PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

MONDAY 10 DECEMBER 2018
1.00 PM

Bourges/Viersen Room - Town Hall
Contact – Daniel.kalley@peterborough.gov.uk, 01733 296334

AGENDA

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7.	**Cambridgeshire & Peterborough Health & Social Care Peer Review Update Report**	**243 - 256**
8.	**Public Service Reform - Health and Social Care Proposal**	**257 - 260**
9.	**Annual Public Health Report**	**261 - 286**

INFORMATION AND OTHER ITEMS

10.	**Better Care Fund Update**	**287 - 296**
11.	**Schedule of Future Meetings and Draft Agenda Programme**	**297 - 298**

To note the dates and agree future agenda items for the Board. To include frequency of reporting from other Boards, where appropriate, including Local Safeguarding Boards, Children's and Adults Commissioning Boards, LCG Commissioning Board. Also to consider how we will monitor progress against the Health and Wellbeing strategy.

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Board Members:

Councillor J Holdich (Chairman), Councillor D Lamb, Councillor W Fitzgerald, G Smith, H Daniels, Dr Howsam, (Vice Chairman), W Ogle-Welbourn, Dr Robin, A Chapman and S Evans Evans

Co-opted Members: Russell Wate and Claire Higgins

Substitute for Dr Howsam- Dr Adam Tariq

Further information about this meeting can be obtained from Dan Kalley on telephone 01733 452508296334 or by email – paulina.ford@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD AT 10AM, ON 20 SEPTEMBER 2018 COUNCIL CHAMBER, PETERBOROUGH

Committee Members Present: Cllr John Holdich (Chairman)
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Councillor Richard Ferris
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Val Moore, Chair Cambridgeshire and Peterborough Healthwatch
Hilary Daniels, NHS South Lincolnshire
Catherine Mitchell, Director of Community Services and Integration

Officers Present: Daniel Kalley, Senior Democratic Services Officer

Also Present: Caroline Townsend, Better Care Fund Lead
Will Patten, Service Director Commissioning

[Note: this meeting of the Peterborough Health and Wellbeing Board (HWB) was held at the same time and in the same place as a meeting of the Cambridgeshire HWB. Separate minutes were taken of the Cambridgeshire meeting, for publication on the Cambridgeshire County Council website. The two HWBs were following a common agenda, available on both authorities' websites.

Councillor Holdich was in the chair for exclusively Peterborough items of business, and Councillor Topping, Chairman of Cambridgeshire HWB, chaired the exclusively Cambridgeshire items of business not recorded in these minutes. For the four shared items, recorded in minutes below, Councillor Holdich was in the chair for items 12 and 14 ; Councillor Topping chaired for items 13 and 15 . Minutes do not distinguish between contributions from members of the different Boards.]

Before the commencement of the meeting Councillor Holdich thanked Cath Mitchell for her contribution to both the Cambridgeshire and Peterborough Health and Wellbeing Boards and wished her well for the future.

9. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

Apologies for absence were received from Russell Wate, Simon Evans-Evans, Claire Higgins and Adrian Chapman.

10. DECLARATIONS OF INTEREST BY MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

There were none.

11. MINUTES OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD MEETING HELD ON 31 MAY 2018

The minutes of the meeting held on 31 May 2018 were agreed as a true and accurate record.

12. DELAYED TRANSFERS OF CARE (DTOC) UPDATE

The Health and Wellbeing Board received a report in relation to the Delayed Transfers of Care (DTOC) Update.

The purpose of the report was to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) across Peterborough and Cambridgeshire. The Service Director Commissioning informed Members that both Cambridgeshire and Peterborough were performing under target. Members were informed that there had been significant investment from the improved better care fund (iBCF) to support initiatives in improving DTOC performance. These largely revolved around increasing capacity.

In terms of reaching the target a tight deadline of the end of October/early November had been set. The biggest issue preventing the target being reached was around the lack of market capacity. It was essential to build capacity in community capacity, recruitment of staff had proved challenging and there was little prospect of increasing this through recruitment from EU states.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- It was agreed that the target was aspirational, however this was a national target. Partners were working towards trying to prevent people from going into hospital, instead getting support from the local sources in their homes and communities. There was a domiciliary care capacity issue, however different ways of supporting people was being looked into; e'g use of Reablement. It was about working together to ensure that steps were in place to reach the target. It was important to take into account the financial pressures the NHS and both local authorities faced.
- There were a number of patients sitting in the wrong environment. It was difficult for patients who were in hospitals or nursing homes if it was the wrong place for them to be. It would be disappointing if the health and social care system moved away from making sure people were in the right environment. There was a need to look at other local authorities to see how they were able to achieve better results than Peterborough and Cambridgeshire. It was important to know what each organisation was there to do, the CCG were going

through a process of how they commissioned all their services and ensuring they were appropriate for the needs of the patient.

- The report was quite diagnostic in its approach, however it was essential to bear in mind that the targets and DTOC's were targeting vulnerable members of society. The ambition should be to strive to achieve the targets being set, however this should not compromise the care given to patients.
- Work with all care providers had been taken place, this included some care providers working more collaboratively to ensure patient rounds were efficient as possible. Capacity had been increased within the reablement service. Work was now being reviewed to see if it was possible to reduce reliance on domiciliary care, in recognition of the workforce challenges in this area. A raft of actions was being taken to address nursing home care capacity.
- It was important to recognise that this was not about numbers, but about the people going through the system.
- The Living Well Partnerships were working to try and join up services around the adult health services along with Primary Care and Neighbourhood teams. However it was important to acknowledge the role of the voluntary sector. Recent case studies had shown that the voluntary sector had been involved in a number of projects and pathways.
- The readmission rate had increased over the past year, however recent figures showed that this had decreased. A new KPI was in pace to monitor the readmission rates for the over 65's. Instead of being winter ready local authorities were looking at being ever-ready, noting the hot summer that had recently passed and impacted adversely on the health of older people. Contingencies were being put in place across a number of services to cover any issues that might arise.
- It was hoped that more funding would be available following the Autumn budget statement. There was not enough funding currently to be able to achieve the targets set.
- Families and carers played a big role in the care of patients, there may be information in the public domain that they would find useful and to ascertain what barriers they face.

RESOLVED: That the Peterborough Health and Wellbeing Board note the report and the concerns raised around funding, capacity and the retention and recruitment of staff. The Board would continue to challenge and support the approach to DTOC.

13. BETTER CARE FUND – INTRODUCTION OF NEW GUIDANCE

The Health and Wellbeing Board received a report in relation to the Better Care Fund and new guidance.

The purpose of the report was to provide an overview of any key changes for 2018-19. The publication of the refreshed Integration and Better Care Fund (BCF) Operating Guidance 2017-19 had limited impact on current BCF 2017-19 plans and did not require any formal action by the Health and Wellbeing Boards' members. Members were informed that this was not new guidance, rather it had been refreshed from the previous year's guidance to clarify some areas. Guidance had not made significant changes to the plan that was currently in place, it had however made clarified how the funding should be used..

In terms of changes locally, members were informed this involved DTOC metrics. As a result of this DTOC metrics would change for the year 2018-19. Locally the DTOC target was set at 3.5%.

The Health and Wellbeing Board debated the report and in summary key points raised and responses to questions included:

- In terms of being open and transparent there had been some challenges between the NHS and Local Authorities on what the funding should be spent on. The way the money was to be spent would be developed between NHS colleagues and the local authorities. It was likely that different views would continue to be put forward, however it was hoped that a common agreement could be reached. One of the biggest challenges around the BCF was protecting social care.
- So far NHS colleagues and local authorities had managed to come to satisfactory agreements on the BCF funding. It would be beneficial to see the methodology improve going forward to cut out potential conflicts. One of the issues was who held the budget and it hadn't been made clear who this was. It may be easier to have a third party holding the funds, therefore everyone would know where the budget was kept.
- There was a s.75 agreement, allowing to bring together social care funding, that was aligned to the BCF. Additional money was then flowing through the BCF and comes through the Department of Communities and Local Government, this then flowed directly into the Council and from there into the pooled budget. The conditions set around the IBCF had to be applied to the pooled budget.
- The Health and Wellbeing Board should take more note or have a greater say in how the money was being pooled and if this aligned with the priorities of the Health and Wellbeing Board.
- It was agreed that greater transparency could add value and ensure that services commissioned represented the best value for money. This was about consulting and getting freedoms around what the money could be spent on, especially around prioritising where the money went.
- It was important to hang onto the initiatives that had already been put in place using the BCF funding.
- Members were informed that the Health and Wellbeing Board saw a quarterly report and plans on the use of the BCF.
- Future BCF reports could have greater clarity over where the BCF money had been spent and identify opportunities for future funding.
- The ICB had done evaluation work which was going back to the Cambridgeshire Health and Wellbeing Board in November and the Peterborough Board in December. Recommendations were to be brought forward on areas that could be reinvested into as part of the evaluation

RESOLVED:

That the Peterborough Health and Wellbeing Board:

1. Note the report and appendices; and

2. to keep the IBCF under review and ensure that it was spent in the right way to deliver agreed outcomes; also to make sure it was consistent with the requirements of the Health and Wellbeing Board and the JSNA.

14. IMPACT OF THE EARLY YEARS SOCIAL MOBILITY PEER REVIEW ON THE WORK OF SERVICES COMMISSIONED BY THE CAMBRIDGESHIRE AND PETERBOROUGH JOINT CHILD HEALTH COMMISSIONING UNIT

The Health and Wellbeing Board received a report in relation to the impact of Early Years Social Mobility Peer Review on the work of the services commissioned by the Cambridgeshire and Peterborough joint child health commissioning unit.

The purpose of the report was to provide Peterborough and Cambridgeshire Health and Wellbeing Boards with information on and opportunity to comment on The Early Years Social Mobility Peer Review and consequent Joint Child Health Commissioning Units plans to review the delivery of Health Visiting and School Nursing, Children's Centres, Early Years Education and Early Help Services across Cambridgeshire and Peterborough.

The Joint Child Health Commissioning Unit had been working with the providers of health visiting, school nursing services and children's centres, to review the delivery of the Healthy Child programme; the purpose being to consider a more integrated approach to delivery and achieve the savings required in response to reductions in the public health grant and the ongoing local authority's financial challenges.

The Local Government Association had been looking to develop an early years sector led improvement offer and Cambridgeshire and Peterborough were one of only two areas selected to pilot an Early Years Social Mobility Peer Review.

Following the peer review the Joint Child Health Commissioning Unit had reviewed its approach to the delivery of a more integrated Early Years Programme, to take into account recommendations from the review.

Cambridgeshire and Peterborough had an interest in the study due to the local data held by both and the concerns that both authorities had. In Peterborough the concerns were around school readiness measures, a high proportion of children (in the 30%'s) were not ready for school when assessed in Reception. In Cambridgeshire the issue was one around inequalities, those eligible for free school meals was worse than the average for the same age group.

The peer review was led by a strong and experienced team, however it should be noted that this was a short review and not a full inspection. One of the issues for Cambridgeshire that was reported back incorrectly was lack of political oversight for children's health. However it was known that the Health Committee in Cambridgeshire had done a lot of work around this. The peer review team had presented a number of observations and suggestions that the authorities were able to go away and consider.

The Executive Director People and Communities and Director of Public Health were working on steps to address the issues raised and work closely together to achieve the recommendations set out. A joint transformation strategy was to be formulated to ensure the recommendations were looked at in detail and ensure outcomes for children in terms of school readiness were improved.

This process was being carried out under the Children's Health Joint Commissioning Unit (JCU), work was being done around the 0-19 service and how this was being delivered and if it could be delivered with savings to cost. A lot of the work had already taken place, most of the new initiatives were building on that work.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- The report addressed not only health and education now but also for the future. This had been pushed to be included in Devo2 and a bid had been put in for £1.5 million over three years to kick start this work.
- In terms of parental mental health it was important to develop services, through local maternity services work stream a bid was put in to be a pilot which was successful, which included funding in this area.
- The review showed the enthusiasm of the voluntary sector and they were keen to be a part of the strategy moving forward. It was important to note that the Voluntary Sector and Private Sector found it difficult to access training due to a lack of capacity to attend.
- There was a concern over the lack of input from the Health Committee into the peer review. The Health Committee had a major remit and did a lot of work on this. It showed there was a lack of coordination between the Health Committee and Children's Committee.
- Bringing in Children's centres was important, looking at what was needed to deliver for health, education and care across services. Was about bringing services together and looking at what outcomes could be delivered. It was hoped that this would deliver better outcomes for families.
- Access to rural areas of these services was an issue. **(Action Cambridgeshire)**
- In Cambridge City a number of children's centres had ceased to exist in the same way they did previously and in total there were fewer providers compared to three years ago. Members were assured that a report on this was going to be presented to the Children's Board in Cambridgeshire in October; this would show the development of more outreach work.
- Evaluation was important to see the overall budget and how the money could be spent more effectively, the Health Committee at Cambridgeshire had a vital role to play. Members were informed that the JCU had been working closely with both local authorities. More work needed to be done around early years transformation and that resources were being put in place to improve outcomes. Regular reports would be going back to the relevant Committee's.
- There were challenges in delivering outcomes, mainly around not enough funding and not enough capacity. Important work to carry out going forward was around equity of access to services and the offer that was there. It was important that professionals were educated on these. Members were informed that it was essential that we we valued local health visitors, making sure we did as much as possible to retain them.
- It was agreed that a joint letter be written to the Combined Authority to take this matter seriously and include in Devo2.

The Director of Public Health informed the Board that there was a Child and Adolescent Mental Health Local Transformation Strategy that the Health and Wellbeing Board was required to give a view on, before it was sent back to NHS England. Unfortunately there was no meeting scheduled before the deadline. It was therefore suggested that members make comments to the Chair or officers directly. This would then enable any feedback to be given when NHS England meets with the Chairman of both Boards in October.

ACTION:

An email would be circulated reminding members of the need to feed in any comments to the Child and Adolescent Mental Health Local Transformation Strategy.

RESOLVED:

That the Peterborough Health and Wellbeing Board

- Note and comment on recommendations from the Early Years Social Mobility Peer Review

- Note and comment on plans to develop an Early Years Strategy and Early Year Evolution Strategy which will support the wider redesign and integration of relevant children, young people and families services.

- Agree that a joint letter from both Health and Wellbeing Boards be drafted and sent to the Combined Authority asking that the matter is taken into consideration during Devo2

15. HEALTH & SOCIAL CARE SYSTEM PEER REVIEW

The Health and Wellbeing Board received a report in relation to the Health and Social Care System Peer Review.

The purpose of the report was to update Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board members with progress on preparing for the LGA Health & Social Care System Peer Review.

The process demonstrated senior officers bringing in external critical friends to look critically at work been done and raising any issues. Officers had asked for the review which was to be delivered by the Local Government Association (LGA). It was hoped that by doing the peer review both authorities would be prepared for any possible future CQC inspection. The review would be treated as an inspection, a draft programme would be created and a library of information was to be created so that peers can access information easily. In total the review would last for three days.

The Health and Wellbeing Board debated the report and in summary. key points raised and responses to questions included:

- The approach looked to be useful and would be of great benefit. It was important that the same omissions were not made in relation to the Health Committee as with the Early Years Social Mobility review.
- A commitment was sought that the Health Committee's role and Scrutiny function was covered in the peer review.
- It was essential that all lines of enquiry were explored. A lot of effort had gone into getting the review right.
- A library of key documents and information was to be collated.

RESOLVED:

That the Peterborough Health and Wellbeing Board:

1. Agreed to note the outline of the report.

2. Agreed to include a session with the Chairman of the Health Committee during the upcoming Peer Review

3. Agreed to the creation of a library of key documents and reports

16. PETERBOROUGH HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

RESOLVED:

That the Peterborough Health and Wellbeing Board agreed the Forward Agenda Plan.

Chairman
10am – 11.50am

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 4
10 DECEMBER 2018	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
Contact Officer(s):	Keith Reynolds, Assistant Director of Strategy and Planning	Tel. 01733 677952

CARDIOLOGY – PCI AND COMPLEX PACING

RECOMMENDATIONS	
FROM: *Dr Kanchan Rege, Medical Director, NWAFT*	**Deadline date:** *N/A*

It is recommended that the Health and Wellbeing Board:

1. Express support to the CCG for the local provision of PCI and complex pacing at PCH CCG
2. Request an update from the CCG on the progress of the business case by February 2019

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request from the Deputy Leader of the Council.

2. PURPOSE AND REASON FOR REPORT

2.1 This report responds to a request from the Health and Wellbeing Board for information on the plan for local provision of PCI and complex pacing for cardiology patients in Peterborough.

The report is being presented to:

(a) provide additional or background information requested by the Health and Wellbeing Board on 15 November as an urgent matter; and
(b) to obtain HWB support for the development of PCI and complex pacing at PCH for local residents

2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.2.2

To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

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

Cardiologists specialise in diagnosing and treating diseases of the cardiovascular system. They carry out tests, and may do some procedures such as heart catheterisations (angiography), fitting stents (angioplasty), or inserting a pacemaker. Clinicians in the local hospital, community, and

the world renowned Royal Papworth Hospital ('Papworth'), work with patients in the Peterborough City Hospital ('Peterborough') and surrounding areas to help patients recover from conditions which in the past would have been untreatable.

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) is considering whether two interventions can be provided locally: Percutaneous Coronary Intervention (PCI) and complex pacing (see Appendix 1 for a description of these procedures).

This issue has been raised with commissioners since 2012, by patients and the hospital due to the availability of the required skills and equipment on the site, and the difficulty patients face travelling to Papworth. In April 2019, this distance will increase when Papworth moves to their new building on the Cambridge Biomedical Campus.

In October 2016, the then Peterborough and Stamford Hospitals NHS Foundation Trust (now North West Anglia NHS FT), approved a business case (Appendix 2) for PCI and complex pacing on the Peterborough site, subject to commissioner approval. CPCCG has not yet commissioned this service, but is preparing a business case to consider PCI on the Peterborough site (see Appendix 3 for the timeline). The first draft of the case will be considered in February 2019 **and the HWB may want to provide its views now.**

Complex pacing patients are seen at Peterborough by our cardiologist who also works at Papworth. Suitable patients for complex devices are referred to Papworth, even though both the skills and equipment to provide the service are in Peterborough. The same consultant then often implants the devices at Papworth. The business case proposes that in addition to PCI, complex pacing is also provided on the Peterborough site.

Travel times and cost for patients having treatment at Papworth are a great inconvenience to residents who have complained to the Trust for years, seeking a better alternative (Appendix 4) and attracted the support of various local leaders, including the previous Peterborough MP, Stewart Jackson and the current MP for Stamford, Nick Boles.

Since 2016, the CCG with system partners have considered provision of both procedures locally because:

- In April 2019, Papworth will move to the Cambridge Biomedical Campus next to Cambridge University Hospitals NHS FT (CUHFT), significantly increasing travel time for cardiology patients in Peterborough and South Lincolnshire
- The existing pathway does not meet the 72 hour standard for patients receiving PCI (Appendix 5). In Peterborough only one in three patients requiring PCI receive it within the standard, causing delay for patients and blocking bed capacity while they await transfer, despite recent additional PCI capacity provided by Papworth to address this.
- It supports recruitment of cardiologists which will improve 24/7 access to cardiologists at PCH, another aim of the STP
- PCI is normally provided in District General Hospitals such as Ipswich, Lincoln, Kettering and Bedford. The Trust has a larger catchment area than any of these.

Peterborough 24/7 cardiology

The Cambridgeshire and Peterborough Sustainability and Transformation Plan prioritised Peterborough as a 24/7 cardiology centre, and agreed to consider PCI and complex pacing on the Peterborough site. These two developments are linked, as the newer generation of cardiology consultants required to provide 24/7 cover, all qualify with a subspeciality interest such as PCI or pacing and want a combination of routine general cardiology with intervention work. PCI and complex pacing are services which similar DGHs already provide.

Commissioner savings

Provision of PCI and complex pacing locally will save the health system annual costs of around £600k associated with double admissions, bed days in Peterborough prior to transfer, double procedures (e.g. double punctures) and transfer costs. Papworth also has a higher tariff per procedure than Peterborough (Market Forces Factor) to reflect their higher cost base as a leading national provider. There is also the significant cost to patients and carers of the extra time and travel to Papworth, and additional delay due to pressure on Papworth to provide specialist procedures that only they can provide. Indeed, long waits for procedures at Papworth

have led some patients to look wider afield to their elective care, with Peterborough and Papworth patients choosing to go to London instead.

5. CONSULTATION

5.1 Healthwatch

In February 2017, a survey of cardiac patients at PCH conducted by Healthwatch (Appendix 6) showed that of 106 patients surveyed, 92% would prefer their PCI or complex pacing procedure at PCH rather than Papworth.

The biggest concern for 76% of respondents was that when Papworth moves to the Cambridge site, patients or their carers will have further to travel.

Respondents provided a range of comments in the survey including:

- 'Needs to be more accessible as we get let down with patient transport and we do not have our own'
- 'Service at Peterborough – excellent'
- 'I am a carer for my husband who suffers with Parkinson's – have to make arrangements for his care'
- 'Peterborough hospital much more convenient'
- 'If both hospitals carried out the same procedure, then PCH'
- 'Difficulty getting to Cambridge and parking there'

South Lincolnshire CCG

35% of the Peterborough City Hospital patients live in South Lincolnshire. The travel distance for these patients will be up to 2 hours at peak time each way. The commissioner for that area is concerned at the travel time, additional cost and the inability of the current system to meet the 72 hour standard. In 2017, they wrote to Accountable Officer of the Cambridgeshire ad Peterborough CCG in support of the Peterborough business case (Appendix 5).

Clinical Advisory Group of the STP

In March 2018 the STP Clinical Advisory Group considered the commissioning of PCI. This group of senior doctors from across the system voted to support PCI at Peterborough.

In May, the CAG recommendation was not immediately accepted by the CCG who agreed to develop its own business case to consider the PCH option.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Local delivery of PCI and complex pacing will significantly benefit residents of Peterborough and release scarce resource for other patients. It will reduce delays and make better use of the existing cath lab facilities in the PCH PFI building. It will bring cardiology services at Peterborough into line with other DGHs and enable 24/7 cardiology cover.

PCI

The Trust requires accreditation before it can provide PCI. Rigorous self-assessment shows that they can meet the required standards, and once the decision has been made to commission the service, the process of accreditation and recruitment is anticipated to take no more than six months when the first patients will start to benefit from the service. Complex pacing can be commenced much sooner if commissioned.

Complex pacing

Current provision of complex pacing requires double appointments for heart failure and devices, with follow up at both Papworth and Peterborough would be significantly reduced. Both have different IT systems making it difficult to provide continuity of care, and this would be avoided. Patients would face less travel and expense and there would be a single joined up service on one site under the same consultant. Unlike PCI patients, who only require one or two visits to Papworth, complex pacing patients, many in their 80's, have to travel two hours each way at least

twice a year for a device check that takes around 10 minutes to complete. If the business case is approved by commissioners, this duplication and inconvenience for patients will be avoided.

7. REASON FOR THE RECOMMENDATION

7.1 Peterborough residents will gain the following benefits from local provision of PCI and complex pacing:

a. Local timely provision in the existing PCH lab facilities, provided by clinicians who already carry out the procedures on the Papworth site
b. Safer service which avoids a 'double puncture' in the current pathway when some patients receive angiography at PCH followed by PCI at Royal Papworth. This carries unnecessary added risks for patients and creates delay
c. Significantly less travel each visit for patients during initial treatment and follow up
d. More access for carers who can support the patient during their treatment
e. Meet NICE and European Society of Cardiology Guidance for PCI within 72 hours which are not being met
f. Reduce some of the longest delays for PCI in the country
g. Facilitate a 24/7 general cardiology service
h. Allow a more holistic approach to patient care as pre and post angioplasty/pacing care and cardiac rehabilitation is already delivered at Peterborough.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Papworth alternative proposal

Papworth do not support provision in Peterborough and have proposed an alternative approach to reducing delays. A new Non-ST Elevated Acute Coronary Syndrome (NSTEACS) pathway has been piloted since September 2018 working with the ambulance service and A&Es. Crews and A&E staff who identify patients with signs of NSTEACS are discussed over the telephone with Papworth who decide whether the patient should be taken directly there instead of the usual route straight to Peterborough A&E and the local cardiologists.

Since the pilot commenced, Peterborough and other A&Es in the region have expressed concerns, including:

- Limited evidence supporting the pathway; evidence instead suggests no clinical benefit with this model except in a very highly selected population. Data from the pilot suggests that less than half of patients discussed with Papworth in this way are taken by ambulance straight to Papworth and only 55% underwent PCI, hence the remaining patients didn't need to go there urgently
- Ambulances crews and A&E staff are involved in lengthy discussion with Papworth during referral diverting their capacity from other patients
- If the patient is accepted and taken to Papworth, ambulance crews are outside the Peterborough area for long periods of time
- Does not support recruitment of cardiologists at Peterborough reducing the ability to provide a 24/7 cardiology service for Peterborough residents
- Time frame in which patients received PCI at Papworth could have equally been accomplished by on site PCI at Peterborough

Papworth has valid concerns that a reduction in activity on their site may affect the Trust financially at a time that they are moving into their new Private Finance Initiative (PFI) building. However, this overlooks the potential for working with the space constrained Addenbrooke's hospital and the opportunity to share facilities. Being next door to Addenbrookes, there will be opportunities for combining specialist work in New Papworth. This would reduce the financial risk and assist Addenbrookes who have significant capacity challenges.

A lack of space in the New Papworth has resulted in them leasing a building in Huntingdon for back office support staff. The financial position of Papworth and CUH could be improved through

sharing functions, as demonstrated by the recent merger of PSHFT and Hinchingbrooke (£10m saving) and remove the requirement for additional leased office space.

We understand that some, if not all of these issues will be considered by the CCG as part of their business case.

Specialist work

Papworth is a world renowned specialist heart centre providing leading edge lifesaving treatments and procedures. PCI is a procedure provided in many District General Hospitals including Kettering and Bedford. Moving some of the PCI work out of the building will provide more capacity for superspecialisms such as TAVI (valve insertion), ablation and Electro Physiology studies for which there are long waiting lists and deaths associated with the wait.

9. IMPLICATIONS

Financial Implications

9.1 At least a £600K saving to the CCG

Legal Implications

9.2 None

Equalities Implications

9.3 This change will improve access to services for all Peterborough residents

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Glossary of terms
Appendix 2 - Investment Appraisal Case Percutaneous Coronary Intervention and Complex Pacing October 2018 (Replace original October 2016)
Appendix 3 – CCG timeline for developing a business case
Appendix 4 - A sample of patient complaint letters regarding travel time
Appendix 5 – 72 hour standard performance for Peterborough residents
Appendix 6 – Healthwatch survey of Peterborough patients
Appendix 7 – Letter of support from South Lincs CCG

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Appendix 1 – Glossary of cardiac interventions in the paper

Angiography / Cardiac Catheterisation

Angiography, otherwise known as cardiac catheterisation is a way of looking to see if there are narrowings in the blood vessels on the outside of the heart. It is these narrowing that cause angina (heart pains) and ultimately heart attacks. As blood vessels don't show up clearly on a normal X-ray, a special dye is injected directly into the arteries around the heart via a tube (catheter) inserted into the artery in the wrist or the groin.

This procedure is performed in the Peterborough cath lab.

Angioplasty / PCI

A coronary angioplasty is a procedure used to widen blocked or narrowed coronary arteries (the main blood vessels supplying the heart). The term "angioplasty" means using a balloon to stretch open a narrowed or blocked artery. The balloon is inflated over a thin wire in the coronary artery, squashing fatty deposits against the artery wall so blood can flow through it more freely when the deflated balloon is removed.

Percutaneous coronary intervention (PCI) involves simple angioplasty and also putting stents, essentially a scaffold which stay in place and keep the blood vessel open after it has been stretched. Like angiography, this procedure is undertaken via a thin flexible tube inserted into the artery in the wrist or the groin. The cath lab set up at both Peterborough and Papworth is very similar, however this procedure is only undertaken at Papworth.

Implantable cardiac devices and complex pacing

A pacemaker is a small electrical device, fitted in the chest that is used to treat some abnormal, usually slow, heart rhythms.

Patients at Peterborough have pacemakers implanted in the Peterborough cath lab under local anaesthetic. A ‘generator’ is usually placed under the skin near the collarbone on the left side of the chest, then attached to one or two pacing wire(s) that are guided through a blood vessel to the heart.

Complex pacing devices consist of cardiac resynchronisation therapy (CRT) and implantable cardioverter defibrillators (ICD), either alone or in combination.

An implantable cardioverter defibrillator (ICD) is a device similar to a pacemaker. It sends an electrical shock to the heart to treat life threatening fast heart rhythms..

A cardiac resynchronisation therapy (CRT) device (also known as biventricular pacemaker) is a particular type of pacemaker that is designed to treat heart failure due to reduced heart pumping strength. The device aims to recoordinate the heart’s electromechanical contraction. This subsequently improves the heart's ability to pump blood and reduces patient symptoms.

ICD and CRT are both established treatments for selected patients with heart failure and who are at increased risk of sudden cardiac death. They have been shown to reduce morbidity and mortality.

Myocardial Infarction (MI)

A myocardial infarction is the medical term for a heart attack and is when the blood supply to the heart itself is disrupted. There are two main types of MI, recognised by the trace from an ECG (electrocardiograph), in particular the ST wave. Both types of heart attack are considered acute coronary syndromes, a term that describes any blockage of blood supply to the heart muscle. As a result, NSTEMI and STEMI can lead to damage of the heart tissue.

STEMI

ST Elevated Myocardial Infarction is the most serious type of heart attack, requiring immediate lifesaving medical intervention. It occurs when there has been complete blockage of the coronary artery depriving the heart muscle of oxygen, leading to damage. Patients in Peterborough who have STEMI are taken immediately by ambulance to Papworth for Primary PCI, normally within one hour.

NSTEMI

Non-ST Elevated Myocardial Infarction is a significant but less serious type of heart attack than STEMI, but still requires urgent medical intervention. It occurs when there has been partial blockage of the coronary artery which can lead to damage to the heart muscle if not treated within a timely fashion (< 72hrs). Patients in Peterborough who have NSTEMI are normally seen in A&E, and referred to the cardiologists before being admitted to the cardiac ward. From there, they will have further diagnostic tests which may include further ECGs, blood tests, and tests in the cath lab described above. A high proportion benefit from PCI, and following acceptance of a referral by Papworth, they stay in Peterborough awaiting a bed at Papworth.

Percutaneous coronary intervention

PCI is one form of treatment used when a patient has a myocardial infarction (MI). Percutaneous Coronary Intervention (PCI, formerly known as angioplasty with stent) is a non-surgical procedure that uses a catheter (a thin flexible tube) to place a small structure called a stent to open up blood vessels in the heart that have been narrowed by plaque build-up, a condition known as atherosclerosis.

Conditions requiring PCI are normally diagnosed through ECG and a blood test for creatine kinase-myocardial band (CK-MB), troponin I, and troponin T. These markers are evidence of possible damage to the heart cells, and are typically mild compared with STEMI.

Trans Aortal Valve Insertion (TAVI)

TAVI is the insertion of a heart valve which replaces the standard open heart surgery technique minimising the recovery period. Typically a catheter is used to insert the valve from the top of the leg, although in a small number of cases this is done through a direct incision in the chest.

North West Anglia NHS Foundation Trust

Appendix 2 - Investment Appraisal Case

Percutaneous Coronary Intervention and Complex Pacing

October 2018

(Replace original October 2016)

Version history

Version	Date Issued	Brief Summary of Change	Owner
1.09	27/09/2016	Final submission – PSHFT board approval	See front page
	15/03/2018	Business case supported at the STP Clinical Advisory Group	
	01/04/2018	Astra Zeneca audit of patients receiving PCI in Peterborough and Cambridgshire shows 31% of patients receive within 72 hours	
	16/08/2018	Health Care Executive NWAFT business case, approve pilot Papworth NSTEAC (no business case)	
	10/09/2018	Commence pilot new NSTEAC pathway	
1.10	05/10/2018	Updated PCI business case for 18/19 tariff and costs	Kerrie Owen

Investment Appraisal Case

Percutaneous Coronary Intervention and Complex Pacing

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Date: October 2016

Updated October 2018

Version history

Version	Date Issued	Brief Summary of Change	Owner's Name
1.09	27/09/2016	Final submission	See front page
1.10	05/10/2018	Updated for 1819 tariff and costs	Kerrie Owen

Contents

1 Executive Summary

This investment will provide Percutaneous Coronary Intervention (PCI) and Complex Pacing for the growing population in the Peterborough City Hospital (PCH) catchment area of the North West Anglia NHS Foundation Trust (NWAFT) which serves areas with above average levels of death from coronary heart disease. Recently published data[1] shows that the average rate of deaths from coronary heart disease in England and Wales is 108.5 per 100,000 population, the rate in South Lincolnshire, served mainly by PCH is much higher. South Holland has a rate of 173.5, the fifth worst in the country, while South Kesteven has a rate of 123.2.

There has been recent improvement in the rate of premature death in Peterborough from 104.0 per 100,000 population in 2011 to 78.8 by 2014[2].

Providing this service in Peterborough instead of Papworth will greatly enhance patient experience by reducing the patient transfers between PCH and Papworth, minimise delays in patient care, and remove duplication of patient procedures carried out on both sites. It will also release the equivalent of two beds at PCH providing around half the bed capacity required to absorb the increased demand.

Papworth FT plan to relocate to the Cambridge Biomedical Campus on the Addenbrookes site from 2018. From that date, and based on around 400 patients in our catchment having up to a 140 mile round trip, this proposal will reduce travel time for patients in the Peterborough and South Lincolnshire area by up to 1,270 hours per year, as well as the associated commissioner patient transport costs.

This development is in line with the System Sustainability Plan to deliver cardiology services in a highly networked fashion across Cambridgeshire and Peterborough. It supports the plan for Papworth FT working together with PCH to provide improved 24/7 access to cardiology opinion at secondary care level. The STP plan also makes reference to Papworth FT and NWAFT investigating the clinical and financial case for the potential expansion of percutaneous coronary intervention (PCI) and complex device services being provided locally in Peterborough.

The PCH cardiology service is increasingly busy and recruitment is difficult due to the lack of subspecialist work which attracts the newer consultants. We have two unfilled consultant posts placing pressure on the team to cover all aspects of cardiology and the wider acute physician rota. This investment provides a wider scope of cardiology work that will assist in recruitment and retention of cardiologists to PCH, making the service clinically sustainable.

The proposed service will be fully compliant with the British Cardiovascular Intervention Society (BCIS) and British Heart Rhythm Society (BHRS) standards.

Capital investment of £2.23M is required; though originally phased will now all be required in year 3 2021/22. This is needed to re-configure a theatre and lab to accommodate anticipated growth of Percutaneous Coronary Intervention (PCI) and Complex Pacing capability at Peterborough City Hospital (PCH). Both services can initially start without capital investment. Running costs of £2.1M once fully established will attract an annual income of £2.7m and will generate a net surplus of £0.5m per annum. Over 10 years the investment is expected to generate a positive Net Present Value (NPV) of £1m.

The service would also facilitate the national drive toward seven day working.

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[1] Mortality from coronary heart disease - Mortality from coronary heart disease: crude death rate, by age group, 3-year average, MFP 1 Jan 2013 to 31 Dec 2015 Available at https://digital.nhs.uk/data-and-information/publications/clinical-indicators

[2] NHS CCG IOF Instant Atlas available online at http://tools.england.nhs.uk/ukoutcomes/flash/atlas.html

The service will commence initially at a reduced level within existing space to fit with recruitment and mobilisation of the new service and will be at full capacity in 2021/22. The financial calculations have been based solely on the existing demand from the core catchment. The documented growth in population in Peterborough will improve the financial case as will the possibility that at some point in the future, patients from the wider catchment may choose PCH for their cardiac care.

If this opportunity is not pursued then NWAFT will find it harder to recruit and retain key staff as they are attracted to other centres providing a wider spread of cardiac work. The resilience of cardiac services for the wider health network will be reduced. There will be no release of bed capacity at PCH placing increasing pressure on the existing beds. There will be no seven day on-call cardiology working. Patients will continue to experience a sub-optimal experience due to the necessary transfer of care from PCH to New Papworth; cost of transport will increase with the longer journey to CBC compared to Papworth; PCH may lose existing diagnostic angiography work to Papworth.

1.1 Financial Summary

Figure 1 - Financial appraisal

Financial Appraisal: Complex Pacing & PCI - PCH Core Area Only

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Yr 1-10
2018/19 Price Base	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Activity:											
Complex Pacing - start date Apr 2020		84	84	84	84	84	84	84	84	84	
PCI - start date Q2 2019	98	131	384	408	424	424	424	424	424	424	
Capital costs	-	-	2,238	-	-	-	-	-	-	638	2,875
Income											
Complex pacing	-	547	568	595	643	643	643	643	643	643	5,565
PCI	286	381	1,120	1,190	1,236	1,236	1,236	1,236	1,236	1,236	10,395
Urgent angiogram - non proceed	71	138	328	392	407	407	407	407	407	407	3,371
Outpatient follow up	12	33	66	71	75	75	75	75	75	75	631
Excluded devices	-	351	351	351	351	351	351	351	351	351	3,158
Total income	369	1,451	2,433	2,598	2,712	2,712	2,712	2,712	2,712	2,712	23,120
Expenditure											
Pay	384	667	795	795	795	795	795	795	795	795	7,412
Non-pay - Pacing	-	562	574	591	591	591	591	591	591	591	5,273
Non-pay - PCI	148	186	538	570	570	570	570	570	570	570	4,865
Non-pay - maintenance, lifecycle and Soft FM	-	-	71	71	71	71	71	71	71	71	564
Depreciation	-	-	76	76	76	76	76	76	76	76	604
PDC	-	-	76	73	70	68	65	62	60	71	545
Total expenditure	532	1,416	2,129	2,176	2,173	2,170	2,168	2,165	2,162	2,174	19,264
Total Direct Contribution	- 163	35	303	423	539	541	544	546	549	538	3,855
Discount Factor (3.5%)	0.96618	0.93351	0.90194	0.87144	0.84197	0.81350	0.78599	0.75941	0.73373	0.70892	
Net Present Value	-157	33	-1,681	430	513	498	483	469	455	-21	1,020
DCF	1.035										

Appendix A shows the full financial breakdown.

2 Strategic Case

2.1 National drivers and strategic aims

Increase in demand

Percutaneous Coronary Intervention (PCI) is an established treatment for symptomatic relief of stable ischaemic heart disease and for reducing morbidity and mortality in acute coronary syndromes. PCI activity in the UK has been steadily rising from 590 per million population (pmp) in 2000 to 1530 pmp in 2016 (BCIS Audit data, www.bcis.org.uk).

The ratio of PCI to isolated coronary artery bypass grafting (CABG) revascularisation for ischaemic heart disease has also been on the increase from 1.3 (2000) to 6.7 (2016) reflecting the developments in stent technology and adjunctive treatment options at the time of PCI. With this has been an expansion of non-surgical PCI centres to over 60% of all centres to accommodate the increasing workload and this is recognised and supported by the Department of Health (DoH), the British Cardiac Society and the British Cardiovascular Interventional Society (BCIS).

Complex pacing devices consist of cardiac resynchronisation therapy (CRT) and implantable cardioverter defibrillators (ICD), either alone or in combination.

A cardiac resynchronisation therapy device is designed to treat heart failure. A CRT device sends small, undetectable electrical impulses to both lower chambers of the heart to help them beat together in a more synchronised pattern. This improves the heart's ability to pump blood and oxygen to the body. They are established treatments for selected patients with heart failure and who are at increased risk of sudden cardiac death. They have been shown to reduce morbidity and mortality.

An implantable cardioverter defibrillator (ICD) is a small device that is placed in the chest or abdomen. Doctors use the device to help treat irregular heartbeats called arrhythmias

The most recent National Institute for Cardiovascular Outcomes Research (NICOR) national devices audit shows that numbers of implants have continued to rise over the past 10 years as they prevent more serious damage to the muscles in the heart caused by irregular heart rhythms, giving longer and better quality of life.

In England, ICDs increased from 40 per million population in 2003 to 94pmp in 2016. For CRT from 20pmp in 2003 to 201pmp in 2016. In addition, NICE technology appraisal guidance on implantation of these devices was updated in 2014 and expands the population who are now eligible to receive device therapy to patients with less symptomatic heart failure. This means implant numbers will continue to increase.

Sustainability and Transformation Plan

In Cambridgeshire and Peterborough, the NHS, general practice and local government have come together to develop a five-year Sustainability and Transformation Plan (STP) to improve the health and care of our local population and bring the system back into financial balance. The development of an STP has been led by chief executives, frontline staff and patients.

Cambridgeshire and Peterborough is one of the most, if not the most, challenged health systems in England, making it essential that we work together to develop robust plans for long-term change. We have in place strong, visible, collective leadership and a well-resourced programme of work to address:

- the health and care needs of our rapidly growing, increasingly elderly population
- significant health inequalities
- workforce shortages including recruitment and retention in general practice
- quality shortcomings, with two of our six NHS provider organisations in special measures

- inconsistent operational performance, particularly in meeting the 4-hour Accident and Emergency (A&E) standards
- financial challenges, which exceed those of any other STP footprint on a per capita basis, such that by 2021 we expect our collective NHS deficit, if we do nothing, to be £465m.

This business case supports these aims, most notably by addressing the significant health inequalities, workforce shortages in cardiology and financial challenges.

An area of focus in the STP is to develop care networks, to move knowledge and not patients wherever possible and appropriate. If the business case is approved, our cardiologists already know how to provide both PCI and complex pacing and will use protocols for referrals, use best practice to determine treatment, build workforce resilience through an enhanced career development offer, and share out-of-hours rotas, offering flexibility to match staffing requirements with available physical capacity, all of which are part of the STP.

The STP also aims to reduce cost to the total system, as is shown in section 3, this proposal will make significant system wide financial savings or at least £0.5m per annum.

Local service provision

The local delivery of services has been emphasised, *Towards the Best Together (2008),* to achieve equality of treatment in every part of the country and allow ready access to appropriate services for patients. In particular for coronary heart disease (CHD) this refers to the provision of facilities for coronary revascularisation (PCI and Coronary Artery By-pass Graft (CABG)) which is thought to be inappropriately underprovided for in the UK compared to other developed countries. More recently *Liberating the NHS – Commissioning for Patients* (DoH 2010) sets out clear aims for patient choice and local commissioning of services where appropriate. Local provision will reduce patient journey time by 54% saving 520 hours of travel per annum across the core catchment of Peterborough, North West Cambridgeshire, and South Lincolnshire.

For complex pacing, there are very limited providers in the East of England compared to other regions which results in increased travel time and reduced choice for patients. Appendix B shows the distribution of complex pacing provision and PCI centres nationally, and the scarcity around Peterborough.

Compliance with NICE Guidelines

NICE quality standard QS68 (2014) and the ESC guidelines for the management of acute coronary syndrome patients without persistent ST-segment elevation (2015) have defined an ideal pathway for patients admitted with non ST elevation Myocardial Infarction (NSTEMI) which includes angiography and if indicated follow on PCI by 72 hours after admission for patients at intermediate or higher risk (predicted mortality > 3.0%) and within 24 hours if clinically unstable. Refer Appendix E for the risk criteria mandating invasive strategy in NSTE-ACS. It is recommended that very high risk patients and those with ST elevation Myocardial Infarction (STEMI) are transferred to a centre with primary PCI facilities and for low risk patients a non-invasive strategy is suggested first line. In PCH currently patients are triaged and those with high risk features transferred to Papworth directly for a one stop procedure whilst those with lower risk features, or who may benefit from the input of DGH based sub-specialities, undergo a diagnostic procedure at PCH with a view then to discussion at an MDT meeting before deciding on a treatment strategy. A proportion of these patients will subsequently be transferred to Papworth for PCI at a separate sitting. The proposal will enable the one stop procedure for all low risk, intermediate or higher risk patients to occur at PCH with very high risk and STEMI patients still being transferred to Papworth or an alternative suitable provider.

There are ESC (2015) guidelines[3] for the management of complex pacing.

Contribution to Monitor led enforcement planning

By providing PCI capability at PCH, the Trust will be eliminating avoidable costs from the Cambridgeshire and Peterborough health system associated with the transfer of patients between PCH and Papworth, and the frequent delays in provision of care that result in additional bed days. See Appendix C for an analysis of additional bed occupancy associated with transfer to Papworth. These savings together with reduced transport costs and avoidance of duplicate procedures will contribute to the savings required from PCH. In addition for NWAFT there will be some modest increase in income derived from PCI and Complex Pacing activity no longer going to Papworth.

Impact on 7 day working

Current provision is a five day service for angiography and bradycardia pacing. Only with new service development and recruitment/expansion, a six day service for PCI and all pacing would be provided, improving patient care and access. A seven day Cardiology on-call would follow for all patients enabling compliance with recent BCS (2016)[4] guidance.

Impact on Mortality

The Myocardial Ischaemia National Audit Project (MINAP) database is a registry of patients with acute coronary syndromes admitted to hospitals in England and Wales. A review of 10 years worth of data from 2003 to 2013 has recently been published (Association of Clinical Factors and Therapeutic Strategies With Improvements in Survival Following Non-ST-Elevation Myocardial Infarction, 2003-2013; Hall et al , JAMA. 2016;316(10):1073-1082). Over this period the was a 30% relative decrase in unadjusted 6 months all-cause mortality predominantly driven by the increase in angiography and revasularisation rates. During this time the rate of coronary artery bypass surgery remained constant at < 5% however the rates of PCI increased from 10-33% confirming the significant mortality benefit of timely PCI in this group of patients.

Nationally, if patients are admitted directly to a PCI centre then the average wait to PCI is 60.8 hours compared to 82.1 hours if an interhospital transfer is involved (BCIS audit 2014). Locally, centres who have set up PCI on site have achieved PCI rates of 86% within 72 hours; an Astra Zeneca audit of the latest available national data (2016/17) showed that 37% of Peterborough patients transferred to Papworth within 72 hours of referral compared with a national average of 58%, with centre which provide PCI locally performing substantially better than those where patients were transferred between hospitals. For example, Kettering achieved a rate of over 90%. This strengthens the case of need for a locally delived service.

2.1 Local drivers and strategic aims

CHD prevalence in Peterborough

CHD remains the leading cause of mortality amongst men and women in the UK. There are significant ethnic variations and increased prevalence in areas of high deprivation. Peterborough City Hospital serves a population of 507,000 spread across several CCGs.

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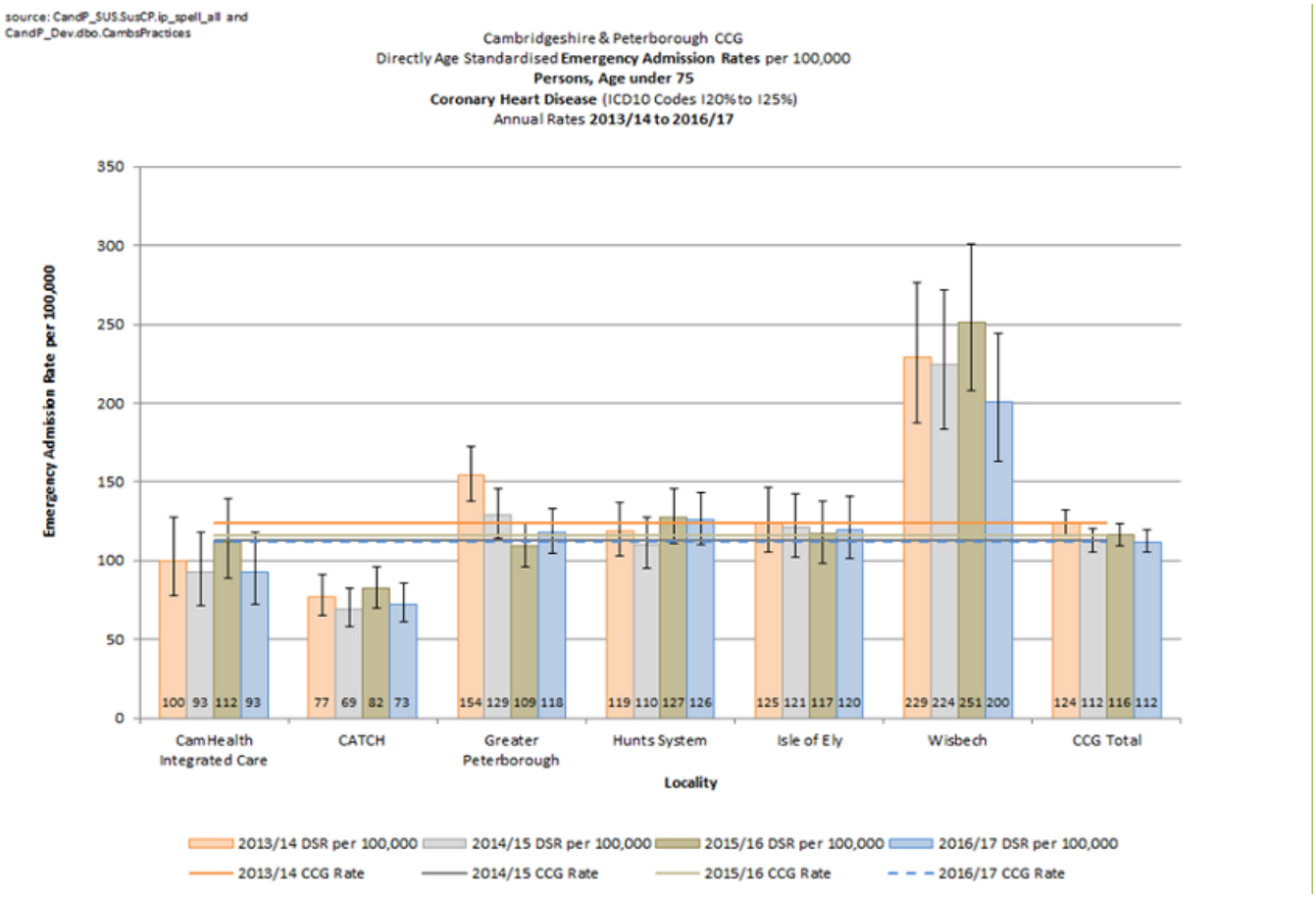
[3] ESC (2015) *European Society of Cardiology - Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation* European Heart Journal (2016)37, 267–315 doi:10.1093/eurheartj/ehv320

[4] BCS (2016) British Cardiovascular Society Working Group report: Out of Hours cardiovascular care: Management of Emergencies and Hospital Inpatients (Sept 2016)

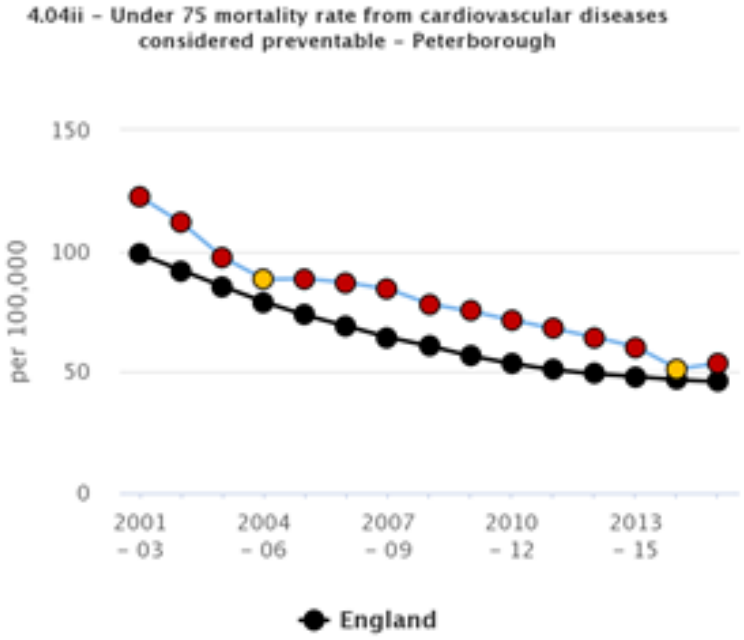
Emergency admissions for coronary heart disease in Cambridgeshire and Peterborough have declined slightly across the CCG, although Wisbech which is jointly served by PCH and The Queen Elizabeth Hospital Kings Lynn is significantly higher than other areas.

Figure 2 - Cambridgeshire and Peterborough CCG Emergency Admission rates for CHD (<75 years age)



The rate of preventable cardiovascular disease in Peterborough is higher than the average for England, and is declining at a similar rate (Figure 3)

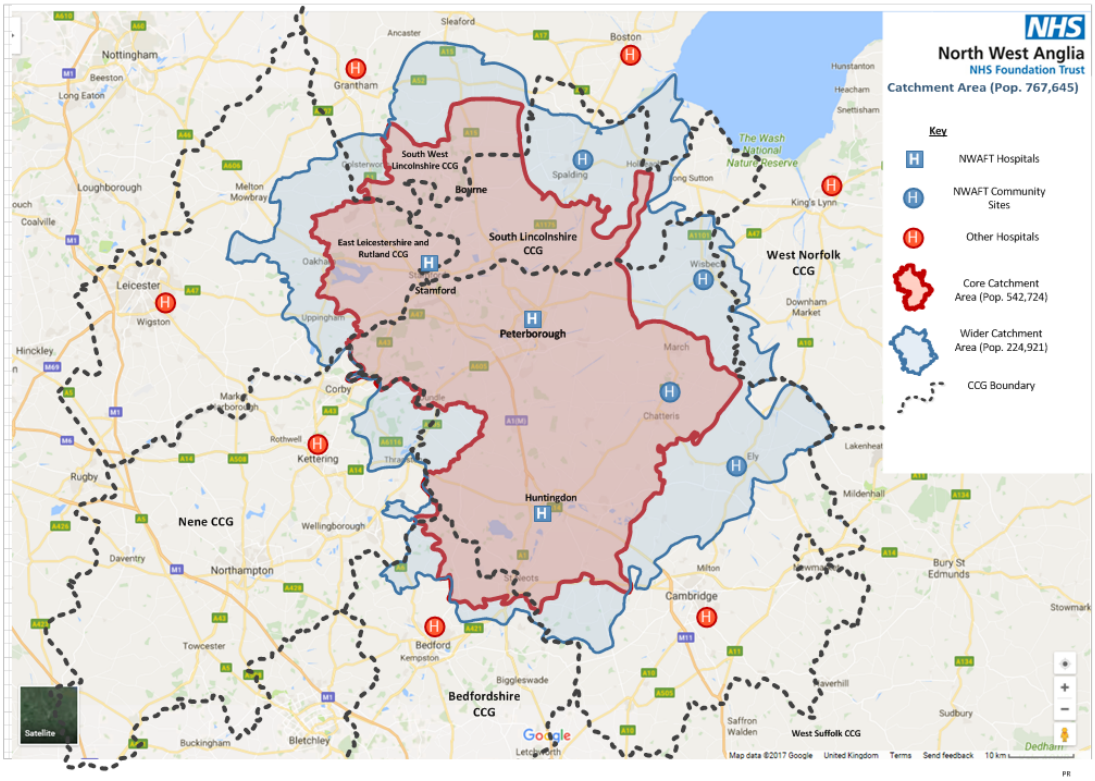
Figure 3 - Under 75 Mortality rate from cardiovascular diseases considered preventable Peterborough and all England average.



Source: Public Health England based on ONS data

The NWAFT catchment are is shown in Figure 4. The population served by the Peterborough City Hospital section of that catchment is forecast to grow by 11% to 2021, and South Lincolnshire by 4%; the older age groups, over 65, in which CHD is more prevalent are forecast to grow by 13% and 11% respectively adding 7,400 to the current 62,690.

Figure 4 - NWAFT Core and wider catchment area



Papworth role in current PCI pathway

Patients who have had an elective coronary angiogram for stable coronary artery disease and then need PCI are placed on a waiting list for elective intervention at Papworth with waiting times of 6-8 weeks, with the cases undertaken in the main by a PCH operator. Patients admitted with acute coronary syndromes who are high and intermediate risk based on established scoring systems are transferred as inpatients to Papworth for potential intervention with inherent delays so 72 hr target times are not being met adequately Those patients with acute coronary syndromes who are lower risk have a diagnostic angiogram at Peterborough first and then are either transferred as inpatients for revascularisation or as an outpatient depending on anatomy and risk profile. A minority of patients (<3 per year) are referred, by patient preference, to Leicester. Patient follow up and rehabilitation is then undertaken back at Peterborough. See Appendix D for the current and proposed patient flows.

Papworth role in current complex pacing pathway

The majority of complex devices will be implanted along an elective pathway. Patients are seen in PCH by a consultant and that same consultant then has to refer to himself at Papworth and reapprove the procedure. The waiting time for the procedure is then 8-12 weeks. Once implanted, the patient will need specific technical follow up of the device and also clinical follow up of their heart failure. This is currently disjointed with device follow up at Papworth and clinical follow up at PCH.

Patients admitted with decompensated heart failure may be deemed appropriate for device therapy as an inpatient to prevent further hospitalisation. They will be transferred to Papworth with a wait time usually 5-7 days.

Patient benefits

Peterborough PCI patients will have a one stop service closer to home eliminating the disjoint of transferring to Papworth midway through the pathway. This also provides a quicker pathway for the majority of patients with less waiting time. Travel to Papworth for these patients will not be necessary, eliminating any potential transport issues for them and their families, and reducing delays to their care whilst they await bed availability at Papworth. Whilst the clinical quality will be expected to be the same in either case the patient experience will be better and the process much smoother and efficient.

Complex device patients will enjoy a seamless one stop service for device and clinical follow up both being arranged at the same visit, hence automatically reducing their need to attend device/heart failure related hospital appointments by 50%.

Papworth relocation

Papworth was forecast to move to the CBC in early 2018; this has now been put back to April 2019. This move was driven by the need for improved access to non-cardiac specialist diagnostic and clinical services, development of research opportunities with the University of Cambridge and delivery of modern healthcare facilities.

PCH already has non-cardiac specialist services, pertinently critical care, respiratory, renal, vascular and interventional radiology. Moreover this move will make the journey for Peterborough residents to the proposed New Papworth site more problematic as it will require use of the A14/M11 corridor, which is notorious for congestion. See Appendix H for the patient impact on journey times. Patients within the PCH Lincolnshire catchment area requiring regular complex device follow up will face a round trip journey of up to 150 miles. The increase in beds at the new site will be just 17 giving 310 in total. For Peterborough and Cambridgeshire the increase in the older population is significant in the coming decades, 14% to 2021. During the relocation itself there may be capacity pressures. Capacity for PCI and complex pacing at PCH will mitigate these risks and in the longer term, release some operating capacity at Papworth for the development of specialist tertiary centre work and,

system wide, help attainment of challenging targets for trans catheter aortic valve replacement (TAVI), cardiac surgery and Electrophysiology (EP) studies. PCH catchment patients have long waits for these procedures at present with documented deaths on the waiting list.

PCH capacity

Peterborough City Hospital has one dedicated cardiac catheter laboratory which is currently operational from Monday to Friday each week. A diagnostic angiogram service was established for both elective and inpatient cases in 2005, now performing 750 procedures a year. In Autumn 2011 a pacing service started. This work is undertaken by 3 consultants. Two of these consultants work a split site post with Papworth; one is trained in coronary intervention and the other in device implantation.

Archiving and image transfer already exists between Papworth and PCH with access to a Monday-Friday MDT meeting for discussion of inpatients. In addition there is support from a visiting Electrophysiologist monthly and a formal MDT meeting is held at PCH alternate weeks involving the resident interventional, device and non-invasive Cardiologists with two visiting Cardiothoracic Surgeons from Papworth. The cardiology service at PCH is supported by a 29 bedded ward, 12 bedded CCU, cardiac day ward, cardiac investigation department with ACS, Heart failure and Arrhythmia specialist nurses.

Fit with Cardiology plans and objectives

The initiative to introduce PCI and Complex pacing provision at PCH matches the criteria outlined in the cardiology steering group objectives in that it is:

- An opportunity to provide an elective and non-elective cardiology service under a sustainable system wide/networked model;
- Can be fast-tracked to deliver improved performance/capacity/efficiency;
- Is clinically led throughout, with agreed criteria for generating and appraising options for service improvement with explicit assessment of impact on quality and outcomes of care;
- Takes into account national standards and guidelines for the delivery of improvements in cardiology services;
- Is a proposal for a high quality, safe, affordable and sustainable cardiology service;
- The demand and capacity implications of the proposed improvements have been assessed and informed local systems.

Staff recruitment and retention

Provision of a wider range of cardiac procedures will strengthen the draw for cardiologists, nurses, cardiac physiologists and radiographers and enable PCH to attract resources more effectively. The working relationship with Papworth is integral to this approach and will be retained.

3 Economic Case

Patient savings

Peterborough patients will benefit from transferring PCI and complex pacing from Papworth to PCH, through reduced delays in care, elimination of duplicated angiograms see Figure 5 below, and significant reductions in travel. The economic consequence of these should not be underestimated but have not been included in this business case.

Figure 5 - Duplication of angiograms

Commissioner	CPCCG	SLCCG	ELRCCG	SWLCCG	Other	Total
Number of angios at PCH prior to transfer to Papworth (duplication)	37	18	1	1	2	59

The cost of angiography is included in the spell cost.

Commissioner savings

The economic case includes the costs incurred by commissioners from the current arrangement which will be virtually eliminated. These include a reduction in excess bed days, reduced transport costs and a reduction in the tariff paid for each spell due to different market forces factors (MFF).

Commissioner savings are summarised in Figure 6 below. This data was taken from 2015 when the original business case was approved, which demonstrates significant costs associated with delay. Transfer delays have continued to date.

Figure 6 - Potential commissioner savings for PCH transferred to Papworth for elective and urgent PCI

Commissioner	CPCCG	SLCCG	ELRCCG	SWLCCG	Other	Total
Number of spells Jan-Dec 2015	131	52	7	5	4	**199**
Spell cost	£326,004	£138,294	£17,807	£13,950	£10,693	**£506,748**
Total LOS	594	229	26	14	28	**891**
Potential bed day savings (1)	414.9	143.5	22.9	13.7	22.3	**617**
Potential cost savings	£227,699	£86,632	£15,704	£13,695	£9,064	**£352,794**
MFF saving	£4,281	£1,629	£295	£257	£170	**£6,633**
Total saving	£231,980	£88,260	£15,999	£13,952	£9,234	**£359,427**

Investment KPIs

The key performance indicators for the success of the project are anticipated to include:

- Patient experience of new service matches expectations of new service
  - Reduced travel times
  - Easier access
  - Familiar location
- Clinical sustainability of the cardiology team
  - Increased range of services available at PCH
  - Improved recruitment and retention

- Ability to meet out of hours and seven days services requirements
- Equivalent of two beds are freed up
  - Improved patient flow through current bed stock, reducing bed occupancy by 617 bed days for PCI patients who would otherwise have transferred to Papworth
  - Likely that beds will be used for other patients thereby contributing to achievement of 18 week target.
- Reduced cost to the commissioner
  - A reduction in outpatient attendances
  - Reduction in patient transport costs
  - Reduced excess bed days
- Income generated in excess or equal to costs incurred
  - All income contributes to covering the PFI costs of PCH
  - Any income over and above costs contributes to PCH financial position

Option appraisal

The following 5 options were evaluated:

1. Do nothing
2. Mon-Fri Elective service
3. Mon-Fri Elective and Urgent service
4. Six Day Urgent and Elective service
5. Seven Day Urgent and Elective service

Within these five options we also considered four options for configuring the labs.

Figure 7 - Lab configuration options

	Lab requirement
Current	1 Lab x5 days
Option A	1 Lab x5days 1 Theatre x5 mornings (0830-1230) x3 Evenings emergency cover (1700-2000)
Option B	1 Lab x6 days (x3 Evenings emergency cover)
Option C	2 Labs x5 days (x3 Evenings emergency cover)

The number of patients applicable to each option is shown in Figure 8 below. Map in 2.2 above shows the core and non-core catchment for PCH.

Figure 8 - Number of patients forecast from the core area and also the core plus wider catchment area per annum.

Lab option	Elective		Urgent 5 Day		Urgent 6 Day		Urgent 7 Day		TOTAL	
	Core	Core + Wider	Core	Core + Wider	Core	Core + Wider	Core	Core + Wider	Core	Core + Wider
1	0	0	0	0	0	0	0	0	**0**	**0**
2	268	521	0	0	0	0	0	0	**268**	**521**
3	268	521	102	205	0	0	0	0	**370**	**726**
4	268	521	0	0	123	246	0	0	**391**	**767**
5	268	521					144	287	**412**	**808**

Appendix G shows indicative Cath Lab schedule for the current Cath Lab.

Non-Financial Benefit Criteria & Scoring

The non-financial options appraisal was undertaken by the following staff:

- Dr Jo Porter, Clinical Lead and Consultant Cardiologist
- Dr Denise Braganza, Consultant Cardiologist
- Dr Brian Gordon, Consultant Cardiologist
- Stella Hayes, Lead Nurse Cardiology
- Keith Reynolds, Assistant Director of Strategy and Planning
- Justin Wilkinson, Business & Service Improvement Manager
- Paul Lamb, Deputy Director of Finance
- Kerrie Owen, Assistant Business Manager E&M

Each option was assessed against weighted criteria. The criteria are shown in the Figure 9 below:

Figure 9 - Weighted criteria

Benefit Criteria		Weighting
1	Improvement in the quality of patient care and experience.	30%
2	Improvement in service resilience and ensuring capacity to meet demand.	30%
3	Improvement in staff recruitment and retention, both short and long term.	15%
4	Alignment with national, regional and PCH strategy.	15%
5	Increase in the cost-effective utilization of the PCH PFI asset.	10%
Total		**100%**

The scoring matrix is shown in Figure 10 below:

Figure 10 - Scoring matrix

Ranking		Criteria
0	Unacceptable	Option cannot meet the minimum criteria
1	Poor	Effort required to enable option to meet minimum criteria
2	Acceptable	Option meets minimum criteria
3	Good	Option exceeds minimum criteria
4	Very Good	Option meets or exceeds all criteria

The outcome of the non-financial appraisal is shown in Figure 11 below:

Figure 11 - Outcome of non-financial appraisal

Benefit Criteria	1		2		3		4		5		Totals	
	Weight 30		Weight 30		Weight 15		Weight 15		Weight 10			
Option	Raw	W'td	Raw	W'td	Raw	W'td	Raw	W'td	Raw	W'td	Raw	W'td
1	0	0	0	0	0	0	0	0	0	0	0	0
2	1	30	1	30	0	0	0	0	1	10	3	70
3	2	60	2	60	3	45	3	45	3	30	13	240
4	4	120	4	120	4	60	4	60	4	40	20	400

5	4	120	4	120	3	45	4	60	4	60	19	385

Comparison of options against benefit criteria

Figure 12 - scoring detail of qualitative evaluation

Benefit Criteria	Option 1	Option 2	Option 3	Option 4	Option 5
	Do nothing	**Mon-Fri Elective service**	**Mon-Fri Elective and Urgent service**	**Six Day Urgent and Elective service**	**Seven Day Urgent and Elective service**
	Score: 0	**Score: 70**	**Score: 240**	**Score: 400**	**Score: 385**
Improvement in the quality of patient care and experience i.e. provision of local service.	This will not improve patient care and experience as local patients will have to travel to Papworth or to Cambridge (when Papworth moves) for treatment.	Provision of elective service. Expected patient numbers – 268 PCI and 84 complex pacing.	Provision of 5 day elective and urgent service. Expected patient numbers – 370 PCI and 84 complex pacing.	Provision of 6 day elective and urgent service. Expected patient numbers – 391 PCI and 84 complex pacing.	Provision of 7 day elective and urgent service. Expected patient numbers – 412 PCI and 84 complex pacing.
Reduction in length of stay and improved bed capacity.	This will not reduce length of stay or improve bed capacity.	This will reduce length of stay and improve bed capacity but only for elective patients.	This will reduce length of stay and improve bed capacity substantially for elective and urgent patients across 5 days.	This will reduce length of stay and improve bed capacity substantially for elective and urgent patients across 6 days.	This will reduce length of stay and improve bed capacity substantially for elective and urgent patients across 7 days.
Improvement in staff recruitment and retention, both short and long term.	This will not improve recruitment and retention as evidenced by the current vacancy factor.	This is expected to moderately improve recruitment and retention.	This is expected to substantially improve recruitment and retention.	This is expected to substantially improve recruitment and retention.	This is expected to substantially improve recruitment and retention
Alignment with national, regional and NWAFT strategy.	No alignment.	Aligns with regional and national strategy regarding capacity provision	Aligns with regional and national strategy regarding capacity provision.	Aligns comprehensive ly with regional and national strategy regarding capacity and extended weekend working.	Aligns comprehensive ly with regional and national strategy regarding capacity and extended weekend working.
Increase in the cost-effective utilisation of the PCH PFI asset.	No benefit.	Some financial benefit but limited to elective activity.	Extended financial benefit relating to elective and urgent activity across 5 days.	Extended financial benefit relating to elective and urgent activity across 6 days	Extended financial benefit relating to elective and urgent activity across 7 days.

Qualitative Ranking of Options

On the basis of the qualitative evaluation, the various options are ranked in Figure 13 below, with option 4 – the six day urgent and elective service ranked highest:

Figure 13 - Ranked outcome of qualitative evaluation

Option	Description	Score	Ranking
4	Six Day Urgent and Elective service	400	1
5	Seven Day Urgent and Elective service	385	2
3	Mon-Fri Elective and Urgent service	240	3
2	Mon-Fri Elective service	70	4
1	Do nothing	0	5

Options Appraisal - Financial

Summary

Figure 14 - Financial headline summary

Financial Appraisal: Complex Pacing & PCI - PCH Core Area Only

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Yr 1-10
2018/19 Price Base	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Activity:											
Complex Pacing - start date Apr 2020		84	84	84	84	84	84	84	84	84	
PCI - start date Q2 2019	98	131	384	408	424	424	424	424	424	424	
Capital costs	-	-	2,238	-	-	-	-	-	-	638	2,875
Income											
Complex pacing	-	547	568	595	643	643	643	643	643	643	5,565
PCI	286	381	1,120	1,190	1,236	1,236	1,236	1,236	1,236	1,236	10,395
Urgent angiogram - non proceed	71	138	328	392	407	407	407	407	407	407	3,371
Outpatient follow up	12	33	66	71	75	75	75	75	75	75	631
Excluded devices	-	351	351	351	351	351	351	351	351	351	3,158
Total income	369	1,451	2,433	2,598	2,712	2,712	2,712	2,712	2,712	2,712	23,120
Expenditure											
Pay	384	667	795	795	795	795	795	795	795	795	7,412
Non-pay - Pacing	-	562	574	591	591	591	591	591	591	591	5,273
Non-pay - PCI	148	186	538	570	570	570	570	570	570	570	4,865
Non-pay - maintenance, lifecycle and Soft FM	-	-	71	71	71	71	71	71	71	71	564
Depreciation	-	-	76	76	76	76	76	76	76	76	604
PDC	-	-	76	73	70	68	65	62	60	71	545
Total expenditure	532	1,416	2,129	2,176	2,173	2,170	2,168	2,165	2,162	2,174	19,264
Total Direct Contribution	- 163	35	303	423	539	541	544	546	549	538	3,855
Discount Factor (3.5%)	0.96618	0.93351	0.90194	0.87144	0.84197	0.81350	0.78599	0.75941	0.73373	0.70892	
Net Present Value	-157	33	-1,681	430	513	498	483	469	455	-21	1,020
DCF	1.035										

Benefits / Case of need

- Care closer to home for PCH patients:
  - Avoidance of journeys to Papworth on the Cambridge Biomedical Campus for patients and relatives.
  - Treatment in usual/familiar place of care.

- Shorter waiting times for in-patients, saving 617 bed days p.a.
  - Procedures can be scheduled promptly saving unnecessary waiting.
  - Bed days freed up obviating need for additional capacity otherwise required to cope with growth in demand.
- One-stop procedures and reduced need to transfer patients between hospitals:
  - Reduction in costs for Patient Transport Service (PTS) and ambulance service.
  - Eliminates double spells and double punctures for those 199 patients seen at both institutions.
  - Reduction by up to 50% of follow/up appointments for all complex pacing patients by a single PCH appointment combining separate appointments at Papworth (devices) and PCH (heart failure).
- Compliance with NICE guidelines:
  - Time to treatment for PCH catchment PCI patients reduced, see Appendix D.
  - No NICE time to treatment for complex devices. Current waiting time from decision to proceed currently 10-12 weeks. Ideally should be nearer 4, some patients are decompensated and admitted whilst waiting.
  - Numbers of cases from the PCH core area are sufficient to exceed the recommended numbers required.
- Increased travel times with Papworth's move to Cambridge Biomedical Campus:
  - Cambridge Biomedical Campus further away from Peterborough than existing Papworth site and involving the country's busiest road, the A14.
  - The A14 is undergoing £1.8 Billion upgrade over the next few years that will further exacerbate journey times.
- Improved patient choice:
  - A "close to home" choice will be available.
- Development of an existing effective angiography service:
  - Creates resilience in the provision of PCI and Complex Pacing across the local health system.
  - Secures resources and capacity at a time of service relocation (Papworth to Cambridge Biomedical Campus) and with higher than average growth in demand.
- Increased capacity against rising patient numbers:
  - Adds to the capacity across Cambridgeshire & Peterborough to meet forecast population rise.
  - Creates capacity in the centre of greatest need in Peterborough.
- Ability to deliver a 7/7 general Cardiology on-call service at PCH:
  - Enhancement of response across the north of the county, South Lincolnshire and Northamptonshire.
- Additional activity for PCH:
  - In the current difficult climate additional activity at PCH will reduce the deficit and improve financial performance.
- Improved efficiency and financial benefit for the local healthcare economy:
  - Reduces costs for the system overall, releasing cash to support growth.
- Improved prospects for recruitment and retention:
  - Current difficulties experienced in recruitment will be significantly reduced as the service will be providing the expected range of care for a Cardiology department.

There are a number of risks to the current situation as shown in Figure 15:

Figure 15 – Risks of the status quo

Current risks	Likelihood Score	Severity Score	Overall Rating

Inability to recruit cardiology consultants without active cardiac catheter lab	5	5	25
Increasingly adverse impact on patient experience and travel	5	4	20
Adverse impact on achieving 18 week targets	4	4	16
Loss of activity in the diagnostic angiography service at PCH.	3	5	15
Failure to develop existing skills leading to staff leaving for other centres	2	4	8

4 Commercial Case

Note, there are no consultants included in these figures, as the team already has two unfilled consultant posts and one locum post, the combined budget for which will deliver the required activity.

There are options for staffing the rota which will meet the requirement for all interventionalists being on a primary PCI rota.

Options for Collaboration with Papworth

1.	• Papworth Surgical Backup • Papworth for PPCI (emergency transfer) + very high risk NSTEMI (transfer within 2 hours)	3 Operators: 1. Current PCH operator to continue sessions at Papworth + continue on PPCI rota at Papworth 2. Visitor from Papworth to undertake elective/ACS sessions at PCH longterm + continue on PPCI rota at Papworth 3. PCH based operator to join out of hours on call PPCI service at Papworth
2.	• Papworth Surgical Backup • Papworth for PPCI (emergency transfer) + very high risk NSTEMI (transfer within 2 hours)	3 Operators: 1. Current PCH operator to continue sessions at Papworth + continue on PPCI rota at Papworth 2. Visitor from Papworth to undertake elective/ACS sessions at PCH short-term (until > 400 cases pa) to facilitate setting up + continue on PPCI rota at Papworth 3. PCH based operator to join out of hours on call PPCI service at Papworth
3.	• Papworth Surgical Backup • Papworth for PPCI (emergency transfer) + very high risk NSTEMI (transfer within 2 hours)	3 Operators: 1. Current PCH operator to continue sessions at Papworth + continue on PPCI rota at Papworth 2. PCH based operator to join out of hours on call PPCI service at Papworth 3. PCH based operator to join out of hours on call PPCI service at Papworth

4.	• Papworth Surgical Backup • Papworth for PPCI (emergency transfer) + very high risk NSTEMI (transfer within 2 hours)	3 Operators: 1. Current PCH operator to continue sessions at Papworth + continue on PPCI rota at Papworth 2. PCH based operator to join out of hours on call PPCI service at Papworth 3. PCH based operator to join out of hours on call PPCI service with a different provider
5.	• Papworth Surgical Backup • Papworth for PPCI (emergency transfer) + very high risk NSTEMI (transfer within 2 hours)	3 Operators: 1. Current PCH operator to continue sessions at Papworth + continue on PPCI rota at Papworth 2. PCH based operator to join out of hours on call PPCI service with a different provider 3. PCH based operator to join out of hours on call PPCI service with a different provider

We will discuss these options with Papworth, but our preference is Option 1 as this meets all the clinical safety standards at lowest cost to the health system.

Cardiac Physiological and Angiography Clinical Staffing

Figure 16 - Staffing changes from existing to proposed

Combined Cardiac & Angio Staffing:			
Band	current wte	new wte	change
8A	1.0	1.0	0.0
7	4.0	4.0	0.0
6	4.6	10.2	5.6
5	10.2	12.2	2.0
4	0.0	1.0	1.0
3	0.5	4.0	3.5
2	5.6	3.2	-2.4
	24.9	34.6	9.7
		new wte	
Consultant		2.0	
Radiographer		2.7	
Admin		4.8	
Phased appointments to support extended working hours, weekends & on-call rotas			

The reasons for the proposed non-medical staffing levels are:

- BCIS states that there has to be two trained nurses (band 5 or above) in the lab at any one time during procedures.
- Longer working hours. An early and a late shift will be required. (Currently there is one shift pattern).
- There will be an increase in Pre Assessment Clinics and follow up clinics.
- 6 day working and additional on call commitments.
- Creation of an on call physiologist rota.

This represents an increase of five more clinical staff (equates to an increase of 7.0 WTE) over a 5 year period.

Increase from 2 to 7 Band 6 – Senior Cardiac Physiologists:

- To support on-call rota to cover PCI and pacing service.
- To support the NICE recommendations regarding NSTEMI patients undergoing an echocardiogram to assess LV function within 48hrs of presentation.
- To enable 6 day working for diagnostic tests at a senior level (lone working) and a longer working day (0800 – 2000).
- To support the expansion of the pacing service both on and off site – expansion is due to the complex pacing service which involves an increase in the follow-up and optimisation checks required. For patients who have complex devices there is an increase of 1-2 checks per year including remote monitoring from the home. (Dependent on patients, symptoms etc.)
- To enable the department to be compliant with the BHRS – British Heart Rhythm Society (formerly HRUK) guidelines relating to Clinical Service Guidance in relation to Implantation and Follow-up Cardiac Rhythm Management Devices in Adults (January 2015) see Appendix F.
- To enable to the department to be complaint with the NICE and BSE (British Society of Echocardiography) guidelines with regards to Heart Failure (HF) and ACS/NSTEMI patients

– particularly in relation to cardiac ultrasound (echocardiogram). Increase in CRT optimisation clinics and Heart Failure clinics will also see an increase in demand put upon the echocardiogram service due to an increase in patients requiring in-depth studies being performed.

- To enable to department to provide a highly specialised follow-up clinics for patients requiring optimization of their CRT/ICD device – optimization involves x1 senior physiologists to be in attendance in clinic with specialised knowledge of both echocardiography and device optimization with support from another allied health professional (AHP)
- Increase in CRT/ICD clinics will occur due to complexity – currently patients with non-complex devices are seen once a year. For complex devices patient review occurs 1-2 times per year and includes remote monitoring from the home.
- To enable the department to provide on-call cover for patients who will attend out of hours with device complications requiring urgent checks/re-programming.

Increase from 0 to 1 Band 4 (Senior Cardiac Assistant Practitioner):

- Support Senior Cardiac Physiologists during complex pacing follow-up clinics as per BHRS guidelines. Pacemaker clinics.
- To work within the cardiac catheter lab (once deemed competent) during non-PCI or pacing implantation cases – thereby freeing a Cardiac Physiologist to be involved in complex procedures – this will support 6 day working in the department.
- Involved during Arrythymia Clinics (fitting of long term ambulatory devices, analyses and reporting of ambulatory tests once deemed competent) - thereby freeing a Cardiac Physiologist to be involved in complex procedures.
- Involvement in the Heart Failure clinics – for patients being considered for ICD/CRT ambulatory monitors maybe considered to assess ectopy burden prior to device/treatment selection.
- Involvement during optimization of devices in clinic to ensure patient receives full benefit of device.

Increase from 0.48 to 3 Band 3 (Assistant Cardiac Practitioner):

- Involved during Arrythymia Clinics (fitting of long term ambulatory devices, analyses and reporting of ambulatory tests once deemed competent) - thereby freeing a Cardiac Physiologist to be involved in complex procedures. This will also aide in lowering the current waiting times from 4-5weeks to 2 weeks
- Support 7day working within the department
- Provide cover in HF clinics for patients requiring diagnostic tests prior to CRT/ICD selection

<u>Band 3 Administrative and Secretarial requirements for Complex pacing and PCI 2.00 WTE</u>

Requirements for audit and data input, increased audit arrangements will be needed to comply with:

- National databases BCIS-CCAD and NICOR.
- Regional audit (East Anglian regional PCI audit).
- Local audit.

When attend for pre-assessment patients need booking onto system and on the day of procedure. These personnel will assist with effective list management, for both waiting list and the daily schedule arrangements.

Band 3 Administrative support 1.00 WTE Cardiology Investigations Department

Every patient needing the procedure will be booked locally, this requires them to be booked onto PAS and TOMCAT. Patient letters will need collating and sending out, they will need to be available to manage incoming queries and contacting patients directly if arrangements alter. These processes are part of the 'cardiology booking team' responsibilities and will be undertaken by the Band 3/4 team. Band 2 support for reception and general clerical duties will enable to booking team to be released from these tasks and support 6 day working.

Medical Secretary Band 2 1.8 WTE

This increase in establishment will cover the additional activity generated by the PCI patients from their outpatient appointment to their actual procedure. The clinical admin and associated correspondence i.e. GP letters will need transcribing and typing.

Validation of Etrack pathways for PCI patients, and a predicted increase in general admin due to increased outpatient follow ups.

Location

The PCI and Complex Pacing service can start within the existing Cath Lab requiring some additional equipment only. As the service builds up there will be a need to fit out additional cathlab to provide the full service to PCH core patients. This is expected to be in year 2019/20 and the financial analysis shows this.

5 Financial Case

Figure 17 - Costing summary

Financial Appraisal: Complex Pacing & PCI - PCH Core Area Only

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Yr 1-10
2018/19 Price Base	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Activity:											
Complex Pacing - start date Apr 2020		84	84	84	84	84	84	84	84	84	
PCI - start date Q2 2019	98	131	384	408	424	424	424	424	424	424	
Capital costs	-	-	2,238	-	-	-	-	-	-	638	2,875
Income											
Complex pacing	-	547	568	595	643	643	643	643	643	643	5,565
PCI	286	381	1,120	1,190	1,236	1,236	1,236	1,236	1,236	1,236	10,395
Urgent angiogram - non proceed	71	138	328	392	407	407	407	407	407	407	3,371
Outpatient follow up	12	33	66	71	75	75	75	75	75	75	631
Excluded devices	-	351	351	351	351	351	351	351	351	351	3,158
Total income	369	1,451	2,433	2,598	2,712	2,712	2,712	2,712	2,712	2,712	23,120
Expenditure											
Pay	384	667	795	795	795	795	795	795	795	795	7,412
Non-pay - Pacing	-	562	574	591	591	591	591	591	591	591	5,273
Non-pay - PCI	148	186	538	570	570	570	570	570	570	570	4,865
Non-pay - maintenance, lifecycle and Soft FM	-	-	71	71	71	71	71	71	71	71	564
Depreciation	-	-	76	76	76	76	76	76	76	76	604
PDC	-	-	76	73	70	68	65	62	60	71	545
Total expenditure	532	1,416	2,129	2,176	2,173	2,170	2,168	2,165	2,162	2,174	19,264
Total Direct Contribution	- 163	35	303	423	539	541	544	546	549	538	3,855
Discount Factor (3.5%)	0.96618	0.93351	0.90194	0.87144	0.84197	0.81350	0.78599	0.75941	0.73373	0.70892	
Net Present Value	-157	33	-1,681	430	513	498	483	469	455	-21	1,020
DCF	1.035										

Costing assumptions

Activity and income

- The base case level of activity represents activity that is within PCH's "core" catchment area based on actual activity information supplied by Papworth.
- Activity lines used are those currently used on PCH core area patients at Papworth.
- It has been estimated that 75% of patients will take up Cardiac Rehab (conservative as all patients will be offered rehab).
- The activity phasing used is consistent with the current Cardiology team and anticipated recruitment levels.
- Complex Pacing - expected start date of 1/04/20.
- PCI - expected start date of 1/07/19. Full roll out from 1 April 2020.
- 18/19 tariffs have been applied and uplifted for NWAFT's Market Forces Factor (MFF).
- All pacemaker patients will have two follow up outpatient appointments per annum.
- All PCI and angiogram patients will have one follow up outpatient appointment per annum.
- As per BCIS activity assumptions, it is expected that 38.9% of patients will have an angiogram but will not proceed to PCI.
- 10% of urgent PCI patients are expected to have a multi-vessel procedure i.e. 3+ stents.
- The programme shows only appropriate activity that would have been undertaken at Papworth on PCH core area patients transferring to PCH.

- The target population for Pacing and PCI show a growth of 3.72% year on year. This has not been factored in to the activity and income as no equivalent facor is available for costs or tariffs.

Pay

- All WTE staffing requirements are as defined by the Cardiology Project Team.
- The WTE has been phased in line with the activity phasing expectation.
- Mid-point pay costs have been used (including on-costs).

Non-Pay

- Stenting costs are based on supplier quotes and BCIS averages in terms of consumables required.
- 10% of all PCIs will be multivessel requiring additional stenting consumables.
- Pacing device costs are based on supplier quotes.
- ICD/CRTD device costs are excluded from tariff i.e. this expenditure will be cost neutral as will be passed on to commissioners as per PbR rules.
- All costs include VAT where appropriate.
- No potential consumable rebates have been applied.

6 Management Case

Arrangements for management and delivery

Key tasks are:

a) procurement and installation of equipment:
   i. The equipment needs to be compatible with/same brand as existing to ensure interoperability and reduce the training burden. Having equipment from the same manufacturer and all staff familiar with that range has a positive impact on patient safety
   ii. Opportunities exist to schedule procurement with existing equipment purchases/renewals already in the capital plan. This has a reducing influence on costs.
   iii. The ramp up phase following mobilisation is designed to minimise capital expenditure whilst ensuring that forecast demand can be dealt with.
b) recruitment of additional staff:
   i. Timing of recruitment to mesh with delivery and installation of equipment so that necessary training and familiarisation can be completed prior to service commencement.
   ii. Additional staff are planned to be recruited as the demand requires and the service grows.

Project management

The project will be managed by the Cardiology Service Team supported by Keith Reynolds Associate Director of Planning and Strategy. Resource required is loaded towards the mobilisation phase.

Constraints/dependencies

The critical dependency is the building of a 2nd Cathlab by converting the current Pacing and CCU4 areas into a space for an interventional system to enable full roll out.

High Level Project Plan

The proposed implementation timeline is set out in Figure 18 below:

Figure 18 – Proposed implementation timeline

Action	Due Date
Obtain Trust Board sign off of OBC	Oct 16
Obtain NHSE and CCG approval and ensure reflected in October STP plan Include in 19/20 commissioning intentions.	Dec 18
Commence BCIS audit process. *The BCIS audit process is planned for five months to allow a degree of slippage. Experience from elsewhere shows that the audit process is usually completed in a little over three months.*	Jan19
Commence recruitment: • Complex pacing.	Jan 20

• PCI.	Jan 19
Commence complex pacing. *The consultant identified for this work currently sees the patients from the PCH core area at Papworth. Suitable patients only will be seen at PCH.*	Jan 21
Obtain BCIS approval. *See above.*	Jan-Jun 19
Commence PCI.	Jul 19
Construct second cath lab	FY22

There are a number of risks to the success of this service development as follows:

Figure 19 - Delivery risks

Potential Risks and Mitigation	Likelihood Score (A)	Severity Score (B)	Overall Risk (A x B)
Failure to obtain commissioner approval. Mitigation a) C & P commissioners have confirmed informally that they will support service developments which form part of the STP which this service development does. b) PCH Cardiology to undertake Lincolnshire CCG and NHS England engagement to explain patient benefits and system savings. c) Formal commitment to be obtained as part of the business case approval process.	3	5	15 (significant)
Failure to recruit staffing on time. Mitigation a) Provision of complex pacing and PCI will further enhance the attractiveness of the PCH Cardiology service and improve recruitment potential. b) Mobilisation plan shows a planned build up to full capacity in 2018/19 allowing sufficient recruitment time.	2	5	10 (Moderate)
Demand exceeds capacity, i.e. activity is higher than the estimates used in this business case. Mitigation a) The baseline case used in this proposal covers appropriate activity from the PCH core area which it is reasonable to expect will use services at PCH.	2	2	4 (low)

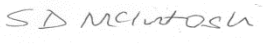
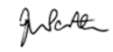
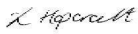
Potential Risks and Mitigation	Likelihood Score (A)	Severity Score (B)	Overall Risk (A x B)
b) The service has a phased implementation plan so adjustment can be made to capacity to meet the actual service demand. c) The lab capacity plan also has options for use on a second half day if needed. d) Activity variances have been modelled to ensure the robustness of the financial analysis.			
Demand fails to reach the levels indicated. Mitigation a) Current demand within the PCH core area supports the PCI figure of 391. b) The population profile for Peterborough predicts demand for PCI above the national average. c) The population growth for the older age group in Peterborough is forecast to be well above the national average.	1	4	4 (low)
Failure to obtain BCIS approval on first application. <u>Mitigation</u> a) The project timeline allows five months for this process to cater for unforeseen issues.	1	4	4 (low)
Reduction in tariffs. <u>Mitigation</u> a) Any reduction in tariff will be based on the changing national costs of carrying out the procedures covered by this proposal. Therefore, reduced income would be matched with reduced costs.	2	4	8 (low)
Delay in completion of Theatre fire remedial works. <u>Mitigation</u> a) The project plan includes a strategy for dealing with any delay to the fire remedial works and preserves the start date. (to be confirmed.) b) Longer working days and weekends can be scheduled	2	3	6 (low)
Failure to find a partner organisation to provide cover. <u>Mitigation</u>	1	5	5 (low)

Potential Risks and Mitigation	Likelihood Score (A)	Severity Score (B)	Overall Risk (A x B)
a) First choice existing partner Papworth b) Other possibilities exist			

7 Information for Post-implementation Review

- Service commencement as per project plan.
- Installation of all equipment by planned service commencement date.
- Recruitment, induction and training of staff by service commencement dates.
- Patient volumes as per forecast.
- Achievement of forecast reduction in bed days for this patient cohort.
- Pay and non-pay costs as per forecast/budget.

8 Stakeholder Agreement

NAME	POSITION	SIGNATURE	DATE
Sue McIntosh	Project Sponsor		14/10/16
Stella Hayes	Project Manager		10.9.16
Jo Porter	Clinical Lead		10/9/16
Jon Naylor	CD Support		14/10/16
Justin Wilkinson/Kerrie Owen	CD Support		10/9/16
Wyn Hughes	Medical Devices Group Chair	N/A	
N/A	PAGIT Group Chair or Vice Chair		
John White	Estates and Facilities Project Manager		
Lynne Evans	Senior Buyer Projects	N/A at this stage	
Kate Hopcraft	DDoF Performance, Information & Contracting		14/10/16
Bozena Krogulec	Capital Accountant		12/10/16
Amanda Parry	Finance Business Partner		14/10/16
Paul Boughton	Financial Planning & Analysis Team		12/9/16
Paul Lamb	Capital Committee Chair		
	IMG Chair		

	FIC Chair		
	Trust Board Chair		

9 Appendix

9.1 Appendix A – Financial Analysis

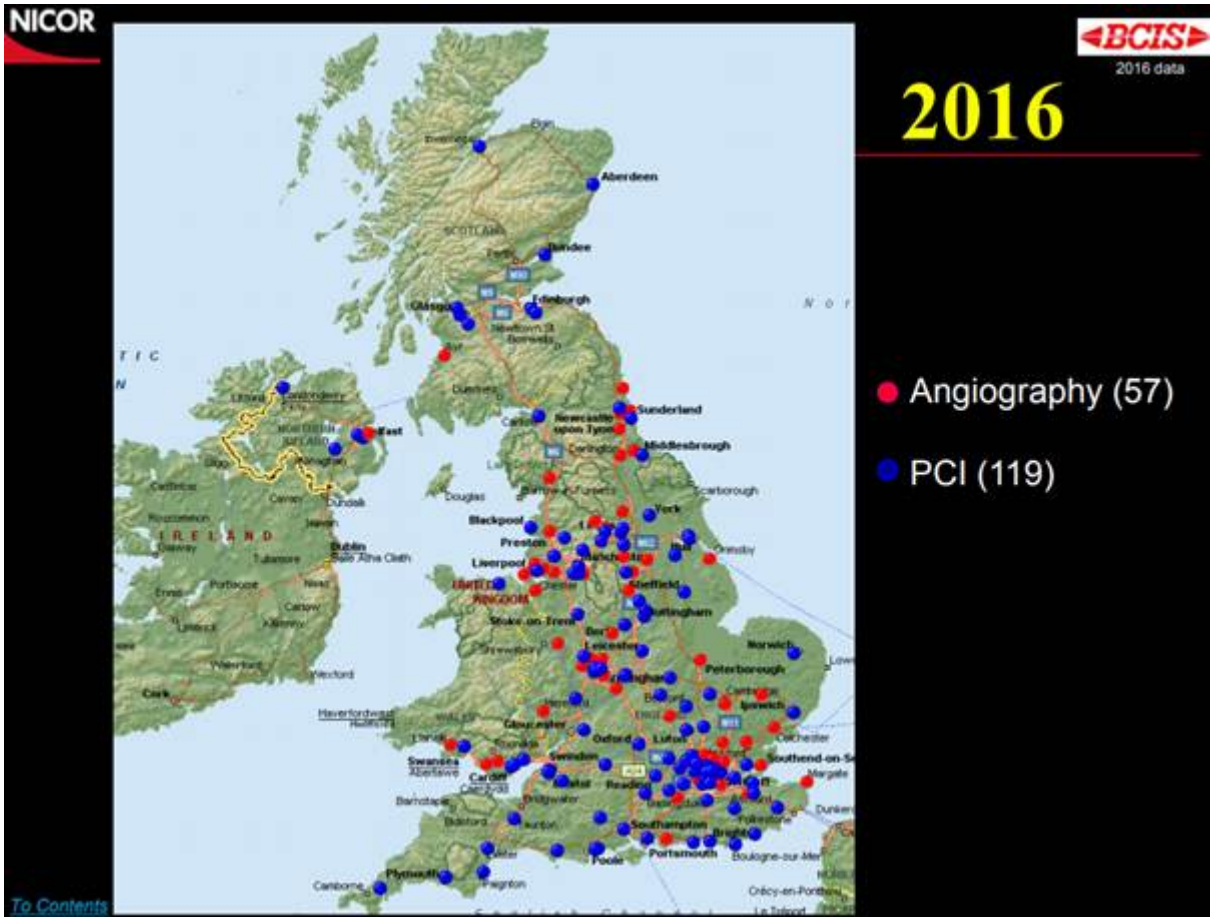
UPDATED - Pacing and PCI Costing @ Oct

9.2 Appendix B – Distribution of implanting provision and PCI nationally

Map showing complex pacing centres highlighting the lack of provision in the East of England. Each star is an implanting centre- bigger stars are multiple centres close together.

The East of England is less well provided for. The new Papworth will be 37 miles to the south and the furthest north device patient is in Grantham 37 miles north.

Map showing PCI centres across the United Kingdom which highlights the lack of provision in the East of England.



9.3 Appendix C – Bed occupancy associated with transfer of patients to Papworth

Patients transferred to Papworth for PCI (1 and 2) - 1 January 2015 to 31 January 2016

Table 1

Commissioner	**06H00**	**99D00**	**03W00**	**04Q00**	**08D00**	**09W00**	**12A00**	**13P00**	**Total**
	C & P	S Lincs	E Lei & Ru	SW Lincs					
Number of spells	131	52	7	5	1	1	1	1	**199**
Spell cost	£326,004	£138,294	£17,807	£13,950	£3,328	£3,183	£999	£3,183	**£506,748**
Total LOS	594	229	26	14	6	10	1	11	**891**
%age of cases	66%	26%	3.5%	2.5%	0.5%	0.5%	0.5%	0.5%	
cum %age cases	66%	92%	95%	98%	98%	99%	99%	100%	
Potential bed day savings (1)	414.9	143.5	22.9	13.7	4.7	8.6	1.6	7.4	**617**
Potential cost savings	£227,699	£86,632	£15,704	£13,695	£2,629	£2,734	£1,554	£2,149	**£352,794**
MFF saving	£4,281	£1,629	£295	£257	£49	£51	£29	£40	**£6,633**
Total saving	£231,980	£88,260	£15,999	£13,952	£2,678	£2,785	£1,583	£2,189	**£359,427**

(1) Total length of stay less difference between admission date and fit for procedure date		PSHFT MFF	1.060237741
		Papworth MFF	1.08017138
Average bed day tariff	£569		0.9815
		Saving	1.9%
		Cost saving	

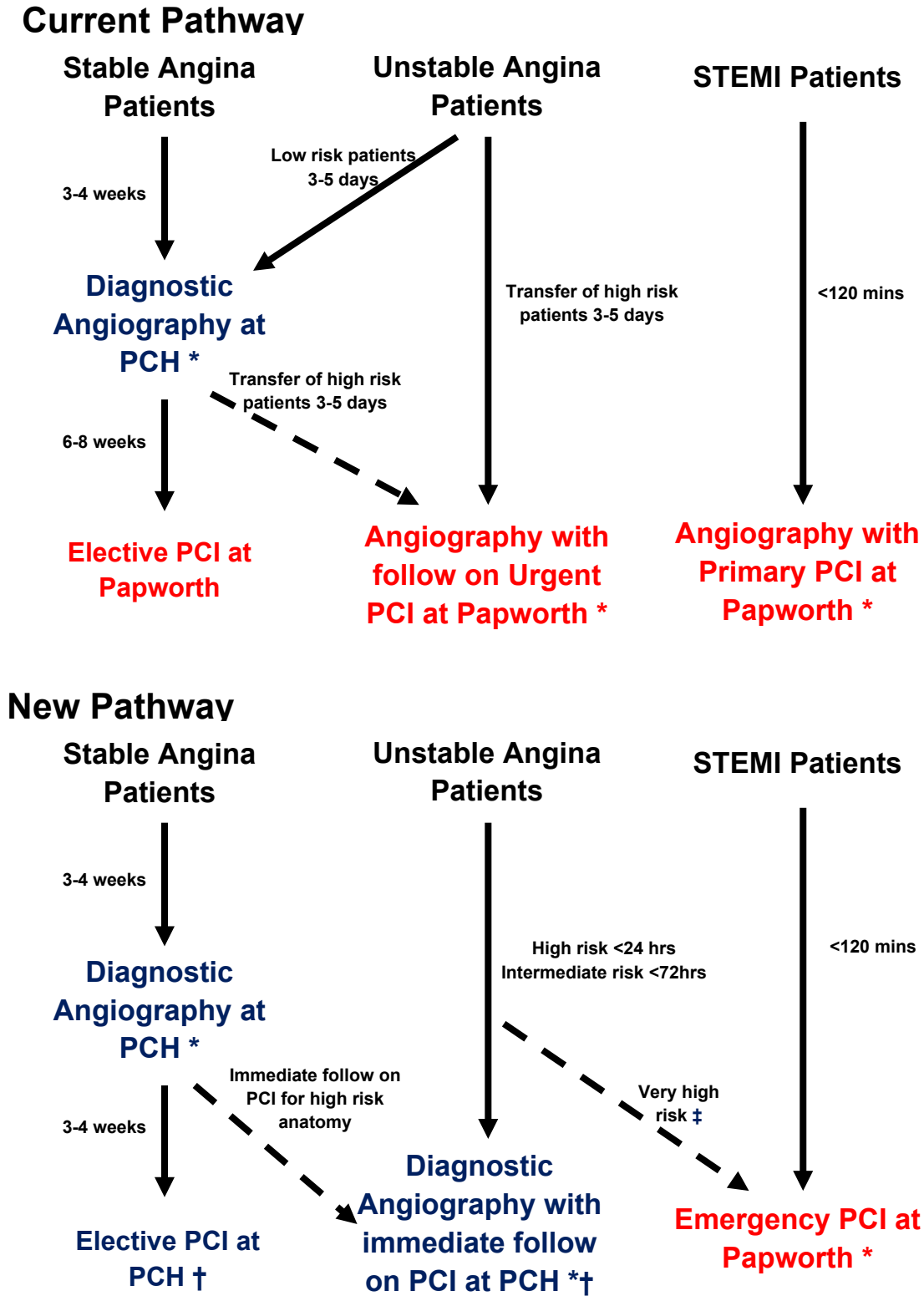
Table 2

Commissioner	**06H00**	**99D00**	**03W00**	**04Q00**	**08D00**	**09W00**	**12A00**	**13P00**	**Total**
Number of angios at PCH	37	18	1	1	0	1	0	1	**59**

Cost of angio included in spell cost in table 1

Commissioner	
03W00	East Leicestershire and Rutland CCG
04Q00	South West Lincolnshire CCG
06H00	Cambridgeshire and Peterborough CCG
08D00	Haringey CCG
09W00	Medway CCG
12A00	South Gloucestershire CCG
13P00	Birmingham Crosscity CCG
99D00	South Lincolnshire CCG

9.4 Appendix D – Current and proposed patient pathways



*Subgroup managed medically or with surgery

† After discussion in a cardiology MDT it is envisaged that a small subgroup of patients will be referred for PCI in a tertiary centre

‡ Very high risk as per 2015 guidelines for the management of ACS NSTEMI

9.5 Appendix E – Risk criteria mandating invasive strategy in NSTE-ACS

Table 13 Risk criteria mandating invasive strategy in NSTE-ACS

Very-high-risk criteria
• Haemodynamic instability or cardiogenic shock
• Recurrent or ongoing chest pain refractory to medical treatment
• Life-threatening arrhythmias or cardiac arrest
• Mechanical complications of MI
• Acute heart failure
• Recurrent dynamic ST-T wave changes, particularly with intermittent ST-elevation
High-risk criteria
• Rise or fall in cardiac troponin compatible with MI
• Dynamic ST- or T-wave changes (symptomatic or silent)
• GRACE score >140
Intermediate-risk criteria
• Diabetes mellitus
• Renal insufficiency (eGFR <60 mL/min/1.73 m^2)
• LVEF <40% or congestive heart failure
• Early post-infarction angina
• Prior PCI
• Prior CABG
• GRACE risk score >109 and <140
Low-risk criteria
• Any characteristics not mentioned above

CABG = coronary artery bypass graft; eGFR = estimated glomerular filtration rate; GRACE = Global Registry of Acute Coronary Events; LVEF = left ventricular ejection fraction; PCI = percutaneous coronary intervention; MI = myocardial infarction.

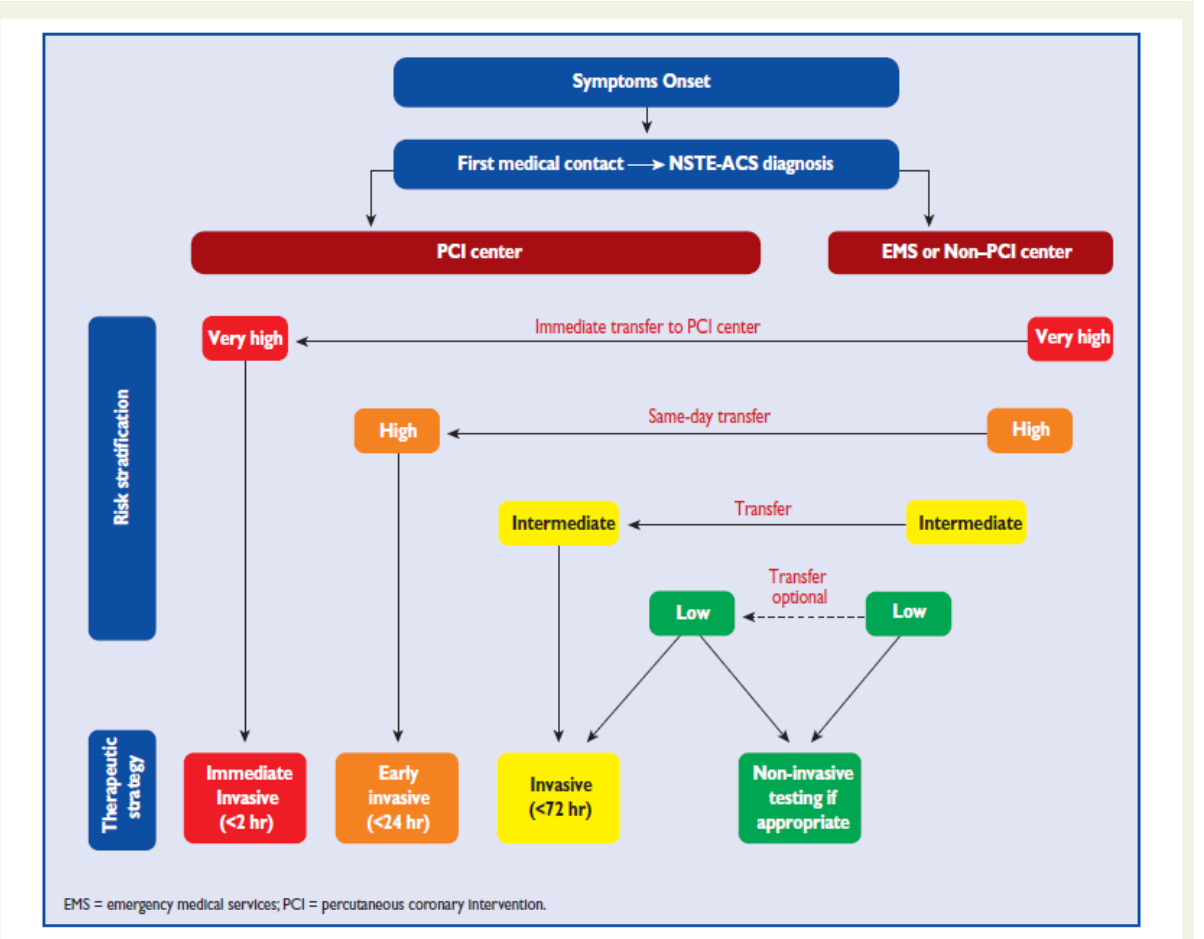


Figure 6 Selection of non-ST-elevation acute coronary syndrome (NSTE-ACS) treatment strategy and timing according to initial risk stratification.

9.6 Appendix F – British Heart Rhythm Society guidelines.

BHRS – British Heart Rhythm Society (formerly HRUK) guidelines relating to Clinical Service Guidance in relation to Implantation and Follow-up Cardiac Rhythm Management Devices in Adults (January 2015):

"STAFFING QUALIFICATIONS AND TRAINING

All device implants and device follow up centres must have a designated clinical head of department (HoD). The HoD may either be a specialist registered physician or a specialist healthcare scientist. The healthcare scientist(physiologist) lead who is undertaking unsupervised device follow-up must hold BHRS, EHRA or IBHRE certification and have the knowledge and skills equivalent to Agenda for Change band 7. Depending on the clinic throughput, it is recommended that the clinic should be run by two staff, one of whom meets the lead role competencies.

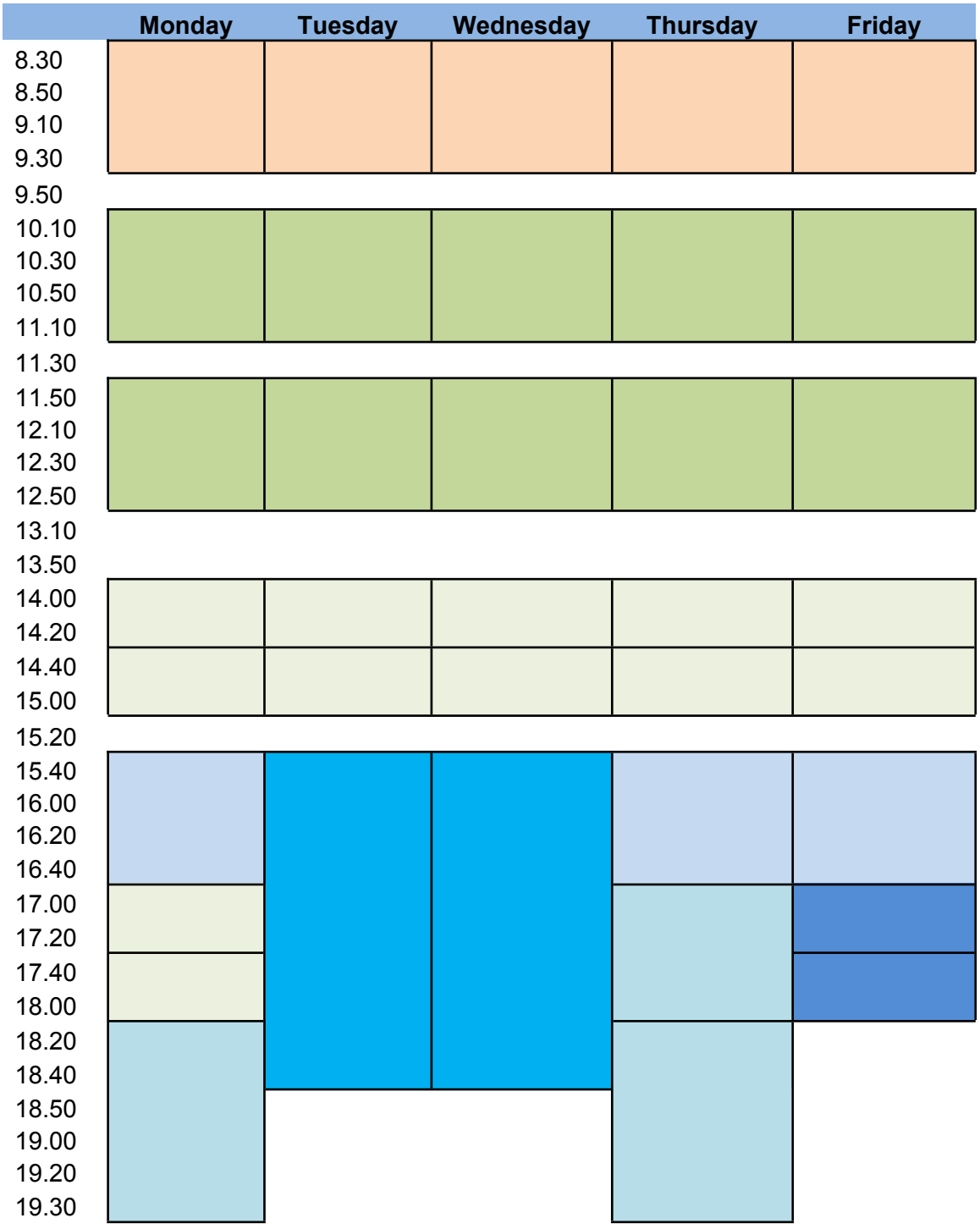
2.1 HIGHLY SPECIALISED CARDIAC PHYSIOLOGIST

a. A qualified cardiac physiologist (BSc Clinical Physiology or equivalent) with the knowledge and skills equivalent to Agenda for Change band 7
b. Evidence of post-graduate training in cardiac rhythm management techniques, e.g. holds appropriate certification with BHRS, EHRA or IBHRE
c. Hold current ILS or ALS accreditation
d. Evidence of continuing professional development (CPD) in cardiac rhythm management

4. ICD/CRT FOLLOW UP CLINICS
There should be a clearly defined protocol documenting the lines of communication and support between the lead cardiac physiologist for the ICD and CRT follow-up service and the consultant cardiologist responsible for the on-site service to ensure that clinical governance requirements are met. ICD and CRT follow-up clinics should not be undertaken without a designated physician available on site. There should be a 24hr emergency service available to deal with patients admitted for multiple shock delivery or non-delivery of appropriate therapy. This should consist of an appropriately trained cardiac physiologist and an appropriately trained cardiologist, either on site or with clearly defined, documented and agreed
protocols with other implanting centres to provide emergency on-site treatment.

9.7 Appendix G – Proposed Cath Lab schedule

Cath lab Capacity



Key	
Proceed (10)	elective PCI (5)
ePPM (12)	uPPM (2)
CRT (6)	loop/box (2)

Indicative slots per week in brackets . The cath lab will be re-opened as needed out of hours for emergency pacing / temporary pacing wire insertion. At the weekend it is envisaged the lab will be opened on Saturday

(and if needed Sunday) for high / intermediate risk patients. PPCI patients and very high risk ACS patients will be transferred emergently to Papworth at all times.

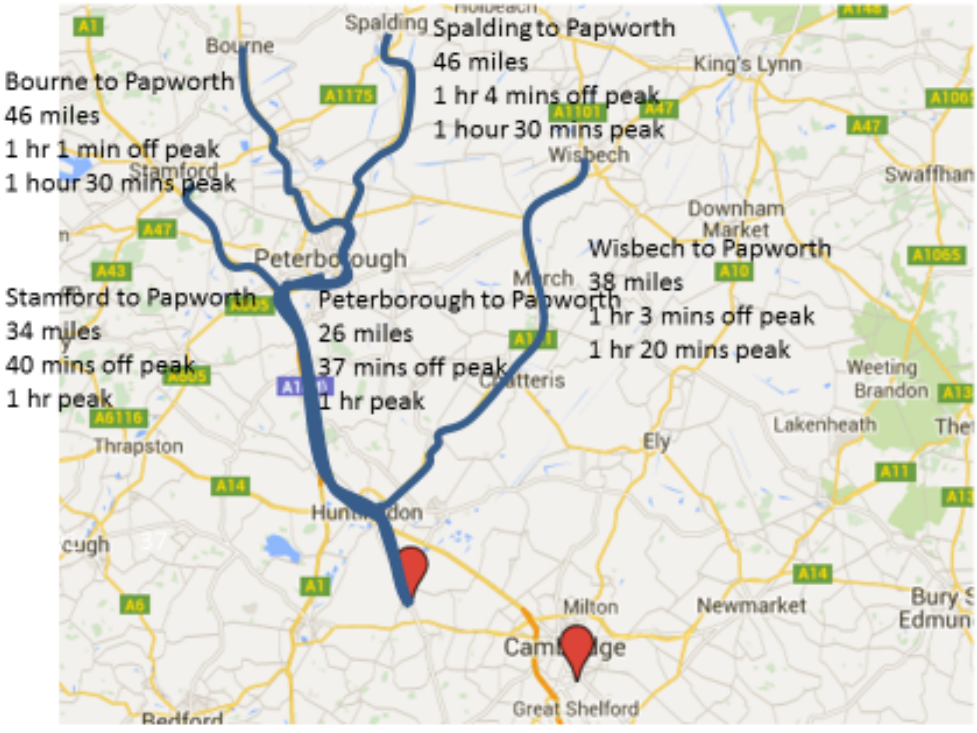
9.8 Appendix H – Travel times for PCH catchment patients to Papworth at CBC

- 30-80% increase in travel time following move to Cambridge Biomedical Campus (CBC)
- Longest travel time 2hr 10m (130 mins peak from Spalding)
- Travel time from Peterborough is 1 hour 50 mins at peak time (40 miles)
- Off peak travel time range from just under an hour to over 1½ hours
- Furthest travel distance to Papworth in PCH catchment is 68 miles from Spalding compared to 19 miles to PCH

	No. of PCI	PCH			Papworth (Cambridge Biomedical Campus)			Total travel reduction PCI at PCH No of pts x additional hours travel x return journey			
		Miles	Off peak mins	Peak mins	Miles	Off peak mins	Peak mins	Off peak mins	Off peak hrs	Peak mins	Peak hrs
Pboro	231	3	9	12	40	55	110	10,626	354	22,638	755
Stamford	33	13	20	22	44	58	110	1,254	42	2,904	97
Bourne	17	16	35	35	61	79	130	748	25	1,615	54
Spalding	35	19	35	40	68	93	130	2,030	68	3,150	105
Wisbech	84	22	40	40	44	77	110	3,108	104	5,880	196
Total	400							17,766	593	36,187	1,207

Peak = Monday 12 September 2016 departing 7.30am Off peak = Monday 12 September 2016 departing 2pm using Google maps.

Peterborough and South Lincolnshire residents already have long travel distances to the existing Papworth site.



Google map travel distances and times to Papworth hospital off peak = Wednesday at 2pm, peak = Thursday leaving at 7.30am

13

This will increase significantly when Papworth moves to the new Papworth site next to the Addenbrookes in Cambridge.

Google map travel distances and times to Papworth hospital off peak = Wednesday at 2pm, peak = Thursday leaving at 7.30am

14

Appendix 3

The issue of PCI has been discussed a number of times within the Cambridgeshire and Peterborough STP. Both the CCG and NHS England as the commissioners have committed to work in partnership with the stakeholders to ensure that by the end of 2018/19 FY a clear commissioning decision is made about the suture provision arrangements for PCI.

1. Background

Percutaneous Coronary Intervention (PCI) is an established treatment for stable ischaemic heart disease and acute coronary syndromes. PCI activity in the UK has been steadily rising from 590 per million population (pmp) in 2000 to 1488 pmp in 2014.

The CCG received an original business case in summer 2016, and subsequently there have been a number of working groups including clinical groups who have discussed PCI.

In Early 2018, CAG agreed that the clinical case was valid, and HCE agreed that at this time it was not a priority for the STP and agreed to not proceed with the business case at this time.

NWAFT have raised their concern about the lack of commissioning decision on PCI and the CCG agreed clear commissioning is required to address the lack of clarity.

2. Getting to a Commissioning Decision

CPCCG and NHSE are accountable for the commissioning of the services. The CCG will lead the development of a business case in partnership with NWAFT and Royal Papworth this financial year.

By the close of March 2019 the CCG and NHSE agree to:

- Have co-created the business case;
- Worked collaboratively with clinicians and managers to agree a decision making framework that enables an agreed position to be taken;
- Taken the decision through the board/organisational governance to progress the commissioning decision outcome.

The CCG will work within the STP structure to ensure the progress and issues are fully understood during the business case and decision making process.

A full stakeholder engagement and communication plan will be included in the development of the business case.

The Commissioners are legally required to comply with the requirements for public involvement and consultation, and local authority consultation.

The draft timeline for the process at this early stage is:

- July 18 - February 19 - Business Case development, with bi-monthly HCE updates.
- February 19 – FPPG review.
- March 19 – CCG GB and NHSE SMT

- April 19 – HCE and STP Board
- April-June 2019 - NHSE clinical senate review
- July-September 2019 - Public consultation (if required)

3. Scope of the Business Case

This work will examine the case for PCI at Peterborough City Hospital. Services included in the business case will be elective and non-elective PCI at Peterborough City Hospital.

Non elective PCI is commissioned by NHS England to a national service specification which is more demanding than that for elective PCI. This work will therefore clarify if and how any non- elective PCI cases could be commissioned by NHSE at Peterborough City.

There was been agreement through the STP Care Advisory Group that 24/7 cardiology at Peterborough City Hospital is critical for safe provision of cardiology across the STP and that actions to deliver this would proceed independent of any decision of the future PCI configuration. This case will therefore assume that 24/7 cardiology is in place at Peterborough City Hospital.

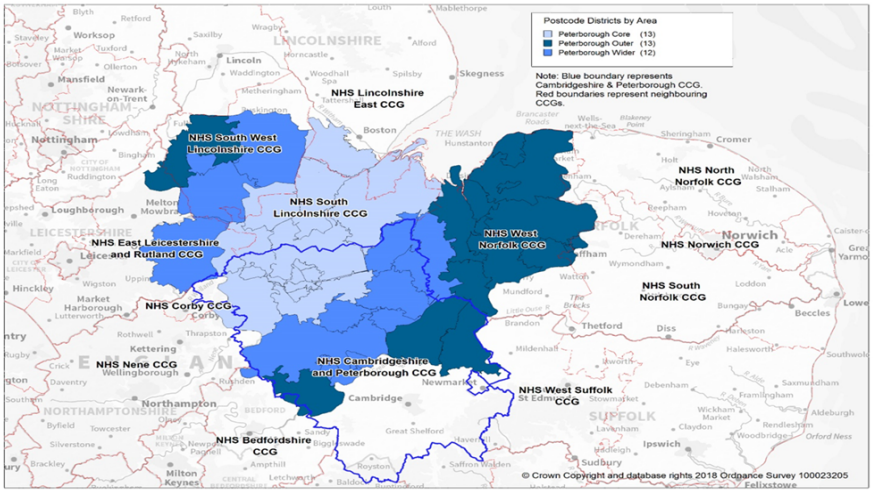
It will assume that the proposed pathway for diverting NSTEACs patients direct to a Primary PCI centre is already in place and perform a sensitivity analysis on the number of patients that then flow to Peterborough City Hospital.

Unlike the business case from September 2016 it will not examine the case for complex pacing at the Peterborough City Hospital site.

4. Geography

There are Primary PCI centres in Lincoln, Nottingham, Leicester Kettering as well as Papworth.

The possible catchment area for Peterborough City Hospital is shown below. Much of the possible catchment is outside the Cambridgeshire and Peterborough CCG and half the area is served by East Midlands Ambulance Service.



5. Contents of the Business Case

The business case will contain the following areas:

Strategic case	There will be specific reference to emerging GIRFT work. Any anticipated changes in relevant clinical standards.
Population Health Need for PCI	This will estimate the likely and potential maximum number of patients. Given that CHD prevalence is falling but there is some population growth it will give estimated numbers of PCI procedures needed.
Clinical case	It will examine the likely benefits and disbenefits of providing PCI at Peterborough City Hospital including the clinical impact of travel and transfer time changes for patients. It will examine whether the clinical standards for PCI/ PPCI (as relevant) are likely to be met.
Operational case	This will estimate the operational changes at the affected Trusts required for PCI delivery at Peterborough Hospital including: • Changes in ambulance dispositions • Changes in ED presentations • Changes in angiograms • Availability of catheter lab time • Changes in Length of Stay
Financial case	Commercial/cost impact to all Trusts (RPFT, NWAFT, United Lincoln, Kettering, etc) Costs saved and costs incurred at all Trusts affected, including void costs. These total income and costs saved/ incurred to be presented by STP area as well as organisation.

6. Recommendations

A. Note and comment on this report as the scope and governance process for deciding on whether to develop PCI at Peterborough.
B. Ensure that system support through the process.
C. Ensure that adequate contract reporting and monitoring is provided throughout the remainder of 18/19 on the pathway metrics required for PCI.

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[redacted]

[redacted]

Oundle PE8 5TG

[redacted]

27 JUL 2018

Dear DR Gordon,

When I had an appointment with you on 29th June at City Hospital, I told you I have suddenly been widowed in April this year. As a consequence my income has more than halved, also I dont drive and getting to Papworth at its present location is very difficult and exspensive, for my Pacemaker check-up Twice a year. Enquireing about new site at Addenbrooks, even with the Volunteer Action to take me, it would cost over £50. It's hard enough to get to City Hospital. Is there anyway that my Pacemaker could be checked at City Hospital. I am also having to move and am closing up my present home after living here 45 yrs, and have to move to small bungalow in Oundle.

I do fear I will not be able to get to these check-up. I do hope Something can be done about this Situation, as I am sure there are many more people in my situation, having to travel so far, for such important Checks.

Please excuse writing, I have an eye infection, and it's 32c it's very hot.

With Kind regards

[redacted]

[redacted]
Sent: 16 June 2014 17:03
To: BRAGANZA, Denise (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
Subject: FW: Angioplasty

Hi, For your information, couldn't send a copy to Sarah as I have lost the address, Regards, [redacted]

[redacted] Diabetes UK Vo!ces,
Active in the Prevention of Diabetes,
[redacted]

From: Fallon Joanne [mailto:Joanne.Fallon@cambridgeshireandpeterboroughccg.nhs.uk]
Sent: 16 June 2014 10:41
To: [redacted]
Subject: RE: Angioplasty

Dear [redacted]

Sorry for the delay in answering your email, I wanted to make sure I was able to investigate further the issue you have raised.

This was discussed at the Peterborough Patient Forum Group meeting on 20th May and the group agreed it should be raised with the Peterborough LCG Board. The Board met last week and discussed the way the service currently operates and the requirements for how the service needs to be run.

As you are aware, currently patients are referred for an angiogram at Peterborough City Hospital via RACPC and Cardiology team – they are then referred to Papworth for an angioplasty. Depending on the patients' condition – they may have to be admitted and wait to travel to Papworth urgently – or they could go home and attend Papworth at a later stage. Consultants employed at Peterborough City Hospital travel to Papworth site to complete PCI's at Papworth for Peterborough patients and then see these patients back at Peterborough City Hospital as an out patient

Although the procedure for stents is commissioned by CCGs, it has to be delivered from a British Cardiovascular Intervention Society (BCIS) accredited centre that can deliver more than 400 procedures a year for the whole team (not just the cardiologist) to ensure skills and safety are maintained. This minimum number to maintain skills applies to the whole team, not just the cardiologist performing the stent. The centres operate as hub and spokes, so that the interventional cardiologists also work at DGHs without Primary Percutaneous Coronary Intervention (pPCI) services to ensure continuity of care with the patient being brought to the centre for the procedure by their own cardiologist. In East Anglia there are 3 accredited centres - in Papworth, Norfolk and Norwich and Ipswich (Ipswich is new this year).

The Board acknowledged it is frustrating and difficult to have to travel and although there are costs involved with transporting patients, it concluded the better clinical outcomes for patients attending Papworth (an accredited centre) are a better option for patients requiring this procedure at the present time.

Dear Mr Jackson,

With regard to Angioplasty procedures at Peterborough City Hospital, I have forwarded to you my emails regarding this subject as it is relevant to constituents resident in your constituency.

The last email I copied to you regarding the reasons why Angioplasty is not performed at PCH, the reason given is not correct, the possibility that emergency cardiac treatment might be required is not a valid reason, Angioplasty procedures are carried out at Norwich and Norfolk, Ipswich and Bedford none of these hospitals has cardiac surgery on site, with regard to Peterborough patients possibly needing emergency cardiac treatment during or just after Angioplasty procedure and would have a negative outcome by having to travel to Papworth, it has to be seen that the Norwich and Norfolk and Ipswich patients are considerably further away from back up cardiac services so the statement in the reply about possible travel negative aspects is again not a correct one, the question still remains, why is it that PCH has advanced equipment competent consultants (that are cardiac doctors from Papworth) to carry out this procedure in Peterborough rather than the inconvenience of travel to Papworth.

I believe that the best treatment is available in Peterborough City Hospital, the hospital needs these services for the better patient experience sooner rather than later, my information tells me that this procedure does not in fact need to be commissioned at a cardiac specialist hospital but can be provided locally, I accept that Papworth is a World leader in cardiac surgery, but it has to be noticed that this procedure is carried out at non cardiac specialist hospitals in the Eastern Counties so why not at Peterborough City Hospital?.

Kind Regards,

[redacted]

[redacted] *Diabetes UK Voices,*
Active in the Prevention of Diabetes,

[redacted]

Thank you for raising this issue with us and pleased be assured it has received extensive consideration. Should aspects of the wider situation change, the Board may wish to reconsider this decision in the future. If this happens, the LCG would work closely with PSHFT to consider the options.

Kind regards Jo

Joanne Fallon
Performance and Delivery Officer
Borderline & Peterborough Local Commissioning Groups
Cambridgeshire and Peterborough Clinical Commissioning Group
Zone B, City Care Centre,
Thorpe Road,
Peterborough, PE3 6DB
(01733 776276)
joanne.fallon@ cambridgeshireandpeterboroughccg.nhs.uk
Think before you print this e-mail.

From: [redacted]
Sent: 27 May 2014 14:05
To: Fallon Joanne
Cc: JACKSON, Stewart; Crosby Lesley (RGN) Peterborough Hospitals; Braganza, Denise; Wilkinson Chris (RGN) Peterborough Hospitals; BRYAN TYLER
Subject: Angioplasty

Hi Joanne, Sorry to trouble you again but further information has come to hand, I see that Norwich & Norfolk, Ipswich & Bedford hospitals perform angioplasty procedures even though they have no cardiac surgery available on site so the negates the idea that it has to be done at a cardiac specialised centre, two of these hospitals are a lot further away from Papworth than Peterborough, so that also negates the argument that doing the procedure in Peterborough could have a detrimental effect on patient experience, the truth is that this service can and should be provided at Peterborough City Hospital, if it is commissioned at these three hospitals that have no cardiac surgery facilities why not Peterborough?, I still would like an explanation as to why this anomaly is happening, Peterborough as I have said before has a high incidence of heart problems so this type of procedure would be an excellent step forward for patient experience and safety in the city, I have to suggest that the CCG ensures that this procedure is commissioned at PCH as soon as possible.
Regards, [redacted]

[redacted] *Diabetes UK Voices,*
Active in the Prevention of Diabetes,
[redacted]

Sent: 26 May 2014 20:11
To: JACKSON, Stewart
Cc: BRAGANZA, Denise (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
Subject: Angioplasty Peterborough City Hospital

NICK BOLES MP

HOUSE OF COMMONS
LONDON SW1A 0AA

[redacted]

8th April, 2014

Dear [redacted]

Thank you for getting in touch. As you know, I wrote to Dr Peter Reading, Chief Executive Officer, Peterborough and Stamford Hospitals NHS Foundation Trust to find out why the Trust does not provide treatment for Cardiac Resynchronisation Therapy (CRT). I have now received a reply, a copy of which is enclosed for your consideration.

I quite understand that you will be disappointed with Dr Reading's response so I have contacted Mr Barry O'Neill, Local Service Commissioner, Leicestershire and Lincolnshire Commissioning Board Area Team, to raise your concerns and will contact you as soon as I have something to report.

With best wishes

pp Andrew Bebb

Nick Boles

Enclosure

Peterborough and Stamford Hospitals NHS Foundation Trust

Please Reply To:

Patient Advice & Liaison Service
Peterborough City Hospital
Dept 003
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Phone: 01733 673405

Private & Confidential
Nick Bowles MP
House of Commons
LONDON
SW1A 0AA

27 March 2014

Dear Mr Bowles

Re [redacted]

Thank you for your letter dated 7 March 2014 addressed to Dr Peter Reading, Chief Executive of Peterborough & Stamford Hospitals NHS Foundation Trust. Your letter has been passed to the Patient Advice & Liaison Service (PALS) for a response.

Your constituent has asked why this Trust does not provide treatment for Cardiac Resynchronisation Therapy (CRT) which involves the insertion of complex pacemaker devices and why he has to wait and then travel to Papworth Hospital for his treatment.

I have passed on your comments to Dr Porter, Associate Clinical Director in the Medical and Emergency directorate and she has asked me to respond as follows:-

We are able to implant complex devices including Implantable Defibrillators and Biventricular pacemakers here at Peterborough City Hospital and indeed we have the capability to do so with a business plan approved at Board level. Unfortunately agreement to implement these devices falls under the remit of the Specialist Commissioners who have said that they will currently not commission any new services. Regrettably until we receive agreement to provide this service we are not able to help [redacted] and he will need to await a response from Papworth Hospital.

Thank you for raising these issues on behalf of Mr [redacted] please pass on our apologies to him that we cannot help at this time. We would also like to thank him for his positive comments where he says that he feels that we provide "a first rate facility."

Please do not hesitate to contact us if you need any further information.

With best wishes

Dr Peter Reading
Chief Executive Officer

[redacted]

Tel/Fax [redacted]

[redacted]

14th February, 2014.

Mr. N. Bowles MP
House of Commons
Westminister
London.

Dear Mr. Bowles,

I have over the last year cost last the NHS lots of money. Finishing up having to have a three lead Pacemaker fitted (CRT). The original two wire model was fitted at Peterborough City Hospital by Dr. Porter and her excellent team. On being diagnosed as needing the upgrade it was necessary to wait at PCH on a waiting list until Papworth Hospital could find a space on their list. PCH said that this could be up to three weeks sitting on a bed in a busy cardiac ward, already short of beds and costing £250. + per day.

Having got to know the PCH team and having been through the theatre which is exactly the same as Papworth which shares team members with Papworth, they at PCH are not allowed to do CRT's because of National Health politics, now this is a load of "waste".

The catchment area for Papworth is the whole of East Anglia with the exception of Ipswich who by harnessing local support gained permission to carry out "CRT" at their hospital.

You will have with the Peterborough & Stamford Hospital Trust a first rate facility, you also have the ability to knock some common-sense into the unnecessary waste of not allowing "CRT" to take place at PCH.

Looking forward to a considered reply.

Yours sincerely

[redacted]

c.c. Dr. R. Gordon – Consultant Cardiologist PCH

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Appendix 5 – 72 hour standard

The British Cardiovascular Intervention Society (BCIS) monitors performance across the NHS against the European Society of Cardiologists guidelines for management of acute coronary syndrome patients (2015).

The guidelines define an ideal pathway for patients admitted with non ST elevation Myocardial Infarction (NSTEMI) which includes angiography and if indicated follow on PCI by 72 hours after admission to hospital (the first hospital where the patient is transferred for PCI) for patients at intermediate or higher risk (predicted mortality > 3.0%) and within 24 hours if clinically unstable.

In 2018 an audit by Astra Zeneca of RPFT patient waits shows that for 2016/17 (the most recent nationally available data) RPFT were the worst performing trust in the country for NSTE-ACS, with only 37% of Peterborough patients receiving their procedure within 72 hours, which was better than the average of 28% for patients referred to Papworth from all hospitals in the region. This compares with the national average of 58%. Performance has improved over the past three months, for example, in August 2018, performance improved although four out of ten patients were still not receiving their PCI procedures in time.

The CCG started monitoring providers against this standard from May 2018. The longest delays occur while patients wait for transfer to RPFT with 23 of the 28 patients in August 2018 having more than 50% of their total bed days following referral (see below).

Provider Pathway share	
% Pathway share at DGH (from admission)	% Pathway share at RPH
8.42	91.58
13.72	86.28
18.84	81.16
47.40	52.60
63.80	36.20
9.50	90.50
59.61	40.39
17.98	82.02
78.92	21.08
38.99	61.01
38.19	61.81
17.64	82.36
34.70	65.30
46.42	53.58
7.21	92.79
16.47	83.53
3.73	96.27
6.04	93.96
44.25	55.75
8.26	91.74
23.97	76.03
3.59	96.41
27.60	72.40
23.02	76.98
2.87	97.13
57.21	42.79
7.15	92.85
70.06	29.94

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Cardiology Services - Patient Report

(Peterborough City Hospital - patient feedback)

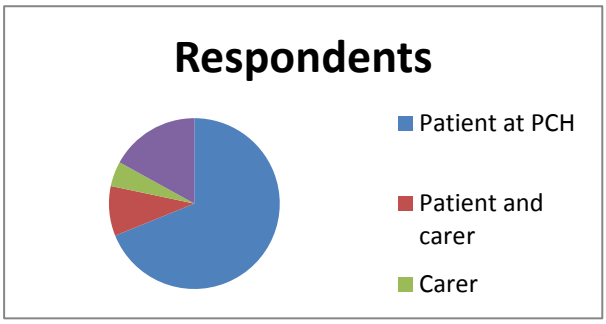
Introduction

In February 2017, Healthwatch Peterborough surveyed people attending the cardiology department at Peterborough City Hospital to get patient and carer feedback on the planned move of Papworth Hospital to the Addenbrookes Hospital site in Spring 2018.

The survey (see **appendix 1**) was designed to establish whether there was patient demand for angioplasty and implementation of specialised pacemakers to be carried out at Peterborough City Hospital.

106 forms were submitted anonymously

Category of Respondent	Number
Patients at PCH	73
Both Patient and carer	10
Carer	5
Not disclosed	18



Issues Considered

The questions focussed on the importance of five issues on a scale of not important; probably not important; probably important and very important: -

- Distance travelled for procedure
- Distance travelled for follow up care
- Waiting time for procedure
- Continuity of care
- Reputation of the hospital

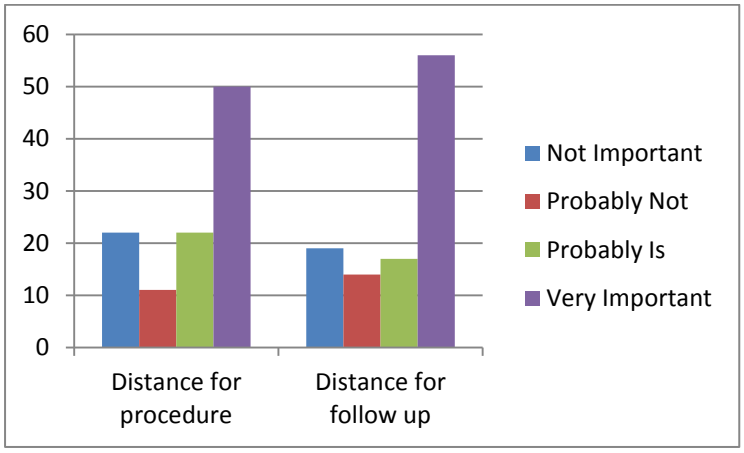
Finally, the survey asked whether there was a preference for where the procedure should be carried out:

- Papworth Hospital or
- Peterborough City Hospital.

Analysis

Distance

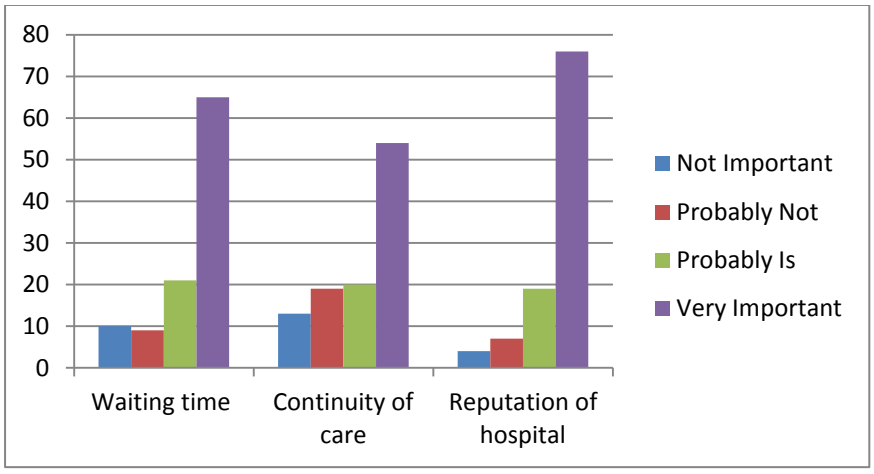
The distance patients/carers needed to travel for treatment, whether procedure or for follow up, was important for those who responded to the survey (figures are in actual numbers).



	Not Important	Probably Not	Probably Is	Very Important
Distance for procedure	22	11	22	50
Distance for follow up	19	14	17	56

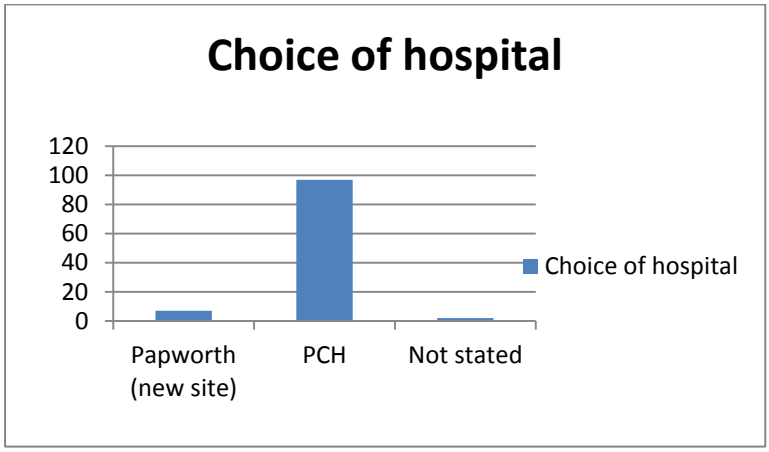
Results for other non-distance areas

Issues around waiting times, continuity of care and reputation were valued highly by respondents. (figures are in actual numbers)



Hospital preference

Patients/carers were asked to state their preference as to where they would like the procedure/s carried out between the new site for Papworth, and PCH. Overwhelmingly, at 92%, the choice was at PCH. Two respondents did not express a preference, but commented that they would expect excellent treatment wherever.



Conclusion

Waiting time for procedure was important for 82% with 69% stating that this aspect was very important.

Having the same person carry out the procedure as provide before and after care was less of an issue with only 69% stating this was important, with just over half, 51%, stating that this aspect was very important.

The reputation of the hospital providing the procedure was seen as the most important issue with less than 10% stating that this was not important for them.

There is no significant relationship between the categories of respondents and their preference for provider

Finally, this survey categorically establishes that angioplasty and the implementation of specialised pacemakers is preferred to be carried out at Peterborough City Hospital by those people surveyed and who responded.

Further/additional comments

A number of respondents included comments in the optional comment box. These were:

- Care is excellent at City Hospital
- (PCH) due to mum's disability and it's a struggle for her
- It would be more convenient to have this locally but I would like effective treatment please wherever
- Needs to be more accessible as we get let down with patient transport and we do not have our own
- Service at Peterborough – excellent
- Cardiac care ward very well run and informed what was going to happen, very pleased
- (PCH) staff is very good, not too far from my home
- Peterborough City Hospital is great
- Everyone doing a wonderful job
- Excellent service from PB
- I have received Papworth treatment in the past for mitral valve replacement which was excellent. Services run by Papworth doctors in Peterborough would be a good development
- I am a carer for my husband who suffers with Parkinson's – have to make arrangements for his care
- All care has been excellent
- Peterborough hospital much more convenient
- Service is excellent and efficient
- If both hospitals carried out the same procedure, then PCH
- Shame about the car parking (PCH)
- Difficulty getting to Cambridge and parking there
- PCH would be the choice depending on the quality of care, resources and waiting times
- Peterborough hospital much more convenient

Appendix 1

Healthwatch Peterborough

Cardiac Procedures Survey - February 2017

In Spring 2018, Papworth Hospital is moving to Cambridge (for more information go to: www.papworthhospital.nhs.uk or call PALS 01480 364896).

This move may increase the travel time for patients in Peterborough and south Lincolnshire who may usually access Papworth Hospital.

This survey is being carried out to get patient and carer feedback on this planned move of services and establish your thoughts on whether angioplasty (stenting) and implantation of cardiac defibrillators / specialised pacemakers should be carried out at Peterborough City Hospital.

Please answer questions below and place the FREEPOST envelope (if applicable).

All answers are completely anonymous and will be used only in conjunction with the provision of these cardiac procedures.

1. Are you receiving care from the Cardiology department? YES ☐ NO ☐

2. Do you care for a cardiology patient? YES ☐ NO ☐

3. How important is each of the following to you? Please place X in the box indicating the importance of each factor.

	Not important	Probably not	Probably is	Very important
The distance I have to travel for the procedure				
The distance I have to travel for follow up appointments after my procedure				
How long I have to wait for my procedure				
Whether the same person performs my procedure also provides before and after care				
The reputation of the hospital providing the procedure				

4. Where would you rather have the procedure carried out?

Papworth (new site) ☐

Peterborough City Hospital ☐

Please use the box below for any other comments you would like to make.

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Appendix 7

NHS
South Lincolnshire
Clinical Commissioning Group

Eventus, Sunderland Road
Northfields Industrial Estate
Market Deeping
Lincolnshire
PE6 8FD

Tel: 01522 573939

Website: www.southlincolnshireccg.nhs.uk

19 July 2017

Tracy Dowling
Chief Officer
Cambridgeshire & Peterborough CCG (CPCCG)
By email

Dear Tracy

Re: Percutaneous Coronary Intervention (PCI)

I am writing in relation to considerations regarding the commissioning and provision of PCI services, and specifically the lack of availability of such services in Peterborough City Hospital to residents of South Lincolnshire. This matter, which I understand has been under consideration in the Cambridgeshire and Peterborough system for some time, has recently been brought to my attention due to a serious incident having occurred.

I understand that North West Anglia NHS Foundation Trust (NWAFT) are not currently commissioned to provide PCI and associated cardiology procedures, despite their aspiration to do so, and that this service is currently commissioned from Papworth for South Lincolnshire patients admitted to Peterborough City Hospital. We have noted that subsequent access to the beds in Papworth is very problematic, resulting in patients facing delays, and receiving a level of care which is less than we would want for them. Plans for the future of Papworth Hospital would appear to exacerbate this situation.

I understand that the Cambridgeshire and Peterborough STP describes that some cardiology services will in future be provided at NWAFT. South Lincolnshire fully supports this proposal as we believe it will improve the quality of patient experience, reduce potential harm, reduce delays and cost and significantly alter travel time for our patients and their families.

It would be helpful to understand the timescales for this move, and what steps can be taken to address concerns raised and the associated timescales.

I look forward to hearing from you

Yours sincerely

John Turner
Chief Officer
South and South West Lincolnshire CCG

cc: Stephen Graves, CEO, NWAFT
Alex Gimson, STP Cardiology Lead

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 5
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Charlotte Black, Service Director Adults and Safeguarding	
Cabinet Member(s) responsible:	Councillor Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Jacky Cozens, Customer Feedback Manager	Tel: 01733 452531

PERSONAL SOCIAL SERVICES: ADULT SOCIAL CARE USER SURVEY IN ENGLAND 2017/18

RECOMMENDATIONS	
FROM: Service Director Adults and Safeguarding	**Deadline date: N/A**
It is recommended that the Health and Wellbeing Board note the contents of the report.	

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to share the published results of the annual Personal Social Services Adult Social Care User Survey in England 2017/18.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No.

2.8.2.1. To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community.

2.8.2.2. To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

2.8.3.1 To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

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 During February 2018 the annual Adult Social Care Survey was sent to service users. This is a national survey carried out by NHS Digital and all Local Authorities with Social Services responsibilities are required to take part.

The main purpose of the survey is to provide assured, consistent and local data on care outcomes that can be used to benchmark against other comparable local authorities. It is used to:

- support transparency and accountability to local people, enabling people to make better choices about their care
- help local services to identify areas where outcomes can be improved

The survey asks service users about their quality of life and their experiences of the services they receive. It is used by Peterborough City Council, the Care Quality Commission and the Department of Health to assess the experiences of people using care and support services.

The full report is attached at Appendix 1.

5. CONSULTATION

5.1 N/A

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 A public version of the report will be uploaded to the council website. An action plan will be developed to address trends identified.

7. REASON FOR THE RECOMMENDATION

7.1 The report is to inform the Health and Wellbeing Board of the results of the survey.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 None.

Legal Implications

9.2 None.

Equalities Implications

9.3 None.

10. BACKGROUND DOCUMENTS

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

10.1 This report is based on data published by NHS Digital on 2 October 2018 and includes the England and Eastern Region average scores.

11. APPENDICES

Appendix 1 - Adult Social Care User Survey In England 2017/18 Report

1. Background

During February 2018 the annual Adult Social Care Survey was sent to service users. This is a national survey carried out by NHS Digital and all Local Authorities with Social Services responsibilities are required to take part.

The survey asks service users about their quality of life and their experiences of the services they receive. It is used by Peterborough City Council, the Care Quality Commission and the Department of Health to assess the experiences of people using care and support services.

2. Methodology

In February 2018 1,448 eligible service users were surveyed by post. There were four versions of the survey, for people in residential and nursing care or in the community, with two versions in Easy Read. Additionally, a small number of people received the survey in large print. We are required by NHS Digital to send a reminder to people who have not replied and in March 2018 a further 1051 reminder letters were sent out with a second copy of the survey. We have received a 45% response rate from the two mail outs.

As last year, the survey contained a targeted question about the reasons that people don't feel safe. The same question has been included by other local authorities in the Eastern region to be able to produce some benchmarking.

This report is based on data published by NHS Digital on 2 October 2018 and includes the England and Eastern Region average scores.

3. Executive Summary

High level messages published by NHS Digital from the survey on the 2 October 2018 were as follows:

Overall satisfaction

- Overall nationally 65% of service users reported they were "Extremely" or "Very satisfied" with the care and support they received. 2% reported they were "Extremely" or "Very dissatisfied
- In Peterborough this was slightly higher at 65.8% and only 0.6% reported being extremely or very dissatisfied

Overall Quality of Life

- 62.6% of respondents nationally reported that their quality of life was good or better
- In Peterborough this was higher at 64.5%

Paying for additional care

- Nationally the proportion of service users who do not buy additional care or support decreased from 64.7% in 2016-17 to 63.3% in 2017-18. The proportion who buy more support with their own money increased from 27.4% to 28.6%
- In Peterborough a higher percentage of respondents pay for additional care themselves (29.9% against at England average of 28.6%). However less families that then England average pay for additional care (8.7% against an England average of 10.6%)

Feeling safe

- More than two thirds of national respondents (69.9%) of service users reported feeling as safe as they want, compared to 1.8% who reported not feeling at all safe
- In Peterborough this was lower at 68.4%, however only 1% reported not feeling safe at all

Pain or discomfort

- The proportion of service users who reported having moderate pain or discomfort decreased nationally from 51.1% in 2016-17 to 50.1% in 2017-18, with 13.2% reporting extreme pain and

discomfort
- In Peterborough a lower percentage reported moderate pain and discomfort at 48.4%. However, 16.3% reported extreme pain and discomfort

Feeling clean and being able to spend time doing what they want
- 57.8% of respondents in England reported feeling clean and able to present themselves as they wished
- In Peterborough a higher percentage (60.6%) reported feeling as clean and able to present themselves as they wished
- Nationally 68.8% of respondents reported being able to spend enough of the time doing the things they wanted to
- In Peterborough a higher percentage (71.4%) reported being able to spend enough time doing the things they wanted
- Nationally 52.7% of service users who feel clean also reported being able to spend their time doing as they want, compared to 7.9% of service users who don't feel clean

Social contact
- 46% of respondents across England reported having as much social contact as they would like
- In Peterborough this was higher with 49.3% reporting as much social contact as they wished
- Nationally, 56.5% of service users who feel safe also reported having as much social contact as they wanted, compared to 10.9% of service users who don't feel safe

Overall social care related Quality of Life Score
- The overall Social Care-related quality of life score at England level was 19.1 out of a maximum score of 24. In Peterborough the score was considerably higher at 19.6
- Nationally, younger adults (aged 18 to 64) reported a higher quality of life score (19.5) than those aged 65 and over (18.9), this difference is statistically significant

4. Detailed Results

4.1 Overall satisfaction with your social care and support

65.8% of service users were 'extremely' or 'very' satisfied with the care and support services they received. This is very slightly higher than the figure in 2016/17 which was 65.5%, and also slightly higher than the national and regional results.

4.2 Your quality of life

- **64.5%** of service users rate their quality of life as 'good' or better, down from 65.4% last year. This is better than the national average (62.6%) and the Eastern Region average (62.1%).

- **70.1%** of service users said that they had enough choice over care and support services. This is down from 74.6% last year, but better than the national average (68.2%) and the Eastern Region average (67.5%).

- **38.1%** of service users said that they have as much control over their daily life as they want. This is up from last year (34%) and better than the national average (33.5%) and the Eastern Region average (33.3%).

- **60.6%** of service users said that they are clean and able to present themselves the way they like. This is up from last year (59.3%) and is better than the national average (57.8%) and the Eastern Region average (58.2%).

- **69%** of service users said that they get all the food and drink they want. This is up from last year (64.9%) and is better than the national average (63.9%) and the Eastern Region average (63.8%).

- **67.5%** of service users said their home is as clean and comfortable as they want. This is up from last year (66.7%) and better than the national average (66.7%) and the Eastern Region average

(66.4%).

- **49.3%** of service users have as much social contact as they want. This is up from last year (46.1%) and is better than the England average (46%) and the Eastern Region average (45.9%).

- **38.7%** of service users are able to spend their time doing things they value or enjoy. This is down from last year (41.1%) but is better than the England average (37.3%) and the Eastern Region average (37.9%).

4.3 Safety

- **68.4%** of service users said they felt as safe as they wanted. This is down from last year (70.9%) and is lower than the national average (69.9%) and the Eastern Region average (70.3%).

- This year the survey contained a targeted question about the reasons that people don't feel safe.

  "If you worry about your safety, what things concern you most?"

  The same question was included by other local authorities in the Eastern region to be able to benchmark results. The following other local authorities participated:

  - Cambridgeshire County Council
  - Suffolk County Council
  - Norfolk County Council
  - Central Bedfordshire Council
  - Luton Borough Council

  The top three results for Peterborough were:

  1 Falling over inside the house (39%)
  2 Falling over outside (32%)
  3 Uneven, dangerous pavements (30%)

  Comments received included:

  "Sometimes I don't feel safe when out and about"
  "People walk in front of wheelchairs and mobility scooters and are blind to disability people"
  "Vehicles parked on pavements"

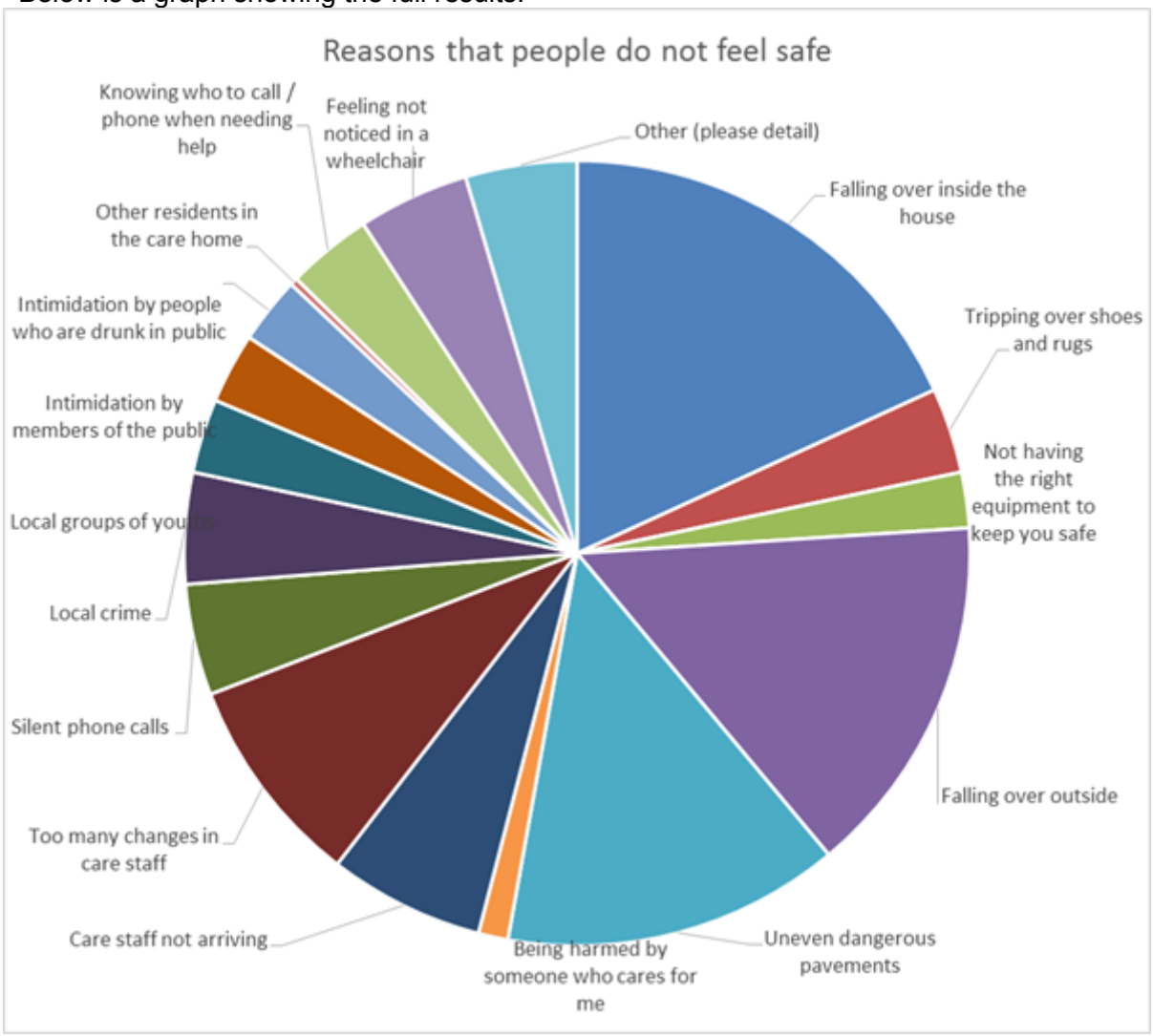
  However, comments were also received around other safety issues:

  "Night time drinking. People using drugs next to my house. Noisy neighbours"
  "Out in the community fear of being assaulted in certain places and theft"
  "Neighbours shouting and playing loud music when I am trying to get to sleep"
  "I feel vulnerable out on my own in the community where people could take advantage of me"

  And some comments around care:

  "Sometimes care staff do not turn up or the times are changed without notification"
  "A different carer coming every day – can't explain his preferences every time and needs to establish a relationship with one person"
  "I do not have enough Direct Payments to buy safe and sufficient care for me"
  "Services being cut all the time which means my quality of life is suffering"

Below is a graph showing the full results.



4.4 Knowledge and Information

In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

29.2% of respondents have never tried to find information or advice from care and support services.

When the people who had not tried to find information and advice were removed from the sample **75.7%** found it very or fairly easy to find information and advice. Although this is a drop from 2016/17, it is still higher than the England average of 73.2% and Eastern Region average of 72.2%.

The survey was sent out before the new Peterborough Information Network was fully populated, so we would hope for an improved result in 2018/19.

4.5 Your Health

- **41%** of service users said that their health was very good or good. This is down from last year (55.6%) and lower than the national average (42.3%) and the Eastern Region average (44.8%).
- **35.3%** of service users said they had no pain or discomfort. This is nearly the same as 2016/17 and lower than the national average (36.7%) and the Eastern Region average (38.2%).

- **47%** of service users said that they were not anxious or depressed. This is up from last year (45.7%) and better than the England average (45.4%) and the Eastern Region average (46.4%).

Your Environment

- **86.9%** of service users reported that their homes are designed to meet most or all of their needs which is down from the 2016/17 results of 88.9%. It is better than the national average of 86% but lower than the Eastern Region average of 87.1%.

- **31.4%** of service users said they can get to all the places they want. This is down from 2016/17 (35.6%) but higher than the England average (29.4%) and the Eastern Region average (30%).

5. Adult Social Care Outcome Framework (ASCOF) Measures

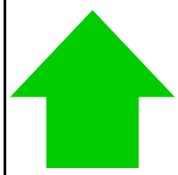
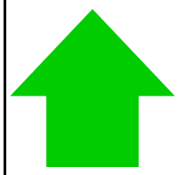
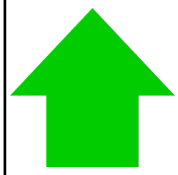
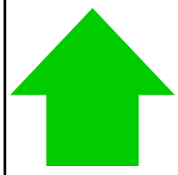
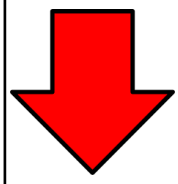
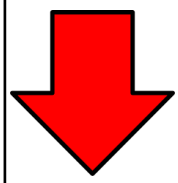
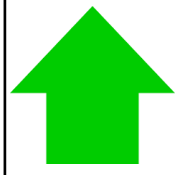
The Adult Social Care User Survey contributes to the Adult Social Care Outcomes Framework (ASCOF) Social Care Related Quality of Life indicator 1A. This indicator looks at a combination of different aspects of people's lives and calculates an overall score. It includes:

- Nutrition
- Personal care
- Safety
- Social contact
- How people are helped
- Control over daily life
- Whether people can spend time doing what they want to do

The ASCOF quality of life score for PCC in 2017/18 was **19.6**. Our highest score to date.

ASCOF Social Care Related Quality of Life Indicator			
Year	**Peterborough**	**England**	**Eastern Region**
2017/18	**19.6**	**19.1**	**19.2**
2016/17	19.5	19.1	19.3
2015/16	19.1	19.1	19.0
2014/15	19.0	19.1	19.0
2013/14	18.9	19.0	18.9

The table below shows the results and differences for Peterborough for the last three years for each of the national ASCOF indicators which are taken from the survey.

	Pboro 2016/17	Pboro 2017/18	Direction of Travel	England Average	Eastern Region Average
1A - Social care related quality of life score	19.5	**19.6**		19.1	19.2
1B - Proportion of people who use services who have control over their daily life	80%	**82%**		78%	78%
1I Proportion of people who use services who reported that they have as much social contact as they would like	46%	**49%**		46%	46%
3A Percentage of adults using services who are satisfied with the care and support they receive	65.5%	**66%**		65%	64%
3D Proportion of people who use services who find it easy to find information about services	79%	**76%**		73%	72%
4A - Proportion of people who use services who feel safe	71%	**68%**		70%	70%
4B - Proportion of people who use services who say that those services have made them feel safe and secure	84%	**86%**		86%	84%

In all but two indicators, performance has improved in 2017/18.

6. What have we done as a result of the survey?

There are two ASCOF indicators in which performance has gone down. Actions taken in relation to the indicators are detailed below.

6.1 Proportion of people who use services who feel safe

Performance has dropped from 71% to 68%. The survey has shown that the main reason that people do not feel safe is due to the fear of falling. To address this a number of initiatives have been put in place. These include:

Handyperson Service
This service offers small jobs to elderly, frail or disabled people to stop them from falling (the council pays for the man hours, customers pay for the materials). So far in 2018/19 we have completed 1,014 jobs.

Minor Aids and Adaptations
This includes installing adaptations such as grab rails, ramps etc. So far in 2018/19 we have completed 622 jobs

Fuel Poverty and ensuring people have warm homes
The Local Energy Advice Scheme (LEAP) carries out works to make sure that people live in warm homes, therefore reducing the risk of falling. So far in 2018/19:

- 447 referrals have been made
- 320 LEAP visits have been carried out
- 28 Fire Service Safe & Well referrals have been made

Warm Home Fund First Time Central Heating Programme
Cold homes are not just uncomfortable to live in, they can have a negative effect on health. In Peterborough there are still a large number of houses that do not have a central heating system with a boiler and radiators. The Warm Home Fund First Time Central Heating Programme is a programme to fund the installation of central heating systems and just under 1,000 privately rented properties have been identified. A staged mailshot will go out to landlords during November. A leaflet will also be left with tenants to encourage them to contact their Landlord/Agent to apply for the funding.

A LEAP visit is to be made to 77 properties managed by a private landlord. An ECO Flexible Eligibility Declaration has been completed for all 77 properties confirming that tenants are on low income with high heating costs due to their energy inefficient heating systems

Strength and Balance Training
Referrals have been made to the Strength and Balance training which is now available through the Public Health contract with Solutions4Health.

Falls Working Group
Peterborough Falls working group is bringing the organisations in Peterborough together to work on initiatives to prevent falling.

Grants for Repairs to Housing
We give repairs assistance grants (means tested) to home owners whose properties have a significant defect which could lead to an occupant falling, our assessment is done under the Housing, Health and Safety Rating System (HHSRS).

*6.2 Proportion of people who use services who find it easy to find information about service*s

Performance has dropped from 79% to 76%. To address this the following has been put in place:

Peterborough Information Network
A brand new online Information Portal, the Peterborough Information Network (PIN), has been

developed to make it quick and easy for people with care and support needs and their carers and families to access the information, advice and guidance that they need. Areas covered include:

- Information and Advice
- Health
- Wellbeing
- Getting out and about
- Staying safe
- Help to live at home
- Housing options
- Caring for someone
- Learning, work and volunteering
- Money matters
- Personal Assistants Network
- Equipment and living aids catalogue

Additionally, during the year a full time resource was appointed to manage the PIN. A new development for 2018/19 will be a dedicated section on the PIN for adults with a learning disability. This section will host information in Easy Read.

Dementia Guides

Working with service users at the Dementia Resource Centre, two guides have been developed for people with dementia. These are:

- Dementia - A Guide to Services in Peterborough
- Mental Capacity and Managing Money

Adults Positive Challenge

The Adults Positive Challenge Programme is the council's programme which seeks to manage demand for Adult Social Care by recognising and building on the strengths and aspirations of people and their communities.

Workstreams include

- Neighbourhood based operating model - seeking to address issues of social isolation and improve choice and control by delivery of support through neighbourhoods and local services and networks.
- Increasing carers support - increasing awareness of the role of carers, changing how we commission support for carers and enhancing digital and information and advice offers for carers.
- Changing the conversation - strength based approach to practice, optimising reviews and enhancing information and advice and external communication.
- Commissioning - outcome based commissioning and a early intervention and prevention strategy.
- Increasing targeted reablement linked to wrap around community support.
- Learning Disability Enablement - taking a strengths based approach with young people from childhood and an enablement approach into adulthood.
- Embedding Technology Enabled Care (TEC) - increasing the information on and range of TEC offered to support independence, choice and control - focussing on TEC right from childhood.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6(a)
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director, Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald and Cllr Diane Lamb	
Contact Officer(s):	Helen Gregg, Partnership Manager	Tel. 863618

HWB STRATEGY PERFORMANCE REPORT

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

1. It is recommended that the Health and Wellbeing Board consider the content of the report and raise any questions
2. Members to challenge performance against action plans and agree future actions to address

1. ORIGIN OF REPORT

1.1 This report is presented to the Health & Wellbeing Board at the request of Wendi Ogle-Welbourn, Executive Director and Dr Liz Robin, Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide Board members with a summary of progress against the Future Plans identified for each of the focus areas outlined in the Health & Wellbeing Strategy 2016-2019.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference Numbers:

2.8.3.1 To develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies

2.8.3.2 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health and Wellbeing Strategy

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 & Wellbeing Strategy 2016-19 identified key focus areas. A performance report for each focus area is contained within **Appendix 1**.

In addition to the performance headlines listed below, we would also like to highlight activity in the following areas:

Children and Young People

- 97% of all new mothers in Peterborough received a New Birth Visit
- 92% of families had a 12 month development check by 15 month
- 80% of children received a 2-2.5 year development check
  NB: the provider is struggling to meet some targets due to workforce issues but is working hard to improve and meet targets.
- Emotional Health and Wellbeing concerns continue to be the most prominent issue school nurses are dealing with. 389 pupils were seen for mental health/wellbeing issues during the quarter
- School Nurses co-delivered 158 HYPA clinics with ICash. These are drop-ins held on a weekly basis at most secondary schools. Young people can access these drops in for a range of support and advice.
- CHUMS Counselling and Talking Therapies deliver services across the county. Between April-September 2018, CHUMS received 1641 referrals during the reporting period. “Anxiety” is the largest presenting core issue (1204), although a similar proportion are considered as 'other' which includes behaviour (678), self-harm (303), self-esteem (185).
- The two providers of the Healthy Child Programme across Cambridgeshire and Peterborough, are reviewing the service offer and working on a new integrated service specification based on a holistic 0-19 model
- An emotional and social development pathway has been implemented and is becoming embedded to address long waiting lists for ASD and/or ADHD assessments

Growth, Health and the Local Plan

- The local plan was submitted in March and hearings are currently underway and will be completed by the end of November. The outcome of the inspectors review will be known in the new year.
- A new Healthy Weight Strategy will be developed for Peterborough which will adopt a whole system approach
- Since the last performance report a revised version of the Environmental Action Plan has been published

Health and Transport Planning

- Road safety - reported casualties have risen significantly since 2015. Early indications suggest this is predominantly down to a new reporting system (CRASH)
- Over the last academic term 19 schools have remained active with Bike It+ with a focus having been placed on schools selected through the period of Public Health and Combined Authority funding
- Between April 2018 and September 2018, Bike It+ delivered 54 activities; engaging with 4303 pupils, 242 staff, and 600 parents. There were 1464 bikes and 1121 scooters counted and logged by either Bike It officers, Bike It crew or School Champions
- Travelchoice held a number of public engagement events throughout the summer including the iconic cycle cinema at Central Park, where 5 times British men’s elite and European mountain bike champion Danny Butler performed before the movie
- Over 1,000 year 6 pupils across Peterborough have taken part in the Safety Challenge
- Be Safe Be Seen activities have been delivered across the city to coincide with the clocks going back to remind vulnerable road users of the need to be seen during the winter

months.
- Over the last 6 months we have been working with a number of businesses in the Lynch Wood Business Park to deliver bespoke sustainable and active travel advice to employees
- Public Health, Travelchoice and the Prevention and Enforcement Service are working together to maximise opportunities for sustainable active travel and improved road safety and meet regularly to plan for the future.

Health and Wellbeing of Diverse Communities

- 140 health checks were completed for people with South Asian ethnicity through outreach work for these three quarters of 2017/18.
- Work is underway to produce and promote health and wellbeing information for diverse ethnic communities including a range of videos providing information about registering with a GP, out of hours services, accessing dental care , role of pharmacies, maternity services, child health, how to obtain help in emergencies, rights and responsibilities for driving in the UK, employment - obtaining work and rights and responsibilities, housing needs and issues and alcohol awareness.
- The “Getting to Know You” project has engaged 306 learners of 36 different nationalities from 5 continents with ages ranging from 18 to 59. Most learners live in wards that have a higher IMD (Index of Multiple Deprivation) score than the national average
- Over 300 community members have been engaged in Peterborough via the lifestyle service. Sessions are being delivered in Peterborough focussing on weight management, alcohol use/physical activity and smoking cessation and individual goals set with members of the migrant population
- Solutions 4 Health are delivering weekly outreach sessions in the Operation Can Do Area and are joined by the Aspire Outreach Worker so anyone needing extended brief interventions or structured on-going support around alcohol can access help directly
- The DCLG have selected the alcohol project in Wisbech and Peterborough as one of the projects to be evaluated by the IPSOS MORI as part of the national evaluation of the Controlling Migration Fund

Health Behaviours and Lifestyles

- Across all treatment groups there has been an increase in the number of people in treatment
    1. Alcohol clients, 4.5 % increase in 17/18 compared to previous year 16/17
    2. Drug treatment, across all substances 6% increase in 17/18 compared to 16/17
    3. Young People in treatment, 40% increase in 17/18 compared to 16/17
- With regards to criminal justice clients, activity indicates strong pathways into community treatment from prison with engagement rates over 20% higher than the national average.
- Weight management and physical activity programmes for children and adults are being delivered with 176 adults accessing 1:1 or group support since April 2018. Over 96 children and their families have also been supported through weight management and physical activity programmes, predominantly delivered in local primary schools.
- The Healthy Workplace Support Service was recommissioned and the new contract commenced in June 2018. The provider, Everyone Health, will work with partners in Peterborough to target routine and manual workforces as well as providing a universal offer/self assessment to workplaces to support the adoption of a healthy workforce culture
- The Healthy Schools Support Service has been commissioned and the new contract started in October 2018
- Public Health, in partnership with Aspire, held a health & wellbeing event to launch the newly developed Healthy Lifestyles booklet. The event included a marketplace of stall holders providing information about their services. These included, Mental health Services, Maternity Services, Age UK, Citizens Advice Peterborough, Housing professionals, Vivacity, Promoting Diversity, Peterborough Council for Voluntary Services, Alzheimer's Society, Healthwatch, City College and many more. Over 100 people took part in the event.

Housing and Health

- A total of 877 referrals have been received for the Handyperson service

- A number of requests for minor aids & adaptations were received, many of which facilitated a timely hospital discharge
- PCC was part of a consortium bid to the £150m Warm Homes Fund which was successfully awarded £4.9m over the next 3 years. This will provide first time central heating and a free connection to the gas network where a property has electric storage heaters, electric room heater or gas room heaters
- Selective licencing - the council has to date received over 7,000 applications for licences, of which 5,944 have been granted. Housing standards are already showing signs of improvement
- The Local Energy Advice Partnership (LEAP) has committed funding from the energy suppliers until March 2020. So far 447 referrals have been made, 320 LEAP visits have been carried out resulting in unit bills savings of £171 with total lifetime bill savings of £54,720. 3,554 easy measures have been installed during these visits resulting in total lifetime bill savings of £275,574.89. 31 cases have switched Gas Tariff, 33 cases have switched Electricity Tariff, 47 cases with potential hazards have been referred back to the Council and 28 Fire Service Safe & Well referrals have been made.

Mental Health for Adults of Working Age

- Training in suicide prevention for GPs is being funded to continue for a second year with sessions planned for November 2018
- Excellent progress with implementation of the Crisis Concordat Action Plan by the MH Delivery Board, with most of the initial 17 priorities having been completed and closed and new objectives added as part of the process of continuous improvement
- The work to develop an effective pathway to employment for people with mental health problems initiated in 2017 has continued with a multi-agency Steering Group having been established across Cambridgeshire and Peterborough.
- The next stage in the development of the MH Employment Strategy is to engage with communities and individuals to identify the support and intervention that they need to support them towards or into employment
- A joint community mental health delivery plan has been agreed. Priorities 2018/19 include ensuring that mental health services are seamless (well co-ordinated) across health and social care and mental and physical health and wellbeing and that commissioning and delivery is clearly focussed on recovery and outcomes.
- The Housing and Accommodation review is the key priority for Mental Health social care. This means that there is now a joint plan for both acute and community mental health services.
- Partnership and co-production approaches particularly inform improvement in the following areas: Suicide prevention, Mental Health Employment, the Recovery and Community Inclusion service and Information about mental health services

Protecting Health

- The Cambridgeshire and Peterborough Sexual Health Delivery Board has been formed with representation from commissioners and providers of sexual health, contraception and reproductive services along with children's social care services. It is also supported by Public Health England. The Group is tasked with informing the development and commissioning of services and fostering collaborative working across organisations to improve outcomes. A Delivery Plan has been produced and priority areas identified.
- TB - Cumulative data to end of January 2018 showed that 494 people were screened, 397 negative, 65 positive, 8 borderline negative, 11 borderline positive. This activity is higher than other pilot areas in the region and there has been a positive response by the practices to the screening programme.

Screening programmes -

1. Bowel Cancer screening uptake: Diagnostic waiting times are below target. NHS England are working with NWAFT to address this. Quality assurance visit to this programme took place in September 2018.
2. Cervical cancer screening coverage: decline appears to have levelled off but remains below acceptable level. NHS England are leading a project to increase uptake.
3. Breast screening uptake: waiting times for appointment are below target due to a number

of factors – NHS England are liaising with the provider.
4. Diabetic eye screening and abdominal aortic aneurysm screening programmes are generally performing well with good uptake.
5. Antenatal and newborn screening programmes are generally working well. The National Quality Assurance team visited this programme at NWAFT at September 2018.

Immunistons -
1. Rotavirus uptake rates remain low at 88%. NHS England are investigating possible causes for this in order to inform action to improve uptake
2. There are low uptake rates for the pre-school booster - NHS England project to improve MMR and Pre-school booster continues, and includes circulating a reminder leaflet to local Children's Centres
3. Shingles vaccine uptake remains a concern. NHS England have launched a project in October 2018 to improve uptake rates

The Cambridgeshire and Peterborough system has been asked by Public Health England to be one of two sites nationally to undertake a feasibility study for developing a model that will better align commissioning of sexual health services across the local authorities, the Clinical Commissioning Group and NHS England

Health and Wellbeing of People with Disability and/or Sensory Impairment
Peterborough Physical Disability Partnership Board -
- The charity Little People UK has recently joined the Board.
- The Board are working with Peterborough Jobcentre on the first Job Fairs for people with disabilities and sensory impairment across Peterborough which is due to take place in 2019.
- Members working with both Queensgate and Serpentine Green on a number of events including Queensgate's annual event, Enabled, which takes place in December.

Peterborough Sensory Partnership Board
- Adult Social Care Commissioning have set up a Sensory Strategy Working Group with sensory organisations to co-produce a joint strategy with Cambridgeshire

Peterborough Disability Forum
- 10 Students from City College will join Shopmobility on a one year "internship". They will provide Mobility Scooters or Wheelchairs to disabled, elderly or vulnerable train and bus passengers as well as disabled drivers using city centre car parks. Students will also learn office based skills, maths and English and the basic mechanics of mobility scooter upkeep.
- Adult Social Care Commissioning are working closely with Peterborough Jobcentre, and the City Health and Care Sector Academy to ensure that people with disabilities, sensory impairment and also unpaid carers are not excluded from the workplace, health and wellbeing training and volunteering.

Peterborough Information Network
- The Peterborough Information Network, launched in February 2018, is a comprehensive information, advice and guidance platform. During April to September a programme of awareness raising and promotion briefings and presentations was undertaken.
- In September 2018 a dedicated PIN Officer was recruited to manage the website and co-ordinate co-production.

Peterborough Care and Support Directory
- The 2018 Peterborough Care and Support Directory was delivered to a range of locations across the city in August 2018.

Geographical Health Inequalities
- The National Citizenship Service will be developing a programme with NCS to discuss the regeneration programme with young people and ask for their opinions and ideas on improvements to the area, specifically around the environment and open spaces.

- The transfer of the Gladstone Park Community Centre to the Thomas Deacon Academy Trust has been agreed and will be taken forward with the anticipated completion date being March 2019. This will enable better integration between the school and community activities, and secure the long term future of the premises.
- Highways colleagues from PCC and Skanska are working with LDA landscape architects to develop options in relation to the public realm scheme of works. The works aim to bring about real regeneration to the area and bring a sense of pride and ownership to local residents.
- The PECT / Community First post code lottery project has completed 18 of the 20 planters. 72 volunteers and 112 bags of waste have been collected during the project. Positive feedback form the community which has led to new community members volunteering

Long Term Conditions and Premature Mortality

- Diabetes - Cambridgeshire and Peterborough has been rated as "greatest need for improvement" for diabetes in the CCG Improvement and Assessment Framework. To date 95 practices have referred patients onto the Diabetes Prevention Programme, and over 7,700 people have been referred to the programme since October 2016 to present.
- British Lung Foundation Self Management workshops – two workshops have taken place and a further workshop is scheduled to take place in December. The overall feedback from the events has been positive. The workshops will teach patients to manage their symptoms including exercise and smoking advice and also reduce exacerbations
- There is a local enhanced service (LES) in place that almost all practices have signed up to. This is to support primary care training and development, and to encourage more integrated working with the specialist diabetes teams in community and secondary care. The service will help to reduce the expected increase in the number of people developing type 2 diabetes. This will be achieved through proactively identifying and referring people who are at high risk of developing the disease to the local NHS Diabetes prevention programme.
- There are multidisciplinary foot care clinics taking place at Peterborough hospital to raise awareness of patients with high risk feet on hospital wards and enable early detection and prevention or intervention for diabetic foot problems. The Multidisciplinary Footcare Team has developed a foot care training programme for acute and primary care staff that is delivered by the podiatry team.
- Good engagement with practices across the CCG with the NHS, and this has been seen particularly in areas of high prevalence of type 2 diabetes (Peterborough and Fenland), to increase referrals to the Diabetes Prevention Programme
- Respiratory - the respiratory project group has included a number of stakeholders including representatives from CPFT, CCG, GPs and pharmacy. The service regularly attends GP, acute and secondary care events to promote the services they have to offer and this has seen an increase in the referrals from those areas. The service has recently opened up self-referrals in Peterborough and this has been integrated with pharmacies in the area so self-referrals can be made via this pathway.

Sustainable Transformation 5 Year Plan (including BCF)

- Falls prevention: Proactive screening across all neighbourhood teams is established via a multi-factorial falls risk assessment. A 'Stronger for Longer' communication campaign launched on the 1st October 2018 with the aim of encouraging older people 65+ years to do strength and balance exercises at least twice a week to prevent falls and maintain independence
- Stroke Prevention: Between September 17 and June 18 the rate of patients being anticoagulated increased among participating practices from 74.7% to 79.2%. The programme was associated with an increase in the number of patients being anticoagulated by 289. Overall, this should lead to the prevention of 12 strokes over the next year across Greater Peterborough and Wisbech.
- Investment in Housing for Vulnerable People: A cohort of service users with learning disabilities has been identified. They have very complex needs and require bespoke and specific accommodation and support. An initial property has been purchased and robust transition plans for each service-user are being developed.
- Jointly funded STP and BCF Prevention initiatives are being implemented: Falls

Prevention and Atrial Fibrillation

- Development and implementation of local DTOC plans, close partnership working to roll out and evaluate initiatives, including two recent evaluation workshops to review progress of the iBCF interventions.

5. CONSULTATION

5.1 Consultation has not been required.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The Board is expected to review the information contained within this report and respond / provide feedback accordingly

7. REASON FOR THE RECOMMENDATION

7.1 To ensure members are kept regularly informed of progress and any barriers/challenges that may be preventing progress so that members may assist in unblocking these.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Board must be kept informed of progress against the identified focus areas within the current Health & Wellbeing Strategy.

9. IMPLICATIONS

Financial Implications

9.1 There are no financial implications associated with this report.

Legal Implications

9.2 There are no legal implications associated with this report.

Equalities Implications

9.3 There are no equality implications associated with this report.

10. BACKGROUND DOCUMENTS

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

10.1 Health & Wellbeing Strategy 2016-19

11. APPENDICES

11.1 *Appendix 1 Focus Areas Performance Reports*
Appendix 2 Future Plans
Appendix 3 RAG Ratings and Risk Register

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HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD **Appendix 1**

PERFORMANCE REPORT

DATE: April - September 2018

SUBJECT: CHILDREN AND YOUNG PEOPLE'S HEALTH

LEAD: LOU WILLIAMS

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority; ● Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families; ● Reviewing the Child and Adolescent Mental Health (CAMH) offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of additional funding from Central Government.	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	**Healthy Child Programme – health visiting and School Nursing** The Healthy Child Programme is commissioned through a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The latest performance data submitted by CPFT, is outlined below. This is based on performance for Quarters 1 & 2 2018/19 (April-September 2018) as follows: **Health Visiting:** ● **181 antenatal contacts completed.** A further 32 appointments were offered but not taken up. Due to capacity issues within the workforce, visits are currently offered to those notified to the Health Visiting team as vulnerable only (unborn baby panel, CSC, teenage parents not enrolled on FNP). ● **97% of all new mothers in Peterborough received a New Birth Visit**, 89% of these were completed within 14 days of birth. This falls just short of the 90% target for visits to be completed within 14 days. The provider has reported that due to staffing pressures, appointments are being booked close to the 14th day, and therefore any rescheduling due to unforeseen circumstances, causes the contact to fall outside of the 14 day target. ● **88% of mothers received a 6-8 week chec**k, just missing the 90% target and a 1 percentile point decrease from the last report. Again workforce constraints are impacting the ability to meet

	the target. If those completed after 8 weeks were included in the reporting, this would increase to an average of 96%, which is well above the target. ● **92% of families had a 12 month development check by 15 months**. 85% of these were conducted by the time they were 12 months old. Staffing shortages have created a capacity deficit which has impacted the providers ability to meet their 95% target as well as a high number of DNA's. ● **80% of children received a 2-2.5 year development check.** Again capacity and chasing up DNA's account for challenges in meeting the 90% target. However, if those completed after 2.5years are also considered, this increases to 90%, which meets the target. **<u>School Nursing:</u>** School nurses deliver both universal and targeted services and work across education and health, providing a link between school, home, and the community. They are responsible for delivering programmes to improve health outcomes for school aged children and young people 5-19 years. This includes reducing childhood obesity, under 18 conception rates, prevalence of chlamydia, and supporting mental health. ● Emotional Health and Wellbeing concerns continue to be the most prominent issue nurses are dealing with. 389 pupils were seen for mental health/wellbeing issues in quarter ● A duty desk has been established to support activity within the service and we are working with the provider to identify meaningful methods of capturing this activity ● The team has contributed towards 44 Early Help Assessments and have attended 80 Child Protection Conferences. ● School Nurses co-delivered 158 HYPA clinics with ICash. These are drop-ins held on a weekly basis at most secondary schools. Young people can access these drops in for a range of support and advice. ● through the 0-19 transformation the service will be looking to implement CHAT Health, a text-based support intervention, from April 2019. **<u>Family Nurse Partnership:</u>** ● Currently 83 clients are enrolled on the programme – the service reserves spaces to ensure there is always capacity to take on the most vulnerable of clients. ● From October the service is participating in wave 2 of ADAPT, allowing more flexibility against the fidelity of the programme in terms of frequency of visits and introduction of the option of early

	graduation based on the young person's needs, allowing the team to 'dial up' and 'dial down' support as required. **CYP Emotional Health & Wellbeing:** CHUMS Counselling and Talking Therapies service commissioned jointly by PCC, CCC and the CCG to deliver services across the county. ● Between April-September 2018 CHUMS received 1641 referrals. Since contract commencement the service has received 2907 referrals; the provider is contracted to work with a minimum of 2000 CYP annually. ● There have been issues in the reporting for this service in so far as report pull data from all cases within the data base and is not reflective of those CHUMS are **actively** working with – this is being worked out with the provider and it is expected that more meaningful reporting will be submitted from Q3 onwards. ● During this period, in Peterborough alone, the service has delivered Getting Advice services (telephone consultations, mental health resiliency workshops, drop-ins) to 177 CYP, Getting Help services (1-6 1:1 sessions or group programmes) to 309 CYP and Getting More Help services (6+ 1:1 sessions) to 3 CYP. This is less than projected targets however the service has had a challenging mobilisation and start-up. The service is beginning to stabilize and performance is improving quarter on quarter. ● "Anxiety" is the largest presenting core issue (1204), although a similar proportion are considered as 'other' which includes behaviour (678), self-harm (303), self-esteem (185). Please note that this data set continues to be inclusive of all referrals into the service, not just those accepted and is representative of all activity across the county. ● A gap has been identified between the remit/capacity of CHUMS and the remit/capacity of CAMHS. Investigation is underway to explore the feasibility of the two providers working together to establish case conference style discussions ● Due to high demand vs resource, decisions will have to be made regarding where to focus investment e.g. on the preventative/resiliency type measures within Getting Advice or on the more complex/more intensive type measures within Getting More Help.
Narrative update on workstreams	**<u>Healthy Child Programme (HCP):</u>** The Joint Commissioning Unit (JCU), which is made up of commissioners from Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough

	Clinical Commissioning Group (CCG) continues to work jointly to develop an integrated 0-19 Service. From October 2018, the commissioning and contract management of the Healthy Child Programme transferred from the Children's Commissioning team to the Local Authority Public Health Directorate. The two providers of the Healthy Child Programme across Cambridgeshire and Peterborough, CCS and CPFT continue to work closely together. There is now a joint management structure in place and along with public health, the providers are reviewing the service offer and working on a new integrated service specification based on a holistic 0-19 model. A workforce modelling tool is being used to plan the staffing that will be required to deliver the revised offer. The new service offer is planned to be delivery from April 2019. This work will also link with a system wide programme, "Best Start in Life" which will include the links with early years, early help and children's centre provision, along with the development of an Early Years Strategy. **Local Maternity System (LMS) - Better Births:** Peterborough City Council and Cambridgeshire County Council is working jointly with the LMS to implement and deliver the Better Births Strategy, a national drive to improve local maternity services. A localised strategy and work plan has been developed and a number of working groups have been formed to ensure this transformation remains on track. The Local Authorities are engaged in the workstream relating to "community hubs" and community delivery of services across Peterborough and Cambridgeshire. Since April a "standard community hub offer" has been developed and a checklist has been devised to identify centres which have the necessary components to be Community Hubs, including appropriate clinical workspace, delivery of integrated Antenatal Education programmes and integrated processes between Health and the Children's Centre services in terms of shared use of space. It was identified that integrated processes and organisational responsibilities need to be strengthened in all areas. A number of sites are being considered to pilot the offer documentation, and help identify those areas that will need further work to develop a robust model for a community hub.

Examples of partnership working (services, projects, co-production/design etc)	Both the LMS Better Birth and 0-19 transformation programme demonstrate partnership working between Health providers, Cambridgeshire County Council, Cambridge and Peterborough Clinical Commissioning Group and the third sector. Within the workstreams, there is engagement with representatives from Maternity Voices and Family Voice to ensure the viewpoints of the public and service users are fed into the development and design of the respective future delivery models.
HWB STRATEGY 2016/19: FUTURE PLANS ● Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised ● Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&YP with emerging emotional and mental health difficulties ● Working with the PSCB to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established ● Renew the Child Poverty Strategy in 2016 ● Develop a joint strategy to address high rates of teenage pregnancy ● Jointly review the commissioning and delivery of services for C&YP with SEND, from age 0-25 ● Consideration of the needs of single parent families in these workstreams	
Future Plans: Progress against key milestones and local indicators/trends	● The Community Psychiatric Nurses (CPNs) are being integrated into a wider Emotional Health and Wellbeing service, which is comprised of the CPN's, the Emotional Health and Wellbeing Practitioner team and the Community Wellbeing Practitioners to provide a more consistent and equitable approach to supporting school staff in managing the emotional health and wellbeing needs of their pupils ● An emotional and social development pathway has been implemented and is becoming embedded to address long waiting lists for ASD and/or ADHD assessments. Children could be waiting for an assessment for up to 18 months with no support offered in the meantime. Once assessed a high proportion of these did not then go on to receive a diagnosis. The pathway recommends completion of an early help assessment to identify appropriate support for the family, which often will include an Evidence Based Parenting Programme prior to an assessment. This provide families with a toolkit of strategies to embed in the home environment and promote positive behaviours. Whilst there continues to be some resistance in

	accessing the pathway, parents who have completed the programme provide very positive feedback. Waiting lists are significantly reduced and the majority of those receiving a specialist assessment do receive a diagnosis.
Risks	
Key considerations	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: APRIL-OCTOBER 2018
SUBJECT: GROWTH, HEALTH AND THE LOCAL PLAN
LEAD: SIMON MACHEN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: 1. The Environment Action Plan describes the following actions: a. Increase the proportion of physically active adults in Peterborough to match the rest of England b. On a trend basis, seek to reduce the number of people declared homeless c. Nene Park Trust will increase the percentage of visitors expressing benefits to their health and wellbeing through visiting the park from a baseline of 90% in 2016 d. Reduce the proportion of people with an unhealthy weight 2. The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups 3. Public Health outcomes and/or objectives will be added to the Plan 4. Public Health advice will be embedded into the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	Recent data shows the prevalence of unhealthy weight (overweight and obese) among 10 years increased from 34.2% in 15/16 to 36.8% in 16/17 and is now significantly worse than the England average. The rate for 5 year olds continues to be similar to the England average.
Narrative update on workstreams	**Local plan** The local plan was submitted in March and hearings are currently underway and will be completed by end of November. The outcome of the inspectors review will be known in the new year. **Environment action plan:** Since the last performance report a revised version of the Environmental Action Plan has been published. The existing plan has been replaced by two new documents; one at council wide and one at city wide scope. These measure performance on a range of environmental targets between 2016 and 2020.

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

HWB STRATEGY 2016/19: FUTURE PLANS ● **Milestone 1**: Strategic planning to undertake training with Development Management officers on Health Impact Assessment (HIA) and develop guidance for planners and developers on optimising health and wellbeing for smaller residential schemes. ● **Milestone 2**: Strategic planning to attend a Developers Forum meeting to brief them on the Health policy. ● **Milestone 3:** Public Health to look at available data around fast food outlets in Peterborough and consider options around possible guidance on their future location	
Future Plans: Progress against key milestones and local indicators/trends	**Milestone 1**: The HIA policy has been reviewed as part of the planning inspector hearings. Once the plan is agreed discussion will need to take place between Development Management and Public Health to establish who will deal with full HIA for large planning applications. **Milestone 2**: This action is contingent on milestone 1. **Milestone 3**: A new Healthy Weight Strategy will be developed for Peterborough which will adopt a whole system approach. The strategy development will be used to form a bid to the national Childhood Obesity Trailblazer Programme (which includes funding of £100k per year for 3 years. This will include ambitions to work with the planning system to manage fast food establishments.
Risks	● The Health and Wellbeing policies in the draft local plan may not be included in the final plan ● Lack of appetite within PCC to implement a fast food SPD.
Key considerations	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: APRIL-SEPT 2018
SUBJECT: HEALTH AND TRANSPORT PLANNING
LEAD: ADRIAN CHAPMAN / SIMON MACHEN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● Increase the number of pupils receiving Bikeability training from 951 to 1,300 annually ● The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understands current data and intelligence regarding the County's roads and develop multi-agency solutions to help prevent future accidents and reduce collisions ● Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources to allow the serious accident data to be broken down into more detail to gain a clear understanding on the impact of severe collisions to the NHS and longer term social care and other partners ● The fourth Local Transport Plan (2016-2020) emphasises the role transport can play in the health of Peterborough residents	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	**Road Safety** Provisional data from 1st January 2018 to 30th April 2018 indicates 34 people have been killed or seriously injured (KSIs) and 140 slightly injured on Peterborough Roads. This compares to 37 KSIs and 203 slightly injured for the same time period in 2017. Reported casualties have risen significantly since 2015. Early indications suggest this is predominantly down to a new reporting system (CRASH), an investigation is ongoing by the road safety partnership data and intelligence group to see if the increase is down to this reporting system. **Travelchoice** **Bikeability** Our target this year for Bikeability cycle training at Levels 1, 2 and 3 including Bikeability Plus levels Balance and Learn to Ride: Level 1 – 576 Level 2 – 1152 Level 3 – 64

	Balance – 110 Learn to Ride – 49 Total - 1951 At the end of September our actual delivery numbers were: Level 1 – 83 Level 2 – 361 Level 3 – 54 Balance – 12 Learn to Ride – 17 **Total – 527** **<u>Bike It - (April 18 - September 18)</u>** Over the last academic term nineteen schools have remained active with Bike It+ with a focus having been placed on schools selected through the period of Public Health and Combined Authority funding. For a number of schools they became 'at distance' throughout this period to allow Bike It time to work intensively with selected schools. Between April 2018 and September 2018, Bike It+ delivered 54 activities; engaging with 4303 pupils, 242 staff, and 600 parents. There were 1464 bikes and 1121 scooters counted and logged by either Bike It officers, Bike It crew or School Champions. **<u>Travel Plans</u>** We currently have 62 Business Travel Plans (against a target of 90 by 2021) It is noted that approximately half of the plans will need to be updated by March 2019 if they are to be classed as a current plan. We have developed a Business Travel Plan Toolkit, Template and automatic survey reminder, updates to Travel Plans in the future should be a simpler process - thus encouraging businesses to maintain their plans. **<u>Travelchoice events</u>** Travelchoice held a number of public engagement events throughout the summer including our iconic cycle cinema at Central Park, where we also had 5 times British men's elite and European mountain

	bike champion Danny Butler performing before the movie. The event showed the Disney remake 'The Jungle Book'. The aim of the event is to add a fun and engaging element to cycling and sustainable transport and was attended by over 200 people. Travelchoice also attended a number of other events such as the PECT Green Festival where we were able to engage with the public and promote the use of sustainable travel. Travelchoice also continued its work with Peterborough Regional College and supported its Health and Wellbeing day as well as Fresher's Fayre where we spoke to students about their travel habits and provided them with bespoke information on sustainable travel.
Narrative update on workstreams	**<u>Road Safety</u>** Various activities have taken place over the months including: ● Delivering Drive IQ at secondary schools and colleges including young people attending the National Citizen Service Programme. Officers also attend Freshers Fayre ● Seatbelt and parking awareness campaigns delivered outside a number of primary schools. ● Details sent to all schools signposting to different road safety activities that can be delivered in schools ● Various enforcement/publicity activities were delivered through the Cambridgeshire and Peterborough Road Safety Partnership including speeding, mobile phones, seatbelts and drink drive. ● Over 1000 year 6 pupils across Peterborough have take part in Safety Challenge. Delivered at Dogsthorpe Fire Station children taken part in scenarios covering a range of messages including, road, water, fire, ASB, Peer Pressure, and cyber safety. Feedback received from pupils attending and teachers has been positive. ● Be Safe Be Seen activities have been delivered across the city to coincide with the clocks going back to remind vulnerable road users of the need to be seen during the winter months. ● Cycle Safety events in partnership with Skanska at Secondary School, reminding cyclists of the dangers of cycling too close to HGVs. **<u>Travelchoice</u>** **<u>Lynch Wood Travel Planning project</u>**

	Over the last 6 months we have been working with a number of businesses in the Lynch Wood Business Park to deliver bespoke sustainable and active travel advice to employees. This project aimed to raise awareness and encourage more people to choose sustainable and active modes of travel for their commuting journeys. In addition to engagement activities at Pearl House, Thomas Cook and Western House we have also produced an Area Travel Plan (ATP) which has now been presented at the Lynch Wood Tenants / Occupiers meeting. The ATP will serve as a working document that will allow the businesses to carry out further staff engagement activities to increase numbers travelling to the businesses in a sustainable and healthy way. **RNIB Connecting Peterborough Project:** This trial project aimed to utilise newly emerging digital technology to provide real time, two-way, journey information directly to visually impaired users, allowing easier and safer access for staff and visitors travelling to the new RNIB head office in the city centre from the main transport hubs (Rail and Bus Stations). We are now approaching the end of this project. The beacons required for the audio wayfinding solution have now been delivered and the location for each has been confirmed. The beacons will work using the Blind Square application, the back end of this app has now been modified and is now compatible with the beacons. In addition to this there are a number of improvements we will be making to ensure we are taking a holistic approach to improving accessibility. We will be testing a new technology from Neatbox, called Button With Button - you can use your mobile phone or smart watch to press the buttons at pedestrian crossings. It addresses the issue of inaccessible crossings for a person with a mobility or visual impairment. Initially this will be installed on a crossing at Bakewell Road/Newcombe Way junction in Orton Southgate, if the trial is successful then this will be installed at the crossing on Bourges boulevard outside Waitrose. **Combined Authority Local Transport Plan** The Combined Authority (CA) is in the process of developing a new Local Transport Plan (LTP) as they are now the Transport Authority for Peterborough. A series of workshops have been set up and Public Health colleagues have been (and will continue to be) engaged in the process. An All Member briefing

	session is due to be undertaken in the near future (date TBC) and a full 12 week public consultation will happen in the new year. **<u>Anti-idling campaigns</u>** Over the last few months we have been working with Queens Drive Infant School to design an anti-idling banner for display outside of their school. The designs have now been finalised and are in the process of being printed. We plan to roll out this initiative in other schools over the next 6 months to further raise awareness of issues concerning air quality and the additional benefits of healthy and active travel. **<u>Electric taxi Bid</u>** The Government has recently released its 'Road to zero strategy' this document outlines the long term ambitions of the government to achieve cleaner road transport and to put the UK at the forefront of the design and manufacturing of zero emission vehicles. As part of this document the office for low emission vehicles has announced a second round of funding for ultra low emission taxi infrastructure. The funding will allow local authorities to install infrastructure such as rapid chargers thus allowing the local taxi fleet to transition to ultra low emission vehicles which will deliver significant benefits both locally and nationally. We have submitted a bid for £90k from ULEV with £60k match funding from PCC, we will be looking to install four rapid chargers which are conveniently locate and is easily accessible, affordable, efficient and reliable. Local authorities who are successful will be notified in January 2019 allowing for infrastructure to be installed in the next financial year 2019/20
Examples of partnership working (services, projects, co-production/design etc.)	Public Health, Travelchoice and the Prevention and Enforcement Service are working together to maximise opportunities for sustainable active travel and improved road safety and have regular meeting to create an action plan for the future. In addition a new Air Quality task and finish group has been created (with a range of representatives from various areas of the council along with Council Members) with the aim to inform the development of the Council's air quality ambitions and make recommendations for specific actions that should be taken by the Council and partners to achieve such ambitions. The first meeting of the group is scheduled for late November 2018.

HWB STRATEGY 2016/19: FUTURE PLANS ● Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies ● Permanently embed public health advice in to the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities	
Future Plans: Progress against key milestones and local indicators/trends	**Road Safety** A new campaign is currently being developed which encourages considerate parking outside schools. Engagement will take place with both pupils and parents. Parents will be asked to sign a pledge around parking. A review of the Cambridgeshire and Peterborough Road Safety Partnership tactical group has now been completed, details of the review will be presented at the Cambridgeshire and Peterborough Road Safety Partnership Board on 10th October 2018. The development of single team road safety hub which will deliver across Peterborough and Cambridgeshire is currently being developed. Officers from the service are currently leading a cross party working group who are reviewing the implementation of 20mph speed limits across Peterborough. The group are due to report back finding and recommendations to cabinet by the end of 2018. A joint working group made up of Public Health, Travelchoice and the Prevention and Enforcement Service has been formed and meet regularly to see how road safety and sustainable/active travel activities can be delivered in a more joined up way. This recognises that programmes of work associated with active travel, road safety and air quality share common factors and common goals. The aim of the group is to avoid duplication, develop linkages and investigate alternative and new options for delivery, including working with partner agencies. **Bike It** The project will work with existing schools, along with newly recruited schools (TBC - currently seeking commitment from schools) along with re-engaging previously 'at distance' schools and will incorporate Road Safety and Public Health elements into the delivery.

	Reinvigorate 'At Distance' schools Autumn/Winter term 2018: ● Woodston Primary ● Orton Wistow Primary (Minimal input from Bike It) ● Hampton Hargate Primary (Minimal input from Bike It) ● Newark Hill Academy ● Ravensthorpe Primary (New Champion started in the Spring term and had no cross-over with the previous champion so will need to be brought up to speed with Bike It – minimal input from Bike It) Key activities planned: ● Pre Hands Up surveys from new schools ● Recruiting new schools ● October – Walk to School fortnight ● Santa Challenge – 'Cycle, Scoot and Walk to Santa in Lapland' ● Be safe be seen assemblies (Link to Bling It and Bike Christmas Wreath Wheel). ● Encourage school monitoring through Bike and Scooter counts and using resources from BikeItcambs website www.bikeitcambs.org to run own activities. ● Engaging with parents (e.g. finding parent champions or volunteers) **Travelchoice events** Over the next few weeks we will be looking to launch our 'be seen be safe' campaign with the shorter days now upon us. These events will include 'bling you high-vis' which is aimed at children and allows them to have fun whilst making them safety conscious. We also plan to attend several School Christmas fetes to speak with parents about the sustainable options available for their journey to school and will be promoting sustainable travel in conjunction with health campaigns in the new year.
Risks	
Key considerations	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: August to November 2018
SUBJECT: HEALTH AND WELLBEING OF DIVERSE COMMUNITIES
LEAD: ADRIAN CHAPMAN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● The HWB has commissioned a JSNA on the health and wellbeing needs of migrants ● Eastern European 'community connectors' employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	The proportion of outreach health checks completed that recorded a South Asian ethnicity during Q2, Q3 and Q4 was 31%. In total, 140 health checks were completed in people with South Asian ethnicity through outreach work for these three quarters of 2017/18. Data is being collected to determine ethnicity of people using mental health crisis services (First Response Service -FRS, and Sanctuaries). Suicides in Peterborough by people with Eastern European ethnicity is a concern. It is difficult to report this data for confidentiality reasons as the numbers are small. Data on ethnicity of people attending NHS screening programmes has been requested. Ethnicity recording where 'white other' is broken down further to Eastern European countries has been requested for drug and alcohol services
Narrative update on workstreams	**Video communication project** Work is in progress to take forward the recommendations from the Diverse Ethnic Communities Joint Strategic Needs Assessment (October 2016). This includes work to produce and promote health and wellbeing information for diverse ethnic communities. A Video Communication project is underway with two pilot videos recently produced and another three in production. This work is being carried out in collaboration between Peterborough City Council, PCVS, Citizens Advice Bureau, Peterborough City

	College, Fenland District Council and Fenland diverse ethnic communities forum/partnership. The videos are created using animations and are therefore more accessible to dubbing over in different languages. A range of health and wellbeing information content is being produced to cover issues identified as difficult for new migrants and the migrant population. The suite of videos being produced provide information about registering with a GP, out of hours services, accessing dental care , role of pharmacies, maternity services, child health, how to obtain help in emergencies, rights and responsibilities for driving in the UK, employment - obtaining work and rights and responsibilities, housing needs and issues and alcohol awareness. The videos are being produced in English, Lithuanian, Latvian and Romanian in the first instance and other languages are being considered for harder to reach groups. Subtitles are also being added as well as links to local resources in both Peterborough and Fenland. The first tranche of videos will be tested and evaluated by the community through engagement workshops and can be viewed on the 'healthy Peterborough website. A launch event for the project is being planned for January 2019. Further videos are being scoped to cover a range of topics but should include community responsibilities, mental health, sexual health, and accessing health promotion activities. **South Asian Health and wellbeing Survey** The supplementary section to the diverse ethnic Communities JSNA to cover the needs of the South Asian community in Peterborough is in draft form after the survey results were analysed. It is scheduled to be completed by the end of November and will also be presented to the Joint Mosques Group (JMG) meeting on 21st November. JMG is chaired by Gillian Beasley and includes Director of Public Health, other senior colleagues as well as Chairs of local mosques. **Getting to know you project**

	The “Getting to Know You” project has engaged 306 learners of 36 different nationalities from 5 continents with ages ranging from 18 to 59. Most learners live in wards that have a higher IMD (Index of Multiple Deprivation) score than the national average. 32 volunteers have been interviewed and trained and have delivered or are about to deliver the courses using lesson plans and resources developed by ESOL tutors. Volunteers also receive ongoing mentoring and support from ESOL tutors. A number of volunteers are now teaching a second or third course. Most courses have 2 volunteers working together to give learners more individual support and also to support one another. In terms of measuring learners’ outcomes and demonstrating the impact of the project, learners are asked questions before and after the course to measure their increase in knowledge and understanding of the key areas of public services such as health, education, employment and being a good citizen. The project is also seeking to measure subsequent positive changes in behaviour as a result of improved understanding. Finally, the project is measuring an improvement in learners’ English and their satisfaction with the programme. In terms of impact on volunteers, we are also capturing that via a short survey and case studies. A tutor book with tutor notes and information has been created to further support the volunteers. Course ran over 4 weeks during August to ensure continuity and a celebration event took place for learners and volunteers in September. Learners who attend a minimum of 85% of the courses and complete successfully are prioritized for long qualification courses from Sept., to date, 56 (20%) have enrolled on long courses. One volunteer (new to Peterborough) who was already TESOL qualified, has now been taken on at CCP as a sessional ESOL tutor. **Tackling Alcohol Misuse** Now all workers are in post we are starting to see some positive results from the work funded by the Controlling Migration Fund. Here are some of the results from the work so far:

	● There is now delivery of weekly outreach sessions in Wisbech and fortnightly in Peterborough. As well as the street based work regular visits are taking place to day centres and nights shelters. ● Solutions 4 Health are delivering weekly outreach sessions in the Operation Can Do Area and are joined by the Aspire Outreach Worker so anyone needing extended brief interventions or structured on-going support around alcohol can access help directly ● Over 300 community members have been engaged in Peterborough via the lifestyle service ● Sessions are being delivered in Peterborough focussing on weight management, alcohol use/physical activity and smoking cessation and individual goals set with members of the migrant population ● Lifestyle clinics are being delivered at GP practices in Peterborough more attended by migrant groups ● In Peterborough, a total of 21 clients have left alcohol treatment successfully, 43 have received extended brief interventions and 52 have entered structured treatment. A total of 23 group sessions have been delivered. ● There has been successful engagement with local employers in Peterborough ● In Wisbech a total of 247 clients have been engaged with, 44 outreach walks have taken place, there have been 29 outreach sessions to the local night shelter and 60 people have been seen, 8 EU family support sessions have been delivered ● In Wisbech 7 people have been discharged successfully from alcohol treatment since the work began The DCLG have selected the alcohol project in Wisbech and Peterborough as one of the projects to be evaluated by the IPSOS MORI as part of the national evaluation of the Controlling Migration Fund. The first meeting is taking place on the 16th of November 2018 to scope out the evaluation. A bid has also been submitted to the Department of Communities and Local Government for extension of the Migrant Alcohol misuse project. We anticipate hearing back on this bid before Xmas. **Data collection**

	A drive to improve data collection on ethnicity, particularly the recording of Eastern European ethnicities is being discussed. This is a challenging area as there are inconsistencies across the healthcare system on data recording by ethnicity. **Community engagement support** The College continues to run a very wide range of courses at over 40 venues in the community to offer free learning to engage those furthest away from education, people with barriers to learning and employment and families to support their children. We recently appointed an external consultant to do a review of and report on Community Serve, which we are running for the Council, and make recommendations for how it can be further developed by building on its strengths. These are now being considered for the future model. The social dining offer "Meet and Eat" continues to be popular with an average of between 60 and 80 people attending at various venues every month.
Examples of partnership working (services, projects, co-production/design etc)	The video communication project included stakeholder engagement and workshops with community members from the Eastern European migrant population in order to scope the work and decide the priorities for video production. The production of pilot videos has been a partnership involving PCVS in Peterborough, Peterborough City Council, Fenland District Council, and the Rosmini Centre. Other partners and groups have also been involved in discussions and scoping and will be involved further as more videos are produced - for example, Citizens Advice Bureau and Drug/alcohol services. An innovative community based project has been launched to tackle Domestic abuse in Muslim community. This project has been initiated by Joint Mosques Council. The partnership includes men and women from the community, County Council officers with responsibility for tackling Domestic Abuse and Sexual violence, Police officers as well as Cohesion Team from PCC. The outcome will be shared with the County wider Domestic Abuse and Sexual Violence Delivery Group to consider implications affecting other communities.

HWB STRATEGY 2016/19: FUTURE PLANS ● The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes	
Future Plans: Progress against key milestones and local indicators/trends	The South Asian supplement to the diverse ethnic communities needs assessment will help inform recommendations on programmes and interventions for this community. Better data recording of ethnicity in health care settings is still needed and work to identify gaps in this area is underway. NHS Health Checks - designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia among adults aged 40 - 74 years old - are now being delivered within local community settings, complementing existing delivery through local GP practices. In addition to increasing the delivery of NHS Health Checks the delivery of Health MOT's for younger age groups has also begun, with a specific focus on target populations. Target populations include local south Asian* communities who have a higher risk of developing diabetes and higher rates of coronary heart disease.
Risks	The health and wellbeing survey of the South Asian community may not have had the reach - to ensure the needs of harder to reach individuals are heard. In addition, although there were around 200 returns for the survey, this is still not a large enough sample to accurately reflect the needs of this community. However, the results will be useful to gain some insight into the current issues and gaps for health and wellbeing care for this community
Key considerations	Brexit implications on the diverse communities especially those from EU needs to be kept under close monitoring. The next Cohesion and Diversity Forum scheduled for 22 November will be discussing theme of EU Settlement Scheme and its implications. Home Office will be attending and community groups are also invited. Service providers are welcome to attend too. With the launching of the Integrated Communities Strategy and formal confirmation of funding for the related project from MHCLG, the next stage is to develop implementation of these projects in close partnership with all relevant stakeholders. The overall objective is to enhance integration in the community. A key element of the work includes building community resilience and reducing/preventing avoidable demands on services.

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: JANUARY – MARCH 2018
SUBJECT: HEALTH BEHAVIOURS AND LIFESTYLES
LEAD: LIZ ROBIN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services ● Commissioning a joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital. ● Improve support for local employers to promote healthy workplaces through a new contract with Everyone health (from June 2018 previously provided by Business in the Community and Living sport)	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	Across all treatment groups there has been an increase in the number of people in treatment ● Alcohol clients, 4.5 % increase in 17/18 compared to previous year 16/17 ● Drug treatment, across all substances 6% increase in 17/18 compared to 16/17 ● Young People in treatment, 40% increase in 17/18 compared to 16/17 Numbers of new presentations are now starting to plateau apart from non-opiates where we saw a 14% increase in 17/18. The benefits of integration and transformation are still being evidenced through performance figures which have strongly recovered since the dip following the retender in 2016. In terms of successful completions the latest quartile information available (Q1 18/19) shows an improvement for alcohol and alcohol and & non-opiate, whereby completion rates are sitting in the top quartile range for comparator Local Authorities. Opiates have seen an increase against the baseline period and are just sitting outside the top quartile range. Non Opiates however has slightly dipped compared to the baseline period and sit outside of the top quartile range which is being addressed.

	With regards to criminal justice clients, activity indicates strong pathways into community treatment from prison with engagement rates over 20% higher than the national average. Furthermore the proportion of the treatment population in contact with the criminal justice is higher than the national average across all drug types. The successful completion rates for criminal justice clients however are below national average in all areas apart from the alcohol & non opiate cohort which is an area that still requires improvement. Since the beginning of the CGL ASPIRE contract in 2016 just over a 1000 naloxone kits have been distributed across Peterborough, 58 of which (5%) have been used appropriately in an overdose situation, thereby preventing deaths. This is reflected in the most recent ONS data (Aug 2018) The numbers of drug related deaths (DRD's) and rates per 100,000 have decreased in Peterborough. The most recent data release from ONS (Aug 2018) shows a decrease of DRD's from 34 (2014/16) to 30 (2015/17) and from 5.7 to 5 (rate per 100,000). The rates are still above both national (4.3) and regional DRD rates (3.6). The Lifestyle service provided by Solutions 4 Health is in the second year of contract. Between April and September 2018 335 NHS Health Checks and 529 mini MOTs have taken place in the community. One to one clinics and group programmes are delivered by the service which assess and address lifestyle factors including alcohol, diet and nutrition, physical inactivity and smoking. During this period 1223 people set personal health goals and 646 achieved them. This includes 205 people quitting smoking. Weight management and physical activity programmes for children and adults are being delivered with 176 adults accessing 1:1 or group support since April 2018. Over 96 children and their families have also been supported through weight management and physical activity programmes, predominantly delivered in local primary schools. Primary and secondary schools and pupil referral units have also been supporting the local Health Champion initiative and the associated health awareness training programmes with over 160 children and young people receiving this training since April 2018.
Narrative update on workstreams	Drug and alcohol services responded well to the contractual levers with improvement in performance described above.

	The Healthy Workplace Support Service was recommissioned and the new contract commenced from June 1 2018. The provider, Everyone Health, will work with partners in Peterborough to target routine and manual workforces as well as providing a universal offer/self assessment to workplaces to support the adoption of a healthy workforce culture. The Healthy Schools Support Service has been commissioned and the new contract started in October 1 2018. Additional funding has been provided by the Office of the Police and Crime Commissioner (OPCC) to develop work focusing upon building resilience. It will provide a universal service to all schools and additional support to schools in areas with higher needs. A key deliverable will be to facilitate collaborative working between the different organisation working in schools building upon the HYPA model. The Healthy Lifestyle Service is now delivering clinics in 21 GP practices and in over 50 community, workplace and schools settings locally each week. Since April 2018 Two new programmes have been established as part of the Lifestyle Service. Health Trainers are part of an initiative funded through the Controlling Migration Fund. This is focusing upon addressing the impact of alcohol misuse among migrant population on the wider community. Since April 2018 81 Eastern European clients have established a personal health plan with 51 of them achieving their goals. 32 clients have received training on brief advice on alcohol and 5 campaigns have been delivered among the Easter European communities. The Lifestyle Service has also established a Falls Prevention Health Trainer programme as part of a system wide initiative to address the number of falls occurring locally with the objectives of reducing associated outcomes and the number of emergency admissions to hospital. There have been 80 referrals to the service and of these people 67 have had an assessment and 22 people have completed their personal health plan.
Examples of partnership working (services, projects, co-production/design etc)	Aspire now has 3 staff co-located as part of the multi-agency Family Safeguarding Project led by Peterborough City Council. Aspire staff were the first staff group to be seconded into and active in the Family Safeguarding Team. This work is progressing well.

	The Office of the Police and Crime Commissioner for Cambridgeshire has funded (via Peterborough City Council) the Integrated Recovery Offender Programme (IROP) which has been delivered by CGL ASPIRE in Peterborough since May 2016. This project works intensively with frequent attenders in police custody with co-occurring substance misuse and mental health issues but whom fall outside of scope for Integrated Offender Management (IOM) schemes or mental health interventions. Over the last year IROP has used funding to appoint a mental health practitioner from CPFT to improve assessment and access into mental health services and set up a small project in partnership with IOM and TTG to offer short term accommodation to IROP clients for whom homelessness is a key factor in their persistent offending and substance misuse behaviour. An evaluation of IROP commissioned by the OPCC has reviewed progress against the key outcomes and recommends continuation of delivery. uary 2018, CGL Aspire recruited a Polish Speaking Outreach Worker as part of additional funding received from DCLG to address the impact of migration on Peterborough under the Controlling Migration Fund. The two year funding is being used to provide outreach work to street drinkers and provide support to those already in treatment. A new bid to DCLG has been submitted for continued funding. The Peterborough needles taskforce group was set up early in 2018 in response to an increase in discarded needles across the city. A robust action plan is in place addressing 5 key work streams, Monitoring (Having a robust process for measuring needle finds ongoing and targeting and addressing hot spot areas), Training (Currently focussed on ensuring all staff involved in needle exchange encourage responsible use and maximise safe returns), Service Delivery (Ensuring rapid collection of discarded needles), Design (Looking to provide disposal bins in hot spot areas and redesign locations to make them less likely to be sites for illicit drug use) & Public Information (Reviewing reporting mechanisms to make needle reporting easier). Progress is being made across all areas. Reporting mechanisms have been made easier for the public, service users have been reminded about the importance of safe disposal and there is a much clearer picture on hotspot areas. After receiving funding from SPP in July, existing needle bins are being reconditioned and the local disposal service is now collecting needles from private householders and where the landowner re absent (free of charge).

	There has been a number of training sessions undertaken with pharmacies which has resulted in significant increase in the needle return rate since this work began. Public Health in partnership with Aspire held a Health & Wellbeing event to launch the newly developed Healthy Lifestyles booklet at Aspires offices, in Bridge St, Peterborough. The event included a marketplace of stall holders providing information about their services. These included, Mental health Services, Maternity Services, Age UK, Citizens Advice Peterborough, Housing professionals, Vivacity, Promoting Diversity, Peterborough Council for Voluntary Services, Alzheimer's Society, Healthwatch, City College and many more. Over 100 people took part in the event. The Smokefree Alliance includes partners such as CPFT, HMP Peterborough, Fire Service, City Hospital, Trading Standards and Public Health. The Alliance produced its smokefree plan with each partner being committed to lead specific interventions and work collaboratively towards the achievement of shared outcomes. The Healthy Workplace Support Service and Healthy Schools Support Service were commissioned to provide a service for both Peterborough City Council and Cambridgeshire County Council through one contract for each service. The OPCC provided additional funding for the Healthy Schools Support Service.

HWB STRATEGY 2016/19: FUTURE PLANS ● Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues ● Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles ● Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme ● Reduce the number of local people developing Type 2 Diabetes	
Future Plans: Progress against key milestones and local indicators/trends	The Integrated Healthy Lifestyle service began delivery on 01 April 2017, having been commissioned by Peterborough City Council. Additional funding was provided by the CCG for the Tier 3 Weight Management Service in partnership with the Clinical Commissioning Group. The service has progressed

	well during year one of delivery and its services are now well embedded into the community and it works collaboratively with other organisations such as the GP practices, Drug and Alcohol Services. It is performing well against its key performance indicators. The Healthier You: NHS Diabetes Prevention Programme (DPP) service has been established across Cambridgeshire and Peterborough to support people at risk of developing Type 2 diabetes. The local programme is being delivered by ICS Health and Wellbeing. Referral pathways to the Healthy Lifestyle services have been established, there is a good working relationship which is helping both programmes to achieve their targets.
Risks	The Healthy Lifestyle Service must gain traction in the diverse and more deprived communities where health outcomes are the worst.
Key considerations	There is an extensive outreach programme that works with harder to reach vulnerable communities.

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: APRIL – SEPTEMBER 2018
SUBJECT: HOUSING AND HEALTH
LEAD: ADRIAN CHAPMAN

<table>
<tr><td colspan="2">HWB STRATEGY 2016/19: CURRENT ACTIVITIES:
Housing related support funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies and therefore prevent them from becoming homeless
The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home to be supported to do through the provision of aids and adaptations and a demand for extra care accommodation. To date 262 additional units of extra care accommodation have been provided in partnership with registered providers. A further scheme of 54 dwellings is under construction
Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations the HP assist hospital discharge and enable health services to be delivered in people's homes. The agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives
The City Council's Cabinet has approved introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and wellbeing of those residents. The proposal is currently (May 2015) awaiting Secretary of State response</td></tr>
<tr><td>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</td><td>For the period 01/04/2018 – 30/09/2018:
A total of 877 referrals have been received for the Handyperson service
A number of requests for minor aids & adaptations were received many of which facilitated a timely hospital discharge
The 2018/2019 budget for Mandatory Disabled Facility Grants is £1,969,832. As at 30/09/2018 the budget was 79% committed and 40% spent with 93 major adaptations having been completed.
The budget for discretionary disabled facility grants (including assistance for relocation to a property suitable for adaptation, "topping up" adaptations that exceed the £30,000 mandatory limit, works to enable timely discharge from hospital/reablement/interim care and preventative works to help towards avoiding hospital admission of £265,000 is 54% committed and 40% spent.</td></tr>
</table>

	• The Repairs budget for 2018/2019 is £394,662 and at 30/09/2018 is 79% committed and 50% spent. This provides assistance to vulnerable home owners where the defects in the property pose a serious risk to the health, safety or wellbeing of the residents. This includes lack of/inefficient boilers and central heating systems, damp and mould, risk of falls and entry by intruders.
	• The Local Energy Advice Partnership (LEAP) now has committed funding form the energy suppliers until March 2020. The new scheme year started in June 2018 and will run to March 2018. So far:
	  ○ 447 referrals have been made
	  ○ 320 LEAP visits have been carried out resulting in unit bills savings of £171.00 with total lifetime bill savings of £54,720
	  ○ 3,554 easy measures have been installed during these visits resulting in total lifetime bill savings of £275,574.89
	  ○ IncomeMax have identified 91 cases where new income has been identified estimated to total £273,000
	  ○ 31 cases have switch Gas Tariff, 33 cases have switched Electricity Tariff
	  ○ 47 cases with potential hazards have been referred back to the Council
	  ○ 28 Fire Service Safe & Well referrals have been made.
	• PCC was part of a consortium bid to the £150m Warm Homes Fund which was successfully awarded £4.9m over the next 3 years. This will be provide first time central heating and a free connection to the gas network where the property has electric storage heaters, electric room heater or gas room heaters. Work is now underway to identify private rented sector properties that have electric/storage/room heaters and where the energy efficiency is poor. Properties subject to the Council's Selective Licensing Scheme will be the first to be targeted. This service will also be offered to vulnerable, low income owner occupiers who are at risk of being in fuel poverty.
	• PCC also have access to the Emergency Central Heating Offer (ECHO). This service offers emergency assistance to fuel poor or vulnerable households to repair or replace broken or condemned boilers.

Narrative update on workstreams	Selective Licensing was introduced in the 5 areas across the city with effect from 1 December 2016. The council has to date received over 7000 applications for licences, of which 5944 have been granted.

	Housing standards are already showing signs of improvement as all properties are required to supply the council with a current gas safe certificate annually, to have valid Energy Performance Certificates and electrical condition reports. As part of the application process an initial inspection to identify housing defects and determine a risk rating for full Housing Health and Safety Inspection is carried out. So far over 5,900 properties have had an initial inspection carried out. Landlords are informed of the outcome and asked to address any defects found. Many landlords and letting agents are carrying out repairs at this early stage thus improving the health and well-being of their tenants by and raising the housing standards.
Examples of partnership working (services, projects, co-production/design etc)	Home Service Delivery team is working with a range of voluntary and third sector organisations and joint strategic boards including the Sensory Partnership Board and Technology Enabled Care Strategic Board, Older Peoples Partnership Board.

HWB STRATEGY 2016/19: FUTURE PLANS

- Peterborough City Council is working in partnership with registered providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorders to enable them to live independently with a live-in carer where necessary or floating support
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed
- The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the ageing population
- A task and finish group including housing managers and hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this

Future Plans: Progress against key milestones and local indicators/trends	
Risks	
Key considerations	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: November 2018
SUBJECT: MENTAL HEALTH FOR ADULTS OF WORKING AGE
LEAD: WENDI OGLE-WELBOURN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered with a key initiative being supporting the development of a learning culture through establishment of forums for sharing examples of good practice/developing recommendations for change of practice when things have gone wrong ● A local 'Crisis Care Concordat' implementation plan aims to prevent mental health crisis in community settings and reduce the use of Section 136 of the Mental Health Act. ● A joint Community Mental Health Services delivery plan has been agreed to ensure improved outcomes in community mental health services. The plan includes redesign of the mental health accommodation pathway, an individual placement support model of employment support for people in secondary care mental health services, procurement of a Recovery and Community Inclusion service to replace the current Wellbeing and Recovery service and a strong focus on ensuring the right support, the first time, at the right place, by the right people.	
Performance narrative and statistics	**1. Suicide Prevention** ***Metrics: Suicide Rates:*** *Persons/Males/Females: Standardised rate per 100,000 population* ***Performance: 2013-1015 three year average 'rolling' data:*** *All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)* *Males: 11.5% Decreasing, getting better; better than the England value (15.8%)* *Females: Data redacted due to low numbers (not statistically significant) (New data not yet available – therefore no change)* *An annual suicide audit has been carried out for Peterborough and Cambridgeshire since 2014. Early indications suggest that the total number of suicides in Peterborough reduced during 2016.* **2. Crisis Prevention** ***Metric:*** *Rates of use of Section 136 under the Mental Health Act*

	Performance: *Instances of use of Section 136 under the Mental Health Act in Peterborough decreased during 2016/17 and continue to reduce. Figures are currently being audited. (This section to be updated in the next report)* **3. Mental Health Housing and Accommodation** ***Metric:*** *Adults in contact with mental health services in settled accommodation* ***Performance:*** *Increasing (84% at July 2018) – getting better and statistically better than England (75%)* **4. Employment** ***Metric:*** *Adults in contact with mh services in employment* ***Performance:*** *13.8% at July 2018): Increasing – getting better although and statistically better than England (12.5%)* **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;* **6. The Right Support, the First Time, at the Right Place, by the Right People** ***Performance:*** *Performance is improving in respect of the items for which there is full and robust data In the future it will be possible to track progress as anomalies in the approach to data collection have now been addressed.* ***Metrics:*** *Improvement in performance against the prioritised metrics*
Narrative update on workstreams	**1. Suicide Prevention** i) The suicide prevention strategy has been refreshed for 2017-2020 and action plan updated ii) The bereavement support service for people bereaved by suicide is continuing into a second year and is being well received. Referrals are made through the police while informing next of kin of a death due to suicide. Case reviews are being written as part of the evaluation process and these will highlight the impact of the service. Training in suicide prevention for GPs is being funded to continue for a second year with sessions planned for November 2018. Protocols are being developed to enable learning from real-time suspected suicide surveillance. A suicide audit of deaths in 2016 has been

	completed and the results shared with partner organisations. Other workstreams are continuing for example, the STOP suicide campaign and website and suicide prevention (ASIST) training. iii) A Zero Suicide Ambition now underpins the Suicide Prevention Strategy with delivery of this ambition within the Suicide Prevention Strategy governed by the Cambridgeshire and Peterborough Safeguarding Executive. This gives both initiatives senior support and guidance. It is anticipated that the zero suicide ambition will be strengthened if funding is secured through NHS England Wave 2 suicide prevention initiative in the autumn of 2018. iv) The zero suicide initiative will also aim to drive up quality of care by facilitating a learning culture and forum for suicide prevention, whereby both good and bad practice examples will be shared between organisations. **2. Crisis Prevention** i) Excellent progress with implementation of the Crisis Concordat Action Plan by the MH Delivery Board, with most of the initial 17 priorities having been completed and closed and new objectives added as part of the process of continuous improvement. iii) Information sharing between agencies was identified as the biggest single barrier to effective joint working. This continues to be a barrier and is being raised with the STP. However, it is likely to continue to create difficulties due to the legislation under the 2017 General Data Protection Regulations. **3. Mental Health Housing and Accommodation** i) The work of PCC commissioners with housing and accommodation providers has continued. The review of the mental health housing and accommodation pathway and portfolio prioritised for 2018/19 is underway. **4. Employment** i) The work to develop an effective pathway to employment for people with mental health problems initiated on 29.06.17 has continued with a multi-agency Steering Group having been established across Cambridgeshire and Peterborough.

	ii) Bids for 2nd Wave NHS funding for an Individual Placement Support, the evidence based employment approach specified in the Five Year Forward View for Mental Health. It is likely that a bid for a service across Cambridgeshire and Peterborough will be made by CPFT and the CCG. However, confirmation that funding will be picked up beyond the first 2 years pilot is required before funding is agreed. iii) The next stage in the development of the MH Employment Strategy is to engage with communities and individuals to identify the support and intervention that they need to support them towards or into employment. The methodology is being developed in conjunction with CPSL MIND using the learning from the Resilient Together project in Cambridgeshire, an asset based approach to community development. However, it has been agreed that this workstream will not be progressed until the additional capacity agreed for ASC commissioning is in place and the work can be prioritised. **5. Stronger Links Between Commissioners** i) It has been agreed that the aligned model of commissioning health and social care for Mental Health services should continue, rather than moving to a joint commissioning model. ii) A joint community mental health delivery plan has been agreed. Priorities 2018/19 include ensuring that mental health services are seamless (well co-ordinated) across health and social care and mental and physical health and wellbeing and that commissioning and delivery is clearly focussed on recovery and outcomes. The Housing and Accommodation review is the key priority for Mental Health social care. This means that there is now a joint plan for both acute and community mental health services. **6. The Right Support, the First Time, at the Right Place, by the Right People** i) Work to operationalise the enhanced primary care mental health pathway (PRISM) continues. All practices now have an allocated PRISM practitioner. Work is underway to ensure that services are compliant with the Care Act 2014 through the work to finalise the MH Section 75 Partnership Agreements between CPFT and each of the Councils. This will help to ensure preventative approaches and early intervention and that needs are assessed and met in a timely way. ii) The work to ensure that individuals are supported effectively in their communities continues. The main vehicle for this is the retendering of the Mental Health and Wellbeing services commissioned by

	PCC, CCC and the CCG separately as a single Recovery and Community Inclusion service. The aim is to improve the consistency of both access and outcome across the area and to ensure value for money. Due to a challenge to the original procurement process the procurement process is being re-run. Mobilisation has been rescheduled to July 2019 (from October 2018). iii) Recovery coaches, peer support workers and the CPFT Recovery College continue to be commissioned to support people to recover and regain their lives and to take their place in the communities in which they live and are therefore now key components of the mental health pathway. iv) Both commissioners and providers continue to prioritise improving both crisis care - including prevention and suicide prevention and have now agreed a joint community mental health services delivery plan. (See 2 and 5 above).
Examples of partnership working (services, projects, co-production/design etc)	All the initiatives described above are developed and delivered by Council commissioners working in partnership with NHS commissioners and partners and other statutory bodies including the Department of Work and Pensions and the voluntary sector, people with lived experience and their carers. Increasingly, services are being co-produced with individuals and communities. Partnership and co-production approaches particularly inform improvement in the following areas: 1. Suicide prevention 2. MH Employment 3. The Recovery and Community Inclusion service 4. Information about mental health services

HWB STRATEGY 2016/19: FUTURE PLANS	
● Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning Strategy in 2016, to tailor implementation plans to address unmet mental health need ● A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services ● An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams ● The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services ● Service user representation will also be invited to the Partnership Board	
Future Plans:	**1. Suicide Prevention** ● Establish a task and finish group to address suicides and suicide risk in the criminal justice system. ● Link with Safeguarding boards to enhance the suicide prevention agenda across more agencies ● Promote the zero suicide ambition by ensuring organisational sign up and commitment through contracts and promotion of training. ● Develop a learning culture by establishing forums for sharing examples of good practice and developing recommendations for change of practice when things have gone wrong **2. Crisis Prevention** ● Continuation of the process of continuous improvement. ● Seek system-wide support to address difficulties/constraints in information sharing. ● Explore the potential to implement the Serenity Integrated Mentoring service model, an NHS Innovation which improves outcomes for people with a personality disorder who are frequent attenders at Accident and Emergency and Mental Health crisis services. **3. Mental Health Housing and Accommodation** ● Complete the review the PCC/CCC mental health housing and accommodation pathway and portfolio.

	4. Employment ● Consider bidding for NHS initial (2 years) investment in the evidenced based Individual Placement Service for people being supported in secondary care mental health services. (Confirmation that funding will continue beyond the second year required.) ● Engage with communities and individuals to identify the support and interventions that they need to support them towards or into employment. ● Work with communities to develop the pathway as required. **5. Stronger Links Between Commissioners** ● No further action needed: aligned model and joint workplan across acute and community services in place. **6. The Right Support, the First Time, at the Right Place, by the Right People** ● Implement the suicide prevention and crisis prevention workstreams. ● Ensure that responsibilities under the Care Act 2104 are enacted through the revised Mental Health Section 75 Partnership Agreements, CPFT with each of the Councils. ● Complete the procurement of the Recovery and Community Inclusion service. ● Implement the MH Delivery Board (Crisis Care Concordat) and Community Mental Health Services Delivery Board plans.
Risks	Commissioning Capacity within the CCG and the Councils continues to constrain progress with implementation of commissioning intentions. The position will improve within the Councils with the recently agreed investment in commissioning; implementation to start from mid-November 2018. A review of commissioning capacity within the CCG will address issues within NHS commissioning.
Key considerations	None other than those identified above.

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: JANUARY – MARCH 2018
SUBJECT: PROTECTING HEALTH
LEAD: DR LIZ ROBIN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● Cambridgeshire and Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England ● The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake, task and finish groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward the recommendations ● A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council – this will look at a range of sexual health issues, not just communicable diseases	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	**TB** Good progress continues to be made in Peterborough on Latent TB (LTBI) screening in certain at risk groups, which has been the focus of the TB commissioning Group led by the CCG in the past 2 years. GP practices with a crude annual rate of active TB ≥ 20 cases/100,000 were initially prioritised. The project commenced in March 2016 and has been very successful. Additional GP practices have now been recruited to the programme to ensure a high level of coverage. For 2018/19, 16 Practices (15 Greater Peterborough practices and 1 Cambridgeshire Practice) have signed up to deliver the service, using a Local Enhanced Service (LES). The eligibility criteria for the service are any new patient registering with a practice or retrospectively identified by the practice as being: ● Born or spent > 6 month in a country of high TB incidence ● Entered the UK within the last 5 years ● Aged 16-35 years

- No history of TB either treated or untreated
- Never screened for TB in the UK.

Cumulative data to end of September 2018 shows that 579 people were screened, 456 negative, 87 positive, 12 borderline negative, 11 borderline positive.

The CCG has now employed a Project Support Officer to support the LTBI programme. The role will involve face to face outreach work with eligible communities. This will encourage the uptake of screening within the Peterborough area.

Other areas of focus for tackling TB include:

- Work continues on workforce planning for specialist TB clinical staff in local NHS provider trusts.
- Arrangements for ensuring that treatment compliance is also being reviewed – directly observed therapy has been used successfully for many years with observation by clinical staff, mainly nurses, and by pharmacists. Community Pharmacies have been procured to offer DOT to patients who may not systematically take their medication. New solutions are being tested using social media apps and also involving volunteers including friends and family .TB patients are being incorporated into a revised hospital discharge protocol that involves engagement of Adult Social Care and Housing. Communication activity is focused on awareness raising especially among higher risk groups in the population and working with key employers.

Health Protection Steering Group (HPSG)

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

Screening programmes update

- **NWAFT Bowel Cancer screening uptake:** 57% (latest data is 2017/18 Q3) (acceptable 52%, achievable >70%). NHS England Screening and Immunisations Team has analysed uptake data by GP practice to inform actions to increase uptake. Diagnostic waiting times are below target. NHS

	England are working with NWAFT to address this. Quality assurance visit to this programme took place in September 2018. ● **Peterborough breast screening uptake:** 71% (latest data is 2017/18 Q4) (acceptable >70%, achievable >80%). Waiting times for appointment are below target due to a number of factors – NHS England are liaising with provider. ● **Peterborough LA are cervical cancer screening coverage:** 66% (latest data 2017/18 Q3) (acceptable >80%, achievable >95%) with lower coverage in younger age group (25 – 49 year olds). Decline appears to have levelled off but remains below acceptable level. NHS England are leading a project to increase uptake. ● **Diabetic Eye screening and abdominal aortic aneurysm screening** programmes are generally performing well with good uptake. ● **Peterborough antenatal and newborn screening programmes** are generally working well. The National Quality Assurance team visited this programme at NWAFT at September 2018. **Immunisations update:** Most up to date available data is 2017/18 Q4. ● **Rotavirus** uptake rates in Peterborough remain low at 88%. NHS England are investigating possible causes for this in order to inform action to improve uptake. ● There are low uptake rates for the **pre-school booster** - NHS England project to improve MMR and Pre-school booster continues, and includes working with the Local Authority and circulating a reminder leaflet to local Children's Centres for parents of pre-school children entering school this year. Other actions include reducing waiting lists, since February 2018 Cambridgeshire and Peterborough waiting lists have reduced from n=900 to n=454, most children on the waiting list include those waiting for MMR and pre-school boosters. NHS England has also commissioned Cambridgeshire Community Health to offer MMR to any unimmunised adolescents along with their routine vaccinations in schools as from 2018. ● Work is underway to promote **flu vaccination** to all eligible groups including over 65s, under 65s in clinical at-risk groups, pre-school children, primary school children up to Year 5 and pregnant women. NHS England have commissioned the Child Health Information Service to develop a letter for all parents of pre-school children reminding them to make an appointment for vaccination – this has proven to be successful at improving uptake rates in other areas. Peterborough City

	Council adult social care staff are receiving their free flu jab at clinics delivered by Cambridgeshire Community Services. ● **HPV vaccination** remains below target of 90% at 86% for dose 1 and 85% for dose 2 (latest data is July 2018). ● **Neonatal BCG** vaccination rates in Peterborough – 91% (latest data is 2017/18 Q3). ● **Pre-natal pertussis** latest uptake rates for Cambridgeshire and Peterborough CCG are 60% (latest data is June 2018). ● **Shingles** vaccine uptake remains a concern in Peterborough (37% for 70 year olds, 43% for 78 year olds – latest data July 2018). NHS England have launched a project in October 2018 to improve uptake rates – participating GP practices will be offered additional training for their staff on shingles vaccination, resource packs, and reimbursed postage for sending Birthday cards for 70 yrs olds reminding them of their Shingles vaccine. **<u>Sexual Health</u>** The main indicators of sexual health are chlamydia, teenage pregnancies and late diagnosis of HIV. The recently published 2016 under 18 conception rate in Peterborough was 29.3/1000 compared to 28.3 / 1000 in 2015 and the latest national rate of 18.9/1000. Although there has been considerable improvement in the rate of teenage pregnancy, the Peterborough figure consistently remains above the national figure. Chlamydia detection rate (15 – 24 year olds) in 2016 in Peterborough was 2862/100,000. In terms of detection of infection this compares very well to the national detection rate of 1882/100000and other areas in the East of England. However the key concern is that there is a very high infection rate in the population. The late HIV diagnosis in 2016 for those aged over 15 years newly diagnosed with HIV was 50% compared to national figure of 40.1%. In terms of the performance of sexual health services in Peterborough, the concern is with the 48 hour target for patients being offered and having an appointment which is being breached. There are significant difficulties in recruiting nursing staff to the service combined with an increase in demand

	that is making it challenging to meet this target. The Service is currently training more specialist nurses to address this issue but the ongoing increases in demand requires assiduous monitoring.
Narrative update on workstreams	The Cambridgeshire and Peterborough Sexual Health Delivery Board has been formed (following the establishment in May 2017 of the Cambridgeshire and Peterborough Public Health Joint commissioning Unit) with representation from commissioners and providers of sexual health, contraception and reproductive services along with children's social care services. It is also supported by Public Health England. The Group is tasked with informing the development and commissioning of services and fostering collaborative working across organisations to improve outcomes. A Delivery Plan has been produced and priority areas identified. **TB** Delivering the detailed TB commissioning action plan, including: ● Expanding the LTBI screening programme ● Specialist Workforce planning ● Discharge planning ● Awareness raising ● Observation of treatment **HPSG** ● NHS England Screening and Immunisations Team are working with key partners to deliver a number of projects to improve KPIs of various screening and immunisation programmes as outlined above. ● Significant activity across the system to promote flu vaccination in eligible groups. **Sexual Health Delivery Board** The Sexual Health Delivery Board priority areas in Peterborough are Teenage Pregnancy in Peterborough and Fenland (Fenland also has a consistently higher rate than the national figure), HIV late diagnosis and Pathways. Working groups have been formed to address these priorities:

	The Teenage Pregnancy Working Group is undertaking an exercise to review the data (demographics and areas) and cross reference it to the location of a wide range of wide range of preventative and young parents' support services with the aim developing and commissioning services to address this need. The "ithrive" model is being used to conceptualise the needs, services and proposed developments. Late HIV diagnosis is currently being scoped in terms of information to be sent to clinicians in different services, target populations and campaigns. The Cambridgeshire and Peterborough system has been asked by Public Health England to be one of two sites nationally to undertake a feasibility study for developing a model that will better align commissioning of sexual health services across the local authorities, the Clinical Commissioning Group and NHS England. This will also inform the work of the two sub-groups and pathway development is central to this work. The initial scoping work is underway alongside securing senior level sign up for the work. Also Cambridgeshire and Peterborough will be procuring shortly a Healthy Schools Service. One of the central deliverables of this Service will be to join up services working with children and young people in and out of schools based on the Peterborough HYPA model. In 2017 a Community Pharmacy Emergency Contraception Service was introduced in Peterborough. There was a concern with the slow uptake of the scheme by pharmacies which reflected to some degree the need for pharmacists to be trained. Training has now been completed by a number of pharmacies and the numbers providing the services have increased. In addition work has been undertaken with the Local Pharmacy Committee which has helped to recruit new pharmacies. A promotional campaign has also been launched to increase knowledge of the Service in the local population.
Examples of partnership working (services, projects, co-production/design etc.)	All of the work described above is done in partnership with Public Health England, NHS England, the CCGs, provider organisations and the voluntary sector and includes involvement of the public.

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: **MARCH-DEC 2018**
SUBJECT: HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT
LEAD: CHARLOTTE BLACK

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● The Council and CCG have agreed a strategy for supporting older people and adults with long term conditions within the BCF plan, working together to support people with disabilities through data sharing, 7 day working, person centred system, information / communication / advice, ageing healthily and prevention ● The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough ● A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed ● We will work with users of St Georges hydrotherapy pool to explore future options for sustainability	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	
Narrative update on workstreams	**Dementia Workstream -** The Dementia Plan that was agreed in summarises local need, the range of health and care services commissioned and provided to support people living with dementia and their carers across Cambridgeshire and Peterborough. It proposes a vision for dementia: *'We will work hard to prevent people in Cambridgeshire and Peterborough from acquiring dementia and ensure that those living with and affected by dementia receive compassionate, expert care and support, that is right for them to live positive and fulfilling lives …. we will support and empower them to take part in, and contribute to, the families and communities in which they live and work. '*

	The aim is to enable people living with dementia to live independently for longer and to enjoy being part of their community and to keep them healthier for longer and out of hospital. The strengths and gaps in the current pathway are identified: ● Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector. ● The infrastructure required to support the development of dementia friendly communities and environments – primarily provided by the voluntary sector/also in primary care ● Support to maximise quality of life whilst living with dementia - for individuals living with dementia and their carers. ● Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)). ● Psychological treatment for people following diagnosis and in specialist dementia inpatient care. ● The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations. ● Management of dementia and quality of care in care homes. ● Personalised care planning and support. ● Specialist assessment, treatment and support for people diagnosed with early onset dementia. **Peterborough Physical Disability Partnership Board** Chaired by Disability Peterborough's Forum Chair, Bryan Tyler the board is still in its infancy. Star Wars and Harry Potter actor, Warwick Davis's charity, Little People UK have recently joined the board which will showcase the diverse range of organisations and service users on the Board. Disability Peterborough, St Georges Hydrotherapy Pool, and Healthwatch and Family Voice are currently represented at the Board. The Board is currently looking at accessibility issues at Sand Martin House and are working with NPS on the new Customer Service Centre. The Board are working with Peterborough Jobcentre on the first Job Fairs for people with disabilities and sensory impairment across Peterborough which is due to take place in 2019.

	The Board are very well connected and the Council are now working with both Queensgate and Serpentine Green on a number of events including Queensgate's annual event, Enabled, which takes place on December 7th from 4pm to 8pm. Queensgate dim the lights, cut the music and invites volunteers from across the voluntary sector to assist those with physical disabilities, sensory impairments, LD and Autism shop in an accessible environment. Queensgate offers free refreshments to attendees and gift bags. Adult Social Care Commissioning invite key voluntary sector and universal services to offer information and advice at their stands through the retail centre. **Peterborough Sensory Partnership Board** Still in its infancy, members of the Board include Deafblind, Peterborough Association for the Blind, Guide Dogs, Cambridgeshire Deaf, CCG, Healthwatch and advocates from these organisations. The Board recently set up a Working Group to organise one of the first Job Fairs from people with disabilities in the UK. There are currently issues with employing Sensory Rehab Workers at the Council but we hope that this can be alleviated in the coming months. Adult Social Care Commissioning have set up a Sensory Strategy Working Group with sensory organisations to co-produce the Strategy and which will involve Cambridgeshire in 2019. **Peterborough Disability Forum** Bryan Tyler Chair of the Disability Forum together with colleagues from Shopmobility, Queensgate, London North Eastern Railways/Peterborough Train Station and City College have developed a scheme titled Mobility Makers. 10 Students from City College will join Shopmobility on a one year "internship". They will be under the supervision of a Manager and provide Mobility Scooters or Wheelchairs to disabled, elderly or vulnerable train and bus passengers as well as disabled drivers using city centre car parks. Students will also learn office based skills, maths and English and the basic mechanics of mobility scooter upkeep.

	For passengers requiring a little help with shopping etc our Mobility Maker will stay with the passenger until they are ready to return to their vehicle (subject to limits) LNER are in discussions with the key stakeholders in the scheme around funding for Mobility Maker. LNER and the Train Station have offered the service prime space at the station for an office and storage. Queensgate are looking at providing a career pathway for "graduates". The scheme is looking to increase the number of City College students who take the Mobility Maker course on an annual basis. Adult Social Care Commissioning are working closely with Peterborough Jobcentre, and the City Health and Care Sector Academy to ensure that people with disabilities, sensory impairment and also unpaid carers are not excluded from the workplace, health and wellbeing training and volunteering. **PCC Workforce Development - Care at Home Development Programme** Health Education East of England funded programme across Cambridgeshire and Peterborough. Aimed at the visiting workforce -formal and family/unpaid carers, personal assistants and volunteers. Approximately 300+ courses to be delivered. PCC Workforce Development and Adult Social Care Commissioning are collaborating on this development programme to ensure we reach the target markets through our voluntary sector, domiciliary care and residential home providers. **Peterborough Information Network** The Peterborough Information Network, launched in February 2018, is a comprehensive information, advice and guidance platform. It has a dedicated section for Adults information, advice and guidance. There is a wealth of information pages and details of local providers and services. During April to September a programme of awareness raising and promotion briefings and presentations was undertaken. In September 2018 a dedicated PIN Officer was recruited to manage the website and co-ordinate co-production. The PIN Team would be delighted to receive your feedback on the site through the new ‘feedback’ option.

Peterborough Care and Support Directory
The 2018 Peterborough Care and Support Directory was delivered to a range of locations across the city in August 2018. An electronic copy can be viewed on the Care Choices website.

Adult Social Care Service User Survey
In February 2018 the Adult Social Care Service User Survey was sent out. As last year, the survey contained a targeted question about the reasons that people don't feel safe. The same question has been included by other local authorities in the Eastern region to be able to produce some benchmarking.

Overall nationally 65% of service users reported they were "Extremely" or "Very satisfied" with the care and support they received. In Peterborough this was slightly higher at 65.8% .

The overall Social Care-related quality of life score at England level was 19.1 out of a maximum score of 24. In Peterborough the score was considerably higher at 19.6. Nationally, younger adults (aged 18 to 64) reported a higher quality of life score (19.5) than those aged 65 and over (18.9), this difference is statistically significant. A full report on the survey will be published.

Adult Social Care Carers Survey
In September 2018 work commenced on the bi-ennial carers survey. A sample of just under 700 carers was selected. The survey will include discretionary questions on whether carers had received a Carers Assessment and whether they received a copy of it and also questions about Telecare. The questions are also being included by Cambridgeshire.

Easy Read Documents
During August and September 2018 work was undertaken on developing a suite of Easy Read leaflets about adult social care. The leaflets are due to be finally signed off at the Learning Disability Partnership Board in December.

They cover the following topics:

- What is Adult Social Care?
- How to ask for help from Adult Social Care
- Financial Assessment
- Reablement

- Getting Support
- Reviews
- What to do to if you disagree with an Adult Social Care decision

Externally commissioned PD and Sensory Impairment services
As part of the Adults Positive Challenge Programme work is underway across Cambridgeshire and Peterborough to review our non-statutory services to ensure they align with the Early Intervention and Prevention strategies and desired outcomes. PD and SI commissioned services are included in this review, which is expected to be completed by the end of March 2019

Cambridgeshire Physical Disability and Sensory Impairment Partnership Board
The PDSI Partnership Board, which meets on a quarterly basis, is chaired by an independent member with a visual impairment who is supported by his guide dog Molly. The Board has a range of independent lived experience members and representatives from local support organisations including Cam Sight, Cambridgeshire Hearing Help, Cambridgeshire Deaf Association, Hunts Society for the Blind and Headway Cambridgeshire as well as relevant County Council staff, a County Councillor and local health representatives.

Since April 2018 the PDSI Partnership Board has discussed a range of topics including the recommissioning process for Sensory Services across Cambridgeshire and Peterborough, Community Transport services in Cambridgeshire, the Blue Badge application process and accessibility issues on public transport, including problems with the provision of audio/visual announcements on buses.

The Wheelchair Users Forum (WUF), which is a sub-group developed from the Cambridgeshire PDSI Partnership Board, is chaired by an independent wheelchair user and has met on two occasions since April 2018. It has supported the development of the service specification for the new wheelchair service being commissioned by the Cambridgeshire and Peterborough Clinical Commissioning Group by talking with the commissioner Aleksandra Mecan about what a good service should look like. Also WUF members have supported the contract tendering process by writing method statement questions for the tender and they will also help evaluate the responses to these questions. In addition the WUF has raised concerns about other issues including the lack of provision of wheelchair accessible taxis at night in Cambridge.

NRS Equipment Contract

	The demand on the ICES continues to rise with the numbers of orders received Year To Date at 34,168 against the same time last year of 31.379. ● NRS in time performance delivery remains high at 98% (YTD 96.6%) ● In time Collections are at 100% (YTD 98.4%) ● Equipment recycling rate YTD is AT 89.9% (YTD 89.7%) ● The backlog of contract equipment requiring servicing & maintenance has now been cleared. ● Number of justified complaints received YTD 133. ● Number of compliments received YTD 24. **Self Funders** A draft one page Self Funders Strategy was completed for Peterborough and Cambridgeshire earlier this year. This followed a number of workshops which included representation from Commissioning, Operations, Finance and Housing as well consultations at a number of Partnership Boards. The Strategy will now be taken forward as part of the work around the "Positive Challenge".
Examples of partnership working (services, projects, co-production/design etc)	● Work to deliver a future joint Sensory Strategy for Peterborough and Cambridgeshire ● Work to deliver a future joint Self Funders Strategy for Peterborough and Cambridgeshire ● Work to deliver a future joint Dementia Strategy for Peterborough and Cambridgeshire
HWB STRATEGY 2016/19: FUTURE PLANS ● **I**mplementation of strategy for supporting older people and adults with long term conditions ● Work with users of St George's hydrotherapy pool to explore future options for sustainability	
● Future Plans: Progress against key milestones and local indicators/trends ● Work to deliver a future joint Sensory Strategy for Peterborough and Cambridgeshire ● Work to deliver a future joint Self Funders Strategy for Peterborough and Cambridgeshire ● Work to deliver a future joint Dementia Strategy for Peterborough and Cambridgeshire	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: September - November 2018
SUBJECT: GEOGRAPHICAL HEALTH INEQUALITIES
LEAD: ADRIAN CHAPMAN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● The City Council has a focus on economic development and regeneration in the city, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health ● City Council children's centres work closely with health visitors and are located to ensure focus on the areas of the city with the highest levels of need. Early child development, which children's centres help to support, is important for future health and wellbeing ● T**he City Council has identified the 'Can Do' Area around Lincoln Road, which includes parts of Central ward, Park ward and North ward. The 'Can Do' Board focuses on supporting environmental and service improvements for the area and includes senior staff from the City Council**	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	
Narrative update on workstreams	The corporate sponsor for the Programme has changed from Adrian Chapman to Annette Joyce (Service Director - City Services and Communications). Annette will take over from Sarah Ferguson who was previously leading on the programme on behalf of Communities and Safety. This transition will give the programme an opportunity to evaluate the progress to date and ensure the programme is clear on its vision and deliverables. Timelines for each strand of the programme (Parks and Open Spaces, Community Assets and Public Realm) will be agreed, finalised and shared. Discussions have been had with the National Citizenship Service who are going to be working with young people from the CAN DO neighbourhoods through the NCS scheme at Thomas Deacon Academy. We will be developing a programme with NCS to discuss the regeneration programme with young people and ask for their opinions and ideas on improvements to the area, specifically around the environment and open spaces.

	Programme Timelines 2018 - Review & Design Options / Quick Wins / Match funding bids 2018/19 - Public Realm & Open Space Delivery 2019/20 - Community Asset
Examples of partnership working (services, projects, co-production/design etc)	**Community Assets** The consultation continues around the Community Assets with a questionnaire on line, paper copies in the Iqbal Centre, Gladstone Park Community Centre and PARCA offices. The consultation has been promoted through community groups, community cohesion team and social media. Property colleagues are exploring options in relation to the Council's current portfolio of assets in the area including the New England Complex, Gladstone Park Community Centre and the currently vacant Alma Road site. The transfer of the Gladstone Park Community Centre to the Thomas Deacon Academy Trust has been agreed and will be taken forward with the anticipated completion date being March 2019. This will enable better integration between the school and community activities, and secure the long term future of the premises. **Public Realm** Highways colleagues from PCC and Skanska are working with LDA landscape architects to develop options in relation to the public realm scheme of works. The works aim to bring about real regeneration to the area and bring a sense of pride and ownership to local residents. PCC officers have been engaging with local businesses in relation to their needs and aspirations for the area. High on the agenda of issues to be tackled are the increase of drug related activities and crime, rubbish on the streets and car parking. These element will be considered in the overall scheme. Once the proposed options have been complied, they will be shared with Council Colleagues, local ward councillors and the public for views and comments.

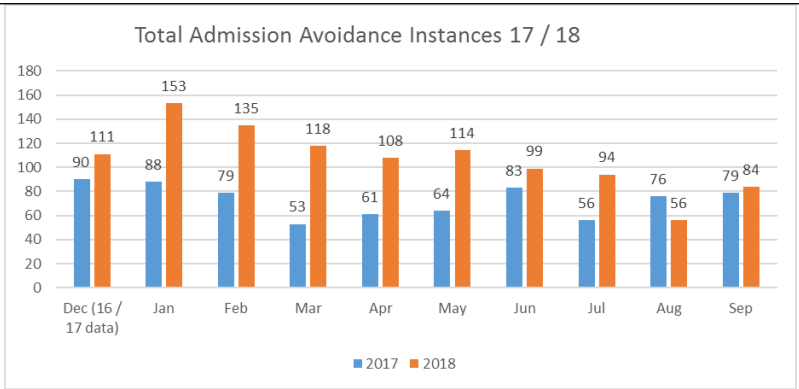
	The Cumulative Impact Policy (in relation to licensed premises, ie, newsagents, restaurants) for the area was up for renewal in October 2018. The application to support the Council adopting the policy again was heard at the Licensing committee and agreement to keep the policy was approved, pending full adoption when heard at full council in December. **Parks & Open Spaces** The bid which has been submitted to WREN for £100,000 contribution towards the improvement of the green area along Bourges Boulevard close to Dyson Close has been successful. A landscape architect has been appointed through Amey who has previous experience of designing play / green area. The PECT / Community First post code lottery project has completed 18 of the 20 planters. 72 volunteers and 112 bags of waste have been collected during the project. Positive feedback form the community which has led to new community members volunteering. The work outside of The Beeches school improved the road safety for children improving visibility when crossing. Commitment is required from volunteers to continue to water and maintain the beds. Areas which will benefit from improvements during the period of September / October will be - ● Russell Street Playground - a wooden borneo climber will be installed and the bushes will be cut ● Hobsons Playground - A Commando Ant Hill Climber is to be installed ● New England Park / Occupation Rec - A single mast activity net and an outdoor smart energy gym will be installed. The project lead for Parks and Open Spaces has been working with Solutions4health and other providers in the area to ensure a timetable of events are scheduled to use the gym and encourage people to come outside and be active. Playing Out Scheme - A briefing note has been compiled and further information sought on how Cambridge County Council run the scheme to enable Peterborough City Council to consider implementation in the CAN DO area. If any of residents apply to Peterborough City Council to take part in the scheme, they can apply by using the existing application process for Street Parties / events and it will be evaluated by Peterborough Highway Services. Please note, the best placed streets for this scheme are those which are not attached to main routes.

	Community Participation ● Engagement with local businesses and regular attendance at the Small Business forum. ● Engagement with the Civic Society to meet and discuss their involvement in the programme. ● Regular Meetings have now been scheduled with the chair of the Local Action Group. ● Meetings with Vivacity and Peterborough presents in relation to street art in the area. ● Engagement with Solutions4health reference the installation of the new green gym. ● Joint bid with Gladstone Connet to WREN for funding to improve open space. ● Continued engagement with the community groups in the area.

HWB STRATEGY 2016/19: FUTURE PLANS ● The NHS CCG has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes ● City Council proposals for selective licensing of private sector housing in parts of the city could impact on geographical health inequalities in the longer term ● There is potential to target preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs	
Future Plans: Progress against key milestones and local indicators/trends	As above
Risks	● Results of traffic model study along Lincoln Road evidence significant challenges such as volume of traffic and air pollution that to remedy will negatively impact on traffic movement in surrounding areas. To not tackle in ambitious way would not achieve the desired outcomes of the regeneration objectives. Therefore need to reach consensus on the scale and impactive design of the public realm improvements ● Proposal to introduce 'Playing Out' scheme - ideal for this dense area with limited open space to temporarily reclaim the roads in the area, is meeting resistance due to impact of road closures
Key considerations	No decisions required by the Board

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: APRIL – OCTOBER 2018
SUBJECT: LONG TERM CONDITIONS AND PREMATURE MORTALITY
LEAD: Sue Watkinson/Aleks Mecan

HWB STRATEGY 2016/19: CURRENT ACTIVITIES: ● The Health & Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed ● The Local NHS Clinical Commissioning Group 'Tackling Health Inequalities in Coronary Heart Disease Programme Board' has worked closely with City Council's public health services to improve uptake of CVD 'health checks' for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	**Respiratory** Due to the early interventions that were put in place for the respiratory project the following key outcomes have been achieved to date: ● An additional 343 admission avoidance home visits from December 17 to September 18. ● An admission avoidance audit of the home visits demonstrated that 80% would have resulted in admission avoidance, suggesting the positive impact the enhanced service has had directly to the system. ● 29 referrals to Psychological Wellbeing Service via the respiratory pathway. ● Friends and family test results in August 2018 showed that 93.33% would recommend the services. ● Patient experience surveys carried out in Finance Year 18/19 Quarter 1 showed the average satisfaction result was 95.46%. ● 77.78% of those that have had a follow up appointment have shown a reduction in their exacerbation rate. SUS non-elective COPD data shows that there have been 84 fewer admissions between December 17 and August 18.



Diabetes

Cambridgeshire and Peterborough has been rated as "greatest need for improvement" for diabetes in the CCG Improvement and Assessment Framework. There are two indicators for diabetes – patients diagnosed less than a year who attend a structured education course, and patients that have achieved all the NICE recommended treatment targets. The latest NDA figures comparing the CCG with the England average can be found below:

	Structured Education			**Treatment Targets**		
CCG Actual	2014/15	2015/16		2014/15	2015/16	2016/17
	7.3%	6.3%		34.9%	34.9%	34.0%
England Average	2014/15	2015/16		2014/15	2015/16	2016/17
	6.9%	7.3%		39.8%	39.0%	39.7%

Figures for 2017/18 will be released shortly.

Diabetes Prevention Programme

To date 95 practices have referred patients onto the Diabetes Prevention Programme, and over 7,700 people have been referred to the programme since October 2016 to present.

Narrative update on workstreams	**Respiratory** The business case included 10 workstreams but they did not all go ahead due to difficulties that occurred. 1. **Community Respiratory Consultants –** Employment of 2 community respiratory consultants, who would lead community respiratory services and hold Consultant-led Community Outpatient Clinics which should result in taking activity out of secondary care settings. There have been 2 recruitment drives with no success. Acute consultants are being consulted on their ideas going forward. **UPDATE** – The recruitment to the consultant posts was not successful. 2. **Primary Care COPD Clinics and Respiratory Specialist Nurses –** Specialist respiratory (COPD) clinics held within the Primary Care/Community setting supporting practices to proactively manage their COPD patients and increase patient levels of self-activation; recruitment of 6 respiratory nurses to provide the clinics. 5 staff recruited (4.2 wte). The clinics are held in Community-located Clinics in Doddington Community hospital, Peterborough HLC, Cambridge Brookfields, POW Ely, and North Cambs Hospital (Wisbech). There are currently 16 clinics held in every 4 week period. In addition, 2 GP practices are holding primary care COPD clinics in their practice, run by community respiratory nurses, starting April 2018. addition, with the additional resource, an admission avoidance extra service has been set up. This is a Specialist nurse intervention within a patient's home to support those who are exacerbating and may otherwise end up in a non-elective setting. The service includes delivering 15 additional admission avoidance slots per day and is now available until 18:00 (previously 16:00). 60 additional patients per month are seen using the 60 additional slots per month resulting in an increase 'on-the-day support' for COPD patients taking referrals from GPs, community, ambulances and acute providers. **UPDATE** – Due to uncertainty around future funding the remaining 1.8WTE of the nursing vacancies did not go ahead. A Psychological Wellbeing Practitioner is now in place in all clinics so referrals can be made appropriately depending on the symptoms a patient is presenting with. 3. **Provision of Community Spirometry –** Funding in the business case covers the costs of supporting spirometry accreditation; training costs are not covered. Accreditation is mandatory from 2021. We are liaising with the Primary Care Workforce Team highlighting the training requirement and funding available from the business case. 4. **GRASP COPD –** GRASP COPD is a quality improvement tool that enables practices to interrogate their clinical system for information directly related to patients that have or may have COPD and enable the early identification of non-

	diagnosed COPD patients. GRASP is free to install and GP practices can install and run the GRASP COPD software. Funding is available to support the installation of this software using various options to help installation if practices decide to use the tool. **UPDATE** – Due to concerns raised from primary care regarding the information governance of this tool only one practice has utilised this to date. 5. **Pulmonary Rehabilitation –** Currently provided by four providers, to be reviewed in a second phase of this project. (There is no funding in the business case for reviewing pulmonary rehab.) The myCOPD app includes a pulmonary rehab module, which may be suitable or preferable to some patients. **UPDATE** – The pulmonary rehab module on the my COPD app is being shown to patients as the app is distributed. 6. **Support for Existing Singing For Lung Health Group –** This is an existing group for people with respiratory conditions, in Cambridge only. In the business case, there is partial funding for the group for 17/18 and 18/19 initially. 7. **myCOPD app –** A web based application which enables patients to manage their COPD more effectively through improved knowledge and training including Pulmonary Rehab and inhaler technique modules. 3122 Licences are available through an Innovation and Technology Tariff for 20% of the COPD population and training is being organised on the app. **UPDATE** – 65 licenses have been distributed to date and the service continue to promote this via the clinics, home visits and pulmonary rehabilitation. 8. **British Lung Foundation Love Your Lung (LYL) Campaign –**Four events were held in Sept/Oct 2017. Over 200 patients were screened in the Peterborough/Wisbech area 9. **British Lung Foundation Self Management workshops –** Two workshops have taken place and a further workshop is scheduled to take place in December. The overall feedback from the events has been positive. The workshops will teach COPD patients to manage their COPD symptoms including exercise and smoking advice and also reduce exacerbations. Practices are in the process of signing up to host the clinics. 10. **British Lung Foundation Breathe Easy groups –** Project management resource to help develop the groups and work with the chairs of the groups to help promote the groups amongst GP practices and at the Primary Care COPD clinics was proposed in the business case. The respiratory business case has not had a project manager for 2 months. But a resource has now been identified (CPFT) and will start working on the Community respiratory project from May

	2018, including engagement with Breathe Easy groups. **UPDATE** – A representative from the respiratory service attended a number of the groups that were held. **Diabetes** We continue to work with our providers of diabetes structured education to increase the number of people attending sessions for people with Type 1 and Type 2 diabetes. There have been 671 attends to our DESMOND course for Type 2 since April 2018 to September 2018, and we continue to advertise to help raise awareness of the additional sessions, and the importance of attending. We are proactively promoting the additional sessions with primary care, and are working with the community diabetes specialist teams to help raise awareness and understanding of the courses amongst clinicians to support them to encourage more patients to attend. The teams have also refined their bookings and reminders process for patients who do not attend first time to ensure there is more proactive follow up. There is a local enhanced service (LES) in place that almost all practices have signed up to. This is to support primary care training and development, and to encourage more integrated working with the specialist diabetes teams in community and secondary care. Additionally, engagement in the LES will help to reduce the expected increase in the number of people developing type 2 diabetes. This will be achieved through proactively identifying and referring people who are at high risk of developing the disease (NICE Guidance PH38) to our local NHS Diabetes prevention programme. This will help to improve outcomes for patients by promoting attendance at structured education and supporting the achievement of NICE Recommended Treatment Targets: HbA1c, Blood Pressure and Cholesterol, which will help to prevent or delay the development of the long term complications of diabetes. There are multidisciplinary foot care clinics taking place at Peterborough and Hinchingbrooke hospitals to raise awareness of patients with high risk feet on hospital wards and enable early detection o and prevention or intervention for diabetic foot problems. The Multidisciplinary Footcare Team has developed a foot care training programme for acute and primary care staff that is delivered by the podiatry team.

	We will be working with Diabetes UK to set further Public Engagement Events in each of the four localities (Cambridge, Fens, Hunts and Peterborough) in 2019 to enable people to feedback their views on current diabetes services and for us to demonstrate how their feedback from the last events has helped inform our plans for 2018/19. **NHS Diabetes Prevention Programme** We have had good engagement with practices across the CCG with the NHS DPP, and this has been seen particularly in areas of high prevalence of type 2 diabetes (Peterborough and Fenland), to increase referrals to the Diabetes Prevention Programme. We have recently taken part in the national procurement process, and Independent Clinical Services (ICS) will continue to be the local provider across Cambridgeshire and Peterborough STP.
Examples of partnership working (services, projects, co-production/design etc)	The CCG continue to work in partnership with the Peterborough and Cambridgeshire Public Health team to implement the local NHS Diabetes Prevention Programme. This is provided by Independent Clinical Services (ICS). Additionally, we continue to work with the local NHS providers to ensure the effective implementation of the national diabetes treatment and care programme. **Respiratory** The respiratory project group has included a number of stakeholders including representatives from CPFT, CCG, GPs and pharmacy. The service regularly attends GP, acute and secondary care events to promote the services they have to offer and this has seen an increase in the referrals from those areas. The service has recently opened up self-referrals in Peterborough and this has been integrated with pharmacies in the area so self-referrals can be made via this pathway.
HWB STRATEGY 2016/19: FUTURE PLANS ● Develop and implement a joint strategy to address CVD in Peterborough ● Explore a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease ● Explore options to reduce the risk of stroke within the local population by improved identification of atrial fibrillation ● A long term conditions needs assessment will be carried out which will cover the wider range of long term conditions including cancer and musculoskeletal disorders	
Future Plans: Progress against key milestones and local indicators/trends	**Respiratory** The respiratory service plans to open up self-referrals in other locations early next year enabling further integration with pharmacies in other areas.

	Programme to work with the South Asian Communities Outreach health checks continue to be delivered to South Asian communities within local settings, while health MOTs are being offered to those members of the community who are not eligible for the full health check. In addition tailored physical activity and weight management programmes are being delivered, while referral pathways to the diabetes prevention programme are continuing. This has led to the following activity during 2018/19: South Asians accessing a health check – 44 - Women - 22 South Asians accessing a mini MOT – 93 - Women - 29 South Asians accessing Let's Get Moving – 71 Women – 49 South Asians accessing Shape up for Life – 29 - Women – 26 South Asians accessing Health Trainers – 96 -Women -71 **AF stroke prevention programme** Patient outcomes as of June 2018: • An additional 289 patient's anticoagulated, increasing the anticoagulation rate from 74.7% (baseline) to 79.1% (3.8% increase) • the number of patients not receiving anticoagulants has reduced by 156 • 12/27 practices achieved the 81% target The reduction in the number of patients not receiving anticoagulation and the identification and treatment of new cases of AF should **prevent approx. 11 strokes** over the next 12 months.
Risks	**Diabetes** The main risks for Diabetes programme is attendances for Diabetes structured education. Of the people who attend, the feedback is very good. There is a need to proactively promote this during 2018/19 to meet the target number of attends that have been agreed with NHSE. For the DPP we need to be careful to keep within the contracted levels of activity, so are closely monitoring this with the provider as we do not want to run out of interventions.
Key considerations	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD
PERFORMANCE REPORT
DATE: APRIL – SEPTEMBER 2018
SUBJECT: SUSTAINABLE TRANSFORMATION 5 YEAR PLAN (INCLUDING BCF)
LEAD: WILL PATTEN (AUTHOR: CAROLINE TOWNSEND)

KEY PRIORITIES

- Health system transformation planning
- Customer experience strategy

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

The 2018/19 Quarter 2 Better Care Fund report to NHS England was submitted on the 18th October. The below table provides an overview of targets and performance at the end of Q2:

Metric	2018/19 Planned Target	Peterborough Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Non-elective admissions to hospital	18,316 non elective admissions	Full Q2 data was not available at the time of reporting. Estimated NEA performance for Q2 is 8,926 against a year to date target of 8,906.		The trust is Identifying "golden patients" in order to facilitate flow and capacity Ward teams are focusing on early clinical decisions and expediting discharges. Medical staff are prioritising patients with high acuity and potential discharges Senior support to white board meeting ACU is in-reaching ED and wards Ongoing focus on Red2Green JET redesign process is now completed and will be implemented
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 3,258 bed days	The system continued to report high levels of DTOC in Q2. Full year performance		Still not meeting target of 3.5% for numbers of Delayed Transfer of Care (DTOC) patients – System transformation team is working with providers to facilitate complex discharges Acute frailty pathway in place at PCH; roll out across C&P during 2018/19.

			was 4,524 against a full year target of 5022 and year to date target of 1,638.		Workshop to review D2A pathways led to systemwide agreement over year round capacity required to support pathway 2 (community in patient). New referral process simplifying access to service via a single referral route agreed and in place. Consolidated management Review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Implementation of Integrated Discharge hubs across all acutes now in place and embedding.	
	Admissions to long-term residential and nursing homes in over 65 year olds	184	Permanent admissions in over 65s were 65 at the end of Q2 which is well below our threshold target for 18/19.		On target. Self-funders continue to present a pressure to the system which is difficult to predict.	
	Effectiveness of reablement services	82.9%	Performance at the end of Q2 was 76%, just below our threshold target. The service has suffered in respect of capacity at some points		Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity Domiciliary Care capacity being reviewed with providers	

			due to the reablement service supporting a number of bridging packages			
Narrative update on work-streams	Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan now has full approval from NHS England. There will be a continued focus on building on the work undertaken to date. The following provides an update on key priority areas: **Prevention and Early Intervention:** Falls prevention: Proactive screening across all neighbourhood team is established via a multi-factorial falls risk assessment. Strength and balance programmes being delivered via CPFT and Solutions4Health. A 'Stronger for Longer' communication campaign launched on the 1st October 2018 with the aim of encouraging older people 65+ years to do strength and balance exercises at least twice a week to prevent falls and maintain independence. Stroke Prevention: Between September 17 and June 18 the rate of patients being anticoagulated increased among participating practices from 74.7% to 79.2%. The programme was associated with (as of June 2018) with an increase in the number of patients being anticoagulated by 289. Overall, this should lead to the prevention of 12 strokes over the next year across Greater Peterborough and Wisbech. 25 practices have signed up to undertake AF case finding in flu clinics (over 65s) over autumn 2018. Technology Enabled Care (TEC) (previously Assistive Technology): TEC First training is offered to partners from all sectors so that considering TEC becomes mainstream and everyone values its role in supporting service users and their carers. In Cambridgeshire we have a well-established and resourced TEC Team and are working with Peterborough to implement an integrated TEC offer across Cambridgeshire & Peterborough. **Community Services (MDT Working):** All our neighbourhood teams (NTs) have in place a system of case management through multi-disciplinary team working (MDT) to identify the very frail people through a stratified patient list – those at most risk of hospital admission.					

	Enablers: LGA funded proof of concept was developed and evaluation report finalised. PCC have developed a single directory of service, the 'Peterborough Information Network' which brings together all core council directories into one directory source, improving quality, consistency and service user experience. NHS Online and 111 Online are in development. There are ongoing discussions to review the most appropriate opportunities for linkages across these platforms, including linking with VCS and community services information. **High Impact Changes for Discharge:** A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. Progress continues to be made to embed these plans across the system and an evaluation of progress to date has been undertaken to inform future approaches to maximise impact. An iBCF Steering Group is being set up to ensure continued delivery and monitoring. **Investment in Housing for Vulnerable People:** A cohort of service users with learning disabilities has been identified. They have very complex needs and require bespoke and specific accommodation and support. An initial property has been purchased and robust transition plans for each service-user are being developed.
Examples of partnership working (services, projects, co-production/design etc)	The Better Care Fund 2017-19 Plan is based on the following agreed principles: ● Greater alignment across Cambridgeshire and Peterborough ● A single commissioning board (the ICB) ● Greater alignment with the STP and local authority transformation plans Jointly funded STP and BCF Prevention initiatives are being implemented: Falls Prevention and Atrial Fibrillation Development and implementation of local DTOC plans, close partnership working to roll out and evaluate initiatives, including two recent evaluation workshops to review progress of the iBCF interventions.

FUTURE PLANS

Future Plans: Progress against key milestones and local indicators/trends	**BCF Planning 2017/18** The BCF 2017-19 plan has received full approval status from NHS England. **BCF Dashboard** A single BCF outcomes dashboard has been developed and is aligned with key STP metrics for consistency. Data is presented on a monthly basis to the Integrated Commissioning Board to measure impact and identify areas of improvement. **iBCF Monitoring and Evaluation** Following two system wide workshops, an evaluation of the Ibcf initiatives was undertaken and this informed the recommendations for the remainder of 2018/19. A system wide steering group, accountable to the Integrated Commissioning Board, is being set up which will continue to oversee ongoing implementation, monitoring and informing recommendations for 2019/20.
Risks	● DTOC targets for the system continue to be ambitious to meet the 3.5% national target. ● iBCF Spring Budget funding is non-recurrent, gradually decreasing over the next 3 years.
Key considerations	● DTOCs continue to be a pressure on the local system. Whole system approaches to managing admissions avoidance, as well as discharges from hospital need to be a continued focus to effectively manage demand.

HEALTH AND WELLBEING STRATEGY – FUTURE PLANS RAG RATINGS

Colour code:
Green – complete
Amber – in progress and within timescales
Red - delayed

Focus Area	Future Plan	RAG Rating	Direction of Travel
CHILDREN AND YOUNG PEOPLE'S HEALTH	Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised	AMBER	
	Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&YP with emerging emotional and mental health difficulties	AMBER	
	Working with the PSCB to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established	AMBER	
	Renew the Child Poverty Strategy in 2016	GREEN	
	Develop a joint strategy to address high rates of teenage pregnancy	AMBER	
	Jointly review the commissioning and delivery of services for C&YP with SEND, from age 0-25	AMBER	
	Consideration of the needs of single parent families in these workstreams	AMBER	
HEALTH BEHAVIOURS AND LIFESTYLES	Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues	GREEN	
	Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles	GREEN	
	Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme	AMBER	
	Reduce the number of local people developing Type 2 Diabetes	AMBER	
LONG TERM CONDITIONS AND PREMATURE MORTALITY	Develop and implement a joint strategy to address CVD in Peterborough	AMBER	
	Explore a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease	AMBER	
	Explore options to reduce the risk of stroke within the local population by improved identification of atrial fibrillation	GREEN	
	A long term conditions needs assessment will be carried out which will cover the wider range of long term conditions including cancer and musculo-skeletal disorders	AMBER	
MENTAL HEALTH FOR ADULTS OF WORKING AGE	Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning Strategy in 2016, to tailor implementation plans to address unmet mental health need	AMBER	
	A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services	GREEN	
	An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams	GREEN	
	The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services	GREEN	
	Service user representation will also be invited to the Partnership Board	GREEN	
PEOPLE WITH DISABILITY / SENSORY IMPAIRMENT	Implementation of strategy for supporting older people and adults with long term conditions	AMBER	
	Work with users of St George's hydrotherapy pool to explore future options for sustainability	AMBER	
AGEING WELL	The HWB has commissioned an 'Older People: Primary Prevention of Ill Health' JSNA for Peterborough, which is due for completion during 2016	GREEN	
	Develop a joint 'Healthy Ageing and Prevention Agenda' to ensure that preventative action is integrated and responsible to best support people to age well, live independently and contribute to their communities for as long as possible, including isolation and loneliness	GREEN	
	Review and refresh the joint dementia strategy for Peterborough	GREEN	

	A specific programme of work, in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self-manage with minimal support	AMBER	
	Recognise that some older people prefer face to face communication rather than digital, through community hubs which are part of the Council's wider strategy for communicating with the public	AMBER	
PROTECTING HEALTH	Develop a TB commissioning plan for Cambridgeshire and Peterborough	GREEN	
	Develop a joint strategy to address poor uptake of screening including improved communication with communities and individuals	AMBER	
	Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals	AMBER	
	Develop a Peterborough Joint Sexual Health Strategy, covering a range of issues	GREEN	
GROWTH, HEALTH, LOCAL PLAN	The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups	GREEN	
	Public Health outcomes and/or objectives will be added to the Plan	GREEN	
	Public Health advice will be embedded into the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health	GREEN	
HEALTH AND TRANSPORT PLANNING	Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies	GREEN	
	Permanently embed public health advice in to the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities	GREEN	
	Responsibility for developing local transport plans moves to the combined authority	Amber	
HOUSING AND HEALTH	Peterborough City Council is working in partnership with registered providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorders to enable them to live independently with a live-in carer where necessary or floating support	GREEN	
	A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed	AMBER	
	The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the ageing population	GREEN	
	A task and finish group including housing managers and hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this	GREEN	
GEOGRAPHICAL HEALTH INEQUALITIES	The NHS CCG has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes	GREEN	
	City Council proposals for selective licensing of private sector housing in parts of the city could impact on geographical health inequalities in the longer term	GREEN	
	There is potential to target preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs	AMBER	
DIVERSE COMMUNITIES	The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes	AMBER	
	Outcome measures for health and wellbeing of diverse communities/migrants will be developed following completion of the JSNA	AMBER	
STP	Greater alignment of BCF Activity with the STP and local authority transformation plan	GREEN	
	Greater alignment of Peterborough and Cambridgeshire BCF Plans	GREEN	
	A single commissioning board for Peterborough and Cambridgeshire	GREEN	

Appendix 3

HWB Strategy Progress Risk Register - November 2018

Ref	**Description of risk**, i.e. what is the threat or opportunity to the achievement of a business/project objective, use format "**If** <event happens> **then** <consequence of event>"	Raised on Date	Impact (1-5)	Probability (1-5)	RAG Rating	Action or Mitigation Previous Updates	Owner	Status Open / Closed
Children and Young People's Health								
1	Lack of embedding of Neglect strategies in community and specialist services	03/17	3	3		The LSCB monitors performance and outcomes	Lou Williams	Open
Long Term Conditions and Premature Mortality								
2	Ability to recruit skilled workforce in the local area	03/17	4	3		Workforce Review taking place in STP Business Cases / considering Secondments from Secondary Care	CCG	Open
3	Lack of capacity in primary care to deliver AF programme	08/17	4	2		Support to GPs through incentives, training and clinical support	CCG	Open
Mental Health for Adults of Working Age								
4	Insufficient resource across the health and social care system to support all the developments identified as being required to improve access to services and outcomes by the various workstreams	03/17	3	3		Minimise inefficiencies and improve promotion including effective information, advice and signposting	Wendi Ogle-Welbourn	Open
5	Complexities and time needed to meet the internal governance requirements of each organisation slows progress and sufficiently slows delivery of the potential benefits of working collaboratively	03/17	3	2		Progress the proposed exploration of models of joint commissioning for mental health	Wendi Ogle-Welbourn	Open
H&WB of People with Disability / Sensory Impairment								
6	Managing demand from service users	03/17	3	3		Work with key stakeholders and organisations to develop local solutions	Adrian Chapman	Open
Protecting Health								
7	Continued availability of funding for strategy implementation especially LTBI screening	03/17	2	4		Funding for LTBI available 18/19	Liz Robin	Open
Growth, Health and the Local Plan								
8	Significant objections to the H&WB policies in the Local Plan result in the policies being removed or changed at the examination in public stage of the Local Plan	03/17	3	2			Simon Machen	Open
Health and Transport Planning								

9	Reduction in active travel activities due to loss of funding from the Dept for Transport sustainable travel funding	08/17	**3**	**4**		Submit bids for further pots of funding. Applied to the combined authority for fund to support some active travel work	Simon Machen	Open
Housing and Health								
10	Once the funding for Supported Housing changes from the current model, there may be a risk of ensuring that the full rent level on these units are met through the proposed top up funding.	03/17	**3**	**3**		Government consultation on future funding arrangements now closed, and awaiting results	Adrian Chapman	Open
11	Shortage of housing stock - improve the join up	08/17	**4**	**2**		PCC agreed to invest £35m in	Adrian Chapman	Open
Geographical Health Inequalities								
12	Lack of agreement on how to use the proposed	03/17	**3**	**3**		Local Action Group in place to	Adrian Chapman	Open
13	Limited take up of projects to tackle social	03/17	**3**	**3**			Adrian Chapman	Open
14	Too great a focus on the Can Do area	03/17	**3**	**2**		Citywide community resilience strategy in place; new programme - Integrated Communities - launched with Government	Adrian Chapman	Open
Health and Wellbeing of Diverse Communities								
15	Communities will not engage with the services	03/17	**4**	**2**		Health messages being	Adrian Chapman	Open
16	Public perception of significant investment	03/17	**4**	**3**		with a greater focus on the	Adrian Chapman	Open
OTHER								
17	Impact of universal credit implementation in November	08/17	**4**	**3**		Report to be taken to CMT to discuss plans / contingencies	Adrian Chapman	Open

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6(b)
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Diane Lamb, Cabinet Member for Public Health	
Contact Officer(s):	Ryan O'Neill, Advanced Public Health Analyst	Tel. 01733 207179

PETERBOROUGH HEALTH & WELLBEING STRATEGY, ANNUAL REVIEW, NOVEMBER 2018

RECOMMENDATIONS	
FROM: Dr Liz Robin	**Deadline date:** N/A

It is recommended that the Health and Wellbeing Board:

1. Note the findings of this report as a summary of key healthcare indicators of relevance to the health and wellbeing of residents of Peterborough.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board as part of the Board's obligation to maintain and monitor a Health & Wellbeing Strategy for the residents of Peterborough. The current Peterborough Health & Wellbeing Strategy encompasses the 2016-19 time period and this is therefore the second annual review of this Health & Wellbeing Strategy, to cover the 2017-18 time period.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to summarise healthcare data collated as part of the 2016-19 Peterborough Health & Wellbeing Strategy in one concise document, with particular reference to stated Strategy goals where observed outcomes across the 2017-18 period have shown notable improving or worsening trends.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference Numbers:

2.8.3.1 To develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies

2.8.3.2 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health and Wellbeing Strategy

2.3 This report does not relate directly to the Children in Care pledge, although the health and wellbeing of children and young people is included as a sub-section of the 2016-19 Peterborough Health & Wellbeing Strategy.

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 2017/18 review of the Peterborough Health & Wellbeing strategy is contained within two attached documents; a primary overview report and associated data appendix.

5. CONSULTATION

5.1 No consultations are planned in relation to this report.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Observed outcomes contained within this report should be used to inform future commissioning decisions with regards to improving health and wellbeing for residents of Peterborough, as well as potentially shaping the content of the next Peterborough Health & Wellbeing Strategy.

7. REASON FOR THE RECOMMENDATION

7.1 It is a statutory duty of Health & Wellbeing Boards to maintain and monitor a Health & Wellbeing Strategy; this report should be noted as a summary of outcomes for indicators that the Board deemed to be of priority to Peterborough when compiling the 2016-19 Health & Wellbeing Strategy.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 No alternative options have been considered as this is a report relating to a statutory duty of Health & Wellbeing Boards.

9. IMPLICATIONS

Financial Implications

9.1 Not applicable.

Legal Implications

9.2 Not applicable.

Equalities Implications

9.3 Not applicable.

9.4 There are no additional implications to be considered for this report.

10. BACKGROUND DOCUMENTS

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

10.1 Data within this report are compiled from a range of sources, including data releases from Public Health England, the Office for National Statistics and internal information from Peterborough City Council.

11. APPENDICES

11.1 1. PCC Health & Wellbeing Strategy 2016-19 – Annual Review 2018
2. PCC Health & Wellbeing Strategy 2016-19 – Data Appendix

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Appendix 1

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

November 2018

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. mortality 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. A further annual report will follow in 2019, at the end of this current Health & Wellbeing Strategy period.

2 Health & Wellbeing Strategy 2016-19 – Annual Review 2018 Key Findings Overview

Data that show recent improvements and/or positive trends within Peterborough in relation to Health & Wellbeing include:

- The directly age-standardised rate of admission episodes for alcohol-related conditions in Peterborough for all persons and males only (663/100,000 and 854/100,000 respectively) have improved to be statistically similar to England (636/100,000 and 818/100,000 respectively) in 2016/17, having been statistically significantly higher in each of the five previous years between 2011/12 and 2015/16.

- A multi-agency neglect strategy has been implemented in Peterborough, with Local Safeguarding Children Boards (LSCBs) having monitored implementation of the strategy through quality assurance activity including audits and surveys.

- The directly age-standardised rate of emergency hospital admissions due to falls in people aged 65 and over in Peterborough (2,177/100,000) has improved to be statistically similar to England (2,114/100,000) in 2016-17, having been statistically significantly higher than the national average in both 2014-15 and 2015-16.

- A statistically significantly high proportion of the eligible population in Peterborough (10.4%) received an NHS Health Check in 2016/17 compared to the national average (8.5%). At the end of quarter 3 2017/18, 49.8% of the eligible population in Peterborough had received an NHS Health Check, statistically significantly higher than the national proportion of 41.9%.

- The percentage of adults with learning disabilities in employment and percentage of adults with learning disabilities who live in their own home or with their family are both statistically

significantly higher (better) in Peterborough (9.6% and 83.8% respectively) than in England (5.7% and 76.2% respectively). Additionally, it is anticipated that final 2017-18 data will show a 5.9% year-on-year increase in the number of adults in receipt of assistive technology in Peterborough between 2016-17 and 2017-18.

- The proportion of 15-24 year olds screened for chlamydia in Peterborough (21.0%) is statistically significantly higher than the national average (19.3%).

- The Health & Wellbeing Strategy target of 60 businesses with travel plans by 2019 has already been exceeded, within 71 business (18.3% above target) having travel plans in place as of September 2018.

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:

- Life expectancy for residents within the least deprived 80% of electoral wards in Peterborough has increased by 0.7 years (from 80.2 to 80.9 years) between 2007/11 and 2012/16. Over the same time period, life expectancy in the most deprived 20% of electoral wards has increased by only 0.3 years, from 79.0 to 79.3 years. Disparity in life expectancy between residents within the least deprived 80% and most deprived 20% of Peterborough electoral wards has therefore increased over this time period from 1.3 years to 1.6 years.

- The proportion of HIV diagnoses in Peterborough classified as 'late' (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm3) has been above (worse than) the national minimum benchmark goal of 50.0% for seven consecutive pooled periods between 2009/11 and 2015/17.

- The crude rate of under 18 conceptions in Peterborough (29.8/1,000) remains statistically significantly higher than England (18.8/1,000), but the recent trend shows a statistically significant reduction over the past seven years.

- The crude rate of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Peterborough has been statistically significantly higher than England for six consecutive years between 2011/12 and 2016/17.

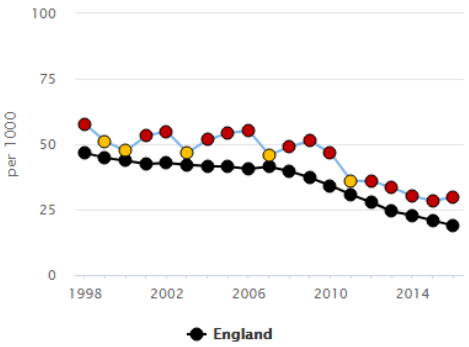
- The percentage of physically active adults (defined as undertaking a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two in bouts of 10 minutes or more) in Peterborough has been statistically significantly lower than England for both 2015/16 and 2016/17.

- 88.6% of eligible children received the MMR for two doses immunisation in 2017/18, which is below the national benchmark goal of 90.0% for the third consecutive year. 90.0% of eligible children received the PCV booster in 2017/18, a reduction from 90.7% in 2016/17, and the percentage of eligible children that received the Hib/MenC booster at 2 years old also reduced in 2017/18 compared to 2016/17, from 90.7% to 89.9%. In 2016/17, Peterborough data for screening and immunisations shows 3 of 10 key indicators are now below the national benchmark goal (Hib/MenC Booster (2 years old), PCV Booster and MMR for two doses (5 years old).

3 Health & Wellbeing Strategy 2016-19 – Annual Review 2018 Key Findings by Section

3.1 Children & Young People's Health

Figure 1: Crude Rate of Under 18 Conceptions per 1,000, 1998 – 2016



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	35.9	29.9	42.6	23.2	27.7
2013		118	33.4	27.6	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
2016		99	29.8	24.2	36.3	17.1	18.8

Source: Office for National Statistics (ONS)

Source: Public Health Outcomes Framework

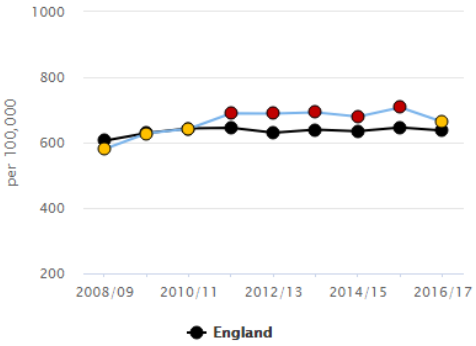
The crude rate of under 18 conceptions per 1,000 is statistically significantly higher in Peterborough than the national average (29.8/1,000 compared to 18.8/1,000). However, although Peterborough has been statistically significantly higher than England for each of the five years 2012-2015, the long term trend shows a statistically significant reduction in the local crude rate (similar to that observed nationally), from 55.1/1,000 in 2006 to 29.8/1,000 in 2016.

Successful implementation of Peterborough Neglect Strategy:

Indicator 1.5 of the 2016-19 Peterborough Health & Wellbeing Strategy relates to 'successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched'. This strategy was launched in 2016 and recent feedback states that the strategy is now live, with Local Safeguarding Children Boards (LSCBs) having monitored implementation of the strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs.

3.2 Health Behaviours & Lifestyles

Figure 2: Admission Episodes for Alcohol-Related Conditions (Narrow), Persons, 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
2016/17		1,180	663	625	703	579	636

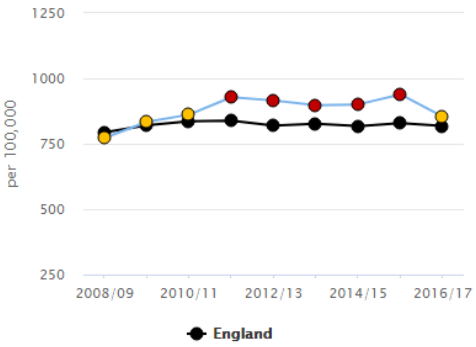
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Local Alcohol Profiles for England

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of health conditions. Alcohol misuse is estimated to cost the NHS approximately £3.5 billion per year and society as a whole approximately £21 billion[2].

The directly age-standardised rate of admission episodes for alcohol-related conditions (narrow, persons) in Peterborough is 663/100,000 in 2016/17, therefore statistically similar to England for the first time since 2010/11.

Figure 3: Admission Episodes for Alcohol-Related Conditions (Narrow), Males, Directly Age-Standardised Rate per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2008/09		594	772	707	841	630	793
2009/10		660	834	768	903	671	821
2010/11		685	861	795	931	682	836
2011/12		754	928	860	1,000	705	839
2012/13		749	916	849	986	700	820
2013/14		744	897	832	966	725	827
2014/15		744	900	835	970	728	818
2015/16		800	939	873	1,008	730	830
2016/17		733	854	792	920	726	818

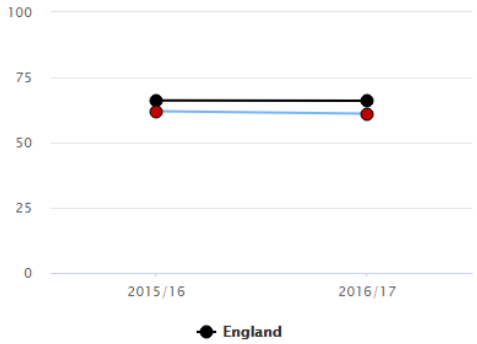
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Local Alcohol Profiles for England

As with the indicator for all persons, the directly age-standardised rate of admission episodes for alcohol-related conditions for males only has improved from statistically significantly higher (worse) than England to now statistically similar in 2016/17.

[2] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/6/gid/1938132984/pat/6/par/E12000006/ati/102/are/E06000031/iid/91414/age/1/sex/4

Figure 4: Percentage of physically active adults (current method), Proportion



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2015/16		-	62.0	59.0	64.9	65.8	66.1
2016/17		-	61.1	58.0	64.1	66.8	66.0

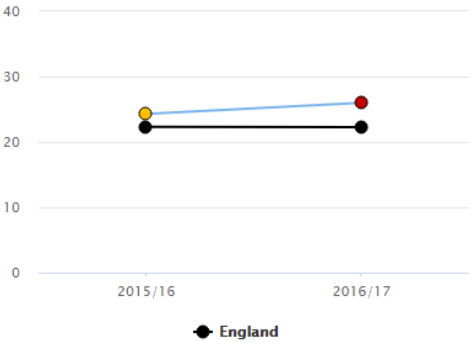
Source: Public Health England (based on Active Lives, Sport England)

Source: Public Health Outcomes Framework

Physical inactivity is the 4th leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. The estimated direct cost of physical inactivity to the NHS is over £0.9 billion per year.[3]

61.1% of adults in Peterborough are 'physically active' (defined as undertaking a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two in bouts of 10 minutes or more). This percentage is statistically significantly lower than the national average of 66.0%.

Figure 5: Percentage of physically inactive adults (current method), Proportion



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2015/16		-	24.3	21.8	27.0	21.6	22.3
2016/17		-	26.0	23.4	28.9	21.7	22.2

Source: Public Health England (based on Active Lives, Sport England)

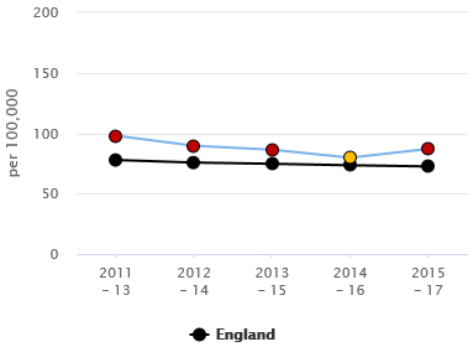
Source: Public Health Outcomes Framework

The percentage of physically inactive adults (undertaking less than 30 minutes of moderate intensity equivalent exercise per week) in Peterborough is 26.0% in 2016/17, statistically significantly worse than the national average of 22.2%.

[3] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/93014/age/298/sex/4

3.3 Long Term Conditions & Premature Mortality

Figure 6: Under 75 Mortality Rate from all Cardiovascular Diseases, Persons, Directly Age-Standardised Rate per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2011 - 13	●	375	97.9	88.1	108.5	69.6	77.8
2012 - 14	●	352	89.6	80.3	99.6	67.4	75.7
2013 - 15	●	349	86.3	77.4	96.0	66.4	74.6
2014 - 16	●	331	79.7	71.3	88.9	64.7	73.5
2015 - 17	●	373	87.0	78.3	96.4	64.1	72.5

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

Source: Public Health Outcomes Framework

In 2014-16, the directly age-standardised rate of under 75 mortality rate from all cardiovascular diseases in Peterborough for all persons improved from statistically significantly worse than England to statistically similar. However, in 2015-17, this rate has reverted to being statistically significantly worse than England, with a Peterborough value of 87.0/100,000 compared to the national average of 72.5/100,000.

Figure 7: Key Long Term Conditions & Premature Mortality Indicators, Peterborough Health & Wellbeing Strategy 2016-19

Indicator Ref	Indicator	Peterborough Trend	Current Status
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	▸	Disparity between most deprived 20% and least deprived 80% has increased between 2015-16 and 2016-17 but the difference is not statistically significant
3.5	Recorded Diabetes (proportion, %)	▸	Statistically similar to England
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	▸	2016/17 directly age-standardised rate is statistically similar to both 2014/15 and 2015/16 rates.
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	▸	2016/17 directly age-standardised rate is statistically similar to both 2014/15 and 2015/16 rates.

Source: Hospital Episode Statistics & Public Health England

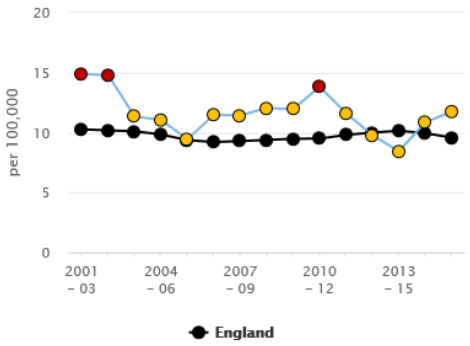
Data for the four indicators within the table above show stable recent trends within Peterborough. For 2016/17, the directly age-standardised rate of emergency cardiovascular disease hospital admissions in the most deprived 20% of electoral wards in Peterborough is 1,112.8/100,000 compared to 1,006.6/1,000 in the least deprived 80% of electoral wards in Peterborough. This difference is not statistically significant. Directly age-standardised rates per 100,000 of emergency hospital admissions as a result of stroke and heart failure in Peterborough have stabilised in recent years, with no statistically significant trends observable with regards to rates for either indicator between the period 2014/15 and 2016/17.

6.5% of Peterborough residents registered with a GP practice aged 17+ have diabetes, similar to the national average of 6.4%. However, the increase in prevalence between 2013/14 and 2014/15 from

6.3% to 6.5% in Peterborough equates to an additional 466 people (an increase from 9,274 to 9,740 people).

3.4 Mental Health for Adults of Working Age

Figure 8: Directly age-standardised rate of suicide per 100,000 population, 3 year pooled average, persons



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	15.1	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
2014 - 16		54	10.9	8.1	14.2	9.7	9.9
2015 - 17		59	11.7	8.9	15.2	9.3	9.6

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

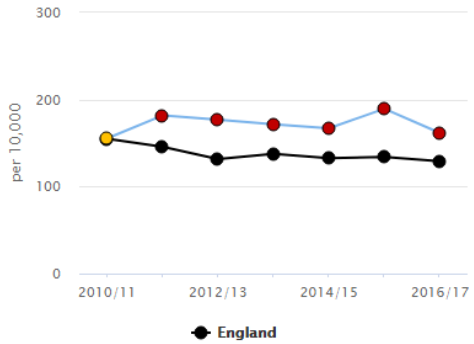
Source: Public health England Suicide Prevention Profile

Suicide is a leading cause of years of life lost, particularly for relatively young men. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides[4].

The 2015-17 directly age-standardised rate of suicide (all persons) in Peterborough is 11.7/100,000, statistically similar to the national average of 9.6/100,000. Peterborough was statistically significantly higher than England for this indicator as recently as 2010-12. However, although the Peterborough rate has been similar to England for each of the last four pooled periods for which data are available, the observed number of suicides has risen for each of the last two periods.

Figure 9: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000

[4] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/6/gid/1938132828/pat/6/par/E12000006/ati/102/are/E06000031/iid/41001/age/285/sex/4



Recent trend: ➡

Period		Count	Value	Lower CI	Upper CI	England
2010/11		371	155.3	139.9	171.9	154.9
2011/12		437	181.8	165.1	199.6	145.6
2012/13		415	176.8	160.2	194.7	131.5
2013/14		396	171.7	155.2	189.4	137.7
2014/15		380	166.9	150.6	184.6	132.6
2015/16		431	189.5	172.0	208.3	134.1
2016/17		357	161.7	145.4	179.4	129.2

Source: Hospital Episode Statistics (HES)

Source: Public health Outcomes Framework

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long term health issues, including mental health related to experiences[5].

The crude rate of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Peterborough has been statistically significantly higher (worse) than England for six consecutive years and remains so for 2016/17.

Figure 10: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000, Peterborough & Nearest Socio-Economic Neighbours Comparison 2016-17

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	⬇	-	87,049	129.2	128.3	130.0
Thurrock	➡	1	151	79.5	67.3	93.2
Telford and Wrekin	⬇	6	247	112.5	98.9	127.4
Bolton	➡	4	396	114.0	103.0	125.7
Calderdale	⬇	12	266	114.8	101.4	129.5
Derby	⬇	5	413	118.1	106.9	130.0
Milton Keynes	⬇	2	338	122.4	109.7	136.2
Rochdale	⬇	7	329	125.2	112.0	139.4
Oldham	⬇	8	360	125.2	112.6	138.9
Coventry	⬇	15	771	125.3	116.6	134.5
Blackburn with Darwen	⬇	11	252	134.0	118.0	151.6
Bury	➡	14	279	135.0	119.6	151.8
Stockton-on-Tees	⬇	10	342	145.6	130.6	161.9
Tameside	➡	9	369	146.2	131.7	161.9
Peterborough	➡	-	357	161.7	145.4	179.4
Swindon	⬆	3	436	187.9	170.6	206.3
Warrington	➡	13	505	220.3	201.5	240.4

Source: Hospital Episode Statistics (HES)

Source: Public health Outcomes Framework

Peterborough is one of five local authorities within its Charted Institute of Public Finance and Accountancy (CIPFA) group of nearest-socioeconomic comparators to have a statistically significantly high crude rate of hospital admissions caused by unintentional and deliberate injuries in children and young

[5] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90285/age/156/sex/4

people. Three areas have statistically significantly low crude rates and eight areas are statistically similar to England.

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

The majority of indicators within this section of the Health & Wellbeing Strategy come from the monthly data report prepared by Peterborough City Council's Adult Social Care/Business Intelligence teams. Nationally benchmarked indicators relating to adults in contact with mental health services in settled accommodation, permanent residential admissions of adults to residential care and adult social care service user survey quality of life measures have not been updated for some years and are therefore not included within this summary as they may not be an accurate representation of contemporary outcomes with regards to health and wellbeing of people with disability and/or sensory impairment in Peterborough.

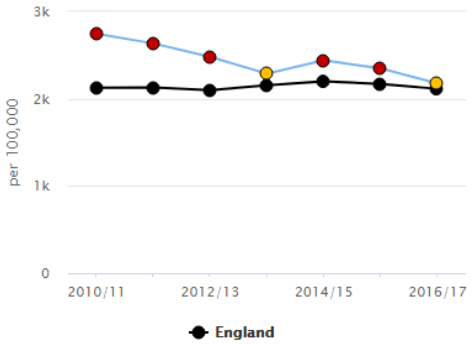
Key findings from the February 2018 Adult Social Care Monthly Performance Report include:

- The number of adults in receipt of assistive technology in Peterborough is predicted to have increased from 5,300 to 5,614 between 2016/17 and 2017/18 once year-end data are confirmed, which would represent an increase of 5.9%.
- The stated target for indicator 'number of adults with social care needs receiving short term services to increase independence' is an observed year-on-year increase, although data to February 2018 suggest a predicted end of year decrease of 12.9% (from 1,476 to 1,286) between 2016/17 and 2017/18 for this indicator.
- The crude rate per 100,000 of adults with social care needs requesting support, advice or guidance in Peterborough is 679/100,000 as of February 2018, which is below the current target rate of 872/100,000.

It is of additional note that Peterborough has statistically significantly high percentages compared to the national average of adults with learning disabilities in employment (9.6% compared to 5.7%) and adults with learning disabilities who live in their own home or with their family (83.8% compared to 76.2%).

3.6 Ageing Well

Figure 11: Emergency hospital admissions due to falls in people aged 65 and over, directly age-standardised rate per 100,000



Recent trend: –

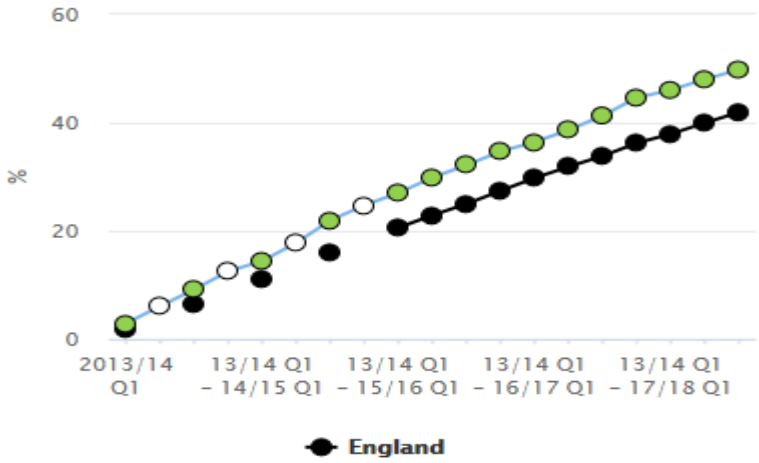
Period		Count	Value	Lower CI	Upper CI	East of England	England
2010/11	●	678	2,746	2,540	2,964	1,886	2,126
2011/12	●	680	2,634	2,438	2,842	1,917	2,128
2012/13	●	648	2,480	2,291	2,681	1,973	2,097
2013/14	●	619	2,287	2,109	2,476	2,025	2,154
2014/15	●	665	2,440	2,257	2,634	2,026	2,199
2015/16	●	663	2,348	2,171	2,535	1,989	2,169
2016/17	●	628	2,177	2,008	2,355	1,975	2,114

Source: Public Health Outcomes Framework

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes (e.g. being a major precipitant of older people moving from their own home to long-term nursing or residential care).

The directly age-standardised rate of emergency hospital admissions due to falls in people aged 65 and over in Peterborough fell in 2016/17 to 2,177/100,000 and is now statistically similar to England, having been statistically significantly worse in both 2014/15 and 2015/16.

Figure 12: Proportion of eligible population receiving an NHS Health Check, 2013/14 Q1 – 2017/18 Q3 Trend & Most Recent 4 Trend Points Comparison



Time Period	Peterborough Number	Peterborough %	England %
2013/14 Q1 – 2016/17 Q4	22,531	44.6%	36.2%
2013/14 Q1 – 2017/18 Q1	23,610	46.0%	37.9%
2013/14 Q1 – 2017/18 Q2	24,623	48.0%	40.0%
2013/14 Q1 – 2017/18 Q3	25,548	49.8%	41.9%

Source: Public Health England Health Check Dashboard

The NHS health check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40-74 who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS health checks is important to identify early signs of poor health leading to opportunities for early interventions[6].

The proportion of eligible population receiving an NHS health check in Peterborough has been statistically significantly higher than the national average for each of the past 11 periods for which data are available.

3.7 Protecting Health

Figure 13: Screening & Immunisation Indicators, Peterborough Health & Wellbeing Strategy, 2016/17 % 2017/18 Comparison

PHOF Indicator Ref	Indicator	Benchmark Goal	Peterborough Value 2016/17 (%)	Peterborough Value 2017/18 (%)
3.03iii	Dtap/IPC/Hib (1 year old)	>95.0%	93.7	91.9
3.03iii	Dtap/IPC/Hib (2 years old)	>95.0%	96.0	94.7
3.03v	PCV	>95.0%	93.4	91.6
3.03vi	Hib/MenC Booster (2 years old)	>95.0%	90.7	89.9
3.03vi	Hib/MenC Booster (5 years old)	>95.0%	89.6	90.4
3.03vii	PCV Booster	>95.0%	90.7	90.0*
3.03viii	MMR for One Dose (2 years old)	>95.0%	91.1	90.0**
3.03ix	MMR for One Dose (5 years old)	>95.0%	95.6	95.0
3.03x	MMR for Two Doses (5 years old)	>95.0%	89.6	88.6
3.03xiii	PPV	<75.0%	72.3	71.5

Source: Public Health Outcomes Framework (PHOF)

Key:
Above upper national benchmark goal
Meeting minimum national benchmark but not above upper national benchmark goal
Below minimum national benchmark

*Value is red as rounded from 89.9.

**Value is amber as rounded from 90.03.

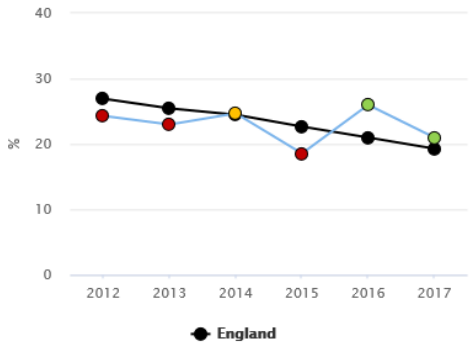
For all indicators within the table above with the exception of PPV, the benchmark goal is 95.0% (represented by green shading in the above table). Values between 90.0% and 95.0% are shaded yellow and values below 90.0% are considered significantly below benchmark and shaded red. These thresholds are based on World Health Organisation guidance which states a requirement of 95.0% to ensure control of vaccine preventable diseases within the UK, with at least 90.0% coverage in each

[6] https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/6/gid/1938132726/pat/6/par/E12000006/ati/102/are/E06000031/iid/91040/age/219/sex/4

geo-political unit. The exception is the PPV vaccine, for which only adults aged 65+ are eligible and therefore a 75.0% benchmark value is considered appropriate[7].

2017/18 data show that Peterborough is now below benchmark goal for three indicators – Hib/MenC Booster (2 years old), PCV Booster and MMR for two doses (5 years old) and the Peterborough value for Dtap/IPC/Hib (2 years old) has fallen from above benchmark goal (96.0%) to 94.7%.

Figure 14: Proportion of 15-24 year olds screened for chlamydia, (%)



Recent trend: ⬇

Period		Count	Value	Lower CI	Upper CI	East of England	England
2012	🔴	5,705	24.3	23.7	24.9	22.8	26.9
2013	🔴	5,304	23.0	22.4	23.6	22.0	25.5
2014	🟡	5,620	24.7	24.0	25.3	21.0	24.5
2015	🔴	4,222	18.6	18.0	19.1	19.0	22.7
2016	🟢	5,713	26.0	25.4	26.7	16.9	21.0
2017	🟢	4,596	21.0	20.4	21.6	16.8	19.3

Source: Public Health England

Source: Public Health England Sexual & Reproductive Health Profiles

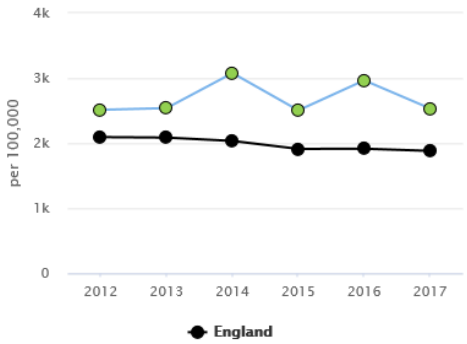
Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease, ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).[8]

21.0% of 15-24 year olds in Peterborough were screened for chlamydia in 2017, statistically significantly higher than the England value of 19.3%. Peterborough has now been statistically significantly above (better than) England for two consecutive years for this indicator.

[7] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/30301/age/30/sex/4

[8] https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000006/ati/102/are/E06000031/iid/90776/age/156/sex/4

Figure 15: Chlamydia detection rate (15-24 year olds), crude rate per 100,000



Recent trend: ➡

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

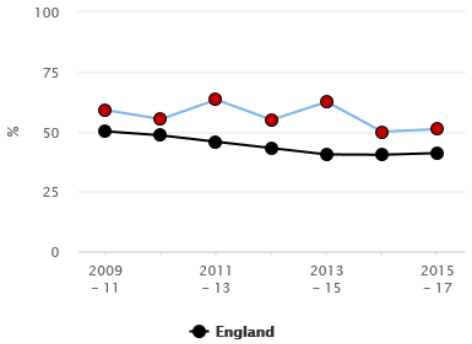
Period		Count	Value	Lower CI	Upper CI	East of England	England
2012		590	2,514	2,315	2,726	1,653	2,095
2013		586	2,540	2,339	2,755	1,691	2,088
2014		701	3,080	2,856	3,316	1,591	2,035
2015		570	2,506	2,305	2,721	1,495	1,914
2016		651	2,968	2,744	3,205	1,408	1,917
2017		556	2,535	2,329	2,755	1,502	1,882

Source: Public Health England

Source: Public Health England Sexual & Reproductive Health Profiles

The chlamydia detection rate among 15-24 year olds in Peterborough remains above national benchmark goal of 2,300/100,000 in 2017 and has been above benchmark goal for six consecutive years.

Figure 16: HIV late diagnosis, proportion (%)



Recent trend: –

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

Period		Count	Value	Lower CI	Upper CI	East of England	England
2009 - 11		26	59.1	43.2	73.7	53.3	50.2
2010 - 12		21	55.3	38.3	71.4	51.2	48.5
2011 - 13		26	63.4	46.9	77.9	51.8	45.8
2012 - 14		22	55.0	38.5	70.7	52.5	43.2
2013 - 15		25	62.5	45.8	77.3	51.1	40.5
2014 - 16		22	50.0	34.6	65.4	47.6	40.4
2015 - 17		22	51.2	35.5	66.7	47.1	41.1

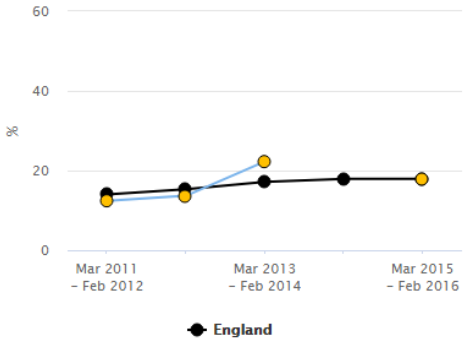
Source: Public Health England

Source: Public Health England Sexual & Reproductive Health Profiles

The national benchmark value for HIV late diagnosis (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm3) is <25.0%. The Peterborough value for 2015-17 is 51.2%, worse than benchmark goal for the seventh consecutive period.

3.8 Growth, Health & the Local Plan

Figure 17: Utilisation of outdoor space for exercise/health reasons, proportion (%)



Recent trend: –

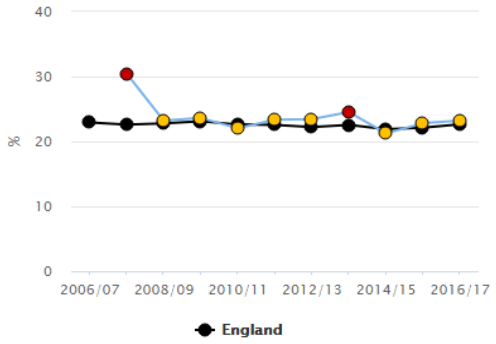
Period		Count	Value	Lower CI	Upper CI	East of England	England
Mar 2011 - Feb 2012		-	12.4	6.5	18.3	16.3	14.0
Mar 2012 - Feb 2013		-	13.7	7.2	20.1	15.5	15.3
Mar 2013 - Feb 2014		-	22.2	12.8	31.7	18.7	17.1
Mar 2014 - Feb 2015		-	*	-	-	17.8	17.9
Mar 2015 - Feb 2016		-	17.8	11.2	24.4	18.7	17.9

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

Source: Public Health Outcomes Framework

For the period March 2015 – February 2016, Peterborough has a statistically similar percentage of residents aged 16+ utilising outdoor space for exercise/health reasons to England. Data are unavailable for March 2014 – February 2015, but Peterborough has been similar to England for each of the four data periods for which data are available.

Figure 18: National Child Measurement Programme – excess weight in 4-5 year olds



Recent trend: ⬇

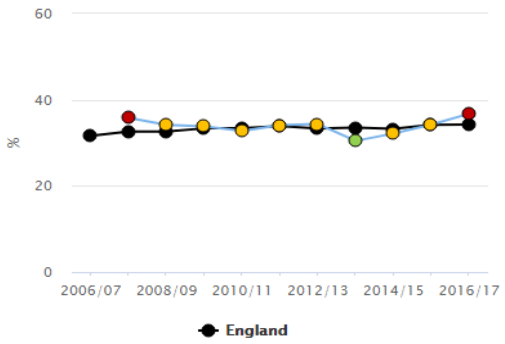
Period		Count	Value	Lower CI	Upper CI	East of England	England
2006/07		-	*	-	-	*	22.9
2007/08		594	30.5	28.5	32.5	22.5*	22.6
2008/09		496	23.2	21.4	25.0	21.8	22.8
2009/10		518	23.6	21.9	25.4	22.6	23.1
2010/11		500	22.0	20.4	23.8	22.1	22.6
2011/12		569	23.4	21.7	25.1	21.9	22.6
2012/13		625	23.5	21.9	25.1	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
2016/17		603	23.2	21.6	24.9	21.1	22.6

Source: NHS Digital, National Child Measurement Programme

Source: NCMP Local Authority Profile

In 2016/17, 23.2% of 4-5 year olds in Peterborough had excess weight (defined as having a BMI on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex), similar to the national average of 22.6%. The long term trend for this indicator shows a general decrease in proportion of 4-5 year olds with excess weight in Peterborough.

Figure 19: National Child Measurement Programme – excess weight in 10-11 year olds



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
2016/17	🔴	852	36.8	34.8	38.7	31.5	34.2

Source: NHS Digital, National Child Measurement Programme

Source: NCMP Local Authority Profile

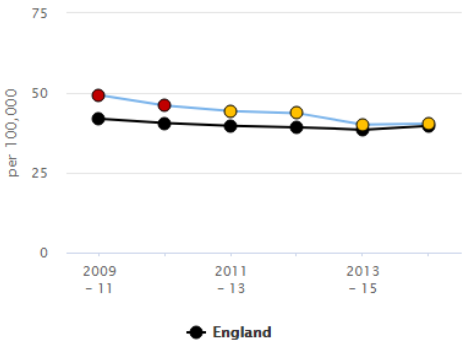
The percentage of 10-11 year olds in Peterborough with excess weight has increased in recent years and for 2016/17, Peterborough has a statistically significantly higher (worse) percentage (36.8%) than England (34.2%). As recently as 2013/14, Peterborough was statistically significantly lower (better than England).

3.9 Health & Transport Planning

Peterborough businesses with travel plans:

The original target for the number of businesses in Peterborough with travel plans was set at 60 at the commencement of the 2016-19 Peterborough Health & Wellbeing Strategy. 71 businesses in the area have travel plans as of April 2018, 18.3% above target.

Figure 20: Killed and seriously injured (KSI) casualties, 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
2014 - 16	🟡	235	40.4	35.4	45.9	42.3	39.7

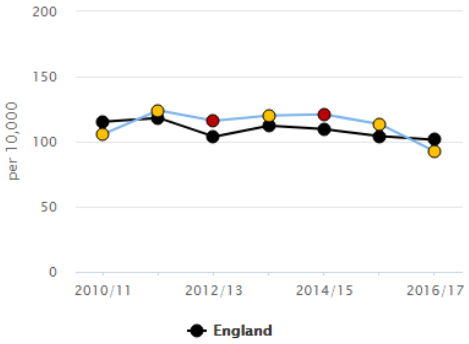
Source: Department for Transport

Source: Public Health Outcomes Framework

The crude rate of killed and seriously injured (KSI) casualties in Peterborough is 40.4/100,000 for the period 2014-16, statistically similar to the national average of 39.7/100,000. In both 2009-11 and 2010-12, Peterborough had a statistically significantly higher crude rate than England.

3.10 Housing & Health

Figure 21: Hospital admissions caused by injuries in children aged 0-14 years, crude rate per 10,000



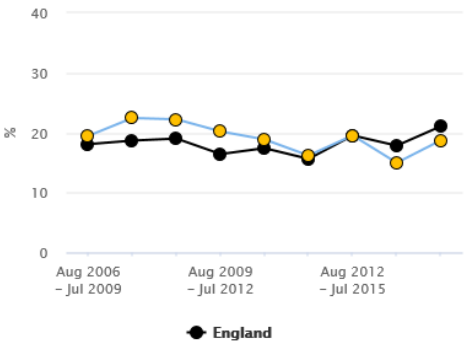
Recent trend: ⬇

Period		Count	Value	Lower CI	Upper CI	East of England	England
2010/11	●	384	105.8	95.4	116.9	96.7	115.2
2011/12	●	457	124.0	112.9	135.9	108.7	118.3
2012/13	●	439	116.0	105.4	127.3	91.3	103.9
2013/14	●	465	120.1	109.5	131.6	100.1	112.2
2014/15	●	480	120.9	110.3	132.2	99.0	109.6
2015/16	●	464	113.5	103.4	124.4	91.6	104.2
2016/17	●	390	92.5	83.5	102.1	87.0	101.5

Source: Public Health Outcomes Framework

Recent trend data shows a statistically significant reduction in hospital admissions caused by injuries in children aged 0-14 years in Peterborough. In 2012/13 and 2014/15, Peterborough was statistically significantly worse than England but is now statistically similar to the national average.

Figure 22: Excess winter deaths index, 3 years, all ages, ratio



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
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
Aug 2013 - Jul 2016	●	212	15.0	8.2	22.2	17.3	17.9
Aug 2014 - Jul 2017	●	277	18.7	11.9	26.0	21.9	21.1

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

Source: Public Health Outcomes Framework

Excess winter deaths are defined as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.[9] The Peterborough excess winter deaths index is statistically similar to the national average.

[9] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/90641/age/1/sex/4

3.11 Geographical Health Inequalities

Figure 23: Directly age-standardised rate of emergency hospital admissions, all causes, most deprived 20% of electoral wards in Peterborough, 2014-15 – 2016-17

Time Period	Number of episodes	Directly Age-Standardised Rate per 1,000	Lower Confidence Interval	Upper Confidence Interval
2014-15	5,800	117.3	114.1	120.5
2015-16	6,256	126.3	123.0	129.7
2016-17	5,670	113.9	110.8	117.0

Source: Hospital Episode Statistics

It is a stated goal of the 2016-19 Health & Wellbeing Strategy to reduce emergency hospital admissions in the most deprived electoral wards in Peterborough (Bretton, Central, Dogsthorpe, North & Orton Longueville). The directly age-standardised rate of emergency hospital admissions per 1,000 within these electoral wards is 113.9/1,000 in 2016/17, which is a statistically significant reduction from the 2015-16 value of 126.3/1,000 but statistically similar to 2014-15 (117.3/1,000).

Figure 24: Life expectancy trend, persons, 20% most deprived and 80% least deprived electoral wards in Peterborough, 2001-11 - 2012-16

Peterborough Electoral Ward Cluster	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16
20% most deprived	79.0	79.3	79.4	79.3	79.5	79.3
80% least deprived	80.2	80.5	80.7	80.8	80.9	80.9
Disparity between 20% most deprived and 80% least deprived	1.3	1.2	1.3	1.5	1.5	1.6

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

Life expectancy in both the most deprived 20% of electoral wards and the least deprived 80% of electoral wards in Peterborough has increased between 2007-11 and 2012-16, although the observed increase is greater within the least deprived 80% (0.7 years compared to 0.3 years in the most deprived 20%). Resultantly, the disparity in life expectancy between the two electoral ward clusters has increased from 1.3 years in 2007-11 to 1.6 years in 2012-16.

Figure 25: GCSE attainment, 20% most deprived/80% least deprived pupil comparison, Peterborough, 2016-17

Deprivation Quintile	Pupils Achieving English & Maths 5+	Total Pupils	% English & Maths 5+
5 (Least Deprived)	115	264	43.6%
4	140	330	42.4%
3	110	322	34.2%
2	168	539	31.2%
1 (Most Deprived)	162	605	26.8%
Least Deprived 80%	533	1,455	36.6%
All Pupils	695	2,060	33.7%

Source: Department for Education

Previously, the 2016-19 Health & Wellbeing strategy measured percentages of pupils attaining 5+ GCSEs at grades A*-C, whereas under the new GCSE system this indicator measures percentages achieving grade 5+ in both English and Mathematics. 26.8% of pupils living within the most deprived

deprivation quintile in Peterborough achieved this measure, compared to 36.6% living in the least deprived 80% of electoral wards in this area. This represents a difference in attainment of 9.8% which is statistically significant at the 5% level (lower confidence interval 5.5%, upper confidence interval 14.2%).

3.12 Health & Wellbeing of Diverse Communities

Work is in progress to take forward the recommendations from the Diverse Ethnic Communities Joint Strategic Needs Assessment which was completed in October 2016. This includes projects to produce and promote health and wellbeing information for diverse ethnic communities. A Video Communication project is underway with two pilot videos recently produced. These pilot videos have been created using animations and provide information about registering with a GP, out of hours services and accessing dental care as well as maternity services. The videos are being produced in English, Lithuanian, Latvian and Romanian in the first instance and will provide links to local resources in both Peterborough and Fenland. Further videos are being scoped to cover a range of topics.

A supplementary section to the diverse ethnic Communities JSNA to cover the needs of the South Asian community in Peterborough is in progress. A health and wellbeing survey of the South Asian community will be analysed to inform the supplementary section.

Additionally, a drive to improve data collection on ethnicity, particularly the recording of Eastern European ethnicities is being discussed. This is a challenging area as there are inconsistencies across the healthcare system on data recording by ethnicity.

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Peterborough City Council

Appendix 1: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards – November 2018

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	▸	Statistically similar to England	2016-17	231	8.9%	9.6%	259	9.3%

1.3	Prevalence of obesity - year 6 (proportion, %)	▲	Statistically significantly worse than England	2016-17	524	22.6%	20.0%	460	19.8%
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	-	First data point of new method.	2016	310	6.6%	6.0%	-	-
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Local Safeguarding Children Boards (LSCBs) have monitored implementation of the neglect strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs	-	-	-	-	-	-
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically significantly worse than England	2016	99	29.8	18.8	95	28.3
1.7	Under 16 conceptions (crude rate per 1,000)	▸	Statistically significantly worse than England	2016	19	5.9	3	8	2.4

200

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
2.1	Smoking Prevalence - All (proportion, %)	▸	Statistically similar to England	2017	26,035	17.6%	14.9%	26,043	17.6%
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	▸	Statistically similar to England	2017	-	28.5%	25.7%	-	27.9%
2.3	Excess weight in adults (proportion, %)	▸	Statistically similar to England	2016-17	-	62.5%	61.3%	-	62.9%
2.4a	Physically active adults (proportion, %)	▸	Statistically significantly worse than England	2016-17	-	61.1%	66.0%	-	62.0%
2.4b	Physically inactive adults (proportion, %)	▲	Statistically significantly worse than England	2016-17	-	26.0%	22.2%	-	24.3%
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	▸	0.03% decrease between 2015-16 and 2016-17	2016-17	1,388,310	-	-	1,388,710	-
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	1,180	663	636	1,245	708
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	733	854	818	800	939
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	▸	Statistically similar to England	2016-17	447	489	473	445	491

2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision 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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	373	87.0	72.5	331	79.7
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	265	125.4	101.3	224	109.2
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	108	50.4	45.2	107	51.4
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	▸	Disparity between most deprived 20% and least deprived 80% has increased between 2015/16 and 2016/17 but the difference is not statistically significant	2016-17	N/A	106.2/100,000	N/A	N/A	88.6/100,000

3.5	Esimated prevalence of diabetes (undiagnosed and diagnosed, estimated proportion)	▸	Statistically similar to England	2015	13,157	8.7%	8.5%	-	-
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	▸	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	291	188.7	N/A	258	170.8
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	▸	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	223	149.4	N/A	203	137.2
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	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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	▸	Statistically significantly worse than England	2016-17	357	161.7	129.2	431	189.5

4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have increased, although previous value may have been influenced by closing of Cavell centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2017-18	66 (to Feb 18)	-	-	20	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	59	11.7	9.6	54	10.9
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	43	17.1	14.7	36	14.3
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	16	6.6	4.7	18	7.7
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	▸	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	120	3.7%
4.7b	Adults in contact with mental health services in employment	▸	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	60	1.9%
4.8	Carers for people with mental health problems receiving services advice or information	▸	Remains below England (statistical significance not calculated	2013-14	5	2.9%	19.5%	5	2.6%

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
5.1a	ASCOF 1E- Adults with learning disabilities in employment (proportion, %)	▸	Statistically significantly better than England	2016-17	45	9.6%	5.7%	48	10.0%
5.1b	ASCOF 1F - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	-	Statistical significance unavailable	Nov-17	50	15.6%	-	40	11.3%
5.2a	ASCOF 1G - Adults with learning disabilities who live in their own home or with their family (proportion, %)	▸	Statistically significantly better than England	2016-17	394	83.8%	76.2%	404	84.2%
5.2b	ASCOF 1H - Adults in contact with mental health services in settled accommodation (proportion, %)	-	Statistical significance unavailable	Nov-17	275	85.9%	-	300	84.5%
5.3	ASCOF 2A2 - Permanent residential admissions of adults to residential care (to decrease) (65+, rate per 100,000)	▸	Statistically significantly lower than England	2016-17	125	439.6	610.7	110	394.4
5.4	Numbers of adults in receipt of assistive technology	▸	Expected increase between 2016/17 and 2017/18, although trend has been downwards in recent months	Feb-18	5,614 (predicted end of year)	-	-	5,300	-
5.5a	ASCOF 1D - Adult Social Care service user survey quality	-	Score has increased to 7.8 in 2016-17	2016-17	-	7.8	7.7	-	7.3

	of life measure - carer-reported quality of life (composite score)								
5.5b	ASCOF 1A - Adult Social Care service user survey quality of life measure - social care-related quality of life (composite score)	-	Score has increased to 19.5 in 2016-17	2016-17	-	19.5	19.1	-	19.1
5.6	Number of adults with social care needs receiving short term services to increase independence	▸	Predicted decrease of 12.9% between 2016/17 and 2017/18 final value	Feb-18	1,286 (Predicted end of year)	-	-	1,476	-
5.7	Number of adults with social care needs requesting support, advice or guidance	▸	Rate per 100,000 is 679, currently below target rate of 872/100,000	Feb-18	-	679	-	-	490.8

6. Ageing Well

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	▼	Statistically similar to England	2016-17	628	2,177	2,114	663	2,348
6.1b	Numbers of over 40s taking up NHS health check offers	▸	Total of health checks delivered remains significantly above England average	2016-17	5,232	10.4%	8.5%	5,153	10.3%
6.1c	Report on take up of any preventative service commissioned	-	TBC	-	-	-	-	-	-

	directly as part of STP in the future								
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	▸	Statistically similar to England	Mar-13	328	176.0	178.9	332	178.1
6.3a	The proportion of people who use services who feel safe (proportion, %)	▼	Statistically significantly worse than England	2015-16	-	65.0%	69.2%	-	64.0%
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	▸	Statistically significantly better than England	2015-16	-	88.3%	85.4%	-	89.1%
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-	-
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	▲	Statistically similar to England	2016-17	120	33.2%	35.5%	Value unavailable	29.7%
6.6	Carer-reported quality of life score for people caring for someone with dementia	▲	Statistically similar to England	2016-17	110	7.7%	7.5%	Value unavailable	6.7%

7. Protecting Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
7.1	Percentage of eligible people screened for latent TB infection	-	Denominator data currently unavailable - 325 patients screened May 2016 - January 2017	-	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	▲	Oct 2017 - Dec 2017 data show 96% of eligible newborn babies were given BCG vaccination at PCH and 88% at Hinchingbrooke - cumulative % is 94.9%, above target of 90.0%	-	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	▼	Statistically significantly worse than England	2016	31	83.8%	84.4%	22	75.9%
7.4	Evidence of increasing uptake of screening and immunisation	▼	Peterborough currently amber or green for 7/10 chosen indicators, previously 8/10	2017-18	7/10	-	-	8/10	-
7.5	HIV late diagnosis (proportion, %)	▸	Remains above benchmark goal of 50.0%	2015-17	22	51.2%	41.1%	22	50.0%
7.6a	Chlamydia-proportion aged 15-24 screened (proportion, %)	▸	Statistically significantly better than England	2017	4,596	21.0%	19.3%	5,713	26.0%
7.6b	Increase in chlamydia detection rate (proportion, %)	▸	Remains above benchmark goal of 2,300/100,000	2017	556	2,535	1,882	651	2,968

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
8.1	Excess weight in 4-5 year olds (% of all pupils)	▸	Statistically similar to England	2016-17	603	23.2%	22.6%	632	22.8%
8.2	Excess weight in 10-11 year olds (% of all pupils)	▲	Statistically similar to England	2016-17	852	36.8%	34.2%	794	34.2%
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	▸	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	10,810	6.5%
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	▸	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	20,800	12.4%
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	▸	Statistically similar to England	2015-16	-	17.8%	17.9%	-	22.2%

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
9.1	The number of businesses with travel plans	▲	71 business in Peterborough have travel plans; initial target was 60 by end of this Health & Wellbeing Strategy period	2018	71	-	-	48	-
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress						
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2018	1	-	-	1	-
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	▸	Statistically similar to England	2014-16	235	40.4%	39.7%	229	40.1%

10. Housing & Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	277	18.7	21.1	212	15.0
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	85	11.2	18.1	66	9.3
10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	192	26.8	24.0	146	20.7
10.4	Reduction in unintentional injuries in the home in under 15 year olds	▸	Statistically similar to England	2016-17	390	92.5	101.5	464	113.5
10.5	Reduction in number of Delayed Transfers of Care waiting for a care home placement	-	Has increased, statistical significance unavailable	2016-17	879	-	-	694	-

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	First data point	GCSE grading methods have changed. In 2016/17, 26.8% of pupils within the most deprived deprivation quintile achieved grade 5+ in English and Mathematics, compared to 36.6% living in the least deprived 80% of Peterborough electoral wards - a statistically significant difference of 9.8% (LI 5.5%, UI 14.2%)	2016-17	-	26.8% of pupils in most deprived quintile achieved grade 5+ in English and Mathematics in 2016/17	39.6%	-	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	▼	The benefit claimant rate in the most deprived 20% of Peterborough electoral wards is 19.6/1,000 in June 2017, statistically significantly lower than the June 2016 rate of 21.2/1,000 in June 2016. For June 2017, rate in least deprived 80% of electoral wards is 12.7/1,000.	Jun-17	605	19.6	N/A	655	21.2
11.2	Increase in life expectancy in wards with highest levels of deprivation	▸	Life expectancy for most deprived 20% of Peterborough wards is 79.33 years for 2012-16, a decrease from 79.45 years in 2011-15. In the last deprived 80% of electoral wards, life expectancy increased over this period from 80.92 to 80.93 years	2012-16	-	79.33	N/A	-	79.45
11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Bretton, Central, Dogsthorpe, North, Orton Longueville)	▸	Rate has decreased between 2015-16 and 2016-17 from 126.3/1,000 to 113.9/1,000.	2016-17	5,670	113.9	N/A	6,256	126.3

	(directly standardised rates per 100,000)								
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	▸	4 week quit percentage fell between 2015-16 and 2016-17 from 35.5% to 29.2%.	2016-17	240	29.2%	N/A	260	35.5%
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2016/17, 28.0% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2016-17	1,344	28.0%	N/A	1,965	35.5%
11.6	Slope index of inequality in life expectancy at birth	▸	Has reduced from 8.7 to 8.4 years for males and from 6.7 to 6.1 years for females in most recent refresh	2013-15	-	Male 8.4, Female 6.1	-	-	Male 8.7, Female 6.7

213

12. Health & Wellbeing of Diverse Communities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
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 2: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards – November 2018

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	-	-

1.2	Prevalence of obesity - reception year (proportion, %)	▸	Statistically similar to England	2016-17	231	8.9%	9.6%	259	9.3%
1.3	Prevalence of obesity - year 6 (proportion, %)	▲	Statistically significantly worse than England	2016-17	524	22.6%	20.0%	460	19.8%
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	-	First data point of new method.	2016	310	6.6%	6.0%	-	-
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Local Safeguarding Children Boards (LSCBs) have monitored implementation of the neglect strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs	-	-	-	-	-	-
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically significantly worse than England	2016	99	29.8	18.8	95	28.3
1.7	Under 16 conceptions (crude rate per 1,000)	▸	Statistically significantly worse than England	2016	19	5.9	3	8	2.4

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
2.1	Smoking Prevalence - All (proportion, %)	▸	Statistically similar to England	2017	26,035	17.6%	14.9%	26,043	17.6%
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	▸	Statistically similar to England	2017	-	28.5%	25.7%	-	27.9%
2.3	Excess weight in adults (proportion, %)	▸	Statistically similar to England	2016-17	-	62.5%	61.3%	-	62.9%

2.4a	Physically active adults (proportion, %)	▸	Statistically significantly worse than England	2016-17	-	61.1%	66.0%	-	62.0%
2.4b	Physically inactive adults (proportion, %)	▲	Statistically significantly worse than England	2016-17	-	26.0%	22.2%	-	24.3%
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	▸	0.03% decrease between 2015-16 and 2016-17	2016-17	1,388,310	-	-	1,388,710	-
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	1,180	663	636	1,245	708
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	733	854	818	800	939
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	▸	Statistically similar to England	2016-17	447	489	473	445	491
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision 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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	373	87.0	72.5	331	79.7
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	265	125.4	101.3	224	109.2
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	►	Statistically similar to England	2015-17	108	50.4	45.2	107	51.4
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	►	Disparity between most deprived 20% and least deprived 80% has increased between 2015/16 and 2016/17 but the difference is not statistically significant	2016-17	N/A	106.2/100,000	N/A	N/A	88.6/100,000
3.5	Esimated prevalence of diabetes (undiagnosed and diagnosed, estimated proportion)	►	Statistically similar to England	2015	13,157	8.7%	8.5%	-	-
3.6a	The rate of hospital admissions for stroke (directly	►	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	291	188.7	N/A	258	170.8

	standardised rate per 100,000)								
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	▸	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	223	149.4	N/A	203	137.2
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	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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	▸	Statistically significantly worse than England	2016-17	357	161.7	129.2	431	189.5
4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have increased, although previous value may have been influenced by closing of Cavell centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2017-18	66 (to Feb 18)	-	-	20	-

4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	59	11.7	9.6	54	10.9
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	43	17.1	14.7	36	14.3
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	▸	Statistically similar to England	2015-17	16	6.6	4.7	18	7.7
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	▸	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	120	3.7%
4.7b	Adults in contact with mental health services in employment	▸	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	60	1.9%
4.8	Carers for people with mental health problems receiving services advice or information	▸	Remains below England (statistical significance not calculated	2013-14	5	2.9%	19.5%	5	2.6%

220

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
5.1a	ASCOF 1E- Adults with learning disabilities in employment (proportion, %)	▸	Statistically significantly better than England	2016-17	45	9.6%	5.7%	48	10.0%

5.1b	ASCOF 1F - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	-	Statistical significance unavailable	Nov-17	50	15.6%	-	40	11.3%
5.2a	ASCOF 1G - Adults with learning disabilities who live in their own home or with their family (proportion, %)	▸	Statistically significantly better than England	2016-17	394	83.8%	76.2%	404	84.2%
5.2b	ASCOF 1H - Adults in contact with mental health services in settled accommodation (proportion, %)	-	Statistical significance unavailable	Nov-17	275	85.9%	-	300	84.5%
5.3	ASCOF 2A2 - Permanent residential admissions of adults to residential care (to decrease) (65+, rate per 100,000)	▸	Statistically significantly lower than England	2016-17	125	439.6	610.7	110	394.4
5.4	Numbers of adults in receipt of assistive technology	▸	Expected increase between 2016/17 and 2017/18, although trend has been downwards in recent months	Feb-18	5,614 (predicted end of year)	-	-	5,300	-
5.5a	ASCOF 1D - Adult Social Care service user survey quality of life measure - carer-reported quality of life (composite score)	-	Score has increased to 7.8 in 2016-17	2016-17	-	7.8	7.7	-	7.3
5.5b	ASCOF 1A - Adult Social Care service user survey quality of life measure - social care-related quality of life (composite score)	-	Score has increased to 19.5 in 2016-17	2016-17	-	19.5	19.1	-	19.1

5.6	Number of adults with social care needs receiving short term services to increase independence	▸	Predicted decrease of 12.9% between 2016/17 and 2017/18 final value	Feb-18	1,286 (Predicted end of year)	-	-	1,476	-
5.7	Number of adults with social care needs requesting support, advice or guidance	▸	Rate per 100,000 is 679, currently below target rate of 872/100,000	Feb-18	-	679	-	-	490.8

6. Ageing Well

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	▼	Statistically similar to England	2016-17	628	2,177	2,114	663	2,348
6.1b	Numbers of over 40s taking up NHS health check offers	▸	Total of health checks delivered remains significantly above England average	2016-17	5,232	10.4%	8.5%	5,153	10.3%
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	▸	Statistically similar to England	Mar-13	328	176.0	178.9	332	178.1
6.3a	The proportion of people who use services who feel safe (proportion, %)	▼	Statistically significantly worse than England	2015-16	-	65.0%	69.2%	-	64.0%

6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	▸	Statistically significantly better than England	2015-16	-	88.3%	85.4%	-	89.1%
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-	-
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	▲	Statistically similar to England	2016-17	120	33.2%	35.5%	Value unavailable	29.7%
6.6	Carer-reported quality of life score for people caring for someone with dementia	▲	Statistically similar to England	2016-17	110	7.7%	7.5%	Value unavailable	6.7%

7. Protecting Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
7.1	Percentage of eligible people screened for latent TB infection	-	Denominator data currently unavailable - 325 patients screened May 2016 - January 2017	-	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	▲	Oct 2017 - Dec 2017 data show 96% of eligible newborn babies were given BCG vaccination at PCH and 88% at Hinchingbrooke - cumulative % is 94.9%, above target of 90.0%	-	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	▼	Statistically significantly worse than England	2016	31	83.8%	84.4%	22	75.9%
7.4	Evidence of increasing uptake of screening and immunisation	▼	Peterborough currently amber or green for 7/10 chosen indicators, previously 8/10	2017-18	7/10	-	-	8/10	-
7.5	HIV late diagnosis (proportion, %)	▸	Remains above benchmark goal of 50.0%	2015-17	22	51.2%	41.1%	22	50.0%
7.6a	Chlamydia-proportion aged 15-24 screened (proportion, %)	▸	Statistically significantly better than England	2017	4,596	21.0%	19.3%	5,713	26.0%
7.6b	Increase in chlamydia detection rate (proportion, %)	▸	Remains above benchmark goal of 2,300/100,000	2017	556	2,535	1,882	651	2,968

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
8.1	Excess weight in 4-5 year olds (% of all pupils)	▸	Statistically similar to England	2016-17	603	23.2%	22.6%	632	22.8%
8.2	Excess weight in 10-11 year olds (% of all pupils)	▲	Statistically similar to England	2016-17	852	36.8%	34.2%	794	34.2%
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	▸	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	10,810	6.5%
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	▸	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	20,800	12.4%
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	▸	Statistically similar to England	2015-16	-	17.8%	17.9%	-	22.2%

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
9.1	The number of businesses with travel plans	▲	71 business in Peterborough have travel plans; initial target was 60 by end of this Health & Wellbeing Strategy period	2018	71	-	-	48	-
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress						
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2018	1	-	-	1	-
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	▸	Statistically similar to England	2014-16	235	40.4%	39.7%	229	40.1%

10. Housing & Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	277	18.7	21.1	212	15.0
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	85	11.2	18.1	66	9.3

10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	▸	Statistically similar to England	Aug 2014 - Jul 2017	192	26.8	24.0	146	20.7
10.4	Reduction in unintentional injuries in the home in under 15 year olds	▸	Statistically similar to England	2016-17	390	92.5	101.5	464	113.5
10.5	Reduction in number of Delayed Transfers of Care waiting for a care home placement	-	Has increased, statistical significance unavailable	2016-17	879	-	-	694	-

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	First data point	GCSE grading methods have changed. In 2016/17, 26.8% of pupils within the most deprived deprivation quintile achieved grade 5+ in English and Mathematics, compared to 36.6% living in the least deprived 80% of Peterborough electoral wards - a statistically significant difference of 9.8% (LI 5.5%, UI 14.2%)	2016-17	-	26.8% of pupils in most deprived quintile achieved grade 5+ in English and Mathematics in 2016/17	39.6%	-	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	▼	The benefit claimant rate in the most deprived 20% of Peterborough electoral wards is 19.6/1,000 in June 2017, statistically significantly lower than the June 2016 rate of 21.2/1,000 in June 2016. For June 2017, rate in least deprived 80% of electoral wards is 12.7/1,000.	Jun-17	605	19.6	N/A	655	21.2

11.2	Increase in life expectancy in wards with highest levels of deprivation	▸	Life expectancy for most deprived 20% of Peterborough wards is 79.33 years for 2012-16, a decrease from 79.45 years in 2011-15. In the last deprived 80% of electoral wards, life expectancy increased over this period from 80.92 to 80.93 years	2012-16	-	79.33	N/A	-	79.45
11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Bretton, Central, Dogsthorpe, North, Orton Longueville) (directly standardised rates per 100,000)	▸	Rate has decreased between 2015-16 and 2016-17 from 126.3/1,000 to 113.9/1,000.	2016-17	5,670	113.9	N/A	6,256	126.3
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	▸	4 week quit percentage fell between 2015-16 and 2016-17 from 35.5% to 29.2%.	2016-17	240	29.2%	N/A	260	35.5%
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2016/17, 28.0% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2016-17	1,344	28.0%	N/A	1,965	35.5%
11.6	Slope index of inequality in life expectancy at birth	▸	Has reduced from 8.7 to 8.4 years for males and from 6.7 to 6.1 years for females in most recent refresh	2013-15	-	Male 8.4, Female 6.1	-	-	Male 8.7, Female 6.7

12. Health & Wellbeing of Diverse Communities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
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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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6(c)
10 DECEMBER 2018	PUBLIC REPORT

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

HEALTH AND WELLBEING STRATEGY – RENEWING THE HEALTH AND WELLBEING STRATEGY

RECOMMENDATIONS	
FROM: Dr Liz Robin, Director of Public Health.	**Deadline date: N/A**

It is recommended that the Health and Wellbeing Board:

1. Reviews and considers the proposed options in paras 4.6 and 4.7 for developing a new Peterborough Joint Health and Wellbeing Strategy (JHWS), when the current JHWS expires in July 2019.
2. Decides on the preferred option.

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Health and Wellbeing Board's views on development on the next Joint Health and Wellbeing Strategy for Peterborough, given that the current three year Health and Wellbeing Strategy, which was approved in July 2016, is due to end in July 2019.

2.2 This report is for the Health and Wellbeing Board] to consider under its Terms of Reference No.

2.8.3.1 To develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies.

2.3 This report links to 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

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

4.2 The first Peterborough Joint Health and Wellbeing Strategy (JHWS) covered the period 2012-2015 and was extended until July 2016. The second JHWS, intended to cover a three year period from 2016-19 was approved in July 2016 and therefore will expire in July 2019.

4.3 The current Peterborough JHWS 2016-19 was developed collaboratively, with a wide range of local authority and NHS senior officers involved in drafting chapters for their lead area of responsibility. It follows a framework agreed by the Health and Wellbeing Board with sections on:

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

4.4 The current actions and future plans identified in the JHWS have been regularly monitored through the quarterly JHWS Performance Report and the annual review of JHWS metrics.

4.5 The Cambridgeshire JHWS was initially approved to run from 2012-2017. However it has been extended to 2019. Part of the rationale for the extension was that it may be appropriate for the Peterborough Health and Wellbeing Board and Cambridgeshire HWB Board to work together to create one JHWS across the area.

4.6 The options open to the Peterborough Health and Wellbeing Board are therefore as follows:

Option A: Develop a new JHWS in 2019 which covers Peterborough only
Option B: Develop a new JHWS in 2019 which covers both Peterborough and Cambridgeshire
Option C: Develop a new JHWS in 2019, with a Peterborough-only section for key local priorities, and a Joint Peterborough/Cambridgeshire section for shared priorities

Considerations which may be relevant when deciding between the options include:

- Relevance to local health and wellbeing needs as outlined in the JSNA
- Views of key stakeholders
- System leadership role of the HWB Board
- Impact of the JHWS on the work of key partners
- Consultation process for the JHWS
- Deliverability of the JHWS
- Monitoring of the JHWS and key outcomes

4.7 **Options appraisal**

	Option A Peterborough only JHWS	**Option B Peterborough and Cambridgeshire JHWS**	**Option C Mixed model JHWS**
Relevance to local HWB needs (JSNA)	Yes	May be less sensitive to local needs, but could incorporate local priorities	Yes
Views of key stakeholders	TBC	TBC	TBC

System leadership role of HWB Board and impact of the JHWS	JHWS likely to have less impact on partners (e.g. NHS) which cover both Peterborough and Cambridgeshire	JHWS might have less impact on local partners which cover Peterborough only	JHWS has potential to impact on both local and wider system partners
Consultation process for the JHWS	Straightforward Main consultation is with Peterborough residents	More complex – requires consultation over a larger and more diverse geographical area.	Most complex – A mix of local focus and Cambs/ Peterborough wide focus
Monitoring of the JHWS and key outcomes	Straightforward Performance monitoring covers Peterborough only	Straightforward Performance monitoring covers the whole C&P area	More complex Part of the Strategy is performance monitored for Peterborough only, and part for Cambs and Peterborough
Role of Health and Wellbeing Boards Joint Cambridgeshire and Peterborough sub-committee	JHWS would be agreed by the 'parent' Peterborough HWB Board, not the Joint Sub-Committee	Agreeing the JHWS would be part of the Joint Sub-Committee delegated functions	Agreeing the joint section of the JHWS would be the role of the Joint Sub-Committee and the Peterborough only section of the JHWS would be agreed by Peterborough HWB Board

5. CONSULTATION

5.1 No consultation undertaken to date. However the new JHWS would be subject to public and stakeholder consultation.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 A clear direction of travel for developing the next Peterborough JHWS

7. REASON FOR THE RECOMMENDATION

7.1 The Health and Wellbeing Board has a statutory duty to prepare a Joint Health and Wellbeing Strategy. Given the increased joint working with Cambridgeshire County Council, and the likelihood that a Joint Subcommittee of the two Health and Wellbeing Boards will be formed, it is important to have a clear steer on the preferred direction for the development of the next JHWS.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Please see section 4.7

9. IMPLICATIONS

Financial Implications

9.1 No direct financial implications

Legal Implications

9.2 Section 198 of the Health and Social Care Act 2012 provides that

> Two or more Health and Wellbeing Boards may make arrangements for: -
> (a) any of their functions to be exercisable jointly
> (b) any of their functions to be exercisable by a joint sub-committee of the Boards
> (c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies provides that "Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs covering their combined geographical area. Some health and wellbeing boards may find it helpful to collaborate with neighbouring areas where they share common problems as this can prove to be more cost effective than working in isolation"

Equalities Implications

9.3 The current Peterborough JHWS includes 'Tackling Health Inequalities' as one of its five sections.

10. BACKGROUND DOCUMENTS

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

10.1 Peterborough Joint Health and Wellbeing Strategy 2016-19.
https://pcc-live.storage.googleapis.com/upload/www.peterborough.gov.uk/healthcare/public-health/PCCHealthWellbeingStrategy-2016-2019.pdf?inline=true

11. APPENDICES

11.1 None

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6(d)
10 DECEMBER 2018	PUBLIC REPORT

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

DELEGATED AUTHORITY - LONG TERM CONDITIONS JOINT STRATEGIC NEEDS ASSESSMENT AND DIVERSE ETHNIC COMMUNITIES JOINT STRATEGIC NEEDS ASSESSMENT SOUTH ASIAN COMMUNITIES SUPPLEMENT

R E C O M M E N D A T I O N S	
FROM: Dr Liz Robin, Director of Public Health	**Deadline date: N/A**

It is recommended that the Health and Wellbeing Board delegates authority to the Peterborough Living Well Partnership to approve:

a. The Peterborough Long Term Conditions Joint Strategic Needs Assessment
b. The Peterborough Diverse Ethnic Communities Joint Strategic Needs Assessment Supplement

on behalf of the Health and Wellbeing Board.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Director of Public Health

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to ask the Health and Wellbeing Board to approve a delegation to the Peterborough Living Well Partnership to approve the two Joint Strategic Needs Assessment (JSNA) reports named above. This will allow the findings of the JSNA reports to be used without delay.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No.

2.8.2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

2.8.3.5 To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

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 Peterborough Health and Wellbeing Strategy 2016-19 states that the HWB Board will produce a Peterborough Joint Strategic Needs Assessment (JSNA) on Long Term Conditions. Work on the Peterborough Long Term Conditions JSNA is underway and it should be completed in January 2019.

When the Peterborough Diverse Ethnic Communities JSNA was presented to the HWB Board in October 2016, a commitment was made to produce a JSNA Supplement on the health and wellbeing needs of communities of South Asian ethnicity, similar to the Supplement for Eastern European communities. This JSNA Supplement is now close to completion and should be finalised in December.

4.2 Because the next meeting of the Health and Wellbeing Board in March 2019 is a joint meeting with Cambridgeshire, and it is not clear when the Peterborough HWB Board will meet to consider Peterborough-only issues, a delegation is requested to the Peterborough Living Well Partnership to approve the two JSNA reports outlined under 4.1. This will ensure that they can be used in a timely way once completed. For example, the Long Term Conditions JSNA may be used to support development of service models through the Sustainable Transformation Partnership (STP) for residents with multiple LTCs, and the South Asian communities JSNA supplement may be used as evidence to bid for external funds.

4.3 The Peterborough Living Well Partnership is a multi-agency senior officer partnership, which works to deliver integration across services to deliver improved health and wellbeing in the City. It's terms of reference are attached at Annex A.

5. CONSULTATION

5.1 The South Asian Communities JSNA supplement includes the results of survey of Peterborough residents of South Asian ethnicity. The findings of the JSNA supplement have been discussed with Mosque Leaders.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The impact of this decision will be to allow the findings of the two JSNA reports to be used in a timely way. The JSNA Reports will be circulated to the full HWB Board for information.

7. REASON FOR THE RECOMMENDATION

7.1 The reason for the recommendation is to ensure that the findings of the Peterborough Long Term Conditions JSNA and the Diverse Ethnic Communities JSNA supplement for South Asian Communities can be used in a timely way.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The JSNA reports could be approved at the next meeting of the Peterborough Health and Wellbeing Board devoted to Peterborough business only. However this could lead to significant delay in approval and use of the Reports.

The JSNA reports could be taken to the joint meeting of the Cambridgeshire and Peterborough Health and Wellbeing Boards in March 2019. However the commitment made was that joint HWB Board meetings would only receive papers relevant for both Boards.

The approval of the JSNAs could be delegated to the Cabinet Portfolio Holder for Public Health or the Director of Public Health. However this would not recognise the multi-agency nature of the JSNA reports, and might risk reducing 'ownership' of the reports across organisations in Peterborough concerned with health and wellbeing.

9. IMPLICATIONS

Financial Implications

9.1 There are no immediate financial implications of this decision.

Legal Implications

9.2 Preparing a Joint Strategic Needs Assessment is a statutory duty of Health and Wellbeing Boards.

Equalities Implications

9.3 The Diverse Ethnic Communities JSNA South Asian Communities Supplement will help to identify and address key health and wellbeing issues for these communities in Peterborough.

10. BACKGROUND DOCUMENTS

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

10.1 The Peterborough Diverse Ethnic Communities JSNA
https://pcc-live.storage.googleapis.com/upload/www.peterborough.gov.uk/healthcare/public-health/DiverseEthnicCommunitiesJSNA-2016.pdf?inline=true

11. APPENDICES

11.1 Appendix A - Peterborough Living Well Partnership Terms of Reference

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Appendix A

Living Well Partnership

Terms of Reference

Purpose

To provide operational leadership of a "whole system" partnership approach to the local delivery and implementation of "living well" health and wellbeing improvements, care model designs, service improvements and savings opportunities identified at a system level in Health & Wellbeing Strategy, Public Health Priorities, Sustainability & Transformation Plan, and Better Care Fund.

Principles

Living Well Partnerships (LWP) will add value by working together and joining-up areas of common interest by:

1. Understanding the health and wellbeing needs and outcomes of its local populations of all ages, related to e.g. access to services, wider determinants of health, health and wellbeing in its widest sense.

2. Demonstrating successful delivery through effective programme and performance management of Health and Wellbeing Board, System Transformation Partnership and Better Care Fund system-wide priorities, plus local initiatives, ideas and priorities.

3. Ensure agreed outcomes are delivered, taking into account local relationships, local residents' needs, and differing local strengths, assets and priorities.

4. Focusing on aligning and better using partners' "mainstream" resources.

5. Support the General Practice Forward View and Mental Health Forward View strategies at a local level through co-ordination and connection with local initiatives

Accountabilities

1. Improve patient experience and outcomes on the ground for local people by overseeing the adoption, design and integrated local implementation of system-wide health improvement and wellbeing priorities.

2. Provide operational leadership, and stakeholder, clinical, and professional expertise to local partner organisations to enable them to join-up and improve integration of partnership contributions to improving the health and wellbeing of our "shared people" in our "shared place".

3. Develop and own local delivery plans, adopting a programme management approach to the monitoring and reporting of local delivery progress, risks, and resident and patient benefits realisation.

4. To support delivery of strategies and projects delegated from the following Boards; Integrated Commissioning Board, Health & Wellbeing Board, Public Health Reference Group, Public Services Board/Health Care Executive, Accident & Emergency Delivery Boards, System Transformation Partnership Delivery Boards, Joint Commissioning Unit for Children and Young People, and Crime and Disorder Partnership to ensure joined-up delivery.

5. Report quarterly to the Health and Wellbeing Board and the Joint Meeting of the Health Care Executive and Public Service Board.

6. Develop and oversee delivery of a local engagement and communication plan, and ensure partners get information to the right people at the right time through an effective information sharing system.

7. Provide a forum that can facilitate learning and sharing good practice about what each partner does and can do.

8. Encourage a partnership response to address gaps in service and identified need and where necessary, to minimise any associated impact.

Meeting arrangements

Notice of Meetings
Meetings of the LWP will be convened by local Districts to arrange the venue, clerking and recording of meetings. Agenda-setting teleconference to take place each month with key partners.

Chairmanship
Health representative preferred by Partners

Meeting Frequency
Every 1/2 months, based on business need, including receiving a full Programme Board report every quarter.

Membership
As a minimum, the Living Well Partnerships will comprise Senior Officers or substitutes from:

Core Group:
Patient Representatives
Healthwatch
Relevant CCG Director of Transformation
Local GP representatives or Primary Care Management Lead
NHS Foundation Trusts (relevant to local area)
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire County Council / Peterborough City Council
District Council representatives
Public Health representative
Cambridgeshire Community Services
Pharmacists representative
Community & Voluntary Sector rep

As required:
Police, Fire & Rescue, East of England Ambulance Trust
Other partners as relevant.

Conflicts of Interest
Members of the LWP will be required to declare any conflicts of interest.

Reporting / Governance

Living Well Partnerships will report to the joint Health Care Executive/Public Services Board on a quarterly basis. The Health Care Executive/Public Services Board will agree reports to be sent to individual Partner's governance processes and to Health & Wellbeing Boards.

Status of Reports/Meeting

LWP meetings will not be public meetings. Agendas and minutes will be published.

Impact on Other Boards

Living Well Partnerships will replace separate Local Health Partnership and Area Executive Partnership meetings, both of which will end.

Equality statement

Members of the Living Well Partnership will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

Review of Terms of Reference

The Terms of Reference will be reviewed on a bi-annual basis, or sooner if required.

Approval

Author:	**Cath Mitchell, Director of Community Services & Integration**
Approved by	**Peterborough Living Well Partnership**
Date approved:	**12 January 2018**

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald	
Contact Officer(s):	Helen Gregg, Partnership Manager	Tel.863618

CAMBRIDGESHIRE & PETERBOROUGH HEALTH & SOCIAL CARE PEER REVIEW UPDATE REPORT

RECOMMENDATIONS	
FROM: Executive Director, People & Communities	**Deadline date:** *N/A*

1. It is recommended that the Health and Wellbeing Board consider the content of the report and raise any questions.
2. Members to challenge performance against action plans and agree future actions to address

1. ORIGIN OF REPORT

1.1 This report is presented to the Health & Wellbeing Board at the request of Wendi Ogle-Welbourn, Executive Director, People & Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to update HWB members on the delivery of the Local Government Association (LGA) Peterborough & Cambridgeshire Health & Social Care System Peer Review.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.2.1. To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community.

2.8.2.2 To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

2.8.2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

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 Please refer to the Health & Social Care System Peer Review Briefing (Appendix 1) which includes background information to the Care Quality Commission (CQC) Local System Area Reviews, a link to CQC's Beyond Barriers Report (which details their findings from the 20 area reviews carried out) and the scope and key lines of enquiry for the peer review.

From the 20 areas reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together.

CQC looked for effective system-working and found examples of the ingredients that are needed. These included:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In light of the findings CQC have made the following four recommendations to local and national leaders including government:

1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. New legislation to allow CQC to regulate systems and hold them to account for how they work together to support and care for older people.

The purpose of the peer review was to help prepare the 'system', for a Care Quality Commission (CQC) local system area review and to help the system improve outcomes for local residents.

The onsite programme took place between 24 and 27 September 2018 and involved Cambridgeshire County Council, Peterborough City Council, Cambridge University Hospital (CUH)/Addenbrookes, North West Anglian Foundation Trust, Cambridgeshire & Peterborough Foundation Trust, Cambridgeshire & Peterborough Clinical Commissioning Group, Healthwatch and number of other voluntary organisations.

The scope of the review was:

Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

Key Lines of Enquiry (KLOEs)

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

KLOEs

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

The peer review team were:

- Cathy Kerr, Lead reviewer Local Government Association (LGA) Associate
- Katherine Foreman, Lead Reviewer LGA Associate
- Avril Mayhew, Senior Adviser, LGA
- Rose O'Keeffe, Discharge Team Manager, Kings Hospital, London
- Sharon Stewart, Assistant Director, Southampton City Council
- Tanya Miles, Assistant Director Adult Social Care, Shropshire
- Lisa Christensen, Improvement Manager, ECIST

During the onsite programme, peers visited the CUH (Addenbrookes) in Cambridge and the City Care Centre in Peterborough, during which they looked at live patient records, visited wards and observed a range of meetings. The peer team also undertook a case file audit before they arrived onsite.

The peer review team fed back two key messages:

- From everything we read and from everyone we met and spoke to, we think you are in a really strong position and have all the right ingredients to move forward – we saw energy and commitment at all levels, from executive leaders through to front line staff and wider

stakeholders – everyone wants to do the right thing for the people of Cambridgeshire and Peterborough
- Outcomes for people in Cambridgeshire and Peterborough – we have heard about some excellent services and approaches to prevention, keeping people well, supporting independence and avoiding hospital admission but this is not consistent and when they do go in to hospital, you have a real problem getting people out'

Plus the following key recommendations:

- A single vision that is person focused and co-produced with people and stakeholders
- Ensure strategic partnerships include Primary Care, Voluntary Sector and Social Care providers
- Governance – Strengthen the system leadership role of Health & Wellbeing Boards and clarify supporting governance
- Establish Homefirst as a default position for the whole system
- Simplify processes and pathways – make it easier for staff to do the right thing
- Data – build on the recently developed DTOC data report

Joint Commissioning

- Understand your collective pound and agree whether your resources are in the right place ahead of winter and in the longer term
- Develop and implement a system wide commissioning strategy to deliver your vision.
- Look creatively at opportunities to shift or invest in community capacity to fully support a home first model.
- Be brave and jointly commit resources in the right place
- Homecare – work together with providers to review current arrangements/new ideas/solutions
- Do not compete with each other as commissioners – recommend a fully integrated brokerage team
- Ensure any commissioning for winter/surge periods is joined up
- A significant piece of work to be done together to put Primary Care centre stage
- Voluntary and community sector – work with the sector as strategic and operational partners to capitalize on their resource and ideas
- Build on strong relationship with Healthwatch to add more depth to co-production

It should be noted that the peer team commented that the Joint Strategic Needs Assessment was very strong, reflecting a sound understanding of the needs of the Cambridgeshire and Peterborough population. However, the peer team did not see this fully translated into a clear strategic commissioning plan across health and social care.

Workforce

- Develop a cross system organisational development programme that reflects the whole system vision and supports staff in new ways of working
- Provide greater clinical leadership to support new processes and new ways of working across the system

The Cambridgeshire and Peterborough Health & Wellbeing Boards will be the governing boards which will monitor the 'system's' progress in action taken against the above recommendations and further preparations for a CQC Local Area Review.

A draft action plan was presented to the Health Care Executive on 31 October for consultation and was approved (please refer to Appendix 2).

5. CONSULTATION

5.1 This report was tabled at the Adults & Communities Scrutiny Committee on 13 November and the Health Care Executive on 31 October.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The peer review has assisted in helping the health and social care system prepare for a possible CQC area review.

7. REASON FOR THE RECOMMENDATION

7.1 Although the peer review was not an inspection, it provided a critical friend approach to challenge the local authority and our partners in assessing strengths and identifying our own areas for improvement.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None.

9. IMPLICATIONS

Financial Implications

9.1 There are no financial implications. The peer review cost is being covered by the Local Government Association.

PCC's current total budget for adults services is £44,185,091.

Legal Implications

9.2 There are no legal implications.

Equalities Implications

9.3 There are no equalities implications.

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 - HSC Briefing
Appendix 2 - Draft action plan

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Appendix 1

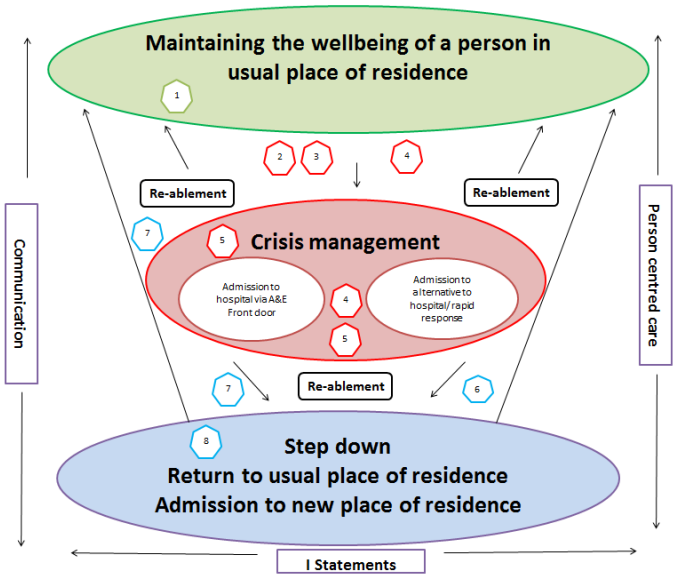
HEALTH & SOCIAL CARE PEER REVIEW
BRIEFING

BACKGROUND
Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Care Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

20 area reviews were undertaken in 2017/18. The reviews were system wide and looked at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. The scope also considered:

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

Below is a diagram showing the main operational themes:



The reviews looked specifically at how people move between health and social care with a particular focus on people over 65 years old and what improvements could be made. They included services such as:

- NHS Hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

The reviews also considered pressure points such as:

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community health services / social care
- Varied access to alternative hospital admission

- Ambulance interface
- Voluntary sector interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to and transfer from reablement and intermediate care tier services

CQC have now published their final report: Beyond Barriers. The report identifies the following common themes:

https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

In the systems reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together. Joint working is not always easy.

The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

Peer Review

Peer reviews are a constructive and supportive process with the central aim of helping areas to improve. They are not an inspection nor award any form of rating judgement or score. Reviews are delivered from the position of a 'critical friend' to promote sector led improvement.

The peer challenge process is a learning process and will help the health and social care system to assess its current achievements and to identify those areas where it could improve.

Following a scoping discussion with the Local Government Association (LGA), the following two questions and supporting key lines of enquiry were agreed by the Health Care Executive:

1. Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

KLOEs

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

2. The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

KLOEs

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

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Appendix 2

HEALTH AND SOCIAL CARE PEER REVIEW
DRAFT ACTION PLAN
NOVEMBER 2018

Mandate:

- Simplify things: plan, priorities, pathways and governance, so that we can deliver and our staff and patients / service users understand and communicate in a simple accessible way
- Reduce the number of hand offs
- Involve primary care, social care providers, voluntary and community sector organisations in a more explicit way as leaders, not just to the 'after party'
- Keep investing time in building relationships and trust at all levels

	Recommendation	Action	Accountable Delivery Board(s)	Identified Lead(s)	Deadline	Status / RAG
1	Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	STP / HCE	STP: Roland Sinker VCS: Sandie Smith (Healthwatch)	TBC	
2	Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Undertake review of membership of strategic partnership boards and add additional members / organisations where required	TBA	Local Authority: Wendi Ogle-Welbourn STP: Roland Sinker CCG / Primary Care reps: Jan Thomas VCS: Julie Farrow Provider rep: TBA	TBC	
3	Strengthen the system leadership role of HWB's and clarify supporting governance	Arrange a workshop with HWB members focusing on system leadership Produce governance structure for both boards	Cambs & Pboro HWBs	Local Authority: Dr Liz Robin	TBC	
4	Establish Homefirst as a default discharge from hospital position for the whole system and	Produce / update pathway to reflect the default position and	System D2A and DTOC Programme Board	Local Authority: Charlotte Black	TBC	

	monitor the proportion of complex discharges who go straight home	arrange briefings for hospital staff and supporting service staff to inform them of changes Add proportion of complete discharges to regular dashboard for Programme Board to monitor	Workstream: Capacity, demand and brokerage	Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling		
5	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Undertake review of all pathway, processes and procedures to simplify where needed Arrange briefings for hospital staff and supporting service staff to inform them of changes	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	TBC	
6	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Review the different forms of DTOC data reporting across the system and add any additional indicators etc into DTOC data report	System D2A and DTOC Programme Board Workstream: Performance and reporting (BI)	Local Authority: Tom Barden Hospitals: Sue Graham CCG: Jan Thomas	TBC	
Joint Commissioning						
7	Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up	Add to next A&E Delivery Boards agendas	STP and A&E Delivery Boards	Local Authority: Will Patten CCG: Matthew Smith Hospitals: Neil Doverty, Sandra Myers	TBC	
8	Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE (will need to link to the single vision group)	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten, Dr Liz Robin (Public Health) CCG: Jan Thomas Primary Care Rep: TBA STP: Roland Sinker	TBC	

9	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Establish a working group to undertake piece of work to consider investment opportunities and delivery models	Link to Recommendation 4 System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten CCG: Jan Thomas VCS: Julie Farrow	TBC	
10	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Establish a series of workshops to be held with providers across the county to review and agree a way forward	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	TBC	
11	Don't compete with each other as commissioners	Create one set of commissioning principles	Link to Recommendation 8	Local Authority: Will Patten	TBC	
12	Establish a fully integrated brokerage team	Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'	Delivery Board: System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	TBC	
13	Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	HCE to review opportunities across the system and link to key boards where possible	TBA	Local Authority: Wendi Ogle-Welbourn CCG: Jan Thomas Primary Care Rep: Gary Howsam CPFT: Tracy Dowling	TBC	
14	Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	WOW to establish a mechanism for regular engagement with the VCS to strengthen the offer	Senior Officers Communities Network	Local Authority: Wendi Ogle-Welbourn, Charlotte Black VCS: Julie Farrow	TBC	
15	Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Convene a meeting with Healthwatch colleagues to review programmes of work and agree opportunities for co-production	TBA	Local Authority: Charlotte Black Healthwatch: Sandie Smith and Director rep(s)	TBC	

16	Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Link to D2A workstreams Join up with the neighbour place based model	STP	STP: Roland Sinker	TBC	
17	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s)	STP	Local Authority: Charlotte Black STP: Roland Sinker CPFT: Tracy Dowling	TBC	
Workforce						
18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	STP	STP: Tracy Dowling Local Authority: Oliver Hayward HR Directors for system including LAs	TBC	
19	Provide stronger clinical leadership to support new processes and new ways of working across the system		Link to Recommendation 5	Hospitals: Sandra Myers, Neil Doverty	TBC	

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Combined Authority	
Contact Officer(s):	Paul Raynes, Director of Strategy and Assurance	Tel. 07766 523770

PUBLIC SERVICE REFORM: HEALTH & SOCIAL CARE PROPOSAL

RECOMMENDATIONS	
FROM: Paul Raynes, Director, Cambridgeshire and Peterborough Combined Authority	**Deadline date:** None

It is recommended that the Health and Wellbeing Board:

1. Note the reasoning behind and remit for the work led by the Combined Authority.
2. Note the progress made to date by the partners working together on a draft proposition.
3. Comment on future involvement with the project.

1. ORIGIN OF REPORT

1.1 This report is submitted at the request of the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to link members of the Health and Wellbeing Board to the Health and Social Care Proposal being developed by key partners in Cambridgeshire and Peterborough; to seek views on the topic and prompt discussion on future involvement.

2.2 This report is for the Board to consider under its Terms of Reference No:

2.2 To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

3.5 To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

3.6 To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

3. 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 Public Service Reform is a Cambridgeshire and Peterborough devolution deal commitment; the deal clearly signaled the intention for local partners to explore new models of public service delivery[1]. Combined Authority partners have a unique opportunity to transform public service delivery to be much more seamless, responsive to local need, more sustainable and capable of delivering shared outcomes for citizens of Cambridgeshire and Peterborough. The recent report of the Cambridgeshire and Peterborough Independent Economic Commission has also highlighted the importance of improving the integration of health and care in our area.

4.2 In developing the devolution deal the partners identified, and have been taking action focused on, a number of priorities (Appendix A), including '*Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions.'*

4.3 This priority has determined the first area of focus for the public service reform programme; Health and Social Care. The Combined Authority, working with its partners, is developing a compelling proposal to secure government funding for an innovative, systemic solution for health and social care (including, as appropriate, upfront funding to enable reform).

4.4 In undertaking this work, our fundamental objective is to improve the health, wellbeing and quality of life for every community and individual in every part of Cambridgeshire and Peterborough. Our agreed key guiding principles are:

- People-based with holistic care as the goal - putting more choice and more independence directly into the hands of individuals and communities;
- Place-based with easy access to intermediate care;
- Increased focus on early intervention, prevention and managing demand;
- Making best use of community assets.

4.5 This work is building on a strong legacy of collaboration which is well known to the Health and Wellbeing Board; there is a raft of partnership work relating to the priorities set out in the first devolution deal already in place, for example Sustainability and Transformation Plans, public health led work with deprived areas and work to reinvent offender pathways. Cambridgeshire County Council and Peterborough City Council continue to invest in Adults' and Children's health and social care transformation programmes.

4.6 The project team is led by the Cambridgeshire and Peterborough Combined Authority and supported by ResPublica, an organisation with experience of working on and delivering devolution bids, including in the Health and Social Care sector. It includes representatives from the local NHS economy including the STP, and the two social services authorities.

4.7 The Combined Authority partners are using the evidence and proposals arising from these existing transformation projects alongside the evidence from other initiatives, such as the Economic Commission and Local Industrial Strategy, to make the case for further transfer of health and social care resources, powers and accountability to Cambridgeshire and Peterborough. This also reflects the learning from the Greater Manchester health devolution deal and other national / international best practice.

4.8 We are aware that any case for devolution, including funding for transformation, will be supported only if initial investment will enable further stages of transformation which will in turn release funding for preventative measures and wider public health initiatives. In other words, investment will need to pay back for partners in the short term (to address critical health and social care needs and funding issues) in order to invest in the longer term (focussing on prevention and wider public health priorities to reduce likely future demand).

4.9 To support this case the team is also assembling new evidence to ensure the case made is compelling and focussed on areas where most benefit can be achieved. Using data and information from our partners and national data sets, we have assessed potential benefits which

could be achieved by making changes in primary care (prescribing costs), addressing delayed transfer of care (DTOC) and staffing.

4.10 Project partners and wider stakeholders have contributed data, views, experiences and ideas, and while engagement with stakeholders is ongoing, the team is now drafting the emerging proposition with a view to agreeing principles for a proposal by the end of the calendar year.

4.11 Subject to progress with partnership work and possible Ministerial support, further work in 2019 will be required to plan out the detail of funding and organisational arrangements to deliver required changes in order to secure a devolution deal.

4.12 Continued close partnership working on the emerging proposal and future actions will be necessary for all benefits to be realised for our common aims. As a statutory body with clear remit in this area the views of the Health and Wellbeing Board on how this would best be taken forward would be very welcome.

5. CONSULTATION

5.1 The Combined Authority will be discussing and agreeing consultation approaches with partners once a draft proposition is discussed by the project Board.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Ultimately the impact of a Devolution deal should be widespread benefit for the health and wellbeing of residents. At this stage the impact for the Health and Wellbeing Board will depend on the nature of future involvement the Board would like with the project.

7. REASON FOR THE RECOMMENDATION

7.1 To ensure the views of the Health and Wellbeing Board are sought at this stage and reflected in future project development.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Status Quo – continue to develop the project with no comment from the Health and Wellbeing Board. This is not supported by the Combined Authority as the HWB has a statutory role in this area.

9. IMPLICATIONS

Financial Implications

9.1 None for the HWB.

Legal Implications

9.2 None for the HWB.

Equalities Implications

9.3 None.

10. BACKGROUND DOCUMENTS

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

10.1 [1] Cambridgeshire and Peterborough Devolution Deal

https://www.gov.uk/government/publications/cambridgeshire-and-peterborough-devolution-deal

11. APPENDICES

APPENDIX A – Partner Priorities

In developing the devolution, the partners identified and have been taking action focused on a number of priorities:

a) Working with relevant central and local statutory and non-statutory partners to explore innovative and integrated approaches to redesign sustainable public services with a focus on prevention and helping people and communities become more resilient (Para 62).
b) Tackling areas of deprivation considering the actions to re-shape people's economic, social and environmental conditions at each stage in their life to improve their wellbeing, quality of life and promote inclusive growth (Para 62).
c) Reflecting the impact of that planned investment will have on the demand for and delivery of public services, for example the impact of delivering 100,000 new homes (Para 18).
d) Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions (Para 66).
e) Exploring how to integrate responses to address the root causes of vulnerability (Para 69).
f) Developing integrated pathways of service delivery to address causes of offending behaviour early and creating a more integrated approach to criminal justice (Para 70).
g) Ensuring that proposed operational delivery solutions consider the optimum target operating model, independent of existing organisational boundaries.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 9
10 DECEMBER 2018	PUBLIC REPORT

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

ANNUAL PUBLIC HEALTH REPORT

R E C O M M E N D A T I O N S	
FROM: Dr Liz Robin, Director of Public Health	**Deadline date: N/A**
It is recommended that the Health and Wellbeing Board note and comment on the information outlined in the Annual Public Health Report.	

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to present the finding of the Peterborough Annual Public Health Report (2018) to the Health and Wellbeing Board.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No.:

2.8.3.3 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.

2.8.3.4. To consider the recommendations of the Director of Public Health in their Annual Public Health report.

2.3 Links with 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

4.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.

4.2 Last year's Annual Public Health Report focussed on the wider social and environmental factors affecting health and wellbeing locally and how these influence the differences in health outcomes we see across Peterborough. It also looked at key lifestyle behaviours which impact on longer term health and wellbeing, and at trends in life expectancy and preventable death in the area.

4.3 This year's Annual Public Health Report (APHR) 2018 recognises that there are now many web-based sources of information, which can provide comprehensive and up to date information about the health of Cambridgeshire's population, and it provides weblinks and signposting to these.

4.4 The APHR 2018 also focuses on the 'best start in life' for babies and young children in Cambridgeshire, and reviews some key factors which affect health and development up to the age of five.

4.5 For the first time this year, the international Global Burden of Disease study, which is funded by the Bill and Melinda Gates Foundation and has been providing health statistics for governments around the world for the past twenty years, is providing a similar analysis of health and disease for English local authorities. Some of the main findings are presented here, together with further information on risk factors such as tobacco, dietary factors and air quality.

4.6 Finally, progress against key issues of concern from the APHR 2017 is reviewed.

4.7 Findings highlighted in the APHR 2018, which it would be appropriate to keep under review going forward include:

Issues identified in the Section of the Report on 'Health in the Early Years', which are known to perpetuate inequalities in health and other outcomes across generations. These include:

- High rates of teenage pregnancy in Peterborough
- Higher than average rates of smoking in pregnancy
- Low rates of school readiness at age five

The findings of the Global Burden of Disease Study that for Peterborough residents:

- More than one in six years of life lost to premature death is the result of smoking (17.5%)
- More than one in seven years of life lost is the result of dietary factors ((13.5%)
- High blood pressure (11.5%) and drug/alcohol use (10%) each account for over one in ten years of life lost.

5. CONSULTATION

5.1 The APHR 2018 includes information on dietary factors and air quality as risk factors for health, as requested when the APHR 2017 was presented to the Health Scrutiny Committee

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The APHR 2018 provides updated information for Health and Wellbeing Board member organisations, Councillors and the wider public on some of the key factors which influence health in Peterborough.

7. REASON FOR THE RECOMMENDATION

7.1 The production of an independent Annual Public Health Report on the health of local people is a statutory duty of the Director of Public Health

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Annual Public Health Report could have been published without being brought to the Health and Wellbeing Board as a formal paper. However it would limit the usefulness of the Report if it is not brought to the attention of key decision makers, and would also not comply with the Terms of Reference of the Health and Wellbeing Board .

9. IMPLICATIONS

Financial Implications

9.1 There are no direct financial implications.

Legal Implications

9.2 It is the statutory duty of the Director of Public Health to prepare an independent Annual Public Health Report, and the duty of the Council to publish it.

Equalities Implications

9.3 Some issues which are relevant to health inequalities in Peterborough are described in the text of the APHR 2018.

10. BACKGROUND DOCUMENTS

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

10.1 Annual Public Health Report (2017)
https://www.peterborough.gov.uk/healthcare/public-health/annual-public-health-report/

The Health Profile for England (2018)
https://www.gov.uk/government/publications/health-profile-for-england-2018

The Global Burden of Disease Study (2018)
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext

11. APPENDICES

11.1 Appendix A - Peterborough Annual Public Health Report (2018)

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PETERBOROUGH

ANNUAL PUBLIC HEALTH REPORT 2018

CREATING A HEALTHY CITY

PETERBOROUGH CITY COUNCIL

TABLE OF CONTENTS

INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area.

This is no longer the case - as there is now an excellent range of health statistics available on the internet, both for Peterborough and nationally. Section 1 of this report provides the relevant weblinks.

This Annual Public Health Report focusses on two topics where new information has become available this year. For the first time, the national Health Profile for England (2018) includes a chapter about Health in the Early Years - and Section 2 of this report reviews similar information for Peterborough about the health and development of children aged under five.

The Global Burden of Disease (GBD) Study is funded by the Bill and Melinda Gates Foundation and used by national policy makers across the world. For the first time, this year's GBD includes a breakdown of information about premature death and disability at upper tier local authority level in England. Section 3 of this report briefly reviews the GBD study findings for Peterborough.

Section 4 looks at the key findings from last year's annual report and whether these have changed or improved over the past year. It also highlights further issues for review going forward.

Throughout the report I make use of infographics produced by Public Health England's 'Health Matters' resource, available on https://www.gov.uk/government/collections/health-matters-public-health-issues. This provides a range of easily understandable and accessible information on important health issues, and is well worth a look.

In a time of limited resources, we need to make sure that as many organisations, communities and individuals as possible have good information about how we can improve health in our local communities – and I hope this report will help raise awareness of the wealth of information available.

SECTION 1: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Peterborough City Council website public health section
https://www.peterborough.gov.uk/healthcare/public-health/ provides local information on a range of local public health issues and outcomes for Peterborough.

Cambridgeshire Insight: Interactive map https://cambridgeshireinsight.org.uk/ lets you click on your electoral ward or enter a postcode and see a short report on your area's population, economy, housing, education and health outcomes.

Peterborough City Council: Joint Strategic Needs Assessment
https://www.peterborough.gov.uk/healthcare/public-health/JSNA/ provides an annually updated core dataset from the statutory joint strategic needs assessment (JSNA) across health and social care outcomes, together with JSNAs on specific health and wellbeing topics.

Cambridgeshire Insight: Children's health and wellbeing
https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ provides further information on children's health and outcomes in Peterborough and Cambridgeshire.

Healthy Peterborough https://www.healthypeterborough.org.uk/2018 provides information on how to look after your own health and wellbeing, including local services and opportunities which support you in maintaining a healthy lifestyle, and day to day social media communications.

NATIONAL INFORMATION

The Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework is the main portal for Public Health England's Knowledge and Intelligence service. It provides interactive profiles on a wide range of public health outcomes and is updated every three months. Through the easy to use interactive functions it is possible to:

- Compare public health outcomes in Cambridgeshire to national and regional averages, and to groups of similar local authorities
- Look at trends in public health outcomes in Cambridgeshire over time
- Create charts, profiles and maps of public health outcomes in the County.

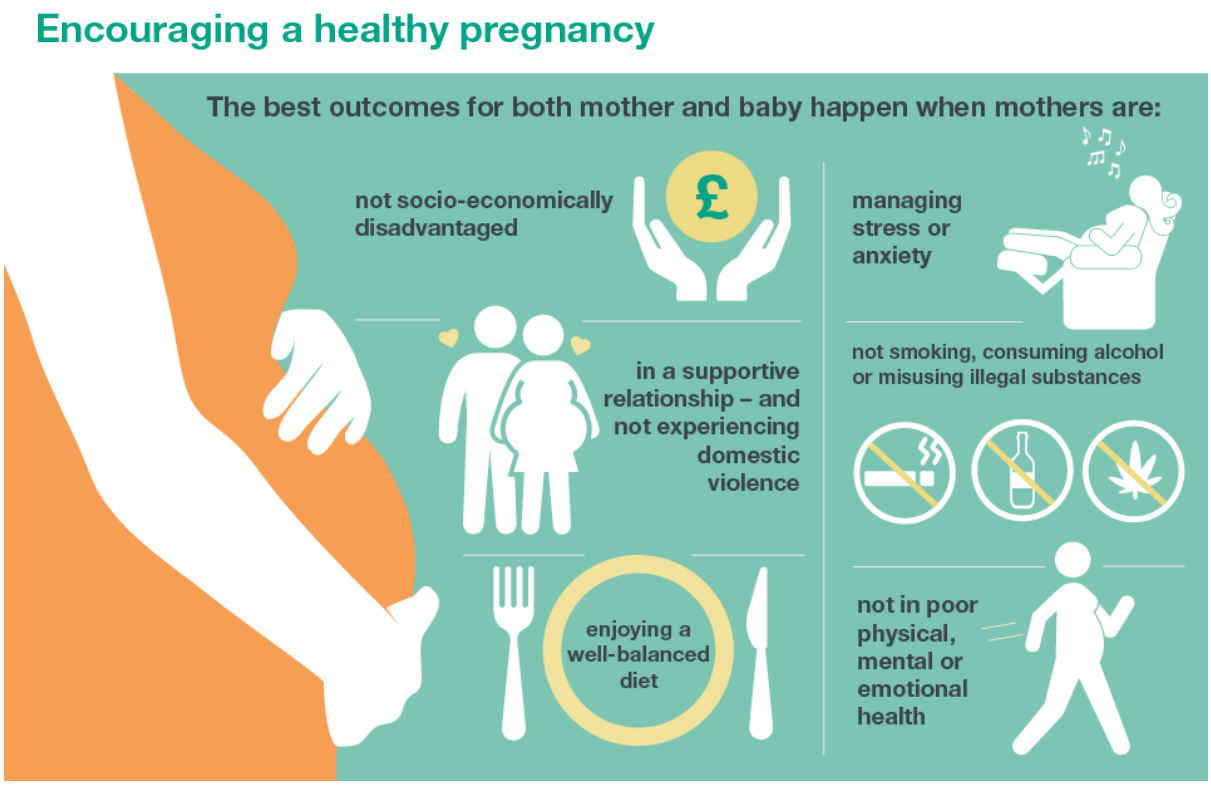
It is also possible to do this for individual District/City Council areas in Cambridgeshire, although for a more limited set of outcome indicators.

Local Health at www.localhealth.org.uk/ is the Public Health England portal which provides information at electoral ward level. It can be used to produce electoral ward health profiles and charts, or group wards together to make a health profile of a larger area.

SECTION 2: THE BEST START IN LIFE

HEALTH IN PREGNANCY

There are some factors which influence a child's health and wellbeing, even before they are born.



TEENAGE PREGNANCY

Teenage pregnancy (usually defined as conception under the age of 18) carries a number of risks for both mother and child. The baby is more likely to have a low birth weight and has a higher risk of infant death. Because of parenting responsibilities, young mothers are less likely to finish their education and this may put them at further economic disadvantage. Rates of teenage pregnancy have more than halved nationally over the last 20 years, as a result of a long-term evidence based teenage pregnancy strategy. In Peterborough in 2016, the teenage pregnancy rate in 2016 was the highest in the East of England, and the highest in Peterborough's comparator group of similar local authorities.

2.04 - Under 18 conceptions 2016 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	17,014	18.8	18.5	19.1
East of England region	↓	1,738	17.1	16.3	17.9
Peterborough	↓	99	29.8	24.2	36.3
Southend-on-Sea	↓	81	27.1	21.5	33.7
Luton	↓	86	21.7	17.4	26.8
Norfolk	↓	285	20.9	18.6	23.5
Thurrock	↓	54	18.4	13.8	24.0
Essex	↓	406	16.7	15.1	18.4
Suffolk	↓	194	16.0	13.8	18.4
Central Bedfordshire	↓	69	15.0	11.7	19.0
Bedford	↓	43	14.7	10.6	19.7
Hertfordshire	↓	295	14.4	12.8	16.1
Cambridgeshire	↓	126	12.2	10.2	14.5

Source: Office for National Statistics (ONS)

SMOKING IN PREGNANCY

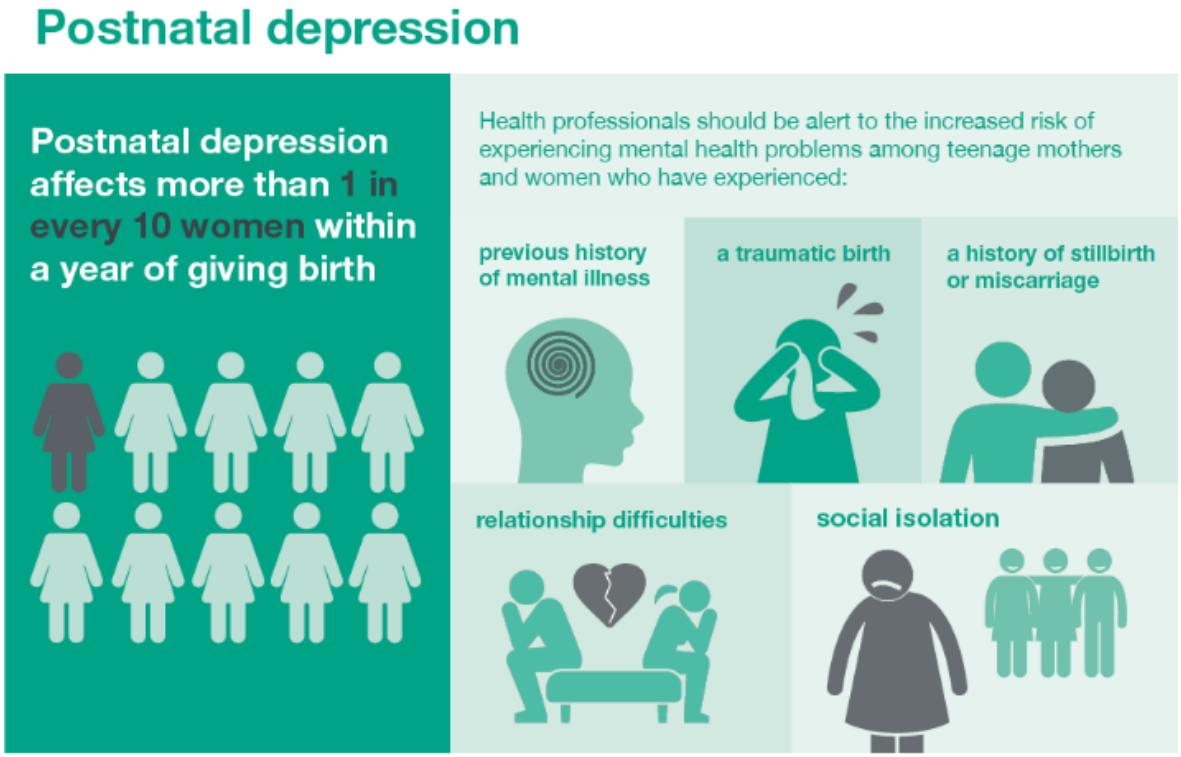
The proportion of mothers who are smokers at the time their baby is delivered is measured by hospital maternity units. The latest available national figures from 2016/17 showed that 10.7% of women were smokers at the time of delivery. The latest figures from local hospitals across Peterborough and Cambridgeshire for April-Sept 2018 show major inequalities in the proportion of mothers smoking at the time of delivery.

Maternity Unit	**Main area served (Cambs & Peterborough patients only)**	**Percentage of women smoking at time of delivery April-Sept 2018**
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	**6.2%**
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	**10.6%**
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	**12.7%**
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	**22.8%**

HEALTH IN THE EARLY YEARS

MATERNAL MENTAL HEALTH

Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. But many women are thought to be 'falling through the cracks' and not getting the help they need for mental health problems during and after pregnancy. The Centre for Mental Health and the Royal College of GPs highlighted that the biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.



HEALTHY NUTRITION IN THE EARLY YEARS

BREASTFEEDING

Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life, following which other drinks and foodstuffs can be introduced. But many mothers find it challenging to sustain breastfeeding. National data from 2016/17 show that at 6 to 8 weeks of age the percentage of infants who were either exclusively or partially (when formula milk has also been introduced) breastfed was only 44.4%.

In Peterborough in 2016/17, rates of breastfeeding at 6-8 weeks were better than the national average with 47.1% infants breastfed.

2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	271,813	44.4*	44.3	44.6
East of England region	–	33,997	49.2	48.8	49.6
Luton	–	1,980	57.1	55.5	58.7
Cambridgeshire	–	3,978	56.1	55.0	57.3
Bedford	–	1,174	54.7	52.6	56.8
Central Bedfordshire	–	1,612	47.7	46.1	49.4
Thurrock	–	1,196	47.7	45.8	49.7
Peterborough	–	1,452	47.1	45.3	48.9
Suffolk	–	3,442	46.0	44.9	47.1
Norfolk	–	4,102	45.7	44.6	46.7
Essex	–	6,857	45.7	44.9	46.5
Southend-on-Sea	–	985	*	-	-
Hertfordshire	–	7,219	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

CHILDHOOD OBESITY

Increases in both childhood and adult obesity over the past 30 years are a major public health concern. Obesity is estimated to cost wider society £27 billion per year, and we spend more per year on treating obesity and diabetes than on the police, fire service and judicial system combined.

Although the causes of childhood obesity are complex, not all young children have a diet or undertake physical activity at levels which reflect national recommendations. Linked data shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were also more likely to be overweight or obese in Year 6 (age 10 to 11 years) and then again more likely to go on to be overweight or obese adults.

In Peterborough, the percentage of 4-5 year olds with excess weight was 23.2% in 2016-17, similar to the national average of 22.6%.

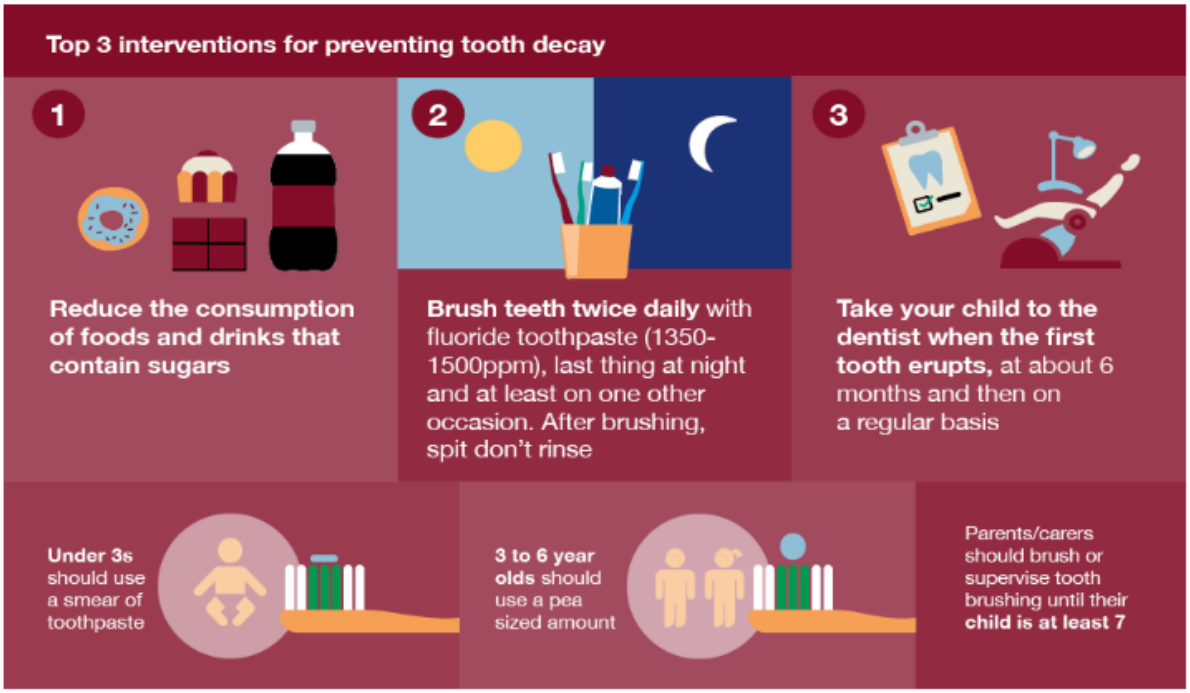
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds New data 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	142,419	22.6	22.5	22.7
East of England region	↓	14,999	21.1	20.8	21.4
Peterborough	↓	603	23.2	21.6	24.9
Norfolk	→	2,108	22.7	21.9	23.6
Luton	↓	738	22.6	21.2	24.1
Suffolk	→	1,773	22.3	21.4	23.2
Thurrock	↓	553	22.1	20.5	23.7
Southend-on-Sea	→	445	21.4	19.7	23.2
Essex	→	3,456	20.9	20.3	21.6
Bedford	↓	449	20.4	18.8	22.2
Central Bedfordshire	→	701	20.4	19.1	21.8
Hertfordshire	↓	2,901	20.0	19.4	20.7
Cambridgeshire	↓	1,272	18.5	17.6	19.5

Source: NHS Digital, National Child Measurement Programme

ORAL HEALTH

The amount of sugar which young children eat and drink, together with whether they brush their teeth and visit their dentist regularly, determines their oral health.

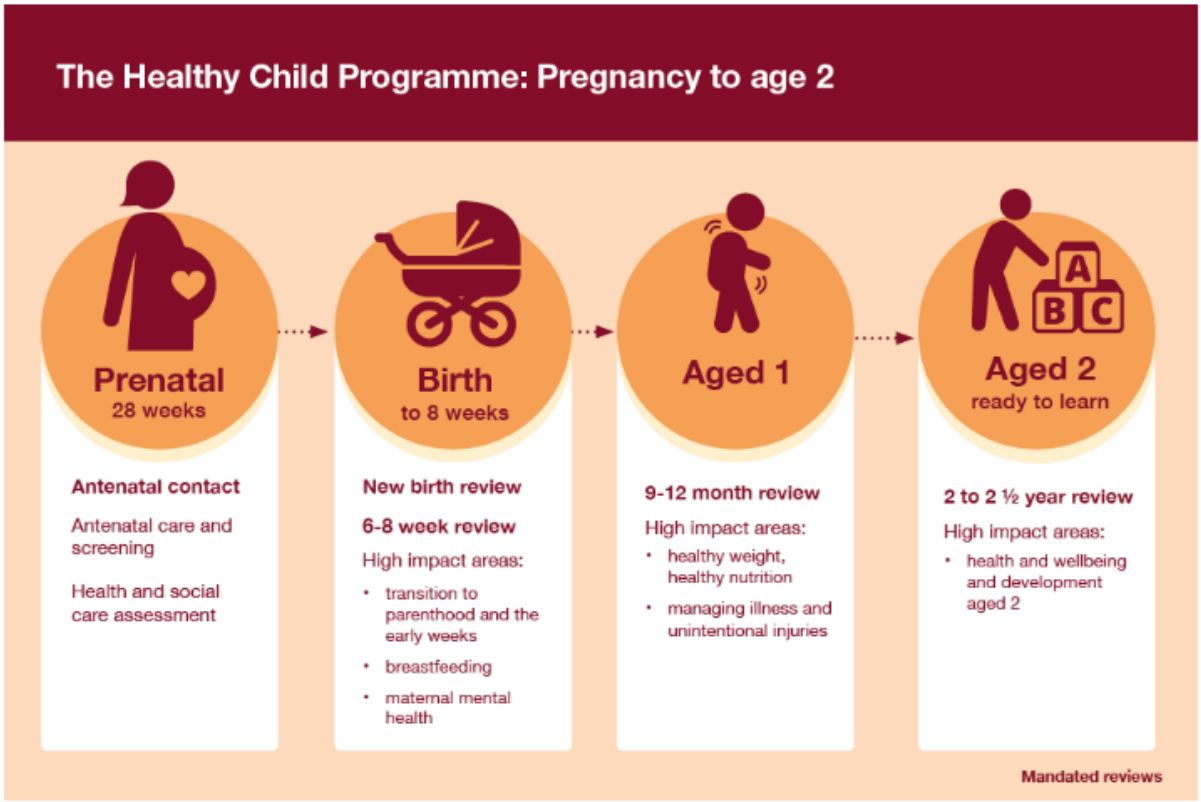


National survey data from 2016/18 shows that in Peterborough, 68% (about two-thirds) of five year olds were free from dental decay. This is significantly worse than the national average of 77% (about three-quarters).

THE HEALTHY CHILD PROGRAMME

The Healthy Child Programme is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. It is delivered as a universal service for all new babies and young children, with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems. The programme can ensure families receive early help and support upstream before problems develop further and reduce demand on downstream, higher cost specialist services. This programme is led by health visitors in collaboration with other health professionals and wider children's services such as child and family centres.

The five universal health and development reviews are a key feature of the Healthy Child Programme and are nationally mandated:



READY TO LEARN AND READY FOR SCHOOL

The ASQ-3 ™ assessment is part of the healthy child programme review carried out at age 2-2½ years. It covers the development of children's physical (motor) skills, communication, problem solving and personal-social skills. The results vary by deprivation, with children from more disadvantaged backgrounds often showing lower scores – which is most noticeable in the development of communication skills. Poor communication skills in turn, are linked with more difficulty starting school and poor educational outcomes. All disadvantaged 2 year olds are entitled to 15 hours early years provision - and research shows high quality early education can reduce inequalities in educational outcomes for children living in disadvantage.

When children are aged 4-5 their 'school readiness' is measured in a school setting at the end of Reception year, using the Early Years Foundation Stage Profile (EYFSP). This generates an outcome score based on a rounded assessment of development. School readiness affects future health in that better development at this early age improves a child's ability to make the most of his or her learning opportunities, achieving higher grades and better employment prospects. These are then associated with economic prosperity and better health outcomes in the longer term. Because poor 'school readiness' can lead to lower educational attainment and poorer employment prospects in the longer term, early development and school readiness is likely to be a significant driver of long term health inequalities.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	473,626	70.7	70.6	70.8
East of England region	↑	53,470	71.4	71.0	71.7
Thurrock	↑	1,904	75.8	74.1	77.4
Southend-on-Sea	↑	1,627	74.1	72.2	75.9
Essex	↑	12,650	73.5	72.8	74.1
Hertfordshire	↑	10,749	72.2	71.4	72.9
Central Bedfordshire	↑	2,611	71.7	70.2	73.2
Suffolk	↑	5,901	71.1	70.1	72.1
Cambridgeshire	↑	5,394	70.7	69.6	71.7
Norfolk	↑	6,806	70.1	69.1	71.0
Luton	↑	2,284	68.2	66.6	69.8
Bedford	↑	1,543	66.7	64.8	68.6
Peterborough	↑	1,999	63.2	61.5	64.8

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

ADVERSE CHILDHOOD EXPERIENCES

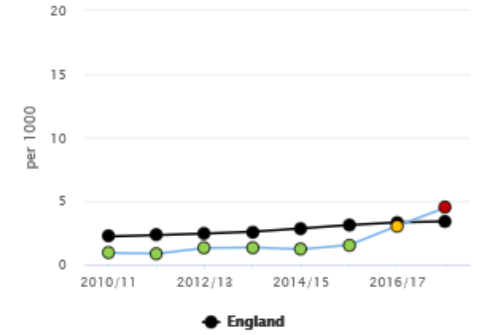
A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. Research among UK adults indicates that almost half report at least one ACE and over 8% of the population report four or more. The impact of ACEs and the best way to protect against or mitigate their longer term impact is currently the subject of research both within the UK and internationally and there is currently no standardised information on ACEs, collected across all local authority areas.

FAMILY HOMELESSNESS

The health and wellbeing of people who experience homelessness is poorer than that of the general population. They often experience the most significant health inequalities. Family homelessness is related to poorer school readiness, as well as pupil absence from school - and young children placed with their families in temporary accommodation may be more likely to miss immunisations and developmental checks. In Peterborough the rate of households placed by the local authority in temporary accommodation changed from 1.5 per 1000 in 2015/16 (better than the national average) to 4.5 per 1000 in 2017/18 (worse than the national average).

Statutory homelessness: Households in temporary accommodation Peterborough — Crude rate - per 1000

Export chart as image Show confidence intervals



Recent trend:

Period		Count	Value	Lower CI	Upper CI	East of England	England
2010/11		66	0.9	0.7	1.2	1.1	2.2
2011/12		62	0.9	0.7	1.1	1.3	2.3
2012/13		99	1.3	1.1	1.6	1.4	2.4
2013/14		103	1.3	1.1	1.6	1.5	2.6
2014/15		93	1.2	1.0	1.5	1.6	2.8
2015/16		121	1.5	1.3	1.8	1.9*	3.1
2016/17		242	3.1	2.7	3.5	2.2*	3.3
2017/18		360	4.5	4.0	5.0	2.3	3.4

Source: Ministry of Housing, Communities & Local Government

SUMMARY OF KEY FINDINGS – EARLY YEARS

This Annual Public Health Report chapter has reviewed health in the early years for Peterborough's children. The proportion of mothers who breastfed in 2016/17 was better than the national average, and the proportion of 4-5 year olds who were overweight or obese was similar to average. Higher than average rates of teenage pregnancy, smoking in pregnancy, tooth decay and households in temporary accommodation are all areas of concern. Lower than average rates of 'school readiness' in 2016/17 are also concerning, as this measure is associated with lower educational attainment and potential longer term inequalities in health and other outcomes.

SECTION 3: THE GLOBAL BURDEN OF DISEASE STUDY

National policy makers have used the global burden of disease (GBD) studies for many years to understand the health of the UK population. The GBD is mainly funded by the Bill and Melinda Gates Foundation and involves many academic institutions. The annual GBD report summarises the rates of early death and disability from different diseases in the UK (and internationally), and also quantifies the impact of different causes (risk factors) – such as smoking, poor diet, and air quality on the 'burden of disease' in the UK.

This year for the first time, Public Health England has co-funded a GBD study at upper tier local authority level, which means we can review our 'burden of disease' in Cambridgeshire for the year 2016, in a similar way to national policy makers.

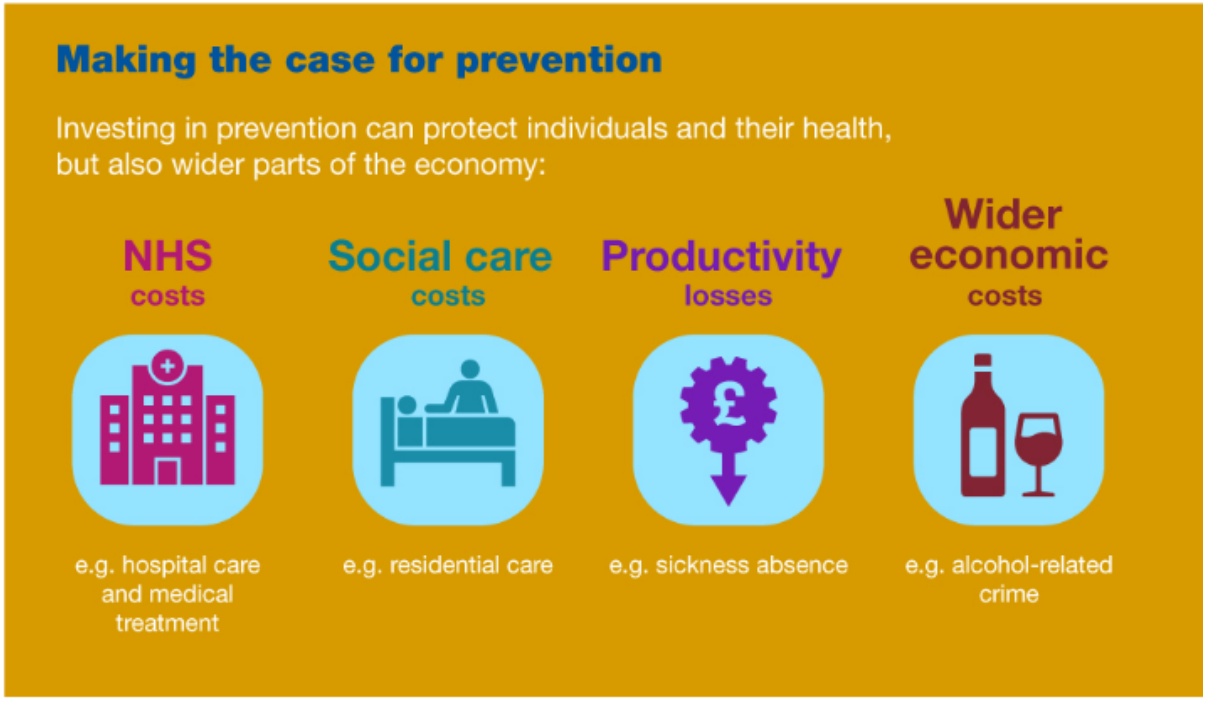
KEY CONCEPTS

Some key concepts are needed to understand the global burden of disease study:

Years of life lost (YLL) is an estimate of the average **years** a person would have lived if he or she had not died prematurely. In the GBD study, the 'standard' to which life expectancy is compared is the best life expectancy observed internationally in a population of over 5 million people.

Years lived with a disability (YLD) **Years** lived with a **disability** (**YLD**) are the number of **years** with a lower quality of **life** due to the disease. These YLDs are weighted to reflect the extent of the reduction in quality of **life** across different diseases

Population attributable fraction (PAF) for a risk factor (e.g. tobacco) is the proportional reduction in a population's diseases or deaths that would occur, if exposure to the risk factor were reduced to an alternative 'ideal' scenario (e.g. no tobacco use).

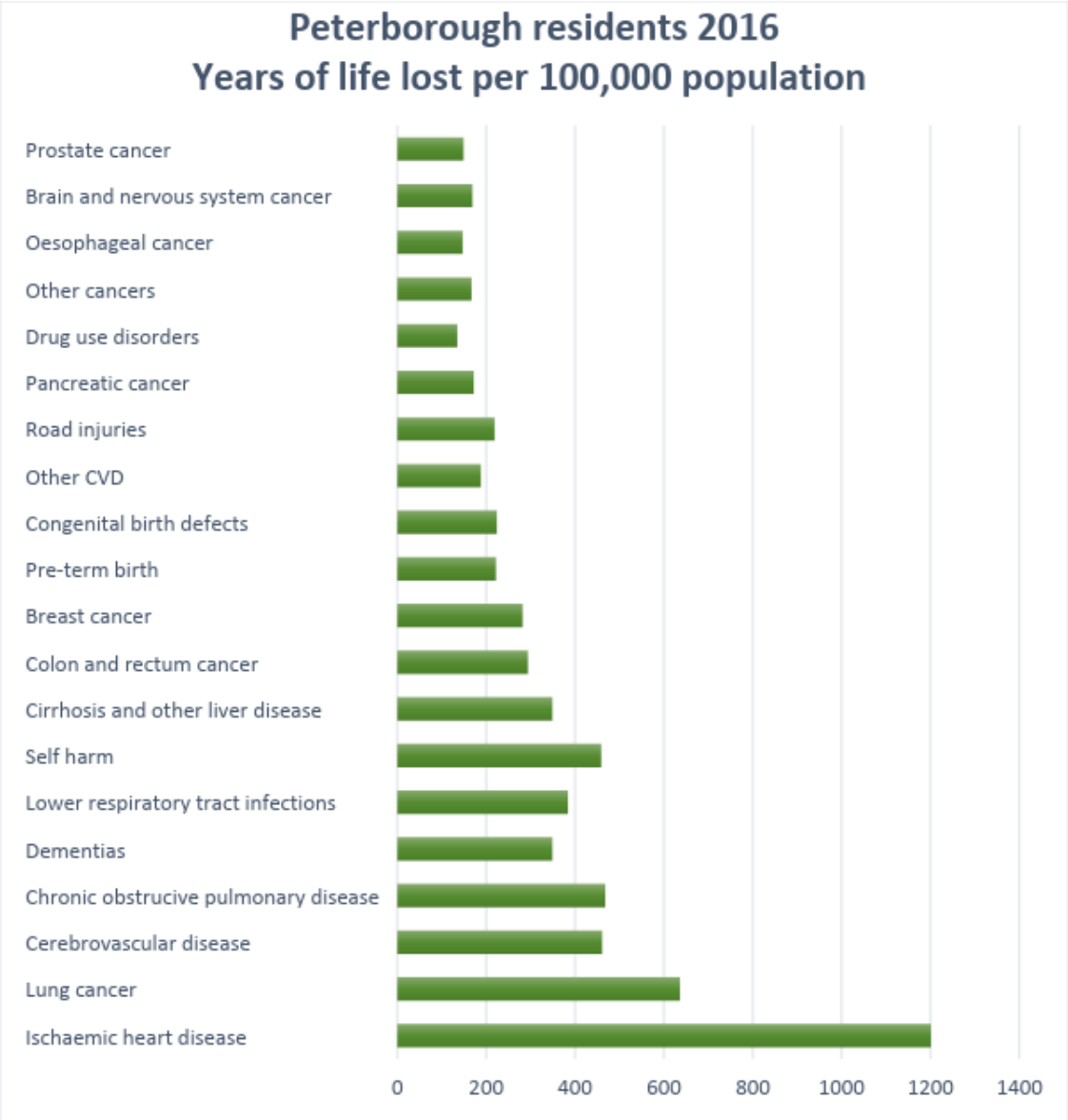


YEARS OF LIFE LOST

The chart below shows that in Peterborough:

- Heart disease is the commonest cause of years of life lost (YLL) due to premature death, with 1200 years per 100,000 population in 2016.
- Lung cancer is the next commonest cause with over 600 years per 100,000 population.
- Stroke, chronic lung disease and self-harm are the next three commonest causes

The total years of life lost to premature death in Peterborough in 2016 was 9,764 per 100,000 population compared to the national average of 8,941 per 100,000 population. Nationally the rates of YLL are closely related to the level of socio-economic deprivation. Overall the **pattern** of YLL for Peterborough is similar to the national picture, which also has heart disease as the most common cause of YLL, followed by lung cancer.



RISK FACTORS FOR YEARS OF LIFE LOST

The table below shows the Population Attributable Fraction (PAF) for risk factors for years of life lost due to premature death in Peterborough in 2016. It shows that

- **Smoking** is the most common cause of years of life lost prematurely in Peterborough, at 17.5%.
- The next most common cause is **dietary risks** at 13.5% of years of life lost prematurely, followed by **high blood pressure** at 11.5% and **drug and alcohol use** at 10.5%.
- **Obesity** (high body mass index) follows close behind at around 9% of years of life lost.
- **Occupational** (job related) risks account for around 5% of years of life lost and **air pollution** for almost 4%

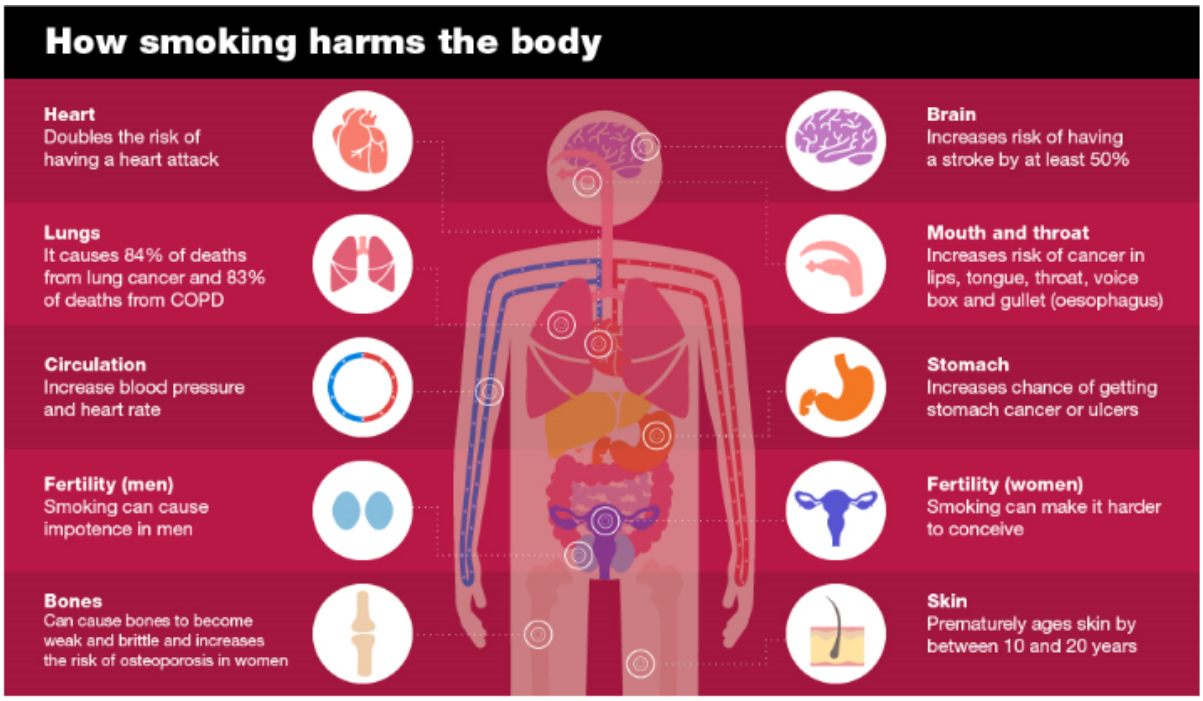
Risk factor	**PAF**
Tobacco	17.5 %
Dietary risks*	13.5 %
High systolic blood pressure	11.5 %
Alcohol and drug use	10.5 %
High body mass index	9.2%
High total cholesterol	7.1%
Occupational risks	4.8%
High fasting plasma glucose	5.1%
Air pollution	3.9%
Child and maternal malnutrition	2.5%
Low physical activity	1.9%
Impaired kidney function	1.8%
Unsafe sex	0.5%
Low bone mineral density	0.4%
Other environmental risks	0.3%
Sexual abuse and violence	0.1%
Unsafe water sanitation and handwashing	0.1%

* Dietary risks cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes, whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

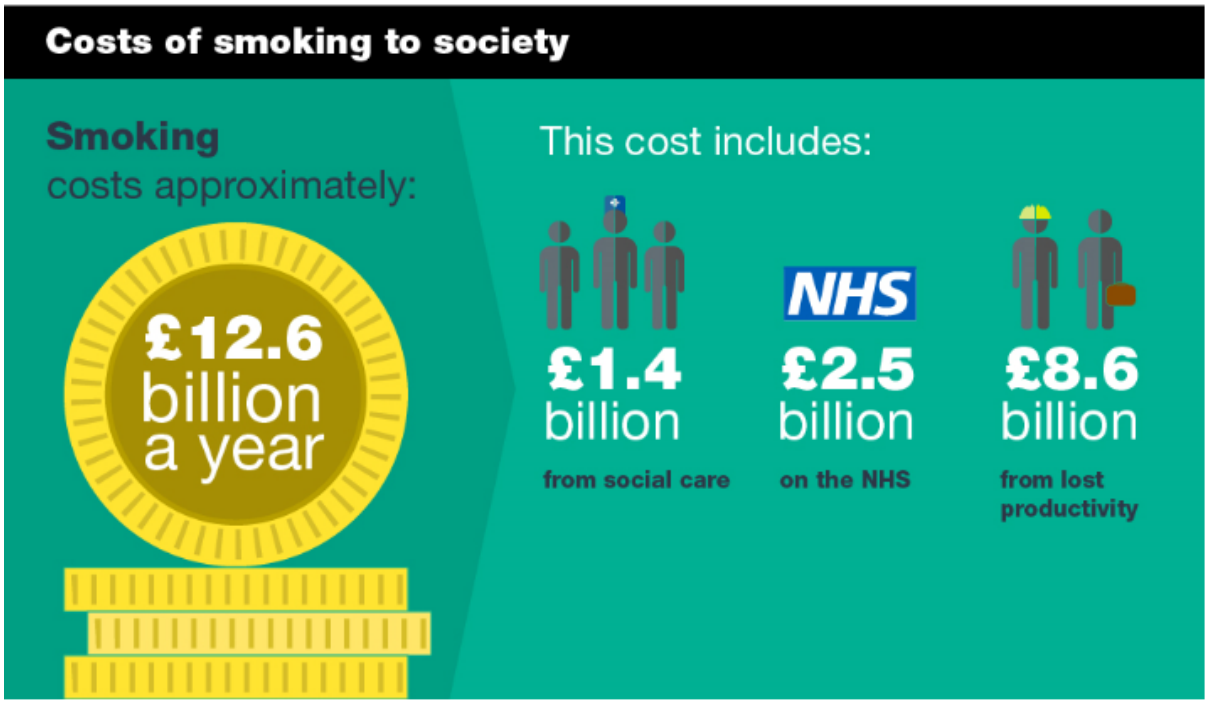
The authors of the national Global Burden of Disease Study are clear on the importance of preventable risk factors for population health. To quote from the recently published GBD findings for the UK: 'Two-thirds of the improvements to date in premature mortality can be attributed to population-wide decreases in smoking, cholesterol, and blood pressure, and about a third are due to improved therapies. Health services need to recognise that prevention is a core activity rather than an optional extra to be undertaken if resources allow.'

SMOKING AS A RISK FACTOR FOR HUMAN HEALTH

There are many reasons why smoking tobacco is the highest ranking risk factor for premature death.



Smoking also results in significant costs to wider society in the UK



In Peterborough, the proportion of adults who smoke is 17.6%, which is over one in six. While this is similar to the national average, it is third highest among East of England local authority areas. Smoking rates have not changed significantly over the past four years.

DIETARY RISK FACTORS FOR HUMAN HEALTH

Dietary risks in the Global Burden of Disease Study cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes (e.g. beans and peas), whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

The NHS Eatwell Guide gives some basic advice on how to achieve a healthy diet. It shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. We don't need to achieve this balance with every meal, but should try to get the balance right over a day or even a week.

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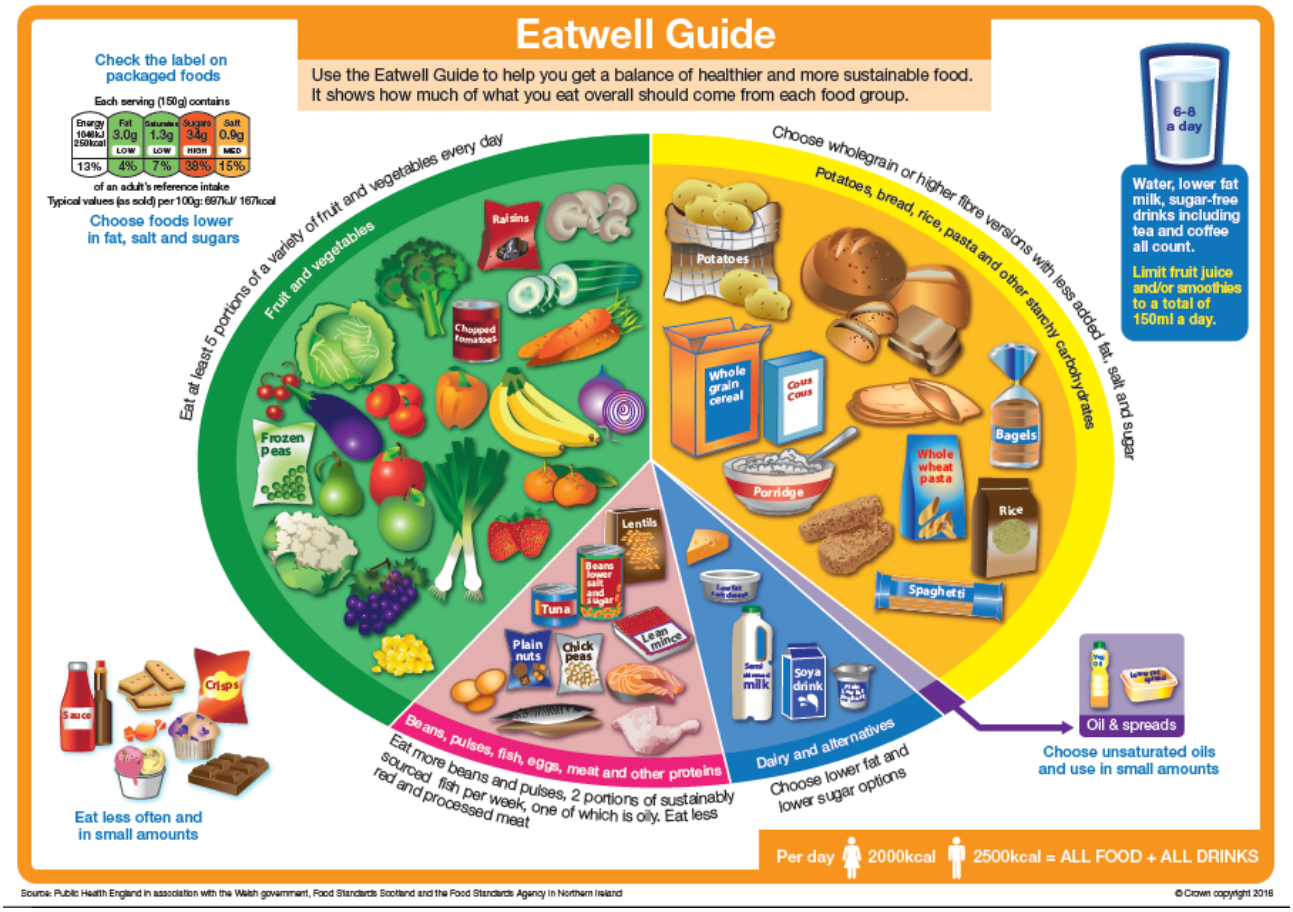


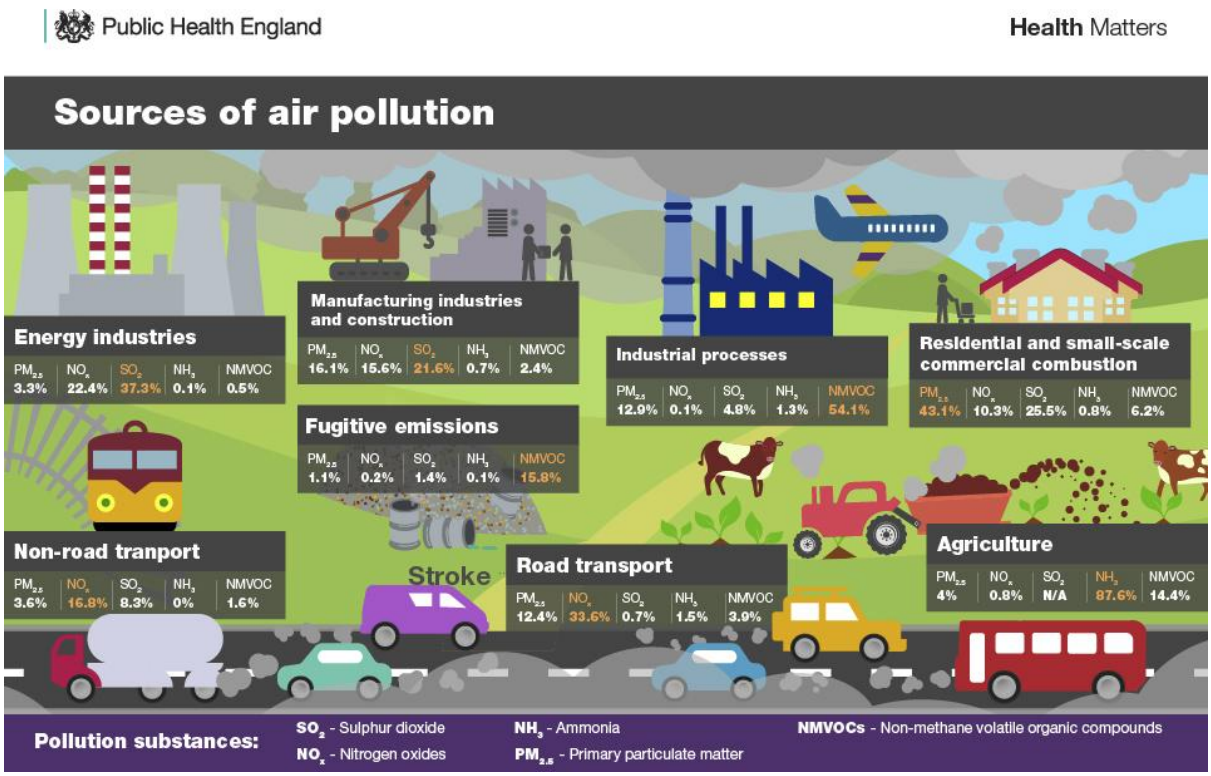
Even the NHS Eatwell Guide can be regarded as controversial in terms of environmental sustainability – as producing meat and dairy products generates more carbon than vegetable based foods, and there are significant problems with over-fishing in our oceans. But it provides a practical guide to a healthy diet, in line with our current knowledge of nutrition and health.

More information is available on:

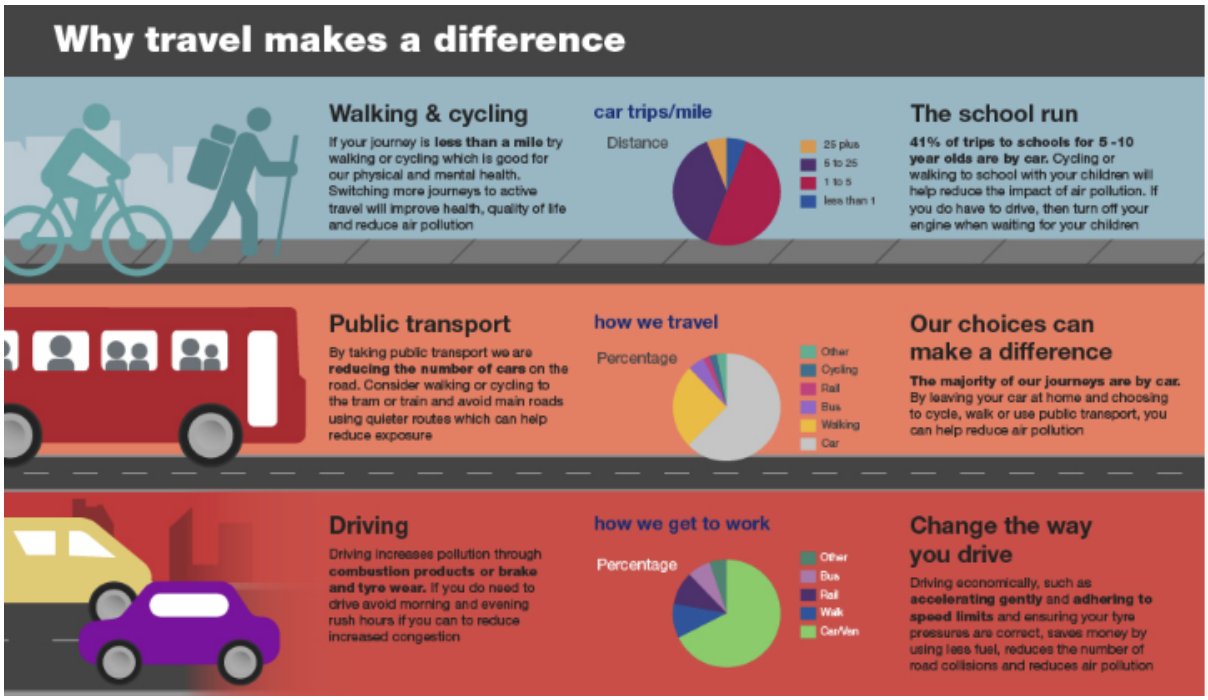
https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/

AIR POLLUTION AS A RISK FACTOR FOR HUMAN HEALTH

According to the Global Burden of Disease Study, poor air quality accounts for about 4% of years of life lost to premature death in Peterborough. This is a lower risk than lifestyle related factors such as smoking and poor diet, but is the highest 'environmental' factor affecting our health. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.



Active travel such as walking, cycling and using public transport can both reduce air pollution and improve people's physical and mental health.

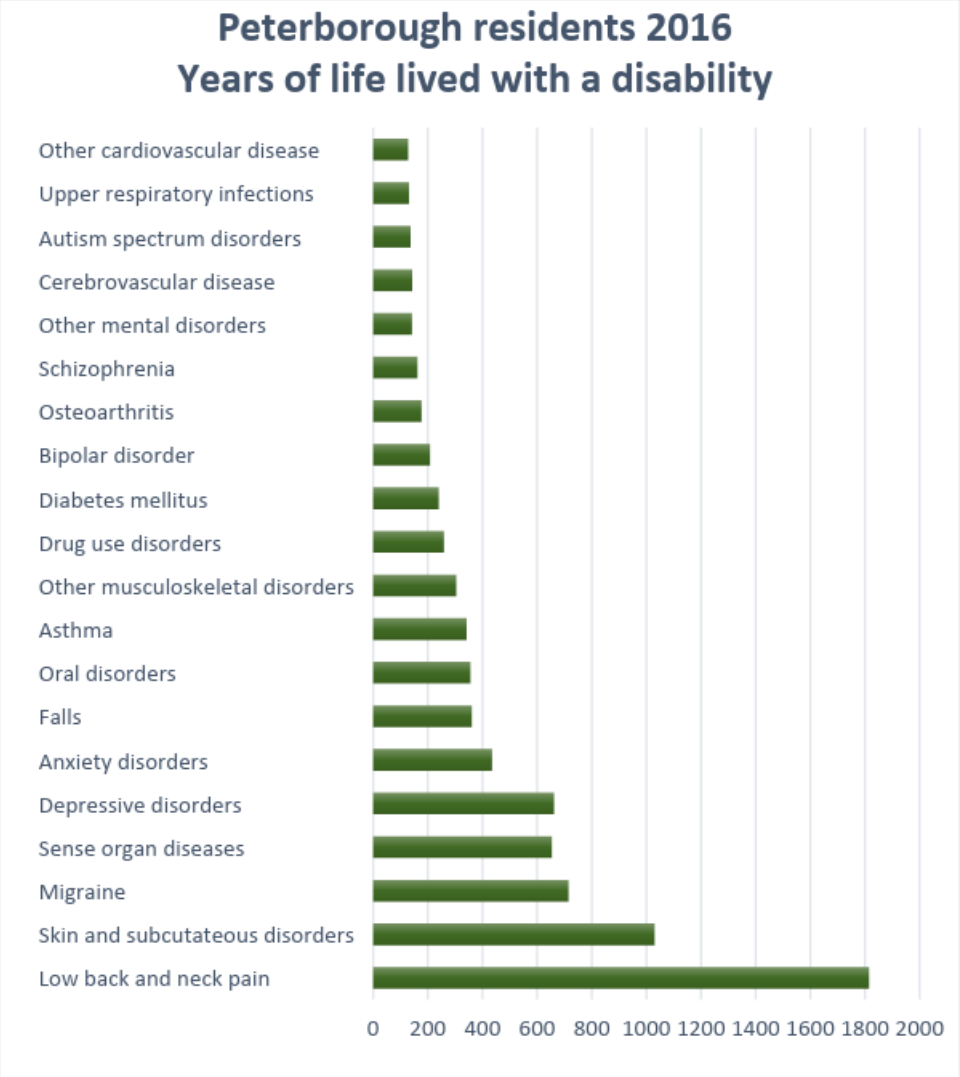


YEARS OF LIFE LIVED WITH DISABILITY

The chart below shows that in Cambridgeshire, as nationally – the diseases causing years of life lived with a disability are often different to the diseases causing premature death, although there is some overlap.

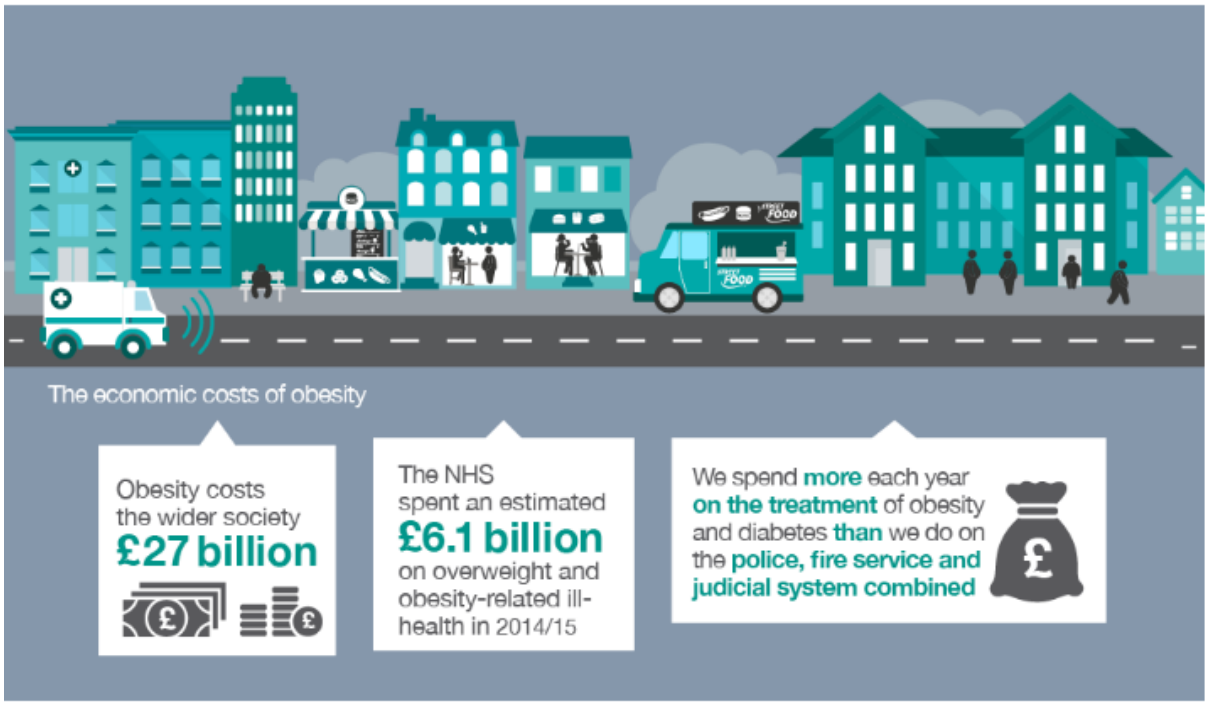
- Low back and neck pain is the most significant cause of years of life lived with a disability (YLD) at over 1800 days per 100,000 population
- Skin and subcutaneous diseases are the next most significant cause at just over 1000 YLD per 100,000 population
- The next two most significant causes are migraine and depressive disorder
- Sense organ disorders (e.g. deafness, blindness) and anxiety are also important causes of years lived with a disability, ranking fifth and sixth
- Falls are the seventh most significant cause of years lived with disability.

Total years of life lived with a disability in Cambridgeshire (2016) were estimated as 10,959 per 100,000 population compared with a national average of 11,054 per 100,000 population. For many diseases local data are not available, so national data have to be used – making the estimates less reliable than those for years of life lost.



The importance of musculo-skeletal problems such as low back and neck pain, and of mental health problems such as depression and anxiety are reflected by local and national statistics on out of work benefits. These show that the most common health problems which cause people to be unable to work are in the 'musculoskeletal' and 'mental health' categories.

Many of the health problems leading to years lived with disability have preventable risk factors, although research on this is less well developed than for premature deaths. To quote again from the Global Burden of Disease study: 'In many cases, the causes of ill health and the behaviours that cause it lie outside the control of health services. For example, obesity, sedentary behaviour, and excess alcohol use all feature strongly in GBD as risk factors for diseases such as musculoskeletal disease, liver disease, and poor mental health. The GBD results, therefore, also argue for policies and programmes that deter the food industry from a business model based on cheap calories, that promote and sustain healthy built and natural environments, and that encourage a healthy drinking culture.'



SECTION 4: PROGRESS AGAINST ISSUES OF CONCERN:

This section provides updates on the issues of concern identified in the Annual Public Health Report (2017) – providing the latest data available and indicating whether any improvement has been seen.

1. **A higher proportion of neighbourhoods in the lowest 10 per cent nationally for the IMD (2015) Education Skills and Training domain. Whilst this is likely to reflect a complex range of factors, there is no doubt that poorer educational outcomes are closely associated with poorer health outcomes later in life.**

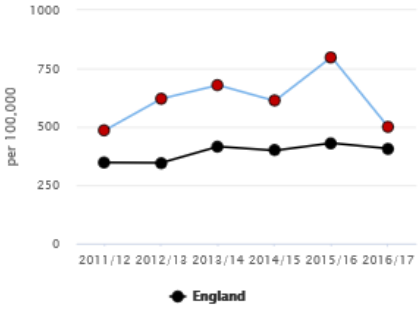
The Index of Multiple Deprivation (IMD) is not calculated every year, so it isn't possible to measure directly whether this finding has changed or improved. Despite generally good OFSTED scores in early year's establishments and schools, Peterborough ranked 148th out of 151 local authorities nationally for the proportion of children aged 5 who were ready for school in 2016/17, and also ranked well below average for provisional attainment scores for GSCE in 2018. More positively, the number of young people aged 16-18 not in education, employment or training in Peterborough in 2016 was 6.6%, which is similar to the national average.

2. **Rising rates of recorded hospital admission for self-harm among young people, which is both a national and a local trend and needs further investigation.**

Rates of hospital admission of young people for self-harm showed improvement in Peterborough in the most recent data from 2016/17, although still worse than the national average.

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

Export chart as image Show confidence intervals



Recent trend: –

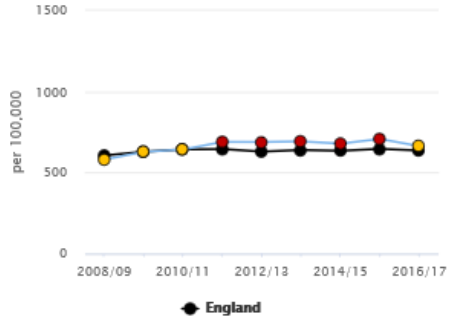
Period		Count	Value	Lower CI	Upper CI	East of England	England
2011/12	●	172	485.2	415.4	563.4	262.7	347.4
2012/13	●	215	620.5	540.3	709.2	291.2	346.3
2013/14	●	232	678.6	594.1	771.8	378.3	415.8
2014/15	●	208	611.2	530.9	700.2	354.7	398.8
2015/16	●	273	798.7	706.7	899.3	411.2	430.5
2016/17	●	167	499.8	426.8	581.7	353.0	407.1

3. **A higher proportion of adults in Peterborough with an unhealthy weight than both the national average and similar local authorities, and a higher than average rate of people admitted to hospital with alcohol related health problems.**

New figures from Public Health England have changed the way that the proportion of adults with an unhealthy weight has been calculated – and using the new method, Peterborough is now similar to the national average for this measure. The rate of adults admitted to hospital with alcohol related health problems in Peterborough has also improved in the most recent figures from 2016/17, and is now similar to the national average, having been worse than average for the previous four years.

2.18 - Admission episodes for alcohol-related conditions - narrow definition Peterborough — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



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
2016/17		1,180	663	625	703	579	636

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

4. **Differences between neighbourhoods within Peterborough in the social and economic determinants which affect health. These differences are associated with higher hospital admission rates and a higher risk of preventable deaths before age 75, and more work is needed to most effectively target preventive interventions.**

   As part of the monitoring of Peterborough's Health and Wellbeing Strategy, the rate of emergency hospital admissions from the 20% of electoral wards in Peterborough with the highest deprivation levels is measured year on year. The emergency admission rate fell significantly between 2015/16 and 2016/17.

   Directly age-standardised rate of emergency hospital admissions, most deprived 20% of electoral wards in Peterborough, 2014-15 – 2016-17

Time Period	Number of episodes	Directly Age-Standardised Rate per 1,000	Lower Confidence Interval	Upper Confidence Interval
2014-15	5,800	**117.3**	114.1	120.5
2015-16	6,256	**126.3**	123.0	129.7
2016-17	5,670	**113.9**	110.8	117.0

Source: Hospital Episode Statistics

KEY FINDINGS OF THE ANNUAL PUBLIC HEALTH REPORT (2018)

Findings highlighted in this Annual Public Health Report, which it would be appropriate to review going forward include:

Issues identified in the Section of the Report on 'Health in the Early Years', which are known to perpetuate inequalities in health and other outcomes across generations. These include:

- High rates of teenage pregnancy in Peterborough
- Higher than average rates of smoking in pregnancy
- Low rates of school readiness at age five

The findings of the Global Burden of Disease Study that for Peterborough residents:

- More than one in six years of life lost to premature death is the result of smoking (17.5%)
- More than one in seven years of life lost is the result of dietary factors ((13.5%)
- High blood pressure (11.5%) and drug/alcohol use (10%) each account for over one in ten years of life lost.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 10
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council	
Cabinet Member(s) responsible:	Councillor John Holdich, Health and Wellbeing Board Chair.	
Contact Officer(s): Caroline Townsend	will.patten@cambridgeshire.gov.uk	Tel. 07919 365883

BETTER CARE FUND UPDATE

RECOMENDATIONS	
FROM: Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council	**Deadline date:** *N/A*
It is recommended that the Health and Wellbeing Board note and comment on the report.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a request from the board to provide an update on progress of the local Better Care Fund Plan and follows a system wide evaluation of the Improved Better Care Fund investment (iBCF).

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to summarise the Peterborough iBCF evaluation findings and recommendations for the final two quarters of 2018/19.

2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.3.6*:*

To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

3. 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 Improved Better Care Fund (iBCF) was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. The iBCF financial contribution of £3,876,686 in 2017/18 and £5,245,865 in 2018/19 had to be spent in line with the following national conditions:

- Meeting Adult Social Care Needs generally;
- Reducing pressures on the NHS (including DTOC); and
- Stabilising the care market

In 2017, Peterborough submitted a jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The plan was approved by the Peterborough Health and Wellbeing Board on 11th September 2017 and received full NHS England approval in December 2017. The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for 2017/18 and 2018/19.

Following the recent local health and social care system peer review (24th-27th September), which was supported by the Local Government Association (LGA), initial feedback indicated that we are utilising Better Care Fund and Improved Better Care Fund monies and implementing plans in line with the national conditions.

4.2 KEY ISSUES

4.2.1 Peterborough 2017-19 iBCF Plan Agreed Areas of Investment

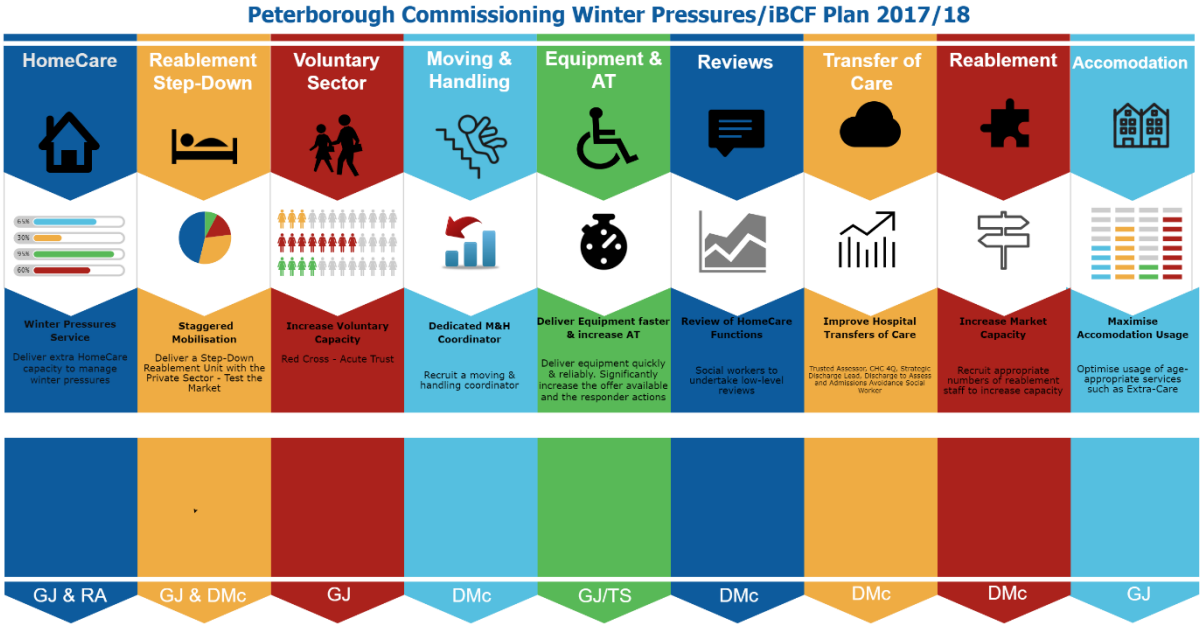
The investment as agreed within our approved Better Care Fund Plans and associated section 75 pooled budget agreements for the two year period, 2017-19 is outlined below:

Area of Investment	Peterborough		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	
Investment in Adult Social Care & Social Work, including managing adult social care demands	£350k	NIL	Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity
Investment into housing options & accommodation projects for vulnerable people*	£2,000k	£1,100k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.
Detailed plan to support delivery of national reducing delayed transfers of care target	£1,000k	£1,000k	Description: Targeted implementation of identified priority high impact changes.

Total of Spring Budget Allocation	**£3,500k**	**£2,250k**	
Protection of ASC in line with original intentions of the grant	£377k	£2,996k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	**£3,877k**	**£5,246k**	

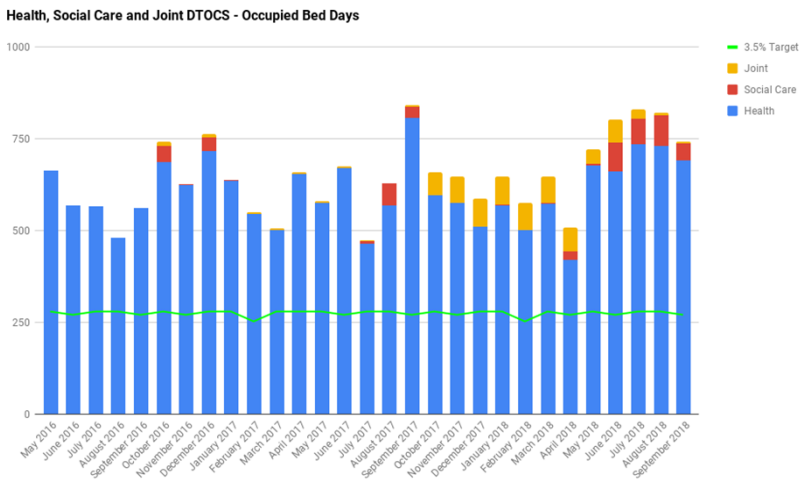
** Due to the unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures; in line with the iBCF national conditions, the funds have instead been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs.*

Following a system wide self-assessment of the High Impact Changes for Discharge and associated identified areas of priority, the below diagram provides an overview of 2017/18 initiatives.



DTOC Performance

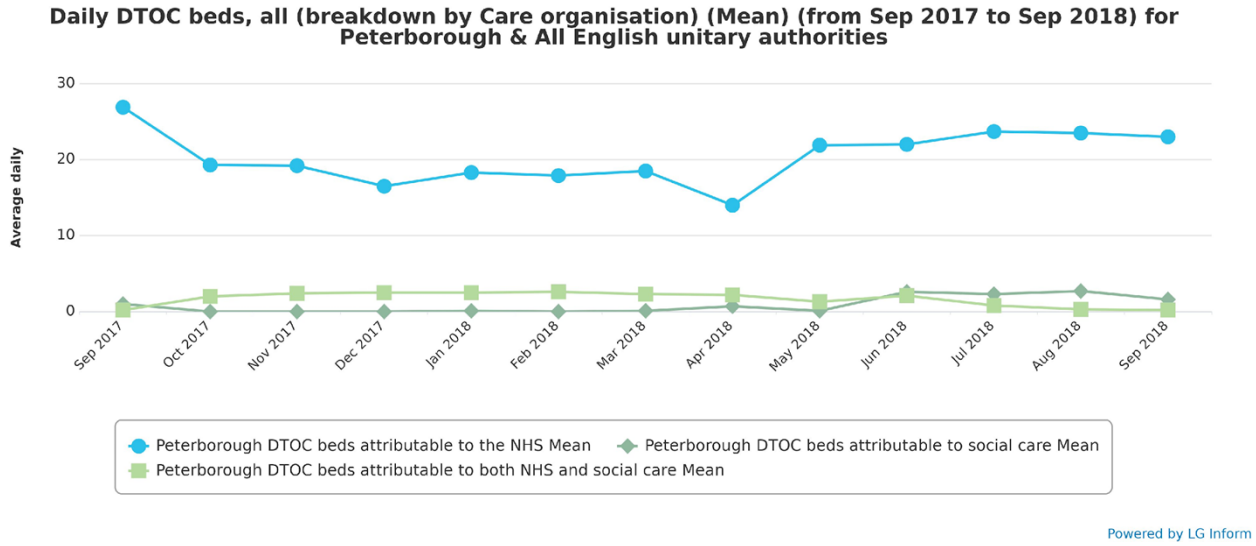
4.2.2 Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.



During September 2018, 92% of delayed days were within acute settings. 92.9% of all delayed days were attributable to the NHS, 6.3% were attributable to Social Care and the remaining 0.8% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. Between August 2017 and September 2018 we have seen a 21% increase in in NHS attributable delays and a 20% reduction in social care attributable delays. There was a significant increase in community bed delays since June 2018. Prior to this social care performance was exceptionally low, averaging 7 bed delays per month, with many months recording zero delays.

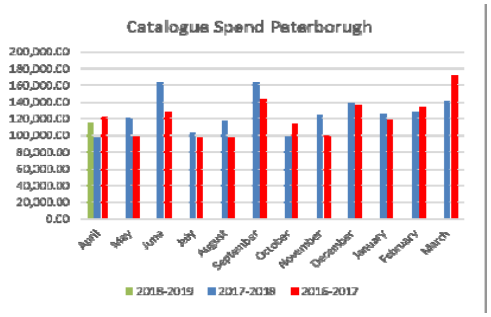
4.2.3



iBCF Investment areas - Impact

In 2017/18 a total of £1,033k was invested to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£191,000	£35,240	Recruitment has increased capacity 20% from 3792 hours per month to 4984 hours per month. 10,018 hours of bridging packages were delivered between December 2017 and March 2018. The service is regularly meeting their monthly referral target of 85, with an average of 91 referrals per month.	Investment to continue
Reablement Capacity – Clayburn Court	£NIL	£123,150	12 reablement beds were commissioned at Clayburn Court. The utilisation of these beds has been very low at circa. 17% and the block contract provision for this service was decommissioned at the end of June 2018. The service was unsuccessful due to the provider model not being effective. It is recognised that there is an ongoing need for effective reablement flat provision and an alternative provider model has been sourced.	Decommission
Admissions Avoidance Social Worker in ED	£40,000	£29,900	The role is supporting admissions avoidance in the emergency department, improving ward staff understanding of community support and liaising with providers to accept patients back rather than the attendances resulting in an admission. There is close liaison with care providers, which is proving positive and they are becoming more confident in accepting patients back into their care.	Investment to continue.

			The service is reporting an average of 39 hospital admissions avoided per week. Interventions included signposting (74%), restart of care package (0.5%), Red Cross referral (1%), Case note support (15%).	
CHC 4Q Pathway – additional DPSN and social worker resource	£80,000	£72,500	Funding for additional social worker and discharge planning nurse posts was invested in from the iBCF. The 4Q pilot went live in November 2017 and the additional posts have been recruited to on an interim basis. The number of patients having a 4Q (at end of March 2018) was 86 There has been a significant reduction in health assessment related delays: Reduction of 493 delayed bed days in September (59% of all delays) to 131 delayed bed days in March 2018 (26% of all delays)	Investment to continue
Equipment budget pressures	£80,000	£80,000	The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.  Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care.	Investment to continue
Moving and Handling Coordinator	£50,000	£31,200	An Occupational Therapist is has been based within Peterborough City Hospital since October 2017. The role is working well, with positive feedback received from hospital teams. It has enhanced relations with ward therapists, improving understanding of what is available in the community and is working closely with the Community OT, improving patient follow up in the community. The Moving and Handling Coordinator has worked with 88 cases, all of which have led to a reduction in care package.	Investment to continue
Increased low level reablement provision from the VCS	£100,000	£90,672	**Age UK:** were commissioned to provide a community support at home service to support low level needs on discharge which went live in January. The level of referrals has been low into this service, with only 6 clients supported.	Discontinue investment
			British Red Cross: were commissioned to provide additional low level reablement support to aid discharge. This service is well regarded with hospital teams and it supported 108 clients between January and March 2018.	Investment to continue

Social care lead in each acute	£50,000	£25,120	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low. Led on implementation of CHC 4Q hospital discharge pathway and supported the Discharge to Assess pathway implementation. Social Care Attributable DTOCs continue to average at 0%.	Investment to continue
Brokerage Capacity	£40,000	£NIL	This investment was not required in 2017/18.	Discontinue Investment
CHC Nurse resource to address CHC backlog	£150,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Social worker capacity to address CHC backlog	£50,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Trusted Assessor	£50,000	£18,000	The Trusted Assessor service, provided by LINCA, went live in December 2017. The service has undertaken 75 patient assessments to date and facilitated 61 discharges.	Investment to continue
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website and Dementia Alliance Coordinator	£69,000	£50,000	Only the stay well in winter investment was required in 2017/18, due to the late start of other projects.	Investment to continue
Market Management Review	£50,000	£170,489	Delivered the iMPOWER demand management findings, which are informing development of early intervention and prevention programme of work.	Discontinue investment
Planned Investment Sub-Total	**£1,000,000**	**£726,301**		
Unplanned Investment				
Cross Keys Day Lifting Service		£20,000	The service is targeted at a specific cohort of current LifeLine users. The service delivers excellent outcomes with 100% of calls responded to within the target 45 minutes. An average of 64% of calls have prevented an ambulance conveyance, though this has increased dramatically since March to an average of 94%.	Investment to continue
Reablement / Therapy Pressures		£31,049	Addressed staffing budget pressures. This supported the national condition of meeting ASC needs generally.	Discontinue Investment
Community Staffing Pressures		£219,520	Addressed staffing budget pressures as a result of reliance on locum staff. This supported the national condition of meeting ASC needs generally.	Discontinue investment

Additional VCS Domiciliary care provision		£35,975	**The Carer's Trust:** were commissioned to provide domiciliary care support for up to 6 weeks to support hospital discharge. The service went live in January 2018 and has a low level of referrals.	Discontinue investment
Unplanned Investment in DTOCs		**£306,544**		
TOTAL	***£1,000,000***	***£1,032,845***		

4.2.4 **Recommendations for Quarter 3 and Quarter 4 of 2018/19**

Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshops, the following recommendations are proposed for consideration.

Key principles were:

- Due to national delays from NHS England, iBCF approvals and monies were not in place until December 2017, this resulted in many initiatives not be implemented until the final quarter of 2017/18, with some coming online in early 2018/19, which has impacted on the timelines for delivery of outcomes.
- There are a number of existing financial commitments for 2018/19 from existing projects
- We should continue to deliver the things that are delivering well
- Where no impact is proven we should stop these initiatives
- Where pilot initiatives were working well, we should look to expand these wider
- We need to recognise where there are capacity issues and address these in the right way
- Some larger scale initiatives, it wouldn't be feasible to implement in the final two quarters of 2018/19 and these should be explored further to consider for future year funding where an identified need and benefit has been established

Peterborough				
Continue		Start 2018-19		Stop
Reablement investment - General	£191,000	Housing Case Worker - Peterborough City Hospital	£20,000	CHC Backlog - Nurse and Social Work Investment
Admissions Avoidance Social Worker	£40,000	Prevention/Early Intervention Enabling People in Own Homes - Reviews Team	£20,000	Brokerage Investment
Equipment Pressures	£80,000	Technology Enabled Care Investment	£20,000	Market Management Review
Social care discharge lead - to support support D2A 4Q pathways	£50,000	Increased VCS Support for Discharge	£50,000	
Falls Lifting Service	£20,000	Care Home Interim Beds Capacity	£100,000	
Moving and Handling Coordinator	£50,000			
CHC 4Q Investment - Discharge Planning Nurses	£40,000	Areas for consideration for 2019-20		
Public Health Initiatives	£69,000	Discharge model for care home patients		
Trusted Assessor	£50,000			
VCS Support for Discharge	£100,000			
Reablement Flats - alternative provision to Clayburn	£100,000			
TOTALS	£790,000		£210,000	
Total Investment Required for 2018/19 would be £1,000,000				
*There is an agreed level of investment in the 2017-19 plans for 2018/19 iBCF DTOC investment of £1,000,000. This is the same level of investment as 2017/18.				

Based on the above recommendations, the following is proposed as the iBCF investment areas for 2018/19. A copy of the 2017/18 agreed Costed DTOC Plan can be found at below.

2018/19 Proposal	Peterborough	
Detail of funding required	Cost	Notes
Reablement Capacity - general	191,000	Continue delivery of expanded reablement capacity
Reablement Capacity - Flats	100,000	Doddington, Ditchburn and Lapwings to continue. Clayburm Court and Eden Place decommissioned.
Admission Avoidance SW in ED	40,000	Continue PCH post and introduce new post for CUH and Hinch.
Equipment Budget Pressures (plus the continued requirement of N	80,000	ICES pressure
Moving and Handling Coordinator	50,000	Continue PCH post. New post in Hinch. CUH - pilot already being established by TEC team. Future model for CUH to be reviewed following pilot.
Increased low level reablement support (VCS provision)	150,000	Cambridgeshire - recommendation to look at sustainable commissioned VCS provision in 2019/20 to support discharge.
4Q DSPN capacity	40,000	
Housing Case Worker in PCH	20,000	Pilot model at PCH for 2018/19
Dedicated social work capacity to support self-funders (CUH)	-	
Social Care Lead to support D2A pathway	50,000	Social worker in each acute to support 4Q pathway
Technology Enabled Care	20,000	Additional capacity in Peterborough to support TEC joint team.
Falls Lifting Response Service	20,000	Continue commissioning of Cross Key Home Service
Additional Interim Care Home Beds	100,000	Spot Purchase capacity to address peaks in demand
Trusted Assessor	50,000	Continue PCH. CUH post established in April. New post in Hinch.
Occupational Therapy	-	
Additional Discharge Team Social Worker Capacity	-	
Out of of County LD Review Team	-	
Pilot with South Cambs District to increase reablement flat provision though use of vacant sheletered accomodation	-	4 month pilot Dec - Mar
Stay Well in Winter	50,000	
Keep Your Head Website	4,000	
Dementia Alliance Coordinator	15,000	
Admissions Avoidance (Locality Teams)	20,000	
Actual DTOC reduction planned		
Target reduction of DTOCs to hit 3.5% national target		
iBCF Total	**1,000,000**	
Ibcf 18/19 DTOC allocation in 2017-19 Plans	1,000,000	

4.2.5 In addition, it is also recommended that a programme board be established, accountable to the Integrated Commissioning Board to oversee the iBCF DTOC programme of work, to ensure:

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.
- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

Governance

A joint two year (2017-19) Cambridgeshire and Peterborough BCF and iBCF plan was submitted following Cambridgeshire Health and Wellbeing approval on 9th September 2017 and Peterborough Health and Wellbeing Board approval on the 11th September 2017. The plan received full NHS England approval in December 2017 and a two year section 75 agreement was established between Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. Local monitoring of performance and financial spend is overseen by the Integrated Commissioning Board, which has delegated responsibility for the BCF and iBCF from the Health and Wellbeing Board. The Integrated Commissioning Board meets monthly and has cross system representation from senior management. Initiatives which are jointly funded with the STP are also monitored through the STP North and South Alliance Boards, which have health and social care system wide representation in attendance.

Two system wide workshops were held on 7th September 2018 and 4th October 2018 to review the iBCF interventions and informed the basis of the evaluation and final recommendations for 2018/19. The iBCF evaluation report and findings were discussed at the Integrated

Commissioning Board on 17th September 2018 and were then re-presented for formal approval on the 15th October 2018. All members of the board approved the recommendations, bar the CCG representative who requested more time to consider the proposals. Virtual approval from the CCG is currently being sought.

5. CONSULTATION

5.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners, including discussion at the A&E Delivery Board and appropriate STP governance boards. The Joint Cambridgeshire and Peterborough Integrated Commissioning Board, which has system wide health and care representation, has overseen the development of the plan In line with national requirements, local system partners have approved and are signatories to the 2017-19 BCF Plan. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Not applicable. The contents of this report provide an update for the board to note.

7. REASON FOR THE RECOMMENDATION

7.1 The report is for the information to the board.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable.

9. IMPLICATIONS

Financial Implications

9.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving BCF monies.

The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS) and numbers within earlier sections of this report.

Legal Implications

9.2 There are no legal implications related to this report.

Equalities Implications

9.3 There are no equality implications related to this report.

10. BACKGROUND DOCUMENTS

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

10.1 Peterborough Better Care Fund Plan 2017-19

11. APPENDICES

None

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Updated on: 30 November 2018

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2018/2019

MEETING DATE	ITEM	CONTACT OFFICER
Monday 10 December 2018	● Personal Social Services: Adult Social Care User Survey In England 2017/18 ● Health & Wellbeing Strategy ○ A) HWB Strategy Performance Report ○ B) Peterborough Health & Wellbeing Strategy, Annual Review, November 2018 ○ c) Health And Wellbeing Strategy – Renewing The Health And Wellbeing Strategy ○ d) Delegated Authority - Long Term Conditions Joint Strategic Needs Assessment And Diverse Ethnic Communities Joint Strategic Needs Assessment South Asian Communities Supplement ● Cambridgeshire & Peterborough Health & Social Care Peer Review Update Report ● Public Service Reform - Health and Social Care Proposal ● Annual Public Health Report ● Cardiology PCI & Complex Pacing **For information**: Better Care Fund Update	Jacky Cozens Wendi Ogle-Welbourn / Dr Liz Robin Ryan O'Neill Dr Liz Robin Dr Liz Robin Wendi Ogle-Welbourn Paul Raynes Dr Liz Robin Keith Reynolds Caroline Townsend/Will Patten
Monday 18 March 2019	● Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset ● SEND Peer Review **For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	Sheelagh Sullivan / Siobhan Weaver Will Patten Helen Gregg

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