

Peterborough and Cambridgeshire Health and Wellbeing Boards Joint Development Session 23 January 2018

Welcome and Introductions

Cllr Peter Topping, Cambridgeshire County Council
Cllr John Holdich, Peterborough City Council

Wendi Ogle-Welbourn

Executive Director People & Communities,
Cambridgeshire and Peterborough Councils

Purpose of Today's Session

- Understand what the Boards accountabilities are
- Understand the work of both Boards
- Share both Boards priorities
- Consider if there would be value in joining up some of the work of the Boards
- Agree how we could work better together where it would add value to do so

Financial Context

- Changes to the way local authorities are funded e.g. education; reducing revenue support grant & PH grant
- Low funding for local authority Adult, Children and Public Health services
- One of the most challenged health economies with deficits for both NHS commissioners and providers
- Growing population, increased demand for services alongside increasing complexities
- Increase in numbers needing long term care across all client groups
- Diminishing returns from efficiencies, contract negotiations and managing demand activities e.g. reablement and early help

Organisational Context

Across Cambridgeshire and Peterborough



- One Clinical Commissioning Group
- One Sustainable Transformation Partnership - 'STP'
- Two upper tier local authorities with shared CE/DPH/DASS/DCS
- Five second tier local authorities
- One Combined Authority with defined functions
- One Healthwatch
- Two Health and Wellbeing Boards

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'Shared services'

- Children's Services – Joint Commissioning Unit (both LA's and CCG)
- Public Health including a Joint Commissioning Unit
- Children's Services – MASH, Counselling Service
- Adult Services – Delayed Transfers of Care, Mental Health, Carers
- Domestic Abuse Service
- Joint Adult and Children Safeguarding Boards

'Sharing' is already delivering:

- Significant cost reduction
- Partners say it is easier and faster to work with local authorities, contributing to better outcomes for the children and adults
- Reduced hand offs between teams and across geographical areas, increasing efficiency and productivity

What matters?

- Putting people at the heart of a system that makes sense to them
- Creating local environments that support health and wellbeing
- Building strong local communities
- Championing diversity and reducing inequalities
- Reducing the cost to serve
- Building on our community's assets
- System leadership
- Being ambitious and creative

Behaving as System Leaders

- Outcomes focussed – not organisation focussed
- Containing personal/organisation ego
- Get done what needs to be done by who is best to do it
- Understand and appreciate the perspectives of all parties
- Openness and transparency – put cards on the table
- Use of evidence based sources and best practice to ensure what we deliver has the best chance of success.

Behaving as System Leaders

- Work together, not undermine each other
- Speak well of each other, in public and private
- Behave well, especially when things go wrong
- Keep our promises – small and large
- Speak with candour and courage
- Deliver on promises made
- See success as collective

We could achieve this by:

- Combining the expertise of both boards to bring wider solutions to shared challenges, including increasing demand and scarce resources
- Focusing our time, expertise and energy on the transformation required
- Joint commissioning and integration of services, to achieve best value and remove duplication

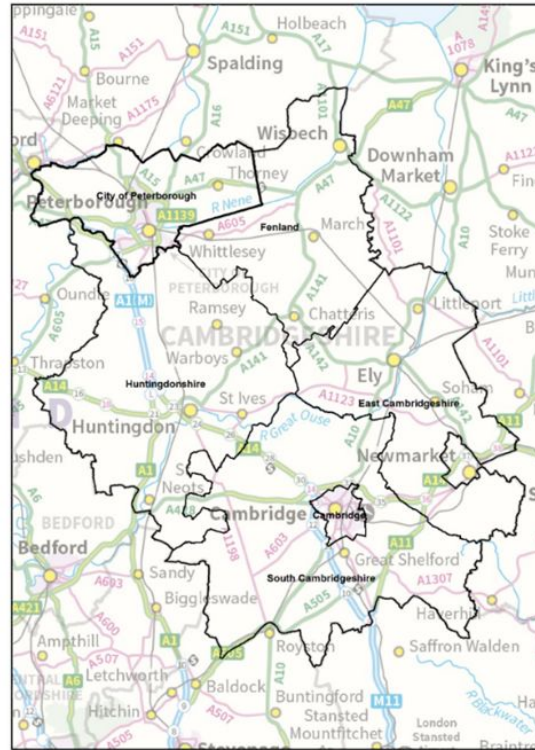
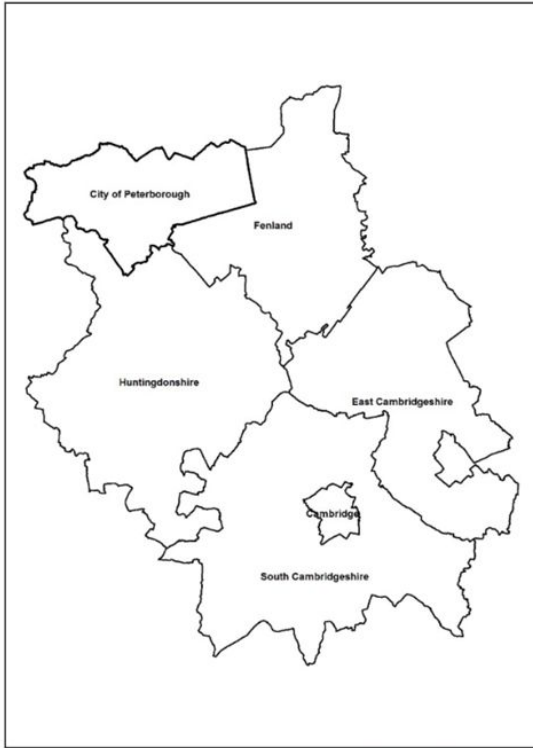
Dr Liz Robin

Director of Public Health, Cambridgeshire and
Peterborough Councils

Cambridgeshire and Peterborough Joint Strategic Needs Assessment 2018

What Does it Tell Us?

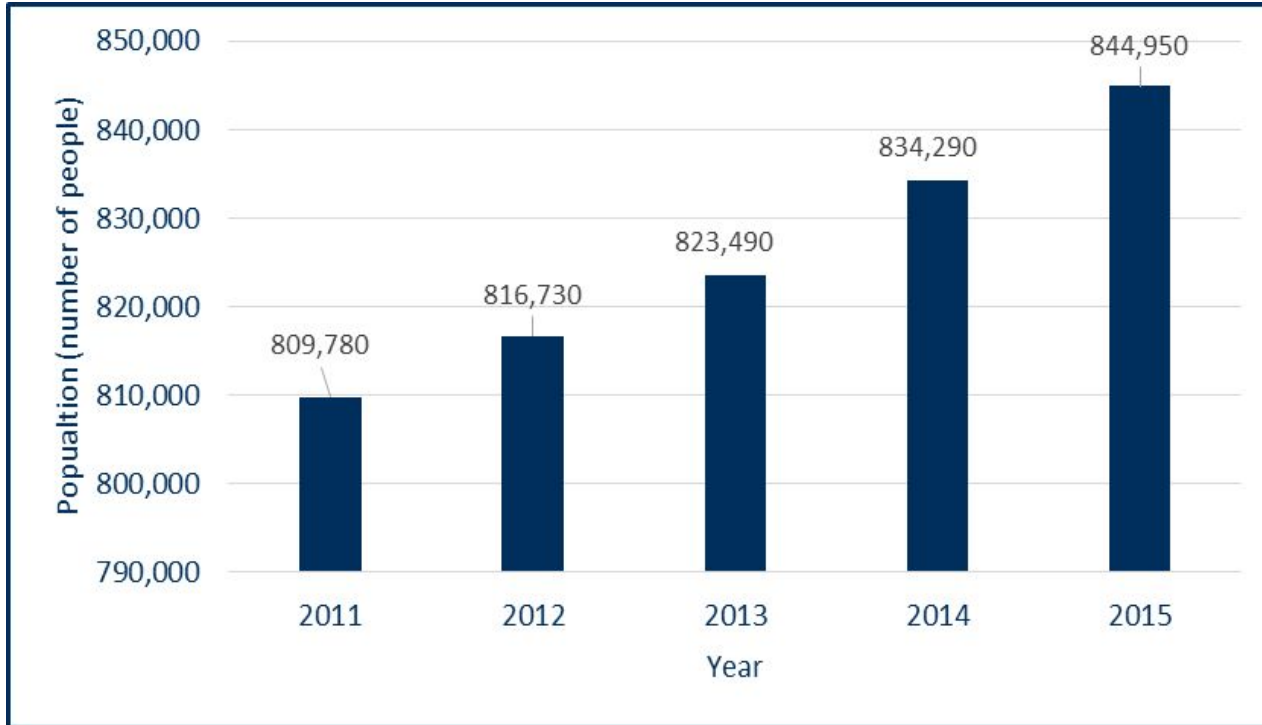
Cambridgeshire and Peterborough



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We have a growing resident population

Cambridgeshire and Peterborough retrospective population growth mid-2011 to mid-2015 (absolute numbers) – NOTE: axis does not start at 0

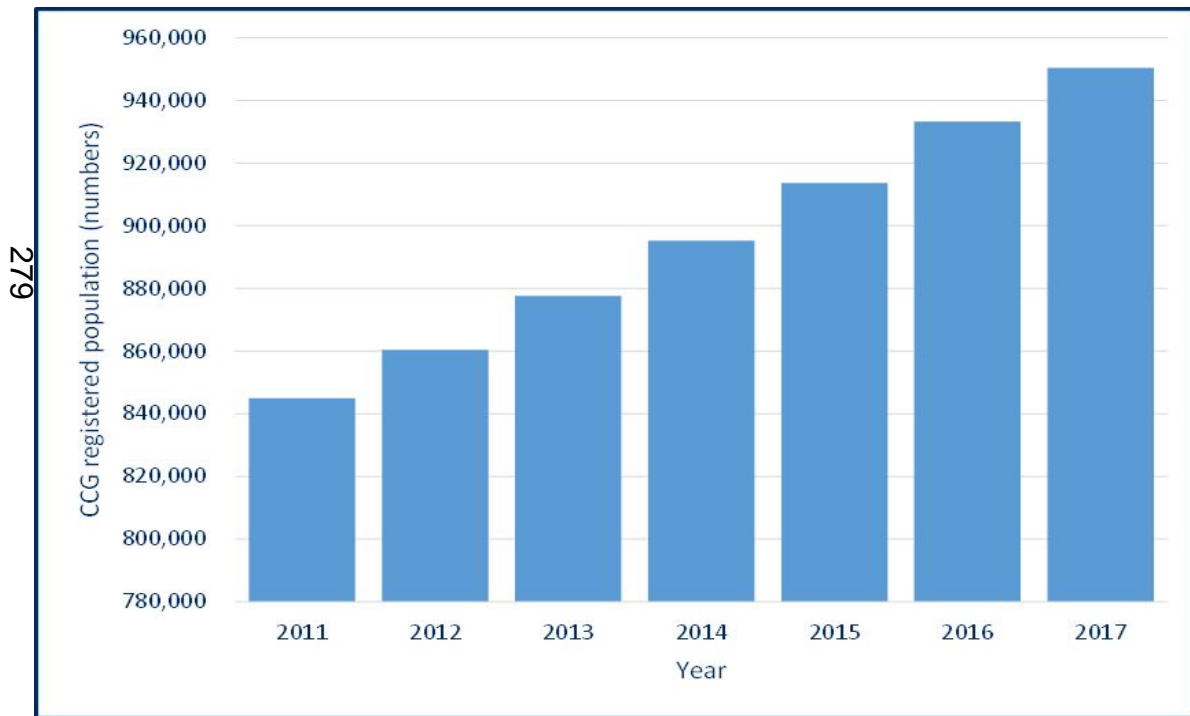


Source: Cambridgeshire County Council Research Group

The CCG's GP registered population is also growing

Cambridgeshire and Peterborough CCG registered population, 2011-2017*

NOTE: axis does not start at 0

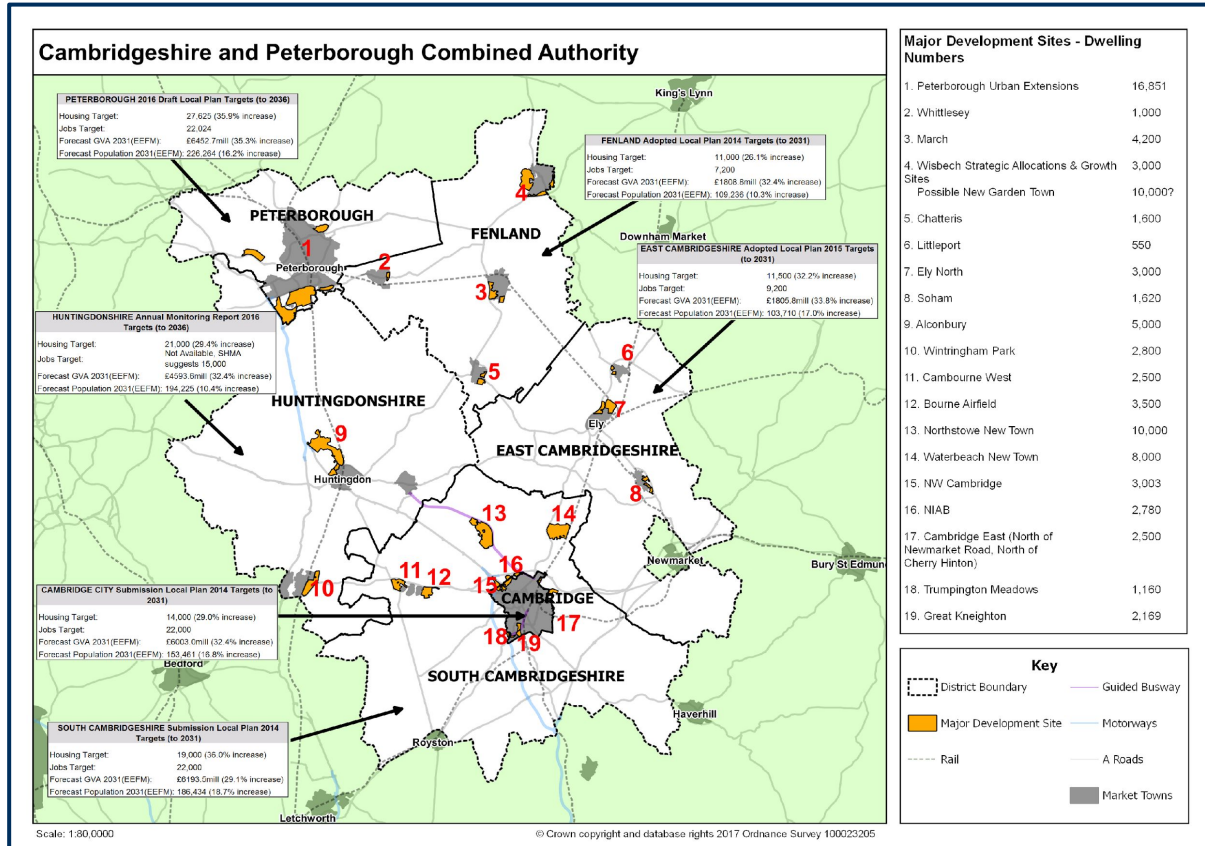


*Data from April each year

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



We have several new development sites



Major Development Sites - Dwelling Numbers

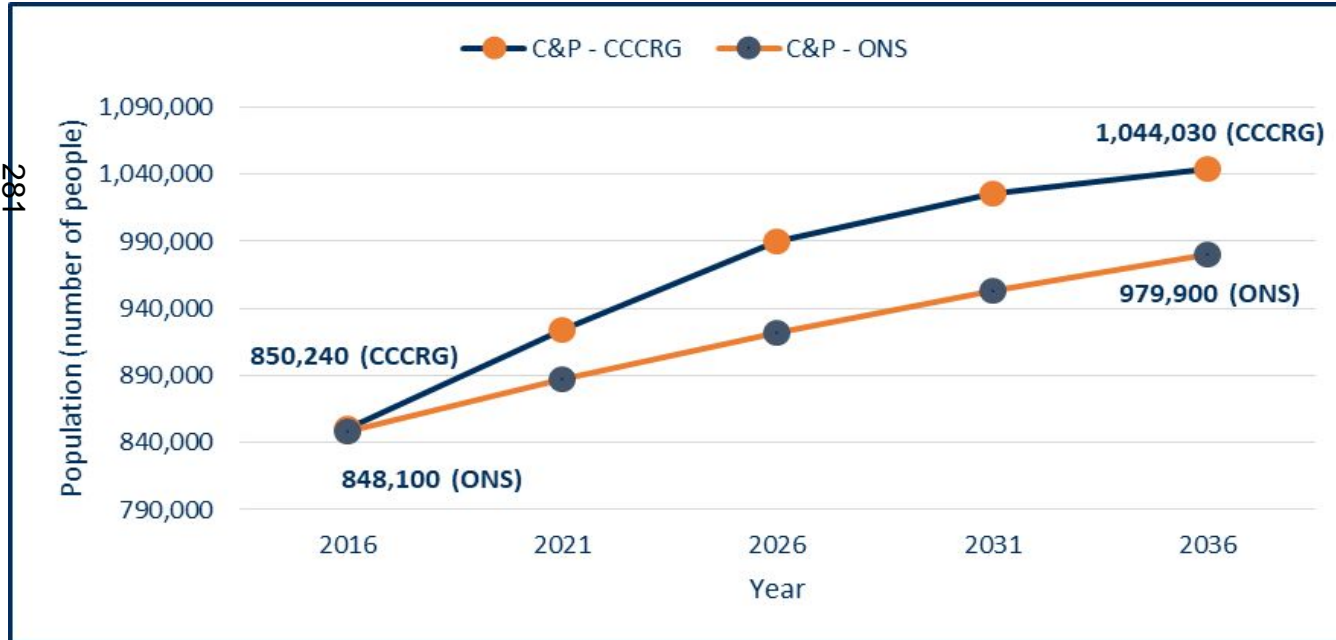
1. Peterborough Urban Extensions	16,851
2. Whittlesey	1,000
3. March	4,200
4. Wisbech Strategic Allocations & Growth Sites	3,000
Possible New Garden Town	10,000?
5. Chatteris	1,600
6. Littleport	550
7. Ely North	3,000
8. Soham	1,620
9. Alconbury	5,000
10. Wintingham Park	2,800
11. Cambourne West	2,500
12. Boume Airfield	3,500
13. Northstowe New Town	10,000
14. Waterbeach New Town	8,000
15. NVV Cambridge	3,003
16. NIAB	2,780
17. Cambridge East (North of Newmarket Road, North of Cherry Hinton)	2,500
18. Trumpington Meadows	1,160
19. Great Kneighton	2,169

Key

District Boundary	Guided Busway
Major Development Site	Motorways
Rail	A Roads
Market Towns	

We expect continued growth but forecasts from different sources vary

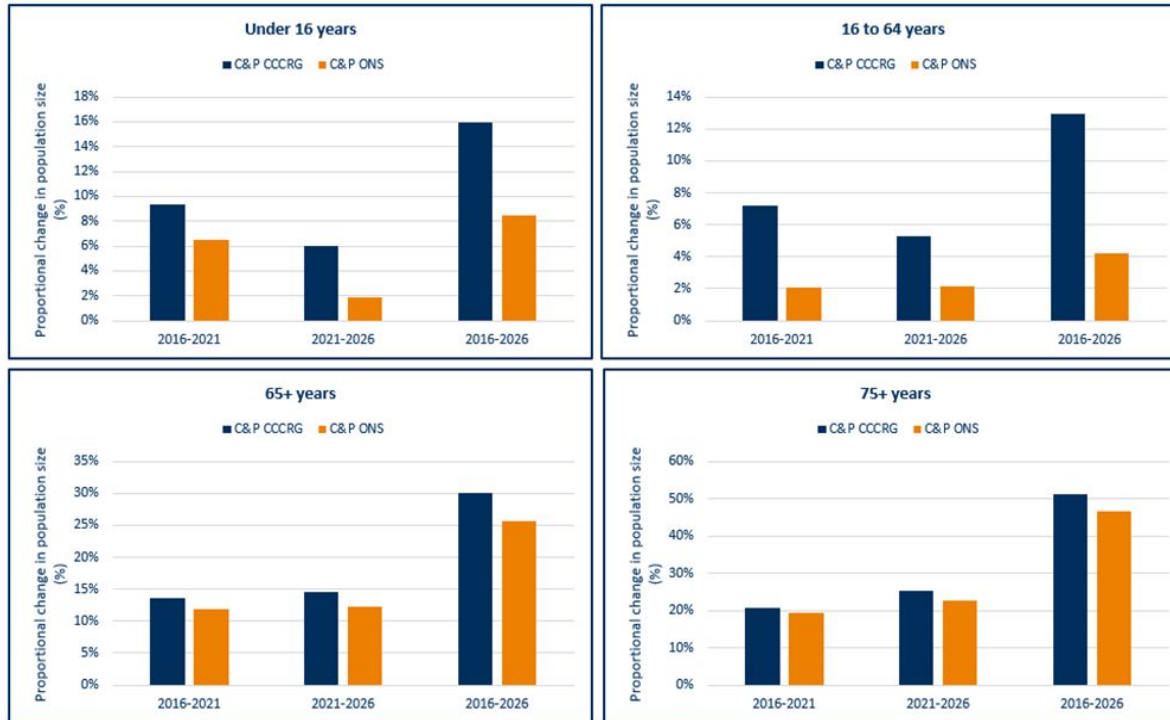
Cambridgeshire and Peterborough - absolute long term (20 year) population change, 2016 to 2036 (all ages)



Source: ONS 2014-based Subnational population projections and CCCRG mid-2015 based population forecasts (JSNA CDS figure 8)

The rise in the older population is clear

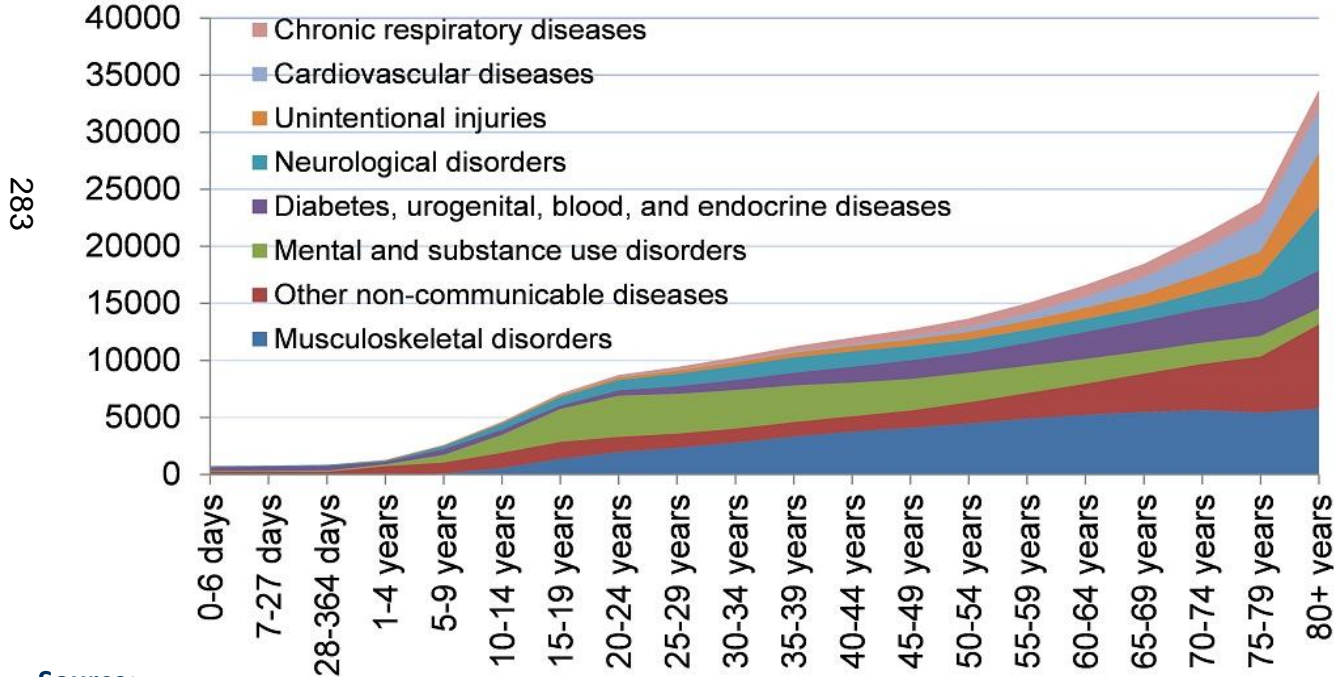
Comparison of proportional change in CCC Research Group mid-2015 based population forecasts and ONS 2014 based population projections to 2026 by age group for Cambridgeshire and Peterborough to 2026



Source: ONS 2014-based Subnational population projections and Cambridgeshire County Council Research Group mid-2015 based population forecasts (JSNA CDS figure 11)

Disease prevalence

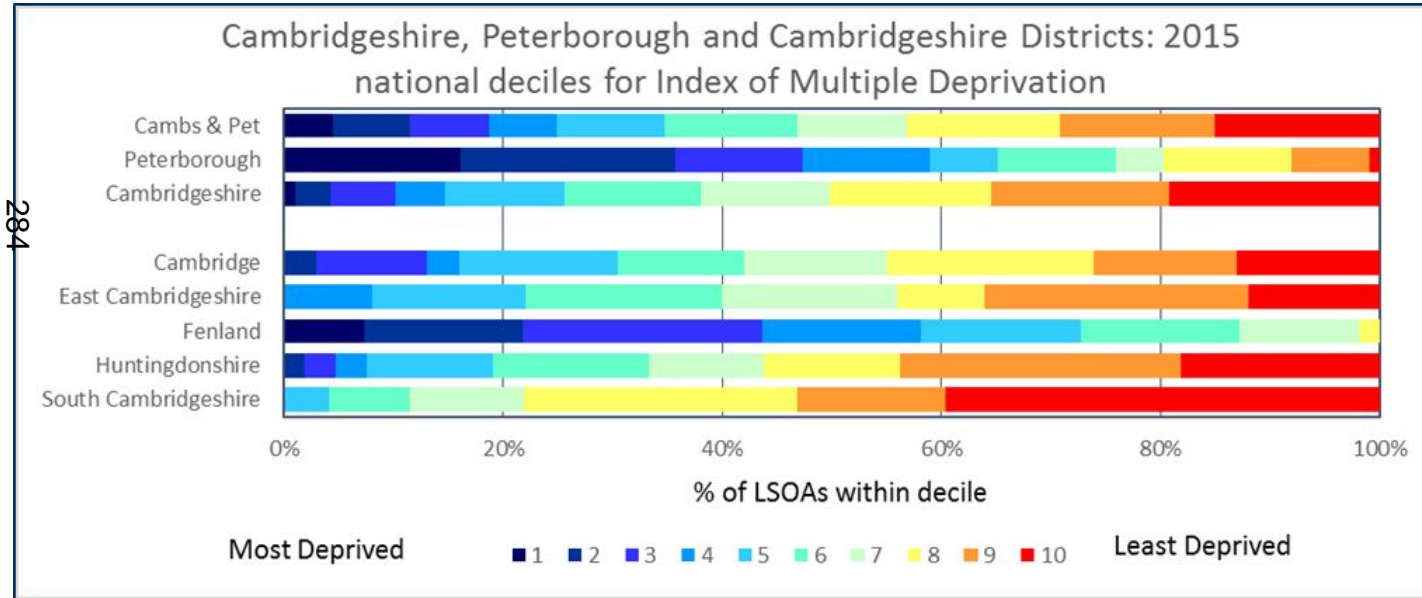
Age-standardised YLDs
per 100,000 population



Source:

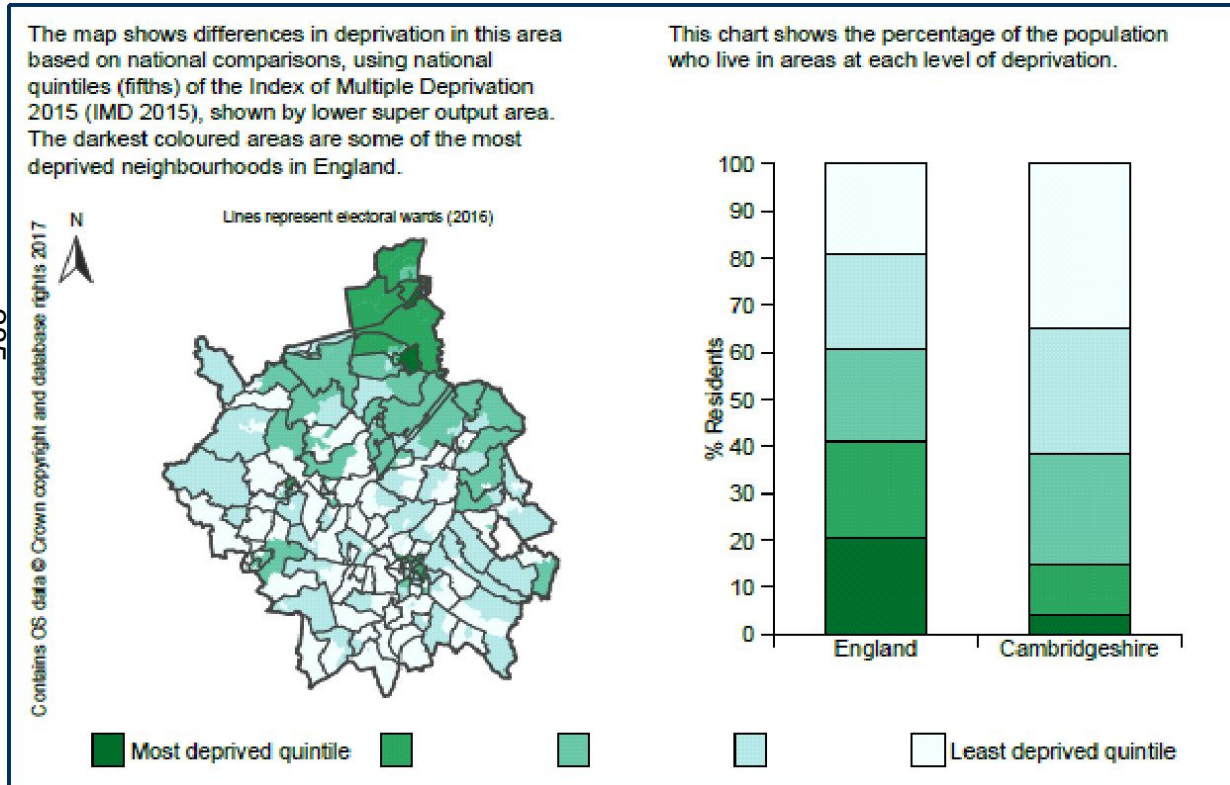
Health and wellbeing depends on: Socio-economic determinants

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



Source: Index of Multiple Deprivation 2015, Department for Communities & Local Government (DCLG) (JSNA CDS figure 20)

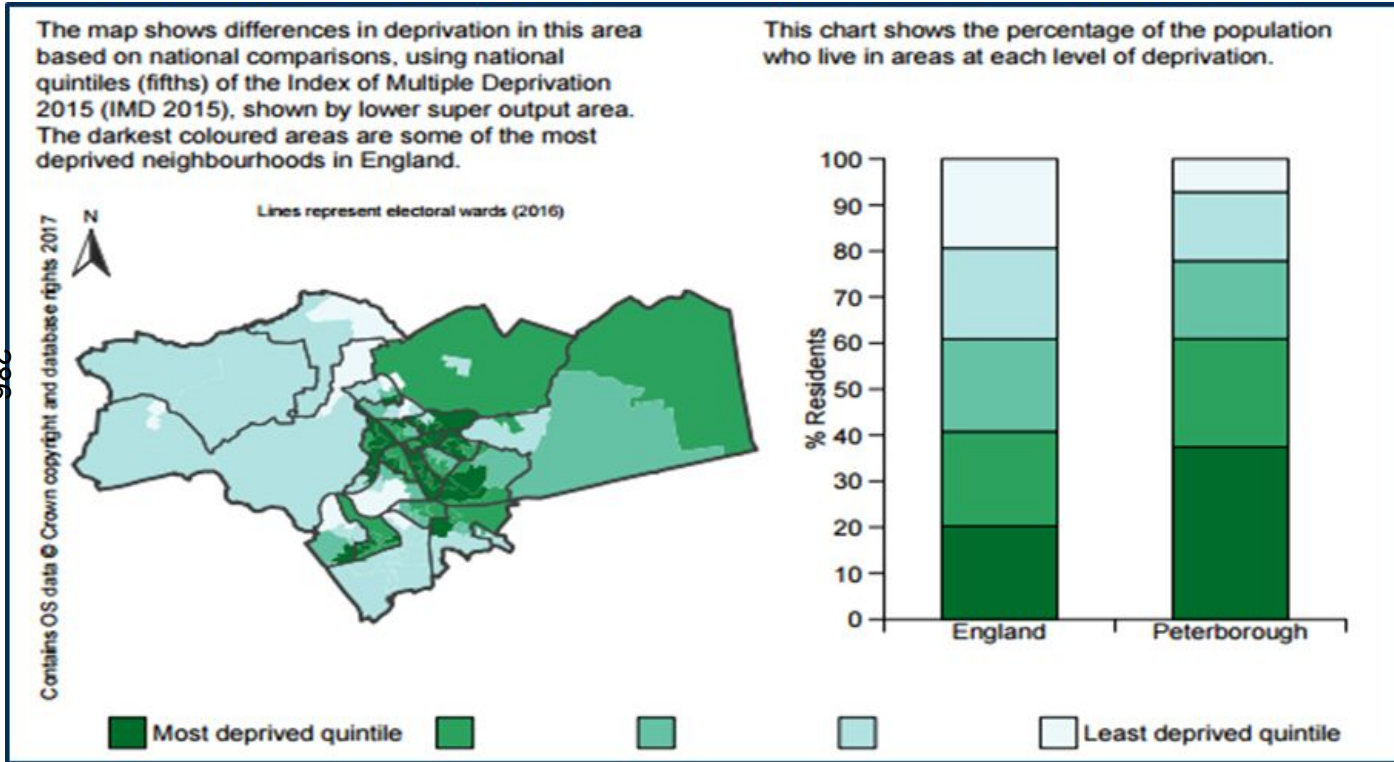
Cambridgeshire – deprivation by national groupings



Source: DCLG from PHE Cambridgeshire Health Profile 2017 (Crown Copyright 2017)

Peterborough – deprivation by national groupings

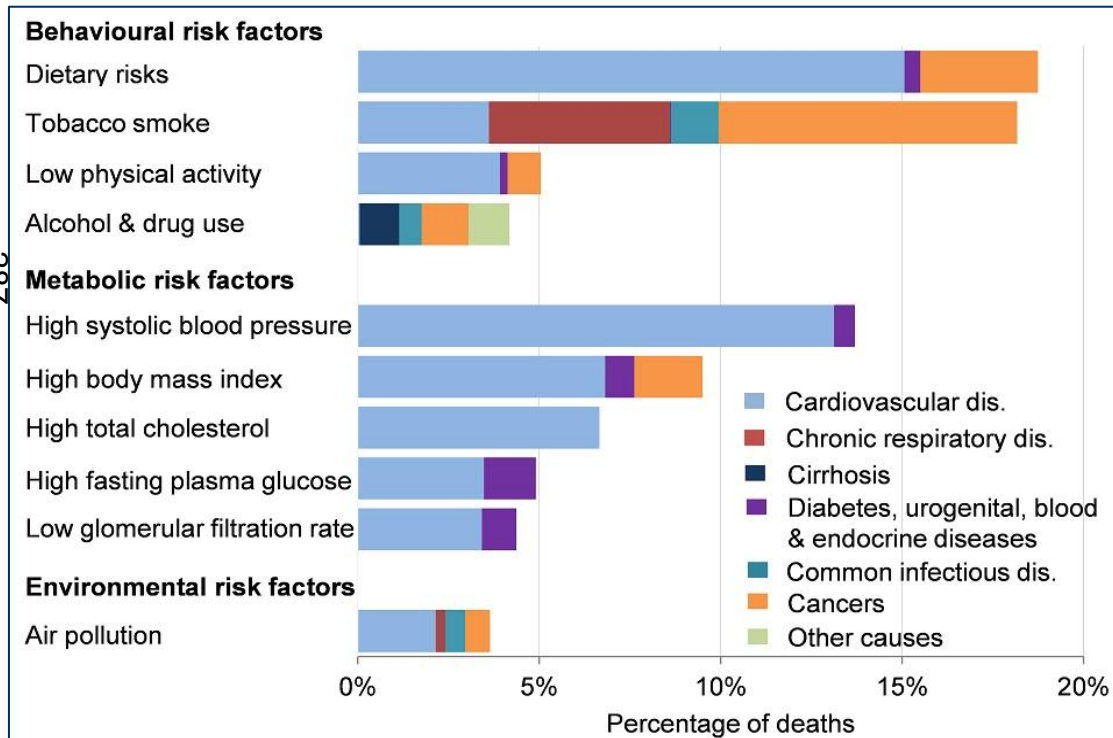
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Source: DCLG from PHE Cambridgeshire Health Profile 2017 (Crown Copyright 2017)

Health and wellbeing depends on: Behavioural risk factors



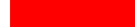
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Prevalence of obesity (GP practice data)

Prevalence of obesity in adults (18+) by area of general practice location, 2015/16

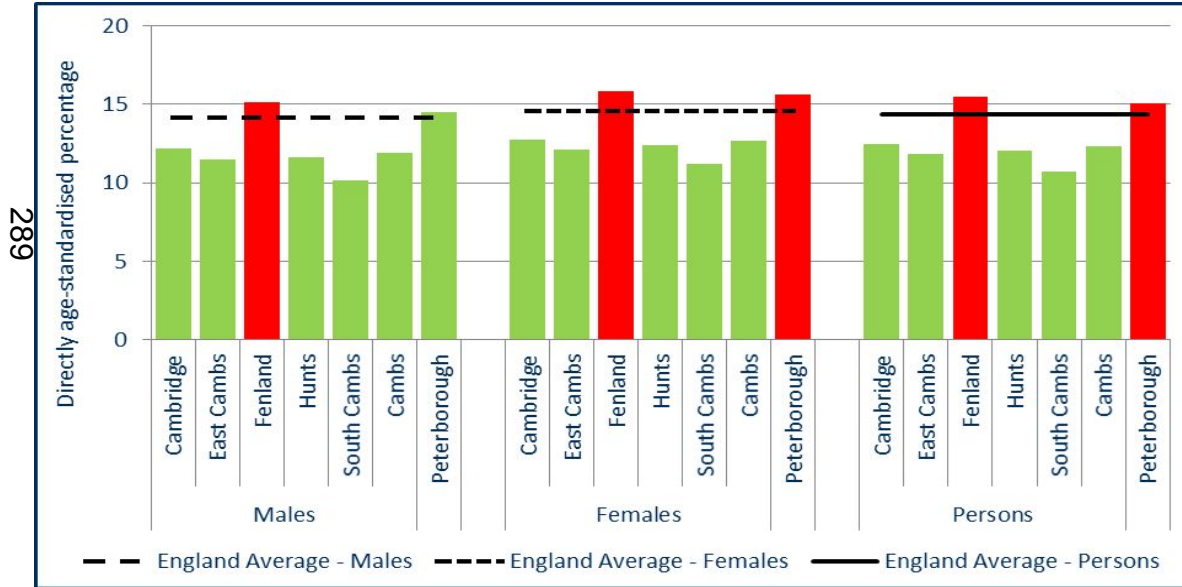
Area of GP location	Percentage	Number of people
Cambridge	4.7	7,043
East Cambridgeshire	8.7	5,846
Fenland	13.0	12,203
Huntingdonshire	8.8	12,557
South Cambridgeshire	6.5	6,357
Cambridgeshire	7.9	44,006
Peterborough	9.9	15,149
Cambridgeshire and Peterborough CCG	8.4	61,949
England	9.5	4,317,919

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

Source: NHS Digital, Quality and Outcomes Framework, Cambridgeshire County Council Public Health Intelligence (JSNA CDS Table 25)

Health and care demand depends on: Prevalence of disease

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



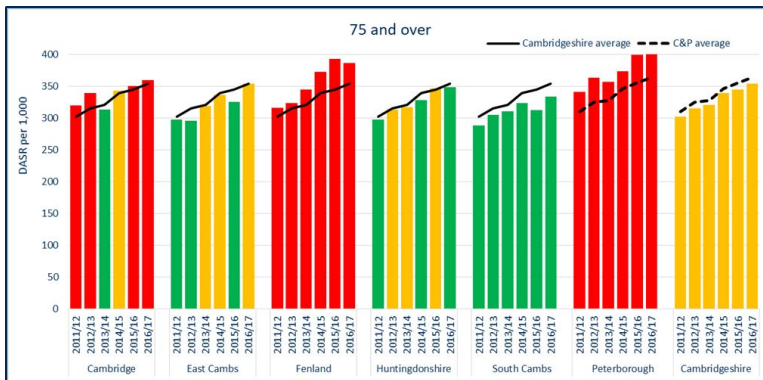
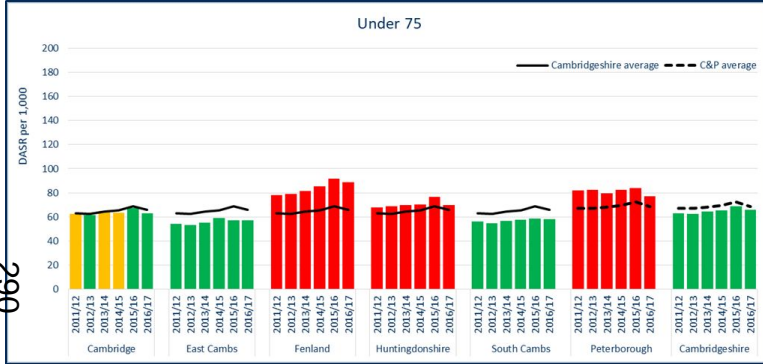
Usual residents in households only (i.e. excluding communal establishments such as hospitals and care homes)

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

Source: Office for National Statistics Census 2011, Cambridgeshire County Council Public Health Intelligence (JSNA CDS figure 51)

Emergency admission rates have risen - particularly for over 75s in Fenland and Peterborough

Rates of hospital inpatient admission episodes by local authority of residence – emergency admissions: directly age-standardised rates, Cambridgeshire and Peterborough, 2011/12 to 2016/17

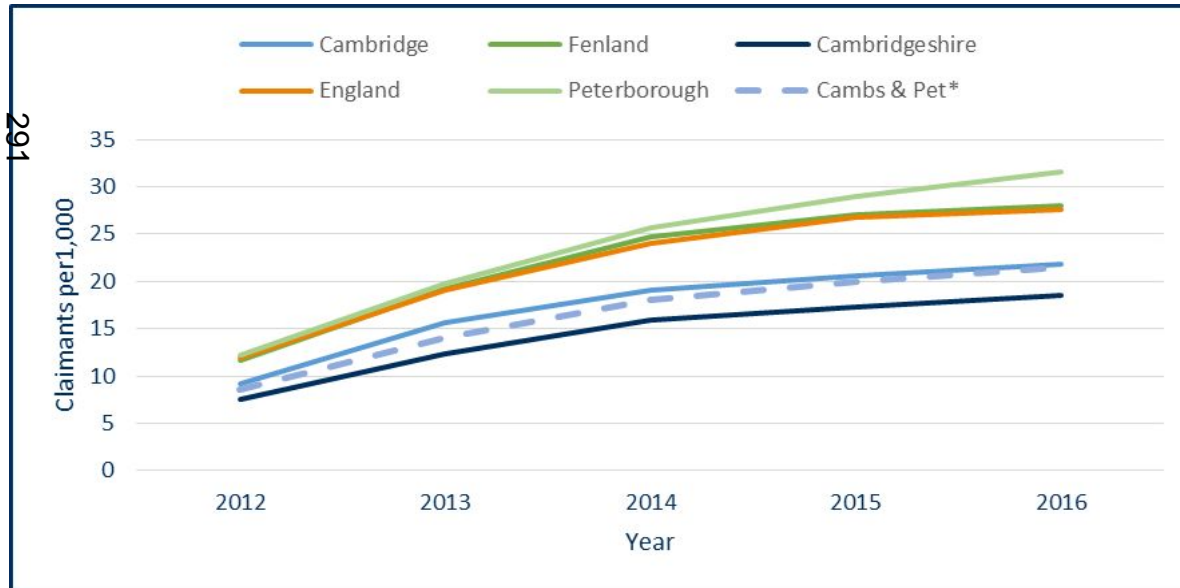


- Statistically significantly higher than the Cambridgeshire/C&P average
- Statistically similar to the Cambridgeshire/C&P average
- Statistically significantly lower than the Cambridgeshire/C&P average

Sources: NHS Digital Hospital Episode Statistics, Office for National Statistics mid-year population estimates (JSNA CDS figure 42)

Overall employment rates are good but the rate of ESA claimants for mental and behavioural problems is rising

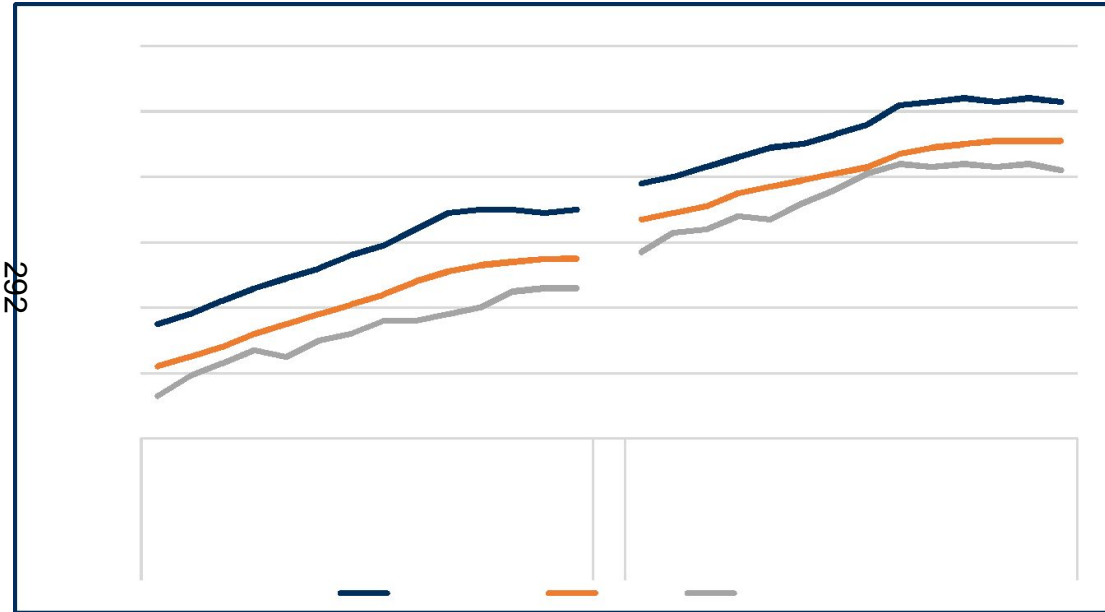
Trends *in* employment Support Allowance (ESA) claimants for mental and behavioural disorders: rate per 1,000 working age population (people aged 16-64 years), 2012-2016



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

Life expectancy in the area has improved since 2001/3 but improvement has stalled recently

Life expectancy at birth, 2001-03 to 2014-16



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

Source: Public Health England Public Health Outcomes Framework indicator 0.1ii (JSNA CDS figure 46)

Opportunities for joint work

Peterborough HWB Strategy Sections	Cambridgeshire HWB Strategy developing priorities
Health and wellbeing through the life course	Mental health Prevention
Creating a healthy environment	Population growth and new developments
Tackling health inequalities	Health inequalities including homelessness, drug and alcohol
Working together effectively	Integration of (health and social care) services

Andrew Cozens

Local Government Association

National Context for Health & Wellbeing Boards

Table Top Discussion

Opportunities for Joint Working / Joint Priorities

COMFORT BREAK

Group Discussion

Identify 3 Joint Priorities

Group Discussion

How do we develop / drive through these priorities and measure impact
Where do we monitor progress

Concluding Comments

Wendi Ogle-Welbourn / Dr Liz Robin