Group, the Health and Care Executive, and the Peterborough Health and Wellbeing Board; and it will be considered by the Cambridgeshire HWB in due course.

The document incorporates key strategic aims in the commissioning of Mental Health Services including the development of an integrated primary care mental health service (PRISM); IAPT expansion and psychological input for Long Term Conditions, and the development of the First Response Service for mental health crisis. There is a strong emphasis throughout on sustainable commissioning, prevention and health promotion.

The full report is appended as Appendix 1 to this paper. It sets out a strategic approach under three headings:

- Prevention: promoting mental health and preventing mental illness.
- Community based care: developing an integrated approach to community based person centred care, focused on intervening early.
- Specialist care: timely acute, crisis and inpatient care when it's needed. Paying particular attention to admission and discharge processes, the management of interfaces between services and social services support.

3.3 **Collaborative Working**

The STP MH Strategy Group provides the opportunity for commissioners for children, young people and adults of all ages from Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

- to meet with service user and carer representatives and Cambridgeshire and Peterborough Foundation Trust (CPFT) as the main mental health services provider
- to agree and progress priorities, to develop a strategic view of the current status of services and priorities for improvement
- to provide both co-ordination between the many and varied mental health service developments and initiatives underway across Peterborough and Cambridgeshire
- to interface with the STP work streams in which specific improvement areas for mental health services feature e.g. Urgent and Emergency Care, Primary Care and Peri-natal mental health care.

Work to develop a joint commissioning unit for mental health has been strengthened by the appointment of a Head of Mental Health for Peterborough and Cambridgeshire. The brief is to work with CAP CCG to align mental health commissioning and to explore the potential/benefits of establishing a joint commissioning unit. The outcomes benefit and options for establishing a joint commissioning unit are being developed. Papers will be taken through the internal governance processes of each organization when the scoping is complete. Timescales for this are to be confirmed.

In the meantime, A MH Joint Commissioning Group has been established involving key individuals from PCC, CCC and CAPCCG. Bi-monthly joint commissioning meetings have been scheduled.

All mental health services commissioned by PCC, CCC and CAPCCG have been mapped – service type, provider and investment. The next step is to analyse this across Cambridgeshire and Peterborough and to identify and address gaps, synergies and duplication. This mapping is being used to inform the re-tendering of the Wellbeing and Recovery and Employment services through which approaches to joint commissioning are being tested.

3.4 **Main NHS deliverables for 2017/2018**

Local areas must plan to deliver in full the implementation plan for the Five Year Forward View For Mental Health, including commitments to improve access to and availability of mental health services across the age range, develop community services, taking pressure off inpatient settings, and provide people with holistic care, recognising their mental and physical health needs.

The funding underpinning the delivery of the Five Year Forward View for Mental Health must not be used to supplant existing spend or balance reductions elsewhere. To this effect the CAPCCG and CPFT Chief Executive officers jointly signed the letter for the NHSE declaring that the local MH funding resources are allocated to the MH services as per national allocations for 2017/2019.

Mental Health Transformation Must Dos for 2017/2019:

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;

- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;

- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;

- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases.

- Reduce suicide rates by 10% against the 2016/17 baseline.

- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

- Eliminate out of area placements for non-specialist acute care by 2020/21.

People with learning disabilities (these must do are for information only, and are out of scope of this paper).

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.

- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

3.5 Main Mental Health Projects

3.5.1 Crisis Prevention

A Delivery Manager was recruited for one year to support the work of the MH Crisis Concordat Group and started their role on 01.02.17. Significant work having been undertaken to improve the crisis and acute pathway within and at the front end of secondary services through the Vanguard First Response Service development.

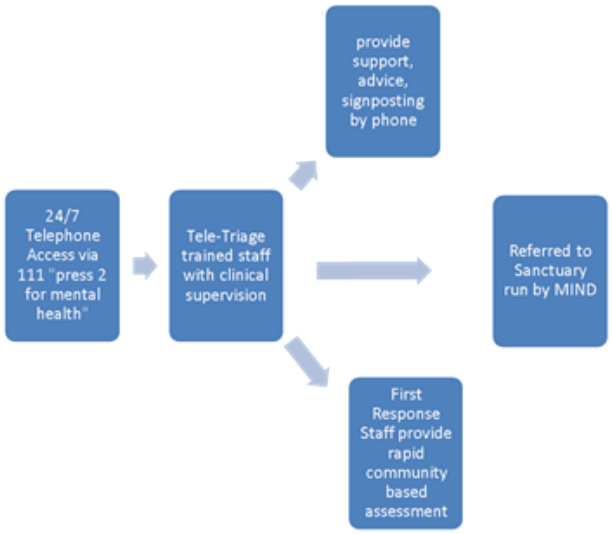
3.5.2 First Response Service for MH Crisis (FRS)

The FRS provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E – safe places in the community setting.

On 19 September 2016 the MH Crisis project moved to the last implementation stage. The Service expanded its remit to cover the whole of Cambridgeshire and Peterborough and opened to self-referral by patients via 111 telephone route.

To date FR has demonstrated that it can reduce A&E attendance and therefore provide savings for the urgent and emergency care system, as well as improve patient care and safety.

The model is live and operating. The FRS provides immediate telephone triage and support for mental health crisis. The service welcomes referrals from everyone in the CCG area of all ages, and is accessed through 111 and selecting option2 (which diverts directly to the service, avoiding the need to go through usual 111 triage pathway).



Impact so far:

- The service has demonstrated an immediate decline in the use of A&E for MH with a **20% reduction in attendance** despite the local context of many years of rapidly increasing figures.

- There has also been a **26% reduction** in numbers of MH patients **admitted** to Acute Hospitals from A&E

- Reduced ambulance call outs, assessments and conveyances to A&E for MH patients

- Reduced need for Out of Hours (OOH) GPs to see MH emergencies

- Impact on the urgent and emergency system is predicted to increase once the service becomes more established.

- The service is now responding to people previously unknown to traditional mental health services meaning we are starting to treat our future mental health populations today. This has created a public expectation on the health system to achieve parity of esteem for mental health.

- The service has changed the way that our patients and professionals are using services. Health visitors, drug and alcohol services, GPs now have a service that they can refer people to which means a reduction in their time.

3.5.3 **Suicide Prevention**

The Suicide Prevention Strategy is being refreshed with completion in the autumn of 2017.

A key work stream within the refreshed strategy will be to seek support and sign up to a policy of Zero Suicide by organisations across Peterborough and Cambridgeshire. Work to progress this was initiated on 21.02.17. The initiative is based on East of England Region approach and support for this target. More work is needed to refine and state what the objective means – is it an approach to quality and continuous improvement and/or a target for all across the health and social care system.

The STOP suicide project commissioned from MIND is continuing.

3.6 Enhanced Mental Health Primary Care Services

The current GP interface with specialist mental health services is primarily through a single point of contact, the Advice and Referral Centre (ARC). Evidence suggests that approximately 10% of patients currently referred to the ARC will ultimately be taken on to a specialist secondary care mental health caseload. The ratio of assessment to acceptance for treatment is almost 3:1 and the significant number of assessments undertaken impacts on the clinical capacity of locality teams to provide direct care and support for service users.

A service model has been developed that will increase the presence of mental health specialists in primary care, promote early assessment, treatment and / or onward referral and be recovery-focused. The 'step-up' function of onward referral into secondary care mental health services will support service users in a timely way and service users will be supported to 'step-down' into primary care when a period of treatment in secondary care has been completed. This model has become known as Prism. Prism teams will work with GP surgeries as a primary-care facing mental health service supporting GPs across the CAPCCG area.

Prism benefits and design principles:
Prism is evidence-based, people- focused, based on need, capable, integrated and collaborative, accessible, outcomes-focused recovery-focused and community linked. Prism is intended to create capacity across primary and secondary care.

Proof of Concept:
On 15th August 2016 Proof of Concept Prism (PoC) was launched to test some of the principles and challenges of community mental health delivery within primary care.

Proof of Concept Prism contains one Band 6 Prism worker and a Band 3 Support Worker covering 5 GP Practices (6 surgeries) in the Huntingdon and Fenland area.

Between 15th August and Jan 30th 2017 300 people were referred to the PRISM service by GPs, the majority of whom were able to receive appropriate and timely interventions in a primary care setting including signposting, education and advice. Although some PoC surgeries also continued to make some referrals to ARC early indicators suggest that onward referrals to secondary care from PoC surgeries are significantly reduced.

Logistics of Implementation:
The Phase 1 roll-out of the full model underway now.

The second phase will include alignment of the voluntary sector portfolio across the CCG and the Local Authorities (including Public Health) to support Prism capacity. This phase will run throughout 2017/2018, going live on 01/04/2018. During this phase we will explore social care integration.

We envisage the full model be operating from 01/04/2018.

3.7 Psychological Therapies

The CCG MH Commissioning and Contracting Team secured £1.3m NHSE investment to expand the psychological therapies provision from 15% to 19% of the eligible population by 2018/2019.

Two thirds of this expansion will be in new 'Integrated Improving Access to Psychological Therapies (IAPT) services – providing psychological therapies integrated into physical health pathways

Delivering these new integrated services is critical to building care holistically around the needs of the person to improve their outcomes and support them to achieve wellbeing. This approach is also expected to release significant savings and efficiencies for the NHS, based on evidence which demonstrates reduced healthcare utilisation in, for example, A&E attendances, short stay admissions and prescribing costs. Identification and reinvestment of these savings will allow new services to become fully sustainable within 12 months.

The conditions for which there will be the greatest reduction in cost are those for which depression or anxiety co-morbidity leads to a 50-100% increase in physical healthcare costs. The strongest evidence is in diabetes, COPD, cardiovascular disease and for some people, chronic pain and medically unexplained symptoms.

It is expected that over the longer term, fewer complications will result in reduced demand across the pathway. In addition, expansion can further be supported by improvements in productivity of services (which varies significantly) including appropriate use of digitally-enabled therapy.

3.8 Children and Adolescent Mental Health Services (CAMHMS)

Background – Why this was a 2016/17 priority Our CAMHS Transformation Plan was refreshed and published in October 2016.	**Progress**	**Outcomes**
Autism Spectrum Disorder (ASD) /Attention Deficit Hyperactivity Disorder (ADHD) – reducing waiting times and developing a service for 11-18 year olds in Cambridgeshire,	Increased investment in ASD/ADHD capacity to reduce waiting times	Moved from 77% (July 16) to 89% (Feb 17) of Children waiting less than 18 weeks for ASD/ADHD assessment. New service spec and additional funding for 11-18 year olds

Background – Why this was a 2016/17 priority Our CAMHS Transformation Plan was refreshed and published in October 2016.	**Progress**	**Outcomes**
where previously there was a gap.		agreed for 1st April 2017. Redesigned pathway including investment in Parenting programmes
Eating Disorders – improve community based services for 0-18 year olds	Invest in new community based intensive treatment services, involving Cognitive Behaviour Therapy (CBT), Family Therapy and group sessions	Fully implemented in January 17 – Urgent cases seen within 1 week routine cases within 4 weeks
Crisis services – improve local provision and extend crisis support/assessment services into times of peak demand (evenings)	Additional investment made available to build on current provision.	New models developed, but recruitment a significant barrier to implementation, temporary solution in place, with CAMHS (agency) staff embedded in First Response Team to provide out of hours' assessments
17 year olds – Increase upper age limit of CAMHS to from 17th to 18th birthday as limited services available for 17 year olds	Background work undertaken to look at demand and current capacity for age group. Proposals developed to meet needs of this group	Costs of providing full CAMHS for 17 year olds, prohibitive. Agreement for 17/18 of increased investment into CAMHS to enable both CAMHS and Adult services to provide intervention dependant on clinical need
Early intervention – limited services available, agreement to build capacity in this area to enable cost effective intervention and reduce demand for specialist services	Develop plans and invest in prevention/early intervention services	Increased investment in Parenting Programmes Increased investment in Counselling services for 11-18 year olds, face to face and online (kooth.com) www.keep-your-head.com
Integration of Local Authority (LA) and CAPCCG commissioned services is a priority for service users and referrers who are face with complex set of arrangement which are difficult to navigate and a range of services that is not consistent across the CCG	Develop integrated services with both LA's to ensure, best use of resources and consistency of provision across CCG	Work underway to implement 'early help hubs' with LA's to form a single point of access for services and open up a wide range of provision to be offered to meet needs
Emotional Wellbeing workers – development of a new role to support work of non-specialist professional, providing consultation, information, training, support based on local needs	Development of locality based Emotional Health and Wellbeing Workers to support, schools, Primary care	Cambridgeshire Community Services (CCS) and CPFT to work in partnership to deliver service, with 7 leads based across patch. Recruitment was initially difficult, but revised model now developed which is likely to be more attractive to staff

3.9 Peterborough City Council – notable service use statistics

3.9.1 Referrals to the First response Service – Community Crisis Support Services

0.75% of the registered CAPCCG practice population accessed our crisis response service so far. This is lower compared to the rest of localities.

The CCG recognizes this and to this effect has an action plan in place to explore access barriers for the Peterborough patients.

Mitigations included:

- Clinical Service Lead works with the Peterborough team on regular basis (previously in Cambridge)
- Bespoke Black Asian Minority Ethnic (BAME) worker in Peterborough maps the access barriers to inform service modifications.

Locality	Count	Population (Practice)	Percentage
CamHealth Integrated Care	768	90290	0.85%
CATCH	2591	239316	1.08%
Greater Peterborough	1967	261426	0.75%
Hunts System	1517	195223	0.78%
Isle of Ely	837	97687	0.86%
Practice Unknown	125		-
Wisbech	216	49323	0.44%

Basic demographic profile of patients accessing First Response Service in Peterborough

Gender / Age	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Grand Total
F	**38**	**111**	**153**	**146**	**183**	**165**	**216**	**1013**
0-15		2	3	3	2	2		12
16-17		4	3	3	12	3	6	31
18-64	34	97	132	128	165	152	197	906
65plus	4	8	15	12	4	8	13	64
M	**28**	**118**	**118**	**96**	**212**	**188**	**194**	**954**
0-15			2			2	3	7
16-17		3	1	1	1	2		8
18-64	25	112	107	91	194	173	176	878
65plus	3	3	8	4	17	11	15	61
Grand Total	**66**	**229**	**271**	**242**	**395**	**353**	**410**	**1967**

3.9.2 **Psychological Therapies**

Number of People entering the treatment in 2016/2017

GP Area	Referrals/ Entering Treatment	
Cambridge	6753	44.28%
Fenland	1544	10.13%
Herts	559	3.67%
Huntingdon	2995	19.64%
Peterborough	3398	22.28%
Total	15249	100.00%

Intensity of Treatment Breakdown

	Referrals deemed as suitable for PWP/HIW at assessment				
GP Area	Step 2		Step 3		Total
Cambridge	4738	70.16%	2015	29.84%	6753
Fenland	1055	68.33%	489	31.67%	1544
Herts	366	65.47%	193	34.53%	559
Huntingdon	2086	69.65%	909	30.35%	2995
Peterborough	2358	69.39%	1040	30.61%	3398
Total	10603	69.53%	4646	30.47%	15249

Referrals Source

GP Area	GP	Self	Other
Cambridge	22.18%	70.13%	7.69%
Fenland	28.04%	62.05%	9.91%
Herts	33.63%	55.64%	10.73%
Huntingdon	23.47%	68.45%	8.08%
Peterborough	28.43%	64.13%	7.45%
Total	24.84%	67.11%	8.05%

3.9.3 **Secondary MH Services for 2016/2017**

Inpatient/MH Hospital Stay

On average Peterborough patients use around 30% - 35% of the total inpatient activity, with the shorter stay than the rest of the CCG localities, against roughly 20% of the total CCG population count.

Inpatient Services	Peterborough Locality		Total CCG	
Acute Care - Assessment (3 Days)				
1. Admissions/Transfers		309		886
2. Discharges/Transfers		312		883
3. Bed Days		1251		4743
4. Avg Los		4.04		5.30
Acute Care - Treatment (3 Weeks)				
1. Admissions/Transfers		208		598
2. Discharges/Transfers		217		609
3. Bed Days		4040		12921
4. Avg Los		19.87		21.65
Acute Care - Recovery (3 Months)				
1. Admissions/Transfers		36		154
2. Discharges/Transfers		37		145
3. Bed Days		2562		10584
4. Avg Los		67.41		71.60
Personality Disorder				
2. Discharges/Transfers		1		2
3. Bed Days		305		3
4. Avg Los		452.00		781
PICU				
1. Admissions/Transfers		16		67
2. Discharges/Transfers		16		64
3. Bed Days		278		1286
4. Avg Los		15.68		22.65

Legend:

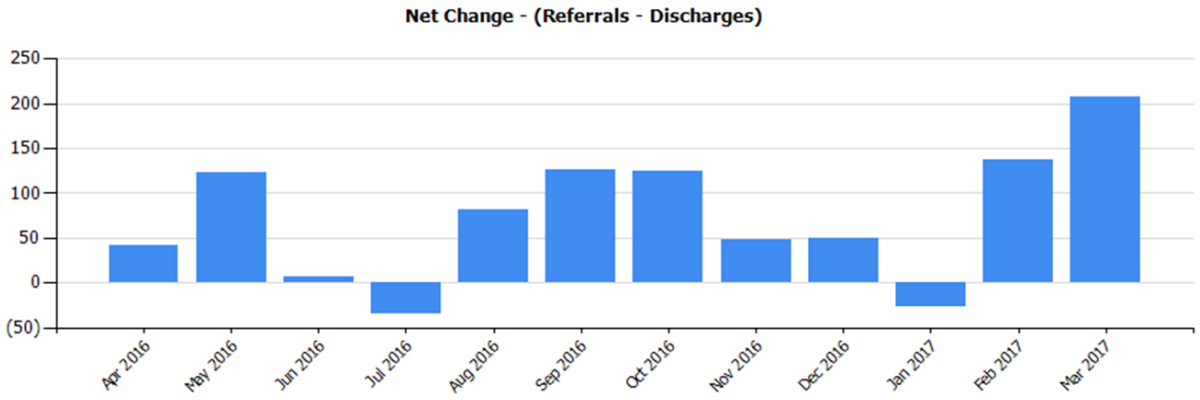
- AVG LOS = average length of stay (treatment of unit)
- FPE= full pathway episodes (from assessment to treatment and discharge)

3.9.4 Community Services

Similar trends as with inpatient services in terms of service utilisation.

Community Services	Peterbough Locality		Total CCG	
ADHD				
1. Referrals		29		189
2. FPE		101		408
3. AvgLOS		7338		6051
Affective Disorder				
1. Referrals		333		1388
2. FPE		681		1786
3. AvgLOS		5060		5400
ARC				
1. Referrals		5445		16559
2. FPE		2913		7776
3. AvgLOS		287		336
Assessment				
1. Referrals		1290		5081
2. FPE		844		3371
3. AvgLOS		580		750
CRHT				
1. Referrals		828		2714
2. FPE		827		2699
3. AvgLOS		72		65
Early Intervention				
1. Referrals		160		521
2. FPE		149		435
3. AvgLOS		1754		1653
Other				
1. Referrals		573		1255
2. FPE		475		1052
3. AvgLOS		1327		1390
Perinatal				
1. Referrals		44		208
2. FPE		43		155
3. AvgLOS		3824		2509
Personality Disorder				
1. Referrals		355		904
2. FPE		328		849
3. AvgLOS		2330		3262

Throughout 2016/2017 CPFT accepted more people into their service in Peterborough than were able to discharge. Some of the increase can be accounted by natural demographic increase, however NHS benchmarking data suggests that the CCG referral rate to CPFT is much more than the national averages.



3.10 SUMMARY

The implementation of the new service models is progressing well, although there remain many operational challenges ahead.

The CCG is unable to provide comparisons for expenditure per patient between Peterborough and the rest of Cambridgeshire as all of our commissioned contracts cover the whole CCG area and are therefore costed together.

The CCG is working in full partnership with the Local Authorities MH and Public Health commissioning and other wide stakeholders, including voluntary sector organisations.

The local Mental Health and Learning Disability NHS services met all the required 2016/2017 performance targets, although maintaining quality and patients' experience remains a challenge in the current financial climate.

Peterborough Patients utilize around 30-35% of the total CCG MH commissioned capacity against accounting for around 20% of the total CCG population count.

The CCG and the Local Authorities, in addition to the national requirements, are implementing two significant services to support early intervention and holistic MH care one the one hand, and a very proactive community based crisis care services on the other hand. These services are crucial for the local MH sustainability.

4. BACKGROUND DOCUMENTS

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

4.1 Five Year Forward View for MH services
https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Implementing the Five Year Forward View
https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years (attached).

5. APPENDICES

5.1 Appendix 1 Working together for mental health in Cambridgeshire and Peterborough
Appendix 2 Mental Health JSNA May 2017

Fit for the Future
Working together to keep people well

Working together for Mental Health in Cambridgeshire and Peterborough

A framework for the next five years

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For the Cambridgeshire and Peterborough Sustainability and Transformation Programme

January 2017 DRAFT

Contents

1. Executive summary

This document has been written as part of our Sustainability and Transformation Programme. It sets out the key priorities and next steps for our health and care system to achieve the aspirations of the Five Year Forward View for Mental Health, alongside our local Sustainability and Transformation Programme plans, and work to implement the Care Act.

Although it has been produced by a small group, we have drawn on work which has been carried out by many people and organisations over the past few years, including a large number of discussions with service users, carers and representatives of partner organisations, as well as existing mental health strategies.

1.1. Our themes

There are three clear themes from strategy work to date:

I. **Sustainability:** prevention, early intervention, and attention to the broader determinants of health (such as housing and jobs) are crucial for our system to be sustainable.

II. **Integration** between physical and mental health care, and health and social care is not as good as it needs to be. Outcomes for people with physical and mental health problems are poor and there are cost effective things we could be doing to improve this. Service users and carers have identified that finding out what support is available and accessing services is frequently complex and therefore difficult. Bringing health and social care services together has been shown to help to make both of these areas easier. Integrated delivery of care has also been shown to put the individual at the heart of that care and to be more effective and to make better use of resources.

III. **Capacity and Demand:** services for people with mental health problems are really stretched, and there are problems at the interfaces (for example between primary and secondary care; health, social care and other organisations; services for children and adults).

1.2. Our approach

The Five Year Forward View for Mental Health, the Care Act 2014 and our local Sustainability and Transformation Plan set out clearly what needs to change. In delivering these changes our approach will focus on three areas:

I. **Prevention:** promoting mental health and preventing mental illness.

II. **Community-based care:** developing an integrated approach to community-based person-centred care, focused on intervening early.

III. **Specialist care:** timely acute, crisis and inpatient care when it's needed**.** Paying particular attention to admission and discharge processes, the management of interfaces between services and social services support.

1.3. Resources

The changes set out in the Five Year Forward View for Mental Health are being resourced through an anticipated £1bn additional national investment for mental health by 2020/21. We expect to receive a proportion of this investment locally. We estimate that our share of this additional investment should equate to approximately £12.8m by 2020/21 (based on the funding formula in use in June 2016), but it is important to note that our high level costing work suggests that this level of additional investment is unlikely to be sufficient by itself to achieve full implementation of the Five Year Forward View or all of the priorities set out in this strategy.

The national priorities for 2015/16 investment, IAPT, CAMH community eating disorder services, and early intervention in psychosis, have already received additional investment.

We have also invested Vanguard funding in a community-based first response service for mental health (see Box 3, page 22, for detail). Whilst we know there will continue to be national priorities for this investment, we also have local priorities which are key to ensuring that we create and maintain sustainable and effective mental health services in Cambridgeshire and Peterborough. There is work underway in the vast majority of these priority areas but often not at the scale needed.

1.4. Our vision for mental health

'That health and care services for people living with long term conditions, mental health problems or advancing age are sustainable, designed with the people and communities who use them around their needs and support them to be resilient, independent and enabled.'

1.5. Key priorities for 2016/17 and 2017/18

The key priorities for investment and focused work in 2016/17 and 2017/18 are set out below. The table combines nationally set priorities, as set out in the Five Year Forward View for Mental Health, and local priorities.

Table 1: Key priorities for investment and focused work 2016/17 and 2017/18

Pathway	2016/17	2017/18	Local focus	National aims**
Centrally-led Task Force priorities*				
Perinatal mental health	X		Improved access through specialist service provision and community provision in line with NICE stepped provision. 2016/17 further work to baseline current service provision, allocate investment and commission new services. Taken forward through perinatal mental health network group as part of STP work on Children and Maternity.	By 2020/21, increase access to specialist perinatal mental health support in all areas in England, in the community or inpatient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence based treatment.
Crisis care	X		Plans in place for core/core 24 liaison psychiatry service standards (by 2020/21) in all acute trusts. Further implementation of our community-based first response model to the whole CCG, subject to success of pilot and funding. Continued implementation of crisis concordat action plan.	By 2020/21, all acute hospitals will have all-age mental health liaison teams in place and at least 50% of those will meet the 'Core 24' service standard as minimum.
CAMH emergency, urgent, routine	X		Continued work on the development and implementation of the ithrive model. New children's mental health service model commissioned, including primary mental health support, counselling in localities, and crisis/liaison services in acute trusts. Developing a co-commissioning approach with NHS England.	By 2020/21, at least 70,000 additional children and young people each year will receive evidence-based treatment. Local transformation plans refreshed by Oct 2016, and annually.
Integrated mental and physical healthcare pathways	X	X	Focused prevention and screening initiatives amongst those with serious mental illness (SMI). Smoke free mental health facilities by 2018. Access to psychological therapies (including IAPT) for Long Term Conditions (LTCs) and Medically Unexplained Symptoms (MUS), psychosis, bipolar affective disorder, depression and personality disorder. Supporting self-care for those with LTCs to have mental health support embedded within it.	By 2020/21, 25% of people with common mental health disorders will access services each year. Majority of services integrated with physical healthcare with 3,000 new mental health therapists co-located in primary care.
Primary Care				
Health trainer access for those with SMI	X	X	Improved access to health trainers for those with SMI. Initially investment made in 2016/17. Further work to align with other initiatives supporting self-care for LTCs.	By 2020/21, A reduction in premature mortality of people living with severe mental illness (SMI). 280,000 more people

Pathway	2016/17	2017/18	Local focus	National aims**
Social prescribing Medication management Peer experts/mentor and community health resilience building/ navigators	X	X	Learn from pilot and scale up enhanced primary mental health care. This will provide additional mental health resource/capacity within primary care for managing those with mental health problems of moderate to high severity and disability but who are stable, and have risk levels that can be managed in a primary care based service, with support from recovery coaches for those stepping down from secondary care. We will also integrate and/or develop interface with newly expanded neighbourhood teams, who will support those with deteriorating SMI. Further work to link existing community health/navigators within these models, and supported self-care.	having full annual physical health check. Physical care interventions to cover 30% of population with SMI on the GP register in 2017/18, moving to 60% in 2018/19.
Wider determinants				
Housing support Employment support Debt/benefit advice	X	X	Further work to scope potential for delivering improved services on housing, debt and employment services, and interface with enhanced primary care, supported self-care and neighbourhood teams.	A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.
Support for carers		X	Further work on supporting carers including well defined support pathways for carers.	
Primary Prevention				
Suicide prevention	X	X	Continued implementation of multi-agency suicide prevention strategy and findings of suicide audit (2016/17).	By 2020/21, the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels.
Anti stigma campaign work		X	Initial campaign work focused on young people and suicide for 2016/17. Build further joint cross system campaigns for 2017/18.	
Staff wellbeing programmes (non-NHS & NHS)	X	X	Programmes commissioned, or underway. Further work and investment to scale these up, with mental health as part of wider staff wellbeing programmes.	Continued implementation of health initiatives for NHS staff.
Improved resilience for children and young people Mental health skills/knowledge of professionals and parents.	X	X	Further development of the 'thrive' element of the ithrive model. 2016/17 focus on redesign and commissioned model. Non-recurrent funding for 2016/17 focused on development areas.	

Key: *Adapted from p.36 'The five year forward view for mental health'. See Annex A for a full copy of the five year table.
**Taken from 'Implementing the five year forward view for mental health'. NHS July 2016.

1.6. Next steps

Table 2 (page 10), shows what this means for our local system, and Table 3 (page 14), illustrates much of the work already underway to take forward these priorities. The purpose of this strategy is to describe our collective system-wide priorities on mental health so we can track progress against these. Overall progress in implementing this combined strategy will be reported through the STP. The principles of collaboration and logistics outlined in this document will underpin this work.

2. Where are we now?

2.1. Local Mental Health strategies

A number of documents about our local mental health strategy have been published, but they are not as joined up as they need to be.

We do not seek to duplicate or repeat in detail these previously published and agreed strategies. Links to them are at the end of this document. The purpose of this document is to place them in an overarching framework, and to describe how we will work together to implement our shared vision for Mental Health.

Across all the strategy work that our system has carried out in recent years, three common themes stand out:

I. **Prevention:** early intervention and attention to the broader determinants of health (such as housing and jobs) are crucial for our system to be sustainable.

II. **Integration:** between physical and mental health care, and health and social care is not as good as it needs to be. Outcomes for people with physical and mental health problems are poor and there are cost effective things we could be doing to improve this. Service users and carers have identified that finding out what support is available and accessing services is frequently complex and therefore difficult. Bringing health and social care services together has been shown to help to make both of these areas easier. Integrated delivery of care has also been shown to put the individual at the heart of that care and to be more effective and to make better use of resources.

III. **Capacity and Demand:** services for people with mental health problems are really stretched, and there are problems at the interfaces (for example between primary and secondary care; health and social care; services for children and adults).

2.2. What people have told us about mental health services in our communities

Throughout our engagement with service users, carers, clinicians, commissioners, and other partner organisations, a number of inequalities and gaps in the provision of mental health

care have been identified, and a number of consistent themes have emerged, particularly around access and crisis.

In general, people have told us they are concerned about:

- A lack of linkage and co-ordination between services with the need to improve communication and better sharing of information.
- Variable access to different types of services (in general and during crisis).
- A lack of open access services.
- A gap between GP care and access to specialist services.
- Fear of a 'cliff edge' when service users are discharged from specialist mental health services.
- Evidence of poor access to services, particularly when a crisis may be developing, creating an escalation of need.
- The need to join up services which support individuals, such as benefits and housing advice, with overall provision.
- Recognition of the vital role of peer and carer support.

These service issues and views reflect how the entire health system delivers mental health services alongside its partners. It is clear that we cannot look at one part of the system without considering the whole. To radically improve access to mental health services, people have said that we need to remove the barriers between GPs and hospitals and physical and mental health, and that we need to think of healthcare alongside support for the wider factors which influence mental health including employment, housing, benefits and support for families and carers.

2.3. Main JSNA messages

- With a growing population, Cambridgeshire and Peterborough has growing numbers of people with mental illness. In 2016, it was estimated that over 88,000 adults (aged 18-64 years) in Cambridgeshire and Peterborough have a common mental health disorder – by 2021 this figure will be 95,200, and by 2026 it will be 97,500.
- Suicide rates have been consistently higher than England rates in Peterborough (although this was not always statistically significant), until a drop was seen in 2012/14, making Peterborough's rates statistically similar to the England average.
- Hospital admissions rates for self-harm in those aged under 25 years are above the national average in both Cambridgeshire and Peterborough, with Peterborough the highest in the East of England.
- Patterns of service use suggest that acute 'crisis' services are being used more for mental health in Cambridgeshire, and particularly in Peterborough, when we compare with other areas. This is not explained by differences in population need.
- People with two or more long term conditions are seven times more likely to have depression.[1] Overall this means that locally there are an estimated 18,000 adults with two or more long term conditions with mental ill health and/or limitation, and a further 10,500 people aged 65 and over in these groups.

Further detail and references on key local data is provided at Annex C.

[1] The King's Fund. (2012) Long-term conditions and mental health: The cost of co-morbidities.

3. Where do we want to be in five years' time?

3.1. Our vision for mental health

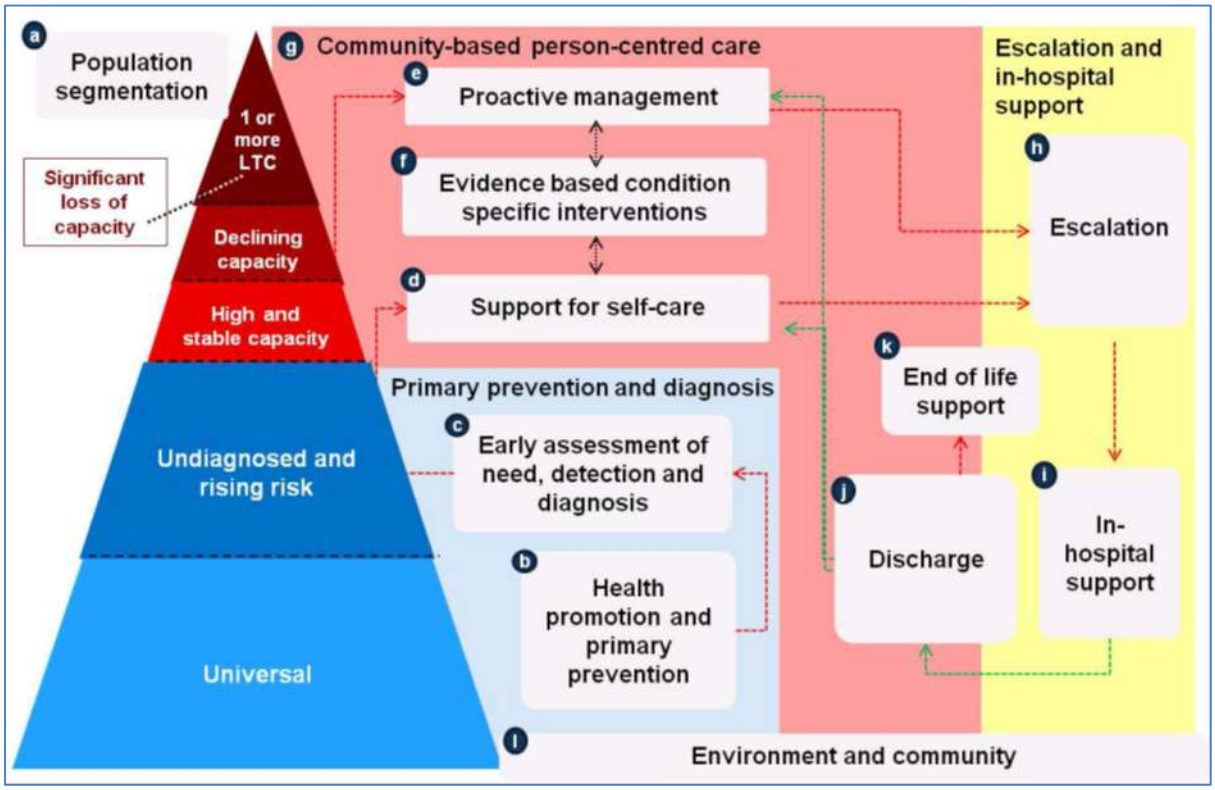
'Our vision is that health and care services for people living with long term conditions, mental health problems or advancing age are sustainable, designed with the people and communities who use them around their needs and support them to be resilient, independent and enabled.'

It is important to know that this vision has not been developed in isolation. We understand that many people live with multiple conditions, and it is often the psychological and social elements, including housing, employment, support from family and friends, and confidence to self-manage, as well as mental and physical illness, which determine what and how much support someone needs.

3.2. The main building blocks

The main building blocks for our strategy include:

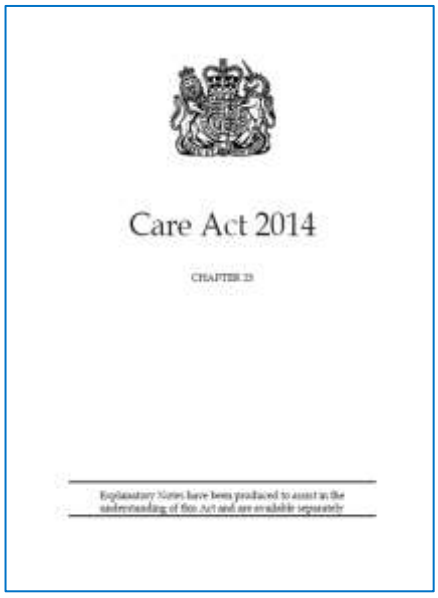
I. The model of care developed by the Sustainability and Transformation Programme



We have developed a model of care which places people at the centre of an integrated, community-focused approach; recognising the importance of the wider environment, prevention and early intervention; and that people frequently live with mental health problems alongside other long term conditions.

The diagram above summarises how integrated health care neighbourhood teams can provide proactive care stratified by different levels of need, as determined by their medical and psychosocial conditions. This brings together work on healthy ageing, long term conditions management and mental health.

II. The Five Year Forward View for Mental Health, and the 2014 Care Act



Our objectives map closely on to those set out in the Five Year Forward View for Mental Health[2] - Prevention, Wellbeing, Delaying Needs, Good Quality Care, Information and Advice, Innovation and Research, Data, Commissioning - Market Shaping, Payments and Incentives, Leadership and Workforce.

NHS England has published its implementation plan for the Five Year Forward View[3] and in Table 2, below, we describe what this means for our local health system.

Table 2: Local implications of the Five Year Forward View for Mental Health

National commitment	Potential local implications
Physical care interventions to cover 30% of population with severe mental illness SMI on the GP register in 2017/18, moving to 60% in 2018/19.	2,100 people with SMI (30%) would have physical care interventions by 2017/18, moving to 4,200 (60%) in 2018/19
By 2020/21 25% of people with common mental health disorders will access services each year.	29,300 people with common mental health disorders would access services a year by 2020/21.
By 2020/21, increase access to specialist perinatal mental health support in all areas in England.	1,250 women would receive additional support for mental health problems during pregnancy and/or the postnatal period by 2020/21, with approximately 420 (or 4%) of this group having severe and complex needs.
At least 35% of CYP with a diagnosable mental health condition receive treatment from an NHS-funded community MH services by 2020/21.	6,755 (35%) children and young people with a diagnosable mental health condition would be receiving treatment from an NHS funded community mental health service a year by 2020/21.
By 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels.	There would be 6 fewer suicides a year (from 2015 levels) by 2020/21.

Please see Annex D for details of how these estimates have been calculated.

[2] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

The Care Act 2014 is the most significant change to adult social care in over 60 years. It modernises care and support so that the system is built around people's needs and what they want to achieve in their lives. It will give:

- Individuals and carers more control over their care and support.
- Clarification of what individuals and carers can expect from the care system.

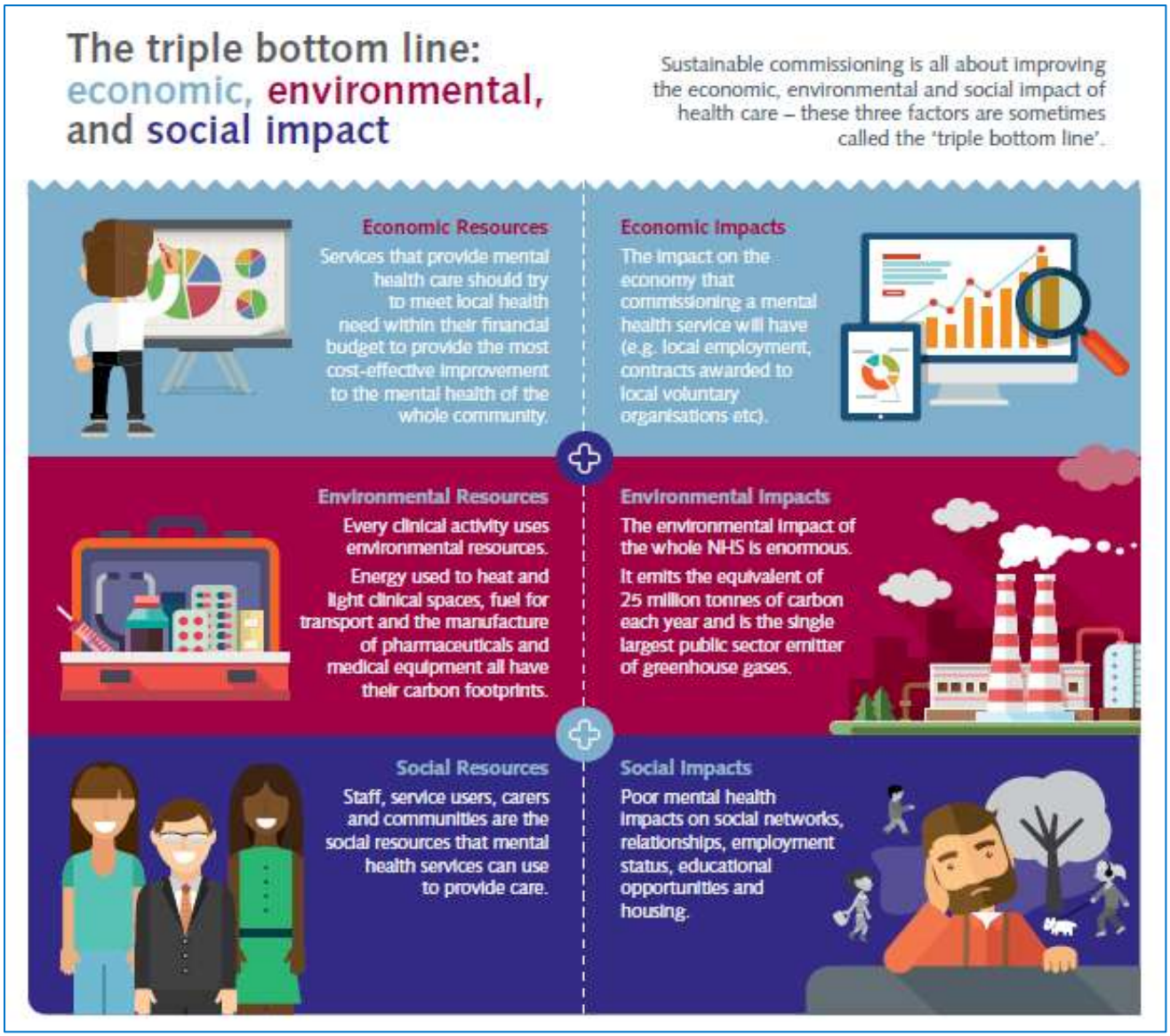
The introduction of the Care Act and its concept of 'Wellbeing' impacts upon how mental health social care services are delivered, because of the duties it places on the council to put more emphasis on responding to the needs of carers, placing more control in the hands of the individual over their care and providing better access to information.

Some of the main features of the Care Act include:

- A change to the way people are assessed – so that decisions about the help they receive will consider their wellbeing, what is important to them and their family, and help to plan for the future.
- New rights for carers and people who pay for their own care (called 'self-funders') to ask for an assessment of their needs and the council's help to access services and support to meet their eligible needs.
- Provision of information and advice to everyone who requires it, not just people using services.

One implication for Mental Health services is a need to realign social work resources away from working solely with secondary care to work across the pathway between secondary and primary care services. This would strengthen the early intervention and prevention capacity of the whole mental health system in line with emphasis on wellbeing

III. A commitment to sustainable commissioning



Our approach to commissioning must be sustainable: not just economically, but also environmentally and socially.[4]

What is sustainable commissioning?

Sustainable commissioning is about 'future-proofing' mental health care. This simply means ensuring better outcomes for patients both now and in the future, despite increasing resource constraints.

Four basic principles for sustainable commissioning decision making

Commissioners are committed to and will take action to ensure that the four basic principles for sustainable commissioning decision making are employed as a framework for decision making.

[4] Source: JCPMH: Guidance for commissioners of financially, environmentally, and socially sustainable mental health services. Available at: http://www.jcpmh.info/resource/guidance-for-commissioners-of-financially-environmentally-and-socially-sustainable-mental-health-services/

I. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

II. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and service users are at the centre of decision making. It also requires supporting community projects that improve social networks, build new skills, support employment and ensure appropriate housing.

III. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

IV. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care.

3.3. Our main priorities

Our main priorities, progress to date and next steps are summarised, and mapped against national priorities in Table 3 (page 14). The Executive Summary to this document provides a shortened version of this table highlighting the key priorities (Table 1, page 3).

Our proposed approach focuses on three areas:

I. **Prevention:** promoting mental health and preventing mental illness.

II. **Community-based care:** developing an integrated approach to community-based person-centred care, focused on intervening early.

III. **Specialist care:** timely acute, crisis and inpatient care when it's needed**.** Paying particular attention to admission and discharge processes, the management of interfaces between services, and social services support.

These headings draw together the themes of prevention, integration and capacity and demand alongside many of the other priorities identified both locally by our own service users and partners, and also nationally within the five Year Forward View for Mental Health. Importantly, they also build on and link in with each other, to provide a cohesive person-centred sustainable model of health and care.

This document does not currently encompass Learning Disabilities or Dual Diagnosis. Work on dementia is being developed separately through a dementia strategy, and once available will be incorporated here.

Table 3: Mental Health Five Year Forward View – local requirements split by local priority areas		
Local and national aims: **A. Promoting Mental Health and Preventing Mental Illness**	**Progress to date**	**Next steps**
• Focus on groups at risk of mental illness such as vulnerable children, as well as support for carers. • Access to employment, housing and debt support. • Tackling stigma through campaigns and mental health champions in communities. • Incentives for NHS employers relating to NHS staff health and wellbeing. Measures of staff awareness and confidence in dealing with mental health in staff surveys. • Parenting programmes as part of prevention work, particularly for vulnerable groups. • Improved resilience for children and young people, alongside mental health skills and knowledge of professionals and parents. • Implementation of a whole school approach to mental health and wellbeing. • Individuals and their families are enabled to achieve and sustain their wellbeing through links to strong and resilient communities. • Vulnerable people with mental health needs and their carers find the support and care system easy to navigate. • (Suicide prevention see section C)	• Some focus on at risk groups including vulnerable children. • Access available through commissioned voluntary sector services to employment support, housing and debt advice for some. • Anti-stigma campaigns such as 'stress less', 'one you' and mental health awareness week supported by public health. • School champions (teacher and young people) being piloted. • NHS staff wellbeing programmes, including mental health being developed in large NHS providers. • Parenting programmes considered as part of the mental health service redesign for Children and Young People. • Training for professionals and schools provided, alongside planning for whole school approach. • Development of training packages for employers and setting out standards for workplace health, and support for those with mental illness wanting to remain and/or return to work. • Pilot project on building mentally resilient communities and evaluation with MIND. • Improving the mental health awareness for a broad range of professionals.	• Further work to ensure prevention work is targeting at risk groups. • Further work with voluntary sector to scope potential for delivering improved services on housing, debt and employment services, and the interface with enhanced primary mental health care services, and neighbourhood teams. • Build further joint cross system campaigns for 2017/18. Further development of NHS wellbeing programmes for employees. • Further development of parenting programmes as element of the ithrive model. • Alignment of voluntary sector commissioning. • Further development of 'thrive' element of ithrive model focusing on school support, mental health knowledge and life skills, building resilience, staff and parents, and those most vulnerable to mental health problems. • Continued focus on reducing social isolation, and building community resilience. • Further work on supporting carers including robust assessments and 'what if' plans, as well as defined support pathways for carers.
B. Developing community-based person-centred care focused on intervening early	**Progress to date**	**Next steps**
• By 2020/21 at least 60% of those experiencing a first episode of psychosis access to NICE approved care package within 2 weeks of referral. • Out of area placement for inpatient care eliminated by 2020/21.	• Further investment in Early Intervention Psychosis (EIP) services in line with national guidance. EIP pathway development in place. • Enhanced Primary Care Pilot in place – looking at 'step down/step up' management.	• Establish NICE compliant pathway (Year 3). • Learn from pilot and scale up enhanced primary mental health care. This will support GPs in identifying psychological needs and primary care-led interventions, with support from recovery coaches for those stepping down from secondary care. Integrate and/or develop interface with newly

Table 3: Mental Health Five Year Forward View – local requirements split by local priority areas		
• Reduce Mental Health Act detention through earlier intervention and targeted work to reduce over-representation of BAME and other disadvantaged groups • Prevent avoidable admissions support recovery and 'step down' for SMI and significant risk/safety issues, least restrictive and close to home. Tackle inequalities in detentions and length of stays. • Expansion of 'navigator' roles. • Learning from SI's. • Social care practice is focused on supporting people to gain and retain their independence. • An effective re-ablement service is available in mental health.	• Development of a primary care wellbeing pathway integrating IAPT, the enhanced primary care pilot and recovery coach service (CQUIN). • Fully scoping activity data for Personality Disorder (PD) Pathway (CQUIN). • Clinical Commissioning Group has commissioned 'recovery coaches' to support patients post discharge. Local authorities have piloted a mental health 'navigator' model, based on an existing 'navigator' project. • Recovery College East provided collaborative educational opportunities for Cambridgeshire and Peterborough Foundation Trust (CPFT) service users and staff. • Development of 'what if' plans for carers.	expanded neighbourhood teams, which will support those with deteriorating SMI. Further work to link existing community health/navigators/Peer Support. Workers/Recovery College within these models, and supported self-care. • Consider how enhanced primary mental health care can support those not registered with GPs. • Further modify PD pathway as required (including strengthening involvement and support for friends/families). • Alignment of voluntary sector commissioning. • Improved recognition of depression in patients with LTCs and in old age. • Re-focus social work practice so service users have more engagement with their communities as part of their care plans. • Develop a set of standards for the way in which voluntary sector services enable service users to engage with support existing in their community and build this role into the requirements of all relevant contracts. • Implement and evaluate the re-ablement pilot project in Huntingdon. • Maximise direct payments through staff training and making them more user friendly. • Implementation through strands of work from the Peterborough City Council 'People and Communities' Strategy'.

Table 3: Mental Health Five Year Forward View – local requirements split by local priority areas		
Integrated mental/physical health & access to psychological therapies • Physical health checks for those with SMI. • Improved access to prevention and screening initiatives for those with mental illness. • All mental health inpatient facilities to be smoke free by 2018. • Access to psychological therapies (particularly for LTCs; psychosis, bipolar, PD and common mental health problems) Access to psychological therapies to meet 25% of need, and integrated into physical health pathways. • Improve offender services, including all age liaison and diversion schemes and forensic services.	• Work underway to clarify responsibilities for annual checks with different groups of patients for GPs and CPFT. • Investment made in health trainers working within the enhanced primary care service. • Closer working between stop smoking and mental health services. • IAPT Access and recovery rates as per national targets. • IAPT already focusing on patients with LTCs.	• Clarity built into contracts, and provision monitored. Improve the proportion of SMI patients with a high quality annual health check. • Focused prevention and screening initiatives, and numbers accessing services amongst patients with SMI improved. Smoke-free mental health facilities by 2018. • Improved access to health trainers for those with SMI. Initially investment made in 2016/17. Further work to align with other initiatives supporting self-care for LTCs. • Improve access to psychological therapies where this is of known benefit including for LTCs, MUS, psychosis, mood disorders including bipolar affective disorder and PD (improved). Impact analysed, financial flow adjusted between LTC and MH services. • Plans developed to implement smoke-free inpatient facilities by 2018. • Supporting self-care for those with LTCs to have mental health support embedded within it. • Develop liaison psychiatry skills in primary care to reduce presentations to acute trusts and support them in moving services into the community

Table 3: Mental Health Five Year Forward View – local requirements split by local priority areas		
Perinatal, Children and Young people • Improved access to evidence-based specialist mental health care including psychological therapies and specialist community or inpatient care • One in three children and young people with mental health needs to access Mental Health services by 2020	• Perinatal mental health outcomes built into 0-19 contract for children's services (including health visiting, school nursing and children's centres). • Initial work on Children's mental health redesign to ithrive model underway. Service will: • Increase availability and accessibility of early interventions services through improved signposting, advice, guidance. • Movement of those CYP with mild needs to locality based support. • Effective early MH specific assessment to ensure access to correct interventions and support as early as possible. • Development of wellbeing lead roles to support, advise, guide professionals working with children and young people within the community. • Embedding the use of shared decision making and setting of outcomes and goals from first interaction with services (supported by a programme of training). • Reviewing model of delivery to ensure effective evidence based interventions are delivered and development of innovative workforce models with a range of people skilled to delivery these interventions.	• Continued work to recognise the impact of parental mental health on children and focus practice on responding to the needs of the whole family through whole family assessments and joint visits with other professionals wherever possible. • Improved perinatal access through specialist service provision and community provision in line with NICE stepped provision. 2016/17 further work to baseline current service provision, allocate investment and commission new services. • Continued work on the development and implementation of the ithrive model. New children's mental health service model commissioned, including primary mental health support and counselling in localities. • Focused work to reduce transition issues between child and adult services. • Further development of co-located, jointly commissioned, fully integrated services for children including those with long term conditions. • By December 2016 developing a co-commissioning approach with NHS England focusing on alternatives to admission.

Table 3: Mental Health Five Year Forward View – local requirements split by local priority areas		
C. Timely acute, crisis and inpatient care when it's needed	**Progress to date**	**Next steps**
• By 2020/21 all acute hospitals to have all-age mental health liaison services in A&E and inpatient wards, and meeting core 24 service standards. • By 2020/21 24/7 community-based mental health crisis response available. Including Crisis Resolution and Home Treatment Teams (CRHTTs) provision of intensive home treatment. • Equivalent model to adult model for children and young people. • Implement new duties to ban use of police cells as a "place of safety" for those under 18 years • Multi-agency suicide prevention plans in place by 2017, contributing to 10% reduction in suicide.	• Implementation of phase 1 of UEC Vanguard for 24/7 mental health crisis in Cambridge. • Pilot of community-based safe place with voluntary sector. • Mental health nurses in police control room as part of UEC Vanguard project provide early input and support to police and provide alternatives to use of Section 136. • Investment of £360k to improve psychiatric liaison services for children and young person including extending assessments to midnight and increasing capacity of Intensive Support Team • S136 Mental Health Based Places of Safety to meet national guidance. • Multi-agency suicide prevention plan and implementation group established. • Successful Stop Suicide Campaign and targeted training programme.	• Plans in place for core/core 24 service standards (by 2020/21) in all acute trusts, subject to staffing limitations. Review Emergency Department Liaison Psychiatry provision, adjust as necessary. • Further implementation of our community-based first response model to the whole CCG, subject to success of pilot and funding, to provide 24/7 self referral for mental health crisis with tele-triage and mental health first responders available to provide urgent assessment when needed. • Develop multidisciplinary paediatric liaison services to acute trusts • Continued implementation of crisis concordat action plan (years 2-5). • Ensure there is a countywide Approved Mental Health Professional (AMHP) service with sufficient capacity and sufficient access to S12 approved medical practitioners. • Improved use and sharing of Crisis/Care Plans. • Develop pathways/processes to ensure ithrive and crisis redesign integration. • Continued implementation of suicide prevention strategy and findings of suicide audit (2016/17).

Sources: STP aide-mémoire: Mental Health and Dementia and Five Year Forward View for Mental Health. All relevant local strategies

3.3.1. Our first local priority: Promoting mental health and preventing mental illness.

Preventing illness, promoting mental health and intervening early and effectively, when people become ill, are the foundations of our strategy.

The Five Year Forward View for Mental Health emphasises the importance of promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens**,** and recognising that this his is not the remit of the NHS alone – it requires support for parents, good schools, decent housing and supportive communities. Our Public Mental Health Strategy[5] sets out the evidence for such an approach.

Our cross-system prevention work will focus on:

- Building resilience, mental health knowledge and life skills in children and young people.
- Introducing a 'whole school approach' to improving mental health and a similar approach in the early years environment.
- Supporting parents, particularly through evidence-based parenting programmes.
- Engaging with communities to promote mental health and reduce stigma, including through anti-stigma campaigns.
- Mainstreaming mental health promotion within our healthy lifestyles work.
- Developing training packages for employers and setting out standards for workplace health, and support for those with mental illness wanting to remain and/or return to work.
- Improving the mental health awareness for a broad range of professionals who come into contact with those with mental illness but are not mental illness specialists.
- Work to address the factors that increase the risk of mental illness, such as improving access to employment support and debt advice.
- Work to improve the mental health of those with physical illness and the physical health of those with mental illness.
- Continued implementation of the Suicide Prevention Strategy.[6]

As described below much of the challenge with this work is ensuring that it takes place at a sufficient scale to have a significant impact.

3.3.2. Our second local priority: Developing community-based, person-centred care, including intervening early, where possible

At the heart of our vision is an integrated service, community-based, which brings together physical and mental health care, alongside social care, the voluntary sector, and the many resources which exist within our communities.

Considerable work is already underway, much of which is currently being tested in small geographical areas, but this needs further commitment and investment to be expanded across Cambridgeshire and Peterborough.

[5] http://www.cambridgeshireinsight.org.uk/health/healthtopics/mh
[6] http://www.cambridgeshireinsight.org.uk/health/healthtopics/mh/suicide

One key area of activity in this area focuses on improving access to and availability of mental health services, including:

- Significantly more children and young people accessing high quality mental health care, including timely access to inpatient beds as close to home as possible when these are needed, alongside alternatives to admission where this is appropriate.
- Specialist perinatal mental health services available locally for all women who need them.
- Access to psychological therapies to meet 25% of need, integrated into physical health pathways.
- Expansion of rapid access for people experiencing their first episode of psychosis in line with NICE-approved care.
- Multi-agency action to reduce the suicide rate by 10%.

As part of our plan to achieve these goals, we will immediately set up a Cambridgeshire and Peterborough perinatal mental health network group; and we will also consider options for developing more specialist services for perinatal mental health, including exploring the option of establishing a regional Mother and Baby Unit, alongside the development of the whole perinatal pathway.

We will expand our Long Term Conditions IAPT service, and take action to allow our early intervention in psychosis teams to increase their treatment pathways from two years to three, and to expand services for the assessment of individuals with at risk mental states.

Work on children and young people will build on the 'ithrive' work described below.

Box 1: ithrive redesign for children's mental health

We are developing a new model for emotional health and wellbeing services based on the ITHRIVE framework. This will, we hope, reduce the demand we see later on in life for mental health, specialist health, and social care services. Thrive is a conceptual framework for delivering a need based model for CAMHS. Cambridgeshire and Peterborough is one of the national accelerator sites for implementing this approach. More detail on Thrive can be found at http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

The model supports self-resilience of CYP and families and supports them within their localities and in ways that meets their needs. The model supports the concept of increasing the availability and accessibility of early intervention and preventative activities and therefore ensuring that only children and young people whom would benefit from specialist mental health services need to be referred.

Key points of new model:

- Removal of tiers to a whole system approach.
- Needs based as opposed to diagnosis led.
- Outcome to be defined from beginning of interaction with services.
- Enhance preventative activities to support Thriving and build resilience.
- Increase in early intervention and provide interventions, advice, support earlier and not wait until crisis.
- Use of shared decision making to identify goals and outcomes to be achieved.
- Ensure use of evidence based or best practice interventions.
- Stop treatment if not achieving goals.
- Improvement in access.
- Access to advice and guidance from specialist services earlier through wellbeing lead.
- Improved training and knowledge of mental health across all sectors.

A second area for development focuses on providing people with community-based holistic care, recognising their mental and physical health needs.

We know that we need to do more to bring together and co-ordinate services which can focus on the needs of the individual and understand them in their wider environment and work to address the factors contributing to their mental health problem. This means focusing on wider support such as housing, employment and benefits, alongside supporting family and/or carers.

We also recognise the need to expand support for people who are below the threshold for specialist services but who need more support than can be provided through GPs. Support for self-care and recovery, are central to this. Housing is a crucial part of this and there is a need tor review the sufficiency and spread across the County of specialist accommodation and access to general needs housing for those with severe and enduring mental health problems.

As part of our plan to achieve these goals, by 2017 we will have developed our Recovery Coach model to support discharge from secondary care, and our Enhanced Primary Care service for Mental Health will be developed to allow us to test out approaches to improve the effectiveness of our step up and step down pathways, and help address the 'fear of a cliff edge' which causes many of our service users and carers concern when discharged from secondary Mental Health services.

The Enhanced Primary Care mental health service will, along with all NHS services, support the physical care of patients with mental illness, and identify and address the psychological needs of those with long term conditions and is described in the box below. Our dementia strategy will be developed to continue to meet national targets for early diagnosis; and to improve the support (including crisis and end of life care) for people living with dementia and their carers.

Box 2: Enhanced primary care mental health services

The Model: The service will provide additional mental health resource/capacity within primary care to manage the defined patient group (see above) by supporting the GP with specialist Mental Health staff who have the knowledge, expertise and capacity to support the safe discharge/transfer of stable patients from Secondary to Primary Care and vice versa. Physical health monitoring and where appropriate physical and mental health interventions will be provided in collaboration with the wider MDT team. There will be three teams across the CCG consisting of: Band 6 nurse (mental health interventions and escalations to secondary care where needed); one Health Care Assistant for physical health interventions; and one Peer Support Worker to enable access to community resources.

Who is the service for?
The service will be for patients aged 17-65 years who have mental health problems of moderate to high severity and disability but who are stable, and have risk levels that can be managed in a primary care based service. This should reduce the pressure on primary care and reduce secondary care referrals, creating more capacity within the mental health system.

Next steps
The service specification and model have been agreed, with an initial proof of concept phase in the Fenland and Hunts area to better understand how the model will work in practise. Following an evaluation, the aim is to roll out the model county-wide from Autumn 2016.

3.3.3. Our third local priority: timely acute, crisis and inpatient care when it's needed

The Five Year Forward View for Mental Health emphasises the importance of a seven day NHS which provides the right care at the right time and of the right quality.

Within our local area the Crisis Care Concordat has provided a model of multi-agency collaboration to help develop and improve our crisis services. We will need to build on and develop this work. To make sure that the capacity of our acute and specialist mental health services can sustainably meet demand and achieve the best outcomes for patients, we also need to deliver effectively on our plans for prevention, early intervention and community-based care which we have described previously.

We will continue to work to design integrated pathways between primary and secondary care and the voluntary sector, and to build teams that can respond quickly in a crisis and that will facilitate early discharge, with support from the right services, as soon as this is appropriate and safe. We will work to ensure that children and adolescents have timely access to crisis services that meet their needs in the community, as well as exploring new collaborative approaches to commissioning inpatient services when these are required.

We are developing and piloting a community-based mental health first response service as part of our Urgent and Emergency Care Vanguard programme, and this is described in the box below.

Box 3: Mental Health Vanguard: First Response Service

The mental health Vanguard programme aims to provide a universal, 24/7, mental health crisis care pathway, which can be accessed directly by patients and carers, alongside local NHS, social care and third sector colleagues.

The model: The new services include:

- A first response service run by Cambridgeshire and Peterborough Foundation Trust, supporting patients experiencing a mental health crisis in the community out-of-hours. The team will work alongside the existing crisis teams and will take referrals from emergency services.
- The Sanctuary, a safe place in the community, offering short-term support, run by the third sector, with referrals triaged by the First Response Service. It will provide practical and emotional support for people as an alternative to admission to statutory services. The service will run seven days a week between 6pm and 1am.
- A system-wide co-ordinator supporting calls from emergency services out-of-hours, and referring onto the new Sanctuary and First Response Service.
- Mental health practitioners in the Integrated Police Control Room providing advice to the police. This launched on 29 March 2016 and allows people in mental health crisis to be supported at the earliest opportunity, and provide police officers with advice and referral options. The team was part of the partnership response to the Crisis Care Concordat and is funded by the Cambridgeshire Police and Crime Commissioner and Peterborough City Council.
- The new model will also provide patients with the opportunity to self-refer into the services.

Phase one of the mental health Vanguard programme launched in April in Cambridge, to start to improve how we support people in mental health crisis out-of-hours. Once funding is confirmed the next stage of the programme will launch. We plan to roll out the new model of care in three phases over 2016. The phased rollout will enable us to look at mental health referrals into the emergency system and evaluate the benefits of the new service.

Within acute medical and surgical settings we will build on work which has already been carried out locally to develop liaison psychiatry; interventions for frequent attenders in the Emergency Department and those with medically unexplained symptoms; and building on existing and developed training to facilitate the provision of education and training opportunities for staff to adopt a holistic, integrated approach at the interface of physical and mental health.

3.4. How will we deliver our vision?

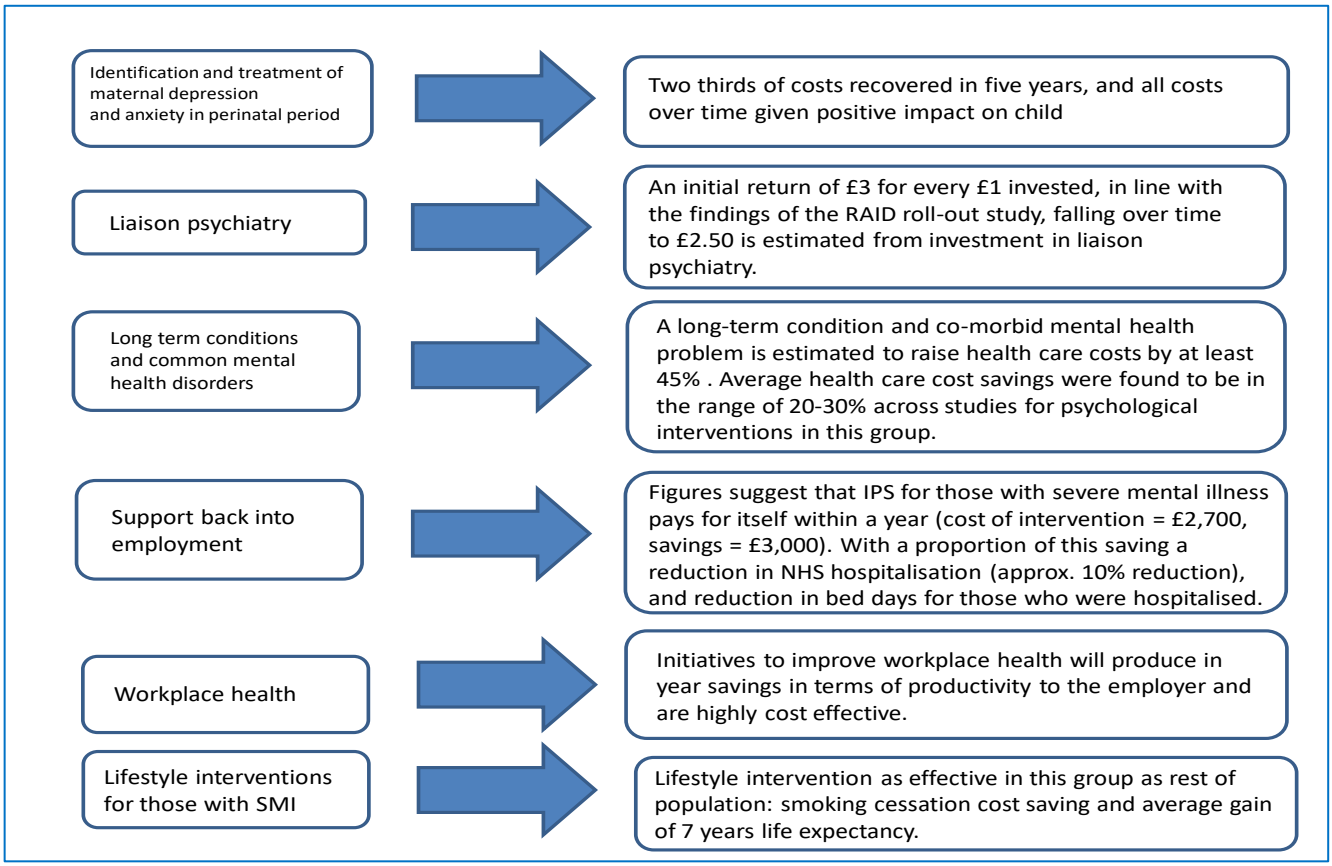
Delivering this strategy will require investment, and a detailed, costed programme plan for each element of implementation. The *Five Year Forward View for Mental Health* makes it clear that mental health services have been chronically underfunded, and estimates a requirement in England for an additional £1 billion investment by 2020/21 to help plug the gaps in the care that the NHS is currently unable to provide. We receive a proportion of this investment locally. We estimate that our share of this additional investment will equate to £12.8m by 2020/21 (based on the funding formula in use in June 2016).

Additional investment is a fundamental requirement if we are to achieve parity of esteem between mental and physical health, but it is important to note that this strategy is not a detailed investment strategy, and there remains much work to be done to develop, cost and plan the key priorities highlighted here. It is clear from our high level costing work that the estimated additional investment of £12.8m is unlikely to be enough to achieve full implementation of the five year forward view or indeed this strategy by 2020/21.

In particular this is the case as we have taken a system wide view of mental health, as we believe this is the best route to improved outcomes for patients, rather than only focusing on the Five year forward view priorities.

Given the financial position of the CCG and both local authorities how we work together to maximise the value of any available investment is critical. We will be seeking to:

- Focus the additional investment to implement the Five Year Forward View for Mental Health on our key priorities.
- Maximise our opportunity to access any nationally available funding for specific mental health initiatives.
- Maximise our ‘invest to save’ opportunities, some of which are highlighted in the diagram below and at Annex D.
- Continue to ensure mental health provision is part of our core STP work on long term conditions, and primary and integrated neighbourhoods.
- Maximising our opportunities to improve quality within current services.
- Working together cross system to the principles of collaborations and logistics set out on the next page.



As we develop our services and pathways, it is essential that we work to a set of principles to demonstrate that our proposals have been developed and implemented on the basis of consensus and collaboration, and with the best available evidence.

To achieve our goals, we will behave with transparency and openness, communicating clearly to develop collaborative consensus-based solutions, engaging widely, working as a system in the interests of the people and communities we serve.

We will work to the following principles and behaviours:

- We will put people and their families and carers at the heart of what we do, and ensure they are engaged in the design and planning of services.
- We will use evidence based solutions where possible, using data to drive and evaluate out progress. We will base our work on the best available knowledge and information.
- We will work to meet the diverse needs of the population, focusing on ensuring equity of access to care and support across our communities.
- We will focus on outcomes that are important for people and their families and carers, not on activity alone, and agree and align these with stakeholders and across agencies.
- We will seek where ever possible to embed consideration of mental health within physical health services.

3.5. Principles of collaboration and logistics

We will work together as partner organisations in Cambridgeshire and Peterborough to improve the system of care and support so that people are helped to help themselves live well, receive help when they need it for their mental health, and are supported in their recovery from mental health problems.

Next steps for our system cannot be delivered without collaboration across many organisations and individuals.

3.5.1. A common language

We will establish a common language that will give us the assurance we are able to work effectively and efficiently as a whole system. This will ensure that our pathways are well defined and can be navigated by any provider or user of the system, that we understand who staff working in our services are and what they do, and that we have a common framework for talking about risk.

3.5.2. Joint outcomes

We will establish a joint outcomes framework for mental health across the health and social care system.

3.5.3. Information and data sharing

Provision of the best quality and most appropriate services to children and adults in need of help and support can only be delivered if agencies have access to the correct information about service users' individual circumstances. Effective cross agency information quality and transparency is also key to ensuring an overall system that works for the population.

3.5.4. Workforce development

Greater integration means new ways of thinking, behaving and working across the whole system; and everyone working in all of our organisations will need to think differently about their role, with a clear expectation about how practice by all professionals will change to support a multi-disciplinary approach. Staff will need to develop new skills and work across traditional boundaries. Common approaches to training and development, as well as a common language across services, will be needed to achieve the full benefits of integration.

3.5.5. Property co-location

Where possible, we want staff from across the system to be co-located or able to share working space in a variety of settings. As partner organisations move towards more mobile working and reduced office space, there will need to be a better join up in relation to planning use of estates to achieve vertical or functional integration. In addition it will be important to make use of existing assets such as libraries and other community buildings to act as a point of information and advice. We will use technology to help us work more closely where we cannot be co-located and for such services as the single point of access this will be essential.

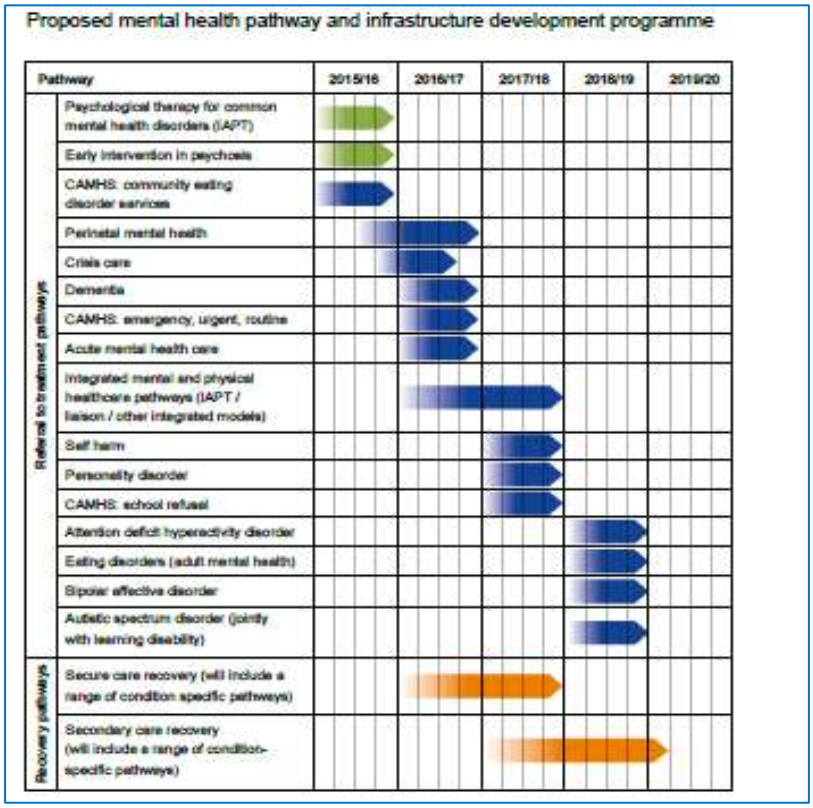
3.5.6. Joint commissioning by health and local councils working together

Service transformation is strengthened when the commissioning of services from both the statutory and voluntary and community sectors can be done jointly by the local NHS and Councils. This enables the commissioning of pathways and the delivery of coordinated services across sectors. This can be achieved through the pooling of commissioning budgets, use of the Better Care Fund pooled budget, and the encouragement of provider consortia and partnerships between the statutory and voluntary sectors. Such partnerships if properly constructed can provide greater security for third sector organisations in a difficult financial climate. The recent

Vanguard First Response development was a jointly commissioned service – from the local NHS Trust with a local voluntary sector provider. All commissioners will be looking to work more closely together, using this strategy as a roadmap, to promote greater coordination of services and to remove duplication to the benefit of the whole health and wellbeing system.

Annex A: Task force priorities (The Five Year Forward View for Mental Health)

Proposed mental health pathway and infrastructure development programme



Annex B: Existing links to local strategies

Cambridgeshire and Peterborough Suicide Prevention Strategy
http://cambridgeshireinsight.org.uk/health/healthtopics/mh

Public Mental Health Strategy 2015-2018
http://cambridgeshireinsight.org.uk/health/healthtopics/mh

Cambridgeshire and Peterborough Crisis Care Concordat
http://www.crisiscareconcordat.org.uk/areas/cambridgeshire/

Social Care Strategy for Adults with Mental Health Needs 2015-18
http://www.cambridgeshire.gov.uk/info/20166/working_together/577/strategies_plans_and_policies

Peterborough People and Communities Strategy
https://www.peterborough.gov.uk/council/strategies-polices-and-plans/communities-strategies/people-and-communities-strategy/

Peterborough draft health and wellbeing strategy 2016-19
https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/

Cambridgeshire Health and Wellbeing Strategy 2012-17
http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board

Annex C: Key local data

Mental Health – the current picture

Key points

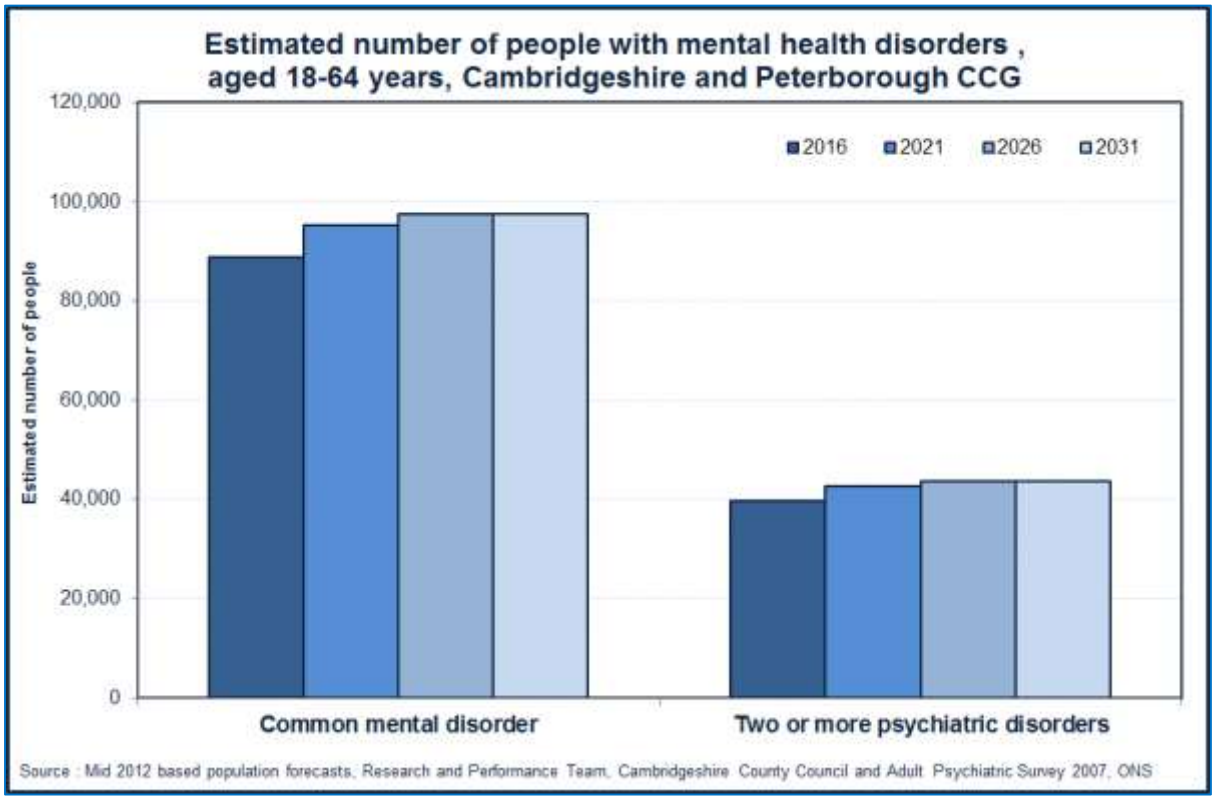
- With a growing population Cambridgeshire and Peterborough has growing numbers of people with mental illness. In 2016 it estimated that over 88,000 adults (aged 18-64 years) in Cambridgeshire and Peterborough have a common mental health disorder – by 2021this figure will be 95,200, and by 2026 it will be 97,500.
- Suicide rates have been consistently higher than England rates in Peterborough (although this was not always statistically significant) until a drop was seen in 2012/14, making Peterborough's rates statistically similar to the England average.
- Hospital admissions rates for self-harm in those aged under 25 years are above the national average in both Cambridgeshire and Peterborough, with Peterborough the highest in the East of England.
- Patterns of service use suggest that acute 'crisis' services are being used more for mental health in Cambridgeshire and Peterborough when we compare with other areas. This is not explained by differences in population need.
- People with two or more long term conditions are seven times more likely to have depression.[7] Overall this means that locally there are an estimated 18,000 adults with two or more long term conditions with mental ill health and/or limitation, and a further 10,500 people aged 65 and over in these groups.

Prevalence levels

- It is estimated that over 88,000 adults in Cambridgeshire and Peterborough aged 18-64 years have a common mental health disorder.
- 7% (50,417) of adults in Cambridgeshire and Peterborough were recorded by GP's as having depression in 2014/15.
- There were 775 self-harm hospital admissions in people aged 10-24 years in 2014/15 in Cambridgeshire and Peterborough. Rates are significantly worse than the England average.
- 7,048 patients registered in Cambridgeshire and Peterborough have a serious mental illness.
- In 2016 it estimated that over 88,000 adults (aged 18-64 years) in Cambridgeshire and Peterborough have a common mental health disorder – by 2021 this figure will be 95,200, and by 2026 it will be 97,500.

[7] The King's Fund. (2012) Long term conditions and mental health: The cost of co-morbidities.

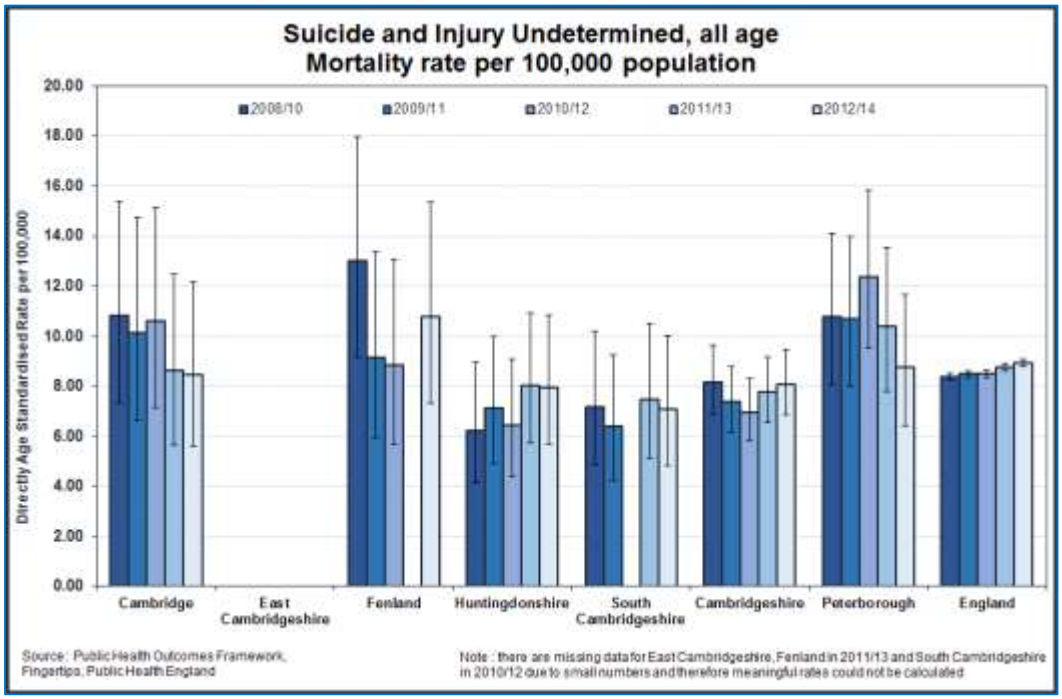
Figure 2: Estimated number of people with mental health disorders, aged 18-64 years, Cambridgeshire and Peterborough CCG



Suicide rates

Suicide rates have been consistently higher than England rates in Peterborough (although this was not always statistically significant) until a drop was seen in 2012/14. This recent improvement means that suicide rates in Peterborough are now statistically similar to the England average. Cambridgeshire rates are consistently below the England rate.

Figure 3: Suicide and Injury Undetermined, all age Mortality rate per 100,000 population

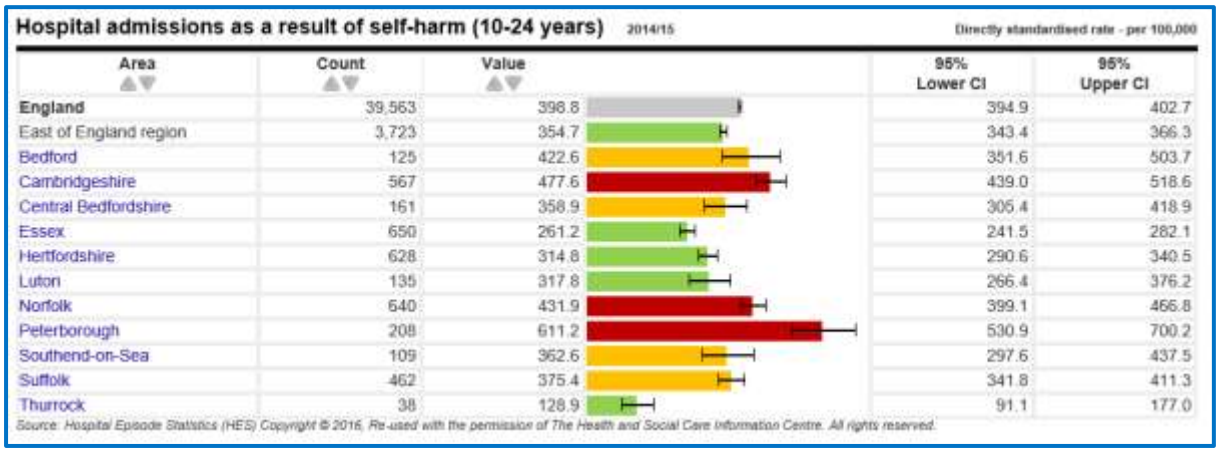


Self-harm in young people

Self-harm is understood as physical injury inflicted as a means to manage an extreme emotional state and is primarily a coping strategy.

In 2014/15 there were 775 admissions to hospital by young people (aged 10-24 years) as a result of self-harm – Cambridgeshire 567 admissions and Peterborough 208 admissions. Hospital admission rates for adult self-harm in 2013/14 for Peterborough (the latest data available) were highest in the East of England, at 40% above the average rate.

Figure 4: Hospital admissions as a result of self-harm (10-24 years)



Hospital admissions as a result of self-harm (10-24 years) 2014/15 — Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	39,563	398.8	394.9	402.7
East of England region	3,723	354.7	343.4	366.3
Bedford	125	422.6	351.6	503.7
Cambridgeshire	567	477.6	439.0	518.6
Central Bedfordshire	161	358.9	305.4	418.9
Essex	650	261.2	241.5	282.1
Hertfordshire	628	314.8	290.6	340.5
Luton	135	317.8	266.4	376.2
Norfolk	640	431.9	399.1	466.8
Peterborough	208	611.2	530.9	700.2
Southend-on-Sea	109	362.6	297.6	437.5
Suffolk	462	375.4	341.8	411.3
Thurrock	38	128.9	91.1	177.0

For the time period 2013-15 in children and young people aged under 18 years around 56% of self-harm admissions in Cambridgeshire and almost a half of admissions in Peterborough had a diagnosis of mental health recorded, with the majority for mood affective disorders (mania, bipolar or depression).

Admissions are higher from the 40% most deprived areas in Cambridgeshire and Peterborough compared to the rest of the areas.

Treatment

Across Cambridgeshire and Peterborough attendances at A&E for psychiatric disorder is higher than the England average and bed days per 100,000 population are lower.

In Peterborough:

- Referral rates to Crisis Resolution Home Treatment are higher than the rest of 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 the rest of Cambridgeshire.

This is part explained by Peterborough having a high prevalence of risk factors for mental health, such as, socio-economic deprivation, children in care, violent crime, drugs misuse, homelessness, relationship breakdown, lone parent households, overcrowding and vulnerable populations, such as migrants and asylum seekers. However, the patterns of acute service use in Peterborough are unlikely to be entirely due to additional need within the population.

Peterborough also has lower levels of recorded depression (a common mental health disorder) than would be expected and the depression prevalence data does not correlate with areas of deprivation as we would expect.

Long term conditions and mental health

Compared with the general population, people with diabetes, hypertension and coronary artery disease have double the rate of mental health problems, and those with chronic obstructive pulmonary disease, cerebrovascular disease and other chronic conditions have triple the rate. People with two or more long term conditions are seven times more likely to have depression.[8]

Those with LTCs are at a higher risk of developing a mental illness; the table on the next page shows the proportion of the CCG population aged 18-64 years that have multiple longstanding illnesses with and without limitation and/or mental ill health. 3.4% (1,900 people) are estimated to have two or more LTCs and mental ill health, whereas 28.4% (16,100 people) are thought to have two or more LTCs, mental ill health and limitation.

[8] The King's Fund. (2012) Long-term conditions and mental health: The cost of co-morbidities.

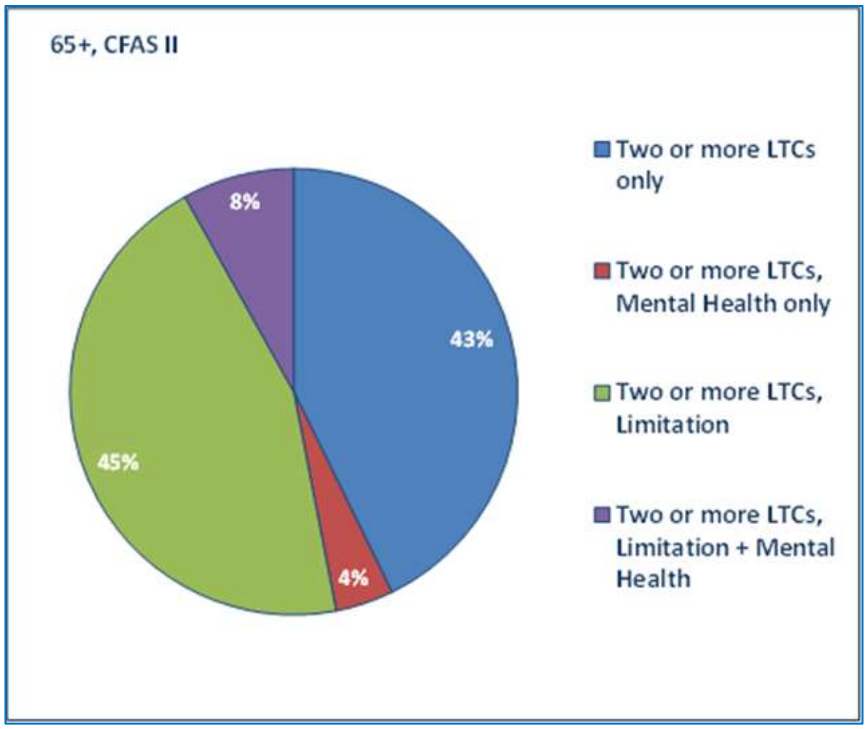
Proportion of people aged 18-64 years with multiple (two or more) long standing illnesses with and without limitation and/or mental ill health (based on GHQ-12 score of four or more)

People aged 18-64 years with 2+ LTC	%	95% CI	Estimate of number of people in C&PCCG aged 18-64 years (2015) and range (95% CI)	
Two or more LTCs only	30.7	(26.7 - 34.9)	17,400	(15,200 - 19,800)
Two or more LTCs, mental ill health only	3.4	(2.1 - 5.3)	1,900	(1,200 - 3,000)
Two or more LTCs, limitation	37.6	(33.4 - 42.0)	21,300	(19,000 - 23,800)
Two or more LTCs, limitation + mental ill health	28.4	(24.6 - 32.5)	16,100	(1,400 - 18,400)
Total	100		56,700	

Source: Health Survey for England (2012) estimates applied to registered population. FHS Registration System (Exeter) April 2015.

Figure 5 shows data from a local study for over 65s with two or more LTCs. The data suggests that there are around 38,600 people aged 65 and over with two or more LTCs and limitation, an additional 3,600 people with mental ill health and an additional 6,900 with multiple LTCs, limitation and mental ill health (dementia, anxiety and depression). In total, it is estimated that 65,800 people aged 65 and over in C&P CCG have two or more LTCs.

Figure 5: Proportion of people aged 65 and over with multiple (two or more) LTCs with and without limitation and/or depression or anxiety (based on GMS AGECAT)



Source: MRC Cognitive Function and Ageing Study (CFAS II) (100% = people with two or more LTCs)

Overall this means that locally there are an estimated 18,000 adults with two or more long term conditions with mental ill health and/or limitation, and a further 10,500 people aged 65 and over in these groups.

Prevalence of common mental health disorders is 16% in the adult population, and 10.6% in those aged 65-75 years.[9] Even at the population level of risk 3,993 people (2,880 adults and 1,113 older people) amongst this group will have common mental health disorder. Given that the risk of common mental health disorders in this group is a minimum of two of three times higher than the general population, these figures are likely to be much higher than this estimate.

[9] Psychiatric Morbidity Survey 2010.

Annex D: Potential local implications of the Five Year Forward View for Mental Health: calculations and assumptions

National commitment	Potential local implication
By 2020/21 A reduction in premature mortality of people living with severe mental illness (SMI). Physical care interventions to cover 30% of population with SMI on the GP register in 2017/18, moving to 60% in 2018/19.	Cambridge and Peterborough CCG in 2014/15 has 7,048 people with SMI (QOF data) on GP registers. Assuming levels remain the same as in 2017/18, this would mean 2,100 people with SMI (30%) will have physical care interventions, moving to 4,200 (60%) in 2018/19.
By 2020/21 25% of people with common mental health disorders will access services each year.	The Cambridgeshire and Peterborough CCG adult population (18+) is estimated to be 723,145 by 2021 (ONS population forecasts based on mid 2014). The prevalence of common mental health disorders is estimated to be 16.2% in the adult population (2007 Adult Psychiatric Morbidity Survey) or 117,150 people by 2021. 25% of this group is roughly 29,300 people with common mental health disorders.
By 2020/21, increase access to specialist perinatal mental health support in all areas in England, in the community or inpatient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence based treatment.	In Cambridgeshire and Peterborough in 2014 there were 10,431 still and live births. The estimated number of women who may require additional support and/or appropriate onward referral for mental health problems during pregnancy and and/or the postnatal period is based on the NICE benchmark rate of 12% of deliveries or 120 per 1000 deliveries. This includes 4% of deliveries to women with severe and/or complex needs and 8% of women who require and take up psychological therapies. https://www.nice.org.uk/guidance/cg192 This suggests that locally annually 1,250 women will need additional support for mental health problems during pregnancy and/or the postnatal period, with approximately 420 (or 4%) of this group having severe and complex needs.
By 2020/21 at least 70,000 additional children and young people each year will receive evidence-based treatment. At least 35% of CYP with a diagnosable mental health condition receive treatment from an NHS-funded community MH services.	By 2021 it is estimated that there will be 201,000 children and Young people aged under 18 in Cambridgeshire and Peterborough. Prevalence estimates (Mental health of children and young people in Great Britain, 2004, ONS) suggest approximately 9.6% of children aged 5-16 years will have a diagnosable mental health disorder. Applying these estimates to all those under the age of 18 this suggests there would be 19,300 children and young people in Cambridgeshire and Peterborough under age of 18 by 2021 with a diagnosable mental health condition. Therefore, 6,755 (35%) of these children and young people would be receiving treatment a year by 2021*.
By 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels.'	Using 2015 as the baseline year, by 2020/21 this would mean the number of people taking their own lives will be reduced by 10% to 54 deaths from 2015 levels. **

*This is based on the 2004 psychiatric morbidity study and this is current being revised.
**A three year rolling average is a more reliable measure of progress given the small numbers.

Annex E: Further information on 'invest to save' priorities

The Priorities for Mental Health: Economic report for the NHS England mental health taskforce highlighted nine areas for investment as follows. Further detail from this report and other relevant reports is in the table below.

Prevention and early intervention

- Identification and treatment of maternal depression and anxiety during the perinatal period, including as a preventive measure against the development of mental health problems in children.
- Treatment of conduct disorder in children up to age 10.
- Early intervention services for first-episode psychosis.

Physical health conditions

- Expanded provision of liaison psychiatry services in acute hospitals, particularly in support of elderly inpatients.
- Integrated physical and mental health care in the community for people with long-term conditions and co-morbid mental health problems.
- Improved management of people with medically unexplained symptoms and related complex needs.

Improved services for people with severe mental illness

- Expanded provision of evidence-based supported employment services.
- Community-based alternatives to acute inpatient care at times of crisis.
- Interventions to improve the physical health of people with severe mental illness.

Initiative	Evidence*
Perinatal mental health	Some 15-20% of women suffer from depression or anxiety during pregnancy or in the first year after childbirth, but about half of all these cases go undetected and untreated. This is damaging and costly, not only because of the adverse impact on the mother but also because maternal mental illness roughly doubles the risk of subsequent mental health problems in the child. According to one estimate, the long-term cost to society of a single case of perinatal depression is around £74,000, mostly because of adverse impacts on the child. The effective treatment of mothers offers the genuine prospect of primary prevention in relation to the development of mental health problems in children. The available evidence strongly supports the provision of psychological therapy as the most effective intervention, but this is currently available to only a small minority. Improving the identification of perinatal depression and anxiety (via more screening and assessment) and providing psychological therapy to all who would benefit in line with NICE waiting time standards it is estimate would lead to subsequent reductions in health service use by both mothers and children would more than cover this cost over time, with about two-thirds of costs being recovered within five years.
Liaison psychiatry	An initial return of £3 for every £1 invested, in line with the findings of the RAID roll-out study, falling over time to £2.50 is estimated from investment in liaison psychiatry.

Initiative	Evidence*
	It is important that new - and indeed existing - services are targeted at those areas of activity which the evidence suggests will yield the greatest benefits. In terms of support for inpatients, this is particularly likely to mean a strong focus on elderly people. Similarly, in emergency departments, services should seek to work with those who make heavy use of A&E, keeping a register of frequent attenders combined with regular review of these patients and proactive case management. All the financial benefits of liaison support take the form of cost savings in those acute hospitals where liaison psychiatry is provided.
Early intervention psychosis	There is a strong case for in year savings. At a unit cost of £6,000 a year early intervention for psychosis has net cost savings of £2,510 per patient in year one and £6,728 per patient over three years. However, we have a good existing service, as Rightcare benchmarking information shows, that is already compliant to year 2 of NICE pathways.
Psychological interventions for those with Long Term Conditions	Common mental disorders (CMDs), which include depression and anxiety, are highly prevalent with long term conditions. Evidence consistently demonstrates that people with long term physical health conditions (LTCs) are two to three times more likely to experience mental health problems than the general population, with much of the evidence relating to common mental health disorders such as anxiety and depression. The additional impact of mental illness, which can exacerbate physical health problems, is estimated to raise the total health care costs by at least 45% for each person with a long-term condition and co-morbid mental health problem. Robust UK evidence establishing cost savings for psychological interventions and screening for those with long term conditions is not available. However, on the basis of studies undertaken outside of the UK it is evident that savings sufficient to cover the cost of the intervention are likely. From a large US meta-analytical study of psychological interventions for long term conditions, average health care cost savings were found to be in the range of 20-30% across studies.[10] Psychological interventions ranged from psycho-education treatments to those categorised as behavioural medicine interventions. Only a small proportion of studies reported that the costs of psychological treatment exceeded the cost savings. Most of the psychological interventions lead to reductions in health care costs, and these reductions were typically large enough to fully cover the costs of the psychological interventions themselves.
Parenting programmes for conduct disorder	Estimated public expenditure savings over the seven-year appraisal period amount to £3,758 per child, to be set against an intervention cost of £1,282. In other words, every £1 invested in the programme generates savings in public spending of £2.83. The breakdown of these savings is: NHS and social care £1,207 Education £2,215 Criminal justice £336

[10] Chiles et al. (1999) The Impact of Psychological Interventions on Medical Cost Offset: A Meta-analytic Review. American Psychological Association.

Initiative	Evidence*
	The largest savings thus accrue to the education sector, though the savings within health and social care are also almost enough to cover the full costs of the intervention on their own. Savings in the criminal justice system are small mainly because of the short time horizon of the appraisal, and over a longer period these would become the largest single item. Public sector savings over a five-year period, confined to health/social care and education, are roughly twice the cost of the intervention.
Medically Unexplained Symptoms (MUS)	The most costly 5% of patients with MUS cost the NHS around £3,500 a year, or £10,500 over three years. This compares with an intervention cost of around £1,350 per patient, again based on the PCPCS model. If the service reduces the use of health care by just 15% a year for three years, this would more than cover the full costs of intervention. Proportionate cost savings of this magnitude are well within the range suggested by the available literature.
Employment support **Individual Placement Support (IPS)**	Individual Placement and Support (for those with severe enduring mental health problems) participants are twice as likely to gain employment compared with traditional vocational rehabilitation alternatives. Figures suggest (from Centre for Mental Health) that IPS pays for itself within a year (cost of intervention = £2,700, savings = £3,000). With a proportion of this saving a reduction in NHS hospitalisation (approx. 10% reduction), and reduction in bed days for those who were hospitalised. Current CCG IPS provision supports only a small proportion of those suitable (current investment of approx. £0.5m). The commissioning for value packs show poor CCG performance in this area compared to others.
Debt advice	Debt advice – medium level evidence, debt management intervention has better outcomes and lower costs over a two-year period compared to no action. The investment in debt advice can reduce the risk of developing mental health problems, the vast majority of the savings are in reductions in lost productivity. Debt advice services are patchy across the CCG.
Suicide prevention	It is estimated that the average cost per completed suicide for those of working age only in England is £1.67m (at 2009 prices).This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals. The model looks at the economic case over 10 years for investing in GP suicide prevention education aimed at reducing suicide among the cohort of working age adults. Based on an earlier study, GPs who go on the suicide prevention training course will have a 20% greater chance of identifying those at risk of suicidal behaviour in the year following training.[vi] The model indicates that 603, 706 or 669 suicides would be avoided over the 1, 5and 10year time horizons, respectively. The analysis of costs/savings includes expenditure on health care, police/coroner activities, funerals, productivity and intangible costs. The additional treatment and support costs for individuals who do not complete suicide are to some extent offset by a reduction in the costs to the health care system of completed suicides and serious self harm events, but the intervention has significant net costs to the health care system of up to £19m over 10 years nationally. However, if the reductions in productivity losses are also included then the intervention is cost saving by a very large margin), and remains so even if the

Initiative	Evidence*
	estimated impact on productivity is reduced to just 5% of the baseline case. Overall, net savings of £1.27bn arise over 10 years if intangible costs are also included. All results are sensitive to assumptions about the future risk of suicide.
Workforce health	The evidence shows that initiatives to improve workplace health will produce in year savings in terms of productivity to the employer. Some studies suggest that there is a return on investment of approximately £9 for every £1 spent in terms of improved productivity to the employer. • The potential mental health productivity savings, assuming no current action in this area, amount to nearly £5.7m across the large NHS employers in Cambridgeshire and Peterborough. • The evidence and modelling is clear that investing in workforce health will generate short term productivity savings to the NHS. These are estimated, with the package modelled here to be approximately £3.9m over three years, with an investment of £335k. • NHS employers should see considerable productivity savings from investing in workplace health. In particular this needs to focus on improved management and awareness of mental health and illness.
Lifestyle interventions to improve the health of those with severe mental illness (SMI)	The prevalence of smoking is particularly high among mental health service users and interventions are just as effective in this group as in the rest of the population. Smoking cessation has been shown to be perhaps the single most effective and cost-effective intervention in the whole field of public health. Estimated savings are £100.8 million, spread over a number of years, due to reduced smoking-related NHS costs. More profoundly, those successfully quitting would on average gain an increase in life expectancy of around seven years.
Community-based alternatives to acute psychiatric inpatient care for people with severe mental health illness at times of crisis	There is growing evidence that when implemented as intended Crisis home resolution teams are effective in reducing admissions and reducing length of stay in hospital without any adverse impact on clinical outcomes. They are also preferred by patients. Initiatives, such as the mental health first response Vanguard service locally anticipate an impact on reducing attendances and admissions at A&E (10% -30% reduction in avoidances overall in year as shown in other areas), aiming for 2-3 years to break even financially.

*adapted from Health System Prevention Strategy for Cambridgeshire and Peterborough (Jan 2016), and Priorities for Mental Health: Economic report for the NHS England mental health taskforce. Centre for Mental Health (Jan 2016). Mental health promotion and mental health prevention: the economic case. LSE/PRSSU April 2011.

Annex F: Additional key references

Health System Prevention Strategy for Cambridgeshire and Peterborough January 2016
http://cambridgeshireinsight.org.uk/health/healthcare/prevention

Peterborough Mental Health and Mental Illness of Adults of Working Age
https://www.peterborough.gov.uk/healthcare/public-health/JSNA/

Suicide Audit
http://cambridgeshireinsight.org.uk/health/healthtopics/mh

The Mental health of Children and Young People in Cambridgeshire 2013
http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/mental-health-children-and-young-people

Fingertips
http://fingertips.phe.org.uk/

Public Health Outcomes Framework
http://cambridgeshireinsight.org.uk/health/phof

Annex G: Jargon Buster

2014 Care Act	The Care Act 2014 sets out carers' legal rights to assessment and support. It came into force in April 2015. The Care Act relates mostly to adult carers – people aged 18 and over who are caring for another adult. This is because young carers (aged under 18) and adults who care for disabled children can be assessed and supported under children's law.
Approved Mental Health Professional (AMHP)	AMHPs exercise functions under the Mental Health Act 1983. Those functions relate to decisions made about individuals with mental disorders, including the decision to apply for compulsory admission to hospital.
BAME	Black, Asian, and minority ethnic.
Better Care Fund	The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS stands for Child and Adolescent Mental Health Services. CAMHS is a specialist NHS services. It offers assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.
Common mental disorders (CMDs)	Common mental disorders (CMDs) comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.
Core 24 service	Core 24 Liaison Psychiatry services provide the minimum that is suggested by evidence to be beneficial to patients, in sites where demand for Liaison Psychiatry is constant enough for 24 hour care, seven days a week. These sites will most likely be situated in urban areas. Most commonly these services will see emergencies and urgent care patients.
CQUIN	The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.
Crisis Care Concordat	The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.
Crisis Resolution and Home Treatment Teams (CRHTTs)	A 24-hour / seven-day-a-week community-based team providing assessment and home treatment as appropriate for people experiencing a mental health crisis.
Crisis Resolution Home Treatment	Crisis Resolution and Home Treatment teams have been introduced throughout England as part of a transformation of the community mental healthcare system. They aim to assess all patients being considered for acute hospital admission, to offer intensive home treatment rather than hospital admission if feasible, and to facilitate early discharge from hospital.
Dual Diagnosis	Dual Diagnosis is the term used to describe patients with both severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.

Early intervention in psychosis (EIP)	Early intervention in psychosis (EIP) promotes early detection and engagement to reduce the duration of untreated psychosis to less than three months. Specialist staff provide a range of interventions, including psychosocial interventions and anti-psychotic medications, tailored to the needs of young people with a view to facilitating recovery.
Five Year Forward View for Mental Health	'Implementing the Five Year Forward View for Mental Health', outlines the changes people will see on the ground over the coming years in response to the Mental Health Taskforce's recommendations to improve care.
Improving Access to Psychological Therapies (IAPT)	Improving access to psychological therapies is a national programme to increase the availability of 'talking therapies' on the NHS. IAPT is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post traumatic stress disorder.
Individual Placement and Support (IPS)	Individual Placement and Support (IPS) is a vocational rehabilitation intervention for people with severe mental disabilities. IPS draws from components and philosophies of several other models.
iTHRIVE	iTHRIVE focuses on children and young people's needs and preferences for care; prevention and promotion of mental health and emotional wellbeing; and active participation in decisions regarding care. It clearly defines treatment and support, self-management and intervention, shared decision making and collection of reference data.
Joint Strategic Needs Assessment (JSNA)	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, wellbeing and social care services within a local authority area.
Liaison psychiatry	Liaison psychiatry, also known as psychological medicine, is the medical specialty concerned with the care of people presenting with both mental and physical health symptoms regardless of presumed cause.
Long term conditions (LTC)	A long term condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of long term conditions are diabetes, heart disease and chronic obstructive pulmonary disease.
Medically Unexplained Symptoms (MUS)	Many people have persistent physical complaints, such as dizziness or pain, that don't appear to be symptoms of a medical condition. These type of symptoms are sometimes known as 'medically unexplained symptoms' or 'functional symptoms' when they last for more than a few weeks, but doctors can't find a problem with the body that may be the cause. This doesn't mean the symptoms are faked or 'all in the head' – they're real and can affect your ability to function properly. Not understanding the cause can make them even more distressing and difficult to cope with. Medically unexplained symptoms are common, accounting for up to a fifth of all GP consultations in the UK.
Medication management	Medicines management supports better and more cost effective prescribing in primary care, as well as helping patients to manage medications better. Good medicines management can help to reduce the likelihood of medication errors and hence patient harm.
NICE	The National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.
NICE compliant pathway	This guideline covers care for people aged 18 and over with common mental health problems, with a focus on primary care. It aims to improve access to services for adults and how mental health problems are identified and assessed, and makes recommendations on local care pathways.
Perinatal mental health	Perinatal mental health refers to a woman's mental health during pregnancy and the first year after birth. This includes mental illness

	existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period.
Personality disorder (PD)	Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.
RAID	Rapid Assessment, Interface and Discharge (RAID) is a specialist mental health service, based in various hospitals, for anyone aged over 16. It aims to follow the patient's journey through rapid assessment, interface and discharge from start to finish.
S136 Mental Health Based Places of Safety	Section 136 of the Mental Health Act allows for someone believed by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place where a mental health assessment can be carried out. A place of safety could be a hospital, care home, or any other suitable place where the occupier is willing to receive the person while the assessment is completed. Police stations should be only be used in exceptional circumstances.
Severe mental illness (SMI)	Serious mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.
Social prescribing	Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing.
Socio-economic deprivation	The term socio-economic deprivation refers to the lack of material benefits considered to be basic necessities in a society.
Stop Suicide Campaign	The campaign, which is funded by NHS England and led by the charities Mind in Cambridgeshire, Peterborough and Fenland Mind and Lifecraft, is a suicide prevention campaign that seeks to empower communities and individuals across Cambridgeshire and Peterborough to help stop suicides by being alert to the warning signs, asking directly about suicide and helping those who are feeling suicidal to stay safe.
Sustainability and Transformation Programme	Sustainability and Transformation Plans (STPs) were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities in different parts of England have come together to develop 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and revised plans were submitted in October. These plans now need to go through a process of assessment, engagement and further development.
Vanguard	Between January and September 2015, 50 vanguards were selected to take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

Appendix 2
Key Themes from the Mental Health JSNA Peterborough 2015

The JSNA identified several key areas where the available evidence suggested there are risks to mental health and wellbeing or unmet need in terms of service provision.
A summary of the key themes that emerged from the JSNA are given as follows:

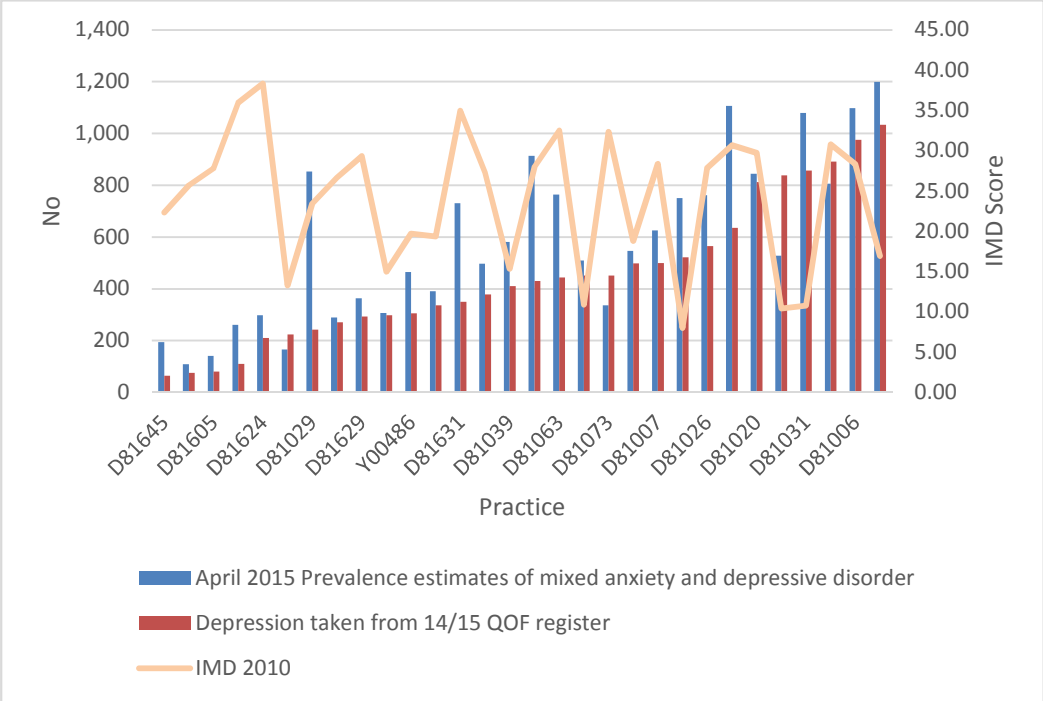
1. Peterborough faces potential challenges with promoting mental health and preventing mental illness. Many of the recognised risk factors for poor mental health are found at a higher rate in the Peterborough Unitary Authority area compared with England, East of England and Cambridgeshire. These risk factors include higher rates of socio-economic deprivation, children in care, violent crime, some types of drug misuse, homelessness, relationship breakdown, lone parent households and household overcrowding compared with East of England and most England averages. However, some protective factors for mental health such as access to green space are good in Peterborough.

General determinants of mental health risk Peterborough UA level data. source: Fingertips

	Looked after Children Rate per 10,000 <18 population 2015/16	Children leaving care Rate per 10,000< 18 population 2014/15	Violent Crime Rate per 1,000 population 2015/16	Homelessness Rate per 1000 households 2015/16	Domestic abuse-related incidents recorded by police. Rate per 1000 Population 2015/16	Relationship breakdown: % of adults whose current marital status is separated or divorced (2011)	Lone Parent Households (%) 2011	Household overcrowding % of households with occupancy rating for bedrooms of -1 (2011)
Peterborough	**75.4**	**35.4**	**21.2**	**6**	**18.9**	**13.6**	**7.9**	**5.3**
East of England	**48.7**	**23.1**	**15.6**	**2**	**20.5**	**11.8**	**6.2**	**3.6**
England	**60.3**	**26.8**	**17.2**	**3**	**22.1**	**11.6**	**7.1**	**4.8**

2. Common mental illness such as depression is recorded at lower prevalence levels than would be expected given the higher prevalence of risk factors for mental illness in Peterborough. The depression prevalence data does not correlate with areas of deprivation, as would normally be expected.

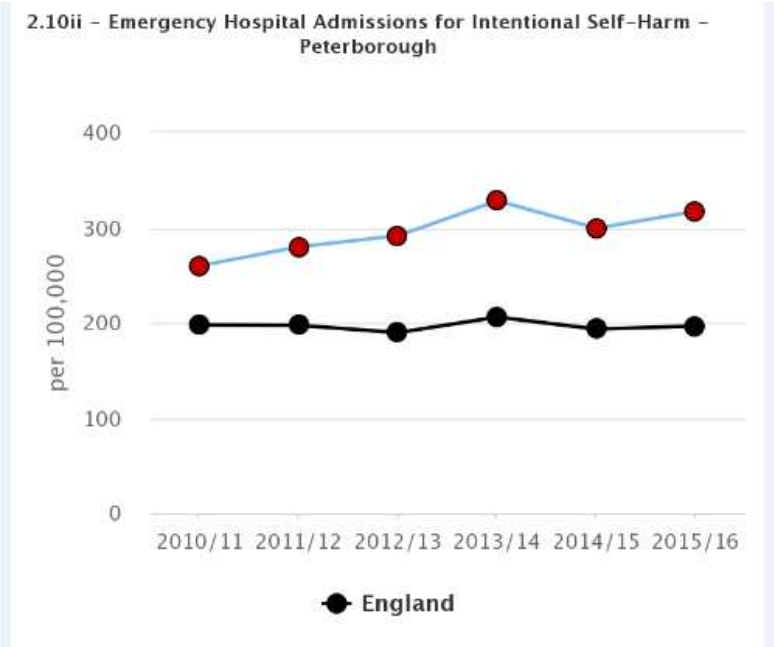
Comparisons between estimated numbers of people with mixed anxiety and depression and actual numbers of people recorded with depression and deprivation index - by general practice



Source: Quality Outcomes Framework 2014/15, Indicies of Multiple Deprivation 2010

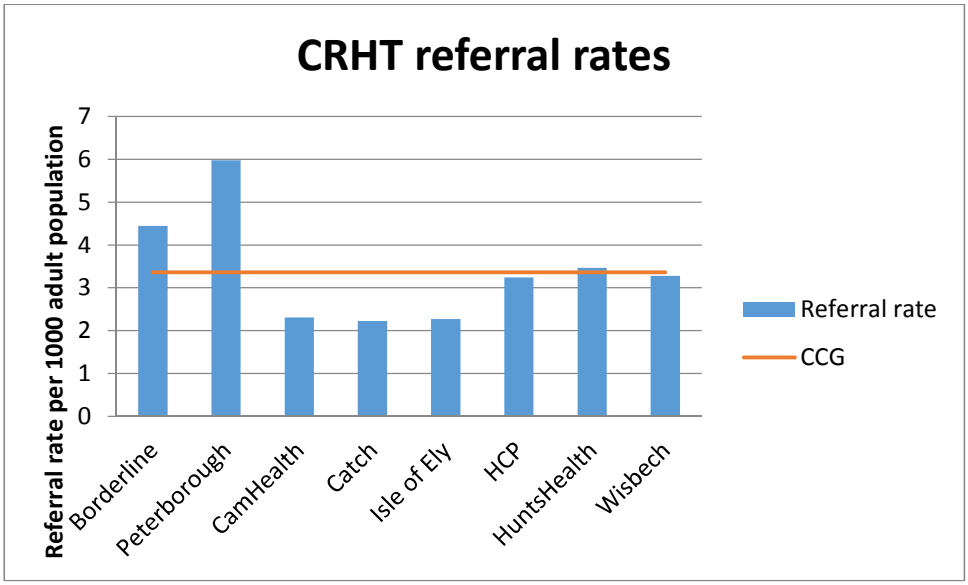
3. The JSNA highlights the need to reduce some of the negative outcomes of poor mental health including deterioration to mental health crisis, self-harm or suicide. This is reflected by the following data for Peterborough:
    - **i.** Hospital admission rates for adult self-harm in 2015/16 (the latest data available) were highest in the East of England.

Emergency hospital admissions for self-harm. Directly age-sex standardised rate: Peterborough compared with England rates with trend



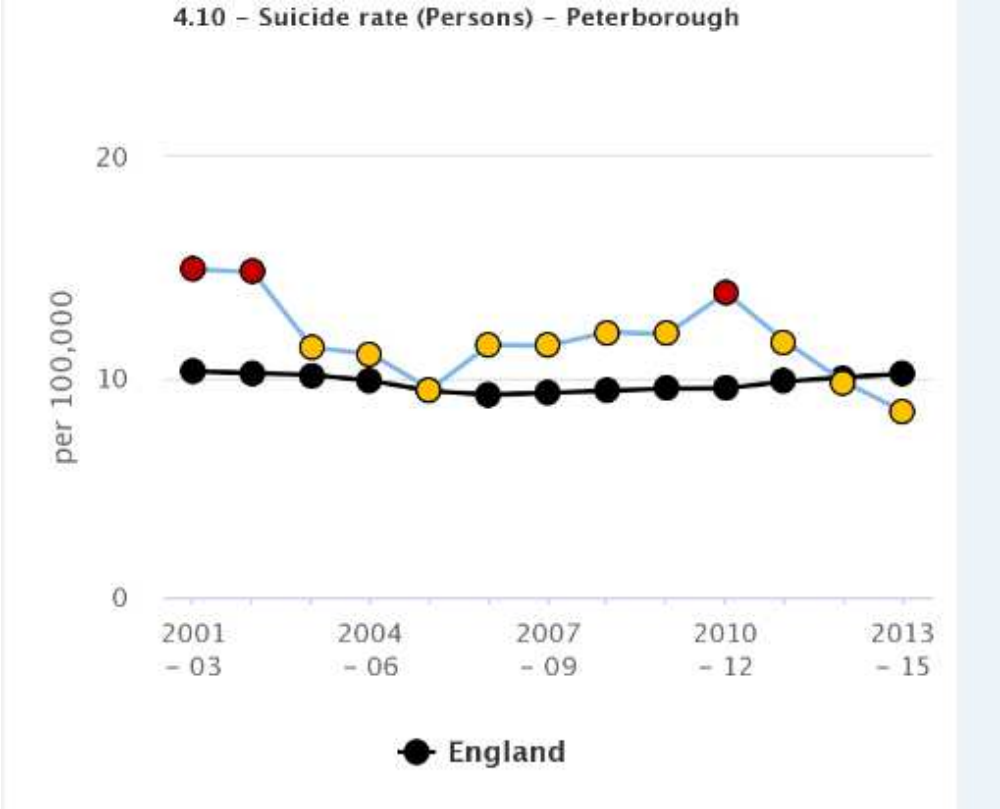
ii. Referral rates to Crisis Resolution Home Treatment are higher than the rest of Cambridgeshire.

Referral rates for CRHT per 1000 adult population for each LCG within the CCG 2014/15



iii. Suicide rates were consistently higher than England rates (although this was not always statistically significant) until a drop was seen in 2012/14. The most recent data - 2013/15 shows suicide rates below those for England.

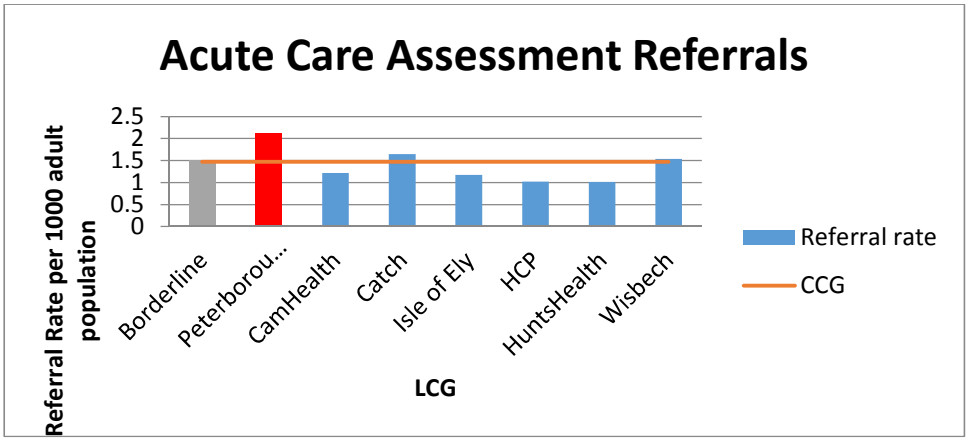
Mortality from suicide and injury undetermined – Peterborough rate per 100,000 population



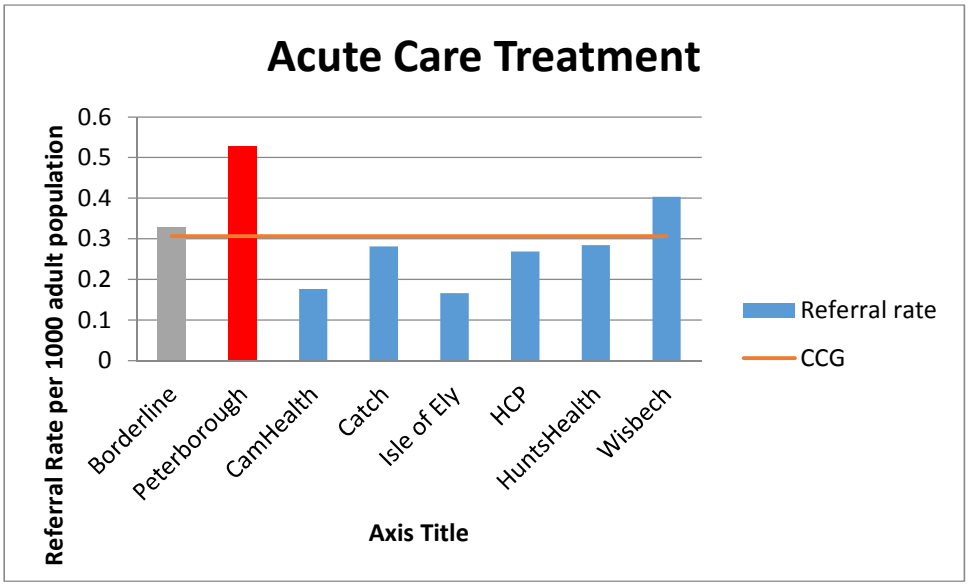
Taken from the Mental Health dementia and Neurology profiles. Source: Public Health England (based on ONS sourced data)

4. Data for 2014/15 showed that demand for mental health acute care occurred at a higher rate than all other areas in Cambridgeshire and mental health hospital admission rates were also higher.

Referrals for Acute Care Assessment 2014/15 as a crude rate per 1000 adult population comparing rates between the LCGs and the CCG average

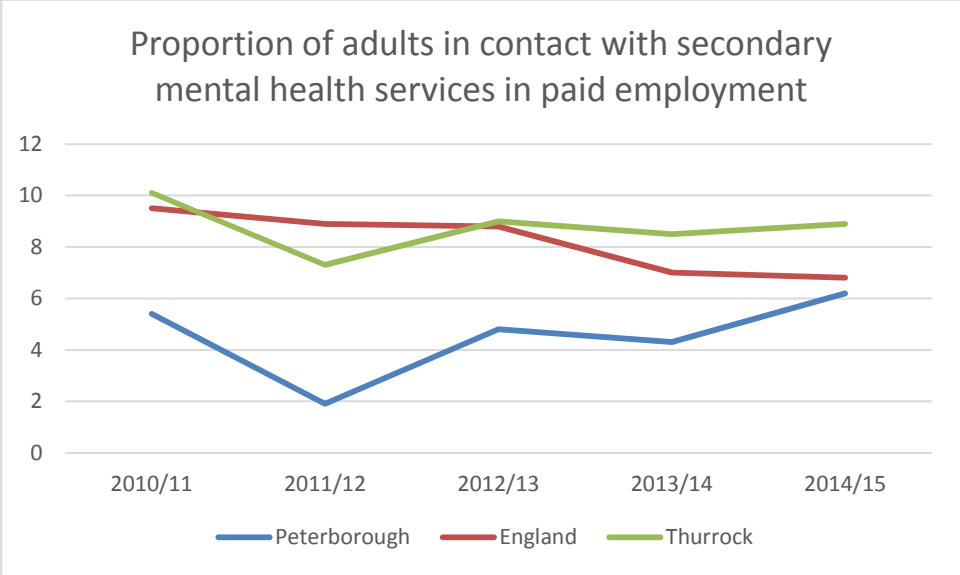


Admissions for CPFT Acute Care Treatment comparing crude rates between the LCGs within the CCG



5. Enablement of people with severe mental illness as reflected in the proportions achieving employment and living independently was consistently below the England rates, although recent improvement was noted.

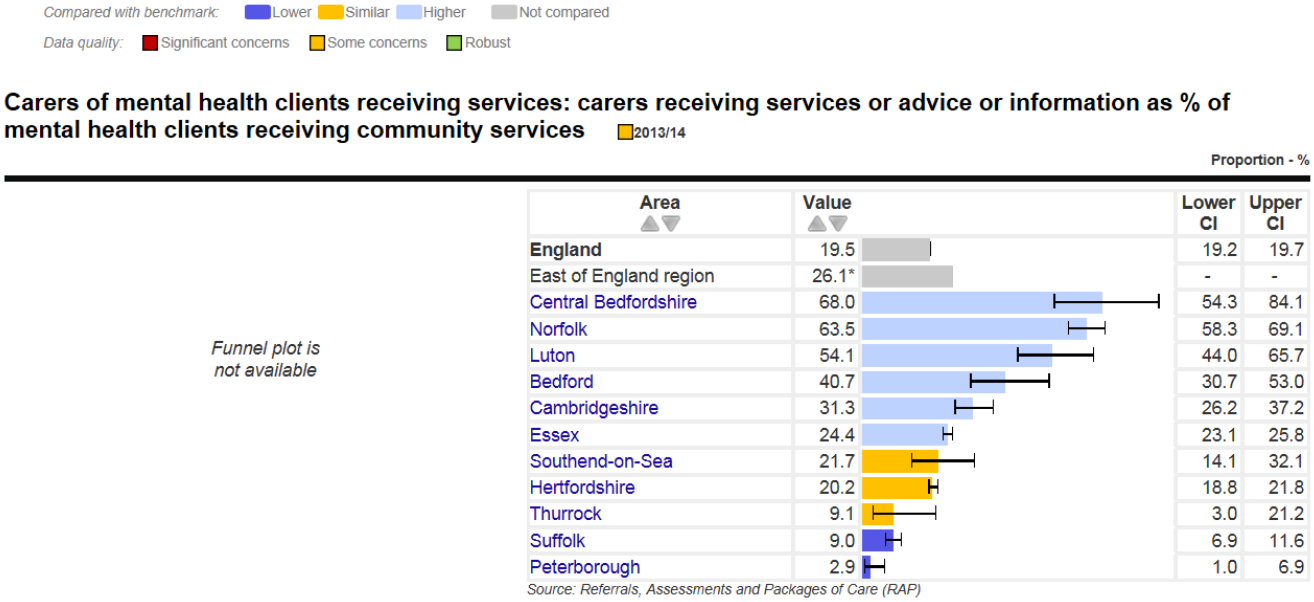
Percentage of adults in contact with secondary mental health services in paid Employment – Peterborough compared with England rates and trend, 2010/11 – 2014/15



The most recent quarterly data from 2015/16 also reflects the improvement seen after a focus on improved data collection.

6. Support to carers of people with mental health disorders is another important area that influences enablement and helps to prevent mental health problems occurring in the carer. The JSNA data indicated that carers of people with mental health disorders in the Peterborough community have unmet needs for services, information and advice. In addition, user experience data indicates high rates of social isolation for adults with mental health related care and support needs, with only 30% stating they had as much social contact as they would like.

The proportion of carers of people with mental health disorders in the community receiving services 2013/14



Taken from the Mental Health dementia and Neurology profiles. Source: Referrals Assessments and Packages of care (RAP)

The key findings of the JSNA were used to inform recommendations for key performance indicators as part of the health and wellbeing strategy for Peterborough. These are given below along with an update on the performance narrative (as presented to the Health and Wellbeing and SPP preogramme Delivery Board in February 2017).

1. Suicide Prevention

Metrics: Suicide Rates: *Persons/Males/Females: Standardised rate per 100,000 population*
Performance: *All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)*

i) The Suicide Prevention Strategy is being refreshed with completion in the Autumn of 2017.
ii) A key workstream within the refreshed strategy will be to seek support and sign up to a policy of Zero Suicide by organizations across Peterborough and Cambridgeshire. Work to progress this was initiated on 21.02.17. The initiative is based on East Of England Region approach and support for this target. More work is needed to refine and state what the objective means – is it an approach to quality and continuous improvement and/or a target for all across the health and social care system.
iii) A bid for £45k investment to the STP to support delivery of the Suicide Prevention Strategy has been made. The proposal is to train GPs in suicide prevention, and a suicide bereavement counselling service.
iv) The STOP suicide project commissioned from MIND is continuing.

2. Crisis Prevention

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

Performance: *Instances of use of Section 136 have decreased but this partly attributable to the closure of the Cavell Centre. The Constabulary suggests that the target should be based around use of police stations as a place of safety.*

Significant work has been undertaken to improve the mental health crisis and acute pathway through the implementaton of a 111 dial 2 for mental health crisis and First Response Service. In addition, mental health crisis 'sanctuaries' are now up and running – one of which is located in Peterborough.

3. Mental Health Housing and Accommodation

Metric: *Adults in contact with mental health services in settled accommodation*

Performance: *Increasing (52.1%) – getting better although statistically worse than England (58.6%)*

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

4. Employment

Metric: *Adults in contact with mh services in employment*

Performance: *4.8%: Increasing – getting better although remains statistically significantly worse than England (8.8%)*

Improvement of employment outcomes has been prioritised by PCC, CCC and P&C CCG which are working increasingly collaboratively.

ii) The service currently commissioned for Peterborough residents from Richmond Fellowship is being closely monitored with action taken to address concerns relating to performance.

iii) Employment services in Peterborough and Cambridgeshire are to be reviewed jointly with the CCG and CCC and re-specified as a key component of the wellbeing and recovery services that are also being reviewed and re-tendered.

iv) Employment is being prioritised as part of the Devolution Bid. A workshop has been convened to bring agencies involved in improving employment opportunities for people with mental health issues together. A national procurement for a provider to support this work in Cambridgeshire and Peterborough is underway with commissioners from Peterborough and Cambridgeshire directly involved.

5. Stronger Links Between Commissioners

Performance: *Performance is improving in 5 out of the 6 areas with meaningful measures*

Metrics: *Improvement in performance against the prioritised metrics*

Work to develop a joint commissioning unit for mental health has been strengthened by the appointment of a Head of Mental Health for Peterborough and Cambridgeshire. The brief is to work with P&C CCG to align mental health commissioning and to explore the potential/benefits of establishing a joint commissioning unit. The outcomes, benefit and options for establishing a joint commissioning unit are being developed. Papers will be taken

through the internal governance processes of each organization when the scoping is complete

6. The Right Support, the First Time, at the Right Place, by the Right People
Performance: *Performance is improving in 5 out of the 6 areas with meaningful measures*
Metrics: *Improvement in performance against the prioritised metrics*

i) Links have been made between the MH social care service delegated to CPFT and with the PCC Customer Service to ensure that Peterborough residents with mental health issues have access to effective advice, information and signposting from both services and to minimise duplication and delays.
ii) The social care role within the CPFT PRISM enhanced primary care mental health service is being developed as part of Phase 2 of the PRISM project. The purpose of PRISM is to ensure that people are assessed and offered the support they need as early as possible in the course of their illness and to ensure that they are signposted or referred to the appropriate information or services quickly.
iii) The focus on both crisis and prevention and suicide prevention (above) and the workstreams within them, demonstrates recognition across Peterborough and Cambridgeshire of the importance of appropriate and effective early intervention.

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
19 JUNE 2017	PUBLIC REPORT

Report of:	Director of Public Health	
Cabinet Member(s) responsible:	Councillor Lamb	
Contact Officer(s):	Stuart Keeble, Specialist Registrar in Public Health	Tel. 07739898303

PROGRESS REPORT ON HEALTHY PETERBOROUGH CAMPAIGN

RECOMMENDATIONS	
FROM: Director of Public Health	**Deadline date: N/A**
It is recommended that Health Scrutiny Committee note and comment on the progress report on the Healthy Peterborough campaign.	

1. ORIGIN OF REPORT

1.1 This report was requested by the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is being submitted following a request from the Health Scrutiny committee for a progress report on the Healthy Peterborough campaign which has been running since March 2016.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.

2.3 This report links to the corporate priority of 'deliver the best health and wellbeing for the City'.

2.4 The Healthy Peterborough campaign includes promotion of children's health and wellbeing, including mental health.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

4.1 **Background**

The Healthy Peterborough campaign was developed by the Peterborough City Council communications and public health team with support from health partners as a response to local stakeholders concerns about which messages and advice in the media, on maintaining healthy lifestyles and keeping well, to trust.

A year long campaign was undertaken in 2016/17 with the purpose of:

- raising awareness of health issues with local people,
- promoting reliable information and preventive health messages.

4.2 The choice of campaign topics was informed by the Peterborough Health and Wellbeing Strategy and Joint Strategic Needs Assessments. Topics included:

- Heart Health
- Stroke and NHS Health Check
- Mental Health
- Alcohol
- Children's health
- Physical activity
- Smoking
- Ageing well
- Festive health
- Healthy eating
- Cancer

The content of campaign messages were developed by public health specialists, with materials produced and commissioned by the marketing team. Where relevant, messages and materials from national campaigns, such as Public Health England's 'One You' and the Department of Health 'Change for Life' were used.

4.3 Campaign messages and information were communicated to the local population through multiple channels outlined below:

Print media	Radio	Digital	Banner and posters
● Adverts and editorials in local magazines and paper ● Newsletter for Peterborough CVS ● Press releases	● Adverts on Heart FM ● Features on local BBC radio and Radio Salaam.	● Paid Facebook ads ● Facebook and Twitter organic posts ● Healthy Peterborough website.	● Banners on lamp posts in city centre ● Posters in Queensgate shopping centre. ● Posters sent to Pharmacies, GP practices, Post offices, community associations and village halls, Parrish Clerks, libraries, shops, Children centre locations, Peterborough City and Stamford NHS trust

Over the year 31 pages of editorials and advertorials were published in local publications, 10 different 20 second radio adverts were produced, 120 articles uploaded onto the Healthy Peterborough website, 669 Facebook posts and 27 paid Facebook advertisements.

4.4 The budget for Healthy Peterborough Campaign in 2016/17 was £60,000 which covered the cost of design, print, website development and advertising. The budget did not include the cost of the campaigns and marketing officer.

4.5 **Key issues**

The Health Scrutiny committee asked for a progress report on the Healthy Peterborough campaign. An evaluation of the 2016/17 Healthy Peterborough campaign, including an online survey of 220 people and a paper based survey of 113 people, mainly from the BME population, was undertaken.

4.6 The evaluation showed the campaign generated 170 followers on Twitter, 2,710 followers on Facebook, 7,172 clicks on paid Facebook adverts and 127,252 page views on the Healthy Peterborough website. People who "followed" Healthy Peterborough on Facebook were generally younger, however users who clicked on paid Facebook adverts were generally older.

4.7 The survey found there was generally good recognition of the campaign with 46% of online respondents and 32% of respondents from the paper based survey recalling the campaign. Respondents mainly recalled seeing the campaign on Facebook, via printed posters and banners and on the healthy Peterborough website. BME respondents were more likely to have seen campaign in GP surgeries, local hospital and city care centre. The campaign messages achieved some level of 'stickiness' with 38% of respondents able to free recall campaign topics. When prompted, the main campaign topics recalled were on physical activity, smoking, healthy eating and heart health.

4.8 Respondents were generally positive about the Healthy Peterborough brand with over half agreeing or strongly agreeing that the brand was attractive and attention grabbing. The content of the messages were rated more highly with 3 in 4 respondents agreeing or strongly agreeing that the topics were important, useful and understandable.

4.9 Just under 1 in 4 respondents from the online survey had visited Healthy Peterborough website with the site being evaluated positively by users. However there was some disconnect between these scores and free text comments, where respondents asked for more easily accessible information on local services and activities.

4.10 Respondents reported getting information on maintaining a healthy lifestyle through a number of channels including virtual (searching web, Facebook), people based (Friends and family, health professionals) and community based (schools, health centres etc.).

4.11 There was strong recognition of national campaigns and resources such as NHS choices and Change 4 life, with 75% of BME population preferring Change 4 life as a lifestyle campaign, due to it being bright, attractive, easy to understand and being well known. The Healthy Peterborough messages were seen by BME respondents as 'too wordy'.

4.12 The BME population identified a number challenges in maintaining healthy lifestyles including a lack of knowledge about available activities and services and access problems due to time of activities and geographical location. For some, language barriers made it is more challenging to access resources and activities.

4.13 A lack of in depth web statistics meant it was not possible to evaluate the website activity in detail.

4.14 **Next steps**

The Healthy Peterborough campaign will continue in 2017/18, although with a reduced budget of £30,000 for marketing and materials.

In response to the recommendations from the evaluation, the Healthy Peterborough steering group agreed to prioritise the following key actions:

- Develop a process for gathering information on local lifestyle and preventive services and activities, to share via the Healthy Peterborough Website.
- Increase the appropriate targeting of campaign resources to geographical locations and population groups with the greatest health needs and tailor messages accordingly.
- Develop a process for sharing key messages and resources to local health champions in the community and the broader public and third sector partners.
- Target communities events attended by diverse communities who are at greater risk of poor health outcomes.
- Coordinate the work of Healthy Peterborough with the new Peterborough lifestyle service run by Solutions health, to ensure a joined up approach and a single brand.
- Improve the reporting of website analytics to enable the steering group to have a better understanding of campaign impact.

4.15 The topics planned for 2017/18 are outlined below:

- Mental health (2 May – 11 June)
- Children's Health (12 June-31 July)
- Physical activity (1 Aug-17 Sept)

- Smoking (18 Sept-22Oct)
- Stay well (23 Oct-17 Dec)
- Healthy eating/alcohol (18 Dec-18 Feb)

Final campaign tbc (18 Feb-31 Mar)

5. CONSULTATION

5.1 Members of the public were surveyed about the Healthy Peterborough campaign in April 2017 through an online survey of 220 people and a paper based survey of 113 people, mainly from the BME population. The survey findings informed the evaluation and action plan for 2017/18.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The Healthy Peterborough campaign is anticipated to raise awareness of preventive health messages and related services amongst the Peterborough population, and to contribute to the City Council's duty to take steps to improve the health of local residents.

7. REASON FOR THE RECOMMENDATION

7.1 Comments from the Health Scrutiny Committee will be fed into the planning process for this year's campaigns.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The decision could have been taken to cease the Healthy Peterborough campaign, which was initially planned for one year. However the campaign has now achieved local brand recognition, and is likely to be a useful vehicle for continuing to raise awareness of health issues. In addition the new Integrated Lifestyles Provider has agreed to use Healthy Peterborough campaign branding – which will further strengthen the campaign's impact by linking it to local preventive services.

9. IMPLICATIONS

Financial Implications

9.1 The campaign is financed through the public health grant – the budget for 2017/18 is £50,000 which includes £30,000 for marketing and materials, plus reimbursement to the communication and Marketing team to cover the cost of a marketing officer to support the delivery of the campaign.

Legal Implications

9.2 Due process has been followed so there are no anticipated legal implications

Equalities Implications

9.3 The evaluation identified challenges faced by the BME community in accessing the Healthy Peterborough campaign. As a response we are planning to

- make information about services and activities more easily available
- simplify and target messages
- Attend more community events
- Share key messages through community champions and public and third sector partners.

These actions will not only support BME community in accessing the messages but also people from the other protected characteristics.

Rural Implications

9.4 Campaign materials and messages are available to all via the Healthy Peterborough Website, Facebook and Twitter.

Although the majority of paid poster sites are in the city centre, posters and materials are also sent to all parish councils, GP practices, pharmacies, libraries and post offices.

We are also looking at working with community champions and public and third sector to further spread the key messages across Peterborough.

10. BACKGROUND DOCUMENTS

10.1 Healthy Peterborough Evaluation report

11. APPENDICES

11.1 Appendix A – Health Peterborough Evaluation

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Evaluation of the Healthy Peterborough Campaign

Produced by: Stuart Keeble

Material provided by Karen Cornish

26th April 2017

Contents

Table and figures

1 Summary

The Healthy Peterborough campaign was initiated in March 2016 as a yearlong campaign covering different health topics each month. The purpose of the campaign was to;

- raise awareness of health issues with local people,
- promote reliable information and preventive health messages.

The campaign was created by the Peterborough City Council communications team, with support from public health, CCG and acute trust communication teams.

In order to support the planning for 2017/18 campaign and ensure resources are targeted most effectively, an evaluation of the 2016/17 campaign has been undertaken.

The evaluation found that the Healthy Peterborough campaign had a strong first year delivering 12 campaigns, 120 articles on the Healthy Peterborough website, 669 Facebook posts, 27 paid Facebook advertisements, 31 pages of editorials and advertorials in local print publications and 10 different 20 second radio.

The campaigns generated 170 followers on Twitter, 2,710 followers on Facebook, 7,172 clicks from paid Facebook adverts and 127,252 page views on the Healthy Peterborough website.

An online survey of 220 people and a paper based survey of 113 people mainly from BME groups found that:

- There was a good recognition of the campaign with 46% of online survey respondents and 32% of respondents from the paper based survey recalling the campaign.
- The main places where people recalled seeing the campaign was Facebook, via printed posters and banners and the healthy Peterborough Website. BME respondents were more likely to have seen campaign at GP surgeries, local hospital, city care centre, posters in the city centre and Facebook.
- The campaign achieved some level of 'stickiness' with 38% of respondents able to free recall campaign topics. When prompted, the main campaign topics recalled were physical activity, smoking, healthy eating and heart health.
- Respondents were generally positive about the Healthy Peterborough brand with over half agreeing or strongly agreeing that the brand was attractive and attention grabbing. The content of the messages were rated more highly with 3 in 4 respondents agreeing or strongly agreeing that the topics were important, useful and understandable.
- Just under 1 in 4 respondents from the online survey had visited Healthy Peterborough website with the site being evaluated positively by users. However there was some disconnect between these scores and free text comments where a number of respondents asked for more easily accessible information on local services and activities.
- Respondents reported getting information on maintaining a healthy lifestyle through a number of channels including virtual (searching web, Facebook), people based (Friends and family, health professionals) and community based (schools, health centres etc.). This demonstrates the importance of using multiple channels for communication and dissemination including local people and professionals as health promoting resource.
- There had been an assumption before undertaking the evaluation that Facebook were be most effective for targeting younger population. This this was born out in the profile of those who "followed" Healthy Peterborough, however, Facebook users who clicked on paid Facebook adverts were generally older.

- There was strong recognition of national campaigns and resources such as NHS choices and Change 4 life, with 75% of BME population preferring Change 4 life as a lifestyle campaign, due to it being bright, attractive, easy to understand and being well known. The Healthy Peterborough messages were seen by a number of respondents from the BME population as being too wordy.
- The BME population identified a number challenges in maintaining healthy lifestyles including a lack of time and competing demands, family commitments a lack of financial resources to undertake activities and purchase healthy food, a lack of knowledge about available activities and services and access problems due to time of activities and geographical location. For some, language barriers made it is more challenging to access resources and activities.
- A lack of in depth web stats meant it was not possible to evaluate website activity and better understand who was using the resource and what was being used
- Men were underrepresented in both surveys and may reflect a lack of engagement in general.

Based on the above findings the following recommendations have been made:

1) Reshape the Healthy Peterborough website to make local services and activities a central focus.
2) Develop a mechanism for coordinating and sharing details of other lifestyle services and activities e.g. physical activity classes, local events etc.
3) Map out the key target population groups/segments (BME groups, men, older people etc.) to ensure messages are accessible to all groups.
4) Ensure that messages are 'behaviourally' focused as well as information based.
5) Investigate opportunities to build on latent capacity within local system and communities (public and voluntary sector) to share Healthy Peterborough messages.
6) Develop key message briefing each month (information on campaign topic background and 3 or 4 simple messages) which can be used to communicate the campaign to advocates e.g. community connectors, community champions, other services.
7) Continue to use paid Facebook adverts to ensure key messages get through to groups who do not follow Healthy Peterborough on Facebook.
8) Build on strengths of national brands especially when delivering campaigns or undertaking work with targeted groups such as the BME groups.
9) Request that Solution 4 Health systematically capture information on where service users heard about the lifestyle service.
10) Develop a brief google analytic report which can be used to report on key statistics e.g. unique users, dwell time and bounce rate each month.

2 Background

The Healthy Peterborough campaign was initiated in March 2016 as a yearlong campaign covering different health topics each month. The purpose of the campaign was to;

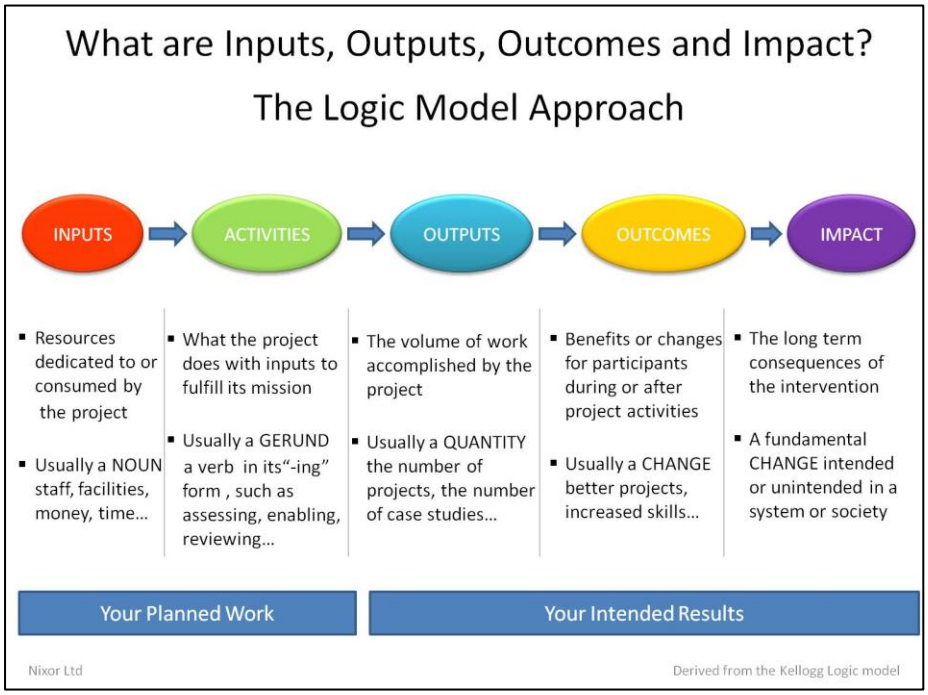
- raise awareness of health issues with local people,
- promote reliable information and preventive health messages.

The campaign was created by Peterborough City Council communications team, with support from public health, CCG and acute trust communication leads. In order to support the planning for 2017/18 and ensure resources were targeted most effectively, an evaluation of the 2016/17 campaign was undertaken.

3 Evaluation approach

The evaluation examines the inputs, outputs and outcomes from the campaign. See figure below for description of the different elements.

Figure 1: Logic model



Information on the resources invested in the campaign (inputs) and the campaigns/materials delivered (outputs) have been described.

In order to assess the impact of the campaign the evaluation focuses on the reach of the Healthy Peterborough Campaign. To support this an online survey was undertaken targeted at the people of Peterborough. A financial incentive was offered via Facebook for taking part (opportunity to win vouchers as part of prize draw). The survey assessed:

- Details of where people get information about maintaining a healthy lifestyle.
- Knowledge and recall of healthy Peterborough campaign and other health messaging campaigns.
- Accessibility and acceptability of content.
- Knowledge of healthy Peterborough website.

Recognising that not all people use social media and that language may be a barrier we worked with the public health delivery team and Peterborough City Council community connectors to undertake a short paper based survey with the Peterborough BME population.

4 Inputs

4.1 Budget

The Healthy Peterborough Campaign had a budget of £60,000 in 2016/17 which covered the cost of design, print, website development and advertising. The budget did not include the cost of the campaigns and marketing officer, which was covered by the communication directorate. A breakdown of costs are outlined below. The largest costs were associated with adverts and advertorials in local magazines and newspaper.

Table 1: Breakdown of Healthy Peterborough costs

Activity	**Cost**
Design of visuals	£5,709
External poster sites e.g. lampposts	£8,673
Paid Facebook adverts	£5,195
Printing cost of materials e.g. posters	£7,028
Print media e.g. ESP, moment magazine etc	£19,484
Radio adverts	£7,440
Website e.g. purchasing domain name, website design	£3,214
Total	**£56,743**

4.2 Officers time

The total amount of officer time needed to deliver the monthly campaigns was on average 14 days per month (see table below). The campaign and marketing officer role accounted for most of this time, of which 25 hours per month was spent developing social media messages and 15 hours per month on editing and uploading articles onto the health Peterborough website. A full break down of the tasks undertaken by the campaigns and marketing officer is outlined in Appendix A. In addition public health officers spent 3-4 days developing the messages for each campaign topic.

Table 2: Breakdown of officer time

Officer	**Task**	**Resource required**
Public health – topic specialists	Writing content	3-4 days per month
Campaigns and Marketing Officer	Developing copy, commissioning visuals and materials procuring advertising space	10 days per month (20 hours per week)
PA to DPH – Peterborough	Logistics of posting out posters and materials	4 hours per month
Director of Public Health	Reviewing and agreeing content	2 hours per month

Stakeholders and officers attended monthly Healthy Peterborough meeting where each campaign was planned, there was also strategy meeting every two to three months.

5 Outputs

5.1 Campaigns

The Healthy Peterborough campaign delivered 12 campaigns on the following topics between March 16 and February 2017.

Figure 2: Campaigns undertaken in 2016/17

For each monthly campaign a broad set of resources and materials were developed and commissioned, table 3 outlines the typical deliverables for each month

Table 3: Healthy Peterborough deliverables

Published printed media	Radio	Digital	Posters and banners
• Adverts and editorials for local • Newsletter for Peterborough CVS • Press release	Advert for Heart FM	• Paid Facebook ads • Facebook and Twitter organic posts • Content on Healthy Peterborough website	Production of posters, banners for lamp posts, Queensgate and wider distribution

Details for each of the communication channels are outlined below.

5.2 Digital outputs

5.2.1 Website

The Healthy Peterborough website was launched in 2016 and was designed in a magazine format e.g. each new topic treated as a new edition. The website included materials for each of the monthly campaigns and provided links to local and national resources. In total 11 website editions were developed made up of 120 different articles.

Figure 3: Examples of website campaigns

5.2.2 Social media

A Healthy Peterborough Twitter account was created and 461 tweets containing key messages and web links to the Healthy Peterborough website and broader national campaigns were sent.

Figure 4: Examples of Healthy Peterborough tweets

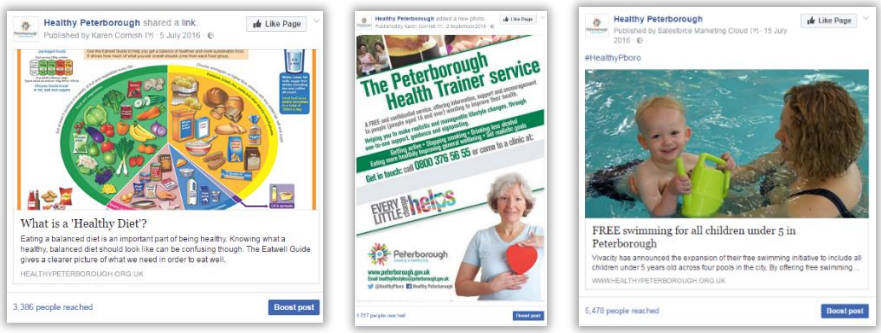
Facebook

A Healthy Peterborough Facebook page was created in order to connect with local people and communicate messages and information.

Organic posts

In total 669 Facebook posts were posted on the Healthy Peterborough Facebook page which appeared in the 'feeds' of current Healthy Peterborough 'followers'.

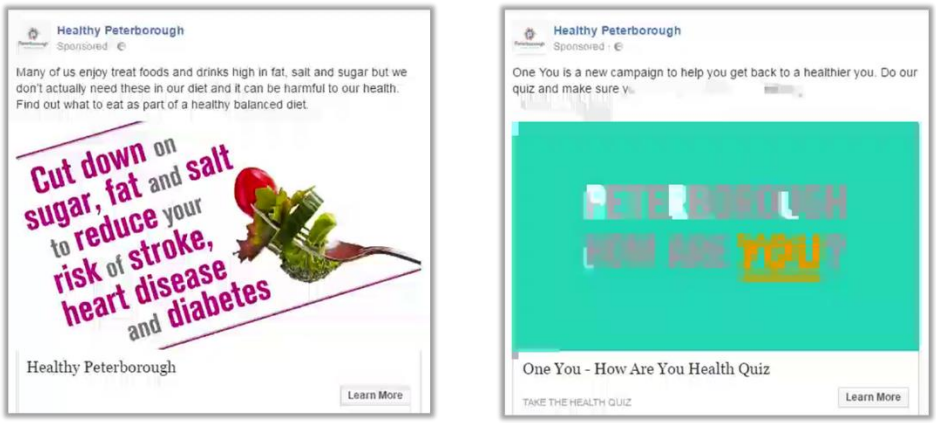
Figure 5: Examples of Facebook posts



Paid – Facebook campaigns

Twenty Seven paid Facebook advertisements were also placed during the year. These featured on the Facebook feeds of people living in Peterborough regardless of whether they were following Healthy Peterborough. These included the promotion of national campaigns such as Public Health England's One You campaign, key messages and links to the Health Peterborough website.

Figure 6: Example of paid Facebook adverts

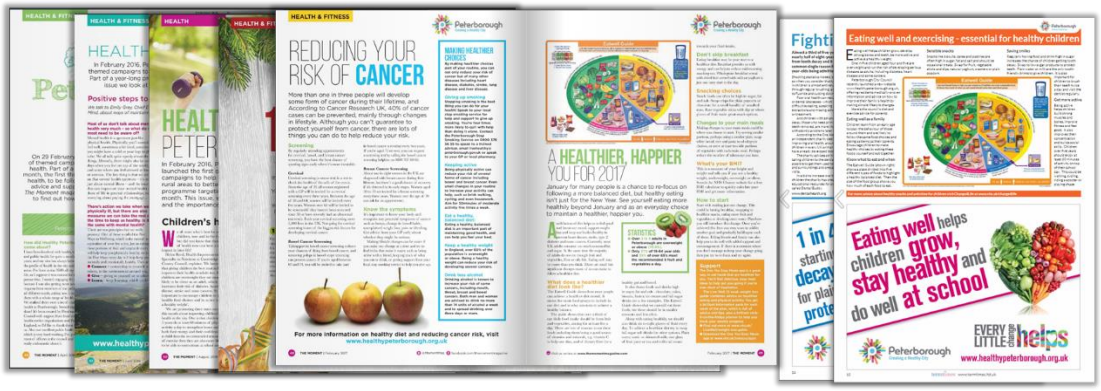


5.3 Published print media

Printed media

Twenty pages of editorials were placed in ESP, Moment, Nene Living Magazine and 12 pages of advertorials in the Peterborough Telegraph.

Figure 7: Example of adverts and editorials from printed publications



5.4 Posters and banners

Advertising space was procured in and around the city centre on:

- Advertising displays in the Queensgate shopping centre.
- City-wide JC Decaux sites
- City centre lamp post banners
- A4 poster messages distributed city-wide
- AO posters at Serpentine Green Shopping Centre

Figure 8: Photographs of Health Peterborough campaign posters

Posters

Each month a selection of posters, pop up banners and resources were sent to:

- 38 Pharmacies
- 37 GP practices
- 22 Post offices
- 31 community associations and village halls
- 25 Parrish Clerks
- 10 libraries
- 21 shops
- 20 Children centre locations
- Peterborough City and Stamford NHS trust

5.5 Radio

10 different 20 second radio adverts were purchased and played 26 times a month. There were also bulletin mentions and officer interviews on BBC Radio Cambridgeshire, Radio Salam, Radio Star, Connect FM and Heart FM.

6 Outcomes

Analysis of outcomes for the Healthy Peterborough campaign focused on the reach and knowledge of the campaign. Where available the profile of users/followers has been provided to better understand the population groups accessing the campaign.

6.1 Digital

6.1.1 Twitter

Healthy Peterborough's tweets were seen 377,953 times and 170 people followed the Healthy Peterborough Twitter feed.

Table 4: Twitter statistics by month

Month	Number of followers		Number of tweets	Number of impressions (number of times tweets seen)
January	9		1	14
February	24	↑15	41	10,555
March	51	↑27	30	25,951
April	73	↑22	22	22,085
May	91	↑18	26	28,398
June	98	↑7	20	21,858
July	103	↑5	38	32,724
August	115	↑12	44	35,623
September	125	↑10	45	38,053
October	127	↑2	31	21,728
November	134	↑7	27	26,321
December	149	↑15	65	54,772
January	165	↑16	38	32,106
February	170	↑5	33	27,765

6.1.2 Facebook

Over the year, 2,710 people liked or followed[1] Healthy Peterborough on Facebook. The 669 organic Facebook posts (only seen by Health Peterborough followers) were seen 280,673 times.

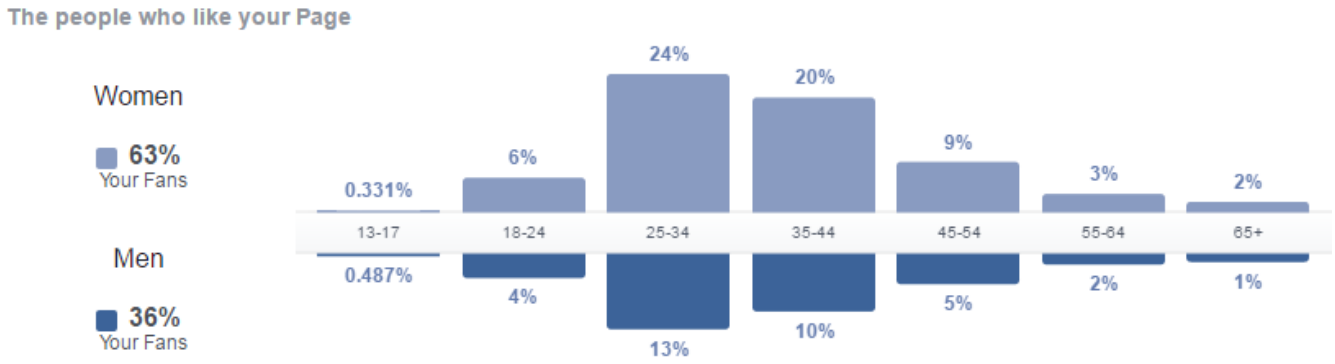
Table 5: Facebook statistics by month

Month	Number of likers who follow our posts		Number of posts	Number of people who saw posts
January	45		26	849
February	345	↑280	38	9,444
March	639	↑294	56	30,688
April	962	↑323	34	17,376
May	1,328	↑366	47	22,692
June	1,505	↑177	35	24,393
July	1,803	↑298	54	43,744
August	2,150	↑347	69	19,093
September	2,391	↑241	69	25,814
October	2,489	↑98	42	10,015
November	2,579	↑90	27	8,816
December	2,686	↑107	72	27,738
January	2,701	↑15	61	24,609
February	2,710	↑9	39	15,402

[1] If you follow something on Facebook you will receive updates within your news feed

The 2710 Healthy Peterborough followers were more likely to be female (63%) and aged between 25 and 44 years (67%).

Figure 9: characteristics of Health Peterborough Facebook followers



The 27 paid Facebook adverts were seen 478,217 times and generated 7,172 clicks on web links embedded within the adverts (links to Healthy Peterborough website and national campaigns).

Table 6: Impact of paid Facebook adverts by advert.

Advert	Number of people who saw advert	Number of web clicks / page likes	Date ad ran	Cost
Heart walking ad	9,351	151 page likes	29 Feb-31 Mar	£100
Heart smoking ad	8,753	107 page likes	29 Feb-31 Mar	£100
Stroke ad	11,290	120 page likes	1 Apr-30 Apr	£125
NHS health check	11,947	139 page likes	1 Apr-30 Apr	£125
Generic page likes	8,855	286 link clicks	4 Feb-10 Mar	£48
Mental health – physical	11,604	116 page likes	10 May-31 May	£125
Mental health – talking	10,532	102 page likes	10 May-31 May	£125
Alcohol – cutting back	14,906	50 page likes	31 May-1 July	£156.41
Alcohol – drinking too much	9,554	53 page likes	31 May-1 July	£125
Children's – teeth	5,126	18 page likes	1 June-14 Aug	£118.75
Children's – eating	13,416	144 page likes	1 June-14 Aug	£175
Children's – physical	7,286	81 page likes	11 July-14 Aug	£125
Generic One You	49,022	1,799 link clicks	8Mar-30Apr + 12Jul-16Aug	£441.88
Physical activity OneYou	21,084	654 link clicks	15 Aug-30 Sep	£235
Physical activity 30 mins	22,292	181 page likes	15 Aug-30 Sep	£235
Physical activity sit less	20,363	130 page likes	15 Aug-30 Sep	£235
Stoptober	26,274	655 link clicks	1 Oct-31 Oct	£200
Ageing well – dementia	9,420	181 link clicks	1-30 November	£78.70
Ageing well – falls prevention	8,961	179 link clicks	1-30 November	£71.34
Festive health	31,447	662 link clicks	1-31 December	£350
Healthy eating – eat well	19,897	485 link clicks	1 Jan – 31 Jan	£175.00
Healthy eating – cut down	17,581	537 link clicks	1 Jan – 31 Jan	£175.00
Cancer – Jo's Trust	22,322	335 link clicks	1 Feb – 28 Feb	£175.00
Cancer – cigarettes	20,525	353 link clicks	1 Feb – 28 Feb	£175.00
Healthy Peterborough	33,392	758 page likes	25 April-ends 31 Dec	£500
Healthy Peterborough website	53,262	1046 link clicks	25 April-18 Sep	£750
Healthy Peterborough survey	Will complete 20 March	??? link clicks	1-20 March	£200

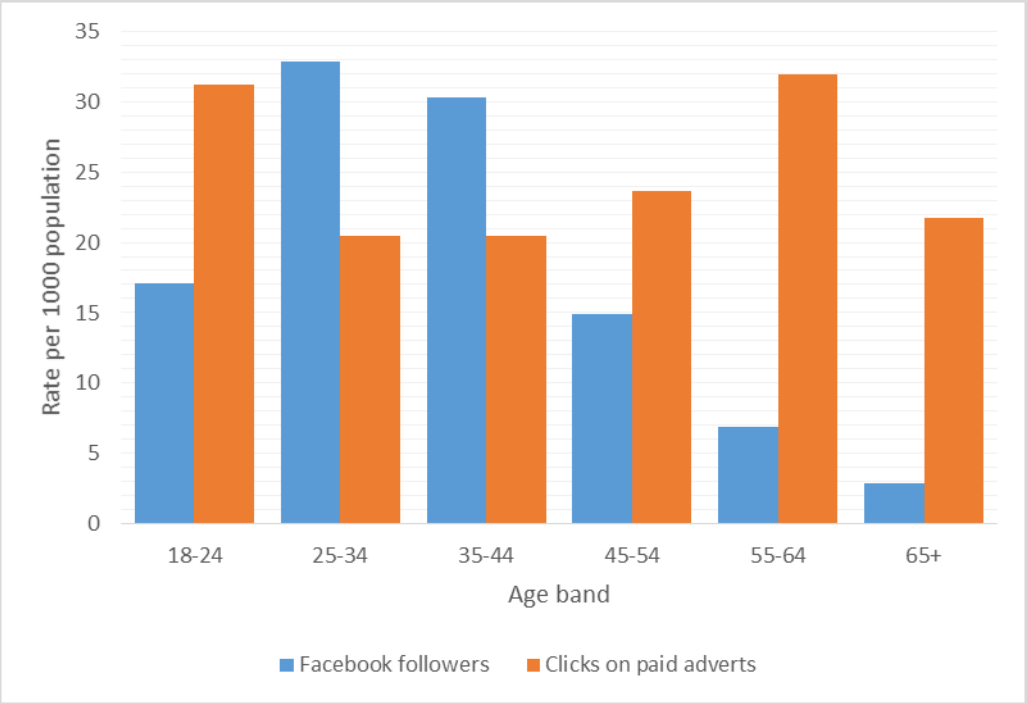
Due to difficulties with analysing 27 separate adverts, the following analyse of people who clicked on paid adverts is based on the four campaigns which accounted for largest number (58%) of paid advert clicks (see below).

Table 7: Age profile of individuals who clicked on paid Facebook adverts

Campaign	18-24	25-34	35-44	45-54	55-64	65+	Total
Healthy Peterborough website	100	157	154	203	203	229	**1046**
One you	311	334	279	287	329	264	**1804**
Stoptober	85	134	117	114	92	113	**655**
Festive period	75	129	111	89	121	137	**662**
Total	**571**	**754**	**661**	**693**	**745**	**743**	**4167**

The profile of those people clicking on paid adverts differed considerably from Facebook followers (described in figure 9) with the 55-64 year olds accounting for the highest click rate, followed by the 18-24 year olds. These finding suggests paid Facebook adverts may be a more effective way to target messages at the middle aged population as they are less likely to follow Healthy Peterborough and see the organic Facebook posts.

Figure 10: Rate of Facebook followers and people clicking on paid Facebook adverts by age group



6.1.3 Website

The Healthy Peterborough website received 127,252 page views (this is not unique visitors, as a person can look at more than one page during a single visit).

It is not possible to provide more detailed analytics for the Healthy Peterborough website as Google Analytics had not been activated. This issue was resolved in March which should allow us to gain a more detailed picture on key measures such as unique visitors, how long people spend on average on the site etc. Based on page views Children's Health generated the most pages views followed by Alcohol in June and Physical activity in Aug and September.

Table 8: Number of views of Healthy Peterborough website by month

Month/Edition (figures correct as at 14 March)	**Number of views**	**Top 3 articles**
March 2016 (heart health)	12,092	781 views – 5 ways to keep your heart healthy 744 views – About Healthy Peterborough 682 views – Support and useful links – Smoking
April 2016 (stroke)	11,084	754 views – Reducing your stroke risk 737 views – Support and useful links – Smoking 569 views – What is a stroke?
May 2016 (mental health)	11,620	961 views – Get on top of stress 693 views – Living well with dementia 506 views – A good night's sleep
June 2016 (alcohol)	13,360	1205 views - Do you know the amount of calories in alcohol? 873 views - What do 14 units of alcohol look like? 860 views – The risks of drinking too much alcohol
July-Aug 2016 (children's health)	20,697	2569 views – Vivacity announces free swimming children under 5 1301 views – What is a healthy diet? 1037 views – Tips for teeth
Aug-Sept 2016 (physical activity)	13,158	758 views – Sit less and move more 651 views – Walking for health 635 views - Weekly park runs
October 2016 (smoking)	10,364	445 views - Stoptober Returns 421 views – Ditch the cigarettes and feel less stressed 406 views – What are the health risks of smoking?
November 2016 (ageing well)	7,927	605 views – Keep warm this winter 519 views – Services to prevent falls 503 views – 10 tips for ageing better
December 2016 (festive health)	11,502	932 views – Overindulging on the snacks 908 views – Safe sex – use a condom 893 views – Easier ways for a healthy Christmas dinner
January 2017 (healthy eating)	9,540	962 views – Eating well 829 views - Healthy weight loss 614 views – Cut back on fat
February 2017 (cancer)	5,908	571 views – Cancer screening 523 views – Eat well – reduce your cancer risk 506 views - Our stories – breast cancer

6.2 Survey

6.2.1 Online survey

A questionnaire on survey monkey was developed (see Appendix C) consisting of up to of 15 questions. The questionnaire was mainly promoted through Facebook with further communication undertaken by Peterborough City Council community connectors and Peterborough VCS. Those completing the questionnaire were incentivised to take part through the opportunity to win £100 worth of shopping vouchers

In total there were 220 respondents to the survey. A comparison of the age (see table 9), gender and ethnicity of respondents to the Peterborough population found that:

- 20-34 year olds were underrepresented in the survey (14.1% in survey compared to 30% in population).
- 35-49 year olds and 50-64 year olds were over represented.
- Males (25% of respondents) were underrepresented
- People from BME groups (11.9% vs 18% in the Peterborough population) were also underrepresented.

Table 9: survey respondents by age

Age	**Responses**	**% of respondents**	% of population
20-34	31	14.1%	29.7%
35-49	73	33.2%	28.2%
50-64	65	29.5%	22.5%
65+	50	22.7%	19.7%
Total	220	100.0%	100%

Source: ONS 2016 mid-year pop estimates

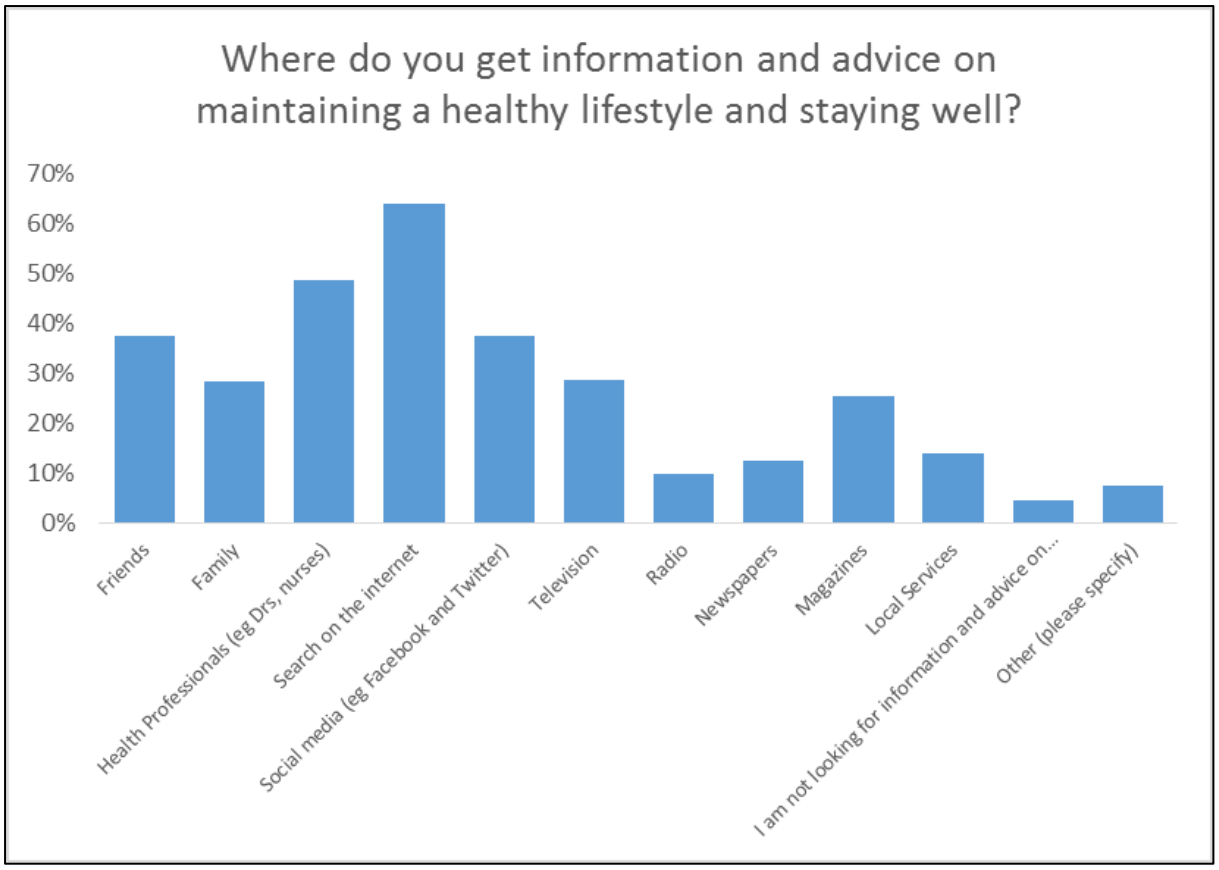
Due to small numbers the results of sub analysis e.g. findings by age, gender, and ethnicity have not been reported as the majority of differences were not statistically significant.

Analysis of responses to each question are provided below.

Where do you get information and advice on maintaining a healthy lifestyle and staying well?

The most common sources of information and advice identified by respondents was searching the internet, health professionals, social media and friends.

Figure 11: Where do you get information and advice on maintaining a healthy lifestyle and staying well?



Have you heard of/seen the Healthy Peterborough Campaign?

Overall 46% of respondents were aware of the healthy Peterborough campaign and a further 7.5% were not sure.

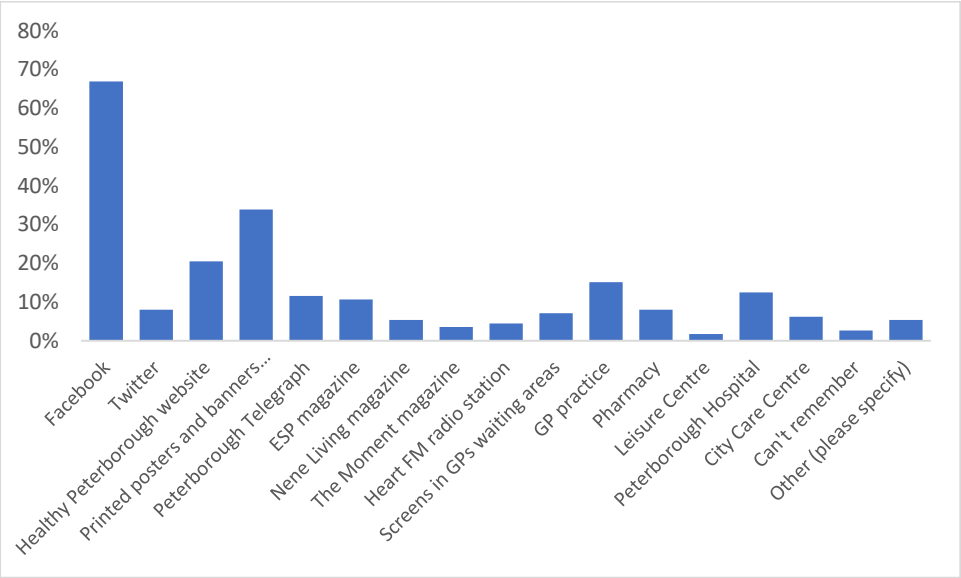
Table 10: Have you heard of/seen the Healthy Peterborough Campaign?

Answer	Responses	%
Yes	97	45.8%
No	99	46.7%
I'm not sure	16	7.5%
Total	212	100.0%

Where did you see/hear about the campaign?

Of those respondents who were aware of Healthy Peterborough the majority (67%) had seen the campaign on Facebook, 1 in 3 via banners and poster across Peterborough and 1 in 5 on healthy Peterborough Website. It should not be surprising that so many people viewed the campaign online as the majority of respondents were recruited through a Facebook advertisement.

Figure 12: Where did you see/hear about the campaign?



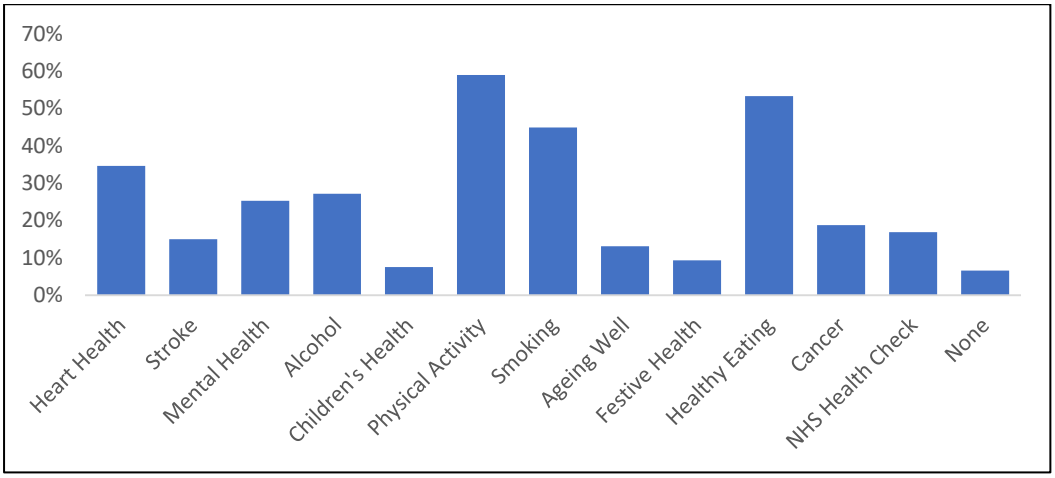
Which topics or messages can you recall from the Healthy Peterborough Campaign?

Thirty eight percent (43 respondents) of those aware of Healthy Peterborough campaign correctly free recalled one of the campaign messages/topics.

From the list below, please choose which topics you recall seeing or hearing about as part of the Healthy Peterborough campaign?

The campaigns on physical activity, smoking and healthy eating were most commonly recalled (45%-59%) by respondents.

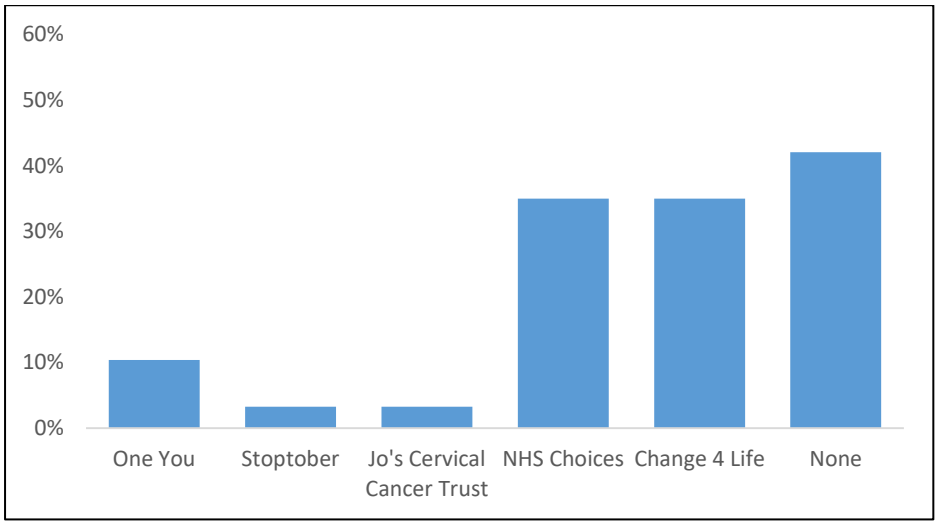
Figure 13: From the list below, please choose which topics you recall seeing or hearing about as part of the Healthy Peterborough campaign?



Which of the following websites or resources have you accessed in the last year?

Thirty five percent of respondents reported accessing NHS choices and Change 4 Life in the past year, demonstrating the strength of the brands/resources.

Figure 14: Which of the following website or resources have you accessed in the last year?



Please rate the following statements about the Healthy Peterborough brand/images

Respondents were generally positive about the Healthy Peterborough brand with over half agreeing or strongly agreeing that the brand was attractive and attention grabbing.

Table 11: Please rate the following statement about the Healthy Peterborough brand/images

Statement	% who strongly agreed or agreed with statement
The Healthy Peterborough Brand is attractive	60.6%
The Healthy Peterborough brand grabs my attention	57.6%
My friends and family would like the Healthy Peterborough brand	47.3%

Please rate the following statements about the messages used in the Healthy Peterborough campaign

The content of the messages were rated more highly than the brand with 3 in 4 respondents agreeing or strongly agreeing that the topics were important, useful and understandable.

Table 12: Please rate the following statements about the messages used in the Healthy Peterborough campaign

Statement	% strongly agree or agree with statement
The messages are on topics which are important to me	76%
The messages contain useful information and advice	72.7%
The messages used by Healthy Peterborough are clear/understandable	76.4%

Have you visited the Healthy Peterborough website?

Just under 1 in 4 respondents had visited Healthy Peterborough

Table 13: Have you visited the Health Peterborough Website?

Answer	Responses	%
Yes	42	23.0%
No	134	73.2%
I'm not sure	7	3.8%
Total	183	100.0%

Please rate the following statements about the Healthy Peterborough website?

The forty two respondents who had accessed the Healthy Peterborough website rated the ease of finding information, ease of understanding articles and the usefulness of the content very positively.

Table 14: Please rate the following statements about the Healthy Peterborough Website?

Statement	% strongly agree or agree with statement
I could find the information I was looking for easily on the website	76.2%
The website articles were easy to understand	88.1%
The website articles were useful	81.0%

What would you like to see improved on the Healthy Peterborough website

Two themes were identified from analysis of the free text responses.

1) The need for more easily accessible information on local services

"There is no information about local services available. It would really be useful to have an online referral form for people to self-refer, information about times/dates/venues activities are taking place……."

"I think the website might be reorganised to make accessing information and local services easier and clearer. I think some topics and pages might be missed."

2) Better promotion of the website

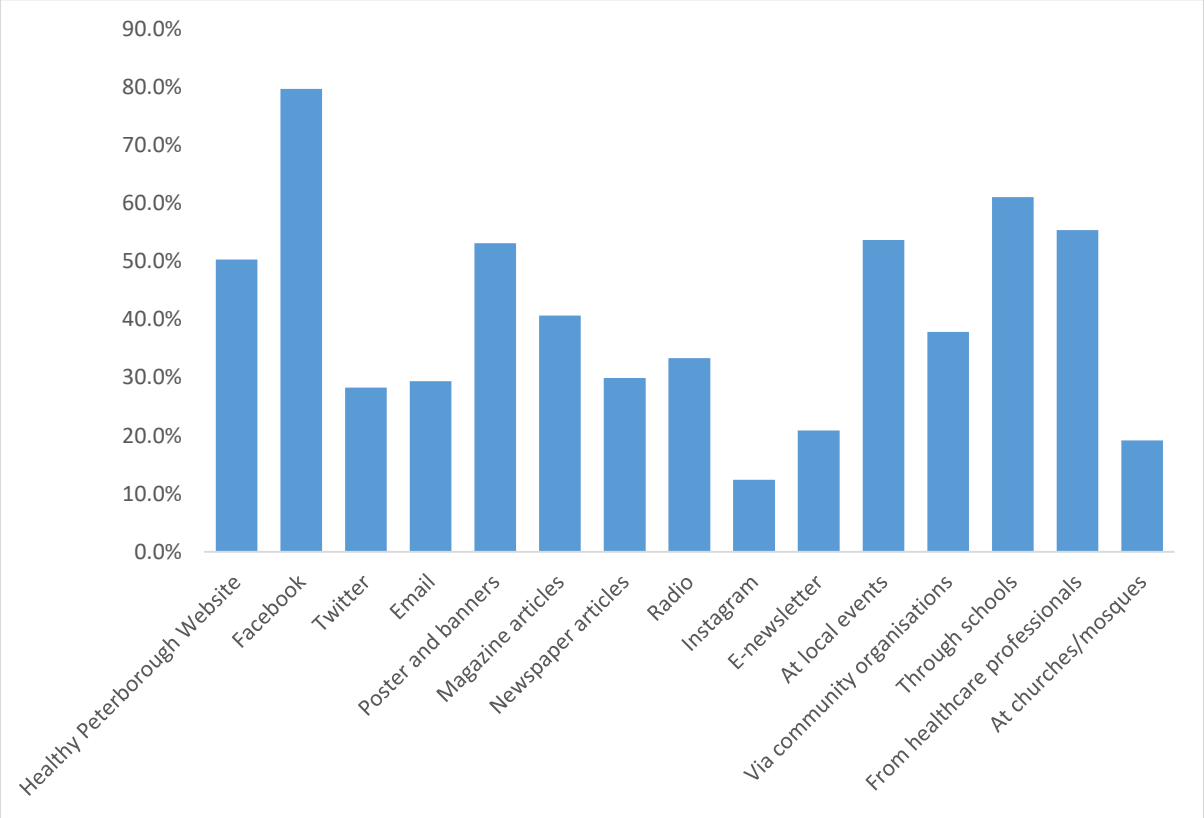
"I didnt know there was one yet I liked the Facebook page .Could it be promoted more on social media so people know about it."

"I would like to see it promoted more i.e. Within general practice surgeries, supermarkets, schools, shopping malls, hospitals and public places."

What do you feel are the best methods for communicating information and advice on maintaining a healthy lifestyle and staying well?

Facebook was rated the best (80% of respondents) method for communicating information (this is likely to be influenced by the survey being promoted on Facebook), followed by schools, health care professionals, local events, posters and banners and healthy Peterborough website.

Figure 15: Best methods for communicating information and advice on maintaining a healthy lifestyle and staying well.



6.2.2 Paper based survey focusing on individuals from non-white British background

A second survey was developed to capture the knowledge and experience of people from BME groups (see Appendix B). The paper based survey was distributed by the Public health delivery team and Peterborough City community connectors. The majority of respondents already engaged with the local healthy lifestyle services and may not be completely representative of the wider BME population.

In total 113 adult responded to the survey. The profile of respondents are outlined below.

Table 15: Demographic profile

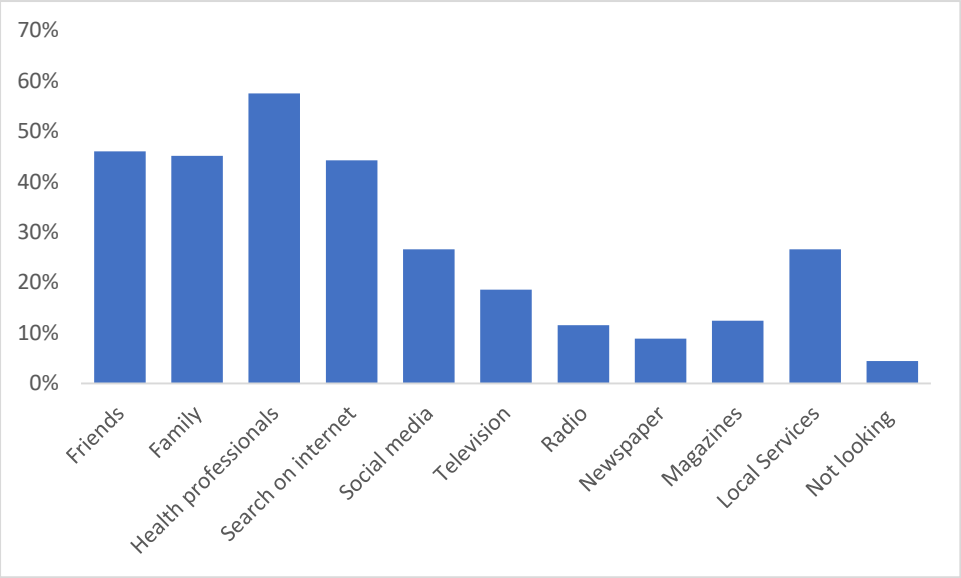
Number of respondents	Age	Gender	Ethnicity
113	18-64 88.5% (100) 65+ 8.8% (10) Unknown 2.7% (3)	Male 22.1% (25) Female 65.5% (74) Transgender 0% Unknown 12.4% (12)	White British 15% (17) Asian 48.7% (55) Black 1.8% (2) Mixed 0.9% (1) White Other 17.7% (20) Unknown 15.9% (18)

Due to the small numbers, analysis focused on overall findings. Given the profile of the population the results should be considered representative for women aged 18-64 from Black or minority ethnic groups.

Where do you get information?

Health professionals, friends and family, searching on the internet and local services were identified as the main sources of information on health and keeping well.

Figure 16: Where do you get information on health and keeping well?



Which images do you recognise (you can tick more than one)?

Change 4 life and NHS choices had the strongest brand recognition (nearly three quarters recognised images) with 1 in 3 recognising the Healthy Peterborough brand.

Table 16: Which images do you recognise?

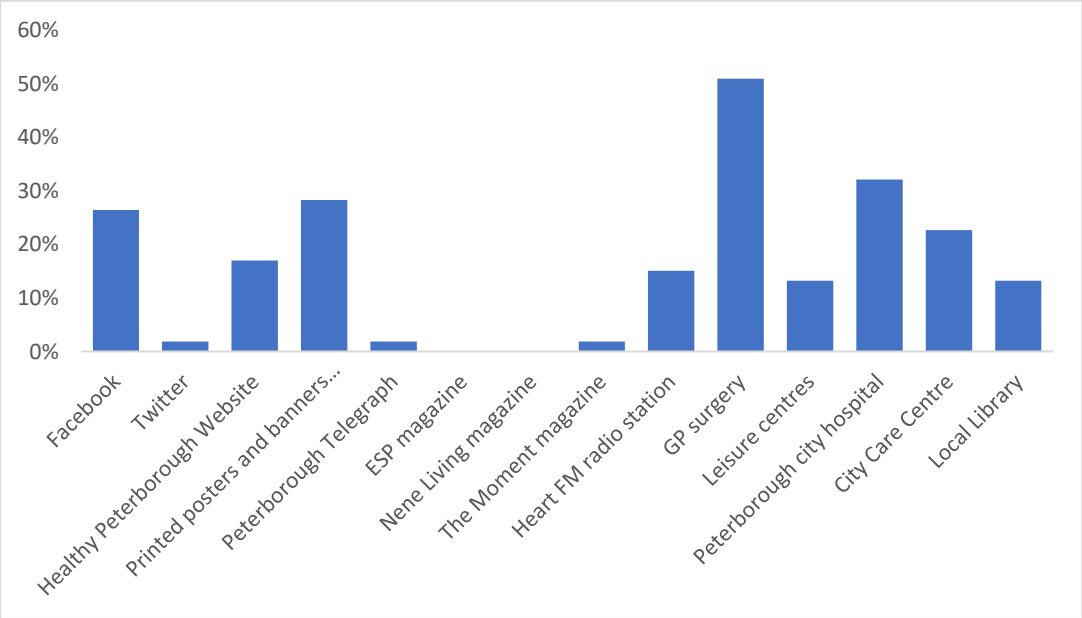
Image	No. respondents	%
One you	8	7.1%
Change 4 Life	83	73.5%
NHS choices	82	72.6%
Healthy Peterborough	36	31.9%
Total	**113**	**100.0%**

4. If you recognised D), images from the 'Healthy Peterborough campaign', can you recall where you have seen the campaign advertised (you can tick more than one)?

Although only thirty six respondents recognised the Healthy Peterborough campaign, fifty three respondents answered the question on where they recalled seeing the campaign advertised. This suggest a larger number of respondents were aware of the campaign.

The main places respondents recalled seeing the campaign were GP surgeries, Peterborough city hospital, Printed poster and banners and Facebook. There was little recognition of seeing the campaign in local printed publications or on twitter.

Figure 17: Can you recall where you have seen the campaign advertised?



What challenges do you face when trying to maintain a healthy lifestyle?

Six themes were identified through the analysis of free text responses.

Table 17: What challenges do you face when trying to maintain a healthy lifestyle?

Challenge	Description	Examples
Time	A lack of time and competing demands was a common challenge identified by respondents.	*"Busy work schedule"* *"finding the time to maintain a healthy lifestyle"* *"Not having time due to family/children"* *"Time for myself"*
Family	Family commitments and related time constraints, childcare issues and different cooking requirements.	*"Cooking for all family with different needs"* *"Combined childcare with work and exercise"* *"Busy work schedule, nuclear family"* *"Catering for children"*
Financial	A lack of financial resources to undertake activities and purchase healthy food.	*"too expensive"* *"Cost of healthy food"*
Knowledge and access to activities and services	Lack of knowledge about available activities and services. Lack of access to activities and services due to time of activities and geographical location.	*"Knowing what is available locally"* *"services that are within walking distance"* *"Not enough classes outside of working hours"*
Language	Some felt that language barriers made it is more challenging to access resources and activities.	*"Language barrier when attending fitness classes or writing"* *"No having a enough English it can be hard"*

What information and advice could we provide you with to help maintain a healthy lifestyle and stay well?

Three main themes were identified from the analysis and are outlined below.

Table 18: What information and advice could we provide you with to help maintain a health lifestyle and stay well?

Theme	Description	Examples
Information on healthy eating and keeping active	The most common response was the need for regular practical information on how to eat healthy and keep active.	"*Regular tips, push*" *"Information about how to maintain a healthy lifestyle, daily tips on a healthy diet"* *"How to eat healthily why working long hours"* *"Healthy meal choices"*
Workplace health	There was some comments around sharing messages in work places with a specific focus on large workplaces where eastern European people work.	*"healthy lifestyle inforamtion in the biggest work places where eastern europeans work.* *"Healthy lifestyle campaings at work"* *"to introduce things at work"*
Information about local services and Classes opportunities.	Respondents identified the need for more information about local services and activities.	*"What is available in my local area to help with stopping smoking, diet and exercise"* *"email or text from GP about free activities or council organised events about healthy lifestyle"*
	Respondents also wanted more free classes and activities.	"Offer more free sesssions at different times or drop-in sessions" *"email or text from GP about free activities or council organised events about healthy lifestyle"*

Respondents were asked to rank Healthy Peterborough, One You and Change 4 life on a scale of 1 to 3 for the following areas.

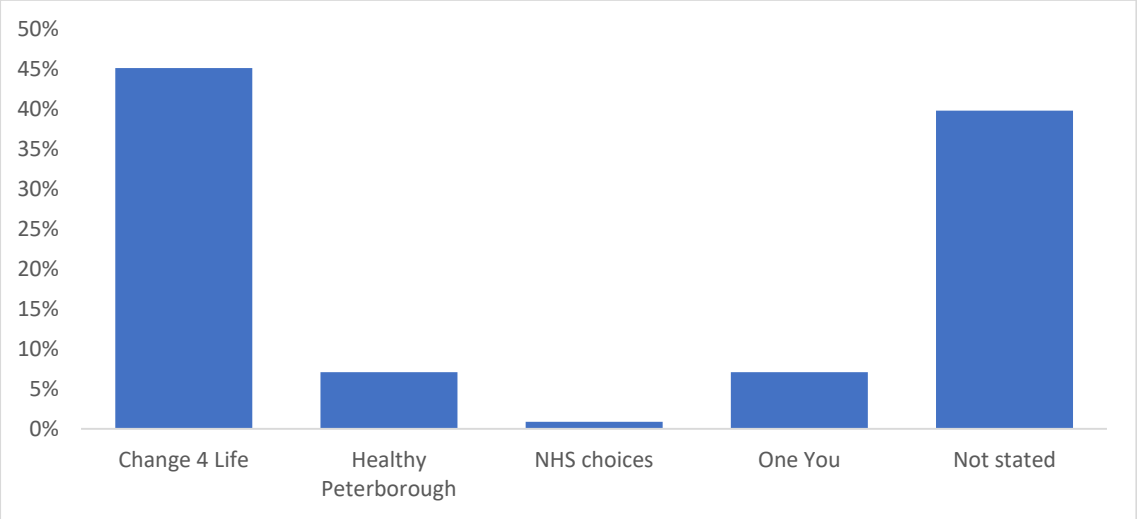
- Which are the most attractive visuals?
- Which are the easiest to understand?
- Which are the most acceptable to you?

Unfortunately the questions were answered in a number of ways and the results have been excluded from the analysis

Overall which campaign is your favourite campaign?

Among those respondents who identified their favourite campaign, 75% chose Change 4 Life.

Figure 18: Overall which campaign is your favourite?



Why is it your favourite?

The free text comments about why Change 4 life was favoured were very clear. Respondents liked the campaign because it

- was bright,
- was attractive,
- was easy to understand (not too wordy),
- got the message across,
- was well known,

There were also a number of comments about the content of the Healthy Peterborough campaign.

> *"Healthy peterborough is the worst - full of words how is someone who cannot read English understand that?"*
>
> *"Healthy Peterborough needs improvement - too much info - can't be bothered to read the posters."*
>
> *"….. I would walk past this poster if I saw it probably. That's why I've never seen it. Full of words and the one picture does not say anything to me. It shoudld shout out the health issues. No-one is going to stand there and read all the jargon."*

7 Evidence of best practice

The following sections briefly outlines best practice in relation to social marketing from Public Health England.

10 principles for great health marketing

1. Make it easy, fun and popular
2. Embrace popular culture, don't ignore it. Do you know what your audience watches, buys and feels? If not then why not? The most popular media channel for young people is YouTube so that's where we focus our national investment.
3. Have behavioural objectives, not 'awareness' objectives. Awareness isn't a goal in itself - just because people *know* something doesn't mean they will *do* something.
4. Have deep insight into the way the target audience lives their lives – if people buy their food daily on offer from low-cost supermarkets then do we reflect that in the recipes we provide to them?
5. Focus on the benefits of a product (more time with your grandchildren) not the features (a health check)
6. Be evidence based, and make sure your work is contributing to the evidence base – test, test, test.
7. Be obsessed with User Experience –we know that context and heuristics matter disproportionately - make it as easy as possible to get involved and stay involved
8. Use behavioural science as a foundation when you're building programmes - we know that rational linear theories of change such as Prochaska don't work, don't use them!
9. Think big about the potential of technology – why can't change4life give every primary school child an accelerometer based tool and promote a mass intervention. Why can't we take the pulse of millions via a mobile phone app and help if some have arrhythmia?
10. Integrate with other policy levers and partners for bigger impact

Source: https://publichealthmatters.blog.gov.uk/2013/09/18/social-marketing-2-0/

Public Health England - Social Marketing Strategy 2014-2017: One year on

In all of our activity, we are conscious of the inequalities agenda, especially since much of our work targets the socio-demographic C2DE audience. Our campaigns are planned, researched and developed with this audience in mind to ensure that the tone, content and messaging is both accessible and actionable. In addition, media is bought specifically to target this audience and our ultimate evaluations are able to demonstrate our effectiveness with them.

Source:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445524/Marketing_report_web.pdf

8 Summary

The evaluation found that the Healthy Peterborough campaign had a strong first year delivering 12 campaigns, 120 articles on the Healthy Peterborough website, 669 Facebook posts, 27 paid Facebook advertisements, 31 pages of editorials and advertorials in local print publications and 10 different 20 second radio.

The campaigns generated 170 followers on Twitter, 2,710 followers on Facebook, 7,172 clicks from paid Facebook adverts and 127,252 page views on the Healthy Peterborough website.

An online survey of 220 people and a paper based survey of 113 people mainly from BME groups found that:

- There was a good recognition of the campaign with 46% of online survey respondents and 32% of respondents from the paper based survey recalling the campaign.
- The main places where people recalled seeing the campaign was Facebook, via printed posters and banners and the healthy Peterborough Website. BME respondents were more likely to have seen campaign at GP surgeries, local hospital, city care centre, posters in the city centre and Facebook.
- The campaign achieved some level of 'stickiness' with 38% of respondents able to free recall campaign topics. When prompted, the main campaign topics recalled were physical activity, smoking, healthy eating and heart health.
- Respondents were generally positive about the Healthy Peterborough brand with over half agreeing or strongly agreeing that the brand was attractive and attention grabbing. The content of the messages were rated more highly with 3 in 4 respondents agreeing or strongly agreeing that the topics were important, useful and understandable.
- Just under 1 in 4 respondents from the online survey had visited Healthy Peterborough website with the site being evaluated positively by users. However there was some disconnect between these scores and free text comments where a number of respondents asked for more easily accessible information on local services and activities.
- Respondents reported getting information on maintaining a healthy lifestyle through a number of channels including virtual (searching web, Facebook), people based (Friends and family, health professionals) and community based (schools, health centres etc.) This demonstrates the importance of using multiple channels for communication and dissemination including local people and professionals as health promoting resource.
- There had been an assumption before undertaking the evaluation that Facebook were be most effective for targeting younger population. This this was born out in the profile of those who "followed" Healthy Peterborough, however, Facebook users who clicked on paid Facebook adverts were generally older.
- There was strong recognition of national campaigns and resources such as NHS choices and Change 4 life, with 75% of BME population preferring Change 4 life as a lifestyle campaign, due to it being bright, attractive, easy to understand and being well known. The Healthy Peterborough messages were seen by a number of respondents from the BME population as being too wordy.
- The BME population identified a number challenges in maintaining healthy lifestyles including a lack of time and competing demands, family commitments a lack of financial resources to undertake activities and purchase healthy food, a lack of knowledge about available activities and services and access problems due to time of activities and

geographical location. For some, language barriers made it is more challenging to access resources and activities.

- A lack of in depth web stats meant it was not possible to evaluate website activity and better understand who was using the resource and what was being used
- Men were underrepresented in both surveys and may reflect a lack of engagement in general.

9 Recommendations

1) Reshape the Healthy Peterborough website to make local services and activities a central focus.
2) Develop a mechanism for coordinating and sharing details of other lifestyle services and activities e.g. physical activity classes, local events etc.
3) Map out the key target population groups/segments (BME groups, men, older people etc.) to ensure messages are accessible to all groups.
4) Ensure that messages are 'behaviourally' focused as well as information based.
5) Investigate opportunities to build on latent capacity within local system and communities (public and voluntary sector) to share Healthy Peterborough messages.
6) Develop key message briefing each month (information on campaign topic background and 3 or 4 simple messages) which can be used to communicate the campaign to advocates e.g. community connectors, community champions, other services.
7) Continue to use paid Facebook adverts to ensure key messages get through to groups who do not follow Healthy Peterborough on Facebook.
8) Build on strengths of national brands especially when delivering campaigns or undertaking work with targeted groups such as the BME groups.
9) Request that Solution 4 Health systematically capture information on where service users heard about the lifestyle service.
10) Develop a brief google analytic report which can be used to report on key statistics e.g. unique users, dwell time and bounce rate each month.

10 Appendix

10.1 Appendix A

Monthly Healthy Peterborough Marketing workload

Activity	Hours
Attend HP meetings	1.5
Decide on key message, design approve	6
Send adverts to magazines	2
Edit / finalise editorial for publications and send to magazine	2
Finalise lamp post banner and send to printer	1
Finalise A4 poster, send to printer, distribute	3
Finalise AO poster and send to printer	1
Finalise pull up banners and send to printer	1
Finalise 6 sheets and send to printer	1
Write and finalise PT advertorial and send	3
Write/finalise Heart FM ad	1
Edit/upload website articles	14
Create Facebook paid for adverts	4
GP screen messages	1
Arrange/edit press release	1
Create social media messages (approx ½ hour per message)	25
Retweet/share PHE/NHS etc social media posts	5
Update digital statistics	2
Campaign organising / planning /deadllines	4
Raise PO's/invoicing for all marketing and design	2
Total	**80.5**

10.2 Appendix B

Thank you for taking the time to complete this short survey. The aim of the survey is to assess knowledge about health campaigns and to better understand where Peterborough residents access information on keeping healthy. The results will be used to inform future campaigns.

In recognition of the time taken to complete the survey, participants have the option of being entered for a prize draw with the chance to win £100 in Queensgate shopping vouchers.
The winner of the prize draw will be notified at the beginning of April 2017

1. Please circle the most appropriate descriptors below:

Age: 0-17 18-64 65+

Gender: Male Female Transgender

Ethnicity: White British Asian Black Mixed White other

If you would like to be entered for the prize draw please provide your first name and a contact telephone number.

2. Where do you get your information and advice on keeping healthy and well?

Friends		Radio	
Family		Newspapers	
Health professionals (eg Drs, nurses)		Magazines	
Search on the internet		Local services	
Social media (eg Facebook and Twitter)		I am not actively looking for information and advice on keeping healthy	
Television			

Other – please specify

3. Please look at the images in Appendix A and tick below the images you recognise (you can tick more than one)?

A) One You		B) Change 4 Life	
C) NHS Choices		D) Healthy Peterborough	

4. If you recognised D), images from the 'Healthy Peterborough campaign', can you recall where you have seen the campaign advertised (you can tick more than one)?

Facebook		Heart FM radio station	
Twitter		GP surgery	
Healthy Peterborough Website		Leisure centres	
Printed posters and banners throughout the city		Peterborough city hospital	
Peterborough Telegraph		City Care Centre	
ESP magazine		Local Library	
Nene Living magazine		Can't remember	
The Moment magazine			

Page **1** of **4**

5. What challenges do you face when trying to maintain a healthy lifestyle?

6. What information and advice could we provide you with to help maintain a healthy lifestyle and stay well.

7. What would be the most effective way for us to share information and advice on maintaining a healthy lifestyle and staying well with you?

8. On the following pages we have provided three examples of local and national health campaigns. For each of the questions below please rank the 3 campaigns in order (1 = most favourable to 3 least favourable):

	One You	Change 4 Life	Healthy Peterborough
Which are the most attractive visuals?			
Which are the easiest to understand?			
Which are the most acceptable to you?			
Overall which campaign is your favourite and why:			

Page **2** of **4**

Appendix A

A) Images relating to question 3

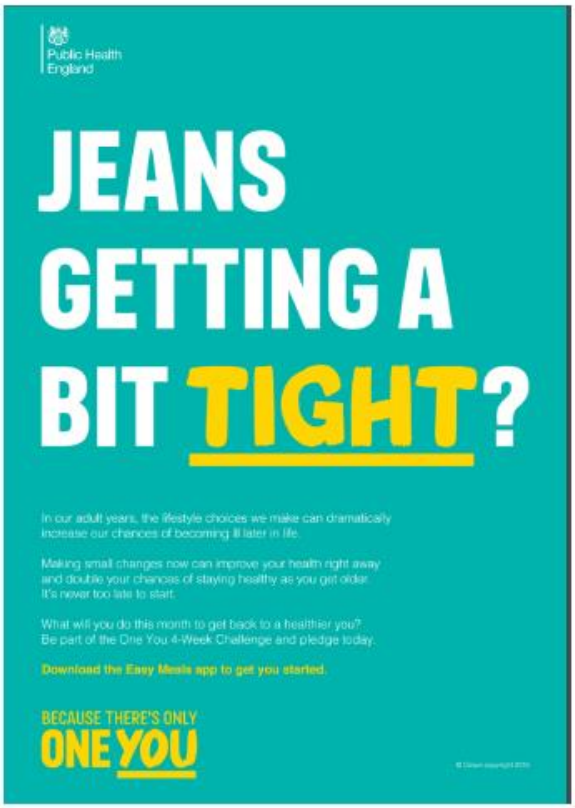
A)

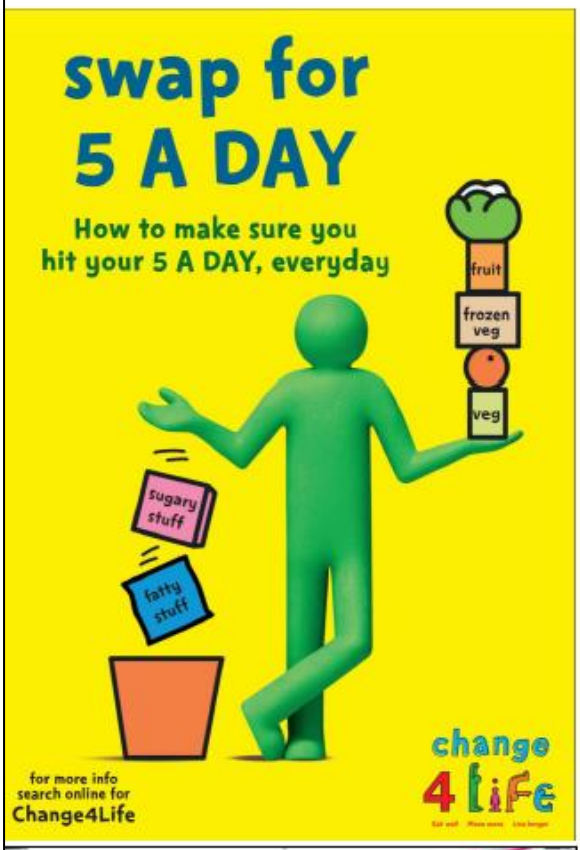
B)

C)

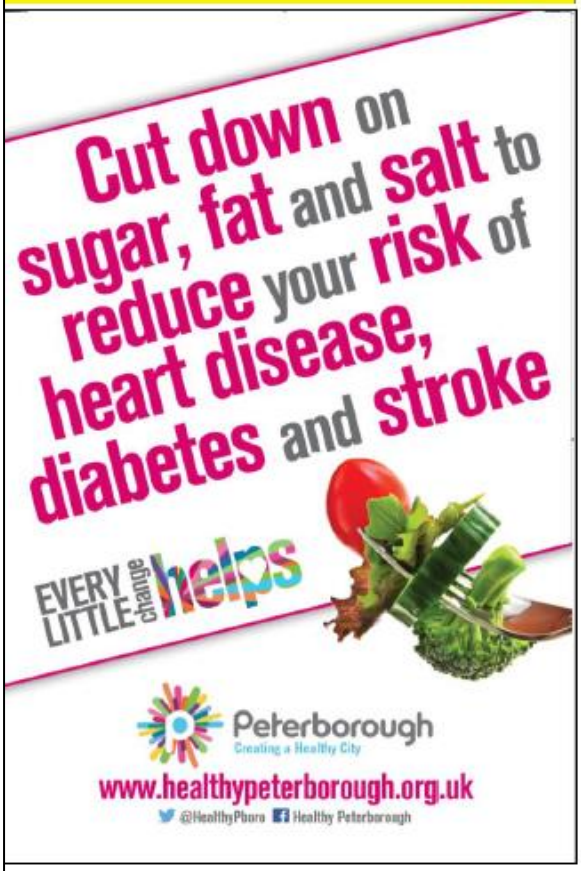
D)

B) Examples of local and national health campaigns




swap for
5 A DAY
How to make sure you hit your 5 A DAY, everyday
fruit
frozen veg
veg
sugary stuff
fatty stuff
for more info search online for Change4Life
change 4 life


Could hopping off early put a spring in your step?
BUS STOP
We all sometimes feel like we haven't got the energy to exercise. But the thing is, the more energy you use, the more you'll have. And it doesn't have to be vigorous – getting off the bus a stop early or swapping a nearby parking space for one further away (or walking to work instead!) are great ways to start.
How could you swap your way to more energy?
Swap it, don't stop it:
Search Change4Life online to find other simple swaps.
change 4 life
50%


Cut down on sugar, fat and salt to reduce your risk of heart disease, diabetes and stroke
EVERY LITTLE change helps
Peterborough
Creating a Healthy City
www.healthypeterborough.org.uk
@HealthyPboro
Healthy Peterborough


Drinking too much too often can impact on your health.
Check how much you're drinking at #OneYou
EVERY LITTLE change helps
Peterborough
Creating a Healthy City
www.healthypeterborough.org.uk
@HealthyPboro
Healthy Peterborough

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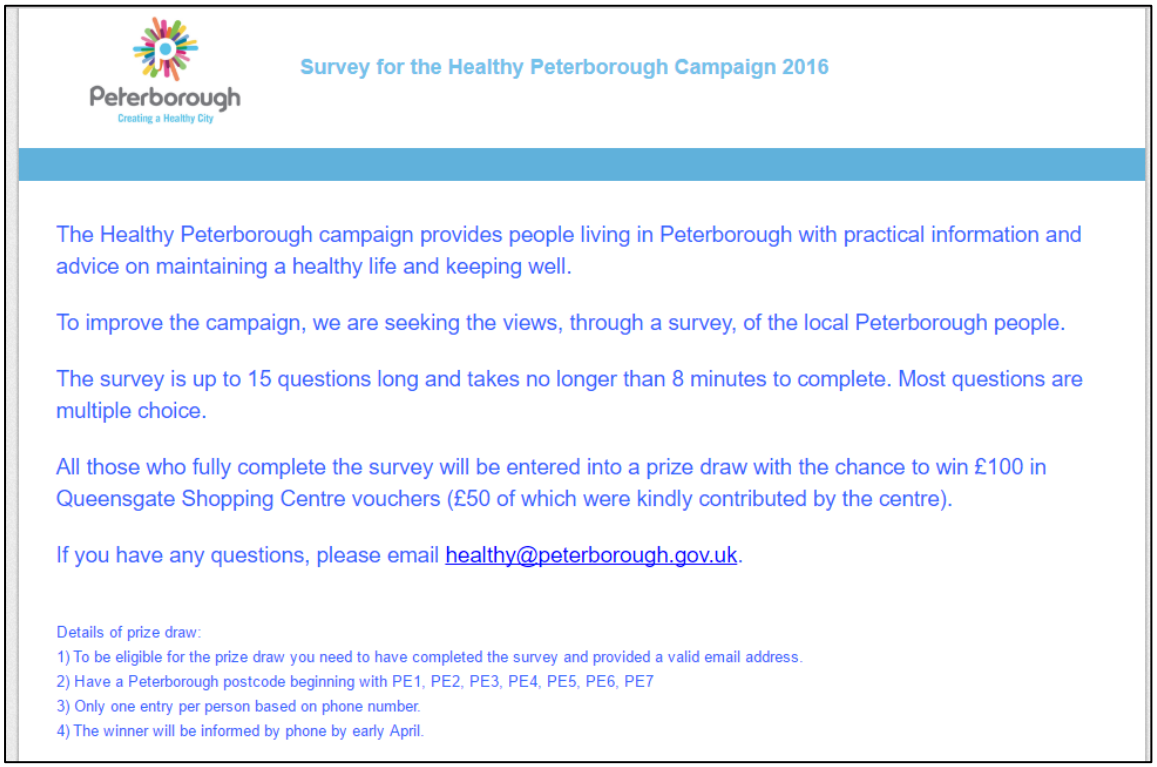
10.3 Appendix C



Peterborough
Creating a Healthy City

Survey for the Healthy Peterborough Campaign 2016

The Healthy Peterborough campaign provides people living in Peterborough with practical information and advice on maintaining a healthy life and keeping well.

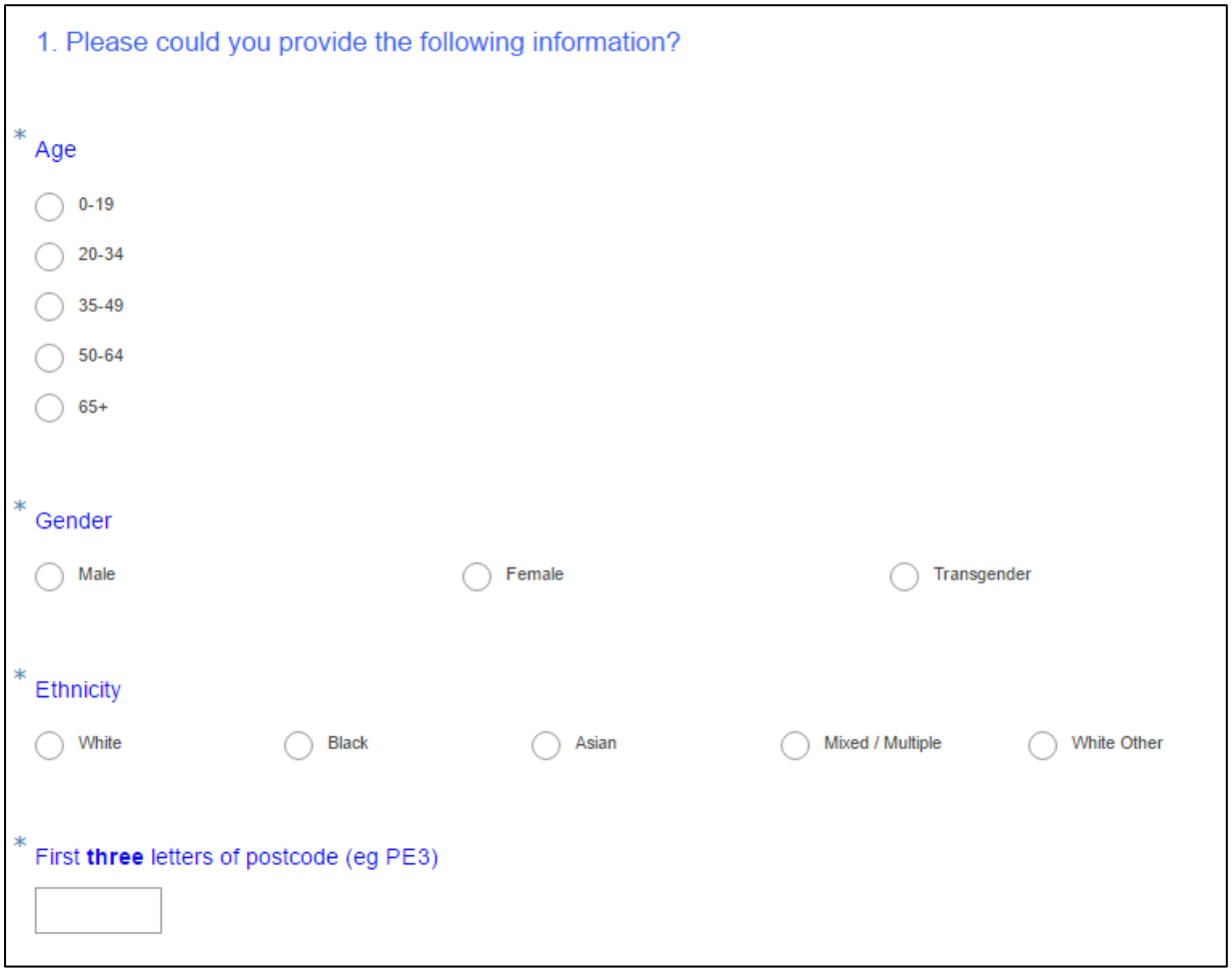
To improve the campaign, we are seeking the views, through a survey, of the local Peterborough people.

The survey is up to 15 questions long and takes no longer than 8 minutes to complete. Most questions are multiple choice.

All those who fully complete the survey will be entered into a prize draw with the chance to win £100 in Queensgate Shopping Centre vouchers (£50 of which were kindly contributed by the centre).

If you have any questions, please email healthy@peterborough.gov.uk.

Details of prize draw:
1) To be eligible for the prize draw you need to have completed the survey and provided a valid email address.
2) Have a Peterborough postcode beginning with PE1, PE2, PE3, PE4, PE5, PE6, PE7
3) Only one entry per person based on phone number.
4) The winner will be informed by phone by early April.



1. Please could you provide the following information?

* Age

- ○ 0-19
- ○ 20-34
- ○ 35-49
- ○ 50-64
- ○ 65+

* Gender

○ Male ○ Female ○ Transgender

* Ethnicity

○ White ○ Black ○ Asian ○ Mixed / Multiple ○ White Other

* First **three** letters of postcode (eg PE3)

* 2. Where do you get information and advice on maintaining a healthy lifestyle and staying well?

(please tick all that apply)

- ☐ Friends
- ☐ Family
- ☐ Health professionals (eg Drs, nurses)
- ☐ Search on the internet
- ☐ Social media (eg Facebook and Twitter)
- ☐ Television
- ☐ Radio
- ☐ Newspapers
- ☐ Magazines
- ☐ Local services
- ☐ I am not looking for information and advice on maintaining a healthy lifestyle and staying well
- ☐ Other (please specify)

21%

Prev Next

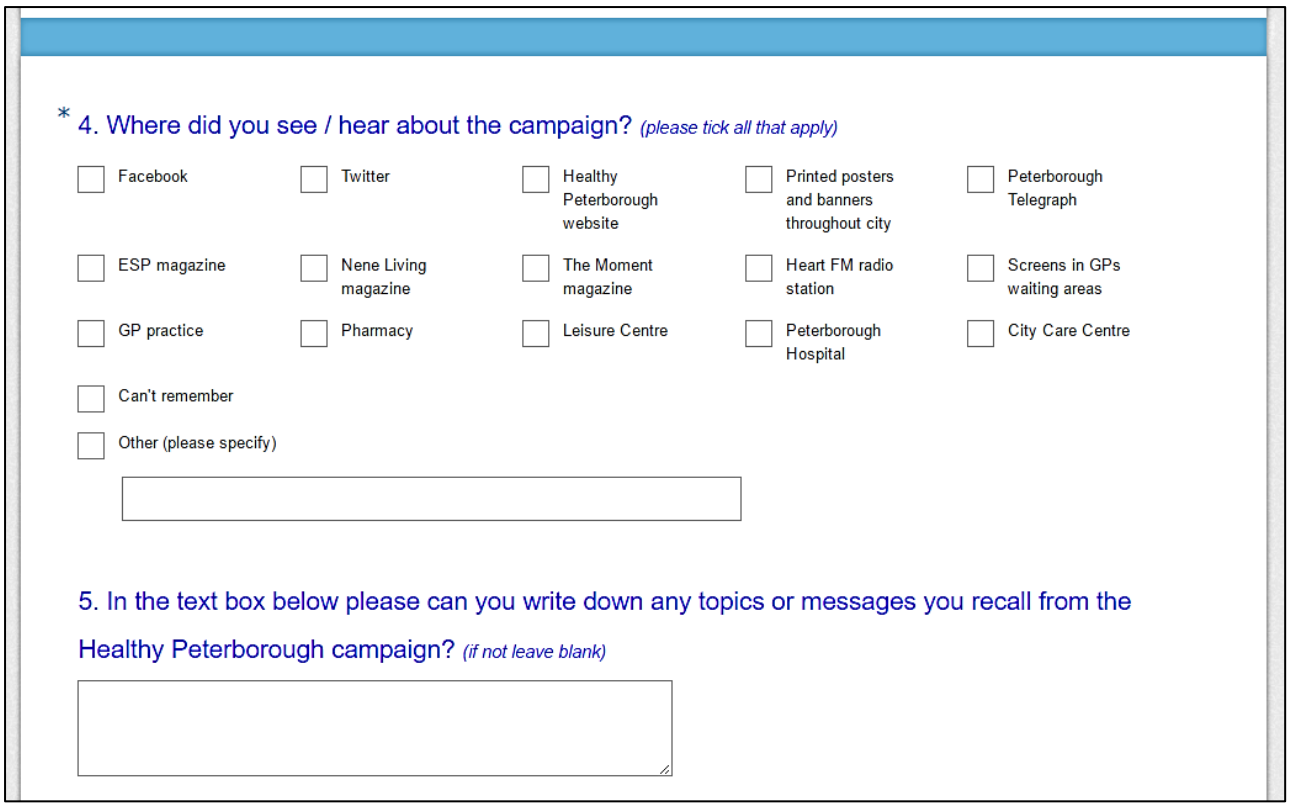
* 3. Have you heard of / seen the Healthy Peterborough campaign? *(examples below)*

- ◯ Yes
- ◯ No
- ◯ I'm not sure

Peterborough
Creating a Healthy City

29%

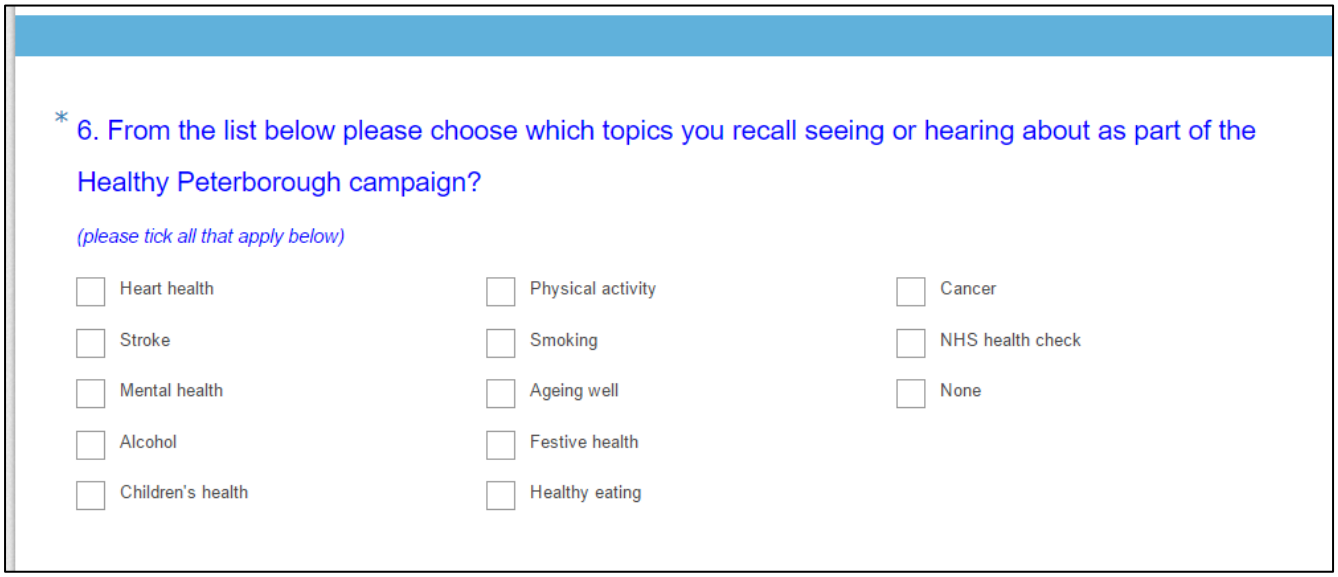
Prev Next



* 4. Where did you see / hear about the campaign? *(please tick all that apply)*

- ☐ Facebook
- ☐ Twitter
- ☐ Healthy Peterborough website
- ☐ Printed posters and banners throughout city
- ☐ Peterborough Telegraph
- ☐ ESP magazine
- ☐ Nene Living magazine
- ☐ The Moment magazine
- ☐ Heart FM radio station
- ☐ Screens in GPs waiting areas
- ☐ GP practice
- ☐ Pharmacy
- ☐ Leisure Centre
- ☐ Peterborough Hospital
- ☐ City Care Centre
- ☐ Can't remember
- ☐ Other (please specify)

5. In the text box below please can you write down any topics or messages you recall from the Healthy Peterborough campaign? *(if not leave blank)*



* 6. From the list below please choose which topics you recall seeing or hearing about as part of the Healthy Peterborough campaign?

(please tick all that apply below)

- ☐ Heart health
- ☐ Stroke
- ☐ Mental health
- ☐ Alcohol
- ☐ Children's health
- ☐ Physical activity
- ☐ Smoking
- ☐ Ageing well
- ☐ Festive health
- ☐ Healthy eating
- ☐ Cancer
- ☐ NHS health check
- ☐ None

7. Which of the following websites or resources have you accessed in the last year?

(please tick all that apply):

- ☐ ONE YOU
- ☐ Jo's cervical cancer trust
- ☐ change 4 life
- ☐ Stoptober
- ☐ NHS choices
- ☐ None

* 8. Please rate the following statements about the Healthy Peterborough brand / images:

(examples shown above)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My friends and family would like the Healthy Peterborough brand	○	○	○	○	○
The Healthy Peterborough brand grabs my attention	○	○	○	○	○
The Healthy Peterborough brand is attractive	○	○	○	○	○

* 9. Please rate the following statements about the messages used in the Healthy Peterborough campaign: *(examples shown above)*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The messages are on topics which are important to me	○	○	○	○	○
The messages contain useful information and advice	○	○	○	○	○
The messages used by Healthy Peterborough are clear/ understandable	○	○	○	○	○

10. Have you visited the Healthy Peterborough website (www.healthypeterborough.org.uk)?

- ○ Yes
- ○ No
- ○ I'm not sure

* 11. Please rate the following statements about the Healthy Peterborough website:

	Strongly agree	Agree	Neutral	Disagree	Strong disagree
I could find the information I was looking for easily on the website	○	○	○	○	○
The website articles were easy to understand	○	○	○	○	○
The website articles were useful	○	○	○	○	○

12. What would you like to see improved on the Healthy Peterborough website?

* 13. What do you feel are the best methods for communicating information and advice on maintaining a healthy lifestyle and staying well?

(please tick all that apply)

- ☐ Healthy Peterborough Website
- ☐ Facebook
- ☐ Twitter
- ☐ Email
- ☐ Poster and banners
- ☐ Magazine articles
- ☐ Newspaper articles
- ☐ Radio
- ☐ Instagram
- ☐ E-newsletter
- ☐ At local events
- ☐ Via community organisations
- ☐ Through schools
- ☐ From healthcare professionals
- ☐ At Churches / Mosques

14. Do you have any other comments you would like to make about Healthy Peterborough?

15. If you would like to be entered into the prize draw to win £150 Queensgate vouchers please provide your name and contact details:

Name:

Email:

Telephone:

If you have entered your email address, would you like health related information emailed to you in the future?

(See Peterborough City Council's Data Protection Privacy Notice)

Yes No

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
19 JUNE 2017	PUBLIC REPORT

Report of:	Director of Governance	
Cabinet Member(s) responsible:	Cabinet Member for Resources	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 452508

REVIEW OF 2016/2017 AND WORK PROGRAMME FOR 2017/2018

RECOMMENDATIONS	
FROM: Director of Governance	**Deadline date:** *N/A*

It is recommended that the Health Scrutiny Committee:

1. Considers the 2016/2017 year in review including those items considered by the Scrutiny Commission for Health Issues (decommissioned on 31 December 2016) that fall within the remit of this Committee and makes recommendations on the future monitoring of these items where necessary.

2. Determines its priorities, and approves the draft work programme for 2017/2018 attached at Appendix 1.

3. Agrees the proposed way forward for monitoring future recommendations as proposed in paragraph 5.2 of the report.

4. Notes the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee on behalf of the Director of Governance.

2. PURPOSE AND REASON FOR REPORT

2.1 To provide the Committee with a review of the work undertaken during 2016 by the Scrutiny Commission for Health Issues relevant to this Committee and work undertaken during 2017 by the Health Scrutiny Committee and to approve the draft work programme for 2017/18 at Appendix 1.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4, Overview and Scrutiny Functions, paragraphs 2.1, and paragraph 3, Specific Role of Overview and Scrutiny, sub paragraphs 3.1, 3.2, 3.3 and 3.5.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

4.1 The Health Scrutiny Committee was established by Council at its Annual meeting on 12 October 2016. Prior to this the work of this Committee had been undertaken by the Scrutiny Commission for Health Issues which was decommissioned on 31 December 2016 following a review of the council's committee structure. This report will therefore include items presented to the Scrutiny Commission for Health Issues during 2016 which fall within the remit of this committee and those items presented to the Health Scrutiny Committee during 2017. The following items were considered:

4.2 **Scrutiny Commission for Health Issues:**

Information / Update
- Review of 2015/16 and Future Work Programme 2016/17

Monitoring / Calling to Account
- JSNA Public Health Annual Report
- Forward Plan of Executive Decisions
- Transformation of Child Health and Wellbeing
- Proposal to Form a Joint Committee to Scrutinise The Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Foundation Trust
- Cambridgeshire and Peterborough Clinical Commissioning Group General Practice Forward View
- Adult Social Care 'Front Door' Transformation Programme *(note: this item now falls within the remit of the Adults and Communities Scrutiny Committee)*

Policy / Plans / Consultation
- PSHFT – PUBLIC Consultation & Hinchingbrooke (Merger)

Call-in

There were no Call-In's for the Commission to consider during 2017.

Joint Committees:
- Joint Committee with Cambridgeshire County Council Health Committee to scrutinise the Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Foundation Trust.
- Joint Committee to scrutinise the 2017/2018 Budget and Medium Term Financial Plan – Phase One

4.3 **Health Scrutiny Committee**

Information / Update
- Health Scrutiny Terms of Reference and Work Programme

Monitoring / Calling to Account
- United Care Review and Outcomes
- Director of Public Health Annual Report
- Forward Plan of Executive Decisions
- Integrated Healthy Lifestyles Service Contract Implementation

Policy / Plans / Consultation
- Sustainability and Transformation Plan

- IVF Service Consultation

Call-In

There were no Call-In's for the Committee to consider during 2017.

Joint Committees:

- Joint Committee with Cambridgeshire County Council Health Committee to scrutinise the Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Foundation Trust
- Joint Committee to scrutinise the 2017/2018 Budget and Medium Term Financial Plan – Phase Two

4.4 For the information of the Committee a list of any recommendations made during the year are attached at Appendix 2 for consideration.

5. WORK PROGRAMME 2017/2018

5.1 The Committee is asked to consider the work undertaken during 2016-2017 and make recommendations on the future monitoring of any of these items where necessary.

5.2 At a recent work programming session held for each of the scrutiny committees it was suggested that more frequent monitoring of recommendations should be put in place for each scrutiny committee. The Committee is therefore asked to consider how they may wish to monitor future recommendations going forward and whether they require a standing item on the Committee's agenda. A suggested format for recording recommendations and responses received would be to use the same format as that used to report last year's recommendations which can be found at Appendix 2 of this report. This report can be provided at each meeting to note the outcome of any recommendations made at the previous meeting held and provide an opportunity for the Committee to request further monitoring of the recommendation should this be required and assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.

5.3 This proposed way forward will be presented to each Scrutiny Committee at the first meeting of the year.

5.4 In preparing a work programme for 2017-2018, the Committee is requested to consider its functions as set out in the terms of reference attached at Appendix 3 - Part 3, Section 4, Overview and Scrutiny Functions and Terms of Reference, paragraph 2.1 section 3.

5.5 A draft work programme which shows the items identified for scrutiny at the work programming session held on 8 May 2017 is attached at Appendix 1 for consideration.

6. CONSULTATION

6.1 N/A

7. REASON FOR THE RECOMMENDATIONS

7.1 To ensure the Scrutiny Committee fulfil the requirements as set out in the terms of reference attached at Appendix 3.

8. IMPLICATIONS

Financial Implications

8.1 None

Legal Implications

8.2 A review of last year's priorities, acting upon lessons learnt and continuous improvement and approval of the coming year's Scrutiny priorities providing a planned and focussed approach to the work of Scrutiny, is in keeping with good governance.

Equalities Implications

8.3 None

Rural Implications

8.4 N/A

9. BACKGROUND DOCUMENTS

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

9.1 Minutes of the meetings of the Scrutiny Commission for Health Issues held on:
19 July 2016, 15 September 2016, 15 November 2016.

Minutes of the meetings of the Health Scrutiny Committee held on:
10 January 2017, and 14 March 2017.

10. APPENDICES

10.1 Appendix 1 – Draft Work Programme 2017/18
Appendix 2 – Recommendations made during 2016/2017
Appendix 3 – Part 3, Section 4 – Overview and Scrutiny Functions

UPDATED: 15 May 2017

HEALTH SCRUTINY COMMITTEE
DRAFT WORK PROGRAMME 2017/18

Meeting Date	Item	Indicative Timings	COMMENTS
19 June 2017 *Draft Report 25 May* *Final Report 7 June*	**Briefing Update On Key Current Local Mental Health Work Streams** Mental Health to be the main theme for the 2017/2018 work programme. The Scrutiny Committee to receive an overview of Mental Health at its first meeting of the year to assist the Committee in deciding which areas require further scrutiny throughout the year. **Contact Officer: Dr Liz Robin / Jessica Bawden**		
	Public Health Portfolio Holders Report 2016/17 To Scrutinise the portfolio of the Cabinet Member for Public Health and make any recommendations. **Contact Officer: Dr Liz Robin**		
	Progress Report on Healthy Peterborough Campaign To scrutinise the progress of the Healthy Peterborough Programme and make any recommendations. **Contact Offier: Karen Cornish / Stuart Keeble**		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee. **Contact Officer: Paulina Ford, Senior Democratic Services Officer**		

UPDATED: 15 May 2017

Meeting Date	Item	Indicative Timings	COMMENTS
	Review of 2016/17 and Draft Work Programme 2017/18 To review the work undertaken during 2016/17 and to consider the work programme of the Committee for 2017/2018 **Contact Officer: Paulina Ford, Senior Democratic Services Officer**		
4 September 2017 *Draft Report 10 Aug* *Final Report 22 Aug*	**Mental Health Item (TBC)**		
	IVF Consultation Outcomes To scrutinise and comment on the outcomes of the IVF Consultations and make any recommendations **Contact Officer: Jessica Bawden**		
	Annual Public Health Report To scrutinise and comment on the Annual Public Health Report and make any recommendations. **Contact Officer: Dr Liz Robin**		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee. **Contact Officer: Paulina Ford, Senior Democratic Services Officer**		

UPDATED: 15 May 2017

Meeting Date	Item	Indicative Timings	COMMENTS
	Work Programme 2017/2018 To consider the Work Programme for 2017/2018		
6 November 2017 *Draft Report 13 Oct* *Final Report 25 Oct*	**Mental Health Item (TBC)**		
	Primary Care Development in Peterborough To scrutinise and comment on the current developments around Primary Care provision in Peterborough and make any recommendations. **Contact Officer: Jessica Bawden**		
	Integrated Healthy Lifestyles Service To scrutinise the Integrated Healthy Lifestyles Service and make any recommendations. **Contact Officer: Julian Base**		
	The extent to which Public Health Outcomes are considered in wider Council decision making **Contact Officer: Dr Liz Robin**		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee.		

UPDATED: 15 May 2017

Meeting Date	Item	Indicative Timings	COMMENTS
	Contact Officer: Paulina Ford, Senior Democratic Services Officer		
	Work Programme 2017/2018 To consider the Work Programme for 2017/2018		
29 November 2017 (Joint Meeting of the Scrutiny Committees and Commissions)	**Budget 2018/19 and Medium Term Financial Strategy to 2027/28 Phase One** To scrutinise the Executive's proposals for the Budget 2018/19 and Medium Term Financial Plan 2027/28. **Contact Officer: John Harrison/Marion Kelly**		
8 January 2018 *Draft Report 7 Dec* *Final Report 19 Dec*	**Mental Health Item (TBC)**		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee. **Contact Officer: Paulina Ford, Senior Democratic Services Officer**		
	Work Programme 2017/2018 To consider the Work Programme for 2017/2018		

UPDATED: 15 May 2017

Meeting Date	Item	Indicative Timings	COMMENTS
8 February 2018 **(Joint Meeting of the Scrutiny Committees and Commissions)**	**Budget 2018/19 and Medium Term Financial Strategy to 2027/28 Phase Two** To scrutinise the Executive's proposals for the Budget 2018/98 and Medium Term Financial Plan 2027/28. **Contact Officer: John Harrison/Marian Kelly**		
12 March 2018 *Draft Report 16 Feb* *Final Report 28 Feb*	**Mental Health Item (TBC)**		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which is relevant to the remit of this Committee. **Contact Officer: Paulina Ford, Senior Democratic Services Officer**		

UPDATED: 15 May 2017

Possible Items for Future Meetings	**Contact Officer**
Minor Injuries and Illness Init (Options for Relocation)	Jessica Bawden

Appendix 2 **SCRUTINY COMMISSION FOR HEALTH ISSUES / HEALTH SCRUTINY COMMITTEE**
RECOMMENDATIONS MADE DURING 2016-2017

MEETING DATE / ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
SCRUTINY COMMISSION FOR HEALTH ISSUES			
15 September 2016 Proposal To Form a Joint Committee To Scrutinise The Proposed Merger Of Peterborough And Stamford Hospitals NHS Foundation Trust And Hinchingbrooke Health Care NHS Foundation Trust	The Scrutiny Commission for Health Issues recommended to Council that: 1. Agree to the establishment of a joint scrutiny committee with Cambridgeshire County Council to scrutinise proposals for the merger of PSHFT and HHCT. 2. Agree the preferred size for the Joint Committee to be five Members each from Peterborough City Council and Cambridgeshire County Council. 3. Authorise the Joint Committee to respond on behalf of the Scrutiny Commission for Health Issues to the public engagement / consultation proposals. 4. Require the Joint Committee to scrutinise the implementation and governance arrangements, should the proposed merger be agreed by the two NHS Trust Boards. 5. Endorse the draft terms of reference, subject to the inclusion of arrangements for a rotating Chair and Vice-Chair between Peterborough City Council and Cambridgeshire County Council; and 6. Amend the Scrutiny Commission for Health Issues terms of reference, in order to delegate powers from Council to the Commission to establish joint health committees in relation to health issues that cross local authority boundaries.	Council	At its meeting on 12 October 2016 Council **RESOLVED** to: 1. Agree to the establishment of a joint scrutiny committee with Cambridgeshire County Council to scrutinise proposals for the merger of PSHFT and HHCT; 2. Agree the preferred size for the Joint Committee to be five Members each from Peterborough City Council and Cambridgeshire County Council; 3. Authorise the Joint Committee to respond on behalf of the Scrutiny Commission for Health Issues to the public engagement / consultation proposals; 4. Require the Joint Committee to scrutinise the implementation and governance arrangements, should the proposed merger be agreed by the two NHS Trust Boards; 5. Endorse the draft terms of reference, subject to the inclusion of arrangements for a rotating Chair and Vice-Chair between Peterborough City Council and Cambridgeshire County Council; and 6. Amend the Scrutiny Commission for Health Issues terms of reference, in order to delegate powers from Council to the Commission to establish joint health committees in relation to health issues that cross local authority boundaries

Appendix 2 **SCRUTINY COMMISSION FOR HEALTH ISSUES / HEALTH SCRUTINY COMMITTEE**
RECOMMENDATIONS MADE DURING 2016-2017

MEETING DATE / ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
15 November 2017 Adult Social Care 'Front Door' Transformation Programme **NOTE**: Monitoring of this item will now come under the Adults and Communities Scrutiny Committee	Scrutiny Commission for Health Issues recommended the following areas for specific focus for the Adult Social Care 'Front Door' Transformation Programme: 1) Ensuring that the appropriate level of staff was in place; 2) Placing sufficient focus on managing the culture change; and 3) Undertaking consultation with service users and affected staff.	Service Director, Adult Services and Communities	The Adult Social Care front door transformation programme has a programme lead, project resource and stakeholders in place to ensure successful delivery of the front door programme. The programme lead also works alongside the programme manager for the digital front door thus ensuring that benefits and opportunities can be fully realised. Both programmes have completed an impact change assessment for internal and external communication and cultural changes requirements which has been presented to the council's Organisational Change Board to provide the resource to support the programmes. Finally, consultation in line with the council's governance process will be undertaken including where appropriate an equality impact assessment.
HEALTH SCRUTINY COMMITTEE			
14 March 2017 IVF Service Consultation	The Health Scrutiny Committee could not recommend supporting the proposal to withdraw IVF services as it was felt that the potential savings did not justify the loss of the service.	Cambridgeshire and Peterborough Clinical Commissioning Group	The recommendation was passed onto the C&PCCG to be put into the consultation feedback report which will be presented to the Committee at the September 2017 meeting.

Appendix 2 **SCRUTINY COMMISSION FOR HEALTH ISSUES / HEALTH SCRUTINY COMMITTEE**
RECOMMENDATIONS MADE DURING 2016-2017

MEETING DATE / ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
14 March 2017 Integrated Healthy Lifestyles Services Contract Implementation	The Health Scrutiny Committee considered the information provided within the report and noted the rationale for establishing an Integrated Healthy Lifestyles Service and the progress that had been made towards service implementation on 1 April 2017; and Agreed that the progress made by the service and the associated health outcomes achieved for Peterborough post-implementation of the service would be reviewed on a six monthly basis.	Director for Public Health	A report on the progress made by the service and the associated health outcomes achieved for Peterborough post-implementation of the service in the first six months of implementation will be presented to the Committee in November.

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Section 4 – Overview and Scrutiny Functions & Terms of Reference

1. OVERVIEW AND SCRUTINY COMMITTEES

1.1 The Council has appointed the following Overview and Scrutiny Committees to carry out those functions under Sections 9F to 9FI of the Local Government Act 2000, as amended by:

(a) Section 19 of the Police and Justice Act 2006 in relation to the scrutiny of crime and disorder matters;

(b) Section 244 of the Health & Social Care Act 2012 in relation to health matters; and

(c) Section 22 of the Flood Risk Management Act 2010 in relation to flood risk management.

2. TERMS OF REFERENCE

2.1 Council has established the following Scrutiny Committees and they shall have responsibility for overview and scrutiny in relation to the matters set out below:

<table>
<tr><td>1.</td><td colspan="2">Children and Education Scrutiny Committee</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td>No of Elected Members appointed by Council:

Eleven, none of whom may be a Cabinet Member.</td><td>Chairman and Vice-Chairman

Appointed by Council.</td></tr>
<tr><td></td><td>Quorum:

At least half the Members of the Committee (including voting co-opted members).</td><td>Co-opted Members to be appointed by the Committee/Council

Four representatives as follows with full voting and call-in rights on education matters only:
(a) 1 Church of England Diocese representative;
(b) 1 Roman Catholic diocese representative; and
(c) 2 parent governor representative.

No more than four non-voting members.</td></tr>
<tr><td></td><td colspan="2">Functions determined by Council

1. Children’s Services including
a) Social Care of Children;
b) Safeguarding; and
c) Children’s Health.

2. Education, including
a) University and Higher Education;
b) Youth Service;
c) Careers; and
d) Special Needs and Inclusion.

3. Adult Learning and Skills</td></tr>
</table>

	Functions determined by Statute All powers of an Overview and Scrutiny Committee as set out in Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations.

2.	**Adults and Communities Scrutiny Committee**	
	No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member.	**Chairman and Vice-Chairman** Appointed by Council.
	Quorum: At least half the Members of the Committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
	Functions determined by the Council 1. Adult Social Care; 2. Safeguarding Adults; 3. Housing need (including homelessness, housing options and selective licensing); 4. Neighbourhood and Community Support (including cohesion, community safety and youth offending) and; 5. Equalities	
	Functions determined by Statute To review and scrutinise crime and disorder matters, including acting as the Council's crime and disorder committee in accordance with Sections 19 of the Police and Justice Act 2006;.	

3.	**Health Scrutiny Committee**	
	No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member or the Health and Wellbeing Board..	**Chairman and Vice-Chairman** Appointed by Council.
	Quorum: At least half the Members of the Committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
	Functions determined by the Council 1. Public Health; 2. The Health and Wellbeing including the Health and Wellbeing Board; and 3. Scrutiny of the NHS and NHS providers.	
	Functions determined by Statute To review and scrutinise local authority services under Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations To review and scrutinise matters relating to the Health Service and to make reports and recommendations to local NHS bodies in accordance with section 244 of the National Health Service Act 2006. This will include establishing joint health committees in relation to health issues that cross local authority boundaries and appointing members from within the membership of the Committee to any joint health overview and scrutiny committees with other local authorities. (Also see The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)	

4.	**Growth, Environment and Resources Scrutiny Committee**	
	No of Elected Members appointed by Council: Eleven, none of whom may be a Cabinet Member.	**Chairman and Vice-Chairman** Appointed by Council.
	Quorum: At least half the Members of the committee.	**Co-opted Members to be appointed by the Committee/Council** No more than four non-voting members.
	Functions determined by the Council 1. City Centre Management; 2. Tourism, Culture & Recreation; 3. Libraries, Arts and Museums; 4. Environmental Capital;	

	5. Economic Development and Regeneration including Strategic Housing and Strategic Planning; 6. Transport, Highways and Road Traffic; 7. Flood Risk Management; 8. Waste Strategy & Management; 9. Strategic Financial Planning; 10. Partnerships and Shared Services; and 11. Digital Services and Information Management.
	Functions determined by Statute To review and scrutinise flood risk management in accordance with Section 21F of the Local Government Act 2000 (as amended by the Flood and Water Management Act 2010 and under the Flood Management Overview & Scrutiny (England) Regulations 2011 No. 697).

3. SPECIFIC ROLE OF OVERVIEW AND SCRUTINY

3.1 To review and scrutinise the planning, decisions, policy development, service provision and performance within their terms of reference as follows:

POLICY DEVELOPMENT AND REVIEW

3.2 Within their terms of reference the scrutiny functions will:

(a) Help the Council and the Executive to develop its budget and policy framework and service Budgets;

(b) Carry out research into and consultation about policy issues and possible options;

(c) Consider and promote ways of encouraging the public to take part in developing the Council's policies;

(d) Question Members of the Cabinet, Committees and senior officers about their views on policy proposals;

(e) Work with outside organisations in the area to make sure the interests of local people are taken into account;

(f) Question, and gather evidence from, any person who gives their permission; and

(g) Monitor and scrutinise the implementation of Council policy.

SCRUTINY

3.3 The Scrutiny Committees will:

(a) Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;

(b) Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;

(c) Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;

(d) Make recommendations to the Executive and the Council as a result of the scrutiny process;

(e) Question, and gather evidence from any person with their consent;

(f) Hold the Executive to account for the discharge of functions in the following ways:

i. By exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or key decisions which have been delegated to an officer;

ii. By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of executive decisions;

iii. By scrutinising decisions the Executive are planning to make; and

iv. By scrutinising Executive decisions after they have been implemented, as part of a wider policy review.

(g) To consider petitions submitted to it;

(h) Establish ad-hoc Task and Finish Groups to investigate specific topics on a time-limited basis in accordance with the Scrutiny Committee Procedure Rules; and

CRIME AND DISORDER

3.4 The Scrutiny Committee responsible for crime and disorder shall, and any sub committees may:

(a) Act as the crime and disorder committee within the meaning of Section 19 of the Police and Justice Act 2006;

(b) Review or scrutinise decisions made, or other actions taken by bodies or persons responsible for crime and disorder strategies in the Peterborough area;

(c) Make reports or recommendations to the local authority on any local crime and disorder matter in relation to a member of the authority; and

(d) Consider any crime and disorder matters referred by any Member of the Council.

HEALTH ISSUES

3.5 The Scrutiny Committee responsible for health and any sub committees shall undertake their responsibilities under section 244 of the National Health Service Act 2006 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the health service in the Peterborough area (including NHS Bodies and other NHS providers);

(b) Must invite interested parties to comment on the matter and provide reasonable notice;

(c) Take account of relevant information available to it and, in particular, from a Local Healthwatch organisation or representative;

(d) Acknowledge any referral within 20 working days and keep the referrer informed of any action taken;

(e) Request information about the planning, provision and operation of health services in the area to enable it to carry out its functions;

(f) Make reports or recommendations on a matter it has reviewed or scrutinised including;

i) An explanation of the matter reviewed or scrutinised;
ii) A summary of the evidence considered;
iii) A list of the participants involved in the reviews; and
iv) An explanation of any recommendations made.

(g) Where the Committee asks for a response, the person must respond in writing within 28 days of the request.

3.6 The Committee will consider any proposals received from a National Health Service body, Clinical Commissioning Groups or other provider about;

(a) Any substantial development of the health service in Peterborough; or

(b) Any substantial variation to the provision of NHS Services as set out the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

3.7 In considering the proposals, the Committee must take account of the effect or potential effect of the proposals on the sustainability of the health service in its areas and may refer proposals to the Secretary of State in certain circumstances.

FLOOD RISK MANAGEMENT

3.8 The Scrutiny Committee responsible for flood risk management, and any sub committees shall undertake their responsibilities under the Flood and Water Management Act 2010 as follows:

(a) May review and scrutinise any matter relating to the planning, provision and operation of the flood risk management in the Peterborough area;

(b) May invite those authorities responsible for flood risk management to comment on the matter;

(c) Request information from them to enable it to carry out its responsibilities; and

(d) Make reports or recommendations and request a response from flood risk management authorities.

4. MEMBERSHIP

4.1 All Members, except Members of the Executive, may be a member of a Scrutiny Committee. However, no Member may be involved in scrutinising a decision with which he or she has been directly involved. Members of the Health and Wellbeing Board should not be a member of the Health Scrutiny Committee.

CO-OPTEES

4.2 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

4.3 The Children and Education Scrutiny Committee shall include in its membership the following representatives, with full voting and call-in rights on education matters only:

(a) 1 Church of England diocese representative;
(b) 1 Roman Catholic diocese representative; and
(c) 2 parent governor representatives.

4.4 Where the Scrutiny Committee deals with other matters, the representatives in paragraph 4.3 above shall not vote on those other matters, though they may stay in the meeting and speak.

5. QUORUM

5.1 The quorum for a scrutiny committee shall be that more than half the Members must be present. The calculation of the quorum shall include any voting co-opted members of the Committee.

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HEALTH SCRUTINY COMMITTEE	Agenda Item No. 9
19 JUNE 2017	Public Report

Report of the Director of Governance		
Contact Officer	Paulina Ford, Senior Democratic Services Officer	Tel. 452460

FORWARD PLAN OF EXECUTIVE DECISIONS

1. PURPOSE

1.1 This is a regular report to the Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.

2. RECOMMENDATIONS

2.1 That the Committee identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

3.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix A. The Forward Plan contains those executive decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 10 July 2017.

3.2 The information in the Forward Plan of Executive Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these executive decisions, or to request further information.

3.3 If the Committee wished to examine any of the executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

3.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

4. CONSULTATION

4.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

5. BACKGROUND DOCUMENTS

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

5.1 None.

6. APPENDICES

6.1 Appendix A – Forward Plan of Executive Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 9 JUNE 2017

PART 1 – KEY DECISIONS

In the period commencing 28 clear days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:
Cllr Holdich (Leader); Cllr Fitzgerald (Deputy Leader); Cllr Ayres, Cllr Elsey; Cllr Hiller, Cllr Lamb; Cllr Smith; Cllr Seaton and Cllr Walsh.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Democratic and Constitutional Services Manager, Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedeisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Democratic and Constitutional Services Manager using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 10 JULY 2017							
KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	**WARD**	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
Approval of Sharing Officers between Peterborough City Council & Cambridgeshire County Council - KEY/10JUL17/01 Under s113 of the 1972 Local Government Act a Council can place officers at the disposal of another Council. The Council is currently in the process of establishing a shared management team for People & Communities with Cambridgeshire County Council which may result in one or more officers of the City Council being shared across both Councils.	**Councillor Seaton, Cabinet Member for Resources**	**July 2017**	Growth, Environment and Resources Scrutiny Committee	**ALL**	Relevant internal and external stakeholders. Officers affected, Trades Unions, Employment Committee, Members of both Councils	Paul Smith HR Advisor Tel: 01733863629 Email: paul.smith2@Peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Consultation document and reports to Employment Committee setting out rationale and proposals

PREVIOUSLY ADVERTISED DECISIONS								
KEY DECISION REQUIRED		***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	**WARD**	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
1.	**Sale of Bretton Court, Bretton North – KEY/24JUL15/05** To authorise the Chief Executive, in consultation with the Solicitor to the Council, Corporate Director Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale.	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	Bretton Councillors: Ellis, Martin, Sylvester	Relevant internal and external stakeholders.	Jane McDaid Head of Peterborough Property services Tel: 01733 384540 Email: Jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
2.	**Direct Payment Support Service – KEY/11DEC15/02** To approve the direct payment support service.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**November 2017**	Adult and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Gary Jones Lead commissioner for Older people Tel: 452450 Email: gary.jones@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
3.	**Personal Care and Support (Homecare) in Peterborough – KEY/02MAY16/01** To approve the awarding of a contract to an external provider following a competitive tender exercise.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**October 2017**	Adult and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders	Rajnish Ahuja Procurement Project Manager (Interim) Tel: 01733 317471 Email: rajnish.ahuja@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
4.	**Market Position Statement – KEY/08AUG16/01** To approve the market position statement.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Social Care and Health**	**June 2017**	Adult and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Oliver Hayward Assistant Director of People Commissioning and Commercial Operations Tel: 01733 863708 Email: Oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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5.	**Award of Contract for Construction and Operation of Fengate Household Recycling Centre – KEY/05SEPT16/02** To approve the award of contract for construction and operation of Fengate Household Recycling Centre.	**Councillor Gavin Elsey** **Cabinet Member for Waste and Street Scene**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Richard Pearn Waste Partnership Manager Tel: 01733 864739 Email: Richard.pearn@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

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6.	**Uncollectable debts in excess of £10,000 – KEY/28NOV16/01** Council Tax, Housing Benefits, Sundry and Business Rates	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Marion Kelly Interim Service Director, Financial Services Tel: 01733 384564 Email: marion.kelly@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**Peterborough Serco Strategic Partnership Contract Amendments – KEY/28NOV16/02** To agree amendments to the Serco Partnership Contract	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant stakeholders and Serco.	Marion Kelly Interim Service Director, Financial Services Tel: 01733 384564 marion.kelly@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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8.	**Serco ICT Contract Amendments – KEY/28NOV16/03** To agree amendments to the Serco ICT Contract.	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant stakeholders and Serco.	Marion Kelly Interim Service Director, Financial Services Tel: 01733 384564 marion.kelly@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
9.	**Section 256 Agreement Care at Home KEY/12DEC16/01** To seek permission to enter into a S256 Agreement with the NHS to allow Peterborough City Council to commission Care at Home Services on their behalf realising economies of scale and higher degree of market management.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**October 2017**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Rajnish Ahuja Procurement Project Manager (Interim) Tel: 01733 317471 Email: rajnish.ahuja@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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10.	**Passenger Transport Services - KEY/26DEC/05** Implement Passenger Transport framework to provide transport services to mainstream and SEN pupils Expenditure over £500k	**Councillor Lynne Ayres Cabinet Member for Education**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant Internal & external stakeholders	Bryony Wolstenholme Tel: 01733 317452 Email: Bryony.wolstenholme.peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
11.	**Oakdale Primary School Expansion – KEY/6FEB17/01** Award of Contract for the expansion of Oakdale Primary School from 1FE to 2FE, including the approval of property, legal and financial arrangements for various enabling agreements with third parties	**Councillor Lynne Ayres Cabinet Member for Education**	**July 2017**	Children and Education Scrutiny Committee	Stanground South, Councillors Ray Bisby, Chris Harper and Brian Rush	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Email: Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 Email: sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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12.	**Assessed Needs Contracts with Care Homes KEY/20FEB17/01** Approval to enter into contractual arrangements with Care Homes [residential and nursing] in order meet eligible service users' assessed needs until such time as a Pseudo Dynamic Purchasing System has been established.	**Councillor Wayne Fitzgerald Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**June 2017**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Helene Carr, Head of Commissioning Social Care Tel: 01733 863901 Email: Helene.carr@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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13.	**Discretionary rate relief - KEY/20FEB17/02** From business rates for charities, similar organisations not established or conducted for profit and rural businesses	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Vicki Palazon Head of Finance (Business Operations & Development) Email: vicki.palazon@peterborough.gov.uk Tel:01733 864104	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

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14.	**Academy Conversion – KEY/20FEB17/05** Conversion of maintained school to academy status	**Councillor Lynne Ayres Cabinet Member for Education**	**June 2017**	Children and Education Scrutiny Committee	TCB	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published

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15.	**Shared Lives - KEY/06MAR17/01** To seek permission to consult with relevant parties on the Commissioning Board decision to deregister the service, support service users and carers into alternative care arrangements	**Councillor Wayne Fitzgerald Deputy Cabinet Member for Integrated Adult Social Care and Health**	**June 2017**	Adult and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Janet Warren Assistant Commissioner Tel:01733 863865 janet.warren@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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16.	**Academy Conversion - KEY/06MAR17/02 -** Conversion of a maintained school to academy status	**Councillor Lynne Ayres Cabinet Member for Education**	**June 2017**	Children and Education Scrutiny Committee	TBC	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
17.	**Academy Conversion - KEY/06MAR17/03 -** Conversion of a maintained school to academy status	**Councillor Lynne Ayres Cabinet Member for Education**	**June 2017**	Children and Education Scrutiny Committee	TBC	Relevant internal and external stakeholders.	Brian Howard Head of Schools Infrastructure Tel: 01733 863976 Brian.howard@peterborough.gov.uk Sharon Bishop Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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18.	**Decision Request for Implementation of Millfield, New England and parts of Park Ward (Eastfield) and East Ward (Embankment) Public Space Protection Order - KEY/06MAR17/04** For the Cabinet Member to approve the implementation of the aforementioned Public Space Protection Order following public consultation.	**Councillor Walsh, Cabinet Member for Communities**	**June 2017**	Adult & Communities Scrutiny Committee	North, Park, Central and East Ward Councillors	All relevant ward councillors and interested parties have been consulted via the proposed PSPO consultation process. Ward Cllrs will also receive notification of the decision prior to being published.	Laura Kelsey, Senior Prevention & Enforcement Service Officer and Anti-social Behaviour thematic lead Tel: 01733 453563 laura.kelsey@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
19.	**Agile Working Devices - KEY/06MAR17/05** Purchase and implementation of Chromebooks and / or suitable devices to support agile working	**Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Vicki Palazon, Head of Finance (Business Operations and Development), Tel:01733 864104 Email: vicki.palazon@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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20.	**Award of Contract for the Management and Operation of Dogsthorpe HRC – KEY/03APR17/03** To award a contract for the management and operation of Dogsthorpe HRC.	**Councillor Gavin Elsey, Cabinet Member for Waste and Street Scene**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Richard Pearn Waste Partnership Manager Tel: 01733 864739 Richard.pearn@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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21.	**Junction 20 Capacity Improvements (A47/A15 interchange) – KEY/03APR17/04** Recommendation to approve the issue of additional work packages to Skanska (Construction) UK Limited. These additional works have been agreed with and fully funded by the Local Enterprise Partnership (LEP).	**Councillor Peter Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	Gunthorpe, Dogsthorpe and Paston & Walton	Relevant internal and external stakeholders.	Simon Machen (Executive Director Growth & Regeneration) Tel: (01733) 453475 E-mail: Simon.Machen@peterborough.gov.uk Martin Brooker (Senior Engineer) Tel: (01733) 452691 E-mail: Martin.Brooker@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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22.	**Affordable Warmth Strategy 2017 – 2019 KEY/17APR17/03** Recommendation to approve the Affordable Warmth Strategy 2017 - 2019	**Councillor Walsh, Cabinet Member for Communities**	**June 2017**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders. The draft strategy will be placed on PCC Consultation pages for 3 week consultation period	Sharon Malia - Housing Programmes Manager, Tel: 01733 863764 sharon.malia@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. BRE Integrated Dwelling Level Housing Stock Modelling Report July 2016 Housing Renewals Policy 2017 - 2019
23.	**Provision Of Temporary Accommodation - KEY/17APR17/04** To enter into a lease arrangement with Cross Keys Homes for the management of additional temporary accommodation at Elizabeth Court, Peterborough	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Adults and Communities Scrutiny Committee	Park Ward, Cllrs Ferris, Peach and Shearman	Relevant internal and external stakeholders.	Oliver Hayward Assistant Director of People Commissioning and Commercial Operations Oliver.hayward@peterborough.gov.uk Tel: 01733 863708	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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24.	**Approval for Westgate highway works - KEY/01MAY17/01 -** Following approval of the 2017/18 Council budget, approval is sought for the design and construction of the Westgate public realm highway improvement scheme.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**June 2017**	Growth, Environment and Resources Scrutiny Committee	Central / All wards	Relevant internal and external stakeholders Consultation will be undertaken during the design stage of the project and will include ward cllrs, the RNIB, Disability Forum, taxi trade, bus companies and businesses.	Lewis Banks, Principal Sustainable Transport Planning Officer. 01733 317465 lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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25.	**Approval for Junction 18 (Rhubarb bridge) highway works - KEY/01MAY17/02 -** Following approval of the 2017/18 Council budget, approval is sought for the design and construction of the Junction 18 highway scheme.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**June 2017**	Growth, Environment and Resources Scrutiny Committee	Paston & Walton, North, Ravensthorpe, Bretton	Relevant internal and external stakeholders Initial consultation occurred as part of the Fourth Local Transport Plan and the MTFS. Further consultation will be undertaken during the design stage of the project and will include ward cllrs, the community, the Disability Forum, Cycle Forum, schools and businesses .	Lewis Banks, Principal Sustainable Transport Planning Officer. 01733 317465 lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. MTFS, Fourth Local Transport Plan

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26.	**Approval for Parkway maintenance - KEY/01MAY17/03** Following approval of the 2017/18 Council budget, approval is sought for significant maintenance work to be undertaken on the Parkways.	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**June 2017**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders Initial consultation occurred as part of the Fourth Local Transport Plan and the MTFS. Further information will be provided to ward members and the public.	Lewis Banks, Principal Sustainable Transport Planning Officer. 01733 317465 lewis.banks@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. MTFS, Fourth Local Transport Plan

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27.	**Town Hall South – remodelling - KEY/01MAY17/04** To award the contract for the remodelling of the area in the Town Hall to be let.	**Councillor Seaton, Cabinet Member for Resources**	**June 2017**	Growth, Environment and Resources Scrutiny Committee	Central ward	Relevant internal and external stakeholders Consultation with Ward Councillors and usual internal and external stakeholders	Jane McDaid, Head of Property, 01733 384540, jane.mcdaid@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

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28.	**To approve CCTV upgrade and 5 year maintenance contract - KEY/01MAY17/06** CCTV maintenance contract renewal, upgrade to the system and replacement of the current maintenance arrangement.	**Councillor Walsh, Cabinet Member for Communities**	**June 17**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders	Noorman Crabb, CCTV Manager Tel: 01733 453408 e mail: noorman.crabb@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
29.	**Authorise the award of the Nene Bridge Bearings Scheme - KEY/01MAY17/07** Authorise the award of the Nene Bridge Bearings bridge works to Skanksa Construction UK Ltd through the Council's Peterborough Highway Services Contract 2013-2013	**Councillor Hiller, Cabinet Member for Growth, Planning, Housing and Economic Development**	**June 2017**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders	Peter Tebb, Network and Traffic Manager, Tel:01733 453519, Email: peter.tebb@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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30.	**Child and Adolescent Mental Health and Emotional Wellbeing Service – KEY/01MAY17/08** Approve contract award	**Councillor Smith, Cabinet Member for Children's Services**	**14 July 2017**	Health Scrutiny Committee	All wards	Relevant internal and external stakeholders	Jo Melvin, Commissioner Tel: 01733 863980 Email: joanne.melvin@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
31.	**Real Time Passenger Information - KEY/15MAY17/02** Award of the Contract along with the agreement to sign the partnership and data sharing agreements with neighbouring local authorities and bus operators associated with this contract	**Cabinet Member for Growth, Planning, Housing and Economic Development**	**September 2017**	Growth, Environment and Resources Scrutiny Committee	All	Relevant internal and external stakeholders. Consultation has taken place with bus operators in the city and will continue to do so for the duration of the tender process	Peter Tebb Network and Traffic Manager Tel: 01733 453519 Email: Peter.tebb@peterborough.gov.uk Amy Pickstone Senior ITS Officer 5 317481 Email:amy.pickstone@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

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32.	**Approval to early infrastructure works to facilitate the design and build of two new schools on the Paston Reserve site – KEY/15MAY17/03** There is a requirement for infrastructure works to be undertaken on land identified under a S106 Agreement to accommodate a new 2 form entry primary school and an 8 form entry secondary school at the Paston Reserve site. These works include a new access road into the site from Newborough Road, relocation of overhead power cables and fencing to secure the site upon transfer to the Council. These works must be completed ahead of the programme to deliver the new school.	**Councillor Lynne Ayres Cabinet Member for Education**	**June 17**	Growth, Environment and Resources Scrutiny Committee	Gunthorpe	Relevant internal and external stakeholders.	Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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33.	**Paston Reserve Primary School - New school build project - KEY/15MAY17/04** School Organisation Plan 2012-17, EFA Contractors Framework Guidance, Guidance for LAs seeking to deliver free school projects	**Councillor Lynne Ayres Cabinet Member for Education**	**September 17**	Children and Education Scrutiny Committee	Gunthorpe	Relevant internal and external stakeholders. There will be public consultation on the plans for the new school. Ward Cllr consultation	Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
34.	**Paston Reserve Secondary School - New build project - KEY/15MAY17/05** Authorise the Director People and Communities to approve the construction of a new seconday school at the Paston Reserve site up to the value of £xm. Authorise the Dierctor to award the design and build contract. Authorise the Director to enter into the 125 year lease of the school site with the Academy Trust.	**Councillor Lynne Ayres Cabinet Member for Education**	**June 2018**	Children and Education Scrutiny Committee	Gunthorpe	Relevant internal and external stakeholders. There will be a public consultation on the plans for the new school. Ward Cllr consultation.	Emma Everitt Capital Projects and Assets Officer Tel: 01733 863660 Email: emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. School Organisation Plan 2012-17. EFA Contractors Framework Guidance. Guidance for LAs seeking to deliver free school projects

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35.	**Enterprise Managed Services Contract - KEY/15MAY17/06** Termination of the current 23 year contract with Enterprise Managed Services (Amey) and future service delivery	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
36.	**Implementation of the Peterborough Lottery - KEY/29MAY17/01** To seek approval for the full implementation of the Peterborough Lottery which was included in the budget proposals submitted to Council	**Cabinet**	**10 July 17**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders. Consultation has been held with CMT and Council (as part of the budget proposals)	Andy Cox, Head of Energy Programmes, Tel: 01733452465, Email: andy.cox@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. Peterborough Lottery Proposal

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
37.	**Amendment of existing loan arrangements to Empower - KEY/29MAY17/02** Term of loan to be extended to reflect changing operating environment since commencement. Other clauses may also be amended	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	John Harrison, Corporate Director, Resources Tel: 01733 452520 Email: John.harrison@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
38.	**Payment Strategy – KEY/29MAY17/03** How customers will pay for services and make payments due to the council in the next three to five years	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Vicki Palazon, Head of Finance, Tel: 01733 864104, Email: vicki.palazon@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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39.	**Approval to award places on the Pseudo DPS for Residential Care Providers - KEY/29MAY17/04** Provide permission for the Council to enter into contractual arrangements with Residential Care Providers following the publication of a PIN notice inviting providers to submit prices and sign up to the Council's Residential Care Terms and Conditions. This ensures compliance with the Public Procurement Regulations 2015 and the Care Act 2014	**Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health**	**November 2017**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Helene Carr, Head of Commissioning Social Care Tel: 01733 863901, Email: Helene.carr@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
40.	**Woodston Expansion – KEY/26JUNE17/01** Award of Contract for the expansion of Woodston Primary School to accommodate an additional 210 children	**Councillor Lynne Ayres**, Cabinet Member for Education, Skills and University	**October 2017**	Children and Education Scrutiny Committee	Fletton & Woodston	Relevant internal and external stakeholders. Public consultation to be held July 2017	Sharon Bishop, Capital Projects & Assets Officer, Tel: 01733 863997, Email: sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. School Organisational Plan 2015 - 2020

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
41	**St George's (Heltwate) remodelling – KEY/26JUNE17/02** Award of Contract for the remodelling and refurbishment of part of the St George's School site to accommodate up to 40 KS4 children from Heltwate School	**Councillor Lynne Ayres**, Cabinet Member for Education, Skills and University	**August 2017**	Children and Education Scrutiny Committee	Park Ward	Relevant internal and external stakeholders.	Sharon Bishop. Capital Projects & Assets Office, Tel: 01733 863997, Email: sharon.bishop@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. School Organisational Plan 2015 – 2020

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER*
Approval of funding for Medesham Homes - KEY/10JUL17/02 Project Approval	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	**All**	Relevant internal and external stakeholders.	Marion Kelly, Interim Service Director Financial Services Email: marion.kelly@peterborough.gov.uk Tel: 01733 384564	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS

	DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
PREVIOUSLY ADVERTISED DECISIONS								
1.	**Vivacity Funding –** To fund Vivacity £1278 until March 2017 (via DWP grant funding) to provide digital support for UC claimants to make benefit claims online at Central Library.	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Ian Phillips Social Inclusion Manager Tel: 01733 863849 Ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
2.	**Vivacity Premier Fitness Invest to Save Scheme -** To authorise investment in developing Vivacity Premier Fitness on an invest to save basis	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	John Harrison Corporate Director Resources Tel: 01733 452520 Email: John.harrison @peterborouh.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. ***The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).***

	DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
3.	**Delivery of the Council's Capital Receipt Programme through the sale of Welland House, Dogsthorpe -** To authorise the sale of Welland House, Dogsthorpe	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	Dogsthorpe Councillors: Ash, Saltmarsh, Sharp	Relevant internal and external stakeholders.	David Gray Capital Projects Officer Tel: 01733 384531 Email: david.gray@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
4.	**Procurement Strategy –** To update Cabinet on the procurement strategy.	**Cabinet**	**10 July 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Marion Kelly Interim Service Director, Financial Services Tel: 01733 384564 Email: Steven.pilsworth@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
5.	**Proposal for Loan of Senior Management Staff Under Joint Arrangements –** To approve a sharing agreement for senior management staff.	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders.	Kim Sawyer Director of Governance Tel: 01733 452361 Kim.sawyer@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6.	**Safer Peterborough Partnership Plan 2017 - 2020** To recommend the Safer Peterborough Partnership 2017 – 2020 for approval by full Council.	**Cabinet**	**10 July 2017**	Adult and Communities Scrutiny Committee	All	Relevant internal and external stakeholders	Hayley Thornhill Senior Policy Manager Tel: 01733 864112 Email: hayley.thornhill@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**Funding of Information, Advice and Guidance services within the voluntary sector -** To authorise award of grants.	**Councillor David Seaton Cabinet Member for Resources**	**June 2017**	Growth, Environment & Resources Scrutiny Committee	All	Relevant internal and external stakeholders	Ian Phillips Senior Policy Manager Tel: 01733 863849 Email: ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
8.	**Approve an updated Local Development Scheme (LDS) for Peterborough** Approve an updated Peterborough Local Development Scheme (LDS) which is the timetable setting out the Development Plan Documents (DPDs) that a local planning authority intends to produce over the next few years.	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Gemma Wildman Principal Strategic Planning Officer Tel: 01733863824 Email: gemma.wildman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published. LDS timetable

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
9.	**Daily cleanse around Gladstone Street and nearby streets** Daily mechanical cleanse in the area focused around Gladstone Street and other nearby streets. This will encompass a mechanical sweeper and operative.	**Councillor Elsey, Cabinet Member for Waste and Street Scene**	**June 2017**	Adults and Communities Scrutiny Committee	Central Ward Cllrs Hussain, Amjad Iqbal, Jamil	Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee it was also part of the full council decision to implement as part of the budget for 2017-18.	James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
10.	**A Lengthmans to be deployed on Lincoln Road Millfield** There will be a daily presence along Lincoln Road, the operative will litter pick, empty bins as well as report fly-tips and other environmental issues.	**Councillor Elsey, Cabinet Member for Waste and Street Scene**	**June 2017**	Adults and Communities Scrutiny Committee	Central Ward Cllrs Hussain, Amjad Iqbal, Jamil	Relevant internal and external stakeholders. Cross party task and finish group report which went to the Growth, Environment and Resources Scrutiny Committee and it was also approved at Full Council as part of the 2017-18 Budget.	James Collingridge, Amey Partnership Manager, Tel: 01733 864736 Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	**2017/18 VCS grant funding** Award of grant to VCS organisations to provide Information, Advice and Guidance services	**Councillor Seaton, Cabinet Member for Resources**	**July 2017**	Adults and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Ian Phillips Senior Policy Manager Tel: 863849 Email: ian.phillips@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	**WARD**	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION*
12.	**Business Advice Charging Policy** To approve the charging policy.	**Councillor Walsh, Cabinet Member for Communities**	**June 2017**	Adult and Communities Scrutiny Committee	All wards	Relevant internal and external stakeholders.	Peter Gell Head of Regulatory Services Tel: 01733 453419 Email: Peter.gell@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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13	**To 'make' the Peakirk Neighbourhood Plan part of the Development Plan -** The decision required is to make the Peakirk Neighbourhood Plan (PNP) part of the Development Plan for Peterborough. This is a formality as the PNP will be subject to a referendum of residents of Peakirk Parish who will decide whether or not they want the PNP to be used in making decisions on planning applications in the area. As it will become part of the Development Plan it requires approval from Full Council, but the options are very limited for the decision. The decision will only be needed if more than 50% of those voting in Peakirk vote for the PNP to be used in planning decisions.	**Cabinet**	**10 July 2017**	Growth, Environment and Resources Scrutiny Committee	Glinton and Castor, Cllrs Holdich and Hiller	Relevant internal and external stakeholders. The Neighbourhood Plan Group have undertaken extensive consultation. PCC consulted on the plan for 6 weeks. It was examined by an independent examiner who recommended that it proceed to referendum. It will be subject to a referendum (date TBC) of all voting residents of Peakirk.	Phil Hylton Senior Planning Officer, Tel: 01733 863879, Email: philip.hylton@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES								
DECISION TAKEN	***REASON FOR URGENCY***	***DECISION MAKER***	***DATE DECISION TAKEN***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION***
None.								

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Corporate Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)
Strategic Finance
Internal Audit
Schools Infrastructure (Assets and School Place Planning)
Waste and Energy
Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

PEOPLE AND COMMUNITIES DEPARTMENT Corporate Director's Office at Bayard Place, Broadway, PE1 1FB
Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)
Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)
Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)
Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

GOVERNANCE DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
Legal and Democratic Services
Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)
Performance and Information (Performance Management, Information Governance, Systems Support Team, Coroner's Office, Freedom of Information)

GROWTH AND REGENERATION DEPARTMENT Corporate Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD
Development and Construction (Development Management, Planning Compliance, Building Control)
Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)
Opportunity Peterborough
Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads, Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)
Corporate Property

PUBLIC HEALTH DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
Health Protection, Health Improvements, Healthcare Public Health.

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