

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: CHILDREN AND YOUNG PEOPLE’S HEALTH**

**LEAD: LOU WILLIAMS**

<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;</li> <li>• Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;</li> <li>• Reviewing the Child and Adolescent Mental Health (CAMH) offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of additional funding from Central Government.</li> </ul>	
<p><b>Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)</b></p>	<p>The healthy child programme is well-established and considerable work has been undertaken to develop pathways and links between resources to ensure that emerging needs are identified early. The early support panels are established and develop coordinated support for young children where there is evidence of complex needs.</p> <p>Initial health visitor contacts between 10 and 14 days post birth are above the target of 90% as are the more substantive developmental check at 6-8 weeks. Performance in relation to the 12 month review is generally good, but there has been a fall in performance in respect of the two year developmental check and this is now being monitored closely. Performance in this latter indicator had been above 90% for most of the current financial year but declined to just about 80% in November.</p> <p>90% of children aged 2 benefit in funded day care settings benefit from attending settings that are judged good or outstanding.</p> <p>CAMH waiting times have mostly remained within target timescales. In only two months since the beginning of the financial year has any child or young person waited for longer than 18 weeks between referral and assessment, and this indicator has remained above the 95% target throughout.</p> <p>Waiting times between referral and assessment for ASD/ADHD have much improved, although small numbers continue to wait for longer than 18 weeks, with approximately 10 children and young people in this position as of December 2016.</p>

<b>Current Activities: narrative update on workstreams</b>	A number of the work-streams that contribute to this overall area are coordinated within the remit of the Children and Families Joint Commissioning Board. The remit and function of this board is currently under review. This is in order to develop the Board so that it can take the role of being the main governance board of the Family Safeguarding approach in Peterborough, while continuing its role in delivering key health and wellbeing board priorities.
<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised</li> <li>• Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&amp;YP with emerging emotional and mental health difficulties</li> <li>• Working with the PSCB to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established</li> <li>• Renew the Child Poverty Strategy in 2016</li> <li>• Develop a joint strategy to address high rates of teenage pregnancy</li> <li>• Jointly review the commissioning and delivery of services for C&amp;YP with SEND, from age 0-25</li> <li>• Consideration of the needs of single parent families in these workstreams</li> </ul>	
<b>Future Plans: Progress against key milestones</b>	<p>Milestone 1: review the function and membership of the Children and Families Joint Commissioning board and develop this as the basis for the principal governance board for developing Family Safeguarding in Peterborough, mapping and monitoring key health and wellbeing priorities in the process.</p> <p>Milestone 2: Neglect strategies have been developed and launched by PCC and the LSCB. The next step is to monitor implementation of the strategies – the extent to which they and their associated tools are being used within the community [and the graded care profile in particular].</p> <p>Milestone 3: Monitoring the impact of the child poverty strategy following the allocation of lead officers and lead Member responsibilities.</p>
<b>Risks</b>	Current risks include lack of embedding of neglect strategies in community and specialist services.
<b>Key considerations</b>	Need to develop a new governance board that can meet requirements of Family Safeguarding but have a broader reach so that it can also support the prevention of needs becoming complex through

effective early intervention.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator will be available as of end of Q3 2016/17 (part of NHS 5 Year Forward View)	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator will be available as of end of Q3 2016/17 (part of NHS 5 Year Forward View)	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator will be available in 2018/19 (part of NHS 5 Year Forward View)	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator will be available as of end of Q3 2016/17 (part of NHS 5 Year Forward View)	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	Decreasing - getting better	Statistically similar to England	2015-16	259	9.3%	9.3%	Match or exceed average of CIPFA neighbours
1.3	Prevalence of obesity - year 6 (proportion, %)	Increasing - getting worse	Statistically similar to England	2015-16	460	19.8%	19.8%	Reduction of 1.6% per year, to reach 13.3% by 2018/19
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	Decreasing - getting better	Peterborough higher (worse) than England. Statistical significance unavailable	2016	-	5.0%	4.2%	Reduction to 3.5% by January 2019
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Strategy launched by Peterborough Safeguarding Children Board 13/09/2016	-	-	-	-	Jo Procter (Head of Service for Adult & Children's Safeguarding Boards) to provide periodic audit data to measure success of implementation
1.6	Under 18 conceptions (crude rate per 1,000)	Decreasing - getting better	Statistically significantly worse than England	2014	102	30.2	22.8	Reduce by at least same rate as England
1.7	Under 16 conceptions (crude rate per 1,000)	Increasing - getting worse	Statistically similar to England	2014	22	6.7	4.4	Reduce rate by 1.3 per year to match previous Peterborough best (4.7/1,000)

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: HEALTH BEHAVIOURS AND LIFESTYLES**

**LEAD: DR LIZ ROBIN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services
- Commissioning a joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital.
- Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

Smoking prevalence among adults continues decline with most recent data showing a smoking rate of 17.7% compared to a national smoking rate of 16.9. Smoking prevalence among routine and manual workers also continues to decline but at a faster rate. Local smoking rates among this group of workers is 25.1% compared to a national rate of 26.5%. Provision of stop smoking services across the City is being extended to support local smokers motivated to quit and reduce prevalence further.

As part of the National Child Measurement Programme 2,771 reception children and 2,320 year 6 children across Peterborough had their height and weight measured during 2015/16. Among reception children, 258 were recorded as obese (a decrease from the previous year) and 632 with excess weight (an increase from the previous year). Among year 6 children, 459 were recorded as obese (an increase from the previous year) and 793 with excess weight (an increase from the previous year).

Excess weight among adults is higher than the England average, with over two out of three adults in Peterborough classified as overweight or obese. The proportion of adults who are classified as active (doing at least 150 minutes of at least moderate intensity physical activity per week) is slightly lower than the England average, with approximately one out of two adults active. The number of adults who

	are classified as inactive (doing less than 30 minutes of at least moderate intensity physical activity per week) has however increased to one in three, significantly higher than the England average.
<b>Current Activities: narrative update on workstreams</b>	<p>Healthy Lifestyle services have been developed throughout 2016/17 with existing interventions and programmes extended and new healthy lifestyle support programmes established. Stop smoking clinics for motivated smokers that want to quit have extended, health trainer services have been established in a GP practices and community settings and physical activity and weight management Tier 2 and Tier 3 programmes have been increased.</p> <p>These services will form the foundation for a new commissioned integrated healthy lifestyle service that will begin delivery from April 2017.</p>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues</li> <li>• Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles</li> <li>• Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme</li> <li>• Reduce the number of local people developing Type 2 Diabetes</li> </ul>	
<b>Future Plans: Progress against key milestones</b>	<p>Milestone 1: Monthly health campaigns are being delivered through local and social media and are supported with events. An associated website has been established <a href="http://www.healthypeterborough.org.uk">www.healthypeterborough.org.uk</a> An evaluation of the campaign is being undertaken to inform future plans.</p> <p>Milestone 2: The Healthy Schools programme has engaged a number of secondary schools who are working towards their Bronze accreditation. Interest has been received from primary schools interested in the accreditation programme and the programme will therefore be extended to support these schools.</p>

	<p>Milestone 3: The Diabetes Prevention Programme is in place locally while a Health Check programme for those with an increased risk of Type 2 Diabetes is being developed, targeted at the South Asian community to where prevalence of Type 2 Diabetes is higher.</p> <p>Milestone 4: The new integrated healthy lifestyle service is on track to begin delivery from April 2017.</p>
<b>Risks</b>	<p>Immediate risks are associated with the mobilisation of the new integrated healthy lifestyle service to ensure the service can begin delivery from April 2017. However, these are being managed as part of the mobilisation plan.</p>
<b>Key considerations</b>	

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.1	Smoking Prevalence - All (proportion, %)	Increasing - getting worse	Statistically similar to England	2015	-	17.7%	16.9%	Reduce disparity between Peterborough and England
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	Decreasing - getting better	Statistically similar to England	2015	-	25.1%	26.5%	Match or exceed England performance
2.3	Excess weight in adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2013-15	-	70.8%	64.8%	Reduce disparity between Peterborough and England
2.4a	Physically active adults (proportion, %)	Increasing - getting better	Statistically similar to England	2015	-	54.7%	57.0%	Reduce disparity between Peterborough and England
2.4b	Physically inactive adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2015	-	34.3%	28.7%	Reduce disparity between Peterborough and England
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	Increasing - getting better	2016/17 forecast to be 1,360,934, 3.6% higher than 2015/16 value of 1,313,384	2015-16	1,313,384	-	-	Increase of year-on-year number
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2014-15	1,169	679	641	Reduction in DSR of 1.0% per year
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2014-15	744	900	827	Reduction in DSR of 1.0% per year
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2014-15	425	478	474	Reduction in DSR of 1.0% per year
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	TBC - Awaiting data from CCG



**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD  
 PERFORMANCE REPORT  
 DATE: MARCH 2017  
 SUBJECT: LONG TERM CONDITIONS AND PREMATURE MORTALITY  
 LEAD: CATH MITCHELL**

<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>	
<ul style="list-style-type: none"> <li>• The Health &amp; Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed</li> <li>• The Local NHS Clinical Commissioning Group 'Tackling Health Inequalities in Coronary Heart Disease Programme Board' has worked closely with City Council's public health services to improve uptake of CVD 'health checks' for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease</li> </ul>	
<b>Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)</b>	<p>Health checks performance in Peterborough continued to be above the national average in 2015/16 (comparative data on 2016/17 is not yet available)  <a href="http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/91101/age/219/sex/4">http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/91101/age/219/sex/4</a></p> <p>The percentage of people who smoke in Peterborough has fallen over the most recent three years and is now similar to the national average, as is the 2015/16 performance of smoking cessation services (national comparative data on 2016/17 is not yet available)  <a href="http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000006/ati/102/are/E06000031">http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000006/ati/102/are/E06000031</a></p>
<b>Current Activities: narrative update on workstreams</b>	<ul style="list-style-type: none"> <li>• The CVD JSNA was used to inform the development of the Cardiovascular Disease Strategy, and the development of outcome metrics and trajectories.</li> <li>• Outreach health checks for hard to reach communities, workplaces etc have been commissioned as part of the new Integrated Lifestyles contract.</li> <li>• A publicity campaign in March 2017 is promoting local stop smoking services in line with national 'No Smoking Day' including a community bus providing on the spot advice in the Millfield area and outside the Town Hall.</li> </ul>

## HWB STRATEGY 2016/19: FUTURE PLANS

- Develop and implement a joint strategy to address CVD in Peterborough
- Explore a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease
- Explore options to reduce the risk of stroke within the local population by improved identification of atrial fibrillation
- A long term conditions needs assessment will be carried out which will cover the wider range of long term conditions including cancer and musculo-skeletal disorders

### Future Plans: Progress against key milestones

Milestone 1: The Joint CVD Strategy has been completed and approved by the HWB Board. A Strategy Implementation Group is now meeting to ensure that key elements of the Strategy are taken forward and to identify co-dependencies with NHS Sustainability and Transformation Plan (STP) workstreams and avoid duplication.

Milestone 2: Progress with programmes to work with South Asian Communities to address higher rates of diabetes and heart disease are covered in feedback on the 'Health and Wellbeing of Diverse Communities' section.

Milestone 3: A business case has been developed to reduce the risk of stroke within the local population by improved identification of atrial fibrillation and is being further assessed for implementation through the STP. Business Case completed will be submitted to the STP Investment Panel on the 15/3/17 to secure investment. If approved this will deliver savings in Social Care Packages based on National Evidence.

Milestone 4: Work will start on the Long Term Conditions Needs Assessment following completion of the Joint Strategic Needs Assessment on primary prevention of ill health in older people, which is due for presentation to the HWB Board in May 2017. In the meanwhile, much of the relevant national research evidence on long term conditions which applies to Peterborough as well as to Cambridgeshire is included in the Cambridgeshire Long Term Conditions JSNA – and the relevant data for Peterborough has been included in 'CCG data supplements' for this JSNA which cover both Cambridgeshire and Peterborough, available on weblink <http://cambridgeshireinsight.org.uk/JSNA/LTCs-across-the-lifecycle-2015>

[National bids have been submitted for funding to deliver a Programme of work for Diabetic and Cancer Patients across the CCG Footprint . Feedback on outcome of the Bids expected at the end of March 17](#)

<b>Risks</b>	STP/ National funding not allocated to address the local priorities in the Health and Wellbeing Strategy Ability to recruit the skilled workforce in the local area
<b>Key considerations</b>	The System LA's / NHS Secondary Care / NHS Community Care / NHS Primary Care and Community and Voluntary Sector need to develop relationships to maximise outcomes that can be achieved through robust Pathways.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

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

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: MENTAL HEALTH FOR ADULTS OF WORKING AGE**

**LEAD: WENDI OGLE-WELBOURN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered
- A local 'Crisis Care Concordat' implementation plan aims to prevent mental health crisis in community settings and reduce the use of Section 136 of the Mental Health Act. A new crisis care telephone helpline and a community place of safety are proposed for the coming year
- Implementation of the Joint Peterborough Mental Health Commissioning Strategy includes redesign of the mental health accommodation pathway, increased choice of housing options, a placement model of employment support, stronger links between commissioners and clear focus on the right support, the first time, at the right place, by the right people

**Current Activities: Performance narrative and statistics. (Please refer to relevant performance measures of success).**

**1. Suicide Prevention**

**Metric: Suicide Rates: Persons/Males/Females: Standardised rate per 100,000 population**

**Performance: All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)**

**Males: 11.5% Decreasing, getting better and better than the England value (15.8%)**

**Females: Data redacted due to low numbers (not statistically significant)**

**2. Crisis Prevention**

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

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

**3. Mental Health Housing and Accommodation**

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

**Performance: Increasing (30.7%) – getting better although statistically worse than England (58.5%)**

	<p><b>4. Employment</b>  <b>Metric:</b> Adults in contact with mh services in employment  <b>Performance:</b> 4.8%: Increasing – getting better although remains statistically significantly worse than England (8.8%)</p> <p><b>5. Stronger Links Between Commissioners</b>  <b>Performance:</b> Performance is improving in 5 out of the 6 areas with meaningful measures  <b>Metrics:</b> Improvement in performance against the prioritised metrics</p> <p><b>6. The Right Support, the First Time, at the Right Place, by the Right People</b>  <b>Performance:</b> Performance is improving in 5 out of the 6 areas with meaningful measures  <b>Metrics:</b> Improvement in performance against the prioritised metrics</p>
<p><b>Current Activities: narrative update on workstreams</b></p>	<p><b>1. Suicide Prevention</b>  i) The Suicide Prevention Strategy is being refreshed with completion in the Autumn of 2017..  ii) A key workstream within the refreshed strategy will be to seek support and sign up to a policy of Zero Suicide by organizations across Peterborough and Cambridgeshire. Work to progress this was initiated on 21.02.17. The initiative is based on East Of England Region approach and support for this target. More work is needed to refine and state what the objective means – is it an approach to quality and continuous improvement and/or a target for all across the health and social care system.  iii) A bid for £60k investment to the STP to support delivery of the Suicide Prevention Strategy has been made. The proposal is to train GPs in suicide prevention, expansion of the workforce invested in the project to deliver the Suicide Prevention Strategy and a suicide bereavement counselling service.  iv) The STOP suicide project commissioned from MIND is continuing.</p> <p><b>2. Crisis Prevention</b>  i) A Delivery Manager was recruited for one year to support the work of the MH Delivery (Crisis Concordat) Group and started their role on 01.02.17. Significant work having been undertaken to improve the crisis and acute pathway within and at the front end of secondary services through the Vanguard First Response Service development, the priority is now prevention of crisis, including early intervention. Building on knowledge of crisis services gained through Programme Management of the First Response Service, this individual has scoped priorities and held a workshop on 21.02.17 to develop a prioritised action plan. This will be finalised shortly with implementation of any new workstreams</p>

scheduled to follow soon afterwards.

### **3. Mental Health Housing and Accommodation**

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

### **4. Employment**

- i) Improvement of employment outcomes has been prioritised by PCC, CCC and P&C CCG which are working increasingly collaboratively.
- ii) The service currently commissioned for Peterborough residents from Richmond Fellowship is being closely monitored with action taken to address concerns relating to performance.
- iii) Employment services in Peterborough and Cambridgeshire are to be reviewed jointly with the CCG and CCC and re-specified as a key component of the wellbeing and recovery services that are also being reviewed and re-tendered.
- iv) Employment is being prioritised as part of the Devolution Bid. A workshop has been convened to bring agencies involved in improving employment opportunities for people with mental health issues together. A national procurement for a provider to support this work in Cambridgeshire and Peterborough is underway with commissioners from Peterborough and Cambridgeshire directly involved.

### **5. Stronger Links Between Commissioners**

- i) Work to develop a joint commissioning unit for mental health has been strengthened by the appointment of a Head of Mental Health for Peterborough and Cambridgeshire. The brief is to work with P&C CCG to align mental health commissioning and to explore the potential/benefits of establishing a joint commissioning unit. The outcomes, benefit and options for establishing a joint commissioning unit are being developed. Papers will be taken through the internal governance processes of each organization when the scoping is complete. Timescales for this are to be confirmed.
- ii) A MH Joint Commissioning Group has been established involving key individuals from PCC, CCC and P&C CCG. Bi-monthly joint commissioning meetings have been scheduled.
- iii) All mental health services commissioned by PCC, CCC and P&C CCG have been mapped – service type, provider and investment. The next step is to analyse this across C&P and to identify and address

gaps, synergies and duplication. This mapping is being used to inform the re-tendering of the Wellbeing and Recovery and Employment services through which approaches to joint commissioning are being tested.

iv) Commissioners within PCC are working increasingly closely together to develop the mental health market, improve relationships with providers and to monitor performance, addressing under performance. This has included 2 joint – PCC, CCC and P&C CCG – events with the voluntary sector related to the the re-tendering of the Wellbeing and Recovery and Employment services – in November 2016 and January 2017.

v) The STP MH Strategy Group provides the opportunity for commissioners for children, young people and adults of all ages from PCC, CC and P&C CCG to meet with service user and carer representatives and CPFT as the main mental health services provider to agree and progress priorities, to develop a strategic view of the current status of services and priorities for improvement and to provide both co-ordination between the many and varied mental health service developments and initiatives underway across Peterborough and Cambridgeshire and also to interface with the STP workstreams in which specific improvement areas for mental health services feature e.g. Urgent and Emergency Care, Primary Care and Peri-natal mental health care.

#### **6. The Right Support, the First Time, at the Right Place, by the Right People**

i) Links have been made between the MH social care service delegated to CPFT and with the PCC Customer Service to ensure that Peterborough residents with mental health issues have access to effective advice, information and signposting from both services and to minimise duplication and delays.

ii) The social care role within the CPFT PRISM enhanced primary care mental health service is being developed as part of Phase 2 of the PRISM project. The purpose of PRISM is to ensure that people are assessed and offered the support they need as early as possible in the course of their illness and to ensure that they are signposted or referred to the appropriate information or services quickly.

iii) The focus on both crisis and prevention and suicide prevention (above) and the workstreams within them, demonstrates recognition across Peterborough and Cambridgeshire of the importance of appropriate and effective early intervention.



- Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning Strategy in 2016, to tailor implementation plans to address unmet mental health need
- A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services
- An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams
- The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services
- Service user representation will also be invited to the Partnership Board

**Future Plans: Progress against key milestones**

**Milestone 1: Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning Strategy in 2016, to tailor implementation plans to address unmet mental health need**

i) A number of standalone strategies relating to Mental Health services priorities have been drawn together and reviewed to produce a single integrated mental health strategy for P&C. The findings from the Peterborough MH JSNA informed the priorities. This has been agreed in principle by both the Cambridgeshire and Peterborough Health and Wellbeing Boards. The Cambridgeshire Health and Wellbeing Board requested that outcomes that demonstrate impact should be developed. They also request that further engagement – with service users and carers be undertaken so that they have the opportunity to comment on the strategy as a whole, albeit it that these groups were fully involved in the development of the strategies from which it was developed.

**Milestone 2: A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services**

i) A number of Recovery Coaches have been recruited and are successfully working with people to gain/regain independent and meaningful lives in the community.

**Milestone 3: An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams.**

See 6 ii) above.

**Milestone 4: 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**

	<p>i) PCC, CCC and P&amp;C CCG have initiated a review of the strategy for carers. The mental health specialist service/investment is included within the scope of the project in order to help to ensure that the needs of carers of people with mental health issues are identified and addressed and to ensure equity and parity of esteem for carers of this group.</p> <p>ii) Rethink Carers Support are included in the MH Stakeholder Group, representing carers (See 5 i) and ii) below).</p> <p>iii) An additional Schedule which will give clearer definition to the requirements of CPFT in relation to Carers has been included in the list of Schedules to be included in the revised MH Section 75 Partnership Agreement which will be mobilised on 01.01.18.</p> <p><b>Milestone 5: Service user representation will also be invited to the Partnership Board</b></p> <p>i) The Peterborough MH Stakeholder Group met on 02.02.17. It was agreed that the group should continue to meet and that it should be extended to include Cambridgeshire. The TOR fulfil the role of the Partnership Boards.</p> <p>ii) The SUN Network which is commissioned to ensure effective mental health service user representation is a member, representing service users.</p> <p>iii) It was agreed that at each meeting, 2 service users and 2 carers would be invited to join the group by each organization for the focussed conversations on the specific topics selected by members which will be addressed within the meeting. In advance of the meeting, organizational representative agreed to engage with the wider staff, service users and carers with who, they have contact in order to inform discussions. The Group operates as a Reference Group for the MH Strategy Group, thereby ensuring that mental health service user views are represented effectively across the STP workstreams.</p>
<b>Risks</b>	<p>i) That there is insufficient resource, despite efficiencies being achieved by addressing duplication and improving joint working and synergies, across the health and social care system to support all the developments identified as being required to improve access to services and outcomes by the various workstreams. Mitigation: to minimise inefficiencies e.g. duplication and overly complicated processes and pathways and to improve promotion/prevention and early intervention including effective information, advice and signposting.</p> <p>ii) That the complexities and time needed to meet the internal governance requirements of each organization slows progress and significantly slows delivery of the potential benefits of working collaboratively. Mitigation: Progress the proposed exploration of models of joint commissioning for mental health.</p>
<b>Key considerations</b>	<p>i) The work to identify and interrogate opportunities to work jointly across the whole system requires support from the senior managers and others within the key organizations involved to maximise the benefit of the opportunities.</p> <p>ii) Reporting and governance within the 3 organizations can be time consuming and slow progress. Exploration of models to establish joint commissioning for mental health will help to address this.</p>

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target	
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	Increasing - getting worse	Statistically significantly worse than England	2015-16	431	189.5	134.1	-	
4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have fallen but this is partly attributable to closing of Cavell Centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2015-16	20	-	-	-	
179	4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	42	8.4	10.1	-
	4.4	Suicide Rate - Males (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	29	11.5	15.8	-
	4.5	Suicide Rate - Females (directly standardised rate per 100,000)	-	Data redacted due to low numbers	2013-15	-	-	-	-
	4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	Increasing - getting better	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	-	
4.7b	Adults in contact with mental health services in employment	Increasing - getting better	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	-	
4.8	Carers for people with mental health problems receiving services advice or information	Increasing - getting better	Remains below England (statistical significance not calculated)	2013-14	5	2.9%	19.5%	-	

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT**

**LEAD: ADRIAN CHAPMAN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- The Council and CCG have agreed a strategy for supporting older people and adults with long term conditions within the BCF plan, working together to support people with disabilities through data sharing, 7 day working, person centred system, information / communication / advice, ageing healthily and prevention
- The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough
- A Vulnerable People’s Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

Peterborough’s Housing Partnership is to be relaunched, and the work of the Vulnerable People’s Housing Sub-Group will form part of these arrangements.

Terms of Reference for a new Physical Disability and Sensory Partnership Board are being developed and the membership scoped. The first meeting of that Board is scheduled for mid-May and will report directly into the Health and Wellbeing Board.

The Learning Disability employment projects continue to deliver positive outcomes for service users, and more small enterprises are being created to provide employment opportunities.

**Current Activities: narrative update on workstreams**

Adult Social Care Commissioning have plans in place with social landlords and other developers for 25 units to be opened by April 2017 for people with Learning Disabilities. A further 17 units are planned for people with more complex Learning Disabilities and Mental Health problems to be opened by May 2017. Not all these units will necessarily be occupied by people from Peterborough. The services will offer some shared hours of support from registered care providers and some specific individually based care or support hours for people living in the schemes.

	<p>2015/16 performance from the performance reporting for Adult Social Care shows Peterborough as being ahead of the Eastern Regional and National Performance for People with a Learning Disability in Settled Accommodation. Current performance shows this trend continuing.</p> <p>Work for People with a Learning Disability continues to be a focus for local services. 2015/16 performance from the monthly performance reporting for Adult Social Care shows Peterborough as being ahead of the Eastern Regional and National Performance. Current performance shows performance above target at 10% compared to a target of 8%.</p> <p>Permanent admissions to Residential Care for Adults aged 18-65 is much lower than Eastern Region comparators for 2015/16. The target for total admissions for 2016/17 is 13 with 7 people admitted so far this year.</p> <p>An action plan is in place to improve the results from the Carers survey in relation to carer's quality of life, although the results of the most recent survey will soon be available which will give an indication of progress made.</p>
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<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Implementation of strategy for supporting older people and adults with long term conditions</li> <li>• Work with users of St George's hydrotherapy pool to explore future options for sustainability</li> </ul>	
<b>Future Plans: Progress against key milestones</b>	<p><b>Milestone 1: Improving Respiratory Services</b></p> <p>Main proposal: Increasing community and primary care respiratory resources with the aim of adopting an integrated team approach across Primary Care, Community Services and Acute Services</p> <p><b>Milestone 2: Implementation of an integrated CCG-wide Falls Prevention programme</b></p> <p>Strengthening falls prevention delivery and integration in the community</p> <p>Primary prevention campaign</p>

	<p>Falls prevention Health Trainer</p> <p>Physical activity Strength &amp; Balance</p> <p>Fracture Liaison Service</p> <p>Public Health Falls Coordinator</p> <p>Inclusion of a specific targeted question on the statutory Adult Social Care Service User satisfaction survey to determine the reasons that people state that they do not feel safe. The data, which is being collected across the region, will be analysed to identify the main reasons. If the reasons include falls or fear of falls, as is anecdotally expected, the data will feed into the Falls Prevention programme.</p> <p><b>Milestone 3: Dementia - Preventing Well</b></p> <p>Build strategy to include evidence based and equitable primary, secondary and tertiary prevention efforts across the life course incorporation of dementia risk reduction into current long term disease approaches and locally targeted messaging and campaigning</p> <p>Work with key stakeholders, health and care sectors, local communities, people living with dementia, their carers and family to develop local solutions that in addition to healthy environments &amp; lifestyles, foster social connectedness, age supportive communities and intergenerational links</p> <p>Model and evaluate impact of primary, secondary and tertiary prevention to advocate sustained focus on proactive preventative interventions</p> <p>Working with the Alzheimers Society to develop a dementia friendly Personal Budgets Charter and also to review our current literature to ensure that it is dementia friendly.</p>
<b>Risks</b>	Managing demand from service users.
<b>Key considerations</b>	<p>Outcomes of latest ASC Carers Survey.</p> <p>Impact of new supported accommodation for service users.</p>

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.1a	Adults with learning disabilities in employment (proportion, %)	Increasing - getting better	Statistically similar to England	2013-14	55	8.4%	6.7%	Match or exceed England performance
5.1b	ASCOF - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	Match or exceed England performance
5.2a	Adults with learning disabilities in settled accommodation (proportion, %)	Decreasing - getting worse	Statistically similar to England	2013-14	475	72.5%	74.9%	Improve by 0.5% per year
5.2b	Adults in contact with mental health services in settled accommodation (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	Improve at greater rate than national average
5.3	ASCOF - Permanent residential admissions of adults to residential care (to decrease) (65+, proportion, %)	Increasing - getting worse	Statistically similar to England	2013-14	20	17.3%	14.4%	1% decrease per year
5.4	Numbers of adults in receipt of assistive technology	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Sep-16	5,136 (predicted end of year)	-	-	Year-on-year increase
5.5a	Adult Social Care service user survey quality of life measure - carer-reported quality of life	Decreasing - getting worse	Statistically similar to England	2014-15	-	7.3	7.9	Improve each year
5.5b	Adult Social Care service user survey quality of life measure - social care-related quality of life	Increasing - getting better	Statistical significance not calculated - Peterborough value has fallen between 2012-13 and 2013-14 and is now below that of England	2015-16	-	19.1%	19.1%	Year-on-year increase
5.6	Number of adults with social care needs receiving short term services to increase independence	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Sep-16	1,536 (Predicted end of year)	-	-	Year-on-year increase
5.7	Number of adults with social care needs requesting support, advice or guidance	Increasing - getting better	Rate per 100,000 is 566, currently below target rate of 658/100,000	Sep-16	669 (average of previous 6 months)	565.9	-	658.0/100,000

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: AGEING WELL**

**LEAD: ADRIAN CHAPMAN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- A service model has been developed by local NHS commissioners and community service providers, local Councils and voluntary organisations to enable people to age well and to live the life they want to lead by:
  - Providing high quality, responsive care and support
  - Integrated working across health, social care and third sector services in Peterborough to ensure that care is joined-up around the needs of individuals within local communities, and avoidable admissions to hospital and care can be prevented
  - This is supported by jointly agreed plans for the Better Care Fund

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

Care & Repair will deliver £1.8 million of Disabled Facility Grant works and commit a further £0.4 million in 2017/18. Over £1 million of repairs work will also be arranged. The majority of this work is for older people. It will also deliver 3,000 to 4,000 interventions via the Handyperson Scheme. Alongside the HP scheme the Gas Safety Council and Warm at Home funded work (£11,000 mainly boiler and heating repairs) will also be completed. As many as 1,400 minor aids and adaptations will also be completed mainly for older people. They enable hospital discharge, hospital services to be delivered at home, prevent accidents, relieve anxiety and help them remain living independently in warm and safe homes.

A multi-agency/cross-system Falls Working Group is in place for Peterborough. A gap analysis is currently being completed to identify which agencies provide services relating to falls, how best to join these up and to inform commissioners what services could be commissioned to fill gaps in provision or need. This will lead to an updated Falls Strategy.

**Current Activities: narrative update on workstreams**

The Older People Dementia Delivery Board is bringing together agencies across the health and social care system to develop an integrated plan to improve outcomes for people living with dementia across Cambridgeshire and Peterborough. A multi-agency strategic framework that reflects local need and responds with current evidence-based practice to inform future provision and support is being



developed. Opportunities to jointly commission whilst building on existing services and assets to deliver responsive services and improved outcomes are being explored.

A pan-Peterborough and Cambridgeshire strategic framework that aims to ensure the continued improvement of dementia care and support is being developed by members of the Older People Dementia Delivery Board and led by Public Health, CPFT and the CCG. This has offered the opportunity to refresh the Peterborough Dementia strategy and to identify the synergies, gaps and opportunities for improved efficiency and effectiveness in both Local Authority areas. The framework contains specific plans for service development in both areas, as well as plans for improvement across both where this will support improved outcomes for residents. There are opportunities for the latter at all points in the dementia pathway.

Prevention and Early Intervention: the council is undertaking further work to refine the Home Services Delivery Model to ensure integrated and strengthened intermediate care tier provision. A single Head of Service has been appointed across PCC's Care and Repair, Assistive Technology, Therapy Services and Reablement teams (renamed the Home Services Delivery Model). PCC and CPFT are working closely to ensure integration is achieved across system-wide intermediate care provision. There is a continued focus on the expansion and embedding of assistive technology across social care and health.

Point of Access (Front Door): a detailed model is now in development to achieve alignment of the PCC Adult Social Care Front Door with health, including integration discussions with the GP Network. Further benefits analysis is also being undertaken. The LGA Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information.

The results of the latest Carers Survey will soon be available including data on social isolation of carers.

## HWB STRATEGY 2016/19: FUTURE PLANS

- The HWB has commissioned an ‘Older People: Primary Prevention of Ill Health’ JSNA for Peterborough, which is due for completion during 2016
- Develop a joint ‘Healthy Ageing and Prevention Agenda’ to ensure that preventative action is integrated and responsible to best support people to age well, live independently and contribute to their communities for as long as possible, including isolation and loneliness
- Review and refresh the joint dementia strategy for Peterborough
- A specific programme of work, in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self-manage with minimal support
- Recognise that some older people prefer face to face communication rather than digital, through community hubs which are part of the Council’s wider strategy for communicating with the public

### Future Plans: Progress against key milestones

#### Milestone 1: Falls Prevention

District level leads group is looking at further development to support local implementation of the joint falls pathway.

#### Milestone 2: Mental Health and Dementia

Final draft of Cambridgeshire and Peterborough Dementia Strategic Plan completed by Public Health.

#### Milestone 3: Continence and UTIs

Further development of gaps and priorities is being undertaken.

#### Milestone 4: Community VCS

Procurement options are being explored for the Wellbeing Network and Social Prescribing pilots. The Community Serve project is underway to build community resilience and ‘meet and eat’ social dining sessions are running regularly across all three pilot areas (Can-Do area, Westwood & Ravensthorpe and the Ortons). Community hubs have been established and area coordinators are in place. A volunteer time-credits pilot is being explored.

### Risks

As below

**Key considerations**

- STP governance is currently being reviewed by SDU for greater clarity on board roles and alignment with BCF governance.
- LDR investment will not be available from NHS Digital until April 2017.
- Better Care Fund planning for 2017/18 will need to incorporate plans for achieving health and social care integration by 2020 and future initiatives, e.g. devolution, will need to be factored into those plans.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2014-15	665	2,373	2,125	Match or exceed England performance
6.1b	Numbers of over 40s taking up NHS health check offers	Increasing - getting better	Total of health checks delivered remains significantly above England average	2016/17 Q2	1,119	2.2%	2.1%	Match or exceed England performance
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	Decreasing - getting better	Statistically similar to England	Apr-12	332	178.1	167.5	Match or exceed England performance
6.3a	The proportion of people who use services who feel safe (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2015-16	1,514	65.0%	69.2%	Exceed England performance in order to reach statistical similarity
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	Decreasing - getting worse	Statistically significantly better than England	2015-16	2,059	88.0%	85.4%	Match or exceed England performance
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-
6.5	Social Isolation: % of adult carers who have as much social contact as they would like (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2014-15	-	29.7%	38.5%	Match or exceed England performance
6.6	Carer-reported quality of life score for people caring for someone with dementia	-	Indicator provided for the first time in 2014-15. Peterborough has a lower score than England	2014-15	-	6.7%	7.7%	Match or exceed England performance

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: PROTECTING HEALTH**

**LEAD: DR LIZ ROBIN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- Cambridgeshire and Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake, task and finish groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward the recommendations
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council, to look at a range of sexual health issues, not just communicable diseases

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

A more detailed update is include in the annual health protection report but good progress is being made in Peterborough especially on Latent TB (LTBI) screening in certain at risk groups, which has been the initial focus of the TB commissioning Group led by the CCG.

High active TB rates are used as a proxy for an anticipated high incidence of latent TB. Engagement of the designated practices is on going and all have agreed to deliver the project. The eligibility criteria for the service are any new patient registering with a practice or retrospectively identified by the practice as being:

- Born or spent > 6 month in a country of high TB incidence
- Entered the UK within the last 5 years
- Aged 16-35 years
- No history of TB either treated or untreated
- Never screened for TB in the UK

practices with a crude annual rate of active TB  $\geq$  20 cases/100,000 have been prioritised  
The project commenced in March 2016 and to date, 14 practices have signed up to deliver.

	<b>ACTIVITY TO DATE</b>	
	<b>Activity</b>	<b>Data</b>
	Negative	264
	Positives	38
	Borderline negative	7
	Borderline positive	9
	Indeterminate	5
	Non reportable insufficient cells	1
	Assay not run	1
	<b>Total screened</b>	<b>325</b>
Data to end of January 2017		
<p>This is the highest level of screening in the region  Communication activity is planned in support of this and linked to World TB Day, Friday 24<sup>th</sup> March</p> <p>In addition work is progressing on mapping TB specialist clinical staff to ensure adequate coverage and also to support discharge planning for TB patients who, as TB is a disease that is associated with deprivation, often have significant social problems including homelessness and temporary employment or unemployment.</p>		
<b>Current Activities: narrative update on workstreams</b>	<ul style="list-style-type: none"> <li>• Expanding the LTBI screening programme</li> <li>• Specialist Workforce planning</li> <li>• Discharge planning</li> </ul>	

## HWB STRATEGY 2016/19: FUTURE PLANS

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

### Future Plans: Progress against key milestones

Milestone 1: TB commissioning plan: Latent TB screening implementation is entering its second wave of GP practice recruitment. Workforce mapping for TB management is complete.

Milestone 2: Strategy to improve screening uptake: A task group led by NHS England has been set up including voluntary sector organisations: Strategy to improve communications. Promotional materials for cervical screening have been used in a range of PCC and partner venues. 'Healthy Peterborough' focussed on cancer prevention and screening in February 2017. Focus group work with diverse communities is being conducted.

Milestone 3 Strategy to improve immunisation uptake: The recommendations of the Immunisations task group led by NHS England are being taken forward and work has included: training local health connectors on immunisations; dispelling the myths; targeting practices with child immunisation waiting lists.; developing a pilot flag system for practices to identify children missing immunisations; and encouraging practices to run more open access immunisation clinics which have been demonstrated to improve access and increase uptake.

Milestone 4: Develop a Peterborough joint sexual health strategy: The local multi-agency Contraceptive and Sexual Health Strategic Group has agreed a strategy and action plan. The strategy continues to focus on four key overall themes for Peterborough:

- Increase sexual and contraceptive health awareness amongst local population;
- Increase detection of Sexually transmitted infections amongst the local population;
- Reduce the number of unplanned pregnancies; and

	<ul style="list-style-type: none"> <li>• Improve early HIV detection within the city to reduce high rate of late diagnosis.</li> </ul> <p>A sexual health needs assessment for vulnerable groups is close to completion. Peterborough and Cambridgeshire multi agency strategic groups will align in the future and we are waiting for the finalisation of this.</p>
<b>Risks</b>	Continued availability of funding for strategy implementation especially LTBI screening
<b>Key considerations</b>	Good progress and commitment of all organisations involved around TB commissioning plan. Ability to engage representatives from Housing and Benefits expertise has been particularly helpful for discharge planning in Peterborough.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.



**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.1	Percentage of eligible people screened for latent TB infection	-	Awaiting provision from CCG					-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	-	Awaiting provision from NHSE					-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	Decreasing - getting worse	Statistically similar to England	2014	276	81.4%	84.4%	Match or exceed England performance
193 7.4	Evidence of increasing uptake of screening and immunisation	-	Peterborough currently reaching national benchmark goal for 9/10 relevant indicators	2014-15	9/10	-	-	<ul style="list-style-type: none"> <li>Achieve 95% performance for years 2016/17, 2017/18 and 2018/19 where this is already being achieved or close to being achieved (Dtap/IPV/Hib (1 year old and 2 years old), MMR for one dose (5 years old))</li> <li>Improve MMR for two doses (5 years old) to national benchmark goal of 90% by 2018/19                             <ul style="list-style-type: none"> <li>For all other indicators, maintain 90% performance for years 2016/17 and 2017/18 and improve to 95% for 2018/19</li> </ul> </li> </ul>
7.5	HIV late diagnosis (proportion, %)	Increasing - getting worse	Remains above benchmark goal of 50.0%	2013-15	23	60.5%	40.3%	Return to 25% to 50% (PHOF Amber 'Rag') by 2017-19
7.6a	Chlamydia- proportion aged 15-24 screened (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2015	4,203	18.5%	22.5%	Increase to at least previous best of 24.7% (requires increase of 2.05% per year)
7.6b	Increase in chlamydia detection rate (proportion, %)	Decreasing - getting worse	Remains above benchmark goal of 2,300/100,000	2015	569	2,499	1,887	Benchmark goal already reached - maintain and improve by 1% per year

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: GROWTH, HEALTH AND THE LOCAL PLAN**

**LEAD: SIMON MACHEN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- A sustained increase in the number of people who are physically active
- A sustained reduction in the number of overweight or obese children and adults
- A sustained increase in the number of people who utilise outdoor space for exercise/health reasons.

In addition the Environmental Capital Action Plan describes the following actions:

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

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

The Peterborough Local Plan Further Draft (December 2016) has been reviewed against the evidence base contained in the Cambridgeshire New Housing Developments and the Built Environment Joint strategic needs assessment (JSNA). The JSNA contains a review of the evidence on the health impacts of the built environment, namely:

- Generic evidence supporting the built impact on health
- Green space
- Developing sustainable communities
- Community design (to prevent injuries, crime, and to accommodate people with disabilities)
- Connectivity and land use mix
- Communities that support healthy ageing
- House design and space
- Access to unhealthy/"Fast Food"
- Health inequality and the built environment

	<p>Recommendations have therefore been made on areas where the local plan policy could be improved.</p> <p>The Environment Capital Action Plan has been refreshed and new Health and Wellbeing actions have been added.</p>
<b>Current Activities: narrative update on workstreams</b>	<p>A workshop is planned to explore what metrics and data Peterborough City Council can use to measure health outcomes related to the Environment. In addition environment related actions have been incorporated into the Cardio Vascular Disease Strategy, namely:</p> <ul style="list-style-type: none"> <li>• Consider restricting location of new applications for takeaways, for example not near schools</li> <li>• Development of Peterborough Active Lifestyles Strategy.</li> </ul>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
	<ul style="list-style-type: none"> <li>• The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups</li> <li>• Public Health outcomes and/or objectives will be added to the Plan</li> <li>• Public Health advice will be embedded into the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health</li> </ul>
<b>Future Plans: Progress against key milestones</b>	<p>Milestone 1: "The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups. In Progress" and "Public Health outcomes and/or objectives will be added to the Plan" – see current activities above</p> <p><b>June/July 2017:</b> Proposed-Submission Publication (The Council publishes the Local Plan which is followed with a 6 week period when formal representations can be made on the Local Plan.)</p> <p><b>September 2017:</b> Submission (The Council submits the Local Plan to the Secretary of State)</p> <p><b>November/December 2017:</b> Independent Examination Hearing</p> <p><b>March 2018:</b> Inspector's Report This will report whether if the Plan is 'Sound' or 'Not Sound'.</p> <p><b>May 2018:</b> Adoption of DPD (Local Plan)</p>

	<p>Milestone 2: “Public Health advice will be embedded into the City Council’s Growth and Regeneration Directorate” – Complete, Public Health resource based within the Growth and Regeneration Team.</p> <p>RAG Rating = Green</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>• Health and Wellbeing amendments to the local plan not incorporated in to the next draft of the plan.</li> <li>• Significant objections to the health and wellbeing policies in the local plan result in the policies being removed or changed at the examination in public stage of the local plan.</li> </ul>
<b>Key considerations</b>	None

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
8.1	Excess weight in 4-5 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015-16	632	22.8%	22.1%	Match England trend (Peterborough already below England value)
8.2	Excess weight in 10-11 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015-16	794	34.2%	34.2%	Match England trend (Peterborough already below England value)
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	Decreasing - getting better	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	Retain indicator within dataset but without target
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	Decreasing - getting better	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	Retain indicator within dataset but without target
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	Increasing - getting better	Statistically similar to England	2013-14	-	22.2	17.1%	Reduce disparity between Peterborough and England

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: HEALTH AND TRANSPORT PLANNING**

**LEAD: SIMON MACHEN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- The City Council's Travelchoice initiative encourages people to walk, cycle, use public transport and car share, as well as the uptake of low emission vehicles
- Increase the number of pupils receiving Bikeability training from 951 to 1,300 annually
- The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understands current data and intelligence regarding the County's roads and develop multi-agency solutions to help prevent future accidents and reduce collisions
- Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources to allow the serious accident data to be broken down into more detail to gain a clear understanding on the impact of severe collisions to the NHS and longer term social care and other partners
- The fourth Local Transport Plan (2016-2020) emphasises the role transport can play in the health of Peterborough residents

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

A task and finish group is yet to be established to scope out possible Transport and Health Joint Strategic Needs Assessment (JSNA) data collection. The scope of the JSNA will be taken to a stakeholder event for comment and amending.

The Environment Capital Action Plan has been refreshed and new Health and Wellbeing actions have been added.

The Local Transport Plan now contains health and wellbeing aims and objectives throughout the plan.

Adults are being supported to improve their physical activity through the Let's Get Moving programme that supports referred patients to increase and sustain their physical activity,

In addition environment related actions have been incorporated into the Cardio Vascular Disease

	<p>Strategy, namely:</p> <ul style="list-style-type: none"> <li>• Development of Peterborough Active Lifestyles Strategy.</li> </ul>
<b>Current Activities: narrative update on workstreams</b>	A workshop is planned to explore what metrics and data Peterborough City Council can use to measure health outcomes related to the Environment and transport

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies</li> <li>• Permanently embed public health advice in to the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities</li> </ul>	
<b>Future Plans: Progress against key milestones</b>	<p>Milestone 1: provide a data set on transport and health for Peterborough to align with the Cambridgeshire Transport and Health JSNA – In progress, steering group yet to be established.</p> <p>RAG Rating Amber</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>• Lack of capacity to compile Transport and Health Data.</li> </ul>
<b>Key considerations</b>	None

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

Indicat or Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.1	The number of businesses with travel plans	-	48 business in Peterborough have travel plans	2016	48	-	-	Increase from 48 to 60 businesses in line with existing PCC target
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress					Workstream is ongoing, updates to be provided periodically
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2015	1	-	-	Maintain or reduce Peterborough's number of Air Quality Management Areas (currently = 1 AQMA)
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	Decreasing - getter better	Statistically similar to England	2013-15	229	40.1	38.5	Reduce disparity between Peterborough and England



**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD  
PERFORMANCE REPORT**

**DATE: MARCH 2017**  
**SUBJECT: HOUSING AND HEALTH**  
**LEAD: ADRIAN CHAPMAN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- Housing related support funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies and therefore prevent them from becoming homeless
- The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home to be supported through the provision of aids and adaptations and a demand for extra care accommodation. To date 262 additional units of extra care accommodation have been provided in partnership with registered providers. A further scheme of 54 dwellings is under construction
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations and the HP scheme assist hospital discharge and enable health services to be delivered in people’s homes. The agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives
- The City Council’s Cabinet has approved introducing selective licensing in 5 areas of the city covering privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and wellbeing of those residents. Since its launch in December 2016 over 6,000 applications for a licence have been received.

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

Almost 3,000 interventions have been completed by the Handyperson Scheme to date this financial year. Alongside the Handyperson scheme the Gas Safety Council and Warm at Home-funded work (£11,000 mainly boiler and heating repairs) has also been completed. Over 1,000 minor aids and adaptations have also been completed to date during 2016/17. This equates to assisting over 4,000 local people to remain living independently in warm and safe homes. This will have risen to over 5,000 by the end of the financial year.

The Council is one of 9 Local Authorities piloting a Local Energy Advice Programme (LEAP) fuel poverty project funded through the Warm Homes Discount Industry Initiative. The project provides a home energy visit, energy efficiency advice, supplier switching and simple measures as well as onward referrals for larger energy efficiency measures. Householders can be referred to Incomemax which

	<p>provides benefit entitlement checks, advice about budgeting and managing debt. The main source of referrals are from householders contacting Care &amp; Repair, Peterborough Environment City Trust and Peterborough Council for Voluntary Service. The target number of referrals is 500 by the end of June and if successful, funding will become available to continue and expand the programme for the next 4 years.</p> <p>A new Housing Renewals Policy 2017 - 2019 has been adopted by the City Council. As well as setting the criteria for Mandatory Disabled Facility Grants (DFG) and Repairs Assistance Grants which remedy defects in properties which have a significant risk to the health and/or safety of occupiers, the refreshed Policy also introduces two discretionary Disabled Facility Grants. The first is a Top Up discretionary grant which will be in addition to the Mandatory DFG which has a maximum of £30,000. Currently ground floor extensions to provide accessible bedrooms and shower rooms are exceeding this maximum amount by £15,000 - £20,000 depending on complexity. The second is a Discretionary DFG to Support Health. These grants have a £6,000 limit and can be used in a flexible way to provide measures in properties to prevent admission to hospital, prevent re-admission and to facilitate the early discharge from hospital. The Repairs Assistance Grant in the policy also tackles high priority hazards to address health issues such as poor heating and excess cold, as well as repairs which impact of the residents' health and wellbeing.</p>
<p><b>Current Activities: narrative update on workstreams</b></p>	<p>The Housing Programmes Team are working closely with Adult Social Care Commissioners to review the current Housing Related Support Programme. Grant Agreements to existing providers will be issued for 2017/2018 to allow opportunity to fully explore the range of housing related provision required from April 2018 onwards.</p> <p>The anticipated date for completion of the new Cross Keys Homes Extra Care scheme at Matley is the end of July 2017. The scheme comprises 21 x 1 bed flats and 33 x 2 bed flats and it is intended that all the flats will be let as affordable rent tenure. Cross Keys Homes are intending to target applicants who are self-funders for the scheme to avoid the potential problem of rent shortfall once the Government's new system for funding supported housing is introduced in April 2019. If there are not enough applicants who are self-funders to fill all 54 units at the scheme, then Cross Keys will consider their options for the vacant units and will discuss with the council the best way forward.</p>

Selective Licensing was approved by the Secretary of State and was introduced in December 2016. To date licences have been applied for 6242 properties across the area. These are currently being processed and to date 84 full licences have been issued and 233 rejected. Part of the application required that current gas safe certificates, energy performance reports and tenancy agreements were in place and that properties had working smoke alarms and carbon monoxide detectors installed and working. Many of the certificates were issued just prior to the applications being submitted which demonstrates the scheme has already led to improvements in the safety of the properties within these areas at this early stage. Enforcement action to identify and either licence or take legal action against those landlords who have failed to apply for a licence began in February 2017, and early results are that once identified these landlords are applying for their licences immediately. Each property will undergo an inspection and risk assessment prior to the issue of the licence followed by a full Housing Health and Safety Rating Scheme inspection during the schemes 5 year term.

### HWB STRATEGY 2016/19: FUTURE PLANS

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

#### Future Plans: Progress against key milestones

##### **Milestone 1 - New supported housing schemes for people with Learning Disabilities and Mental Health.**

Adult Social Care Commissioning have plans in place with registered social landlords and other developers for 25 units to be opened by April 2017 for people with Learning Disabilities. A further 17 units are planned for people with more complex learning disabilities and mental health problems to be opened by May 2017. Not all these units will necessarily be occupied by people from Peterborough. The services will offer some shared hours of support from registered care providers and some specific individually based care or support hours for people living in the schemes.

##### **Milestone 2 - The Vulnerable Persons Housing Sub Group.**

The group is currently on hold until the leadership of the Peterborough Housing Partnership has been determined.

##### **Milestone 3 – Delayed Transfers of Care.**

Fortnightly delayed transfer of care meetings take place, including housing services, to ensure any issues are addressed and remedied. Daily information on the cases is shared across the system to

	ensure timely and appropriate actions are taken to prevent delays.
<b>Risks</b>	Once the funding for Supported Housing changes from the current model, there may be a risk to ensuring that the full rent level on these units are met through the proposed top up funding. Government proposals are currently at consultation stage.
<b>Key considerations</b>	Development of the Home Services Delivery Model to provide services to keep clients in warm and safe homes, bringing together reablement, therapy services and Care and Repair to ensure the needs of the client are met in a timely and proactive way.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

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

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: GEOGRAPHICAL HEALTH INEQUALITIES**

**LEAD: ADRIAN CHAPMAN**

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

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

**Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)**

There are some key proposals for investment into the Can Do area contained in the council's budget proposals:

- £7.5million of capital investment to fund public realm improvements and potentially a community building, all subject to public consultation
- An environmental crime enforcement pilot with a private sector enforcement agency. This would tackle issues such as littering, graffiti and flytipping

The social cohesion sub group of the Skills Partnership continues to meet and is identifying a number of projects and interventions targeted towards addressing inequalities. These include projects aimed at targeted nationalities, projects for men, additional ESOL provision and projects to support volunteering.

An extensive programme of work is continuing with the city's mosques through the Joint Mosques Group, which brings together 5 mosques, council and police leaders.

The Community Connector team is now fully staffed meaning there are four community connectors available to the city to support cohesion and integration work.

<p><b>Current Activities: narrative update on workstreams</b></p>	<p>The Can-Do area has been the focus of pilot work on a potential devolution (phase 2) bid, which has included creating a data profile of the area, reviewing interventions which help improve outcomes in similar areas, creating a model of the economic benefits of improving outcomes which are below the national average, and meeting with community leaders from the area to identify community priorities.</p> <p>We are currently in direct discussion with DCLG staff regarding potential bids for submission to the Migration Impact Fund, a national funding stream aimed at supporting established communities who have faced significant inward migration.</p>
<p><b>HWB STRATEGY 2016/19: FUTURE PLANS</b></p> <ul style="list-style-type: none"> <li>• The NHS CCG has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes</li> <li>• City Council proposals for selective licensing of private sector housing in parts of the city could impact on geographical health inequalities in the longer term</li> <li>• There is potential to target preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs</li> </ul>	
<p><b>Future Plans: Progress against key milestones</b></p>	<p><b>Milestone 1</b> The Clinical Commissioning Group is now carrying out health inequality impact assessments for significant service changes as part of their routine processes.</p> <p><b>Milestone 2</b> Selective Licensing was approved by the Secretary of State and was introduced in December 2016. To date licences have been applied for 6242 properties across the area. These are currently being processed and to date 84 full licences have been issued and 233 rejected. Part of the application required that current gas safe certificates, energy performance reports and tenancy agreements were in place and that properties had working smoke alarms and carbon monoxide detectors installed and working. Many of the certificates were issued just prior to the applications being submitted which demonstrates the scheme has already led to improvements in the safety of the properties within these</p>



	<p>areas at this early stage. Enforcement action to identify and either licence or take legal action against those landlords who have failed to apply for a licence began in February 2017, and early results are that once identified these landlords are applying for their licences immediately. Each property will undergo an inspection and risk assessment prior to the issue of the licence followed by a full Housing Health and Safety Rating Scheme inspection during the schemes 5 year term.</p> <p><b>Milestone 3</b>  The Public Health Delivery Unit is now delivering health trainer and similar services into community venues in the Central Ward area.  The new Integrated Lifestyles Service is required to target their services into areas of greatest need as part of their contract.  Local Sustainable Transport funding is being used to survey households in the Central Ward and encourage use of active transport (walking, cycling, public transport).</p>
<b>Risks</b>	<p>Lack of agreement on how to use the proposed £7.5million investment into the Can Do area.</p> <p>Limited take-up of projects to tackle social cohesion.</p> <p>Too great a focus on the Can Do area.</p>
<b>Key considerations</b>	<p>Deployment of and maximising the impact from community connectors.</p> <p>How best to ensure that communities in addition to the Can Do area benefit from support and interventions</p>

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

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

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

**PERFORMANCE REPORT**

**DATE: MARCH 2017**

**SUBJECT: HEALTH AND WELLBEING OF DIVERSE COMMUNITIES**

**LEAD: ADRIAN CHAPMAN**

<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>	
<ul style="list-style-type: none"><li>• The HWB has commissioned a JSNA on the health and wellbeing needs of migrants</li><li>• Eastern European ‘community connectors’ employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations</li></ul>	
<b>Current Activities: Performance narrative and statistics (please refer to relevant performance indicators and measures of success)</b>	<p>The actions contained in the JSNA are being developed by various teams, services and organisations. For example, the Skills Partnership is focussing on ESOL provision, and the Community Connectors are focussed on integration and awareness raising projects.</p> <p>There is now a full Community Connector team in place – two officers support EU nationals and their wider communities to integrate, whilst two provide thematic support – one to empower women and the second to support youth engagement.</p>
<b>Current Activities: narrative update on workstreams</b>	<p>The ‘Diverse Ethnic Communities JSNA has been approved by the Health and Wellbeing Board and taken to the Peterborough City Council CMT and the CCG CMET. Elements have also been included in the STP plan.</p> <p>Various proposals have been received for the Migration Impact Fund via a council working group. Detailed advice is now being sought from DCLG.</p>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes</li> </ul>	
<b>Future Plans: Progress against key milestones</b>	<p><b>Milestone 1</b> The CCG and City Council are assessing the feasibility of extending NHS Health Checks to a younger age group for the South Asian population (as recommended by NICE).</p> <p><b>Milestone 2</b> Salaam Radio are receiving public health funding and working with the Public Health Delivery team to deliver health messages targeted for the local Muslim community.</p> <p><b>Milestone 3</b> The new Integrated Lifestyles contract includes requirements to recognise the diversity of Peterborough and ensure that services are appropriately targeted for diverse communities.</p>
<b>Risks</b>	<p>There is a risk that communities will not engage with the services on offer and they will therefore be less effective. This needs to be mitigated by effective publicity, including a greater focus in 2017/18 on the 'Healthy Peterborough' campaign working with local community events.</p> <p>Public perception of significant investment targeted to non-UK national communities.</p>
<b>Key considerations</b>	Other ways to reach diverse communities, and to address cultural or deeply entrenched behaviours.

Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.

**Performance Indicators:**

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

Health & Wellbeing & SPP Programme Delivery Board

Performance Report: March 2017

<b>Subject: Sustainable Transformation 5 Year Plan (including BCF)</b>	
<b>Subject lead:</b>	Will Patten / Liz Robin
<b>OVERALL RAG RATING</b>	
<b>Key Priorities:</b>	
<ul style="list-style-type: none"> <li>• Health system transformation planning</li> <li>• Customer experience strategy</li> </ul>	
<b>Performance Narrative and statistics</b>	
<p>The following outlines current performance against Better Care Fund metrics in Quarter 2 of 2016/17:</p> <p><b>Non-elective admissions:</b> There was an under performance against target by 5.5% in Q1. This is a decrease of 1.4% since the 2016/17 Q1 return.</p> <p><b>Delayed transfers of care (DTC):</b> Despite a slight 10.6% decrease in Q2, data shows a significant under performance against plan, with DTCs 54.6% above the planned target for this quarter.</p> <p><b>Injuries due to falls:</b> Based on performance to date in Q1 (155) and Q2 (148) we saw improved performance in Q2.</p> <p><b>Residential admissions in over 65s:</b> Admissions year to date are on track to meet target, although the winter period may present some challenges.</p> <p><b>Effectiveness of reablement (% of people still at home 91 days after discharge):</b> Outcomes for people receiving intermediate care in Q2 reflect on target levels of performance.</p> <p><b>Friends and Family metric:</b> The rate of 93% was over achieved in Q2.</p>	
<b>Activities Narrative</b>	
<p><b><u>Better Care Fund Planning Approach 2017-19 and Alignment of Peterborough system plans</u></b></p> <p>Better Care Fund (BCF) planning is currently underway, but at the time of writing, BCF guidance and funding allocations for 2017/18 and beyond have not yet been published. From information released to date, the following changes are expected:</p> <ul style="list-style-type: none"> <li>• The policy framework and guidance will be wider in scope than purely BCF and will incorporate the wider integration agenda.</li> <li>• The plan will cover a period of two years - 2017/18 and 2018/19.</li> <li>• It is anticipated that a new BCF settlement will also see additional funding allocated to local authorities.</li> <li>• The national conditions will be reduced to three: plans must be jointly agreed; maintenance of Adult Social Care and a requirement to invest in NHS-commissioned out of hospital services. However, areas will likely still be required to discuss their approach to meeting previous national conditions.</li> </ul> <p>Since the agreement of 2016/17 BCF plans, the local system has collectively signed up to the Sustainability and Transformation Plan (STP) and new STP governance arrangements have been established. Over the same period there has been a significant increase in joint working between local public sector organisations in Peterborough and Cambridgeshire through the development of proposals for local devolution. These developments offer an opportunity to review the local approach to BCF plans to reduce the risk of duplication and improve the chance of success. The following proposals are presented for discussion by the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• <b>Greater alignment of BCF activity with the STP and local authority transformation plans.</b> In its first two years, the BCF has maintained a separate project structure for many of its transformation projects. Given the fact that many BCF performance targets are dependent on activity across the STP Delivery Boards, further alignment is necessary. It is proposed that the BCF should shift to commissioning activity either from the HCE/ STP or local authority transformation programmes as appropriate, to reduce duplication and ensure that all partners can be engaged with the correct pieces of work. The BCF plan would describe activity to be commissioned, and responsibility for implementation would be passed to the most appropriate group. It would include specific targets in relation to performance indicators for BCF-commissioned activity as well as clarity on the primary governance.</li> <li>• <b>Greater alignment of Peterborough and Cambridgeshire BCF Plans.</b> BCF transformation activity has always been aligned to some extent between Cambridgeshire and Peterborough. As most health and social care service transformation activity is now system wide, it is proposed that there should be further alignment of the two plans. Separate BCF budgets would still be maintained in line with statutory requirements, and each Health and Wellbeing Board would still be responsible for agreeing plans.</li> <li>• <b>A single commissioning Board for Peterborough and Cambridgeshire.</b> At present there are two separate boards in Cambridgeshire and Peterborough overseeing BCF activity – the Cambridgeshire BCF Delivery Board and Greater Peterborough Area Executive Partnership Commissioning Board. To support more effective joint commissioning it is proposed</li> </ul>	

that these are replaced by a single board across Cambridgeshire and Peterborough. This would support a more joined up approach to planning and allow a more coordinated approach between the two areas and enable streamlined reporting into the two Health and Wellbeing Boards.

Please see Appendix 1 for an update on health and social care programme activities to date.

#### **Next Steps**

##### **BCF Planning 2017/18**

Planning for the local 2017/18 BCF plan continues. Planning guidance and policy is further delayed and at time of writing there are no confirmed dates.

##### **NHS England Quarter 3 BCF return**

The BCF Q3 NHSE reporting template has been issued and the submission deadline is 3<sup>rd</sup> March 2017.

##### **Alignment with STP**

Ongoing review of new STP governance structure to ensure integration projects continue to be aligned and appropriate representation across the system is involved at both design and implementation phases of projects, whilst maintaining traction to progress local priorities.

#### **Key Considerations**

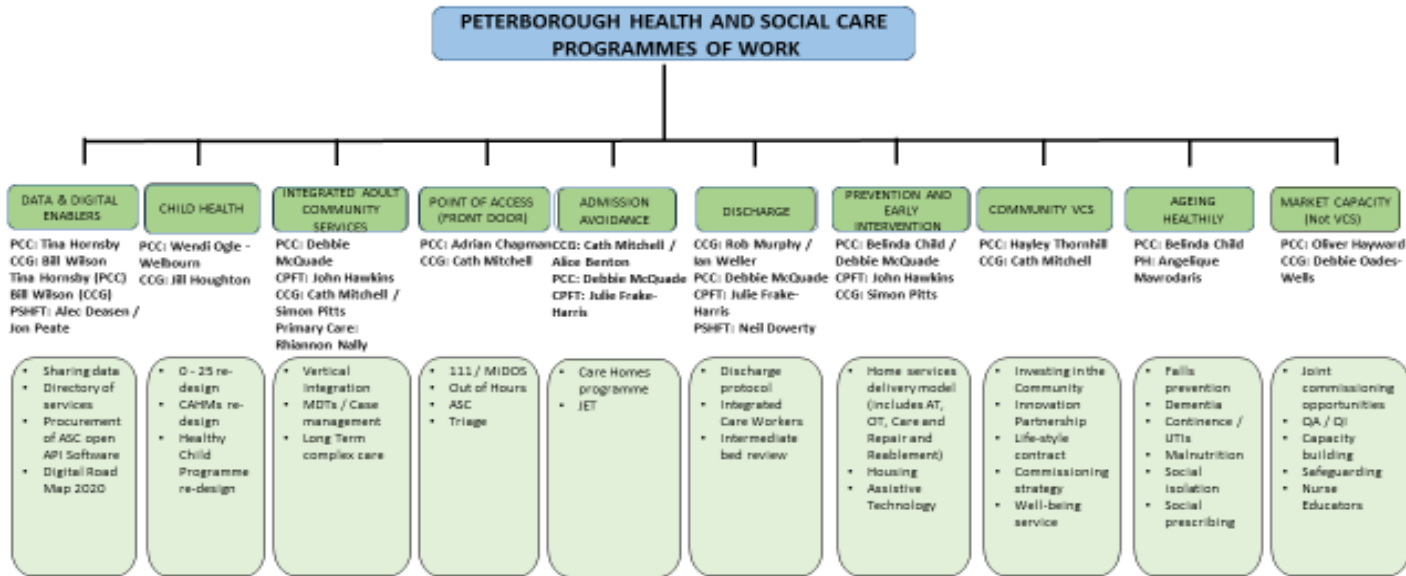
- STP governance is currently being reviewed by SDU for greater clarity on board roles and alignment with BCF governance.
- LDR investment will not be available from NHS Digital until April 2017.
- Better Care Fund planning for 2017/18 will need to incorporate plans for achieving health and social care integration by 2020 and future initiatives, e.g. devolution, will need to be factored into those plans.

#### **Communications**

- Regular progress updates reported into governance boards (e.g. Health and Wellbeing Board, Greater Peterborough Area Executive Partnership).
- Communication in line with programme and project plans.

**Appendix 1 – Health & Social Care Programme Activities update**

As previously shared with partners across the system, the below diagram outlines the current agreed health and social care programme structure and key local priority initiatives:



Alignment with the new STP governance structure, where appropriate, continues to ensure a consistent approach across the system. Below is an update on progress against the Peterborough Health and Social Care programme work streams:

**Data and Digital Enablers:** Governance and consent recommendations on a common approach have been approved. The immediate focus continues to be development of practical data sharing solutions to support multi-disciplinary working, including risk stratification/case finding proof of concept pilot. Work is being aligned to the STP Digital Delivery Group and the Local Digital Roadmap 2020.

**Child Health:** This incorporates the 0-25 re-design, CAMHS re-design and 0-19 Health and Wellbeing Service re-design projects. Start and finish group planning is underway for CAMHS and 0-19 Health and Wellbeing Service and governance has been established. 0-25 Transition re-design current offer and data analysis now completed. Further work is being finalised to develop the future operating model. Agreement is in place from the Healthcare Executive to bring together the STP and Joint Commissioning Unit.



**Integrated Adult Community Services:** Roll out criteria for Trailblazer neighbourhood team sites has been agreed. Planned timescales for scaled up implementation of the MDT Case Management model is April 2017. An initial proof of concept pilot for case finding is being supported via the Data Sharing work. A Multi-specialty Community Provider (MCP) bid was submitted to NHSE on 23<sup>rd</sup> December 2016 and an MCP steering group has been established. A workshop was held on the 15<sup>th</sup> February to develop an initial proof of concept pathway for respiratory.

**Point of Access (Front Door):** Alignment of the PCC Adult Social Care Front Door with health, including integration discussions with GP Network. A detailed model is now in development and further benefits analysis is being undertaken. The LGA Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information.

**Admission Avoidance:** Whole system plan has been developed; incorporates DTOCs, A&E and winter planning. Mapping of intermediate care provision being undertaken to inform effective commissioning approach. 24/7 Mental Health crisis response service live in Peterborough.

**Discharge:** Agreement for 7 Day Services to be overseen by A&E Delivery Board as this previously sat with the Systems Resilience Group (SRG). Draft interim bed review completed. DTOC Workshop held on 10<sup>th</sup> January by NHSE, NHSI and ADASS and recommendations being implemented. DTOC Sub-group has been established, reporting into the A&E Delivery Board, and is meeting bi-weekly.

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

**Community VCS:** Procurement options are being explored for the Wellbeing Network and Social Prescribing pilots. Community Serve project is underway to build community resilience and 'meet and eat' social dining sessions are running regularly across all three pilot areas (Can-Do area, Westwood & Ravensthorpe and the Ortons). Community hubs have been established and area coordinators are in place. A volunteer time-bank pilot is being explored.

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

- Falls Prevention: District level leads group is looking at further development to support local implementation of the joint falls pathway.
- Mental Health and Dementia: Final draft of Cambridgeshire and Peterborough Dementia Strategic Plan completed by Public Health.
- Continence and UTIs: further development of gaps and priorities is being undertaken.

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

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