CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE

TUESDAY 24 SEPTEMBER 2019
10.30 AM

Council Chamber - Town Hall, Bridge Street, Peterborough, PE1 1HF

AGENDA

Page No

1. Election and Appointment of Chairperson until end Municipal year 2020/21

The Committee will need to propose and second the Chairperson of the Committee until the end of the Municipal Year 2020/21. This will need to be either the current Chairperson of the Cambridgeshire or Peterborough Health and Wellbeing Board. Following election the Chairmanship will rotate on an annual basis following the initial two year period.

2. Election of Vice-Chairperson for the Municipal Year 2019/20

The Committee will need to propose and second a Vice-Chairperson for the Municipal Year 2019/20. This will be done on an annual basis and can not be a member of either local authority.

3. Apologies for Absence

4. Declarations of Interest

The date of the next meeting is scheduled for 9 March 2020.

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Committee Members:

J Bawden, H Daniels, T Dowling, J Farrow, Cllr W Fitzgerald, Cllr G Harvey, Cllr R Hickford, C Higgins, Cllr J Holdich, Cllr M Howell, Dr G Howsam, Cllr S Hoy, Cllr J Huffer, Cllr L Jones, Cllr N Massey, V Moore, W Ogle-Welbourn, S Posey, Cllr S Qayyum, Dr L Robin, J Thomas, Z Trent, Cllr S Van de Ven, C Walker, I Walker, Cllr S Wallwork, Cllr I Walsh, R Wate, Cllr J Tavener and M Winn

Substitutes: Cllr J Bywater, Cllr Goldsack, Cllr Hudson, Cllr Jenkins, J Proctor, A Tariq and Cllr Whitehead,

Further information about this meeting can be obtained from Dan Kalley on telephone 01733 296334 or by email Daniel.kalley@peterborough.gov.uk

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CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 5
24 SEPTEMBER 2019	PUBLIC REPORT

HEALTH AND SOCIAL CARE PEER REVIEW ACTION PLAN PROGRESS REPORT

R E C O M M E N D A T I O N S

To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Charlotte Black, Service Director, Adults & Safeguarding, People & Communities, Cambridgeshire and Peterborough Local Authorities**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

1. consider the content of the report and raise any questions
2. decide when the action plan should next be presented to the Board

	Officer contact:		***Member contact:***
Name:	*Helen Gregg*	Name:	Councillor XXX
Post:	Partnership Manager, Cambridgeshire and Peterborough Local Authorities	Role	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	helen.gregg@peterborough.gov.uk	Email:	
Tel:	07961 240462	Tel:	

1. PURPOSE

1.1 The purpose of this paper is to update members on progress against the recommendations from the Health & Social Care System Peer Review (September 2018).

1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference

Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.

2. BACKGROUND

2.1 The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a Care Quality Commission (CQC) local system area review. We are currently waiting for the CQC to confirm if the local system area reviews will be continuing.

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 a number of other voluntary organisations.

The peer review team made the following 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
- Don't 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

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

Please refer to Appendix 1 - HSC peer review action plan monitoring framework for updates against the recommendations listed above. Members are also asked to note the following additional DTOC programme update:

Improvements in performance have been achieved and sustained over the past couple of months. Local teams continue to work in earnest to sustain this improvement in performance long term and meet our objective to achieve the 3.5% national performance standard.

Current performance system wide is running at 5.3%, this is a significant improvement on this time last year where performance was 8.4%. A breakdown by acute and community footprint is outlined below:

Peterborough City Hospital: 4.2% (compared to 6.3% this time last year)

Hinchingbrooke Hospital: 7.1% (7.5%)

Addenbrookes Hospital: 4.7% (9%)

Community delays: 12.3% (16.8%)

Focus continues on the implementation of an Integrated Discharge Service (IDS) Hub in each acute site. Peterborough City Hospital (PCH) and Cambridge University hospital (CUH) have fully operating IDS Hubs operating to a new Standard Operating Procedure (SOP) and validating protocol. The Hinchingbrooke IDS Hub will be launched in early autumn now once the changes from the implementation of the new Patient Administration System (PAS) have embedded further.

Work on implementation of the SAFER in each acute site also continues with closer links developing between different programmes to support and sustain patient flow. (SAFER is a practical tool to reduce delays for patients in adult inpatient wards. The SAFER bundle blends five elements of best practice and when followed length of stay reduces and patient flow and safety improves).

IDS leads are now in post at CUH at all three acute sites.

We have delivered trusted assessor in all 3 acute hospitals to expedite the discharge process for patients that require a care home. We have also expanded this concept to other community pathways, and we have implemented a trusted assessor approach in some key community pathways including Discharge to Assess (D2A) pathway 1 (to reduce and speed up assessments and hand over between intermediate care and reablement / social care services) and D2A pathway 2 (to reduce and speed up assessments and hand over between acute wards and community in patient rehabiltation /health interim beds).

The Review and relaunch of the system-wide Choice Policy is almost complete. This will ensure acutes and community in patient wards are all using the policy to support patients and reduce delayed discharges under this code. The wide staff training programme delivered through Hancock monies in May, June and July also had Choice as one of the key learning modules. This has been very successful in training staff across disciplines in having “difficult” conversations with patients and families about their ongoing care needs and options earlier on following admission.

Focus over the next four weeks

- Continue to monitor progress towards successful implementation of IDS Hubs and escalate / resolve any issues as they arise;
- Develop a simple and robust care pathway for the safe discharge of patients presenting with delirium and non-weight bearing respectively;
- Develop a comprehensive winter plan for discharge planning (to be fed into the wider systemwide winter planning process) to ensure the system has identified additional steps to increase our resilience over the winter months.

Likely themes will include:

- Maintaining momentum in the delivery of key programme initiatives that should now be part of business as usual.
- Supporting weekend discharges beyond our current capability.
- Working with the voluntary sector and secure their proactive and meaningful participation in multi-disciplinary team discussions to support patient discharges.
- Closer monitoring of system capacity and utilisation through IDS Hubs.
- Develop a strategy for the investment of winter monies – in the event any additional winter funding for the system is confirmed at short notice.
- Develop and deliver a phase 2 training programme to ensure we continue to build in momentum created over the late spring /summer months and particularly support the further upskilling of operational staff in time for winter.

3. CONSULTATION

3.1 The Health Care Executive have been kept informed of progress.

4. ANTICIPATED OUTCOMES OR IMPACT

4.1 The anticipated outcome of this report is members welcome the update and feel informed with regard to progress against the recommendations highlighted by the peer review team.

5. IMPLICATIONS

Financial Implications

5.1 There are no financial implications.

Legal Implications

5.2 There are no legal implications.

Equalities Implications

5.3 There are no equalities implications.

6. APPENDICES

6.1 Appendix 1 - HSC peer review action plan monitoring framework

7. SOURCE DOCUMENTS

(It is a legal requirement for the following box to be completed by the report author.)

Source Documents	Location
None	

HSC PEER REVIEW ACTION PLAN: PERFORMANCE MONITORING REPORT
Apr-19

	Recommendation	HCE Lead	Progress RAG	Objectives	Activity Update	How will success be measured	Key milestones
PRIORITY 1: CREATE A SINGLE VISION, THAT EVERYONE OWNS AND FOCUSSES ON CONNECTIVITY THROUGHOUT THE SYSTEM							
1	Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Roland Sinker		Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	In the Governance of the STP is clear that one of the reporting lines from the STP Board is into the HWB and regular reports are received. There is a task and finish group established that is reviewing future models for the STP as it transitions into an Integrated Commissioning System (ICS). The emerging HWB Strategy and STP response to the NHS Long Term Plan provide an opportunity to co-produce and disseminate a single person focussed joint vision.	HWB Board and STP Board identify and deliver against system strategic priorities. Widely owned and co-produced joint vision for integrated health, wellbeing and social care signed off, and communications campaign delivered. Increased public profile of HWB Board and HWB Strategy and positive feedback from stakeholders on HWB Board role as system leader. Strong role and impact of primary care, voluntary sector, HealthWatch clearly identified and logged. Patient/service user feedback that their care is integrated.	Workshop held focussing on system leadership. Agreed joint arrangements across Cambridgeshire and Peterborough; including developing Executive Board. Governance structure for boards agreed. Starting to clarify system role of HWB Board in relation to STP Board. Communications and stakeholder engagement strategy agreed. Primary Care Networks identified and linked with Think Communities work and development of Think Communities Boards. Joint development of Health and Wellbeing Strategy, alongside STP five year response to NHS Long Term Plan.
2	Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Wendi Ogle-Welbourn / Liz Robin / North and South Alliance		Undertake review of membership of strategic partnership boards and add additional members / organisations where required	This is on ongoing process and integral to everything that we are doing as a system. Place Based Boards are being established.		
3	Strengthen the system leadership role of HWB's and clarify supporting governance	Liz Robin		Arrange a workshop with HWB members focusing on system leadership. Produce governance structure for both boards	Governance Structure for joint HWB board sub-committees across Cambridgeshire and Peterborough has been agreed. This creates a strong infrastructure to develop the HWB Board system leadership role		
4	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	Chair of FPG, Catherine Pollard		Add to next A&E Delivery Boards agendas	System wide plans were signed off by all key partners (acute/community) with new initiatives agreed and embedded i.e. Trusted Assessor for Care Homes. The STP Finance and Performance Group meet regularly, including local authority representation to ensure a joint understanding of financial issues. HWB Board Core Joint Sub-Committee will share financial plans across CCC, PCC and CCG and provide oversight of joint issues.		
5	Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	Gary Howsam		HCE to review opportunities across the system and link to key boards where possible	Primary Care Strategy submitted to NHS England. Primary Care Networks established (21 across Cambridgeshire and Peterborough) with PCN Clinical Directors appointed. Training package with Judge Business School established to support Clinical Directors. North and South Alliance taking forward work to model how the neighbourhoods will be developed locally commencing in September 2019.		
6	Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	Wendi Ogle-Welbourn / Jan Thomas / North and South Alliances		Establish a mechanism for regular engagement to strengthen the offer	The voluntary and community sector are key partners on North and South Alliance and Living Well Partnership Board. In addition Think Communities is a key focus as PCN's are developing. The DTOC programme Operational Leads will be working with voluntary sector organisations as part of the winter planning work.		
7	Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Wendi Ogle-Welbourn / Jan Thomas / Liz Robin		Convene a meeting with Healthwatch colleagues to review programmes of work and agree opportunities for co-production	Healthwatch now chair boards across PCC/CCC, they are a key partner at North and South Alliance and chair the Community Forum. Co production approach taken to review of day services by CCC and PCC. HealthWatch 'What would you do?' report being used in both the STP response to NHS long term plan and HWB Strategy. Progress in developing a HealthWatch led Citizen's Panel approach.		
8	Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Roland Sinker (North / South Alliance)		Link to D2A workstreams. Join up with the neighbour place based model	The Alliances have created an Integrated Neighbourhood Framework. Primary Care Extended Access commissioned across Cambs and Pboro and functioning to ensure patients can access primary care. Work underway to deliver an integrated model to support urgent care via the round table work, a pilot is due to commence early Autumn 2019, with a view to a change in commissioned services from April 2020.		
PRIORITY 2: ESTABLISH A STRATEGIC APPROACH TO COMMISSIONING ACROSS THE HEALTH AND SOCIAL CARE INTERFACE, INFORMED BY THE IDENTIFIED NEEDS OF LOCAL PEOPLE							
9	Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Wendi Ogle-Welbourn / Jan Thomas / Liz Robin		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)	An Integrated Commissioning Board has been established, chaired by Healthwatch and attended by Senior Executive Commissioners and Providers from the Local Authority and NHS. The Core HWB Joint Sub-Committee will oversee joint and integrated commissioning plans.		Integrated Commissioning Board now chaired by CEX Health Watch as the honest broker. Reports into HWB Executive.

10	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Wendi Ogle-Welbourn / Jan Thomas		Establish a working group to undertake piece of work to consider investment opportunities and delivery models	PCC/CCC continue to invest in reablement to support the Home First model. Home First has been developing over the past 6 months with a significant investment in training for frontline practitioners. Further work is required to align LA reablement and health ICT as a co-commissioned model. Principles of Home First working in place in Huntingdon to support the development and shape the system solution. Further specification design for ICT across Cambridgeshire and Peterborough is being discussed between partners with a view to moving to a home first model in advance of Winter 2019.		
11	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Wendi Ogle-Welbourn / Jan Thomas		Improve awareness and engagement with key boards and groups across the system.	There has been a further reduction of provision in specific areas resulting in a high percentage of bridging for reablement. Brokerage actively engaging with providers to resolve. The CCG has worked throughout the year to engage further with the homecare market and has agreed a Tiered payment approach. The next focus of work is required in relation to the Domiciliary Care Market. Health and Care Academy sponsored by the Combined Authority is now well underway and new recruits being attracted to the sector.		
12	Don't compete with each other as commissioners	N/A - Linked to Recommendation 9	N/A	Create one set of commissioning principles			
13	Establish a fully integrated brokerage team	Wendi Ogle-Welbourn / Jan Thomas		Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'.	The LA and CCG moved to a co-located model to support integrated brokerage. The Continuing Health Care (CHC) team will be moving back to work with the CCG wider CHC Team to allow further work to be expedited on the function of the team and how the clinical experts can more effectively support the Brokerage function.		
14	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Roland Sinker (North / South Alliance), Wendi Ogle-Welbourn, Jan Thomas		Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s).	The CCG has created a specific workstream to support the Alliances to move forward at pace in delivering neighbourhoods in September 2019		
PRIORITY 3: ALIGN SERVICES AND SIMPLIFY PROCESSES, ENSURING CONSISTENCY ACROSS THE SYSTEM, TO DRIVE BETTER VALUE AND OUTCOMES, IMPROVE FLOW AND REDUCE DELAYS							
15	Establish Homefirst as a default discharge from hospital position for the whole system and monitor the proportion of complex discharges who go straight home	Wendi Ogle-Welbourn / Jan Thomas		Produce / update pathway to reflect the default position and undertake comms programme to inform them of changes. Add proportion of complete discharges to regular dashboard for Programme Board to monitor	A home first pathway (D2A pathway 1) is in place supported by Reablement and ICT services respectively. System wide training was delivered in May and June to frontline staff from all provider organisations, and will continue to be a key part of training. More work is required in this pathway to achieve greater integration between services		
16	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Wendi Ogle-Welbourn / Jan Thomas		Undertake review of all pathway, processes and procedures to simplify where needed. Undertake comms programme to inform hospital and supporting service staff	Discharge pathways have been simplified and staff training delivered. Simplified processes in place in acutes with defined referral routes. Hubs are now in place in all acutes, with daily discussions around complex patients to get multi agency agreement and reduce delays in decision making and discharge. Integrated Discharge Service (IDS) leads are now in post for all 3 acutes. The progress and performance of IDS hubs is also regularly monitored through the weekly meetings of the programme Operational Leads Group.		
17	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Jan Thomas		Review the different forms of DTOC data reporting across the system and add any additional indicators into DTOC data report	There is now a single weekly DTOC report showing validated DTOC figures for each acute and community. This information is shared with all partner organisations and NHS England / Health Care Executive to ensure consistency. There is a single set of KPIs in place. Improvements in performance have been achieved and sustained over the past couple of months. Local teams continue to work in earnest to sustain this improvement in performance long term to achieve the 3.5% national performance standard.		
PRIORITY 4: ESTABLISH A WHOLE SYSTEM APPROACH TO WORKFORCE, DEMONSTRATING MULTI AGENCY INPUT INTO WORKSTREAMS							

18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Tracy Dowling		Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	The workforce workstream has an agreed ambition and vision that includes a commitment to creating a positive culture, that strengthens and supports good, compassionate and diverse leadership at all levels. Plans are in place for a leadership and development programme specifically for BAME staff starting later this year. We have a local Mary Seacole programme that to date has had 200 participants from across health and care including primary care staff. There are plans to have a leadership programme for the Alliances based on the Frimley 2020 model, starting January 2020. Discussions are taking place and funding has been secured to develop a Leadership and OD programme for members of the STP Board and Health and Care Executive.		
19	Provide stronger clinical leadership to support new processes and new ways of working across the system	Gary Howsam (CCG), Alexander Gimson (Addenbrookes)		Linked to recommendation 5	The CCG Medical Director has established a Joint Clinical Group. This brings together the Chief Nurses and Medical Directors from across the system along with the LA Director of Public Health and other senior clinicians such as Chief Pharmacists and the Clinical Chairs of the North and South Alliances. The Clinical Communities Forum has been reinvigorated and now reports into the Joint Clinical Group. The Joint Clinical Group has embarked on an 8 week clinical engagement programme, culminating in a number of proposed workshops to shape the transformation of services across the system and seek a sustainable solution for the system.		

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CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 6
DATE 24 SEPTEMBER 2019	PUBLIC REPORT

DRAFT CAMBRIDGESHIRE AND PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY

R E C O M M E N D A T I O N S

To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Dr Liz Robin**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

1. Discuss and comment on the draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24, attached as Annex A

2. Approve the Strategy as a draft for further engagement and consultation

3. Comment on proposals for engagement and consultation in para 3.2, before the Strategy is brought back to the Whole System Joint Sub-Committee for approval in March 2020

	Officer contact:		***Member contact:***
Name:	Dr Liz Robin	Name:	xxx
Post:	Director of Public Health, Cambridgeshire County Council and Peterborough City Council	Role	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	
Tel:	01733 207176	Tel:	

1. PURPOSE

1.1 Preparing a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) is a statutory duty for Health and Wellbeing Boards. Cambridgeshire and Peterborough Health and Wellbeing Boards have agreed to work together to prepare one Joint Health and Wellbeing Strategy across the area, in order to maximise the Strategy's strategic impact. This will still be sensitive to variation in local health and wellbeing needs and outcomes across the area. Both Boards have agreed to delegate approval of the Joint Health and Wellbeing Strategy to the Whole System Joint Sub-Committee

1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference:

Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, which informs and influences the commissioning plans of partner agencies.

2. BACKGROUND

2.1 Following an LGA facilitated Joint Health and Wellbeing Boards workshop in May, four 'headline' priorities were identified for the Cambridgeshire and Peterborough Health and Wellbeing Strategy:

Priority 1: Places that support our health and wellbeing
Priority 2: Helping children achieve the best start in life
Priority 3: Staying health throughout life
Priority 4: Quality health and social care

2.2 A presentation summarising the findings of the JSNA (attached as Annex B), highlighting where outcomes in Cambridgeshire and Peterborough could improve compared with other areas, has been discussed with a wide range of partnership boards and stakeholder organisations. These discussions are building a common view of key outcomes and partnership actions for the Strategy.

First phase engagement Officer Boards: Completed

- Cambridgeshire and Peterborough public service board
- Cambridgeshire and Peterborough Senior Officer Network
- Cambridge Sub-Regional Housing Board
- Think Communities Core Group
- Joint Clinical Board (medical and nursing directors of all NHS Trusts)
- STP North Alliance
- Cambridgeshire & Peterborough Public Health Reference Group
- Peterborough mosque leaders (specific issues from the South Asian Communities JSNA)
- Children's Emotional Health and Wellbeing Board
- Children's Health Joint Commissioning Board
- Health and Wellbeing Board Officer Support Group

First phase engagement Officer Boards: Pending/offered

- STP South Alliance
- Children's Health and Wellbeing Executive Board
- CCG Strategy Committee
- Planning Policy Forum

First phase engagement Organisations: Completed

- HealthWatch
- National Probation Service
- Police & Crime Commissioners Office

- Combined Authority (director lead for health and wellbeing)
- Cambridgeshire County Council and Peterborough City Council Joint Management Team
- CE Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)
- CE Cambridgeshire Community Services NHS Trust (CCS)
- Managing Director Huntingdonshire District Council (CPSB Chair)
- Chief Executive and Lead Director, Fenland District Council
- Chair, STP Clinical Communities Forum
- GP Chair STP North Alliance
- Lead Author – STP five year plan

First phase engagement Organisations: Pending/offered

- CE Support Cambridgeshire
- CE Peterborough CVS
- GP Chair STP South Alliance
- All NHS Trust Chief Executives
- All District Council Chief Executives
- CE Fire Service

2.3 Based on the JSNA findings and stakeholder discussions to date, a draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24 has been written, attached as Annex A.

2.4 Development of the Joint HWB Strategy and agreement on joint actions is an iterative process - so the Whole System Joint Sub-Committee is asked to approve the draft Strategy for a further period of engagement and consultation with stakeholders and the public. The final version of the Strategy will be taken to the Whole System Joint Sub-Committee for approval in March 2020.

2.5 The Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP)is currently preparing their local Five Year Plan as part of the wider NHS Long Term Plan. This will reflect national guidance from NHS England and local needs for health and care services and will be completed by mid-November 2019. It is essential that the Health and Wellbeing Strategy and the STP response to the NHS Long Term Plan are aligned and complementary.

3. CONSULTATION

3.1 The consultation process to date with stakeholders is covered in paragraph 2.2.

The Cambridgeshire and Peterborough HealthWatch 'What would you do?' report, was published in May 2019. The Report describes a recent consultation run by HealthWatch and funded by NHS England, in which over 800 people gave their views on local health and care services and there were some clear messages. We have used the findings of the 'What would you do?' report to inform the Health and Wellbeing Strategy, in particular the section on Priority 4: Quality Health and Social Care.

3.2 The proposals for further engagement and consultation with the public and stakeholders on the draft Strategy can be summarised as:

a) **Consultation with the Public**:
We have agreed that feedback from the Clinical Commissioning Group's 'Big Conversation' with the public about local health services, and the STP's engagement with stakeholders on the STP five year plan, can also be used to inform the Joint Health and Wellbeing Strategy.

We will link with HealthWatch and with the CCG's Patient Participation Forum to ensure that we receive their feedback on the draft Strategy.

We will also run a three month consultation directly with the public on the priorities and content of the draft Strategy – using the normal Cambridgeshire County Council and Peterborough City Council consultation routes, with web-based and social media

channels, as well as hard copies.

b) Consultation with Stakeholders:

The Health and Wellbeing Strategy should reflect a joint vision for health in Cambridgeshire and Peterborough, agreed by key politicians and clinicians, and the resulting actions will require joined up input from several organisations. It's important that all stakeholders have the opportunity to understand and make input to the Strategy and to discuss their role in the recommended actions.

For Health and Wellbeing Board member organisations it is proposed that the draft Strategy is taken to:

- Appropriate Committees in all City and District Councils, with a cover paper specifically tailored to relevant aspects of the Strategy
- Peterborough City Council Cabinet
- Cambridgeshire County Council Service Committees
- Appropriate Clinical Commissioning Group Committees
- NHS Trust Boards or Committees
- HealthWatch meetings
- Voluntary Sector forums
- Safeguarding Board
- Safer Peterborough Partnership

For wider stakeholders and Partnerships it is proposed that there is ongoing engagement and discussion of the Strategy with:

- The Cambridgeshire Public Service Board
- The STP Board
- The Cambridgeshire and Peterborough Combined Authority
- The County-wide Community Safety Board

4. ANTICIPATED OUTCOMES OR IMPACT

4.1 The anticipated outcome of this report is further consultation and engagement on the draft Joint Health and Wellbeing Strategy attached as Annex A, and the production of a consultation report and final draft of the Strategy for approval, at the Whole System Joint Sub-Committee in March 2020.

5. IMPLICATIONS

Financial Implications

5.1 There are no direct financial implications from the draft Health and Wellbeing Strategy at this point. Engagement and consultation with stakeholders and the public on the draft Strategy will be led by officers from Cambridgeshire County Council and Peterborough City Council, prioritising this work within existing resources and working closely with HealthWatch. There will be printing costs for information and consultation materials, which will be met from existing non-pay budgets.

Legal Implications

5.2 Production of a Joint Health and Wellbeing Strategy is a statutory duty of Health and Wellbeing Boards.

Equalities Implications

5.3 The draft Strategy refers to health inequalities between communities.

6. APPENDICES

6.1 ANNEX A: Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24

ANNEX B: Joint Strategic Needs Assessment Core Dataset presentation

7. SOURCE DOCUMENTS

Source Documents	Location
Cambridgeshire and Peterborough JSNA Core Dataset	https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/

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DRAFT

Cambridgeshire and Peterborough

Joint Health and Wellbeing Strategy 2019-24

Foreword

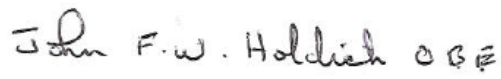
Supporting the health and wellbeing of our communities is fundamental to Local Government, as well as to the NHS. As a Health and Wellbeing Board, we recognise that many of the most important factors which affect our residents' health are social, economic and environmental.

At the time of writing our Councils have declared a Climate Change Emergency, and are working on the actions that we will be taking to address this over the coming years. Many of the actions that individuals and organisations can take to benefit the climate will also be good for our own health – walking or cycling rather than using the car; increasing the use of electric vehicles; eating more local vegetables and less meat; and making sure our houses are well insulated.

The Health and Wellbeing Board is the place where politicians, health and social care professionals and other leaders across the system work together to solve problems and lead change to benefit our residents. This year for the first time we have agreed to work together to create a joint Health and Wellbeing Strategy (2019-2024) across Cambridgeshire and Peterborough. We are also working closely with the authors of the local NHS five year plan, so that both plans make sense together.

The communities we live in are fundamental to our health, and taking a 'Think Communities' approach based on place, rather than a silo approach based on organisations is at the core of this draft Strategy.

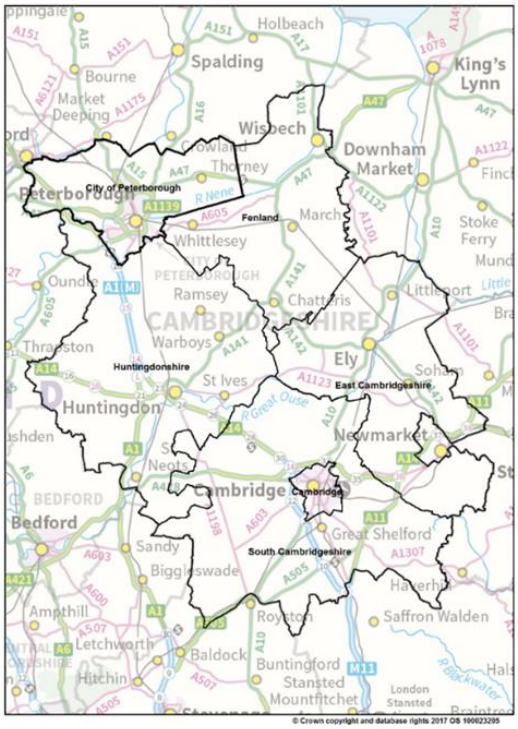
The local health issues are often clear, while the actions we can take locally to address them can be more challenging to agree. This draft Health and Wellbeing Strategy will now go through an extended further process of consultation with stakeholders and the public, to ensure that the actions we endorse and lead as a Health and Wellbeing Board are the right ones for our communities.



Cllr John Holdich OBE	Cllr Roger Hickford
Leader Peterborough City Council and Chair,/ Peterborough Health and Wellbeing Board	Deputy Leader Cambridgeshire County Council and Chair, Cambridgeshire Health and Wellbeing Board

Introduction – Developing the Joint Health and Wellbeing Strategy

This Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough covers the local authority areas shown on the maps below.



These maps show Peterborough City Council and the five City and District Councils in Cambridgeshire – Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. The City and District Councils provide many services which are key to health and wellbeing, so their engagement in this strategy is essential, together with NHS organisations, the community and voluntary sector and other stakeholders.

The first stage in developing the Joint Health and Wellbeing Strategy was to identify four key priorities across the organisations which make up the Health and Wellbeing Boards:

Priority 1: Places that support health and wellbeing
Priority 2: Helping children achieve the best start in life
Priority 3: Staying healthy throughout life
Priority 4: Quality health and social care

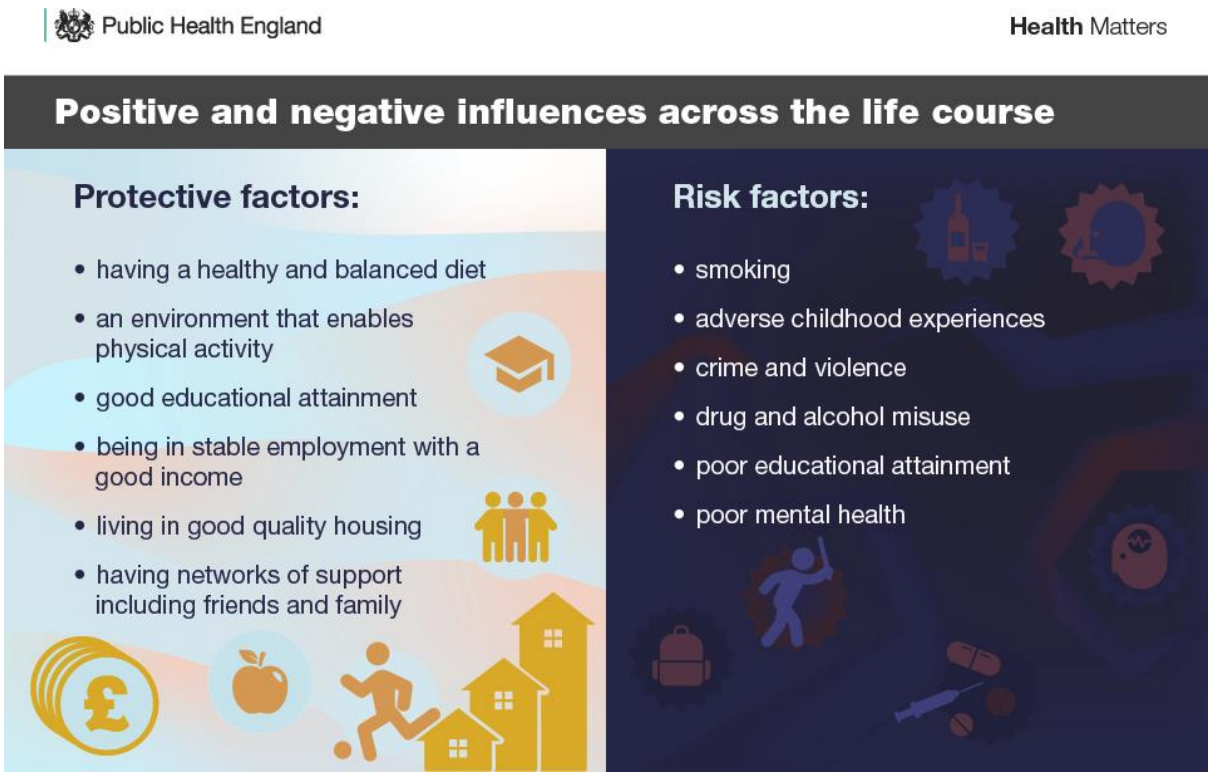
We then looked at health statistics in our Joint Strategic Needs Assessment (JSNA) Core Dataset, and identified health outcomes or inequalities across Cambridgeshire and Peterborough, which could be improved.

We presented this information from the JSNA core dataset to key staff in a range of local organisations and Boards, and asked them whether they already had strategies and plans in place to improve some of the health outcomes and inequalities. We also asked whether there were actions they would the Health and Wellbeing Board to take and include in the Joint Health and Wellbeing Strategy.

We are now bringing this draft Joint Health and Wellbeing Strategy to the Health and Wellbeing Board to ask for approval to enter the next stage of engagement and consultation, with a wider range of stakeholders and with the public.

PRIORITY ONE: PLACES THAT SUPPORT HEALTH AND WELLBEING

The places where we live, work, learn and socialise have a big impact on our health.



Information from the Joint Strategic Needs Assessment and discussions with a range of local stakeholders about 'Places that support our health and wellbeing' have identified three outcome areas for focus:

Outcome 1: New housing developments and transport infrastructure which support residents' health and address climate change

Outcome 2: Preventing homelessness and improving pathways into housing for vulnerable people.

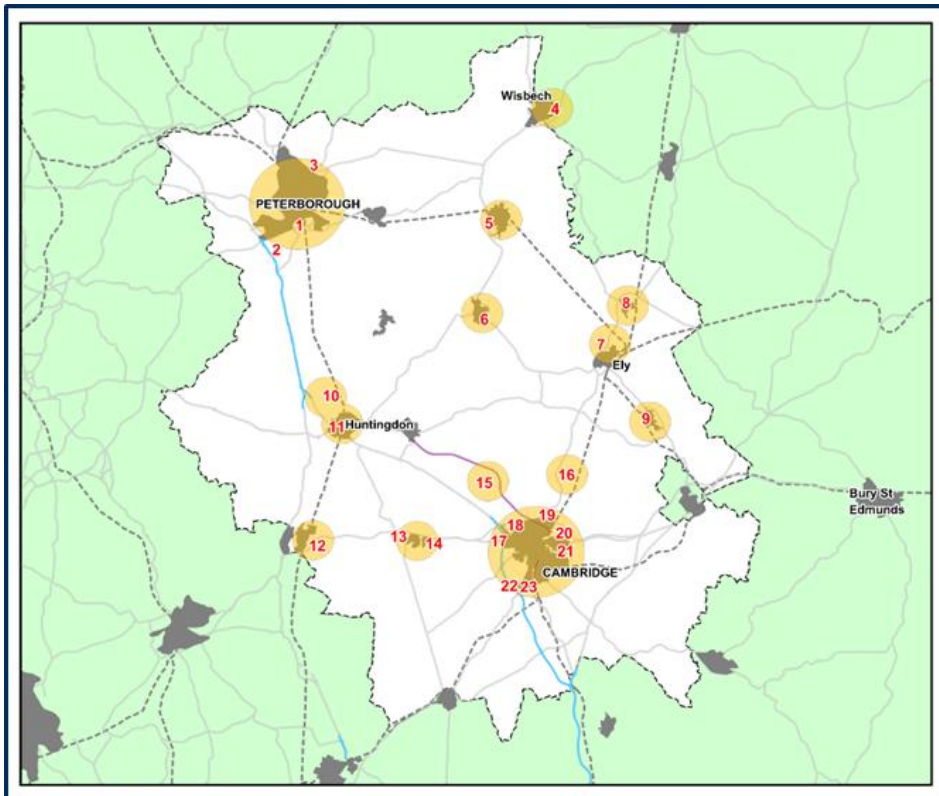
Outcome 3: Reducing inequalities in skills and economic outcomes across our area.

PLACES WHICH SUPPORT OUR HEALTH AND WELLBEING: OUTCOME 1:

New Housing Developments and Transport Infrastructure which support residents' health

What does the JSNA tell us?

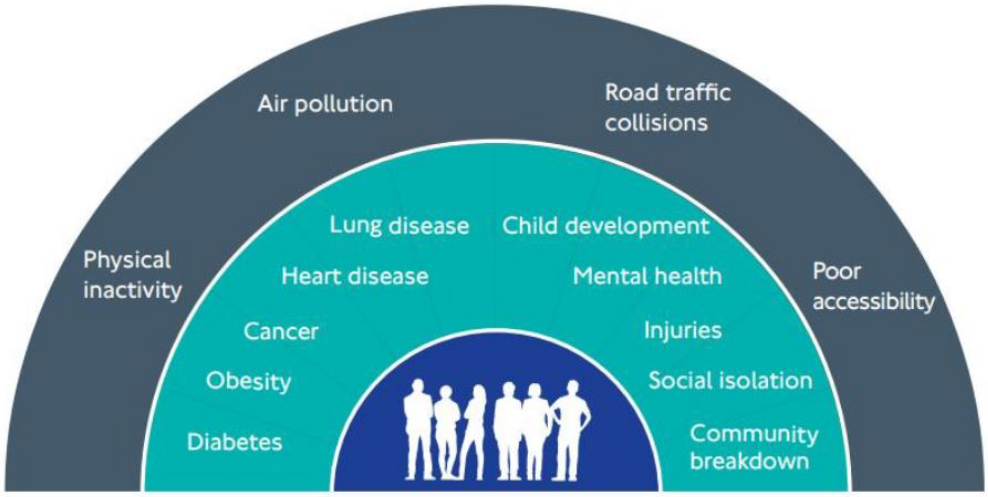
We have several new housing development sites in Cambridgeshire and Peterborough, and are developing new transport infrastructure. If plans reflect what is known about the effects of housing, green space, walking and cycling, and good community networks on health - new residents will have the best chance to be healthy. We also need to plan health and care services for large new housing developments.



	Site	Indicative Number of Homes	Timescale
1	Hampton urban extension	3,632	By 2036
2	Great Haddon urban extension	5,300	By 2036
3	Norwood	2,300	By 2036
4	East Wisbech	1,450 (550 in Kings Lynn & West Norfolk)	By 2031
5	West March	2,000	By 2031
6	South Chatteris	1,000	By 2031
7	Ely (north)	3,000	By 2031
8	Littleport	1,850	By 2036
9	Soham	2,100	By 2036
10	Alconbury Weald	5,000	By 2036
11	Ermine Street (south), Huntingdon	1,050	By 2036
12	St Neots East (Wintringham Park and Loves Farm 2)	WP: 2,800 LF2: 1,020	By 2036
13	Cambourne West	1,655 935	By 2031 Post 2031
14	Bourne Airfield New Village	1,360 2,140	By 2031 Post 2031
15	Northstowe	3,203 6,784	By 2031 Post 2031
16	Waterbeach New Town	2,300 6,700	By 2031 Post 2031
17	Cambridge North-West (University site)	2,927	By 2031
18	NIAB (Darwin Green)	2,377 250	By 2031 Post 2031
19	Cambridge Northern Fringe East (AAP)	Potential for 7,600	Unknown
20	Cambridge East (north of Newmarket Road)	1,300	By 2031
21	Cambridge East (north of Cherry Hinton)	1,257	By 2031
22	Trumpington Meadows	637	By 2031
23	Glebe Farm, Clay Farm and Bell School	996	By 2031

How are we working together already?

- Northstowe new town in South Cambridgeshire is one of a small number of 'Healthy New Towns' in England, which received funding to create a healthy environment. Learning from these towns has led to agreement of ten national 'Healthy New Town' planning principles ("Putting Health into Place"), which have been adopted by several large housing developers. Locally we're developing a toolkit to implement the 'Healthy New Town' principles.
- District Council planning officers from Cambridgeshire and Peterborough have met with representatives of the the local NHS 'Estates' group, to work out how to plan better together for health and care services in new housing developments.
- The Combined Authority Local Transport Plan has included health and wellbeing as a key policy element summarised in the diagram below:



Source: Creating healthy thriving communities: priorities for the Cambridgeshire and Peterborough Local Transport Plan

What can the Health and Wellbeing Board do?

- Member organisations of the Health and Wellbeing Board can adopt the ten 'Healthy New Town' principles for local housing developments, and support the development and adoption of a local planning 'toolkit' to implement them.
- Member organisations of the Health and Wellbeing Board can commit to involvement in joint work across Planning Authorities and the NHS (STP) Estates Group, to plan health and care infrastructure.
- The Health and Wellbeing Board can endorse the Combined Authority's Local Transport Plan policies for 'Creating Healthy Thriving Communities' and monitor their implementation.
- The Health and Wellbeing Board can endorse and support member organisations' Climate Change Strategies and Action Plans as these develop.

How will progress be measured?

Outcome metrics TBC

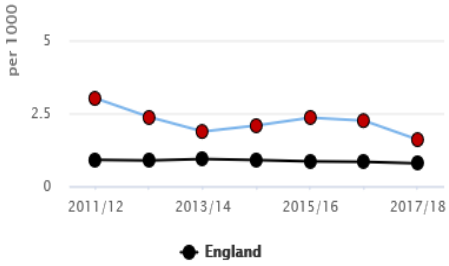
PLACES THAT SUPPORT HEALTH AND WELLBEING: OUTCOME 2

Preventing homelessness and improving pathways into housing for vulnerable people.

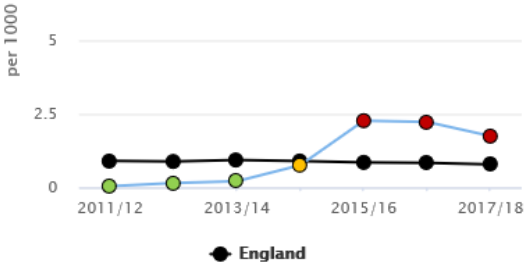
What does the JSNA tell us?

There are higher than average numbers of statutorily homeless people in both Peterborough and Cambridge. Councils are required to provide temporary accommodation for homeless families but not for single people who are not classed as in priority need. Homeless rough sleepers often have poor mental health, drug and alcohol problems and are at risk of early death. Mental health, drug and alcohol, and criminal justice service providers say that lack of housing and homelessness may cause people to relapse into illness, addiction or criminal behaviour, when this could have been prevented. This can lead to more demand on services and higher costs overall.

Peterborough: people who are statutorily homeless but not in priority need



Cambridge: people who are statutorily homeless but not in priority need



People living with disabilities or coming out of hospital may need adaptions to their houses, so they can stay in their own home. In some cases they may need a new home tailored to their needs, for their families to continue caring for them.

How are we working together already?

Local City and District Councils are working to prevent homelessness, to provide housing and services to vulnerable people, and to make sure people with disabilities and long term conditions have access to the right adaptions for their houses. Partnership work across Cambridgeshire and Peterborough is led by the 'Sub-Regional Housing Board', which has overseen a successful homelessness prevention 'Trailblazer' pilot.

The Access Centre GP Surgery in Cambridge provides health services to rough sleepers and very vulnerable adults, but similar services are not funded in Peterborough or Wisbech, where there are also several rough sleepers. NHS commissioners (the CCG) are assessing the health needs and current provision for rough sleepers across the area.

What can the Health and Wellbeing Board do?

- Health and care providers on the Health and Wellbeing Board can commit to working with sub-regional Housing Board members, to prevent homelessness and develop joint pathways into housing for vulnerable people. This includes organisations working together at local level to solve problems, and strategically at STP Alliance and STP Board level.
- Health and Wellbeing Board member organisations can work with the CCG to address the recommendations of the rough sleeper health needs assessment.

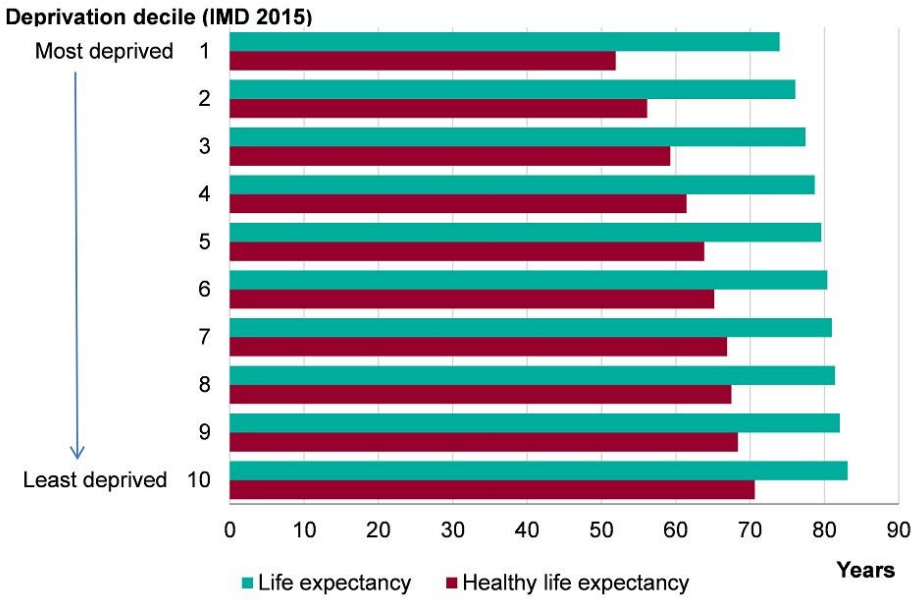
How will we measure progress? Outcome metrics TBC

PLACES THAT SUPPORT HEALTH AND WELLBEING: OUTCOME 3

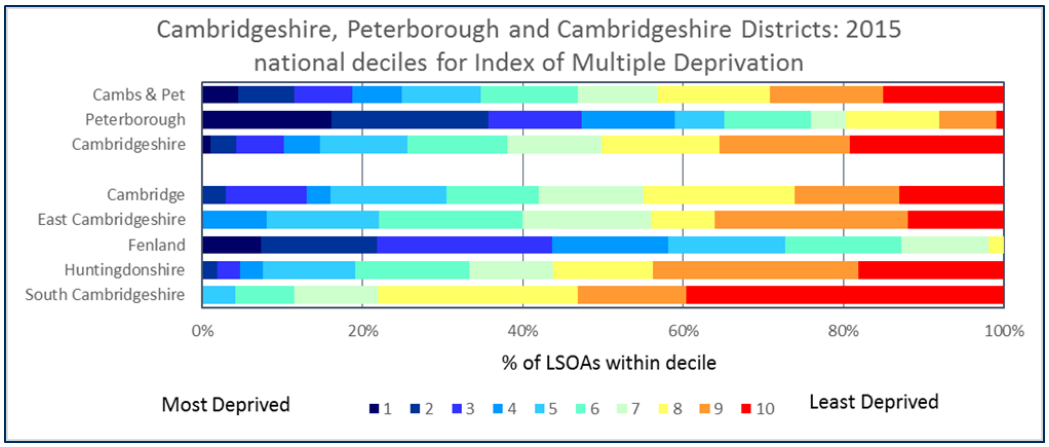
Reducing inequalities in skills and economic outcomes across our area

What does the JSNA tell us?

Nationally, there is a strong relationship between people's social and economic circumstances and their health. On average, men who live in areas with the worst social and economic deprivation have significant health problems by their early fifties – while in the least deprived areas they stay healthy until over age seventy. The picture is similar for women.



In Cambridgeshire and Peterborough we see these inequalities. Many communities are prosperous and healthy with good outcomes compared to the national picture. But some communities experience poverty, low education and skills, and poor health outcomes. There are more communities with these issues (shown as blue-black on the chart below) in Peterborough and Fenland, and a smaller number in Cambridge and Huntingdon.



Some local people are not working because they have long term health problems - and this number is greater than people who are out of work and looking for a job.

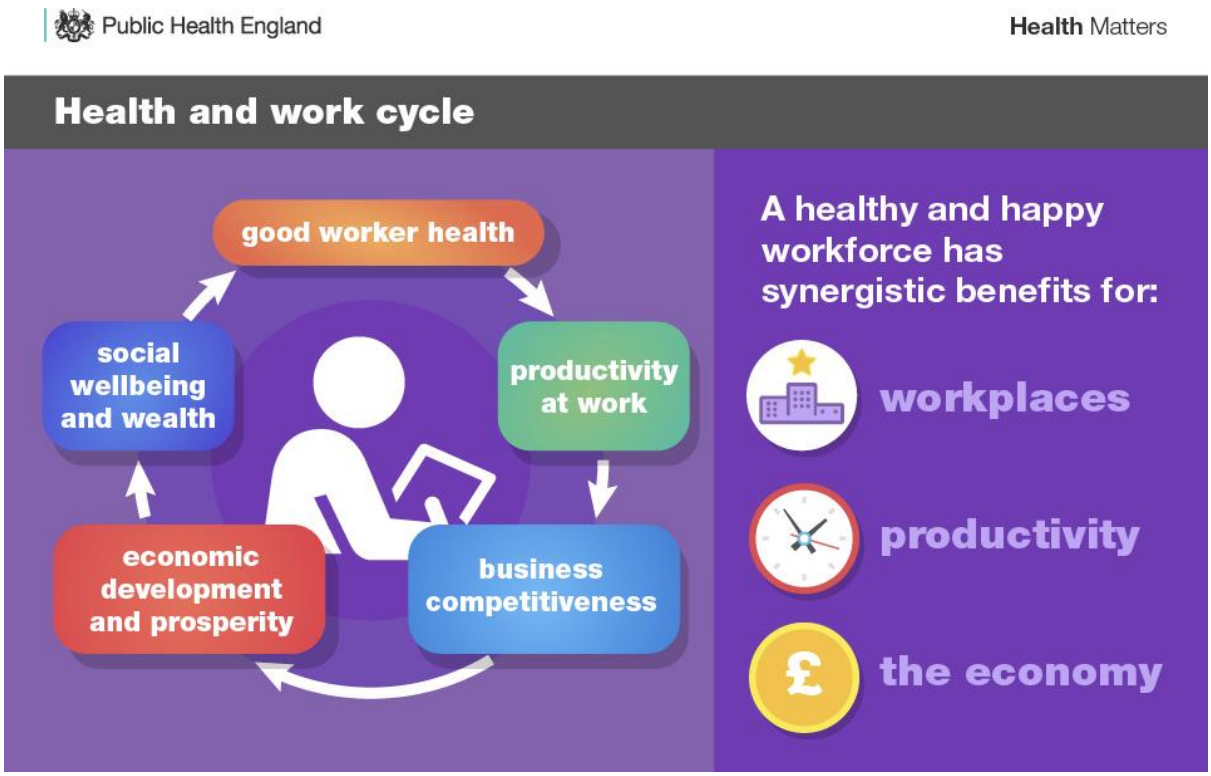
How are we working together already?

- The Combined Authority has approved an Industrial Strategy which recognises the different economic issues in Greater Cambridge, Peterborough and the Fens and which has as its first goal:
    - To scale growth further to benefit the whole area, building on Cambridge's world class assets to create INCLUSIVE growth across our economy

  Inclusive economic growth means bringing local communities out of poverty - helping local people to gain the right skills, and access good quality jobs and income.
- There is a world leading life sciences and health technology sector in Cambridge and surrounding areas.
- We have a Combined Authority 'Work and Health' pilot, and a nationally funded Mental Health pilot, to help people with long term health problems back into work.

What can the Health and Wellbeing Board do?

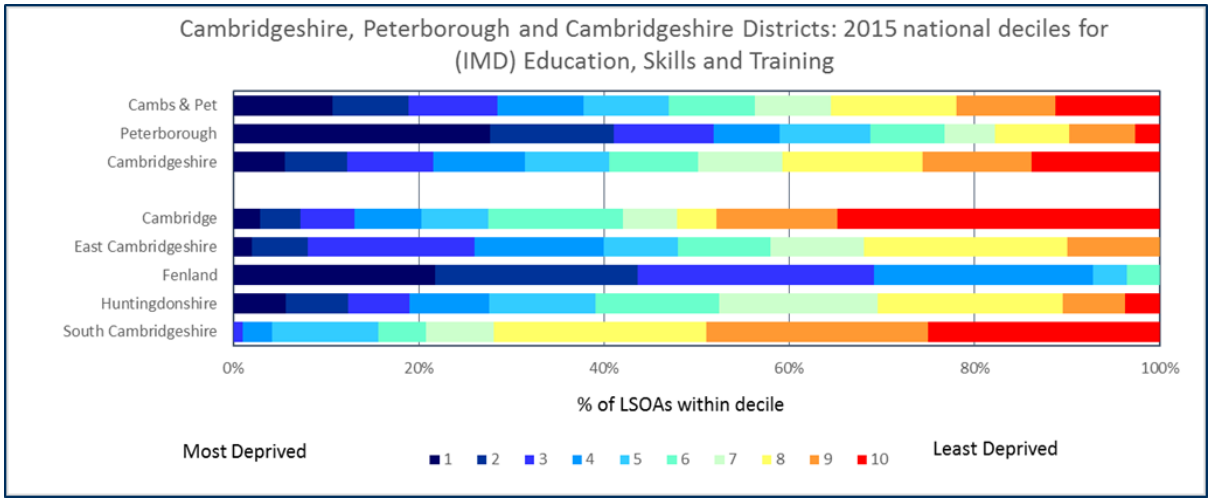
- Endorse the Combined Authority Industrial Strategy goal for inclusive growth across the area. This will create good quality jobs which support people's health.
- Healthcare providers on the HWB Board can support the Combined Authority's aim to spread the economic benefits of a strong biomedical and health technology sector beyond Greater Cambridge.
- Public health and healthcare providers on the HWB Board can work with the Combined Authority Business Board to promote workplace health programmes in local businesses, which help staff stay healthy and productive.
- HWB Board member organisations can engage with and support the two local pilot programmes to support people with long term health problems back into work.



Adult education and skills

What does the JSNA tell us?

People with higher education and skill levels generally have better health – both through higher incomes and a better understanding of how to stay healthy. The chart below shows that many communities in Peterborough and the Fens have low levels of education and skills (marked blue black), while communities in Cambridge and South Cambridgeshire often have very high education and skill levels (marked red). Some people need to regain confidence and skills after an illness to return to work. For migrant workers, English language skills are key to accessing a wider range of jobs.



How are we working together already?

- The second theme of the recently approved Combined Authority Skills Strategy is 'Empower local people to access education and skills to participate fully in society, to raise aspirations and enhance progress into further learning or work.' It outlines several actions which will help to close the local skills gap including
    - Improving Adult Education Budget Commissioning to link directly with apprenticeships and job progression.
    - Developing a University for Peterborough
    - Creating a health and care sector work academy, working collaboratively with local care and health providers.

What can the Health and Wellbeing Board do?

- The Health and Wellbeing Board can endorse the Combined Authority Skills Strategy theme to 'Empower local people to access education and skills, to participate fully in society, to raise aspirations and enhance progress into further learning or work'.
- Health and care providers on the Health and Wellbeing Board can work with the Combined Authority to deliver a successful Health and Care sector work academy, supporting local people into jobs.

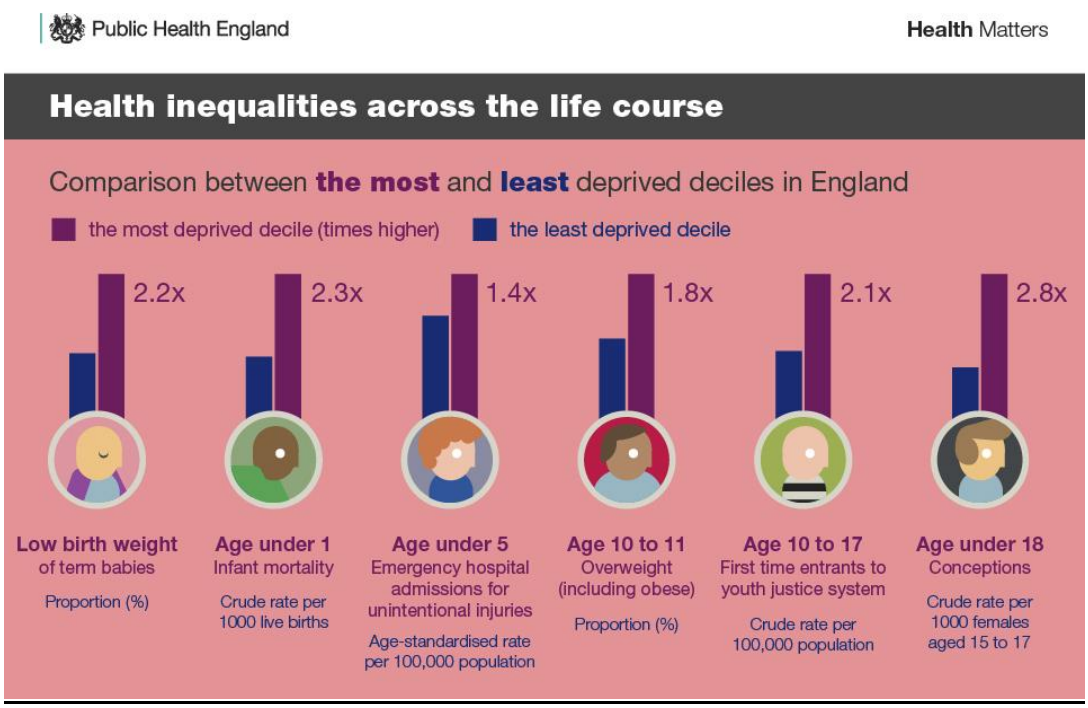
How will we measure progress?

Outcome metrics TBC

PRIORITY TWO: HELPING CHILDREN ACHIEVE THE BEST START IN LIFE

What happens in pregnancy and childhood influences a person's health throughout their life.

Social and economic factors are important - health inequalities between the most and least deprived areas locally and nationally are evidence from the earliest stage.



Information from the JSNA and discussions with a range of local stakeholders about 'Helping Children achieve the Best Start in Life' have identified two outcome areas for focus:

Outcome 1: Delivering the Best Start in Life from pre-birth to age five

Outcome 2: Developing an integrated approach for older children and adolescents

HELPING CHILDREN ACHIEVE THE BEST START IN LIFE: OUTCOME 1

Delivering the Best Start in Life from pre-birth to age five

What does the JSNA tell us?

Both Peterborough and Fenland have more children living in poverty than the national average, and this is likely to affect their health and wellbeing.

In reception class, children are assessed for 'school readiness' – which covers their physical development, communication and social skills. Good 'school readiness' means a child is more likely to flourish at school, achieve good educational outcomes, and have good long term health. In Peterborough and Fenland, children are less likely to be ready for school than nationally

School Readiness: the percentage of children achieving a good level of development at the end of reception, 2017/18

2017/18 — Proportion - %

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	466,668	71.5	71.4	71.6
East of England region	↑	52,710	72.1	71.8	72.4
Thurrock	↑	1,812	74.5	72.7	76.2
Southend-on-Sea	↑	1,609	73.9	72.1	75.7
Essex	↑	12,570	73.8	73.1	74.4
Central Bedfordshire	↑	2,676	73.2	71.7	74.6
Hertfordshire	↑	10,471	72.7	72.0	73.5
Norfolk	↑	6,700	71.6	70.6	72.5
Suffolk	↑	5,735	71.5	70.5	72.4
Cambridgeshire	↑	5,228	71.2	70.1	72.2
Bedford	↑	1,584	69.6	67.6	71.4
Luton	↑	2,231	68.9	67.3	70.5
Peterborough	↑	2,094	66.7	65.0	68.3

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

In Cambridgeshire, children experiencing poverty who are eligible for free school meals are less likely to be ready for school than children from similar backgrounds in other counties.

School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception, 2017/18

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	49,312	56.6	56.2	56.9
Staffordshire	↑	14	488	58.3	54.9	61.6
Somerset	↑	9	500	57.5	54.2	60.7
Suffolk	↑	7	484	57.2	53.9	60.5
Hampshire	↑	11	733	56.2	53.5	58.9
Northamptonshire	↑	5	421	56.1	52.5	59.6
Essex	↑	10	1,041	56.0	53.8	58.3
Warwickshire	↑	2	315	55.0	50.9	59.0
Buckinghamshire	↑	8	244	53.0	48.5	57.6
Hertfordshire	↑	15	636	51.8	49.0	54.6
West Sussex	↑	12	393	51.7	48.2	55.2
Oxfordshire	↑	1	311	50.8	46.9	54.8
Worcestershire	↑	6	370	50.1	46.5	53.7
North Yorkshire	↑	13	247	49.4	45.0	53.8
Gloucestershire	↑	3	303	48.9	45.0	52.9
Leicestershire	↑	4	265	48.4	44.2	52.5
Cambridgeshire	↑	-	364	47.3	43.8	50.8

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

The child population in our main urban areas is rich in diversity – in both Peterborough and Cambridge, around half of all births in 2017 were to mothers who themselves were born outside the UK. In Peterborough, a third of schoolchildren speak a language other than England at home.

How are we working together already?

- Over the past year, a multi-agency Cambridgeshire and Peterborough 'Best Start in Life' Strategy has been developed, with the vision that "Every child will be given the best start in life supported by families, communities and high quality integrated services". The BSiL strategy covers the time from conception until children start school and focussed on three key outcomes for local children

    - Children live healthy lives
    - Children are safe from harm
    - Children are confident and resilient with an aptitude and enthusiasm for learning

  A new 'Best Start in Life' service model is being developed, with increased focus on a place based approach, linking young families into local communities.

- There has been investment in a local 'Better Births' programme, including development of community hubs, improved peri-natal mental health services and interventions to support pregnant women to stop smoking.
- A nationally funded 'Opportunity Area' to improve educational outcomes and social mobility in Fenland and East Cambridgeshire, includes interventions for children in their early years.

What can the Health and Wellbeing Board do?

- The Health and Wellbeing Board can endorse the Best Start in Life Strategy 2019-24, which is overseen by the Cambridgeshire and Peterborough Children's Health and Wellbeing Executive Board.
- NHS organisations on the Health and Wellbeing Board can make sure that 'Better Births' hubs and perinatal mental health services are fully integrated with the new 'Best Start in Life' service model.
- Local authority and voluntary sector organisations on the Health and Wellbeing Board can help develop the place based 'Best Start in Life' model, by supporting links with local communities.

How will we measure progress?

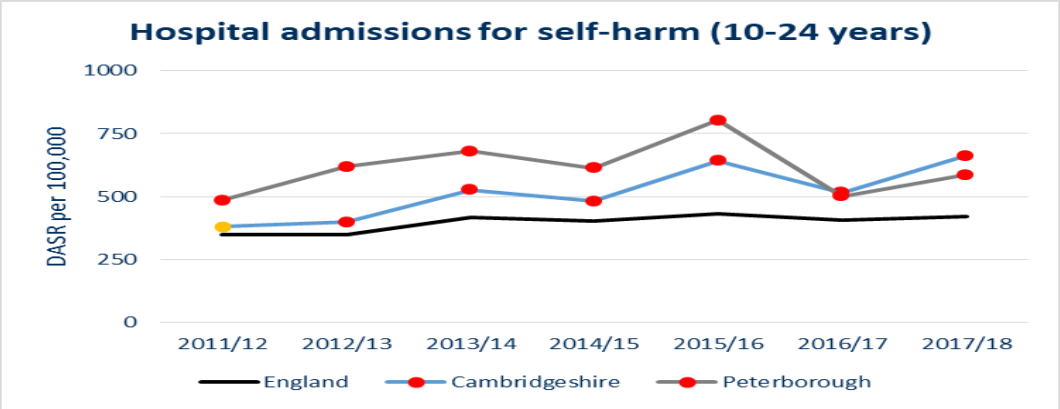
Outcome metrics TBC

HELPING CHILDREN ACHIEVE THE BEST START IN LIFE: OUTCOME 2

Developing an integrated approach for older children and adolescents

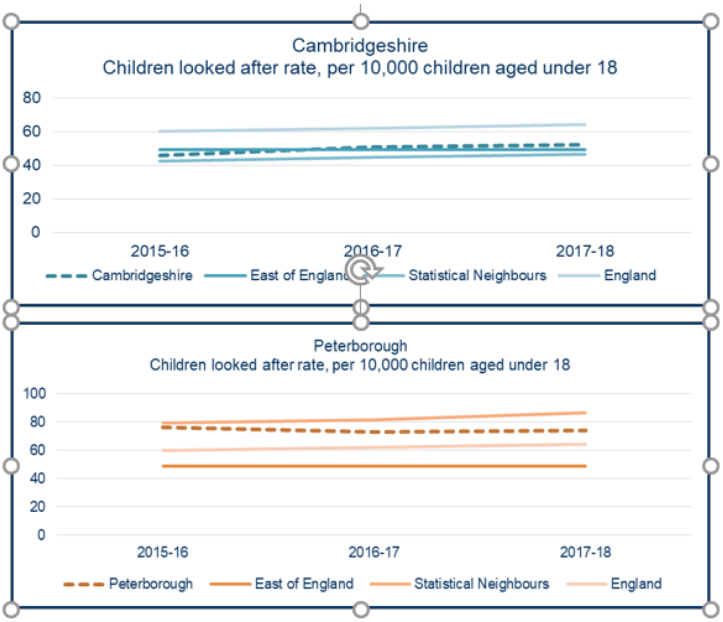
What does the JSNA tell us?

The JSNA shows that 10-24 year olds in Cambridgeshire and Peterborough are more likely to be admitted to hospital for self harm (often an overdose) than the national average. This may be partly because hospitals around the country collect information in different ways, but it is still of concern.



Local 16-24 year olds are also more likely than the national average to be homeless, particularly in Peterborough. Young people in Peterborough are also more likely than average to be admitted to hospital for injuries, asthma or diabetes, to be teenage mothers, and not to be in education, employment or training.

Nationally there have been rising rates of children taken into care, and these children are some of the most vulnerable people in our society. In Peterborough the numbers of children in care are in line with similar local authorities. In Cambridgeshire there are more children in care than in similar counties, and their rates of health checks and immunisations are low.



Numbers of looked after children, 2017/18

Area	No.	%*	Rate per 10,000 of pop.
Cambridge	139	20%	60.2
East Cambridgeshire	60	8%	30.6
Fenland	163	23%	81.1
Huntingdonshire	165	23%	45.1
South Cambridgeshire	98	14%	27.9
Non-Cambridgeshire postcode	81	11%	-
Cambridgeshire	**706**	**66%**	**52.5**
Peterborough	**370**	**34%**	**74.6**
Cambridgeshire & Peterborough	**1,076**		**58.3**

Note: *Cambridgeshire district percentages relate to Cambridgeshire total and Cambridgeshire and Peterborough percentages relate to Cambridgeshire and Peterborough Combined Authority total

How are we working together already?

- The Cambridgeshire and Peterborough Children and Young People Emotional Wellbeing Board works jointly to improve services and outcomes for young people with mental health problems.
- The Clinical Commissioning Group receives national NHS funding to improve child and adolescent mental health services by delivering a 'Local Transformation Plan'.
- The Police and Crime Commissioner is funding work to promote young people's resilience through the local Healthy Schools Support Service.
- The Cambridgeshire and Peterborough Special Educational Needs and Disability (SEND) Strategy aims to provide joined up support for children and young people with disabilities across Education, Health and Social Care.
- Peterborough City Council has received national funding for a 'Familiy Safeguarding' pilot, in which adult mental health, drug and alcohol, and domestic abuse workers provide direct care and support to parents. This reduces the number of children who need to go into care. Cambridgeshire County Council will receive similar funding in autumn 2019, to implement the 'Family Safeguarding' model.

What can the Health and Wellbeing Board do?

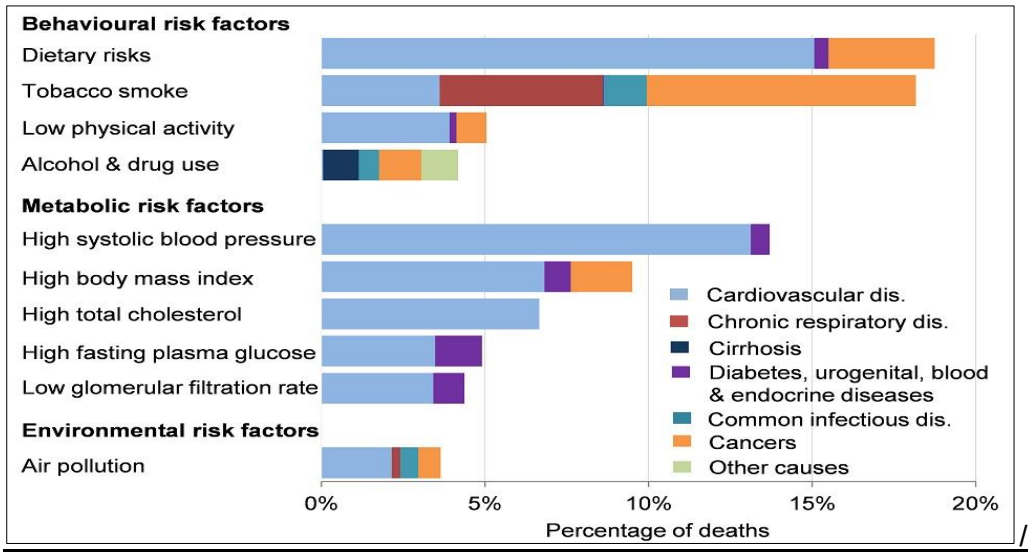
- The Health and Wellbeing Board can ask the Children's Health and Wellbeing Executive Board to bring together organisations and stakeholders, to develop an integrated outcomes framework and strategy for older children and adolescents across Cambridgeshire and Peterborough.
- Health and Wellbeing Board member organisations can help Children in Care to belong in local communities, by taking practical steps to include them and their carers in local activities and services.

How can we measure progress?

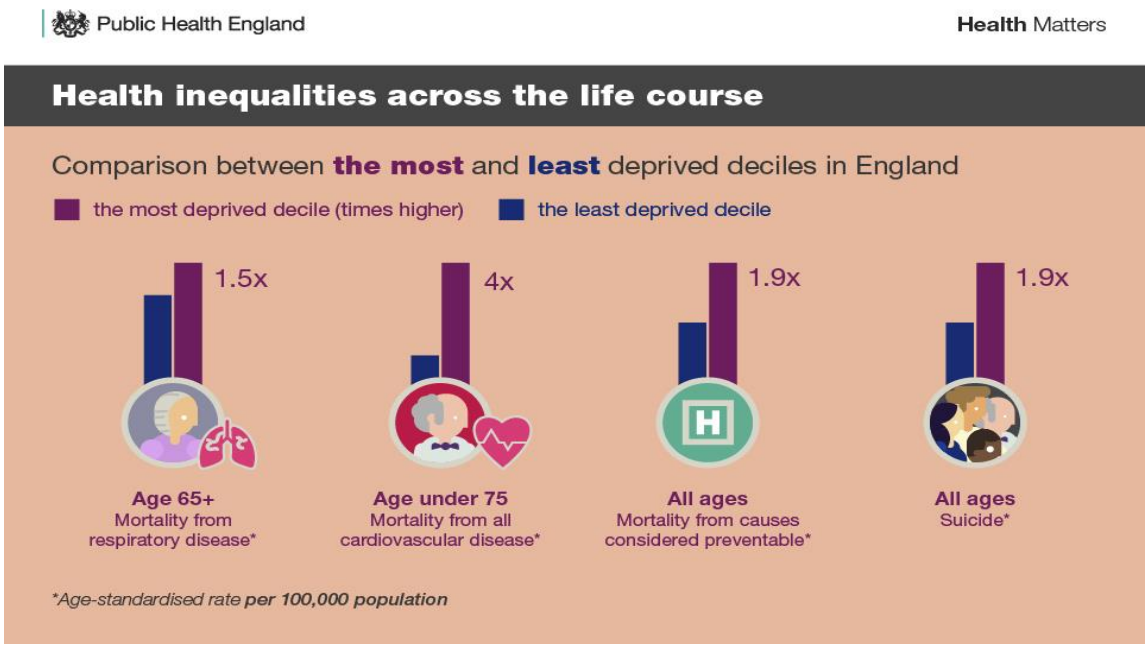
Outcome metrics TBC

PRIORITY THREE: STAYING HEALTHY THROUGHOUT LIFE

Research shows that some lifestyle behaviours have a major impact on a person's risk of developing long term health conditions such as heart and lung disease, cancer and diabetes. The biggest risks are eating an unhealthy diet and smoking tobacco, each responsible for about 20% of deaths. Too little physical activity and alcohol and drug use are also significant.



Social and economic factors remain relevant in adulthood, with big differences in health between the most and least deprived communities, locally and nationally.



Information from the JSNA and discussions with a range of local stakeholders about 'Staying healthy throughout life' have identified four outcome areas for focus:

- **Outcome 1: A joined up approach to healthy weight, obesity and diabetes**
- **Outcome 2: Reducing inequalities in heart disease and smoking**
- **Outcome 3: Improving mental health and access to services**
- **Outcome 4: Ageing Well – meeting the needs of a growing older population**

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 1

A joined up approach to healthy weight, obesity and diabetes

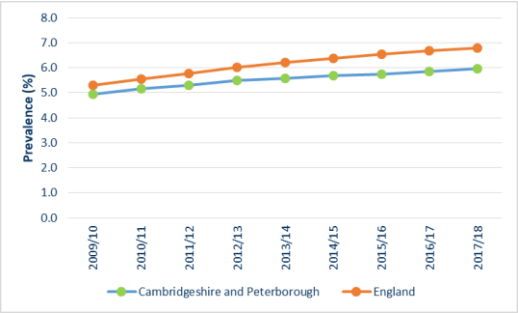
What does the JSNA tell us?

Obesity increases the risk of several diseases including diabetes, heart disease, cancer and arthritis.

In Cambridgeshire and Peterborough, between one in three and one in four children are overweight or obese by the time they leave primary school. Both locally and nationally, some communities with high rates of poverty and deprivation, and some ethnic groups including South Asians, have higher childhood obesity rates.

Around two in three adults are estimated to be overweight or obese, and in Peterborough and Fenland rates of overweight, obesity, and diabetes are all worse than the national average. The numbers of people with diabetes have been rising both locally and nationally and more than one in twenty adults now has diabetes.

Area of GP location	Percentage	Number of people
Cambridge	4.7	7,601
East Cambridgeshire	9.2	6,227
Fenland	13.2	12,353
Huntingdonshire	8.7	12,489
South Cambridgeshire	7.1	7,555
Cambridgeshire	8.1	46,225
Peterborough	10.1	16,916
Cambridgeshire and Peterborough CCG	**8.5**	**63,141**
England	9.8	4,530,447



NHS benchmarking statistics show that outcomes of treatment for patients with diabetes in Cambridgeshire and Peterborough are generally worse than the national average.

How are we working together already?

- A local authority led Healthy Weight Strategy for Cambridgeshire was approved in 2017 and a Healthy Weight Strategy for Peterborough is in process of being produced.
- The NHS led Sustainable Transformation Partnership has identified obesity and diabetes as a clinical priority, and is producing a local Diabetes and Obesity Strategy.
- The Cambridgeshire and Peterborough Public Health Reference Group (PHRG) have collated information on more than 50 fast food outlet policies from other UK local authorities.

What can the Health and Wellbeing Board do?

- The HWB Board member organisations can approve and adopt the Cambridgeshire and Peterborough Healthy Weight Strategies and the STP Obesity and Diabetes Strategy - and make sure they are implemented in a joined up way with consistent messages.
- Planning authorities on the HWB Board can use the PHRG review of local authority fast food policies, to consider what they could introduce locally.

How can we measure progress?

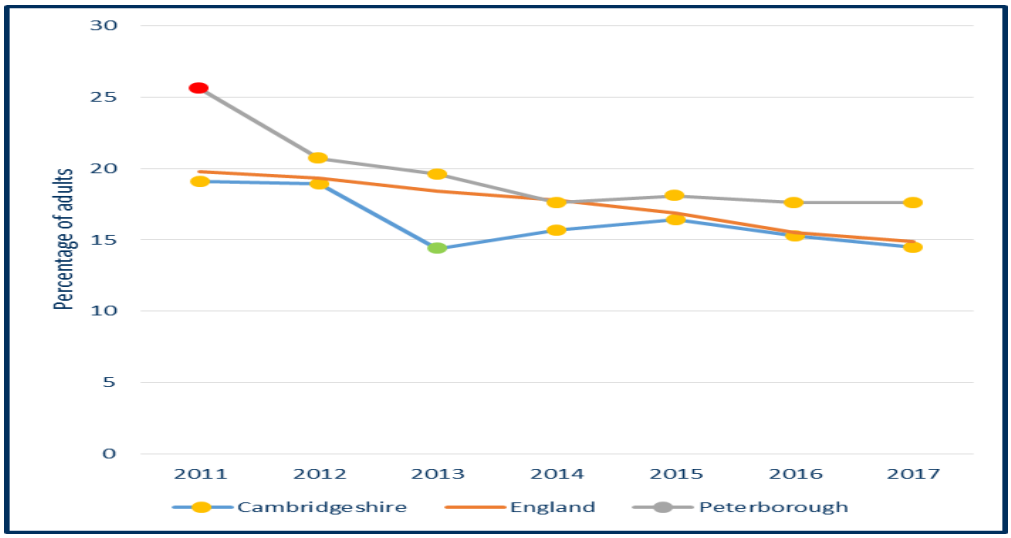
- TBC

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 2

Reducing inequalities in heart disease and smoking

What does the JSNA tell us?

Local smoking rates haven't fallen as fast as elsewhere and are now above the national average in Peterborough and similar to average in Cambridgeshire. Almost one in four women in Wisbech smoke during pregnancy, which can affect the health of both mother and baby, compared with one in ten women nationally.



Deaths under the age of 75 from circulatory disease (heart disease and stroke) are higher than average in both Peterborough and Fenland.

Both nationally and locally, heart disease is linked with social and economic deprivation and with ethnicity – there are higher rates in both South Asian and some Eastern European communities. Circulatory disease accounts for three years of the difference in life expectancy between men in the most and least deprived areas of Peterborough, and there are also high rates in Wisbech.

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Peterborough, by broad cause of death, 2015-17

Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

How are we working together already?

- The Cambridgeshire and Peterborough Smoke Free Alliances have developed a local multi-agency strategy to prevent and reduce the harm caused by smoking and tobacco.
- The NHS led Sustainable Transformation Partnership (STP) has identified cardiovascular disease as a clinical priority and is developing a local Cardiovascular Disease strategy.
- In Peterborough, public health staff are working with the mosques to develop a healthy living programme and prevent diabetes and heart disease.
- In Wisbech, addressing smoking has been identified as a priority for local work to improve health, across organisations.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board organisations can endorse and adopt the Cambridgeshire and Peterborough Smoking and Tobacco Strategy, led by the Smoke Free Alliances.
- The Health and Wellbeing Board can endorse the clinical strategy for cardiovascular disease led by the STP.
- Health and Wellbeing Board member organisations and Primary Care Networks can focus our resources on working together in the most deprived areas of Peterborough and Wisbech to prevent and effectively treat cardiovascular disease.

How will we measure success?

Outcome metrics TBC

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 3

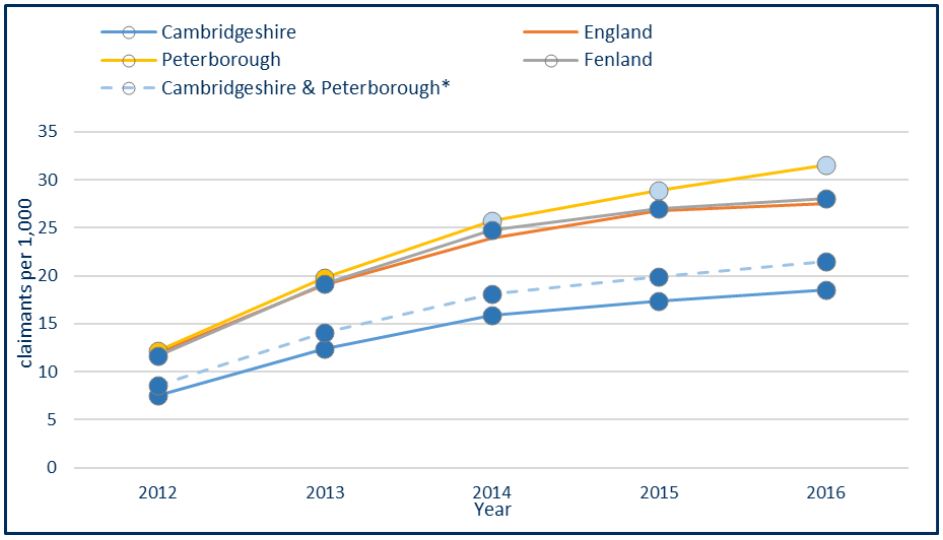
Improving mental health and access to services

What does the JSNA tell us?

Around one in ten adults nationally have depression, according to information on GP practice records. Locally, it is more common for people to have depression in Fenland, and least common in Cambridge. In Cambridge the rates of serious mental illness such as schizophrenia and bipolar disorder are higher than average (about one in one hundred adults). Around one in two hundred adults are recorded on GP registers as having learning disabilities, and the rate is highest in Fenland.

Area of GP location	Schizophrenia, bipolar affective disorder and other psychoses		Depression (18+)*		Dementia		Learning disabilities	
	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people
Cambridge	1.0	2,013	7.0	11,410	0.5	922	0.3	584
East Cambridgeshire	0.7	609	9.4	6,368	0.7	599	0.4	364
Fenland	0.6	733	11.0	10,352	0.7	866	0.6	650
Huntingdonshire	0.7	1,249	9.7	13,897	0.8	1,420	0.5	837
South Cambridgeshire	0.8	1,045	8.6	9,197	0.7	892	0.3	451
Cambridgeshire	0.8	5,649	8.9	51,224	0.7	4,699	0.4	2,886
Peterborough	0.8	1,870	8.5	14,272	0.7	1,521	0.5	1,072
Cambridgeshire and Peterborough	**0.8**	**7,519**	**8.8**	**65,496**	**0.7**	**6,220**	**0.4**	**3,958**
England	0.9	550,918	9.9	4,589,213	0.8	446,548	0.5	284,422

Since 2012, the numbers of people claiming benefits for mental health problems which make them unable to work has risen and is highest in Peterborough.



The Health Watch 'What would you do?' survey and focus groups identified some concerns about local mental health services in particular:

- Waiting times for both adults and children's mental health services
- Services sometimes seeming fragmented – with people either too ill or not ill enough to access them.
- Care can seem to be service centred rather than person centred.

How are we working together already?

- The local ‘Mental Health Crisis Concordat’ brings together NHS, police, local authority and voluntary sector services. The local ‘Dial 111 option 2’ mental health crisis service developed recently, is due to be rolled out nationally
- A multi-agency Suicide Prevention Strategy approved in 2018 is being implemented .
- There have been several successful bids for national funding streams leading to local service developments. These include:
    - The child and adolescent mental health Local Transformation Plan
    - National NHS funding to pilot waiting targets for mental health appointments
    - NHS funded pilots for suicide prevention and for helping people with mental health issues into employment.
- The national ‘Campaign to end Loneliness’ is working with local stakeholders to produce a Cambridgeshire and Peterorough Loneliness Strategy, which aims to improve both mental and physical health outcomes.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can approve and implement the Cambridgeshire and Peterborough Loneliness Strategy.
- The Health and Wellbeing Board can work with the STP Board and Crisis Care Condordat, to ensure that there is joined up governance and oversight for all aspects of mental health strategy.
- Health and Wellbeing Board member organisations can support pathways for vulnerable people with mental health problems into housing and employment.

How can we monitor progress?

Outcome metrics TBC

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 4

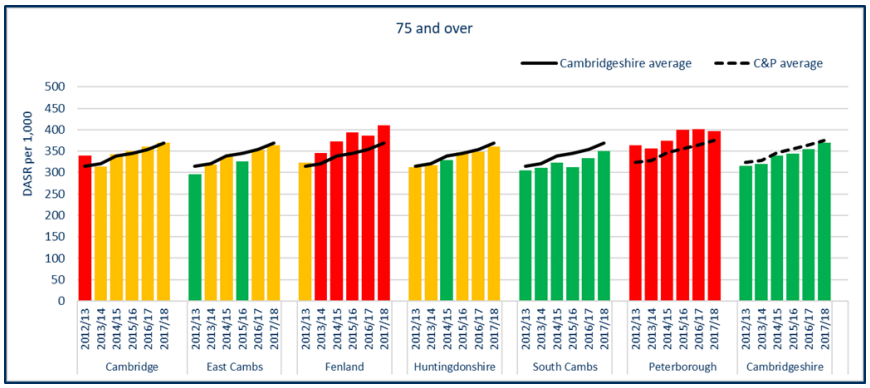
Ageing Well – meeting the needs of an ageing population

What does the JSNA show?

The numbers of people in Cambridgeshire and Peterborough aged seventy-five or over are expected to increase by between 40% and 50% from 2016 to 2026. These forecasts are consistent across national statisticians (Office of National Statistics – ONS) and the local Cambridgeshire County Council Research Group (CCCRG).

The risk that a local resident aged 75 or over will be admitted to hospital as an emergency increased between 2012/13 and 2017/28 in all parts of Cambridgeshire and Peterborough. Emergency hospital admission rates for older people are highest in Fenland and Peterborough and lowest in South Cambridgeshire.

Directly age standardised emergency admission rate per 1000 population for people aged 75+



Once in hospital, there is a history in Cambridgeshire of some older people staying in hospital for longer than they need to. This is called a 'delayed transfer of care'. The STP has prioritised delayed transfers of care as an area for joint health and social care action, and there have been recent improvements, which need to be maintained.

The risk of developing dementia increases with age, and may increase the need for both health and care services. While many cases of dementia aren't preventable the risk can be reduced by lifestyle changes in mid to later life.

A common reason for hospital admission, and sometimes for onward referral to residential care is a serious fall. Elderly residents of Cambridge City are more likely than those in other areas to be admitted to hospital for a fall.

Indicator	Period	England rate per 100,000 [1]	C&P* rate per 100,000 [1]	C&P* number	Pboro rate per 100,000 [1]	Pboro number	Cambs rate per 100,000 [1]	Cambs number	Cambridgeshire Districts				
									Cambridge	E Cambs	Fenland	Hunts	S Cambs
People aged 65 & over (persons)	2017/18	2,170	2,140	3,261	2,041	602	2,164	2,659	2,591	2,014	2,177	2,056	2,123
People aged 65 & over (males)	2017/18	1,775	1,732	1,076	1,635	192	1,754	884	2,187	1,491	1,951	1,612	1,696
People aged 65 & over (females)	2017/18	2,453	2,437	2,185	2,320	410	2,465	1,775	2,860	2,400	2,355	2,361	2,469
People aged 65-79 (persons)	2017/18	1,033	935	982	897	179	943	803	1,263	752	951	956	876
People aged 65-79 (male)	2017/18	855	764	388	759	72	766	316	1,172	533	799	794	658
People aged 80 & over (persons)	2017/18	5,469	5,636	2,279	5,357	423	5,702	1,856	6,440	5,673	5,730	5,246	5,741
People aged 80 & over (female)	2017/18	6,115	6,345	1,591	6,082	303	6,410	1,288	7,243	6,570	6,031	6,008	6,521

The HealthWatch **'What would you do?'** survey of local people's views on health services asked 'What is most important to help you keep your independence and stay healthy for as long as possible?'. The most highly rated answer was 'I want to be able to stay in my own home for as long as it is safe to do so'.

People also said they wanted 'seamless' health and social care services; access to appropriate and timely housing adaptions and wider, more varied range of housing options; access to their local community; access to better transport options; and that it was important to support carers in their caring roles. People valued their local support networks, and wanted better information about how health and care services worked and where to go for information or support.

How are we working together already?

- Local authorities and the NHS work together to prepare and deliver 'Better Care Fund' Plans using nationally allocated resources.
- The STP has prioritised joint work on delayed transfers of care, and these are improving
- The local authority 'Adults Positive Challenge Programme' is providing better information for older people and their families, and encouraging services to work flexibly with older people, building on their strengths and community networks - including two 'Neighbourhood Cares' pilots.
- The multi-agency 'Ageing Well' Board brings together joint preventive programmes for older people including falls prevention and a multi-agency dementia strategy.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can work more closely with the Adults Positive Challenge and Ageing Well Board programmes to support older people in their homes and communities – helping people make sense of the services available to them.
- The Health and Wellbeing Board can monitor how well we are working together to help older people receive their care outside hospital, using a system 'emergency bed days' measure.

How will we measure progress?

Outcome measures TBC

PRIORITY 4: GOOD QUALITY HEALTH AND SOCIAL CARE

Views of local residents and patients

Good quality health and social care when you need it matters to everyone. One of the most up to date sources of information on local people's views of healthcare in Cambridgeshire and Peterborough is the **HealthWatch 'What would you do?' report,** published in May 2019. Over 800 people gave their views and there were some clear messages:

'We identified recurring and persistent themes in the comments people wrote in the surveys and when talking to us in the focus groups. These messages are very similar to what we hear in our routine collection of people's experiences of health care locally.

• People we heard from want faster, easier access to primary care services, particularly to GPs

• People are interested in self-help and are asking for support to access information and appropriate services to help them keep well

• Support is not always offered; people often look for support themselves sometimes whilst coping with illness or another's illness. They find that information is in lots of different places, often not current, and often not accessible

• Carers with long-term conditions often have the additional challenges of caring for others. People often experience poor communication between services and as a patient. Often the patient / carer has to co-ordinate it themselves and chase to get anywhere

• Patients want to be listened to, especially people with long-term conditions who are often 'experts' in their condition and able to recognise when their health changes

• People with conditions over a long time told us they experienced worsening services

• Care can seem to be service-centred rather than person-centred. We heard this particularly of autism and mental health services

• Care is often not joined-up — especially for people with long-term or multiple conditions. People told us they wanted to be seen and treated holistically. The experience was of systems not 'talking' to each other, and people not understanding how the system works

• There is a 'digital divide'. Not everyone does or can use the internet, but there is awareness of its potential

• Travel and transport difficulties continue to be barriers to effective health care. There is some evidence of willingness to travel and the limits on this for some aspects of care and some groups.

External quality inspections

In general, external Care Quality Commission inspection reports for local NHS Trusts and GP practices say that services are of good quality, although the Queen Elizabeth Hospital Trust in Norfolk, which is used by residents of Wisbech and North Fenland has recently been rated as inadequate

Trust	2014	2015	2016	2017	2018	2019
CUHFT		Inade-quate	Requires improve-ment	Good		Good
PSHFT	Requires improvement	Good			Good	
HHT	Inade-quate		Good		Requires improvement	
CPFT		Good			Good	
CCS	Good				Good	Out-standing
Pap-worth		Good				

Demand and financial pressures

The Cambridgeshire and Peterborough health system is one of the most financially challenged in the country – with the current annual deficit across local NHS organisations totalling £192 million. A large part of this deficit sits with NHS hospitals which treat patients from outside the area – so not all of this funding is spent on Cambridgeshire and Peterborough residents. Local Council social care and public health services are also under pressure financially, and services face additional pressure from a growing and ageing population.

Health inequalities

While local NHS Trusts are providing good quality services across Cambridgeshire and Peterborough, it's not always clear that services and staff are allocated proportionately to need. There are many differences in service provision which are historical, and which may not be related to current needs and health inequalities.

The Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP)

The Cambridgeshire and Peterborough Health and Wellbeing Boards work alongside the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP). While the Health and Wellbeing Boards are Council Committees accountable through local democracy, the Sustainable Transformation Partnership (STP) is NHS led, with a strong accountability line to regional and national NHS regulators.

This draft Cambridgeshire and Peterborough Health and Wellbeing Strategy is being developed in parallel with the Cambridgeshire and Peterborough STP 'Fit for the Future' Five Year Plan for NHS services in the area, which also covers partnership working with local authority social care and public health services. This is part of the nationwide NHS Long Term Plan. It's essential that the Health and Wellbeing Board have a shared vision and strategy for 'Quality Health and Social Care Services' rather than two separate strategies.

The underpinning principle of this section of the Health and Wellbeing Strategy will be how the wider membership of the Health and Wellbeing Board can work strategically with the STP and its five year plan. Information from the JSNA and discussions with a range of local stakeholders have identified four outcome areas for focus:

Outcome 1: Embedding the 'Think Communities' approach to place based working

Outcome 2: A joint approach to population growth

Outcome 3: Addressing financial challenges together

Outcome 4: Acting as a system to reduce health inequalities

Fit for the Future

Working together to keep people well

QUALITY HEALTH AND SOCIAL CARE: OUTCOME 1

Embedding the 'Think Communities' approach to place based working

What does the JSNA tell us?

No two local communities are exactly the same and some are very different – for example in Doddington & Wimblington ward in rural Cambridgeshire, one in four residents is aged 65+ and only one in twenty was born outside the UK. In Central ward in Peterborough, only one in ten residents is aged 65+ and one in two was born outside the UK. The health needs and the sklils and assets within different communities also vary widely.

How are we working together already?

Public sector bodies in Cambridgeshire and Peterborough are increasingly working together using a 'Think Communities' approach. This means freeing up local staff to work together across organisations and with communities to solve problems and achieve the outcomes local people want. The approach aims to build relationships locally and address situations where 'care is not joined up' and 'systems not talking to each other', described in the HealthWatch **What would you do?** report. Small voluntary sector organisations can be key to the Think Communities approach – which aligns with the skills and assets already held within communities and neighbourhoods.

There are now several 'Think Communities' pilot areas across Cambridgeshire and Peterborough. Some are new and others are building on work which was already happening. Pilot areas include the Ortons in Peterorough, Oxmoor in Huntingdonshire, Wisbech in Fenland, 'Neighbourhood Cares' areas in Soham and St Ives, and the Southern Fringe in Cambridge/South Cambridgeshire.

At the same time, the NHS both locally and nationally is developing Primary Care Networks, based on groups of GP practices covering about 30,000-50,000 people. In Cambridgeshire and Peterborough, community health services and adult social care are creating integrated neighbourhood teams around these GP practice groups – aiming to build local relationships and 'joined up' care.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board organisations can endorse and adopt the 'Think Communities' approach, as the locally agreed way of working in partnership with each other and local communities.
- Health and Wellbeing Board organisations can actively promote joint working across 'Think Communities' pilots and Primary Care Network integrated neighbourhood teams – recognising the geography covered will sometimes, but not always, be the same.
- At district level, 'Living Well Partnerships' can consider joining wider 'Think Communities Delivery Boards'.

How will we measure progress?

Outcome measures TBC

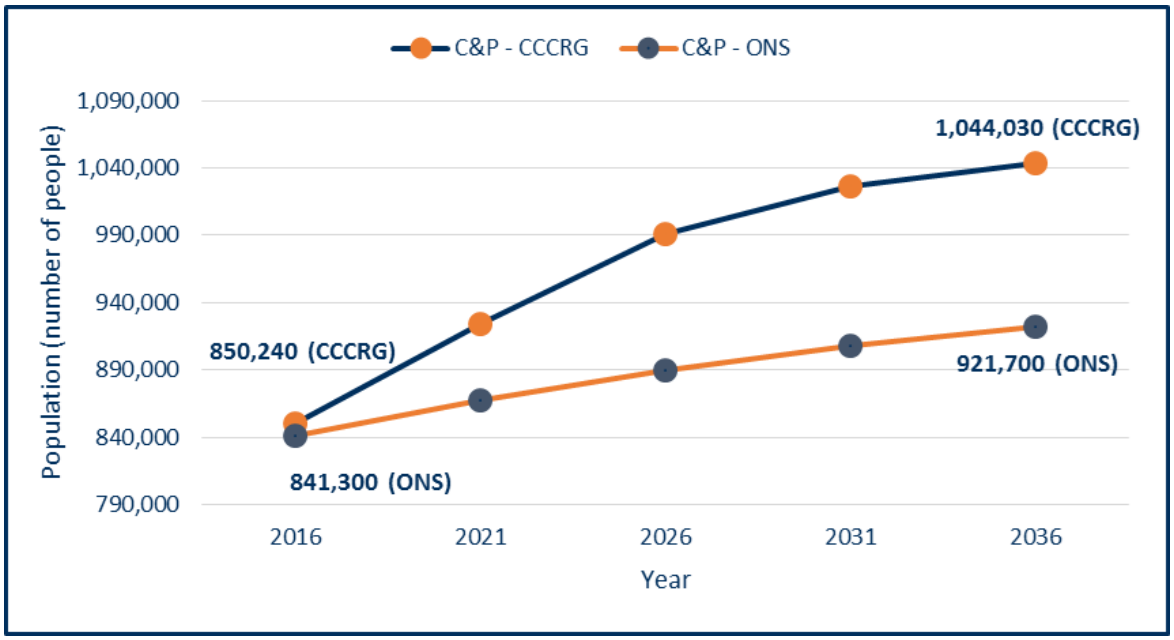
QUALITY HEALTH AND SOCIAL CARE: OUTCOME 2

A joint approach to population growth

What does the JSNA say?

We expect our population to grow alongside our growing economy, but forecasts from different sources vary. The nationally calculated population forecasts predict we will have around 900,000 people in Cambridgeshire and Peterborough by 2026, while our locally calculated forecasts predict we will have about 990,000 people. This is important because if more people live locally there is more demand on health and social care services. We need national funding for these services to keep up with local population growth.

Cambridgeshire and Peterborough - absolute long term (20 year) population change, 2016 to 2036 (all ages)



Source: ONS 2016-based Subnational population projections and CCCRG mid-2015 based population forecasts (JSNA CDS figure 8)

How are we working together already?

- NHS organisations are aware of and use the Cambridgeshire County Council Research Group population forecasts for planning purposes.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can work together to make sure we present the same clear narrative to national government about how our population is growing, and the impact on infrastructure and services.

QUALITY HEALTH AND SOCIAL CARE: OUTCOME 3

Addressing financial challenges together

In mid-2019, NHS organisations within Cambridgeshire and Peterborough are overspending by approximately £190 million per year compared to their baseline allocations from national NHS funding. This deficit is subsidised nationally and by other Sustainable Transformation Partnerships (STPs) within the Eastern Region. It's important to note that much of this overspend is at our hospitals, which treat many patients from outside Cambridgeshire and Peterborough as well as the local population.

In contrast, Local Authority adult social care and public health services in Cambridgeshire and Peterborough do not have a high spend compared to other areas.

Public health funding is allocated to local authorities through a national ring-fenced grant, and due to historical issues public health services in Peterborough are funded at 20% below the expected level for an area with its level of need. In Cambridgeshire, the funding is at least 5% below the expected level.

Adult social care funding is locally generated through Council tax with some national grants in addition. In Peterborough and Cambridgeshire, spend has historically been lower than or similar to benchmark. Council finances are challenged both nationally and locally, and ongoing transformation is needed to remain within the available budgets.

How are we working together already?

Work on the 'Drivers of the Deficit' carried out by Finance Directors across the STP organisations has identified the following factors contributing to the local NHS overspend:

Funding – Funding per head is below benchmark, for both local and specialist services (estimate £39.2m per annum)
Structural – Some of our hospital assets are too highly-specified, purchased at a premium through lease contracts (e.g., PFI), while other hospital assets are too small (estimate £68.4m per annum)
Disjointed commissioning – The legacy of layered services with multiple organisations (estimate £21.8m per annum)
System capacity – There is a lack of beds, exacerbated by avoidable admissions & high Delayed Transfers of Care (DTOC) levels (estimate £40m)
At the time of writing, further work is being done by an external organisation to confirm and extend the 'Drivers of the Deficit' work.

What can the Health and Wellbeing Board do?

The Health and Wellbeing Board can

- work with the STP to ensure that national lobbying on fair funding for Cambridgeshire and Peterborough is joined up and consistent
- engage with service transformations designed to bring the health system finances back into balance.
- Identify opportunities where integration across NHS and local authority services can improve prevention, join up care for service users and reduce overall costs.

How will we measure progress?

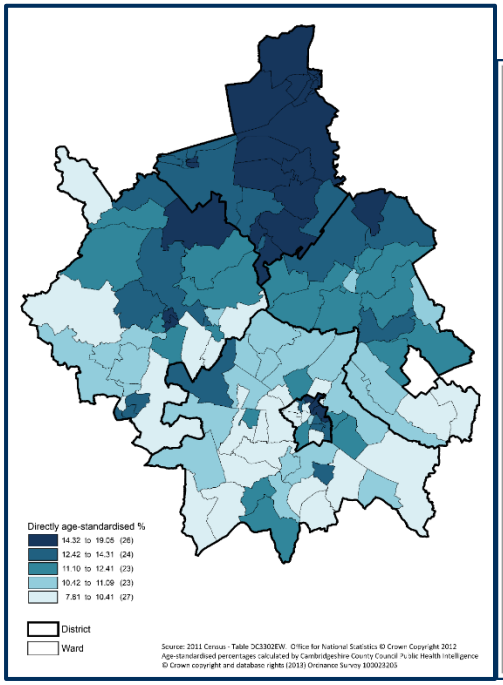
Outcome measures TBC

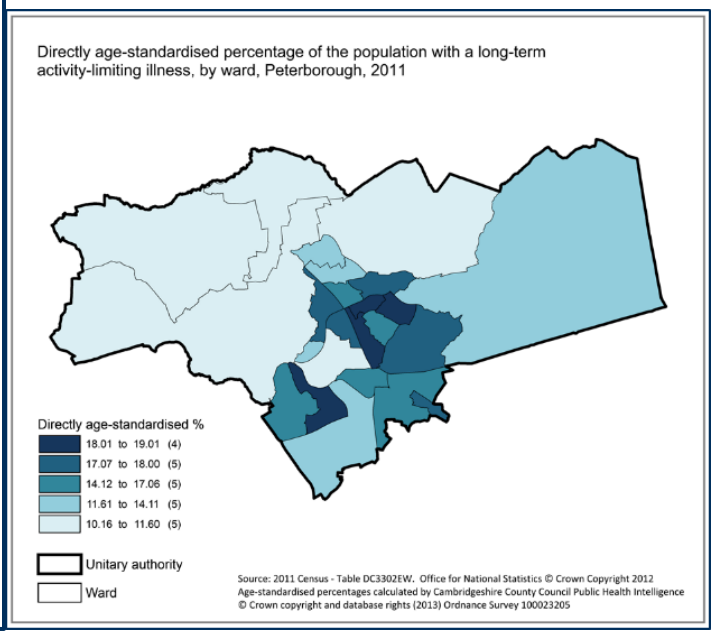
QUALITY HEALTH AND SOCIAL CARE: OUTCOME 4

Acting as a system to reduce health inequalities

What does the JSNA say?

Needs for health and social care services are not equally distributed across Cambridgeshire and Peterborough. People in Fenland and Peterborough are more likely to have long term illnesses which limit their activities in daily life. The maps below show that communities with the poorest health can be concentrated into small areas – including central Peterborough, north Fenland and north east Cambridge.





It is not always easy to provide health services in proportion to local needs – particularly in rural areas like Fenland which are some distance from the nearest hospital.

How are we working together locally?

- Some services have modelled their provision in relation to needs. For example local authority Child and Family Centres in both Cambridgeshire and Peterborough have remodelled their provision to provide more focus on areas with the highest needs, and health visiting services have use a workforce modelling tool – the 'Benson model' to allocate workforce where families and children's needs are highest. This is made easier by a 'Child Health Information System' which provides good local data.
- Some public health contracts specify that services must see a higher proportion of their clients from areas of deprivation and this is performance monitored.
- Some place based community pilots in areas with higher deprivation take a holistic approach and include health and wellbeing alongside other community issues, for example Wisbech 2020 and Peterborough's Can Do area.

What can the Health and Wellbeing Board do?

- Health and care service providers on the Health and Wellbeing Board can use their own service data, together with wider population health data, to identify whether their services are reaching communities with the highest level of needs and whether their

workforce is allocated proportionately. This can form part of a wider ‘Population Health Management’ approach.

- The Health and Wellbeing Board can encourage primary Care Networks which look after communities with higher levels of deprivation and poorer health to develop joint preventive programmes with local authority public health services.
- Health and Wellbeing Board member organisations can consider their role as ‘anchor organisations’ in Cambridgeshire and Peterborough, including how their employment, workplace health and procurement practices can support good quality training and jobs for more disadvantaged communities.

How will we measure progress?

Outcome metrics TBC

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Cambridgeshire & Peterborough Joint Health and Wellbeing Strategy 2019-24

Cambridgeshire County Council

- Legal requirement of the upper tier LA Health and Wellbeing Boards
- Must address the needs identified in the JSNA
- First joint HWB Strategy across Cambridgeshire and Peterborough
- Draft HWB Strategy to HWB Boards September 24th 2019 followed by period of engagement/ consultation
- Final HWB Strategy to HWB Boards March 2020

Potential priorities based on JSNA

- Places that support Health and Wellbeing:
  - Population growth and infrastructure planning
  - Housing and homelessness – vulnerable groups
  - Economic inequalities
  - Adult skills
- Best Start in Life:
  - Maternity/early years interface
  - Early years development and school readiness
  - Young people's mental health and resilience
  - Child safeguarding – demand management

Potential priorities based on JSNA

- Staying healthy throughout life:
  - Healthy weight, obesity and diabetes
  - Inequalities in cardiovascular disease and smoking prevalence
  - Place/community based approaches and integrated working
- Good quality health and social care:
  - Financial challenges
  - Ageing population
  - Hospital admission rates
  - HealthWatch consultation feedback
    - Mental health strategy
    - Service accessibility and integration

Proposed template for each HWB Strategy Section

Cambridgeshire County Council

Priority issue (e.g. Healthy weight, obesity and diabetes)

- What does the JSNA say?
  - Impact of forecast population growth
  - Key health inequalities
  - Diverse populations
  - Demand management
  - Community and service user views
- Current partnership activity
  - Including reference to voluntary sector
- Future Plans
  - Opportunities for integrated working
  - Plans for endorsement by HWB Board
  - Plans/actions for development by HWB Board
- Outcome metrics to be monitored

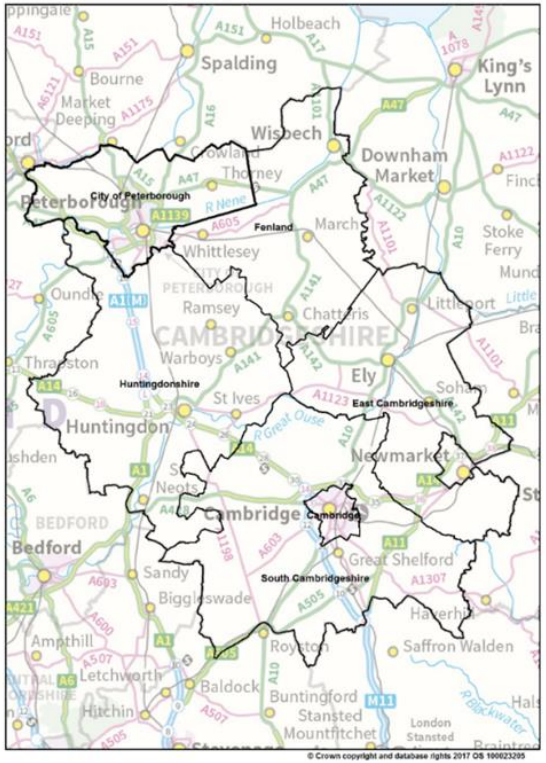
Key questions

- Are any of the JSNA findings in tune with your priorities?

- Do you lead any multi-agency plans for 2019 and beyond which will address one or more JSNA findings?

- Are there any specific actions you would want partners on the HWB Board to take?

Cambridgeshire and Peterborough Joint Strategic Needs Assessment

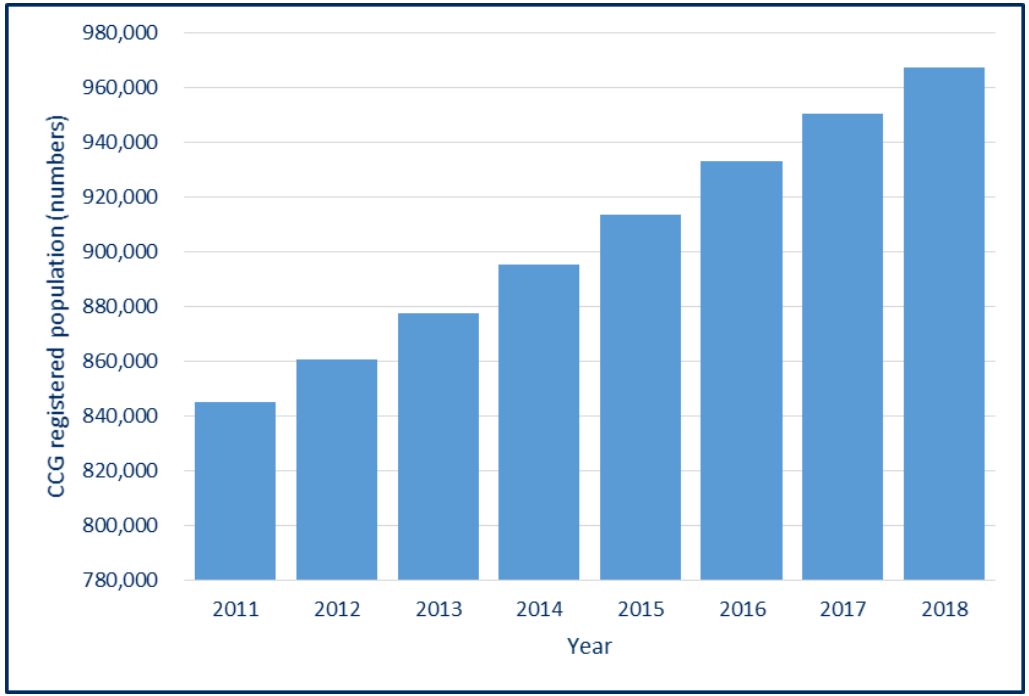


HWB Strategy section 1: Places that support our health and wellbeing

Our population is growing

Cambridgeshire and Peterborough CCG registered population, 2011-2018*

NOTE: axis does not start at 0

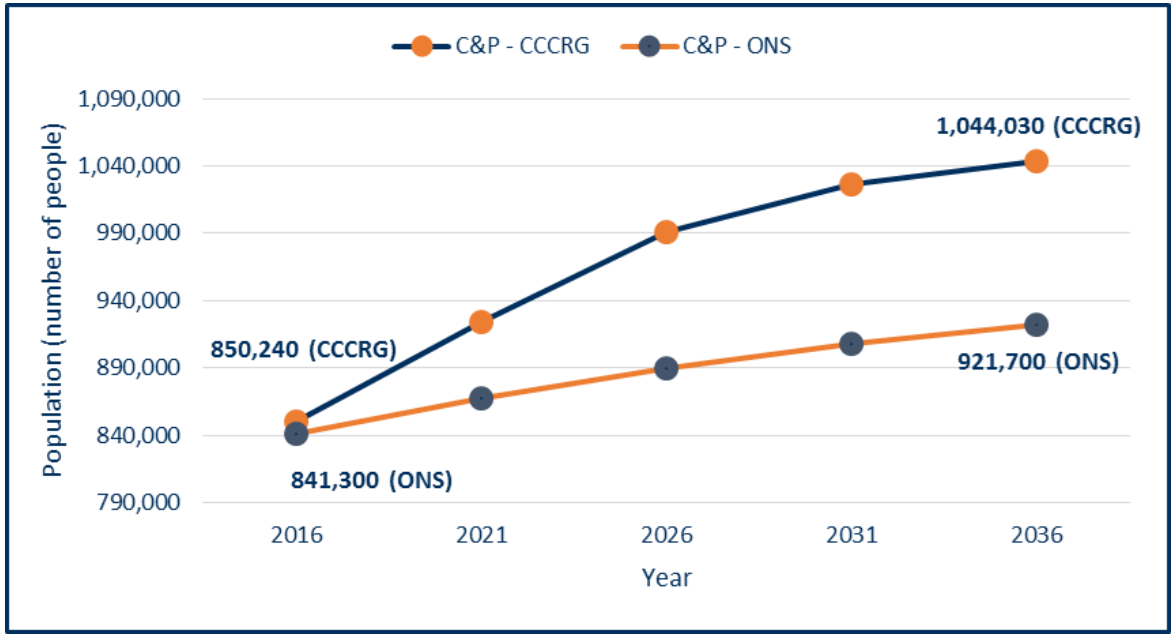


*Data from April each year. Data for the period 2011 and 2012 (prior to the start of the CCG) are estimated.

Source: Serco and NHS Digital (JSNA CDS figure 5)

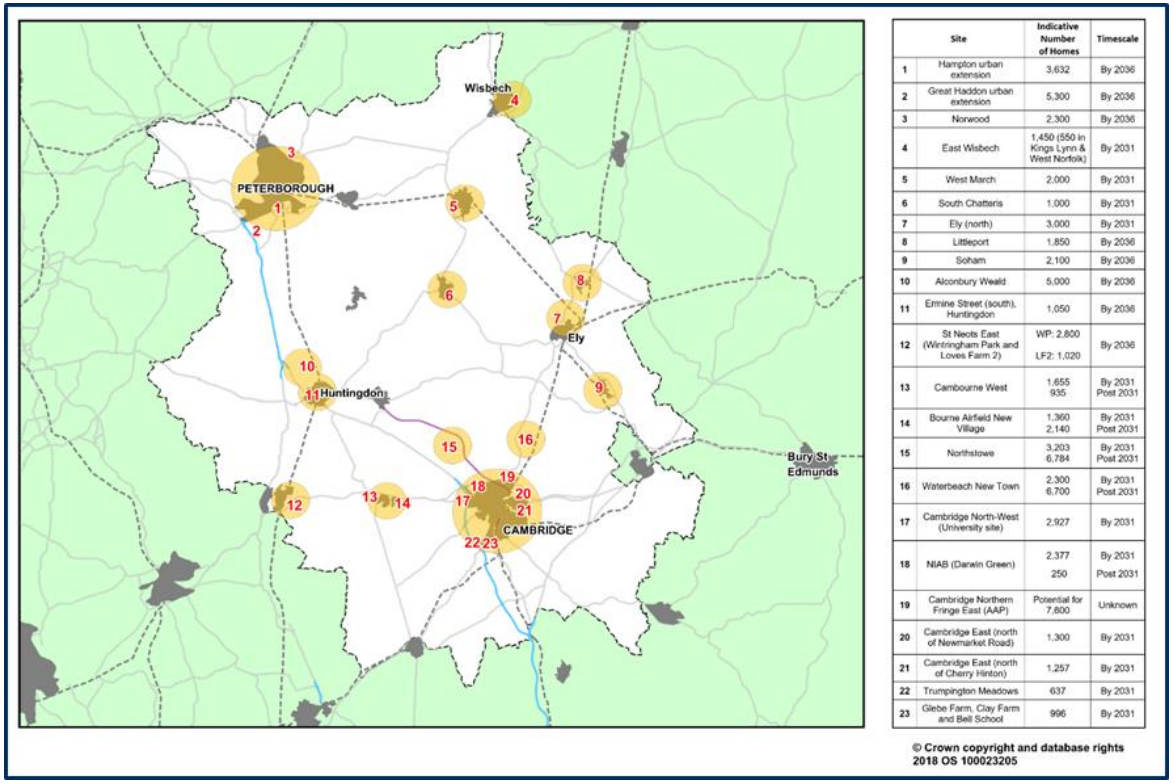
We expect continued growth but forecasts from different sources vary

Cambridgeshire and Peterborough - absolute long term (20 year) population change, 2016 to 2036 (all ages)



Source: ONS 2016-based Subnational population projections and CCCRG mid-2015 based population forecasts (JSNA CDS figure 8)

We have several new development sites and are developing new transport infrastructure

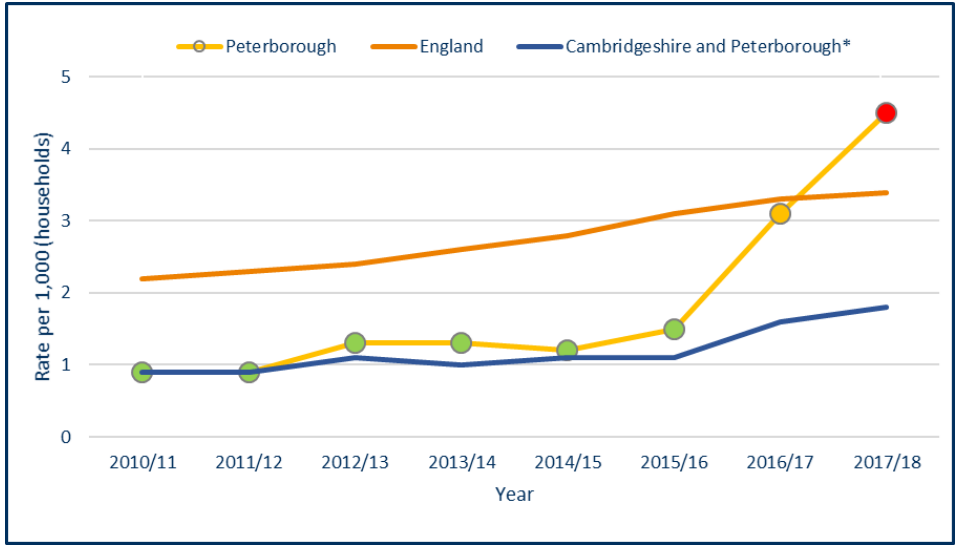


	Site	Indicative Number of Homes	Timescale
1	Hampton urban extension	3,632	By 2036
2	Great Haddon urban extension	5,300	By 2036
3	Norwood	2,300	By 2036
4	East Wisbech	1,450 (550 in Kings Lynn & West Norfolk)	By 2031
5	West March	2,000	By 2031
6	South Chatteris	1,000	By 2031
7	Ely (north)	3,000	By 2031
8	Littleport	1,850	By 2036
9	Soham	2,100	By 2036
10	Alconbury Weald	5,000	By 2036
11	Ermine Street (south), Huntingdon	1,050	By 2036
12	St Neots East (Wintringham Park and Loves Farm 2)	WP: 2,800 LF2: 1,020	By 2036
13	Cambourne West	1,655 935	By 2031 Post 2031
14	Bourne Airfield New Village	1,360 2,140	By 2031 Post 2031
15	Northstowe	3,203 6,784	By 2031 Post 2031
16	Waterbeach New Town	2,300 6,700	By 2031 Post 2031
17	Cambridge North-West (University site)	2,927	By 2031
18	NIAB (Darwin Green)	2,377 250	By 2031 Post 2031
19	Cambridge Northern Fringe East (AAP)	Potential for 7,800	Unknown
20	Cambridge East (north of Newmarket Road)	1,300	By 2031
21	Cambridge East (north of Cherry Hinton)	1,257	By 2031
22	Trumpington Meadows	637	By 2031
23	Glebe Farm, Clay Farm and Bell School	996	By 2031

Source: Cambridgeshire County Council Business Intelligence – Research Group (JSNA CDS figure 13)

Homelessness in an increasing problem and prevention is a challenge

Trends in Statutory homelessness - households in temporary accommodation, Peterborough, Cambridgeshire and Peterborough and England

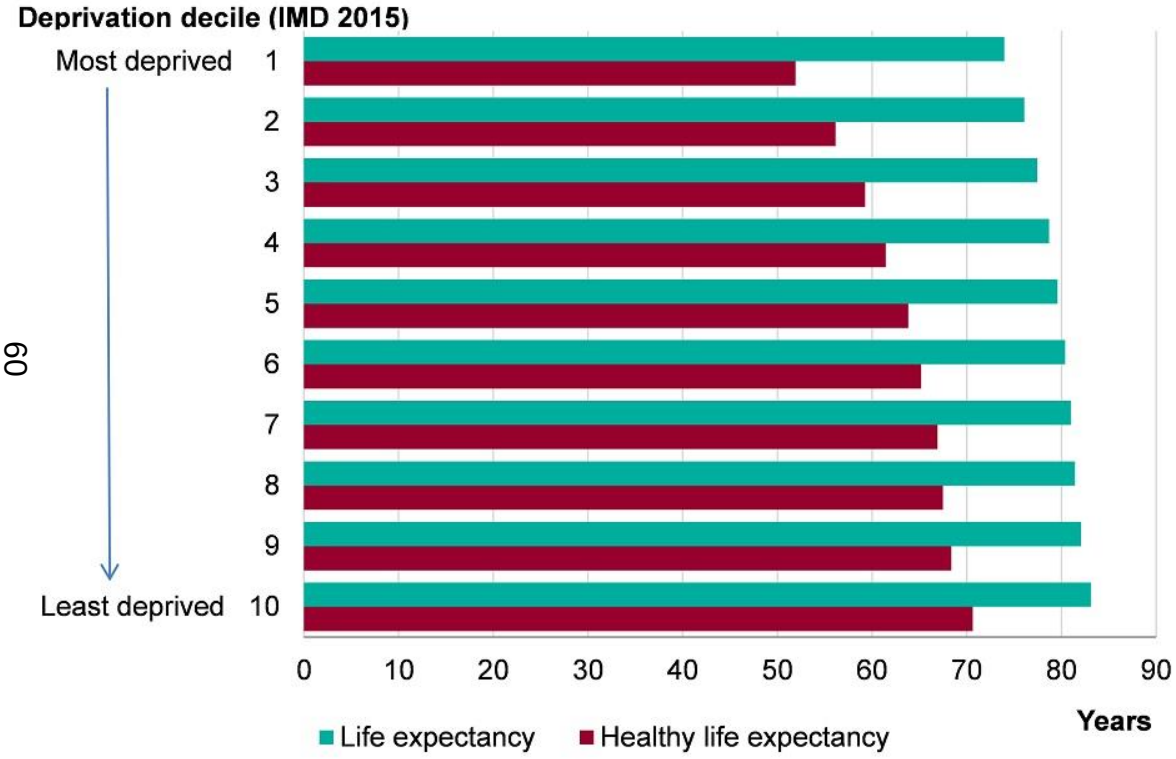


*Value aggregated from all known lower geography values

Source: Ministry of Housing, Communities & Local Government (JSNA CDS figure 19).

Statistically significantly better than the England average value
Statistically similar to the England average value
Statistically significantly worse than the England average value

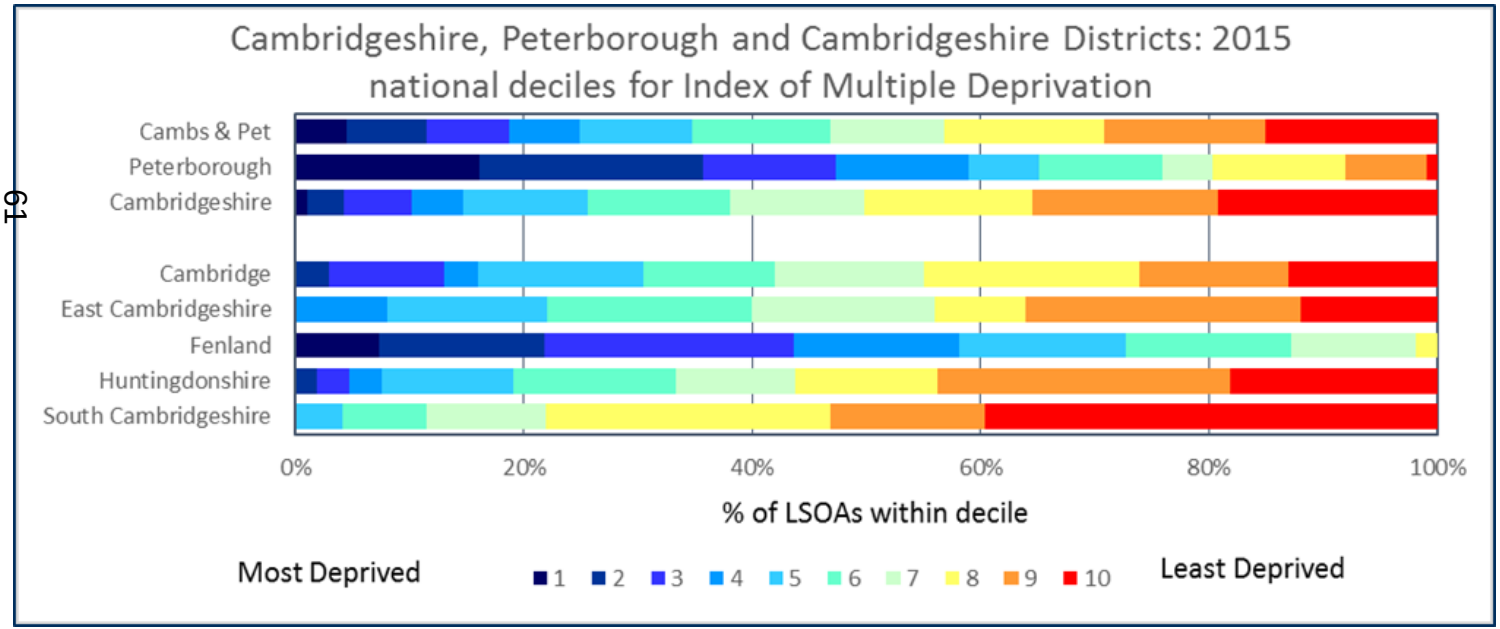
Healthy life expectancy is closely linked with socio-economic deprivation (e.g. England, males)



Source: Public Health England

Socio-economic deprivation varies across the area

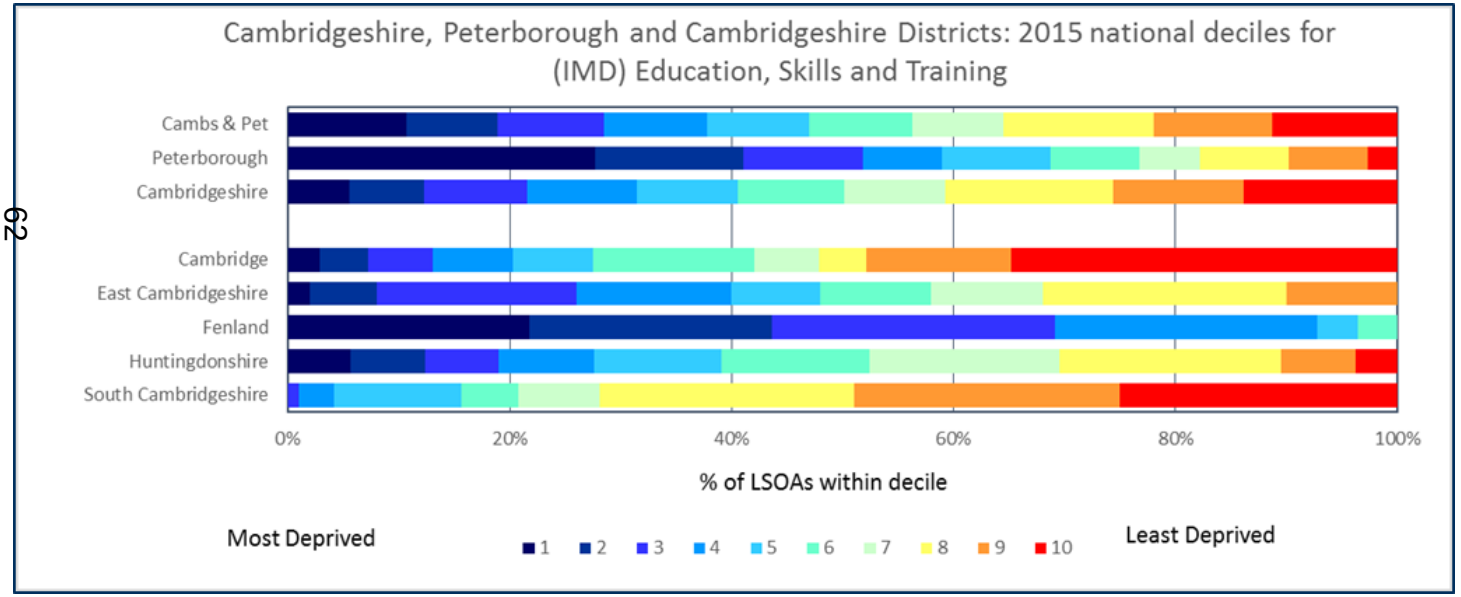
Indices of Multiple Deprivation, 2015 (IMD2015) - percentage of lower super outputs areas (LSOAs) in national IMD2015 deciles in Cambridgeshire and Peterborough and Cambridgeshire Districts



Source: Index of Multiple Deprivation 2015, Department for Communities & Local Government (DCLG) (JSNA CDS figure 23)

Education, skills and training are a particular concern

Indices of Multiple Deprivation, 2015 – education, skills and training domain - percentage of lower super output areas (LSOAs) in national IMD deciles by district in Cambridgeshire and Peterborough and Cambridgeshire Districts



Source: Index of Multiple Deprivation 2015, Department for Communities & Local Government (DCLG) (JSNA CDS figure 31)

Our Public Health England (PHE) 2018 health profiles by district reflect the levels of socio-economic deprivation

Category	Indicator	Period	England value	C&P value	C&P recent trend	Pet value	Pet recent trend	Cambs value	Cambs recent trend	Cambridgeshire Districts				
										Cambridge	E Cambs	Fenland	Hunts	S Cambs
Our Communities	Index of Multiple Deprivation Score 2015 (score)	2015	21.8	-	-	27.7	-	13.4	-	13.8	12.1	25.4	11.8	8.1
	Children in low income families (%)	2015	16.8	13.5	↓	18.7	↓	11.3	↓	13.7	8.6	18.4	10.5	7.6
	Statutory homelessness (per 1,000 households)	2017/18	0.8	1.0	-	1.6	↓	0.6	-	1.8	0.6	0.3	-	0.4
	GCSEs Achieved 5 A*-C including English & Maths (%)	2015/16	57.8	57.5	-	47.8	-	61.2	-	63.3	58.7	52.2	59.2	70.2
	Violent crime (violence offences per 1,000 popn)	2017/18	23.7	19.8	↑	31.3	↑	16.3	↑	24.0	10.4	21.8	14.8	11.6
	Long term unemployment (per 1,000 working age popn)	2017	3.5	1.1	↓	1.7	↓	1.0	↓	1.7	0.6	1.3	0.6	0.7
Children's & young peoples health	Breastfeeding initiation (%)	2016/17	74.5	75.5	↓	68.8	↓	-	-	84.8	-	65.3	78.3	-
	Obese children (year 6) (prevalence - %)	2017/18	20.1	16.8	→	20.7	↑	15.1	↓	15.4	14.6	20.9	15.1	11.8
	Hospital stays for alcohol-specific conditions (under 18s) per 100,00	2015/16 - 17/18	32.9	34.0	-	23.2	-	37.9	-	46.9	18.8	28.5	46.3	39.3
	Under 18 conceptions per 1,000 females 15-17	2016	18.8	16.5	↓	29.8	↓	12.2	↓	11.3*	11.6*	19.6	17.1	3.3*
Adult's health & lifestyle	Smoking prevalence in adults (%)	2017	14.9	15.3	-	17.6	-	14.5	-	17.0	15.3	16.3	14.0	11.3
	Physically active adults (%)	2016/17	66.0	68.9	-	61.1	-	71.1	-	77.1	62.8	60.7	75.1	73.1
	Excess weight in adults (%)	2016/17	61.3	60.4	-	62.5	-	59.8	-	50.1	58.6	70.7	66.4	56.2
Disease & poor health	Cancer diagnosed at an early stage (%)	2016	52.6	55.9	→	54.0	→	56.3	→	59.5	59.8	54.6	54.6	56.0
	Emergency hospital stays for self-harm (per 100,000 population)	2017/18	185.5	252.9	-	256.7	-	252.5	-	322.6	330.3	263.9	173.7	257.4
	Hospital stays for alcohol-related harm (per 100,000 population)	2017/18	632.3	622.7	-	622.3	-	622.9	-	721.3	588.6	726.2	542.0	632.8
	Diabetes diagnoses aged 17+ (%)	2018	78.0	78.9	-	82.7	-	76.3	-	61.0	85.1	85.3	80.9	68.9
	Incidence of TB (per 100,000)	2015 - 17	9.9	8.9	-	19.3	-	5.7	-	11.7	2.3	3.3	4.5	5.6
	New sexually transmitted infections (per 100,000 popn 15-64)	2017	793.8	574.0	↓	760.9	→	517.0	↓	834.3	339.7	500.8	486.3	369.4
	Hip fractures in people aged 65 and over (per 100,000 population)	2017/18	577.8	551.1	-	625.1	-	532.9	-	527.4	462.4	592.9	558.4	514.7
	Estimated dementia diagnosis rate (aged 65+) (%)	2018	67.5	66.3	-	78.3	-	61.0	-	64.6	56.9	57.7	68.8	53.8
Life expectancy, causes of death & selected inequalities indicators	Life expectancy at birth (males), years	2015 - 17	79.6	-	-	78.3	-	81.0	-	80.8	81.4	78.2	81.3	82.3
	Life expectancy at birth (females), years	2015 - 17	83.1	-	-	82.4	-	84.3	-	83.5	85.1	82.3	84.6	85.4
	Infant mortality - deaths under 1 year per 1,000 live births	2015 - 17	3.9	3.6	-	4.3	-	3.3	-	4.6	1.7	3.8	2.6	3.9
	Suicide rate (per 100,000)	2015 - 17	9.6	8.7	-	11.7	-	7.8	-	9.0	5.2	10.0	5.8	10.0
	Smoking attributable deaths (per 100,000 aged 35 +)	2015 - 17	262.6	231.7	-	282.8	-	218.8	-	-	-	-	-	-
	Under 75 cardiovascular disease mortality rate (per 100,000 popn)	2015 - 17	72.5	66.2	-	87.0	-	60.7	-	67.5	66.7	82.3	55.6	45.5
	Under 75 cancer mortality rate (per 100,000 popn)	2015 - 17	134.6	125.2	-	145.7	-	119.9	-	111.9	114.4	145.5	120.1	109.3
	Excess winter deaths (index)	Aug 2014 - Jul 2017	21.1	19.2	-	18.7	-	19.3	-	26.8	14.9	20.4	15.5	20.2
	Premature (under 75) mortality from all causes (male) - per 100,000	2015 - 17	403.2	359.9	-	464.0	-	332.7	-	338.0	322.0	458.4	319.3	271.7
	Premature (under 75) mortality from all causes (female) - per 100,000	2015 - 17	264.1	246.5	-	303.2	-	231.6	-	249.7	218.4	320.3	207.6	197.7

Full indicator descriptions and definitions are available at https://fingertips.phe.org.uk/profile/health-profiles

Statistically significantly better than the England average value
Statistically similar to the England average value
Statistically significantly worse than the England average value

Higher than the England value
Lower than the England value

* data quality issue
'-': not available or suppressed: removed due to small numbers

↑ Getting worse (number of years on which trend based)
→ No significant change (number of years on which trend based)
↓ Getting better (number of years on which trend based)

↑ Increasing
↓ Decreasing

Public Health England Health Profiles at https://fingertips.phe.org.uk/profile/health-profiles

Source: Public Health England Health Profiles at November 2018 (JSNA CDS table 1)

HWB Strategy section 2: Helping children achieve the best start in life

ONS and CCC Research Group project very different changes to the child (0-15) population over ten years

Comparison of proportional change in CCC Research Group mid-2015 based population forecasts and ONS 2016 based population projections to 2026 by age group for Cambridgeshire and Peterborough to 2026

Source: ONS 2016-based Subnational population projections and Cambridgeshire County Council Research Group mid-2015 based population forecasts (JSNA CDS figure 11)

We know the ethnic diversity of the child population is increasing in some areas

Top ten ‘main language’s’ used by school children in Peterborough, 2018

Main Language	Number	Percentage
English	24,406	64.1%
Polish	2,151	5.6%
Lithuanian	1,638	4.3%
Panjabi	1,498	3.9%
Urdu	1,446	3.8%
Portuguese	999	2.6%
Latvian	510	1.3%
Romanian	434	1.1%
Other than English	395	1.0%
Slovak	377	1.0%
Others	4,238	11.1%
Total	**38,092**	

Source: 2018 School Census

Not all children have the best start in life - with low rates of 'school readiness' in Peterborough

School Readiness: the percentage of children achieving a good level of development at the end of reception, 2017/18

Comparison of East of England authorities

2017/18 — Proportion - %

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	466,668	71.5	71.4	71.6
East of England region	↑	52,710	72.1	71.8	72.4
Thurrock	↑	1,812	74.5	72.7	76.2
Southend-on-Sea	↑	1,609	73.9	72.1	75.7
Essex	↑	12,570	73.8	73.1	74.4
Central Bedfordshire	↑	2,676	73.2	71.7	74.6
Hertfordshire	↑	10,471	72.7	72.0	73.5
Norfolk	↑	6,700	71.6	70.6	72.5
Suffolk	↑	5,735	71.5	70.5	72.4
Cambridgeshire	↑	5,228	71.2	70.1	72.2
Bedford	↑	1,584	69.6	67.6	71.4
Luton	↑	2,231	68.9	67.3	70.5
Peterborough	↑	2,094	66.7	65.0	68.3

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Source: Public Health England, Fingertips (PHOF) Tool, indicator 1.02i

In Cambs overall school readiness rates are average - but very low for children eligible for free school meals.

School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception, 2017/18

Cambridgeshire *compared to similar local authorities (CIPFA neighbours)*

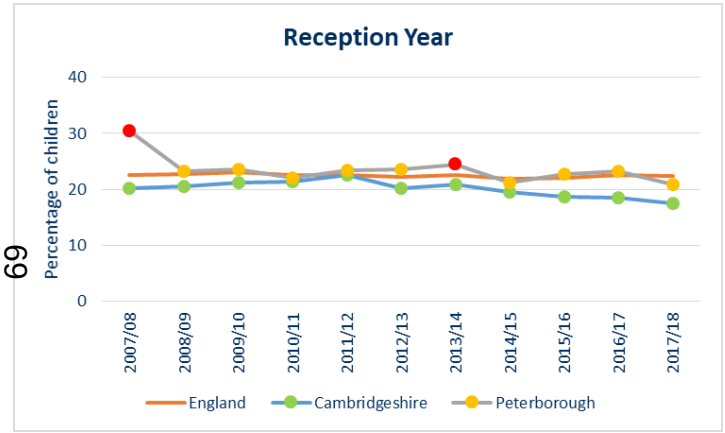
Proportion - %

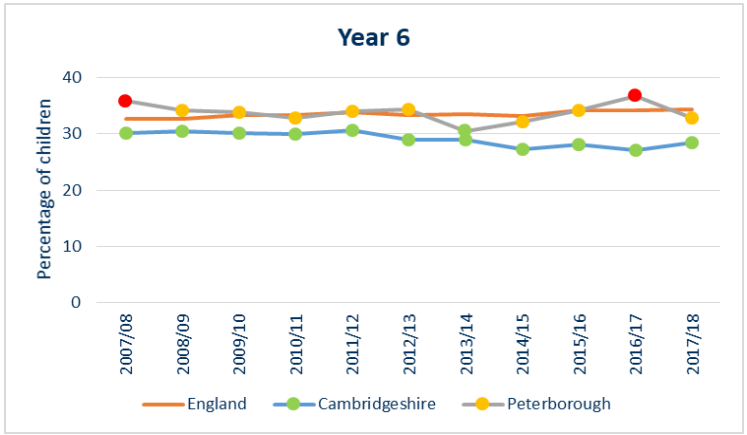
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	49,312	56.6	56.2	56.9
Staffordshire	↑	14	488	58.3	54.9	61.6
Somerset	↑	9	500	57.5	54.2	60.7
Suffolk	↑	7	484	57.2	53.9	60.5
Hampshire	↑	11	733	56.2	53.5	58.9
Northamptonshire	↑	5	421	56.1	52.5	59.6
Essex	↑	10	1,041	56.0	53.8	58.3
Warwickshire	↑	2	315	55.0	50.9	59.0
Buckinghamshire	↑	8	244	53.0	48.5	57.6
Hertfordshire	↑	15	636	51.8	49.0	54.6
West Sussex	↑	12	393	51.7	48.2	55.2
Oxfordshire	↑	1	311	50.8	46.9	54.8
Worcestershire	↑	6	370	50.1	46.5	53.7
North Yorkshire	↑	13	247	49.4	45.0	53.8
Gloucestershire	↑	3	303	48.9	45.0	52.9
Leicestershire	↑	4	265	48.4	44.2	52.5
Cambridgeshire	↑	-	364	47.3	43.8	50.8

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

Source: Public Health England, Fingertips (PHOF) Tool, indicator 1.02i

Trends in childhood obesity locally are fairly stable and in Cambridgeshire better than national trends

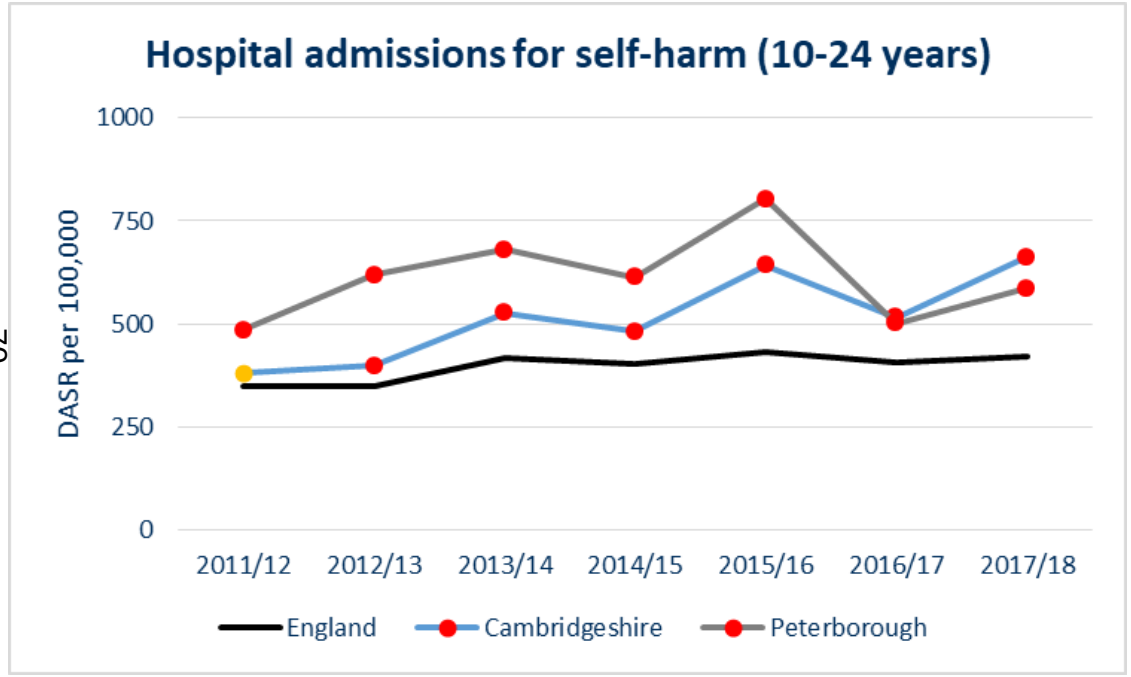




Source: Public Health England Public Health Outcomes Framework Indicator 2.06 (National Child Measurement Programme, NHS Digital)

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Hospital admissions for self harm among young people are of concern

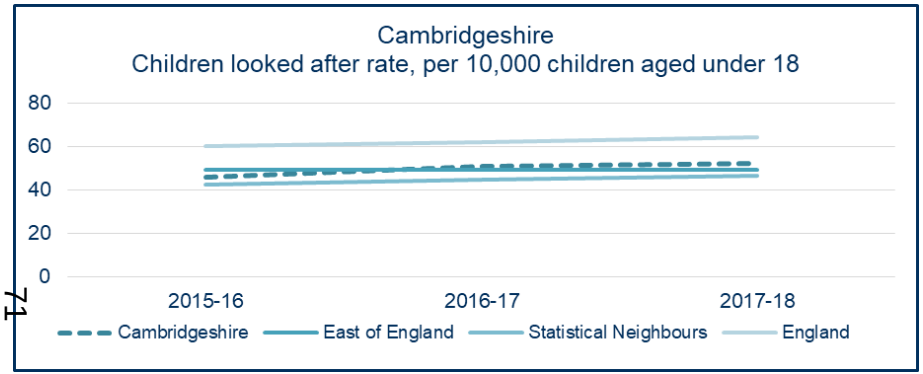


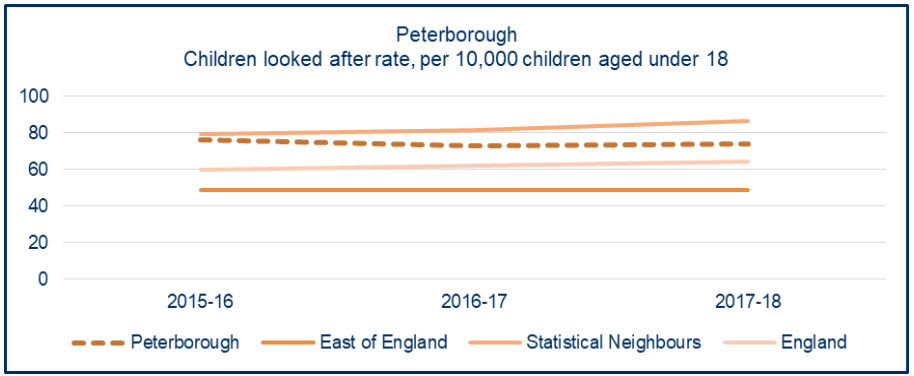
DASR – Directly age-standardised rate

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Source: Public Health England, Child Health Profiles (Fingertips Tool)

Numbers of Looked after children are increasing in Cambridgeshire, and higher but stable in Peterborough





Numbers of looked after children, 2017/18

Area	No.	%*	Rate per 10,000 of pop.
Cambridge	139	20%	60.2
East Cambridgeshire	60	8%	30.6
Fenland	163	23%	81.1
Huntingdonshire	165	23%	45.1
South Cambridgeshire	98	14%	27.9
Non-Cambridgeshire postcode	81	11%	-
Cambridgeshire	**706**	**66%**	**52.5**
Peterborough	**370**	**34%**	**74.6**
Cambridgeshire & Peterborough	**1,076**		**58.3**

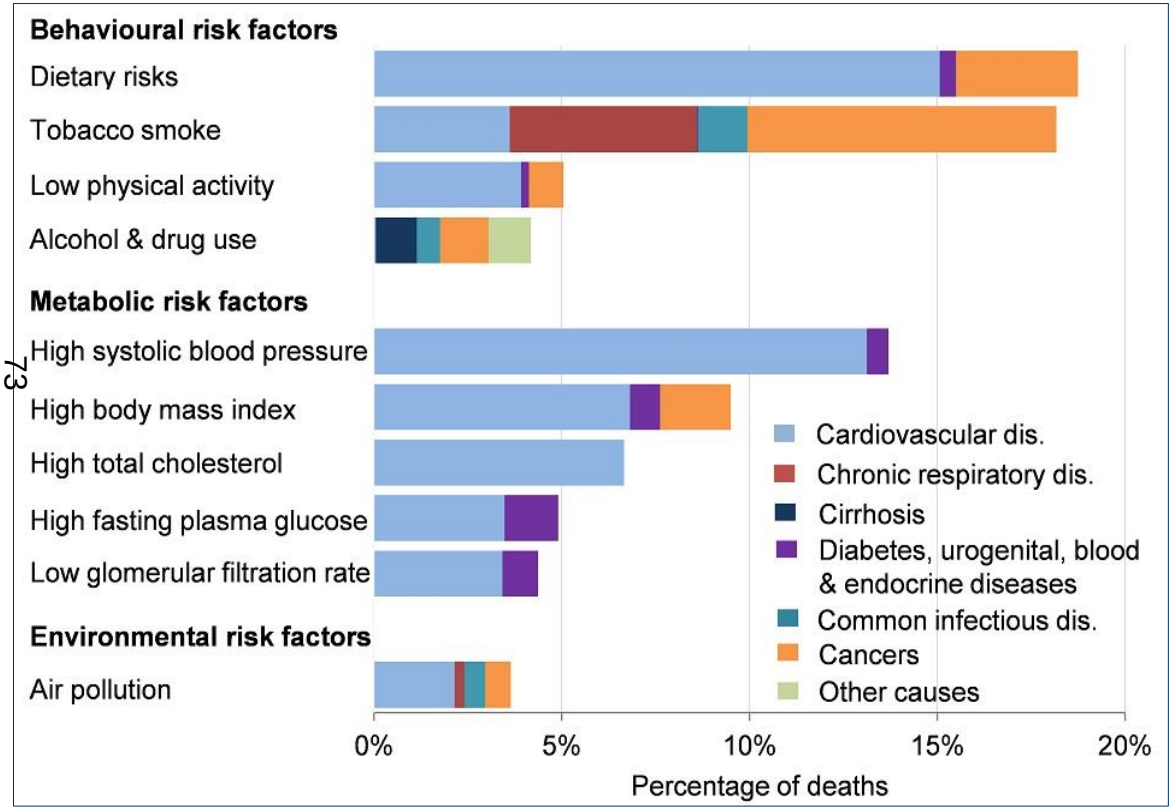
Note: *Cambridgeshire district percentages relate to Cambridgeshire total and Cambridgeshire and Peterborough percentages relate to Cambridgeshire and Peterborough Combined Authority total

Source: DfE statistical release, December 2018 (JSNA CDS figures 53 and 54)

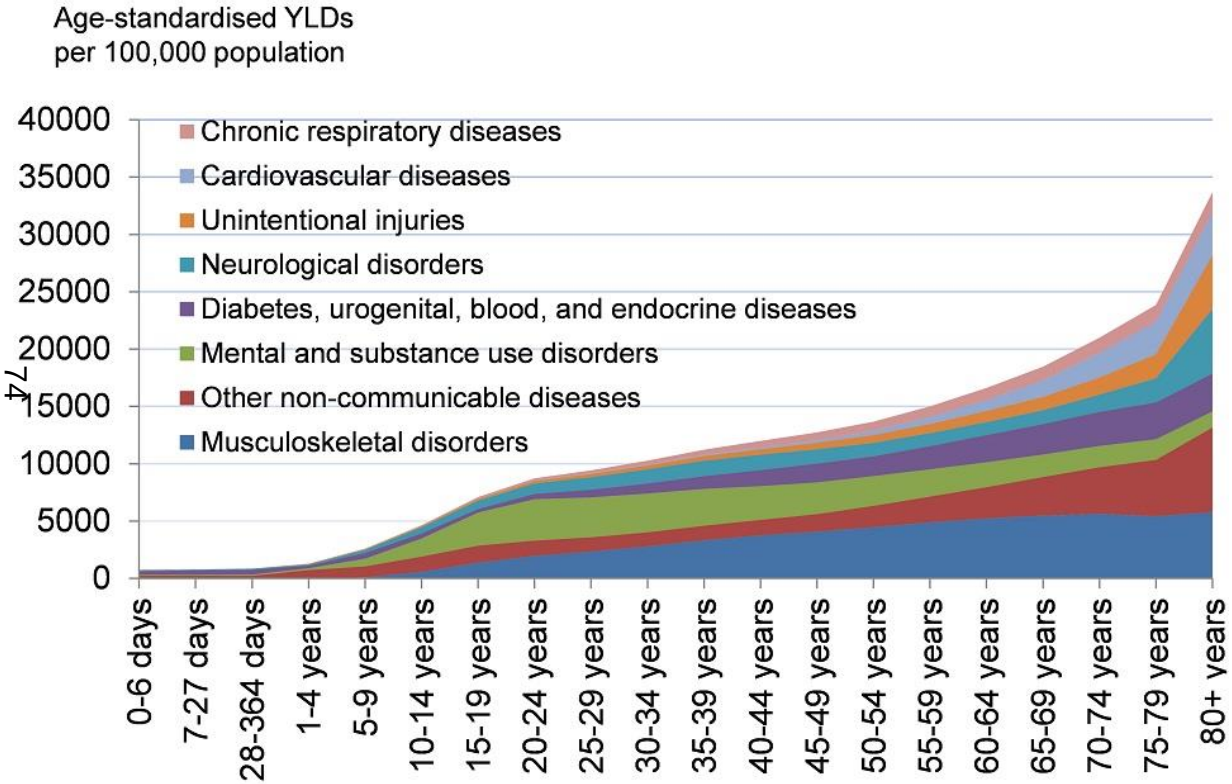
Source: Children's social care statutory LAC return (JSNA CDS table 87)

HWB Strategy section 3: Staying healthy throughout life

Behavioural risk factors



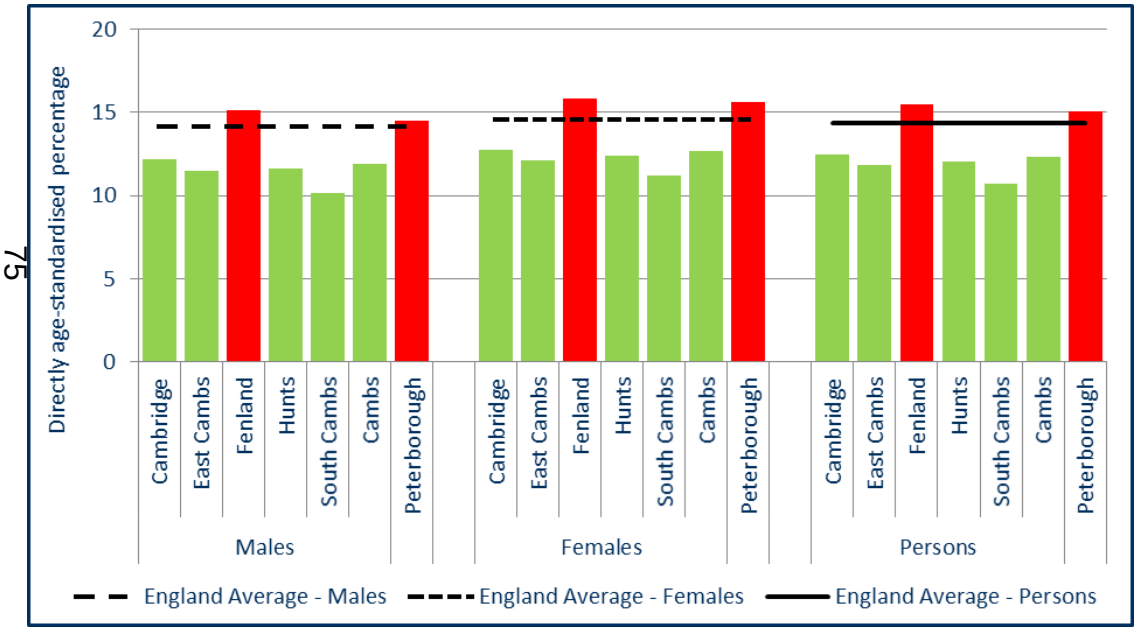
Disease prevalence



Source:

Long term health issues vary by area and are more common in areas of higher deprivation

Directly age-standardised percentage of the population with a long-term activity-limiting illness, Cambridgeshire, Peterborough and Cambridgeshire Districts, 2011



Usual residents in households only (i.e. excluding communal establishments such as hospitals and care homes)

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Source: Office for National Statistics Census 2011, Cambridgeshire County Council Public Health Intelligence (JSNA CDS figure 49)

The main causes of death are cancer, cardiovascular disease, respiratory disease and dementia/Alzheimers

Cambridgeshire County Council
PETERBOROUGH CITY COUNCIL

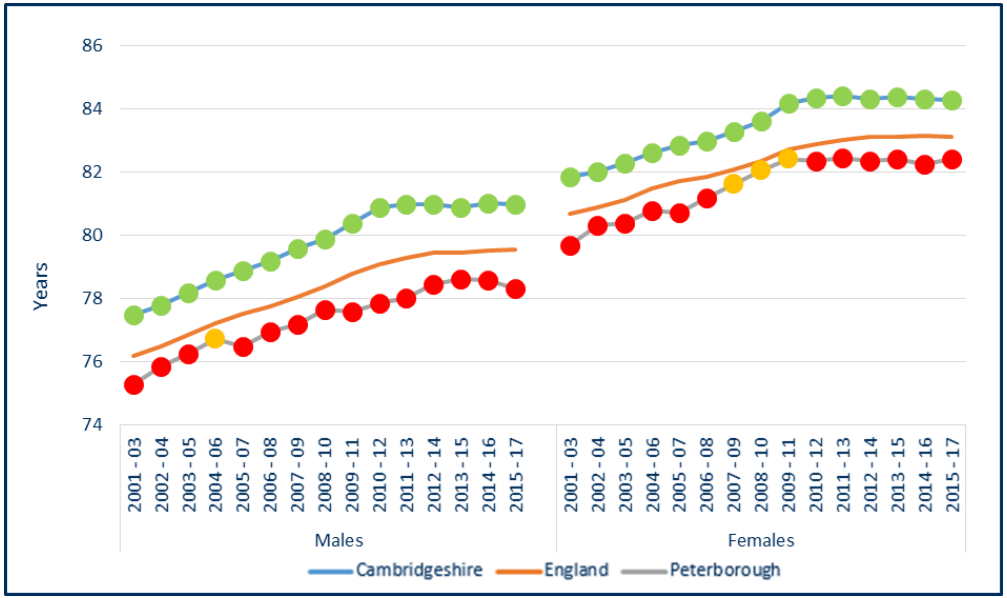
Major causes of death, Cambridgeshire and Peterborough, 2015-17

Underlying cause of death	Average annual number of deaths	Percentage
Cancer	1,961	28.3
Cardiovascular disease	1,764	25.4
Respiratory disease	920	13.3
Dementia and Alzheimer's	858	12.4
Other conditions	1,428	20.6
Total	6,931	100.0

Source: Cambridgeshire County Council Public Health Intelligence (NHS Digital Primary Care Mortality Database, Office for National Statistics mid-year population estimates) – (JSNA CDS table 111)

Increases in life expectancy in the area have stalled in recent years

Life expectancy at birth, 2001-03 to 2015-17



- Statistically significantly better than the England average
- Statistically similar to the England average
- Statistically significantly worse than the England average

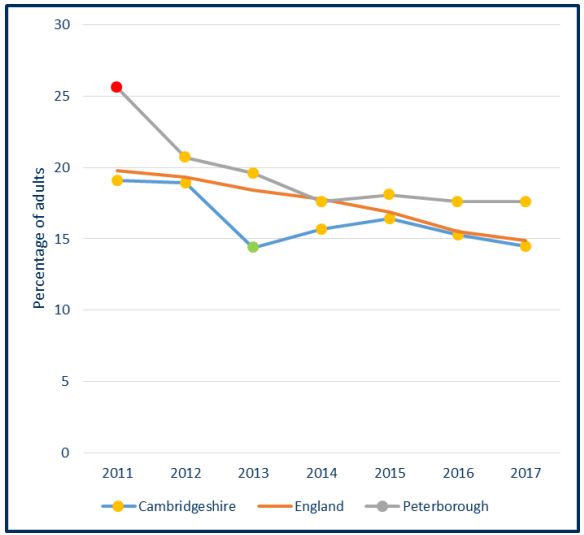
Source: Public Health England Public Health Outcomes Framework indicator 0.1ii (JSNA CDS figure 65)

Adult smoking rates haven't fallen as fast locally as elsewhere; Alcohol hospital admissions improved recently in Peterborough

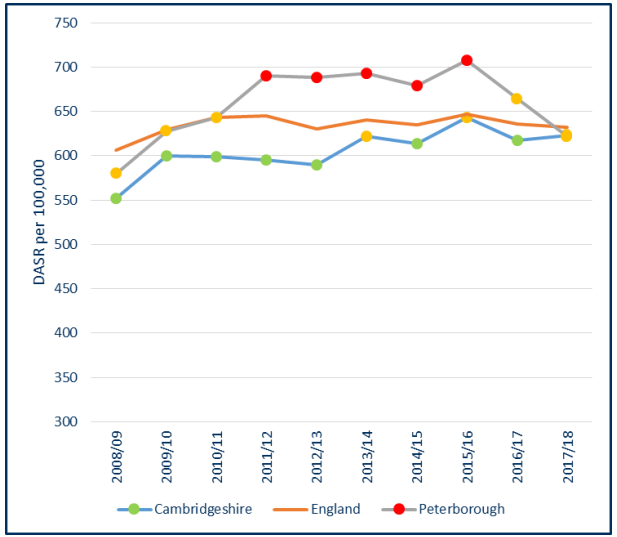
Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

Trends in smoking prevalence in adults, Cambridgeshire and Peterborough, 2011-2017 (survey data)



Admission episodes for alcohol-related conditions (narrow definition) Cambridgeshire and Peterborough



Sources: Public Health England Public Health Outcomes Framework indicator 2.14; Public Health England Local Alcohol Profiles for England (Health Survey for England)

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Obesity prevalence is high in Fenland and Peterborough

Prevalence of obesity in adults (18+) by area of general practice location, 2017/18

Area of GP location	Percentage	Number of people
Cambridge	4.7	7,601
East Cambridgeshire	9.2	6,227
Fenland	13.2	12,353
Huntingdonshire	8.7	12,489
South Cambridgeshire	7.1	7,555
Cambridgeshire	8.1	46,225
Peterborough	10.1	16,916
Cambridgeshire and Peterborough CCG	**8.5**	**63,141**
England	9.8	4,530,447

Statistically significantly lower than the England average
Statistically similar to the England average
Statistically significantly higher than the England average

Source: NHS Digital, Quality and Outcomes Framework, Cambridgeshire County Council Public Health Intelligence (JSNA CDS Table 32)

..and this is associated with high prevalence of diabetes

Prevalence of long-term and high dependency conditions by district of general practice location, Cambridgeshire and Peterborough, 2017/18

Area of GP location	Cancer*		Diabetes (17+)	
	Percentage	Number of people	Percentage	Number of people
Cambridge	1.9	3,616	3.3	5,495
East Cambridgeshire	3.3	2,778	6.8	4,660
Fenland	3.1	3,596	8.2	7,779
Huntingdonshire	2.9	5,209	6.4	9,326
South Cambridgeshire	3.3	4,560	5.1	5,557
Cambridgeshire	2.8	19,759	5.6	32,817
Peterborough	2.1	4,670	7.0	11,961
Cambridgeshire and Peterborough	**2.6**	**24,429**	**6.0**	**44,778**
England	2.7	1,593,302	6.8	3,196,124

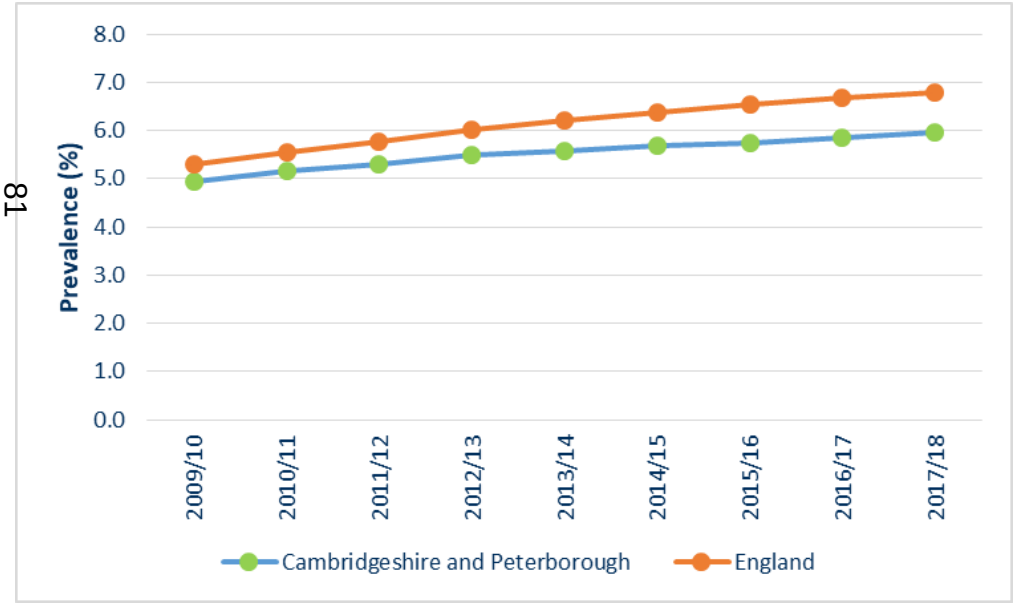
* Patients diagnosed with cancer (excluding non-melanotic skin cancer) on or after 01/04/2003

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Sources: NHS Digital, Quality and Outcomes Framework, Cambridgeshire County Council Public Health Intelligence (JSNA CDS table 63)

The percentage of people with diabetes in the population has been rising

Prevalence of diabetes, based on GP practice location, Cambridgeshire and Peterborough



Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Source: NHS Digital, Quality and Outcomes Framework

Much cardiovascular disease is preventable. Local mortality rates have fallen recently, but remain high in some areas

Mortality from cardiovascular disease, Cambridgeshire and Peterborough, 2015-17

Area	All ages		Under 75s	
	Number of deaths	DASR per 100,000	Number of deaths	DASR per 100,000
Cambridge	720	254	149	67
East Cambridgeshire	598	228	162	67
Fenland	840	247	242	82
Huntingdonshire	1,062	214	273	56
South Cambridgeshire	933	202	191	45
Cambridgeshire	4,153	225	1,017	61
Peterborough	1,138	252	373	87
Cambridgeshire and Peterborough	**5,291**	**231**	**1,390**	**66**

DASR - Directly age-standardised rate

Statistically significantly better than the Cambridgeshire/C&P average
Statistically similar to the Cambridgeshire/C&P average
Statistically significantly worse than the Cambridgeshire/C&P average

Source: Cambridgeshire County Council Public Health Intelligence (NHS Digital Primary Care Mortality Database, Office for National Statistics mid-year population estimates). (JSNA CDS table 112)

Early deaths from heart disease are an important cause of inequalities in life expectancy within Peterborough

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Peterborough, by broad cause of death, 2015-17

Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Prevalences of different mental health conditions vary across the area

Prevalence of mental health conditions by district of general practice location, Cambridgeshire and Peterborough, 2017/18

Area of GP location	Schizophrenia, bipolar affective disorder and other psychoses		Depression (18+)*		Dementia		Learning disabilities	
	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people
Cambridge	1.0	2,013	7.0	11,410	0.5	922	0.3	584
East Cambridgeshire	0.7	609	9.4	6,368	0.7	599	0.4	364
Fenland	0.6	733	11.0	10,352	0.7	866	0.6	650
Huntingdonshire	0.7	1,249	9.7	13,897	0.8	1,420	0.5	837
South Cambridgeshire	0.8	1,045	8.6	9,197	0.7	892	0.3	451
Cambridgeshire	0.8	5,649	8.9	51,224	0.7	4,699	0.4	2,886
Peterborough	0.8	1,870	8.5	14,272	0.7	1,521	0.5	1,072
Cambridgeshire and Peterborough	**0.8**	**7,519**	**8.8**	**65,496**	**0.7**	**6,220**	**0.4**	**3,958**
England	0.9	550,918	9.9	4,589,213	0.8	446,548	0.5	284,422

* Patients with a record of unresolved depression since April 2006

Statistically significantly lower than the England average
Statistically similar to the England average
Statistically significantly higher than the England average

Sources: NHS Digital, Quality and Outcomes Framework, Cambridgeshire County Council Public Health Intelligence (JSNA CDS table 66)

While hospital admissions for self harm seem high in most areas

Emergency hospital admission episodes for intentional self-harm, Cambridgeshire and Peterborough, 2017/18

Area	Male		Females		Persons	
	Number of admission episodes	DASR per 100,000	Number of admission episodes	DASR per 100,000	Number of admission episodes	DASR per 100,000
Cambridge	147	218.3	341	439.2	489	322.6
East Cambridgeshire	68	169.2	187	494.2	255	330.3
Fenland	91	193.6	159	337.0	250	263.9
Huntingdonshire	112	130.0	183	221.4	295	173.7
South Cambridgeshire	98	138.6	276	380.8	374	257.4
Cambridgeshire	516	156.2	1,146	354.3	1,663	252.5
Peterborough	204	208.8	302	308.7	506	256.7
Cambridgeshire and Peterborough	**720**	**167.3**	**1,448**	**343.5**	**2,169**	**252.9**
England	38,198	137.7	65,716	235.3	103,936	185.5

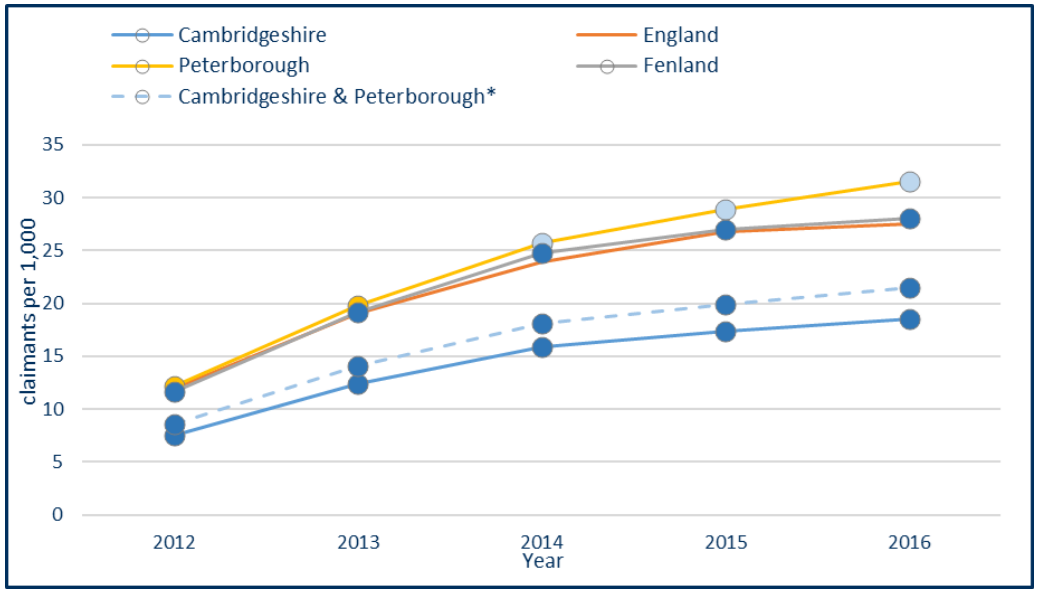
DASR – Directly age-standardised rate

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Source: Public Health England Public Health Outcomes Framework indicator 2.10ii (JSNA CDS table 71)

The rate of ESA claimants for mental and behavioural problems is rising

Trends *in* employment Support Allowance (ESA) claimants for mental and behavioural disorders: rate per 1,000 working age population (people aged 16-64 years), 2012-2016



Statistically significantly below the England average value
Statistically similar to the England average value
Statistically significantly above the England average value

Source: NOMIS, from PHE Mental Health and Wellbeing JSNA (JSNA CDS figure 34)

Suicide rates are stable and similar to or better than average

Suicide and injury of undetermined intent for persons, Cambridgeshire and Peterborough, 2015-2017

Area	Number	DASR per 100,000
Cambridge	27	9.0
East Cambridgeshire	12	5.2
Fenland	25	10.0
Huntingdonshire	27	5.8
South Cambridgeshire	41	10.0
Cambridgeshire	132	7.8
Peterborough	59	11.7
Cambridgeshire and Peterborough	**191**	**8.7**
England	13,846	9.6

Cambridgeshire and Peterborough, combined, have a recent downward trend in suicide rates (getting better). However, this varies in different areas.

DASR - Directly age-standardised rate

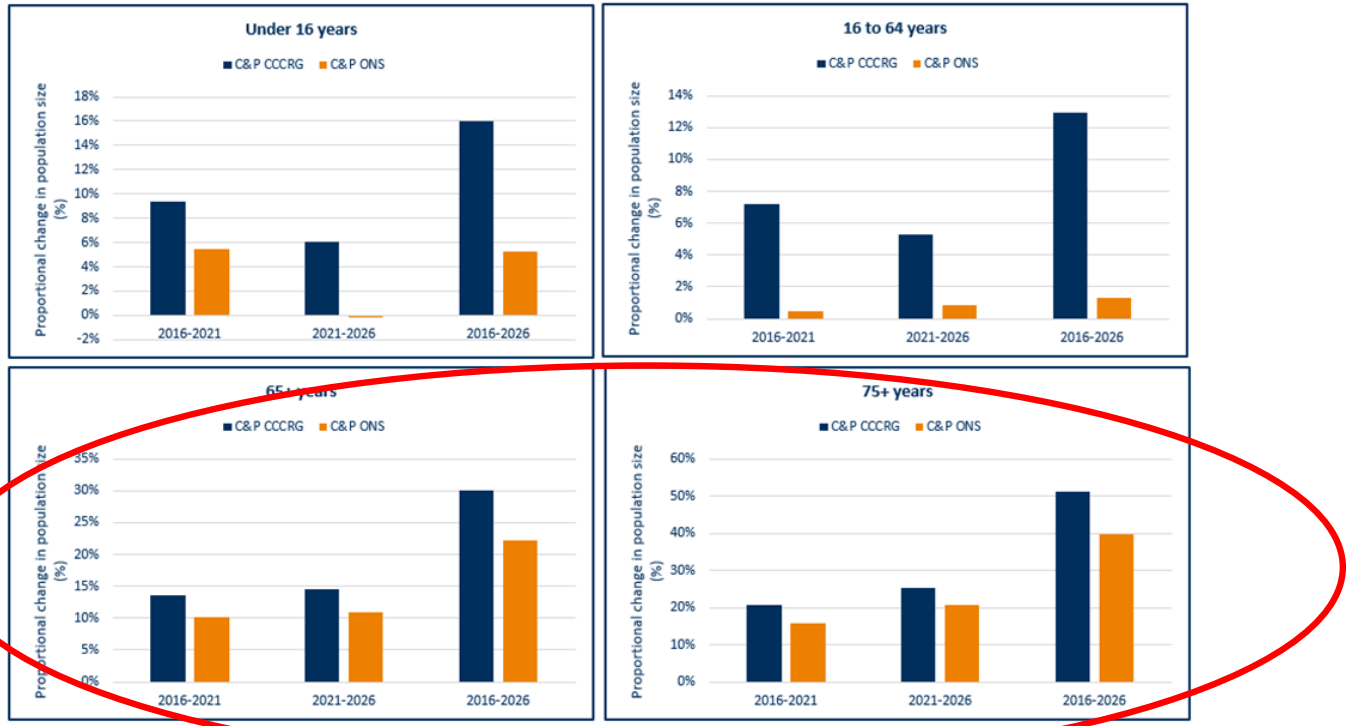
- Statistically significantly lower than the England average value
- Statistically similar to the England average value
- Statistically significantly higher than the England average value

Source: Public Health England Public Health Outcomes Framework indicator 4.10 (JSNA CDS Table 72)

Health and Wellbeing Strategy section 4: Quality health and care services

The rise in the older population is clear with a higher level of agreement between ONS and CCC Research Group forecasts

Comparison of proportional change in CCC Research Group mid-2015 based population forecasts and ONS 2016 based population projections to 2026 by age group for Cambridgeshire and Peterborough to 2026



Source: ONS 2016-based Subnational population projections and Cambridgeshire County Council Research Group mid-2015 based population forecasts (JSNA CDS figure 11)

Falls are a common cause of hospital admission for older people and rates are high in Cambridge

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

Falls in people aged 65 and over - emergency hospital admissions (for age/sex groups where Cambridgeshire/Peterborough/districts have a rate worse than England), 2017/18

Indicator	Period	England rate per 100,000[1]	C&P* rate per 100,000[1]	C&P* number	Pboro rate per 100,000[1]	Pboro number	Cambs rate per 100,000[1]	Cambs number	Cambridgeshire Districts				
									Cambridge	ECambs	Fenland	Hunts	SCambs
People aged 65 & over (persons)	2017/18	2,170	2,140	3,261	2,041	602	2,164	2,659	2,591	2,014	2,177	2,056	2,123
People aged 65 & over (males)	2017/18	1,775	1,732	1,076	1,635	192	1,754	884	2,187	1,491	1,951	1,612	1,696
People aged 65 & over (females)	2017/18	2,453	2,437	2,185	2,320	410	2,465	1,775	2,860	2,400	2,355	2,361	2,469
People aged 65-79 (persons)	2017/18	1,033	935	982	897	179	943	803	1,263	752	951	956	876
People aged 65-79 (male)	2017/18	855	764	388	759	72	766	316	1,172	533	799	794	658
People aged 80 & over (persons)	2017/18	5,469	5,636	2,279	5,357	423	5,702	1,856	6,440	5,673	5,730	5,246	5,741
People aged 80 & over (female)	2017/18	6,115	6,345	1,591	6,082	303	6,410	1,288	7,243	6,570	6,031	6,008	6,521

Cambridgeshire and Peterborough rates not available

[1] values are age standardised rate per 100,000 population

*value aggregated from all known lower geography

Statistically significantly better than the England average

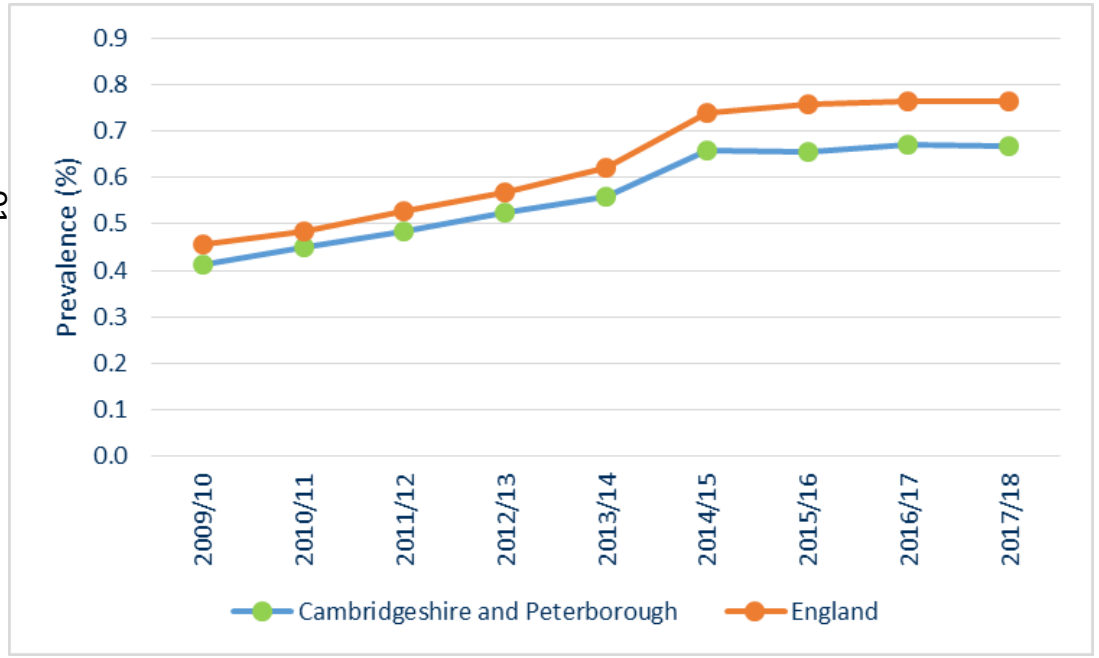
Statistically similar to the England average

Statistically significantly worse than the England average

Source: Public Health England, Public Health Outcomes Framework (JSNA CDS tables 50a and 50b)

Recorded dementia rose to 2014/15, but has since become more stable

Prevalence of dementia, based on GP practice location, Cambridgeshire and Peterborough



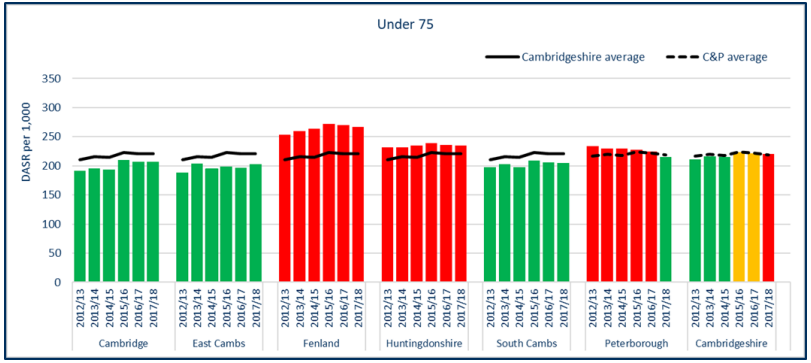
Rates in Cambridgeshire and Peterborough are statistically significantly lower than England from 2009/10 to 2017/18

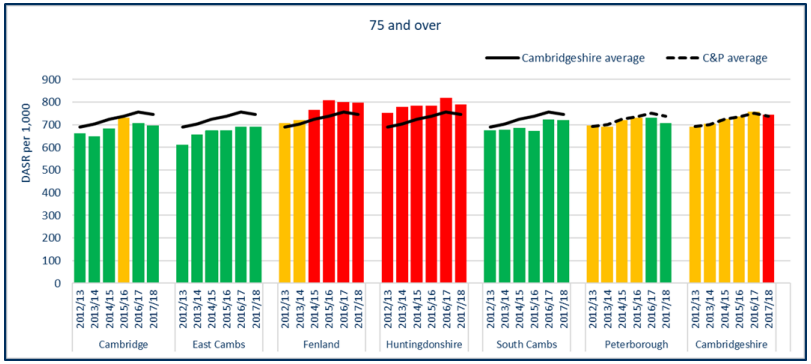
Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

Source: NHS Digital, Quality and Outcomes Framework

Hospital admission rates per 1,000 are highest in Fenland and Huntingdonshire

Rates of hospital inpatient admission episodes by local authority of residence - all admissions: directly age-standardised rates, Cambridgeshire and Peterborough, 2012/13 to 2017/18



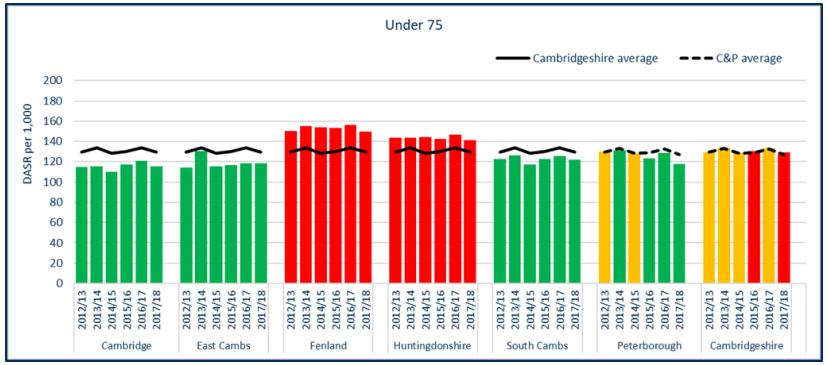


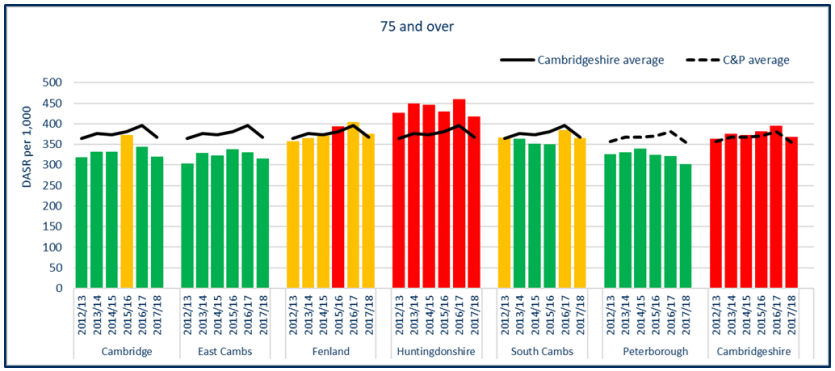
Statistically significantly higher than the Cambridgeshire/C&P average
Statistically similar to the Cambridgeshire/C&P average
Statistically significantly lower than the Cambridgeshire/C&P average

Sources: NHS Digital Hospital Episode Statistics, Office for National Statistics mid-year population estimates (JSNA CDS figure 37)

Planned (elective) hospital admission rates are highest in Huntingdonshire and Fenland and generally stable

Rates of hospital inpatient admission episodes by local authority of residence - elective admissions: directly age-standardised rates, Cambridgeshire and Peterborough, 2012/13 to 2017/18



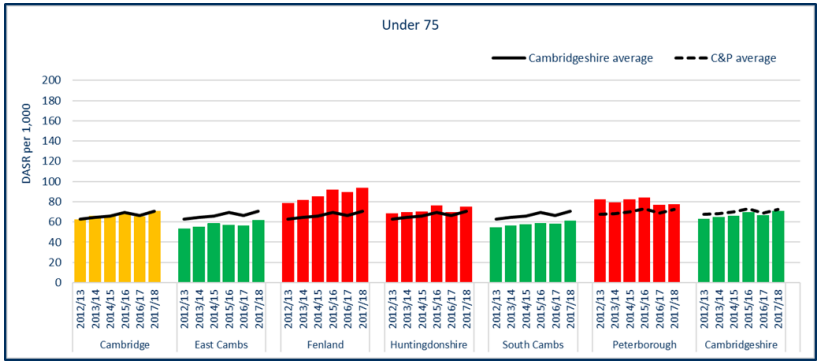


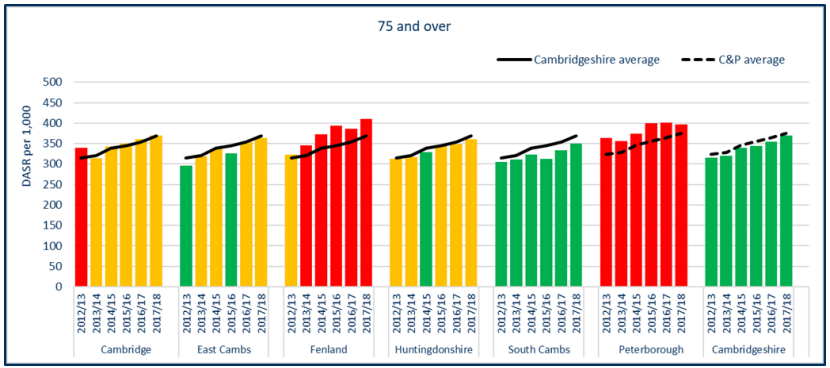
Statistically significantly higher than the Cambridgeshire/C&P average
Statistically similar to the Cambridgeshire/C&P average
Statistically significantly lower than the Cambridgeshire/C&P average

Sources: NHS Digital Hospital Episode Statistics, Office for National Statistics mid-year population estimates (JSNA CDS figure 39)

Emergency admission rates have risen - particularly for older people. They are highest in Fenland and Peterborough

Rates of hospital inpatient admission episodes by local authority of residence – emergency admissions: directly age-standardised rates, Cambridgeshire and Peterborough, 2012/13 to 2017/18





Statistically significantly higher than the Cambridgeshire/C&P average
Statistically similar to the Cambridgeshire/C&P average
Statistically significantly lower than the Cambridgeshire/C&P average

Sources: NHS Digital Hospital Episode Statistics, Office for National Statistics mid-year population estimates (JSNA CDS figure 41)

NHS Trust CQC ratings

Trust	2019	2018	2017	2016	2015	2014
CUHFT	Good		Good	Requires improve-ment	Inade-quate	
PSHFT		Good			Good	Requires improve ment
HHT		Requires improve ment		Good		Inade-quate
CPFT		Good			Good	
CCS		Good				Good
Pap-worth					Good	

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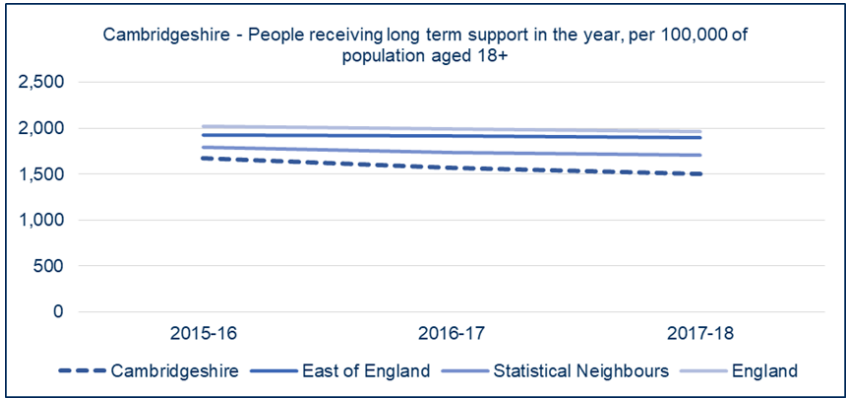
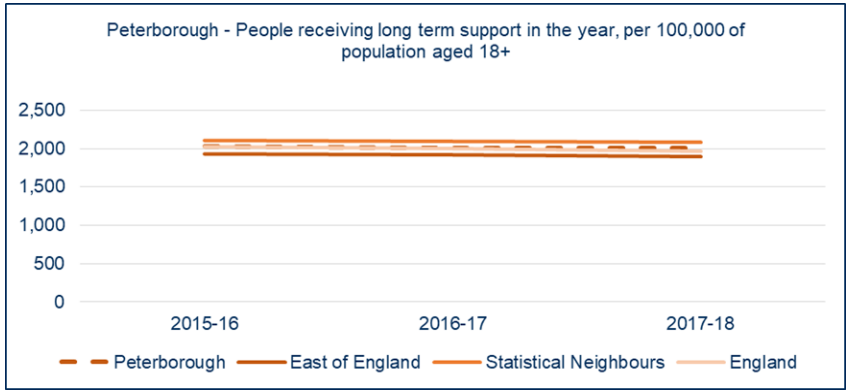
Adult social care placement rates (18+)have shown a decreasing trend in Cambridgeshire





Number of people receiving long term support, 2017/18 financial year

Area	No.	%*	Rate per 10,000 of pop.
Cambridge	1,300	17%	1,277
East Cambridgeshire	920	12%	1,329
Fenland	1,355	18%	1,680
Huntingdonshire	1,930	25%	1,375
South Cambridgeshire	1,435	19%	1,180
Non-Cambridgeshire postcode	765	10%	-
Cambridgeshire	**7,705**	**72%**	**1,500**
Peterborough	**2,985**	**28%**	**2,005**
Cambridgeshire & Peterborough	**10,690**		**1,613**

Note: *Cambridgeshire district percentages relate to Cambridgeshire total and Cambridgeshire and Peterborough percentages relate to Cambridgeshire and Peterborough Combined Authority total

Source: National, Regional, and statistical neighbour datasets were obtained from Adult Social Care data from the NHS Digital website: https://app.powerbi.com/view?r=eyJrIjoiNTY0ZTNhN2YtODg2ZS00OTIyLWI2MjItZTJiY2E5M2MxNTBmIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9 (JSNA CDS Figures 61 and 62 and an extract rom Table 89)

The Adult Social Care Outcomes Framework provides a broad overview of key indicators for Cambridgeshire and Peterborough

Category	Indicator	Period	England value	Cambs value	Pet value
Enhancing people's quality of life	Social care-related quality of life score (%)	2017/18	19.1	19.7	19.6
	The proportion of people who use services who have control over their daily life (%)	2017/18	77.7	81.2	81.8
	The proportion of people who use services who receive self-directed support (%)	2017/18	89.7	98.8	99.0
	The proportion of carers who receive self-directed support	2017/18	83.4	95.1	100.0
	The proportion of people who use services who receive direct paymentss (%)	2017/18	28.1	23.6	25.4
	Proportion of carers who receive direct payments (%)	2017/18	74.1	95.1	44.7
	Proportion of adults with a learning disability in paid employment (%)	2017/18	6.0	2.6	6.3
	Proportion of adults in contact with secondary mental health services in paid employment (%)	2017/18	7.0	12.0	12.0
	Proportion of adults with a learning disability who live in their own home or with their family (%)	2017/18	77.2	71.2	81.2
	Proportion of adults in contact with secondary mental health services living independently, with or without support (%)	2017/18	57.0	74.0	77.0
	Proportion of people who use services who reported that they had as much social contact as they would like (%)	2017/18	46.0	47.0	49.3
Delaying & reducing the need for care & Support	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	2017/18	14.0	6.9	6.7
	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	2017/18	585.6	467.9	441.8
	Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	2017/18	82.9	72.4	75.6
	Proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital (%)	2017/18	2.9	2.7	2.2
	Total delayed transfers of care from hospital, per 100,000 population[1]	2017/18	12.3	17.4	14.0
	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	2017/18	4.3	4.9	0.2
	Outcome of short-term services: sequel to service was either no ongoing support or support of a lower level (%)	2017/18	77.8	93.0	74.8
Positive experience of care and support	Overall satisfaction of people who use services with their care and support (%)	2017/18	65.0	63.2	65.8
	Proportion of people who use services who find it easy to find information about support (%)	2017/18	73.3	70.8	75.7
Safeguarding vulnerable adults	Proportion of people who use services who feel safe (%)	2017/18	69.9	73.5	68.4
	Proportion of people who use services who say that those services have made them feel safe and secure (%)	2017/18	86.3	83.2	85.6

Cambridgeshire County Council

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lower than England (not statistically assessed)
higher than England (not statistically assessed)

Statistically significantly better than the England average
Statistically similar to the England average
Statistically significantly worse than the England average

[1] **Source:** Public Health England - Fingertips Adult Social Care

[2] **Source:** Measures from the Adult Social Care Outcomes Framework, England - 2017-18, NHS Digital
(JSNA CDS table 82)

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CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 7
24 SEPTEMBER 2019	PUBLIC REPORT

UPDATE ON DELIVERING THINK COMMUNITIES

R E C O M M E N D A T I O N S

To:	***Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee***
From:	***Adrian Chapman, Service Director - Communities and Safety***

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

1. Note the scope and ambition of the Think Communities Approach
2. Comment on progress and activities to date

	Officer contact:		***Member contact:***
Name:	*Sarah Ferguson*	Name:	Councillor XXX
Post:	Assistant Director, Housing, Communities and Youth	Role	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	Sarah.ferguson@cambridgeshire.gov.uk	Email:	
Tel:	0791 723 5538	Tel:	

1. PURPOSE

1.1 This report is being presented to update the Board on the progress of Think Communities, and how this is acting as a catalyst for change and transformation across the public sector.

1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference:

Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.

2. BACKGROUND

2.1 The Board has previously considered the Think Communities approach to reforming the way the public sector delivers services throughout Cambridgeshire and Peterborough.

The report sets out the collaborative approach being adopted by partners across all local authorities, police, fire service and health that will see services delivered through a placed based model. This approach is based upon a number of principles:

- the shared approach will need to adopt strengths-based principles
- it will need to address the ways in which demand for statutory and sometimes costly services will be prevented or delayed
- it will need to be cognisant of and reflect the role and input of all of our key partners
- it will need to allow a single cross-partnership conversation with communities to convey a shared vision to achieve mutual benefit
- it will need to set out the principles of the participatory approach that will be taken to delivery
- it will need to demonstrate how we will build and sustain trust, transparency and accountability with and between communities and our partners
- it will need to show how we will monitor the impacts of our work, how it will be evaluated, and how we will communicate outcomes to communities, partners and other Committees
- it will need to show how we will use evidence to inform our planning and decision making

2.2 The Think Communities approach aims to drive a whole system change in the way the public sector does it's business. However, it's important to note that there is already a huge amount of work going into delivering many of these principles through existing and established programmes in a number of sectors, such as Adult Social Care and the Health system.

2.3 Governance is routed through each partner organisation's individual governance arrangements, and currently brought together at an officer level through the Senior Officers Communities Network. Within Cambridgeshire County Council, progress on the work reports into the Communities and Partnership Committee and in Peterborough City Council updates and scrutiny are provided through the Adults and Communities Scrutiny Committee.

2.4 Discussions are well underway to develop thinking with partners about how the officer governance arrangements can be strengthened across Cambridgeshire and Peterborough at a County level. This is likely to include the creation of an 'Executive' board comprised of senior officers from partner organisations. This will be underpinned by a number of District Place Based Delivery Boards, according to the needs and circumstances of each District. This will mean that the means by which the governance for Think Communities is taken forward at a District level is likely to vary.

2.5 Close working relationships have continued with both the North and South Alliances as both the council and health partners seek to align their transformation approaches to place based delivery.

Appendix 1 outlines how this approach is working across the system to help drive change.

2.6 ***Think Communities Progress to Date***

It is recognised that the scale of ambition will mean that it will take time to fully embed Think Communities. As such, for the first year, a clear programme of deliverables has been agreed against eight thematic areas. The following sections outline the aims under each of these and progress towards delivering them.

2.6.1 **Communications:**

Aim for 2019/2020: Develop a Think Communities brand, strategy and marketing plan

Update on progress:

A detailed communications plan has been developed. A communications group has been established, comprising leads from across the public sector, so that Think Communities communications activity can be appropriately planned and coordinated.

There are already a number of genuine case studies which are in the process of being developed. These describe, in practical terms, the impact a different approach can have on individuals, communities and our workforce, and will be used in both our internal and external communications work. When the case studies are developed, they will be made available to Members and colleagues across the Public Sector.

2.6.2 **Community Engagement:**

Aim for 2019/2020: Deliver a series of community engagement events to be held in localities across the county.

Update on Progress:

Throughout the summer, there has been active engagement with the public at community events, asking them to consider what matters most to them and how they might consider services being delivered differently to better meet their needs. The results of this work will be analysed and will help inform future delivery plans.

Parish and Town Councils have a pivotal role to play in enabling the public sector to rethink its approach and priorities within parished communities, and provides us with a legitimate platform on which to build a more collaborative style of service design and delivery. Annual Local Councils Conferences are good opportunities to focus discussions with parish and town councils on their roles and the opportunities that exist with Think Communities.

Working alongside District Councils where there is a strong culture of civic engagement through democratic and community based services will be critical. For example in Cambridge City and parts of Peterborough City where the democratic arrangements do not include Parish Councils, but where there are different committees and governance structures which provide a route into community engagement activity and a place based approach.

2.6.3 **Data and Intelligence:**

Aim for 2019/2020: Develop a data bank and series of area profiles that allow for a single view of a place across the public sector system

Update on Progress:

Taking a place based approach through Think Communities presents numerous opportunities to work differently together across the public and voluntary and community sector, with a focus on local people, communities, assets, opportunities and challenges. It also enables us to more easily share and analyse data from across the public sector.

To help achieve this, and therefore enable the development of detailed area profiles, we are developing a data bank which will be made widely available. It will present data at the lowest possible geography, primarily at lower super output area (LSOA) scale (between 400 and 1,200 households). LSOA are a widely recognised geographical layer that enables the reporting of diverse small area statistics. This data, when taken as a whole, will create area profiles which will help shape priorities at a local level.

Alongside data about the population, the area profiles will also describe the local assets, the amount of public sector spend attributed to that area, and the levels of demand for different services that originate within that area. There has been extensive work with colleagues across the health system to inform their proposals for the new Primary Care Networks (PCN's). PCN's are new arrangements which bring groups of primary care (GP) practices together to better serve the needs of the local population at the earliest opportunity, providing a geographical footprint which enables other services to work alongside GP's more easily.

21 PCN's are in the process of being established, and when overlaid with the datasets above, this will enable easy identification of the parts of the health system which need to be involved in each aspect of Think Communities delivery. Significantly too, as a result of the Think Communities work, there is now access to a wide range of new health-specific datasets which broadens out the scope to bring about real changes in communities where health inequalities or issues are prevalent.

2.6.4 **Estates and Buildings:**

Aim for 2019/2020: Develop and implement the Cambs 2020 model for service delivery in place

Update on Progress:

The move of Cambridgeshire County Council from the Shire Hall site (known within the County Council as the Cambs 2020 programme) has acted as a catalyst for wider partner conversations about how the physical assets across the partnership can facilitate a place based approach. The move from Shire Hall will facilitate the creation of Community Hubs from which County Council and other staff will and could be based. Opportunities are being sought to share public sector buildings where appropriate, and it is anticipated that this will allow for more diverse teams to operate within communities where it adds value to do so.

The work has enabled the County Council to review current working arrangements alongside the location and condition of buildings and the needs of communities, to create a model of working which locates the right mix of staff in the right locations. Over the past year over 280 teams across the council have been engaged to understand with whom and how they work currently. Alongside this we have gathered extensive information and data about our buildings and community based assets, including location, capacity, condition, restrictions, and services.

2.6.5 **Funding and Resources:**

Aim for 2019/2020: Identify where system resources can be shared or aligned to deliver Think Communities outcomes

Update on Progress:

The data and intelligence work described above is pivotal to take this work forward. As mentioned, this work is building an in-depth picture of our communities, including the resources currently committed and expended in those communities. It is our aspiration to be able to use this data to inform decision making, service design and service delivery, including seeking opportunities to align resources and/or to use what we have across the public sector more appropriately to best meet identified needs.

2.6.6 **Technology and Digital:**

Aim for 2019/2020: Develop a cross sector system that allows the public to report issues easier e.g. environmental, safeguarding

Update on Progress:

The ongoing roll out of Office 365 and the introduction of a new IT and Digital Strategy in both Councils has recognised the importance of technology in helping the workforce and citizens work differently together. New tools will be introduced that will allow for greater collaboration across the public sector, and Think Communities is currently exploring how these can be tested in the existing prototypes. We are also working with council services and our partners to develop a new online directory of services that, when paired with the area profiles, will help services and citizens find support for themselves in their area. Maximising the use of Assistive Technology is a key priority in the Adults Positive Challenge programme, which embodies the Think Communities principles.

2.6.7 **Workforce reform:**

Aim for 2019/2020: Develop an immersive workforce development programme for all staff to encourage new skills and behaviours as per the model '21st century public servant' ambition

Update on Progress:

The success and impact of the Think Communities approach relies on our workforce operating in new and innovative ways, where traditional limitations or boundaries can be challenged and where staff are encouraged, enabled and supported to take different approaches to resolving entrenched and long term issues.

There is significant evidence supporting this approach, but it does require a mindset shift with staff and managers across the public sector. During the first phase of rolling out Think Communities, a number of different approaches have been trialled in a number of different places to test new ways of working. These have been led by a number of different organisations and services, but provide a rich seam of learning for how the public sector could do things differently in the future. These will be included in the case studies which are being developed and mentioned above.

In the medium term, plans are being developed to deliver an immersive training experience to staff across the public sector, effectively 'resetting' their views about being a public servant and helping them to reframe their approach around a place. In the short term, we will be fast-tracking this approach with our partners in some areas where Think Communities delivery is progressing, including in Wisbech and North Huntingdonshire, and across the Granta group of GP practices in the south of the county.

2.6.8 **Strategic Coherence and System Facilitation:**

Aim for 2019/2020: Effective and meaningful relationships will be developed and maintained across the public sector system. Senior Responsible Officers will be in place and leading workstreams above

Update on Progress:

During the last few months, support from and engagement with partners from across the public sector in Cambridgeshire and Peterborough has continued to be significant. This support was recently reaffirmed at the July 2019 meeting of the Cambridgeshire Public Service Board, where Chief Executives from across the public sector system gave their full endorsement for the approach being developed. The discussion at the Public Service Board signified the beginning of the next phase of the Think Communities approach. The Board's endorsement enables us to move into a new phase of mainstreamed delivery, but enabling us to develop new approaches to public service delivery in communities where the need is greatest or where opportunities exist.

As stated above, a model of place based delivery has been agreed in principle. This may take the form of a District based Board, coterminous with a district council boundary and chaired by the relevant District Council chief executive. However, this will depend on the local context, and the approach to a placed based delivery is likely to look different in each District. Whatever the arrangements, the delivery of Think Communities needs to be lead at a local level.

Whilst front line staff and managers will be encouraged and enabled to work differently together, focussed on a whole place rather than departmental or organisational boundaries, there will be a shared commitment across the leadership to overcome any barriers or challenges which may impede the new way of working. There is a commitment to take opportunities to align resources and use assets more effectively

Huntingdonshire, Peterborough and Fenland are likely to launch Delivery boards, with Huntingdonshire's aiming for a September start. Detailed discussions are taking place with the remaining district councils to ensure such an arrangement meets the local need.

Finally, the Board will note that the work to date has largely been focussed on public sector transformation. This has been a deliberate strategy, given the scale of the sector and the collective challenges we face. However, there has, concurrently, been ongoing engagement with our partners in the voluntary sector. As a result of this, the newly formed voluntary sector Chief Executive Forum has recently reviewed the original Think Communities document, and suggested a number of changes which they feel will engage more effectively with voluntary sector partners and the whole population. This work is now being reviewed.

Think Communities continues to be an evolving conversation which aims to deliver long term change to meet the needs of communities, and the changing context of the public, voluntary and community sector in the future.

3. CONSULTATION

3.1 Think Communities has developed organically via close collaboration and detailed conversations across the public sector, and, increasingly, the not for profit sector. As the place based work continues to increase at pace, bespoke consultation at the local level will form a fundamental part of the approach.

4. ANTICIPATED OUTCOMES OR IMPACT

4.1 In discussing this report, it is anticipated that opportunities to further develop and embed Think Communities across our shared agendas are identified and taken forward.

5. IMPLICATIONS

Financial Implications

5.1 Cambridgeshire County Council and Peterborough City Council are seeking to commit funds over the next two years to increase the capacity in the system to support the delivery of the approach in the short to medium term. It is anticipated that funding of approximately £350k a year, for 2 years will be invested to deliver the Think Communities approach. This will include:

- investing in a communications manager to develop both internal and external communications
- workforce development to design new behaviours, values and training for staff within local authorities
- developing new placed lead managers across Cambridgeshire and Peterborough to work with local communities and public sector organisations to develop local, evidence led priorities and co-design solutions
- New Communities manager to work with new communities at strategic growth sites across the county to identify and facilitate new service provision and S106 funding

All partners engaged in the work are committing resources and time to support delivery in a number of different ways. However the achievement and delivery of the approach will be through embedding a 'business as usual' model across the partnership as part of a widespread public sector reform.

Funding will be drawn from reserves for Peterborough's contribution (via the Adults Positive Challenge programme) and from the Transformation fund within County Council for Cambridgeshire.

Legal Implications

5.2 Not applicable.

Equalities Implications

5.3 Not applicable

6. APPENDICES

6.1 Appendix 1 - Think Communities place based network

7. SOURCE DOCUMENTS

(It is a legal requirement for the following box to be completed by the report author.)

Source Documents	Location
None	***N/A***

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Delivering a New Model of Health and Social Care across Cambridgeshire and Peterborough
Paper for the Combined Authority- DRAFT

Purpose

This paper sets out the current work underway to deliver a new model of health and social care across Cambridgeshire and Peterborough. It describes the current work that is underway across the broader public sector and the model we are working towards.

Think Communities has been endorsed as an approach underpinning public service reform by the Cambridgeshire and Peterborough Public Service Board. Our intention is to work together where it makes sense and there is agreement to do so. Think Communities is taking a **People, Places and Systems** approach to building relationships and supporting communities to be strong, connected and responsive.

The Think Communities principles provide a framework which will support and/ or drive a number of different strands of activity across the public sector, both nationally mandated and local. The approach will:

- Help communities to support themselves, encouraging community-led solutions and interventions. *(People)*
- Work with communities to harness and develop their skills, experience, knowledge and passion targeted towards those in the community requiring the most help. *(Places)*
- Support active, healthy communities to play a clear and evidenced role in improving people's lives, thereby preventing, reducing or delaying the need for more intrusive and costly public services. *(Places)*
- Arrange resources to create multi-agency support which can flexibly meet the changing needs of our communities. *(Systems)*
- Be willing to be experimental in our approach, in order to deliver individual local solutions and support ideas that can be replicated. *(Systems)*

The transformation programmes taking place across the health and social care system embody these principles, and are already demonstrating the impact a Think Communities approach can have.

To support the delivery of this work, Cambridgeshire and Peterborough Public Services Board have agreed to look at how the governance arrangements which will drive the Think Communities approach can be strengthened and/ or aligned to existing arrangements. This will include the creation of an 'Executive' board comprised of senior officers from partner organisations. This will be underpinned by a number of District/City Place Based Delivery Boards, according to the needs and circumstances of each District/City. This will mean that the way the governance for Think Communities is taken forward at a District/City level is likely to vary and may work to different timescales, but the driving principles take all the partners forward in the same strategic direction.

In addition to creating the right governance arrangements, key strands of work include building a multi-agency data set at Lower Super Output Area, which will give a 360 degree overview of the demographics and local need within small communities. We are developing a workforce transformation programme which will ensure that staff are ready and able to deliver a new way of working.

Integration of Health and Social Care

The integration of health and social care is being driven within the Think Communities Approach to promote public health and tackle the key determinants of health and health and social outcomes. Therefore the Health and Well Being Board and the Health and Well Being Strategy that is currently being developed provide the backdrop. Our current Neighbourhood Cares pilots in St Ives and Soham have confirmed that transport, housing, community cohesion, income and employment as well as access to health care and support are key factors influencing social care support.

Cambridgeshire and Peterborough STP provides the strategic overview for the integration of health and social care and is working towards the transition into an Integrated Commissioning System (ICS). A Discharge Programme Board has overseen recent reductions in the number of DTOCs and there has been a joint approach to developing the community based offer across health and social care enabling patients to be discharged home with the right support. The Council has increased investment in its Reablement Services and the CCG has increased intermediate care and these 2 services work together in an integrated way with clear criteria and a clear 'Home First' pathway.

A North and South Alliance have been established to work together at a neighbourhood level, around our acute hospital footprints with providers of services for health and social care working together on a partnership basis to provide a wider range of services across a geographical area. The goal is to deliver more proactive, person-centred and holistic care to local people pooling resources and budgets where we think it will add value.

Each Alliance has an **Integrated Neighbourhood** work stream which is overseen by partners from the NHS, Local Authorities, Healthwatch and the voluntary and community sector. Work is currently underway with a number of Primary Care Networks (PCNs) that have been identified- varying in size from 40,000- 90,000 population. Integrated Neighbourhood Mangers have been appointed and the work is starting on the ground building multi- disciplinary teams around the PCN geography. This will be supported by the Think Communities work through detailed profiles of need and by bringing together a wider range of public and voluntary sector partners to tackle the wider determinants of health.

An Integrated Commissioning Board has been established to oversee the Better Care Fund and joint and integrated commissioning, chaired by Healthwatch and attended by Senior Executive Commissioners and Providers from the Local Authority and NHS.

Neighbourhood Cares pilots in Soham and St Ives have been running for over 2 years and the external evaluation is expected to show that these pilots represent best practice in adult social care and place based working and bring benefits to a wider range of public and voluntary sector partners. We will continue to build on the work so far in Soham and St Ives with a wider range of partners once the pilots have been completed. The Neighbourhood Cares pilots have shown that in line with Buurtzorg principles if health and social care professionals are given maximum autonomy in a defined place they develop trust and relationships that generate creative and pragmatic solutions that improve outcomes and manage demand and cost.

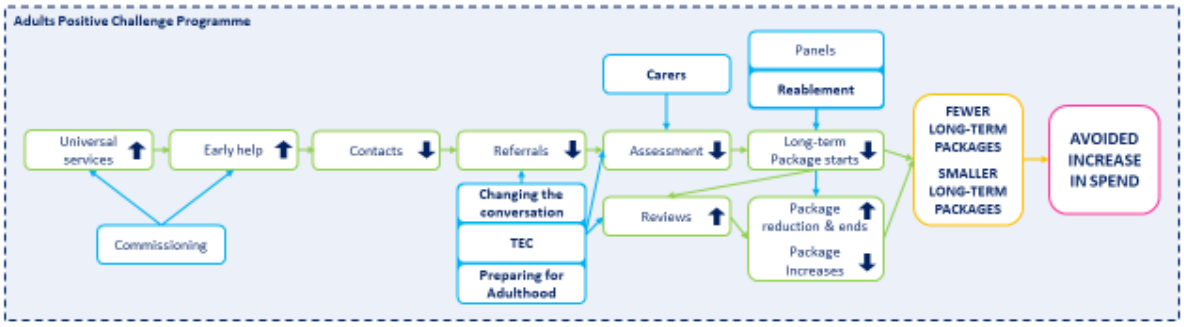
Adults Positive Challenge Programme is an adult social care transformation programme focussed on demand management and a theme running throughout has been the need to 'Change the Conversation' which is in line with the Think Communities approach and the integrated neighbourhoods work. The need to co-produce and involve the local community in a different approach to delivering public services has never been greater.

The diagram below shows the way in which the key elements of the Adults Positive Challenge Programme are delivering a financially sustainable model for Adult Social Care in Cambridgeshire and Peterborough. The key components have included

- Driving up the use of Tech Enabled Care (TEC)
- Changing the Conversation – taking a strengths based approach
- Preparation for Adulthood (PFA) with children with disabilities
- Carers- supporting Carers and reducing carer breakdown
- Reablement- providing short term support focussed on promoting independence to prevent the need for long term care

Demand changes which are delivering the APCP cost avoidance

Demonstrating the impact of the APCP workstreams on the key influenciable levers to manage demand and deliver cost avoidance savings .



Cost avoidance and Savings delivered April – July 2019:

	Changing the Conversation	TEC	Carers	Reablement	Preparing for Adulthood
PCC	£43,500	£282,264	£4,450	£481,820	Savings expected in Q4 2019/20
CCC	No savings attributed	£2,269,000*	£193,000	£593,000	

*Savings achieved from all TEC activity including the 2018/19 baseline

Current models of integration learning so far

There is a track record of integration of health and social care across Cambridgeshire and Peterborough. Currently there is a pooled budget for Learning Disability between the CCG and CCC and fully integrated and well regarded Learning Disability Partnership consisting of joint health and social care staff who are co-located and jointly plan and manage the care and support for people with learning disabilities. CCC has a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT) for Occupational Therapy (OT) which means that there is one single OT services covering health and social care functions. CCC and PCC have just renewed a Section 75 agreement for mental health with Mental Health Social Workers being seconded to CPFT and working as part of multi-disciplinary teams. In addition there is a jointly funded and commissioned service for community equipment to enable people to continue to live independently at home and CCC and the CCG have a jointly funded Assistive Technology or Tech Enabled Care Service.

Learning from previous integrated arrangements for older people services which have now been brought back into direct management by the Council is that structural integration does not in itself achieve improved outcomes and can reduce financial control. The current view is that there is no

one size fits all approach to integration, form has to follow function and the organisational upheaval involved in TUPE transfers can be costly and bring us no closer to the intended goal which is that the person or patient we are supporting experiences seamless care and support when they need it. Changing the way in which front line professionals work together with voluntary and community sector partners and the local community cannot easily be achieved through an organisational solution. There is also the experience of the Uniting Care Partnership which brought together community and acute sector providers into one organisational model but had to be disbanded in December 2016 after 8 months due to financial difficulties.

The model we are working towards

The key question to be addressed is what will be different from the perspective of the person or patient, as a result of the combined efforts of all the above. We are working towards a place based model that is applied to all public and voluntary sector services. Building on all of the above, and underpinned by the Think Communities principles, there will be:

- a clear sense of the total resource available to a place- people, money and community resources
- a local profile of need that is unique to that place and shows the key drivers of demand and need as well as the resource available
- resources distributed according to need profiles with agreement about where need is greatest and integration will bring greatest benefit
- a local Place Based Board where decisions are made about the most effective way to combine and redirect resources available to meet local need
- an integrated multi-disciplinary team around the place that includes a wide range of public sector partners including Public Health, Housing, District Council etc.-
- a multi-disciplinary health and social care team and VCS team wrapped around a primary care network, practice or patient as needed to enable health and social care to work together collaboratively to anticipate escalating need or increased frailty and put in place steps to prevent crises and respond quickly to changing circumstances
- an ability to reach into hospitals and care homes to help people return home and live as independently as possible
- local and jointly commissioned solutions to care needs such as micro enterprises and small local responsive services that can provide a consistent response to care needs

Barriers to integration/ key issues to be addressed and how can further devolution help/ areas for further investigation

The following are key areas that currently constrain progress and securing the full benefit and impact of these strategic developments. There needs to be more progress on sharing information across all sectors and technical solution that enable all those working in a place or with a person to share information and develop one shared plan.

Resource constraints are also a key factor in a health and social care system that is under considerable strain and can lead to short term thinking or decisions that cause costs to be transferred to a partner organisation.

Ensuring that the integration agenda is not limited to health and social care but includes all public, voluntary and independent sectors.

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Updated on: 13 September 2019

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE WORK PROGRAMME
AGENDA PLAN 2019/2020

MEETING DATE	ITEM	CONTACT OFFICER
Monday 9 March 2020	Public Health System Peer Review **For information**: Forward Plan Agenda Cambridgeshire and Peterborough Whole System Joint Sub Committee.	

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