

## APPENDIX B1: CONSULTATION SUMMARY TABLE

Theme/Chapter of HWB Strategy	Summary consultation feedback	Action taken in response
Overall lay out and writing	<ul style="list-style-type: none"> <li>The front cover and illustrations are very important – the front cover must reflect the diversity of residents.</li> <li>Several people thought that there is too much information for a lot of readers – a simple version is needed, but some people wanted more detail.</li> <li>The strategy should be more accessible to different groups of readers - in different languages/easy read/audio-book.</li> <li>Some people would value more links in the text to other strategies and documents, others think this would be too complicated.</li> </ul>	<ul style="list-style-type: none"> <li>The front cover has been amended to reflect the diversity of residents</li> <li>A summary leaflet describing the strategy will be prepared as well as the full version</li> <li>Production of the summary leaflet in different languages/forms will be considered.</li> <li>Links to the public health pages of the Council website and to the Safer Peterborough Partnership website have been included.</li> </ul>
1.1 Joint strategic needs assessment findings	<ul style="list-style-type: none"> <li>The map (deprivation) and teenage pregnancy statistic were confusing.</li> </ul>	<ul style="list-style-type: none"> <li>These have been altered to present information more clearly</li> </ul>
1.2 Forecasting future needs	<ul style="list-style-type: none"> <li>People are concerned about the pressure that population growth will place on services (particularly health services) in Peterborough.</li> <li>Some people thought that more emphasis on innovation was needed to meet these challenges, and that more education/information for people about how to use health services may help ease the pressures.</li> </ul>	<ul style="list-style-type: none"> <li>Chapters on health system transformation and the City Council customer experience programme describe plans to address pressures from population growth. These include more accessible information for people using services, and a range of innovative approaches to redesign services.</li> </ul>
2.1 Children and young people's health	<ul style="list-style-type: none"> <li>People would like more in the strategy about local service plans for children with disabilities, life threatening illness and needing end of life care.</li> </ul>	<ul style="list-style-type: none"> <li>Information about the multi-agency review of services for children and young people with special educational needs and disabilities age 0-25 has been added to the strategy.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The challenges faced by single parent families should be considered when implementing the strategy.</li> <li>• High teenage pregnancy rates are included in this chapter as an issue - and it would help to have more detail on plans to address this.</li> <li>• Children and young people’s mental health is very important.</li> <li>• Education about health and wellbeing in schools is useful for children’s future health.</li> </ul>	<ul style="list-style-type: none"> <li>• An intention to consider the needs of single parent families across the strategy workstreams has been included.</li> <li>• An action to develop a joint strategy to address high rates of teenage pregnancy has been added, together with an outcome metric on teenage pregnancy rates .</li> <li>• Plans to address children and young people’s mental health services are outlined in the strategy</li> <li>• This is covered through the action to . develop a ‘Healthy Schools Peterborough’ programme</li> </ul>
2.2 Health behaviours and lifestyles	<ul style="list-style-type: none"> <li>• To support people’s understanding of a healthy lifestyle, clear information is needed in different settings</li> <li>• ‘Healthy Lifestyles’ are important for people with mental health, disability and ageing issues and those recovering from severe illnesses , so this links through other parts of the HWB Strategy.</li> <li>• Some people were concerned about workplaces which don’t provide a healthy environment</li> <li>• Some people wanted more information about plans for services for drug and alcohol misuse and the health of offenders.</li> </ul>	<ul style="list-style-type: none"> <li>• This is covered in the strategy through the plans to improve communication with residents.</li> <li>• A sentence has been added to the strategy to make clear that the planned integrated lifestyle service will include links for these groups.</li> <li>• Information about the new public health contract with Business in the Community to support employers with healthy workplaces has been included in the strategy.</li> <li>• A link to the Safer Peterborough Partnership website has been included which will have more information on plans for drug and alcohol misuse and services for offenders.</li> </ul>

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<p>2.3 Long term conditions and premature mortality – cardiovascular disease</p>	<ul style="list-style-type: none"> <li>• Cardiovascular disease is an important cause of early deaths and should be a priority.</li> <li>• Cancer should also be included in our plans.</li> <li>• Several people said that long term conditions which are less likely to cause premature mortality but cause pain and disability – e.g. arthritis and back pain need to be addressed in the strategy.</li> <li>• Some people thought that more information on plans for end of life care (at all ages) should be included</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular disease is a priority in the strategy.</li> <li>• The strategy has been amended to include a commitment to carry out a needs assessment for a wider range of long term conditions including cancer and musculo-skeletal conditions, and including end of life care.</li> </ul>
<p>2.4 Mental health for adults of working age</p>	<ul style="list-style-type: none"> <li>• Several people fed back that more work and engagement is needed with carers of people with mental health conditions, and to provide more information and support for them. It was suggested that an additional success measure was needed on the support offered to carers.</li> <li>• People also emphasised the importance of engaging with and listening to people with mental health problems and those working in the sector.</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy has been amended to include a commitment that the new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services. An outcome metric on services and information for carers has been added.</li> <li>• Service user representatives will be invited to the Partnership Board</li> </ul>
<p>2.5 Health and wellbeing of people with disability and/or sensory impairment.</p>	<ul style="list-style-type: none"> <li>• People fed back concerns about housing, access, and support for people with disabilities and their carers – and felt that the needs of people with disabilities should be considered throughout the</li> </ul>	<ul style="list-style-type: none"> <li>• The chapter about people with disabilities and/or sensory impairment has been moved to the ‘Health and Wellbeing through the Lifecourse’ section of the Strategy to emphasise the</li> </ul>

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	<p>different aspects of the health and wellbeing strategy.</p> <ul style="list-style-type: none"> <li>• Some people also felt that more information is needed on service plans for people with a combination of learning disability, autism and epilepsy.</li> <li>• Feedback was received from users of the St Georges hydrotherapy pool, emphasising its benefits.</li> </ul>	<p>interdependencies with other 'Lifecourse' chapters. Additional points/ actions relating to disability have been included in the chapters on children and young people's health; lifestyles; long term conditions; local plan, and housing.</p> <ul style="list-style-type: none"> <li>• The strategy states an intention to work with users of St Georges hydrotherapy to explore options for sustainability</li> </ul>
2.6 Ageing well	<ul style="list-style-type: none"> <li>• Several people felt that dementia was a significant issue and would like to see more details of the plans for addressing this.</li> <li>• Several people said that loneliness is often a problem for older people and needs to be considered when implementing the strategy.</li> <li>• Several people said that many older people don't engage through digital channels, so face to face contact to understand older people's needs remains important.</li> </ul>	<ul style="list-style-type: none"> <li>• The Strategy now makes reference to the joint dementia strategy for Peterborough being reviewed and refreshed</li> <li>• The Strategy now makes clear that the Better Care Fund Healthy Ageing and Prevention workstreams include a workstream on addressing loneliness</li> <li>• Recognition that older people don't always want to engage through digital channels but may prefer face to face contact has been explicitly added to the strategy.</li> </ul>
2.7 Protecting health – communicable diseases	<ul style="list-style-type: none"> <li>• Some people suggested that more communication with communities and individuals about immunisation and screening would help improve uptake rates .</li> <li>• Some people wanted more detail about plans to improve sexual health.</li> </ul>	<ul style="list-style-type: none"> <li>• This is included in the work of the task groups on screening and immunisation outlined in the strategy</li> <li>• This will be covered in the development of the Peterborough Joint Sexual Health</li> </ul>

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		Strategy
3.1 and 3.2: Growth, health and the Local Plan; Health and transport planning <i>(chapters taken together as comments often overlapped)</i>	<ul style="list-style-type: none"> <li>• Several people thought that access to green spaces (including woodland) was important for both children and adults.</li> <li>• Some people emphasised the importance of planning access for people with disabilities – for example to green spaces and cycle routes.</li> <li>• Some people are concerned about whether the links between health/wellbeing and local transport planning are strong enough; and about the impacts of increased road traffic as a result of economic and housing growth - particularly on areas of deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>• This is recognised in the strategy.</li> <li>• Clarification that access needs of vulnerable and marginalised groups will be considered in the Local Plan has been added.</li> <li>• Clarification that public health input to transport planning will include the impact of transport on health inequalities and the impact of housing growth on transport and health have been added.</li> </ul>
3.3 Housing and health	<ul style="list-style-type: none"> <li>• People felt that the focus of the housing chapter on the needs of older people was right, and that this should be widened to include all vulnerable people and in particular appropriate housing for people with a disability</li> </ul>	<ul style="list-style-type: none"> <li>• Reference to the new Vulnerable People’s Housing Sub-Group, which will work to address these issues has now been included in the strategy.</li> </ul>
4.1 and 4.2 Health inequalities – geographical and of diverse communities <i>(chapters taken together as comments overlapped)</i>	<ul style="list-style-type: none"> <li>• Several people were concerned that there needs to be more focus and information on the health inequalities experienced by migrants, and the health needs of different ethnic communities in Peterborough.</li> <li>• Some people fed back that they would like more explanation of the role of Children’s Centres in addressing geographical health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• This is a focus of the strategy</li> <li>• An explanatory sentence has been included in the text.</li> </ul>

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<p>5.1 Working together effectively: Partnership boards</p>	<ul style="list-style-type: none"> <li>• It is good that partnership boards exist but people would like to know more about who sits on the partnership boards and the issues which they are discussing.</li> </ul>	<ul style="list-style-type: none"> <li>• The terms of reference (including membership) of the partnership boards will be placed on the City Council's website.</li> </ul>
<p>5.2 Commissioning principles</p>	<ul style="list-style-type: none"> <li>• Some people think that the commissioning principles are good and clear – others that they have some 'jargon' which needs more explanation. Clarity is needed that the principles are for <u>all</u> people in Peterborough with no groups excluded.</li> </ul>	<ul style="list-style-type: none"> <li>• The detailed commissioning principles in Appendix A, which could be seen as 'jargon' have been removed. The summary principles remain.</li> <li>• The text makes clear that the principles apply to everyone in Peterborough.</li> </ul>
<p>5.4 C&amp;P Health System Transformation Programme</p>	<ul style="list-style-type: none"> <li>• The content of this chapter is not always clear, particularly about what will be done, and the arrows on the diagram are confusing.</li> <li>• It needs more about the needs of people requiring care long term and their carers</li> </ul>	<ul style="list-style-type: none"> <li>• The content of this chapter has been updated in the light of termination to the Uniting Care Contract.</li> <li>• Further updates will be available through the production of a Sustainable Transformation Plan for the Health System later this year.</li> </ul>
<p>5.5 PCC Customer experience programme</p>	<ul style="list-style-type: none"> <li>• This and the previous section may need re-writing to explain how the City Council Customer Experience Strategy and NHS System Transformation Strategy will work together.</li> </ul>	<ul style="list-style-type: none"> <li>• An additional short section (5.3) has been added to explain how the two programmes work together, overseen by the Greater Peterborough Executive Partnership Board.</li> </ul>
<p>5.6 A vision for health and wellbeing 2016/19</p>	<ul style="list-style-type: none"> <li>• The vision doesn't include everybody. More work is needed on the strategy for people with disability and their carers.</li> </ul>	<ul style="list-style-type: none"> <li>• The vision has been amended to make it clear it is for all local residents.</li> </ul>
<p>Issues thought to be missing from the strategy (some 'missing issues are also flagged in</p>	<ul style="list-style-type: none"> <li>• End of life care (all ages)</li> <li>• Disability housing, employment, access and carer</li> </ul>	<ul style="list-style-type: none"> <li>• This will be included in the planned long term conditions needs assessment.</li> <li>• These have been added to the relevant</li> </ul>

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<p>earlier feedback on individual chapters)</p>	<p>issues.</p> <ul style="list-style-type: none"> <li>• Loneliness particularly for older people.</li> <li>• Health issues associated with drug and alcohol misuse and offending</li> <li>• Sexual health not covered in enough detail</li> <li>• Cancer</li> <li>• The importance of religion for health</li> </ul>	<p>chapters.</p> <p>This is covered under the Better Care Fund healthy ageing and prevention workstream.</p> <p>More information is available on the Safer Peterborough Partnership website which has been included in the text.</p> <p>This will be covered in the joint sexual health strategy for Peterborough</p> <p>This will be included in the planned long term conditions needs assessment</p> <p>While this is acknowledged as important - actions are likely to lie outside the scope of the strategy</p>
<p>Other general comments on the Strategy</p>	<ul style="list-style-type: none"> <li>• Several people said that they agreed with the intentions stated in the Strategy, but were concerned that it would not be implemented</li> <li>• Several people wanted to see the implementation plans for the strategy with visible actions to be taken, and to see the metrics which would be used to monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation plans will be developed and monitored by the HWB Board. The outcome metrics outlined in the strategy will also be monitored.</li> </ul>

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	<ul style="list-style-type: none"><li>• The Strategy should be embedded in all the work the Council does.</li><li>• Some people were concerned that the Strategy was not innovative enough</li><li>• Some people were concerned about evidence that the CCG and CPFT could deliver effectively, following the termination of the Uniting Care Partnership.</li><li>• Some people were concerned that joint working might mean services would shift to Cambridge.</li></ul>	<ul style="list-style-type: none"><li>• There will be ongoing review through the public health officer board within the Council and the Health and Wellbeing Programme Delivery Board.</li><li>• More innovation is likely through the detailed implementation plans.</li><li>• This is outside the scope of the strategy</li> <li>• This is not the intention of the strategy. The purpose of joint working is to make best use of available resources, and improve the outcomes and experience of residents using services.</li></ul>
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