

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: CHILDREN AND YOUNG PEOPLE'S HEALTH

LEAD: LOU WILLIAMS

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;
- Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;
- Reviewing the Child and Adolescent Mental Health (CAMH) offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of additional funding from Central Government.

Performance narrative and statistics

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

Health Visiting

Commissioned through a Section 75 agreement with CPFT. The latest data has been submitted by CPFT, the health provide. The *key performance data is based on performance for Quarter 3 (September – December 2017) is as follows:*

- **205 antenatal contacts completed.** All women are written to inviting them to make an appointment. Visits are targeted towards first time and/or vulnerable women.
- **98% of all new mothers in Peterborough received a New Birth Visit,** 90% of these were completed within 14 days of birth. This meets the performance target.
- **89% of mothers received a 6-8 week check.** A further 8% received this visit within 9 weeks, meaning that 97% of checks were completed by 9 weeks.
- **94% of families had a 12 month development check by 15 months.** 85% of these were conducted by the time they were 12 months old. Staffing shortages have created a capacity deficit which has impacted the providers ability to meet their 95% target.
- **88% of children received a 2-2.5 year development check.**

School Nursing:

- School nurses deliver both universal and targeted services and work across education and health, providing a link between school, home, and the community. They are responsible

for delivering programmes to improve health outcomes for school aged children and young people 5-19 years). This includes reducing childhood obesity, under 18 conception rates, prevalence of chlamydia, and supporting mental health.

- Service specification and KPI's have all been established in partnership with the provider. Performance is monitored through quarterly contract meetings.

Key trends for Quarter 3 (September – December 2017):

- Emotional Health and Wellbeing concerns continue to be the most prominent issue nurses are dealing with. **406 pupils were seen for mental health/wellbeing issues**
- The provider is reporting an **increase in safeguarding duties**, which is impacting capacity. Exploration is underway to decide whether it would be advantageous to introduce **Chat Health**, a text based support service to students, to increase capacity.
- The team has initiated **6** and contributed towards a further **60 Early Help Assessments** and have attended **36 Child Protection Conferences**
- A duty desk has been set up Mon-Fri 9-4pm and is manned all the time this means schools can phone anytime and receive an immediate response to issues or queries

Speech and Language Therapy:

- This service is now jointly Commissioned through a Section 76 Agreement with Cambridgeshire County Council and the CCG
- A review was undertaken and a new delivery model has been introduced based on the 'Balanced Model' (this is similar and fits with the Thrive model) with an investment across the county of 480k the majority of this has come to Peterborough to address the waiting lists and introduce the balanced model
- All children are now seen within the 18 week waiting targets and many within 6 weeks
- A launch event for the balanced model took place in January 18 and was attended and all partners, including schools. The move to supporting and training staff in all settings around communication and speech and starting drop-ins for parents was seen as being very positive
- Principles of the balanced system. Simplest and easiest access and journey through the system • Functional outcomes are key • Outcomes continually appraised • Delivered in

	<p>most relevant place for child or young person development and learning • Development of strong universal and targeted provision is key • Working across Balanced System® Five Strands to effect sustainable whole system change</p> <p>What will be different?</p> <ul style="list-style-type: none"> • Every school will have a link SLT as a point of contact who meets with them at least once a • Each Early Years setting will have a locality lead as their named point of contact • The SLT resource for schools will be allocated to each school, based on SLCN need. • It will be a transparent system. • The SLT team will work with each school to agree how best to use that resource to meet the need in school. • Entry and exit criteria and packages of care will be the same across the county. • Paperwork streamlined. • Expertise from specialists will be shared across the county as appropriate <p>CYP Emotional Health & Wellbeing:</p> <ul style="list-style-type: none"> • CHUMS Counselling service Commissioned jointly by PCC, CCC and the CCG to deliver services across the county – all governance is in place • Following mobilisation CHUMS have now begun accepting and triaging referrals and delivering interventions in the form of 1:1 and group mental health resilience workshops • Weekly meetings are in place to ensure oversight whilst the contract is in its ‘embedding’ phase • Exploration is underway for CHUMS to work in partnership with the Emotional Wellbeing Practitioners employed by CCS to ensure there is not duplication of efforts regarding staff support and training to schools
<p>Narrative update on workstreams</p>	<p>Healthy Child Programme (HCP): The Joint Commissioning Unit (JCU), which is made up of commissioners from Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) continues to work jointly to develop an integrated 0-19 service, which will subsume the HCP agenda.</p>

	<p>Local Maternity System (LMS) - Better Births: Peterborough City Council and Cambridgeshire County Council is working jointly with the LMS to implement and deliver the Better Births Strategy, a national drive to improve local maternity services. A localised strategy and work plan has been developed and a number of working groups have been formed to ensure this transformation remains on track. The Local Authorities is leading the workstream relating to “community hubs” and community delivery of services across Peterborough and Cambridgeshire. There are a number of smaller work streams, looking at: building assets, antenatal services and wider community services, and processes and integration.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>Emotional Health and Wellbeing (EHWB):</p> <ul style="list-style-type: none"> ● A conference around EHWB was held, which was attended by more than 150 delegates from a range of backgrounds, including education, voluntary sector, health, social care, youth services and local authority representatives. Speakers from the Local Authority, the CCG and the third sector, showcased the work and achievements of the following year, including the feedback for a range of the services outlined below. The event was very positive and highlighted the need to coordinate all that is going on around EHWB <p>Across the county a number of services have been commissioned and therefore the focus across the system is how these service improvements are monitored and services work together to ensure they work collaboratively to provide effective pathways across a range of services. The services are:</p> <ul style="list-style-type: none"> ● CHUMS ● Emotional wellbeing practitioner team ● Early Help service ● CPFT – SPA (information and advice) ● Children’s wellbeing practitioners ● CPN’s for schools (Peterborough) ● School nursing service ● Self-help – Keep your head ● Kooth

Speech and Language Therapy (SALT):

- A launch event was held to celebrate the new service and provide the opportunity for professionals to ask therapists questions about the new delivery model. The Local Authority and the SALT team worked collectively to organise the event, which was attended by colleagues from Early Years, Education, and local authority representatives.

Occupational Therapy & Physiotherapy:

- A review has just been completed of the OT and physio service

Findings

- Population pressures evident in Peterborough in terms of: - Population growth - Rates of PMLD - Social disadvantage
- Services have differing priorities and ways of meeting need across some areas of provision but also some areas of common practice • Potential to develop across the universal, targeted and specialist tiers identified by each profession • Need to ensure that the service offered is in line with NICE guidance in all areas of practice • Need to focus on embedding evidence throughout the service offer • Increased collaborative work with colleague other than health colleagues

HWB STRATEGY 2016/19: FUTURE PLANS

- Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised
- Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&YP with emerging emotional and mental health difficulties
- Working with the PSCB to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established
- Renew the Child Poverty Strategy in 2016
- Develop a joint strategy to address high rates of teenage pregnancy
- Jointly review the commissioning and delivery of services for C&YP with SEND, from age 0-25
- Consideration of the needs of single parent families in these workstreams

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

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 only currently available at national/regional level	-	-	-	-	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards
1.2	Prevalence of obesity - reception year (proportion, %)	▼	Statistically similar to England	2015-16	259	9.3%	9.3%	Prevalence of obesity - reception year (proportion, %)
1.3	Prevalence of obesity - year 6 (proportion, %)	▲	Statistically similar to England	2015-16	460	19.8%	19.8%	Prevalence of obesity - year 6 (proportion, %)
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	▼	Peterborough higher (worse) than England. Statistical significance unavailable	2016	-	5.0%	4.2%	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)
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	-	-	-	-	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically significantly worse than England	2015	95	28.3	20.8	Under 18 conceptions (crude rate per 1,000)
1.7	Under 16 conceptions (crude rate per 1,000)	▼	Statistically similar to England	2015	8	2.4	3.7	Under 16 conceptions (crude rate per 1,000)

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: HEALTH BEHAVIOURS AND LIFESTYLES

LEAD: LIZ ROBIN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services
- Commissioning a joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital.
- Improve support for local employers to promote healthy workplaces through a new contract with 'Business in the Community'

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

Delivery of NHS Health Checks locally has been extended with the addition of an outreach programme, as part of the healthy lifestyle programme. Approximately 300 checks have been completed in the community since July 2017, adding to those undertaken by GP practices. One to one clinics and group programmes to assess and address lifestyle factors including alcohol, diet and nutrition, physical inactivity and smoking have been expanded in the last quarter, with approximately 2,000 people setting a personal health plan since April 2017, and over half achieving their set goals to date. This includes approximately 600 people that have quit smoking since April 2017.

Weight management and physical activity programmes for children and adults continue to be delivered with over 400 adults programmes or accessing 1:1 support since April 2017, while local schools are hosting child programmes, with over 300 children and families commencing programmes. Schools also remain engaged in the local Health Champion initiative and the associated health awareness training programme with over 650 children and young people supported in schools.

The current Healthy Workplace programme continues to be delivered with a focus on supporting those workplaces that predominantly employ routine and manual workers. The programme continues to support workplaces and networks in Peterborough and to provide public health and mental health awareness training to support local workplaces.

	<p>Commissioning a joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital</p> <p>The Integrated Drug and Alcohol Treatment Service commenced is now in its second year of delivery. The dip in performance during the first year (16/17) has been reversed and the service is performing well. Rates of successful completions are now above the national average for all substances with the exception of alcohol & non-opiate which is in line with national average. Re-presentation for alcohol and alcohol/non-opiates sit very low and are among the best nationally. Pick-ups from the community criminal justice system to community treatment are very strong. Aspires performance sits at 95.4% compared with the national average of 53.5% for referrals from the criminal justice system to community treatment. Young person's numbers in treatment are bucking the national trend. Numbers nationally are down by 6% whilst numbers in treatment locally are up by 35%.</p> <p>Due to the time lag with official NDTMS data it will take some time before the performance improvement is fully evident within the Public Health Outcomes Framework Indicators.</p> <p>Objectives for Year 2 include expanding early intervention provision of Extended Brief Interventions for alcohol in community and primary care settings and improving the rate of successful completions amongst criminal justice clients. Achieving these objectives requires strategic collaboration between treatment services and partners including primary care and criminal justice partners.</p> <p>During Quarter 2 180 individuals (19 of which were repeat attenders) with harmful use or dependence syndrome received extended brief interventions through the Hospital Alcohol Liaison Project at Peterborough City Hospital and 8 were subsequently engaged into structured treatment.</p>
Narrative update on workstreams	<p>A procurement exercise for the Healthy Workplace programme is underway with a new provider to be appointed to commence delivery from 01 April 2018. The new provider will be required to build on the work to date increasing local networks, evidenced activity in workplaces and greater access to training programmes</p> <p>The healthy lifestyle services are now delivering clinics from over 20 GP practices and support and clinics in over 50 community, workplace and schools settings locally each week. This work is being</p>

	<p>complemented by activity being undertaken by partners through specific workstreams, such as tobacco control. Partners such as CPFT, HMP Peterborough, Fire Service, City Hospital and Trading Standards are working with Public Health through the Smokefree Alliance to implement comprehensive tobacco control measures.</p> <p>Implementation of the Migrant Impact programme following a successful bid to DCLG is underway. The workstream focused on addressing the impact of alcohol misuse among migrant population on the wider community across both Fenland and Peterborough is being supported by specialist alcohol outreach workers, across both areas and a Community Connector and Healthy lifestyle advisor for Peterborough.</p> <p>Drug & Alcohol Treatment Services are also part of a the two year Family Safeguarding Partnership, working within multi-agency teams to address the substance misuse issues of parents/carers of children subject to child protection proceedings.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>The workplace programme is a joint commission across Cambridgeshire and Peterborough that supports the wider networking of local employers. The programme is also closely aligned with both healthy lifestyle services across the area to ensure employers have full access to support services.</p> <p>The Smokefree Alliance is co-producing a plan for implementation from April 2018 that will continue to build and align work undertaken to date. Each partner remains directly committed to lead specific interventions and work collaboratively towards the achievement of shared outcomes.</p> <p>Commissioners have sought increased collaboration between Healthy Lifestyles services and Aspire during the last quarter to enhance public health outcomes across both services. Smoking cessation services are now provided at Aspire and Aspire is providing training to the Healthy Lifestyles service to deliver information and brief advice around alcohol and drugs to target populations.</p> <p>Through the Innovation Fund, Aspire has linked with Cambridgeshire & Peterborough Foundation Trust (CPFT) to incorporate a mental health specialist to improve access to mental health services for some of the most complex clients who are frequent attenders in police custody.</p>

<ul style="list-style-type: none"> ● Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues ● Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles ● Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme ● Reduce the number of local people developing Type 2 Diabetes 	
<p>Future Plans: Progress against key milestones and local indicators/trends</p>	<p>The integrated healthy lifestyle service has been commissioned by Peterborough City Council in partnership with the Clinical Commissioning Group and began delivery on 01 April 2017. The service is delivering clinics from the majority of GP practices and a range of community settings across Peterborough as highlighted in this report. Services are being provided on a one to one basis and through group interventions to help local people address health risks such as smoking, inactivity and excess weight.</p> <p>The Healthy Peterborough campaign programme continues to provide monthly campaigns delivered on specific health issues, aligned to associated national campaigns to maximise exposure.</p> <p>The Healthy Schools Peterborough programme continues to engage primary, secondary and special schools. An accreditation process covering Bronze, Silver and Gold awards for schools has been developed. The Programme Board is now established and is directing the development and delivery of the programme this academic year.</p> <p>The Healthier You: NHS Diabetes Prevention Programme service has been established across Cambridgeshire and Peterborough to support people at risk of developing Type 2 diabetes. The local programme is being delivered by ICS Health and Wellbeing in local settings and are working with Solutions4Health.</p>
<p>Risks</p>	
<p>Key considerations</p>	

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, %)	▼	Statistically similar to England	2016	-	17.6%	15.5%	2.1
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	▲	Statistically similar to England	2016	-	27.9%	26.5%	2.2
2.3	Excess weight in adults (proportion, %)	▲	Statistically significantly worse than England	2013-15	-	70.8%	64.8%	2.3
2.4a	Physically active adults (proportion, %)	First data point (new method)	Statistically significantly worse than England	2015-16	-	60.5%	64.9%	2.4a
2.4b	Physically inactive adults (proportion, %)	First data point (new method)	Statistically similar to England	2015-16	-	24.3%	22.3%	2.4b
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	▲	5.7% increase between 15/16 and 16/17	2015-16	1,388,710	-	-	2.5
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-16	1,245	708	647	2.6
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-16	800	939	830	2.7
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	▲	Statistically similar to England	2015-16	445	491	483	2.8
2.1	Smoking Prevalence - All (proportion, %)	▼	Statistically similar to England	2016	-	17.6%	15.5%	2.1

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

DATE: JANUARY 2018

SUBJECT: LONG TERM CONDITIONS AND PREMATURE MORTALITY

LEAD: CATH MITCHELL

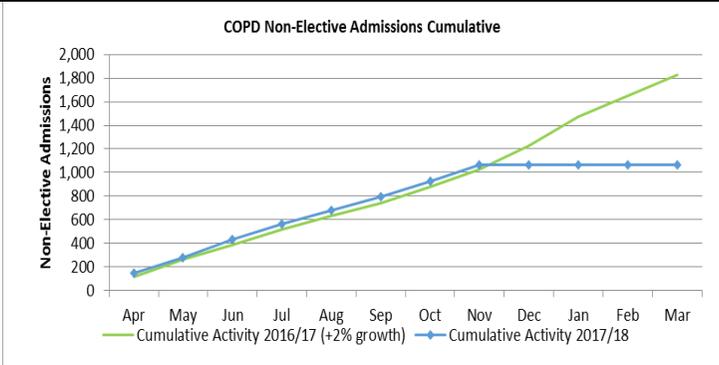
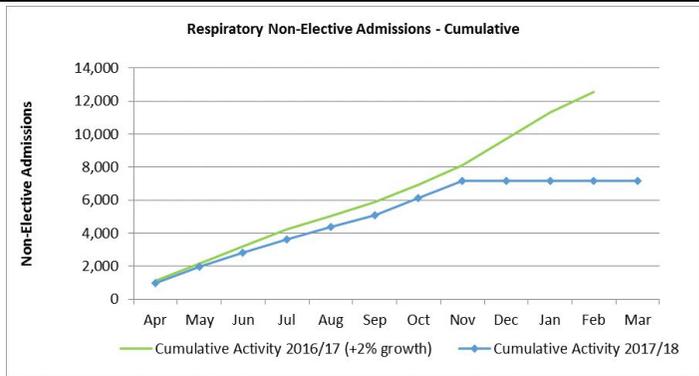
HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- The Health & Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed
- The Local NHS Clinical Commissioning Group ‘Tackling Health Inequalities in Coronary Heart Disease Programme Board’ has worked closely with City Council’s public health services to improve uptake of CVD ‘health checks’ for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease
- Respiratory Business Case being implemented to increase identification of Patients with COPD, increase patient activation and create Self-Management Plans to support patients to remain independent and maximise their outcomes.
- National Diabetes Treatment and Care Programme National Bid approved by NHSE in three out of four areas we bid for (increasing attendance at Structured Education, improving achievement of NICE recommended treatment targets, and implementation of a multidisciplinary foot care team at North West Anglia NHS Foundation Trust). We are now implementing the diabetes programme using the national bid funds.
- The Diabetes Prevention Programme has been rolled out across the CCG, and we have now recovered the underperformance in referral numbers from 2016/17.

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

Respiratory

Overall respiratory activity has decreased in comparison to 2016/17 whilst non elective admission for COPD 2017/18 have increased in comparison to the previous year.



Diabetes

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

	Structured Education		Treatment Targets		
	2014/1	2015/1	2014/1	2015/16	2016/1
CCG Actual	5	6	5	34.9%	7
	7.3%	6.3%	34.9%	34.9%	34.0%
England Average	5	6	5	39.8%	7
	6.9%	7.3%	39.8%	39.0%	39.7%

To date 95 practices have referred patients onto the Diabetes Prevention Programme, and we are currently at 109% of our overall referral trajectory set by NHSE, with over 4,200 people referred to the programme since October 2016 to present. We are expected to reach the cap in commissioned levels of activity by NHSE by the end of February/ beginning of March 2018. We are now working with provider to prepare an application to increase this. We now have 59 classes across Cambridgeshire and Peterborough, with a further five confirmed to start in February 2018, and additional courses still being booked.

Narrative update on workstreams	<p>Respiratory</p> <p>Community Respiratory nurses have been recruited (2 band 7s and 3 band 6s). Interviews for the two community consultant roles will be held in March 2018.</p> <p>Despite significant delays and issues arising during the implementation of the Community Respiratory Project, patient facing clinics are now being held with patients being seen in their homes. The clinics will be held by the CPFT Respiratory specialist nurses within community venues (tbc.). Primary Care and other providers will be able to refer into the service. Each clinic will be held in collaboration with other allied services include mental health, smoking cessation and physiotherapy.</p> <p>Additionally, the specialist respiratory nurses will be working with the existing Community Respiratory Team in expanding and enhancing the current Admissions Avoidance service. The team are now able to offer an extra 15 home visit appointments per day and are working to improve access to the service from acute, community and primary settings.</p> <p>The British Lung Foundation event in autumn screened 218 members of the public with 31 being referred to their GP for further investigation. Patient self-management workshops are due to commence in March, these will be held over the next 12 months and aim to train 15 patients per event in managing and exacerbations related to COPD.</p> <p>Diabetes</p> <p>We are working with our providers of diabetes structured education to increase the number of sessions available for people with Type 1 and Type 2 diabetes. We are working with CPFT the provider of DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) the Type 2 education course to achieve a target of 1400 attends before the end of March 2018.</p> <p>The national funding now means that DESMOND is now available for <u>all</u> people with Type 2 diabetes, and not just those who are newly diagnosed.</p> <p>We have been working with the providers to implement systems to ensure there is a feedback mechanism to practices on the outcome of referrals to structured education and to ensure the national coding is adopted to ensure accurate reporting in future NDA.</p>
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We are proactively promoting the additional sessions with primary care, and are working with the community diabetes specialist teams to help raise awareness and understanding of the courses amongst clinicians to support them to encourage more patients to attend. Update sessions are also being arranged to enable as many people as possible to attend.

The team at CPFT have also refined their bookings and reminders process for patients who do not attend first time to ensure there is more proactive follow up.

Additional recruitment is taking place to increase capacity within the diabetes specialist teams in the community. This will enable more support for primary care to care for people with diabetes and help them to achieve the NICE recommended treatment targets (HbA1c, BP and Cholesterol). There are now 8.5 WTE Diabetes Care Technicians who have started and will be supporting practices with their annual reviews and diabetic patients who are housebound.

There is a local enhanced service in place that almost all practices have signed up to. This is to support their engagement with the diabetes specialist teams, and part of this is to attend Virtual Clinical Review (VCR) sessions with Consultant Diabetologists and Diabetes Specialist Nurses. This is designed to be an educational session to support patient management in primary care. The aim is to support improvement in treatment outcomes for patients, specifically control of the NICE recommended treatment targets. Practices can run searches on their clinical system to identify patients for discussion at the VCR (with their consent), or it can be more a general discussion about diabetes care within the practice.

We are working with Diabetes UK to set up Public Engagement Events in each of the four localities (Cambridge, Fens, Hunts and Peterborough) to enable people to feedback their views on current diabetes services and future plans. The ones in Cambridge and Peterborough took place in November 2017, with a further two events planned to take place on 19th April at Hinchbrooke Country Park in Huntingdon, and 25th April at March Town Hall in Fenland.

NHS Diabetes Prevention Programme

We have had good engagement with practices across the CCG with the NHS DPP, and this has been seen particularly in areas of high prevalence of type 2 diabetes (Peterborough and Fenland), to increase referrals to the Diabetes Prevention Programme. However, we are now expected to reach the cap in activity levels that were commissioned by NHS England, so are working on a cap uplift application with the provider. A procurement process will be starting shortly for the new contract starting in July 2018.

<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>The CCG continue to work in Partnership with the Peterborough and Cambridgeshire Public Health team to implement the local NHS Diabetes Prevention Programme. This is provided by Independent Clinical Services (ICS).</p> <p>The design and format of the respiratory clinics have been developed in conjunction with CPFT.</p> <p>A Respiratory Clinical Community has been developed and includes representatives from British Lung Foundation, events have been supported by Community and smoking cessation services with the CCG.</p>
<p>HWB STRATEGY 2016/19: FUTURE PLANS</p> <ul style="list-style-type: none"> ● Develop and implement a joint strategy to address CVD in Peterborough ● Explore a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease ● Explore options to reduce the risk of stroke within the local population by improved identification of atrial fibrillation ● A long term conditions needs assessment will be carried out which will cover the wider range of long term conditions including cancer and musculoskeletal disorders 	
<p>Future Plans: Progress against key milestones and local indicators/trends</p>	<p>Programme to work with the South Asian Communities</p> <p>Outreach health checks are being provided to South Asian communities within local settings, while health MOTs are being offered to those members of the community who are not eligible for the full health check. In addition tailored physical activity and weight management programmes are being delivered, while referral pathways to the diabetes prevention programme have been established. This has led to the following activity being delivered since 01/04/2017:</p> <ul style="list-style-type: none"> ● 149 accessed a Health Check - 39 were female ● 135 accessed a Mini MOT - 55 were female ● 102 began a Let's Get Moving programme - 78 were female (physical activity programme) ● 41 began a ShapeUp4Life programme - 34 were female (weight management programme) <p>AF stroke prevention programme</p> <p>All but 3 practices across Peterborough and Wisbech signed up to the SLA. Since September 2017</p> <ul style="list-style-type: none"> ● 1056 patients have been identified who are currently not being anticoagulated across Peterborough and Wisbech (practices are currently working through patients to assess who should be treated). ● the number of patients being anticoagulated has been increased by 148 patients (increasing the overall percentage from 74.7% to 77.5%). Our goal is 81%. ● the number of patients not being anticoagulated has reduced by 107.

	<ul style="list-style-type: none"> 9 Practices piloting AF case finding in flu clinics checked the pulses of 6822 patient and identified 56 case of AF of which 46 were anticoagulated. <p>The reduction in the number of patients not receiving anticoagulation and the identification and treatment of new cases of AF should prevent approx. 5 strokes per year going forward.</p>
Risks	<p>Capacity in primary care to deliver the AF programme continues to be a challenge and has led to some slippage in progress, however the programme is moving forward.</p> <p>Recruitment of diabetes specialist posts remains a challenge. The team are now trying to recruit to B6 developmental posts rather than B7 DSN posts, although this is still proving difficult and will impact on the team capacity as the staff will require supervision.</p> <p>Risk of diabetic patients not taking up the opportunity for structured education.</p> <p>Recruitment of the Community respiratory Consultants. No applicants were received when advertised over December/January. The JD is in the process of being redefined and the question over acute/community hosting has been reopened.</p>
Key considerations	Challenge of recruiting health and social care professionals, especially in a community settings.

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 -	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

	Females (directly standardised rate per 100,000)							
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	-

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HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: MENTAL HEALTH FOR ADULTS OF WORKING AGE

LEAD: WENDI OGLE-WELBOURN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered
- 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

Performance narrative and statistics

1. Suicide Prevention

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

Performance: 2013-1015 three year average 'rolling' data: All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)

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

Females: Data redacted due to low numbers (not statistically significant) (New data not yet available – therefore no change)

An annual suicide audit has been carried out for Peterborough and Cambridgeshire since 2014. Early indications suggest that the total number of suicides in Peterborough reduced during 2016.

2. Crisis Prevention

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

Performance: Instances of use of Section 136 under the Mental Health Act in Peterborough decreased during 2016/17 and continue to reduce. Figures are currently being audited. The final outturn 2016/17 and in-year figures will be included in the next report.

3. Mental Health Housing and Accommodation

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

Performance: Increasing (80% at April 2017) – getting better and statistically better than England (58.5%) (31% previously reported; this is likely to be an under reporting of the actual values)

4. Employment

Metric: Adults in contact with mh services in employment

Performance: 10.5% at April 2017): Increasing – getting better although and statistically better than England (8.8%) (4.6% previously reported; this is likely to be an under reporting of the actual values)

5. Stronger Links Between Commissioners

Performance: Performance is improving in 5 out of the 6 areas with meaningful measures

Metrics: Improvement in performance against the prioritised metrics;

	<p>6. The Right Support, the First Time, at the Right Place, by the Right People Performance: Performance is improving in respect of the items for which there is full and robust data In the future it will be possible to track progress as anomalies in the approach to data collection have now been addressed. Metrics: Improvement in performance against the prioritised metrics</p> <p>Update on performance to be provided annually on request of the HWB: due in next report.</p>
<p>Narrative update on workstreams</p>	<p>1. Suicide Prevention</p> <p>i) The suicide prevention strategy has been refreshed for 2017-2020 and action plan updated</p> <p>ii) A new bereavement support service for people bereaved by suicide has been implemented and is receiving referrals. Training in suicide prevention for GPs is in development with planned roll-out from April 2018. Other workstreams are continuing for example, the STOP suicide campaign and website and suicide prevention (ASIST) training.</p> <p>iii) A Zero Suicide Ambition now underpins the Suicide Prevention Strategy and a proposal that delivery of this ambition and the Suicide Prevention Strategy should be governed by the Cambridgeshire and Peterborough Safeguarding Executive will be considered at the May meeting of that Group. This will give both initiatives senior support and guidance.</p> <p>iv) The zero suicide initiative will also aim to drive up quality of care by facilitating a learning culture and forum for suicide prevention, whereby both good and bad practice examples will be shared between organisations.</p> <p>2. Crisis Prevention</p> <p>i) Excellent progress is being made with implementation of the Crisis Concordat Action Plan by the MH Delivery Board, with progress being to or ahead of time on most of the 17 priorities. A process of continuous improvement is underway with new sets of actions and priorities being identified and followed through.</p> <p>ii) The MH Delivery Board led on meeting the new requirements arising from the Police and Crime Act. Cambridgeshire and Peterborough was well prepared and able to meet these when the legislation became law in December 2017. In order to meet these requirements, PCC made improvements to the</p>

AMHP rota, bringing together the 3 rotas across Cambridgeshire and Peterborough to equalise demand and capacity and improve cost effectiveness. A single management structure for Peterborough/Hunts/Fens and South Cambridgeshire, with rotas for each area are currently being set up.

iii) Information sharing between agencies has been identified as the biggest single barrier to effective joint working. This is being raised with the STP.

3. Mental Health Housing and Accommodation

i) The work of PCC commissioners with housing and accommodation providers has continued. A review of the mental health housing and accommodation pathway and portfolio has been prioritised for 2018/19.

4. Employment

i) The work to develop an effective pathway to employment for people with mental health problems initiated on 29.06.17 has continued with a multi-agency Steering Group having been established across Cambridgeshire and Peterborough.

ii) NHS funding from a national pot is awaited for an Individual Placement Support Service, the evidence based employment approach specified in the Five Year Forward View for Mental Health.

iii) The next stage in the development of the MH Employment Strategy is to engage with communities and individuals to identify the support and intervention that they need to support them towards or into employment. The methodology is being developed in conjunction with CPSL MIND using the learning from the Resilient Together project in Cambridgeshire, an asset based approach to community development, and the East of England Academic Health Sciences Network.

iv) The Richmond Fellowship employment service has been decommissioned has not been delivering against the targets and specification. A decision regarding what is needed in Peterborough to support people into employment will be made through the work initiated in June to develop an effective Cambridgeshire and Peterborough employment pathway. Gaps left in the employment pathway will be addressed under the work described under 4 iii) above.

	<p>5. Stronger Links Between Commissioners</p> <p>i) Work to establish a Mental Health Joint Commissioning Unit continues.</p> <p>ii) A joint PCC/CCC/CCG work plan for 2018/19 is being agreed. The priority for 2018/19 will be to ensure that mental health services are seamless (well-co-ordinated) across health and social care and mental and physical health and wellbeing and that commissioning and delivery is clearly focussed on recovery and outcomes.</p> <p>6. The Right Support, the First Time, at the Right Place, by the Right People</p> <p>i) The revisions to the enhanced primary care mental health pathway to be delivered through the PRISM service reported last time have been embedded in the mental health pathway and are being operationalised as part of the second phase of implementation.</p> <p>ii) The work to ensure that individuals are supported effectively in their communities continues. The main vehicle for this is the retendering of the Mental Health and Wellbeing services commissioned by PCC, CCC and the CCG separately as a single Recovery and Inclusion service. The aim is to improve the consistency of both access and outcome across the area and to ensure value for money.</p> <p>iii) Recovery coaches, peer support workers and the CPFT Recovery College are increasingly being commissioned to support people to recover and regain their lives and to take their place in the communities in which they live and are therefore now key components of the mental health pathway.</p> <p>iv) Both commissioners and providers continue to prioritise improving both crisis care - including prevention and suicide prevention. (See 2 above).</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>All the initiatives described above are developed and delivered by commissioners working in partnership with NHS commissioners and partners in the NHS and other statutory bodies including councils and the DWP and in the voluntary sector, people with lived experience and their carers. Increasingly, we are co-producing solutions with communities. Partnership and co-production approaches particularly informs improvement in the following areas:</p>

	<p>1. Suicide prevention</p> <p>Engagement workshops with community members were held in December 2017 to co-design the zero suicide initiative.</p> <p>The suicide prevention implementation board consists of partners from many organisations from voluntary sector groups to police, coroner, ambulance trust, local authority, CCG and NHS. The new bereavement support service is an example of good collaborative partnership working where suspected suicide information is obtained and shared by the police to public health and the voluntary sector, to initiate a response/support and signposting for affected individuals.</p> <p>2. MH Employment Strategy</p> <p>The next step to be taken by the MH Employment Strategy Group is to work with individuals and communities to identify the support and interventions that they require in order to move towards/into employment. The Strategy Group will then work with them as appropriate to put these interventions in place/commission them as appropriate.</p>
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HWB STRATEGY 2016/19: FUTURE PLANS	
<ul style="list-style-type: none"> ● 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:	<p>1. Suicide Prevention</p> <ul style="list-style-type: none"> ● Establish a task and finish group to address suicides and suicide risk in the criminal justice system. ● Link with Safeguarding boards to enhance the suicide prevention agenda across more agencies

	<ul style="list-style-type: none"> ● Promote the zero suicide ambition by ensuring organisational sign up and commitment through contracts and promotion of training. ● Develop a learning culture by establishing forums for sharing examples of good practice and developing recommendations for change of practice when things have gone wrong <p>2. Crisis Prevention</p> <ul style="list-style-type: none"> ● Continuation of the process of continuous improvement. ● Seek system-wide support to address difficulties/constraints in information sharing. <p>3. Mental Health Housing and Accommodation</p> <ul style="list-style-type: none"> ● Review the PCC/CCC mental health housing and accommodation pathway and portfolio has been prioritised for 2018/19. <p>4. Employment</p> <ul style="list-style-type: none"> ● Engage with communities and individuals to identify the support and interventions that they need to support them towards or into employment. ● Work with communities to develop the pathway as required. <p>5. Stronger Links Between Commissioners</p> <ul style="list-style-type: none"> ● Continue to explore options for aligned/joint commissioning. ● Finalise and deliver the joint adult mental health workplan: PCC/CCC/CCG. <p>6. The Right Support, the First Time, at the Right Place, by the Right People</p> <ul style="list-style-type: none"> ● Implement the suicide prevention and crisis prevention workstreams. ● Embed social work within the enhanced primary care mental health service (PRISM).
Risks	<p>1. Suicide Prevention</p> <p>The zero suicide ambition will require funding for a programme manager if it is to be driven forward effectively. There is a risk that funding will not be secured. This risk is mitigated by i) the multi-agency nature of the initiative i.e. the costs would be shared amongst a number of partners ii) the likelihood that NHS investment will become available to support this as a priority.</p>
Key considerations	None other than those identified above.

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)	▲	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	-	-	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	▲	Statistically similar to England	2014-16	54	10.9	9.9	-
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	▼	Statistically similar to England	2014-16	36	14.2	15.3	-
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	-	Statistically similar to England	2014-16	18	7.7	4.8	-
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	▲	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	-
4.7b	Adults in contact with mental health services in employment	▲	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: JANUARY 2018

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

LEAD: CHARLOTTE BLACK

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

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

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

Narrative update on workstreams

Adult Social Care Service User Survey 2016/17

A [report](#) has been published on the Adult Social Care Service User Survey 2016/17. This year Peterborough City Council has had very high customer satisfaction ratings, exceeding the averages across England. Additionally, this year a special question was added into the survey to find out why people might not feel safe. This has been measured across the East of England and a [report](#) produced. The report shows that the main reason people do not feel safe is fear of falling, both in the home and whilst out and about.

Local Account

In December 2017 the [Adult Social Care Local Account](#) for 2016/17 was published. The Local Account for 2016/17 focuses on some areas of Adult Social Care that we hope residents will find useful. It includes how well we have performed in the past year, the challenges we are facing and some of the things we are proposing to do in the future.

Dementia Information

We have published two leaflets aimed at people with dementia and their carers, one a general guide to services and one a leaflet about mental capacity and managing money. These can be found on the [Adult Social Care Factsheets](#) page on the council website. In addition, working with Care Choices we are developing a local Dementia Guide for Cambridgeshire and Peterborough. This will be available in July 2018. You can look at the two that have already been produced for Norfolk and Northamptonshire on the [Care Choices website](#).

Local Offer

A brand new [Local Offer](#) for children and young people with Special Educational Needs and Disabilities and their families has been launched. The new site, which has been co-produced with parent carers and young people, has a greatly enhanced search facility and is more attractive and accessible. The site has the ability to include photographs, logos and videos. The new website has been well received by Family Voice, the local parent carer forum. Family Voice awarded the Local Information Services Team with a Participation Partner award at their annual Awards Dinner in December 2017.

Our new Local Offer was also reviewed by Essex County Council who made some very useful observations on useability and content, resulting in an action plan to work with Family Voice and young people to improve the website.

Work has also now commenced on amalgamating the Adult Social Care Online Care Directory onto the same platform, to create a comprehensive information and advice offer for children and families and adults.

Peterborough Physical Disability Board

The first meeting of the refreshed Peterborough Physical Disability Board met in May 2017. The Board is Chaired by an independent person and the membership includes officers from the Council and others from the voluntary sector (and other interested parties). It has a Forward plan that includes Transport, Health, Employment and Leisure.

Peterborough Disability Forum

	<p>The Peterborough Adult Social Care Commissioning Team are now regular attendees at the Disability Forum and in Jan 2018 will be consulting on the Prevention Strategy and more specifically the development of the Action Plan.</p> <p>Peterborough Sensory Disability Board</p> <p>A first meeting of the Peterborough Sensory Disability Board took place at the beginning of Jan 2018 and a Terms of Reference was agreed. The membership currently includes - Guidedogs for the Blind, Deafblind, Cambridgeshire Deaf Association, Peterborough Association for the Blind and the Royal National Institute for the Blind. The first meeting will be chaired by Gary Jones, Head of Adults Commissioning, Peterborough Council - but this will pass to an independent person once that person is identified.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	

HWB STRATEGY 2016/19: FUTURE PLANS

- Implementation of strategy for supporting older people and adults with long term conditions
- Work with users of St George's hydrotherapy pool to explore future options for sustainability

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

Risks

Key considerations

Performance Indicators:

Indicat or 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, %)	▲	Statistically similar to England	2013-14	55	8.4%	6.7%	5.1a
5.1b	ASCOF - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	▲	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	5.1b
5.2a	Adults with learning disabilities in settled accommodation (proportion, %)	▼	Statistically similar to England	2013-14	475	72.5%	74.9%	5.2a
5.2b	Adults in contact with mental health services in settled accommodation (proportion, %)	▲	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	5.2b
5.3	ASCOF - Permanent residential admissions of adults to residential care (to decrease) (65+, proportion, %)	▲	Statistically similar to England	2013-14	20	17.3%	14.4%	5.3
5.4	Numbers of adults in receipt of assistive technology	▲	Green RAG status to reflect consistent increase in recipients	Feb-17	5,131 (predicted end of year)	-	-	5.4
5.5a	Adult Social Care service user survey quality of life measure - carer-reported quality of life	▼	Statistically similar to England	2014-15	-	7.3	7.9	5.5a
5.5b	Adult Social Care service user survey quality of life measure - social care-related quality of life	▲	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%	5.5b
5.6	Number of adults with social care needs receiving short term services to increase independence	▲	Green RAG status to reflect consistent increase in recipients	Feb-17	1,498 (Predicted end of year)	-	-	5.6
5.7	Number of adults with social care needs requesting support, advice or guidance	▲	Rate per 100,000 is 490.8, currently below target rate of 658/100,000	Sep-16	-	490.8	-	5.7

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: AGEING WELL

LEAD: CHARLOTTE BLACK

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 BCF

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

Indicators currently showing green:

- **Health checks:** the total number of health checks delivered to over 40s remains significantly above the England average.
- **Feeling safe:** The proportion of people who use services who say that those services have made them feel safe and secure is statistically significantly better than England.

Indicators currently showing red:

- **Falls:** The rate of injuries due to falls in people aged 65 and over is still statistically significantly worse than England. However, there is a positive trend over time with the rate of falls decreasing. This issue is being addressed by the CCG-wide falls prevention programme.
- **Feeling safe:** The proportion of people who use services who feel safe is statistically significantly worse than England. However, there is a positive trend over time with the proportion of people feeling safe increasing. It is important to note that the proportion of people who use services who say that the services have made them feel safe and secure is still significantly better than England.
- **Social isolation:** the proportion of carers who have as much social contact as they would like is significantly worse than England. This has been identified as a priority area by the Cambridgeshire and Peterborough Ageing Well Strategy Board (see below for further details).

Narrative update on workstreams

Dementia: The multi-agency Older People Mental Health Delivery Board has developed an integrated plan to improve outcomes for people living with dementia across Cambridgeshire and Peterborough. The strategic plan, which is now going through the relevant governance/approval process, reflects local need and responds with current evidence-based practice to inform future provision and support. The strategic plan uses the following Well Pathway for Dementia domains: (i) Preventing Well (ii) Diagnosing Well (iii) Supporting Well (iv) Living Well (v) Dying Well. A system-wide dementia business case, funded by the STP, is now being implemented; this includes investment for a Dementia Nurse Consultant leadership post, development of the Dementia Intensive Support Services (DIST), education and training, carer support and end of life preparation.

Falls prevention: Implementation of the CCG-wide falls prevention business case is now underway. The aim of the project is to deliver a comprehensive, standardised and integrated falls prevention pathway across the CCG area of Cambridgeshire and Peterborough. This includes:

- Increased provision and improved quality of evidence-based targeted interventions e.g. strength and balance classes, future development of fracture liaison services.
- Proactive identification of those at risk of falls.
- Comprehensive multifactorial assessment offered to those at risk of falling with appropriate intervention plan to address risk identified.
- Strengthened system-wide integration and co-ordination.

Implementation is being overseen by a small, multi-agency group with strategic oversight from the new, combined Cambridgeshire and Peterborough Falls Prevention Strategic Group and the Ageing Well Strategy Board.

Social isolation: Social isolation has been determined a priority by the Ageing Well Strategy Board, alongside other priorities including falls prevention and dementia. This reflects the need described in the 'red' performance indicator and feedback from stakeholders, including at the Ageing Well Prioritisation Event which took place in May 2017. The Campaign to End Loneliness has received funding to work intensively in Cambridgeshire and Peterborough with the aim of reducing loneliness in older people. The first stages of the work have included a mapping and consultation exercise to establish agreed solutions locally, which can then be implemented as appropriate.

	<p>End of life care strategy: a multi-agency end of life care strategy development group is currently working to draft a strategy to improve end of life care across Cambridgeshire and Peterborough, alongside the development of an outline business case for investment from the STP.</p> <p>Integrated Commissioning and the Better Care Fund (BCF): A new Cambridgeshire and Peterborough Integrated Commissioning Board has been set up to agree opportunities for a common approach to commissioning, develop strategies, deliver sustainable transformation and provide oversight of the BCF plans and pooled budgets. Due to delays in the publication of the national guidance, the 2017/18 plans for the Cambridgeshire and Peterborough Better Care Funds are currently being drafted.</p> <p>Early Intervention Strategy: the Peterborough Early Intervention Strategy aims to (i) reduce the demand on traditional and expensive council led social care services, (ii) increase community capacity to deliver support closer to home in a personalised manner – place based commissioning, (iii) join up a number of inter-related systems of support in health and social care to deliver a whole systems approach to social care; (iv) change culture to deliver a consistent approach to supporting people in their communities.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<ul style="list-style-type: none"> ● The dementia strategic plan has been co-produced by the multi-agency Older People Mental Health Delivery Board, with representation from adult services, public health, health service commissioners and providers, and the voluntary sector. ● Similarly, the end of life care strategy is being co-produced by a multi-agency strategy development group. ● The falls prevention pathway has been co-produced and is being implemented by colleagues from public health, CPFT and the CCG. Funding has been secured from both public health and the STP. ● The social isolation/loneliness scoping exercise is being led by the national voluntary sector organisation, the Campaign to End Loneliness, with input from stakeholders across the system including the public, local voluntary sector organisations, NHS organisations and Councils.

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

<p>Future Plans:</p>	<p>Milestone 1: Falls Prevention Implementation of the business case is underway, with strategic oversight by a new combined Cambridgeshire and Peterborough Falls Prevention Strategic Group (see above for further details).</p> <p>Milestone 2: Mental Health and Dementia The joint dementia strategic plan has been written and is currently going through the relevant governance/approval process, with implementation commencing. Implementation of the STP business case for dementia is underway (see above for further details).</p> <p>Milestone 3: Continence and UTIs Evidence review of primary prevention of incontinence complete.</p> <p>Milestone 4: Community VCS Good representation of local voluntary sector organisations on the Ageing Well Strategy Board, ensuring good links and partnership working on key priorities including falls prevention, dementia, social isolation and end of life care.</p>
<p>Risks</p>	<p>The risks for each of the key ageing well priority areas is being managed through the relevant group overseeing the work (see above). The impact of the projected increase in the number of older people is being considered and incorporated into each relevant work stream. Also see risk register.</p>
<p>Key considerations</p>	<p>STP governance has been reviewed. The Ageing Well Strategy Board, which drives the ageing well programme of work, has now become one of the STP Clinical Communities, ensuring a coordinated approach to setting the strategic direction for ageing well programmes.</p>

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)	▼	Statistically significantly worse than England	2015-16	663	2,348	2,169	Match or exceed England performance
6.1b	Numbers of over 40s taking up NHS health check offers	▲	Total of health checks delivered remains significantly above England average	2016-17	5,232	10.4%	8.5%	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)	▼	Statistically similar to England	Mar-13	328	176.0	178.9	Match or exceed England performance
6.3a	The proportion of people who use services who feel safe (proportion, %)	▲	Statistically significantly worse than England	2015-16	-	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, %)	▼	Statistically significantly better than England	2015-16	-	88.3%	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 adults carers who have as much social contact as they would like (proportion, %)	▼	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: JANUARY 2018

SUBJECT: PROTECTING HEALTH

LEAD: DR LIZ ROBIN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- Cambridgeshire and Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake, task and finish groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward the recommendations
- The Cambridgeshire and Peterborough Sexual Health Delivery Board has been formed (following the establishment in May 2017 of the Cambridgeshire and Peterborough Public Health Joint commissioning Unit) with representation from commissioners and providers of sexual health, contraception and reproductive services along with children's social care services. It is also supported by Public Health England. The Group is tasked with informing the development and commissioning of services and fostering collaborative working across organisations to improve outcomes. A Delivery Plan has been produced and priority areas identified.

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

TB

Good progress continues to be made in Peterborough on Latent TB (LTBI) screening in certain at risk groups, which has been the focus of the TB commissioning Group led by the CCG in the past 18 months. Additional GP practices have now been recruited to the programme to ensure a high level of coverage.

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

GP practices with a crude annual rate of active TB \geq 20 cases/100,000 were initially prioritised
The project commenced in March 2016 and has been very successful.

Cumulative data to end of October 2017 showed that 472 people were screened, 378 negative, 63 positive, 8 borderline negative, 11 borderline positive

Work also continues on workforce planning for specialist TB clinical staff in local NHS provider trusts. Arrangements for ensuring that treatment is taken are also being reviewed – directly observed therapy has been used successfully for many years with observation by clinical staff, mainly nurses, and by pharmacists, but new solution are being tested using social media apps and also involving volunteers including friends and family.

TB patients are being incorporated into a revised hospital discharge protocol that involves engagement of Adult Social Care and Housing.

Communication activity is focused on awareness raising especially among more at risk groups in the population.

Health Protection Steering Group (HPSG)

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

Updates

Low uptake for all three cancer screening programmes:

Bowel Cancer screening uptake – range 55.4% – 59.7% (acceptable 52%, achievable >70%) - positive 2.4%

Breast screening uptake – range 69.87% - 74.4% (acceptable >70%, achievable >80%)

Cervical cancer screening – range steady around 66% (acceptable >80%, achievable >95%) but around 64% in age 25 – 49 and 74% in 50- 65 age groups. Promotional activity to be focussed on 25 – 49 age group

Immunisations – uptake for most vaccines is fairly steady, and, while not above the 95% herd immunity target, they are at an acceptable level but HPV vaccination uptake has dropped and at 86% is now below the target of 90%. For the first time MMR second dose, that is needed to give a high level of immunity, exceeded 90% recently.

Neonatal BCG – all trust are now reporting uptake routinely with a very high level of uptake in excess of 95%.

Shingle vaccine uptake is a concern as it is falling. It is given at age 70 in GP practices. One possible reason is the delivery of flu vaccination in pharmacies as GPs often took the opportunity to vaccinate against Shingles when patients attended for their flu vaccination. Further work is needed on this.

Early indication are that flu vaccination uptake has increased in the 2017/8 season in all at risk groups and vaccination continues in January,

Sexual Health Delivery Board

The main indicators of sexual health are chlamydia, teenage pregnancies and late diagnosis of HIV.

The under 18 conception rate in 2015 in Peterborough was 28.3 / 1000, compared with the national rate of 20.8/1000. Although there has been considerable improvement in the rate of teenage pregnancy, the Peterborough figure consistently remains above the national figure.

Chlamydia detection rate (15 – 24 year olds) in 2016 in Peterborough was 2862/100,000. In terms of detection of infection this compares very well to the national detection rate of 1882/100000 and other areas in the East of England. However the key concern is that there is a very high infection rate in the population.

	<p>The late HIV diagnosis in 2016 for those aged over 15 years newly diagnosed with HIV was 50% compared to national figure of 40.1%.</p> <p>In terms of the performance of sexual health services in Peterborough, the concern is with the 48 hour target for patients being offered and having an appointment which is being breached. There are significant difficulties in recruiting nursing staff to the service combined with an increase in demand that is making it challenging to meet this target. The Service is currently training more specialist nurses to address this issue but the ongoing increases in demand requires assiduous monitoring.</p>
<p>Narrative update on workstreams</p>	<p><u>TB</u> Delivering the detailed TB commissioning action plan, including: Expanding the LTBI screening programme; Specialist Workforce planning; Discharge planning Awareness raising Observation of treatment</p> <p><u>HPSG</u> Current focus is on pre-school boosters and HPV vaccine with targeted communications through Healthy Peterborough</p> <p><u>Sexual Health</u> The Sexual Health Delivery two priority areas are Teenage Pregnancy in Peterborough and Fenland (Fenland also has a consistently higher rate than the national figure) and Pathways. Two working groups have been formed to address these priorities.</p> <p>The Teenage Pregnancy Working Group is undertaking an exercise to review the data (demographics and areas) and cross reference it to the location of wide range of preventative and young parents' support services with the aim developing and commissioning services to address this need.</p> <p>The Pathways Group is cross cutting and impacts on all the key issues. There are some outstanding clinical pathway issues currently that impacts on HIV late diagnosis and access to long acting reversible contraception which is a factor in unplanned pregnancy especially for vulnerable groups.</p>

	<p>The Cambridgeshire and Peterborough system has been asked by Public Health England to be pilot site for developing a model that will better align commissioning of sexual health services across the local authorities, the Clinical Commissioning Group and NHS England. This will also inform the work of the two sub-groups.</p> <p>Also Cambridgeshire and Peterborough will be procuring shortly a Healthy Schools Service. One of the central deliverables of this Service will be to join up services working with children and young people in and out of schools</p> <p>In 2017 a Community Pharmacy Emergency Contraception Service was introduced in Peterborough. There was concern with the slow uptake of the scheme by pharmacies which reflected to some degree the need for pharmacists to be trained. Training has now been completed by a number of pharmacies and the numbers providing the services have increased. In addition work has been undertaken with the Local Pharmacy Committee which has helped to recruit new pharmacies. A promotional campaign has also been launched to increase knowledge of the Service in the local population.</p>
<p>Examples of partnership working (services, projects, co-production/design etc.)</p>	<p>All of the work described above is done in partnership with Public Health England, NHS England, the CCGs, Provider organisations and the voluntary sector and includes involvement of the public.</p>

<p>HWB STRATEGY 2016/19: FUTURE PLANS</p> <ul style="list-style-type: none"> • 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 	
<p>Future Plans: Progress against key milestones and local indicators/trends</p>	<p>Milestone 1: TB commissioning plan: Latent TB screening implementation, second wave GP practices recruited. Workforce mapping for TB management is complete. Communications developed and being further updated. Treatment observation options being tested</p> <p>Milestone 2: Strategy to improve screening uptake: A multi-agency stakeholder group led by NHS England has been established including voluntary sector organisations: Targeted activities planned Strategy to improve communications. Promotional materials for cervical screening have been used in a range of PCC and partner venues.</p>

	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> ● 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 ● Improve early HIV detection within the city to reduce high rate of late diagnosis. <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>
Risks	All organisations involved in this work face serious financial pressures that could impact this work in the future.
Key considerations	The priorities outlined the narrative sections of this report are our key considerations for the future

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	-	Denominator data currently unavailable - 325 patients screened May 2016 - January 2017	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	-	Denominator data currently unavailable - Apr 17 - Jun 17 data show 175 patients vaccinated prior to discharge, 13 OPD vaccination by 4 weeks and 7 patients declined at Peterborough City Hospital	April to June 2017	>90%	-	-	-
371 7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	▲	Statistically similar to England	2014	35	85.4%	84.4%	Match or exceed England performance
7.4	Evidence of increasing uptake of screening and immunisation	-	Peterborough currently amber or green for 8/10 chosen indicators	2015-16	8/10	-	-	<ul style="list-style-type: none"> 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)) Improve MMR for two doses (5 years old) to national benchmark goal of 90% by 2018/19 <ul style="list-style-type: none"> For all other indicators, maintain 90% performance for years 2016/17 and 2017/18 and improve to 95% for 2018/19
7.5	HIV late diagnosis (proportion, %)	▲	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	Teenage Pregnancy – Rate of conceptions per 1,000 females aged 15-17 years		Remains above the national benchmark figure of 20.8/1000	2015		28.3		Reduce rate to the England figure or below. Timeline to be determined.

7.6a	Chlamydia- proportion aged 15-24 screened (proportion, %)	▲	Statistically significantly better than England	2016	5,689	25.0%	20.7%	Increase to at least previous best of 24.7% (requires increase of 2.05% per year)
7.6b	Increase in chlamydia detection rate (proportion, %)	▲	Remains above benchmark goal of 2,300/100,000	2016	651	2,862	1,882	Benchmark goal already reached - maintain and improve by 1% per year Understand the epidemiology to address the high chlamydia rate in the population.

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: GROWTH, HEALTH AND THE LOCAL PLAN

LEAD: SIMON MACHEN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

1. The Environment Action Plan describes the following actions:
 - a. Secure funding to increase the number of Green Flag awards to 6
 - b. Nene Park Trust will continually raise the quality of its facilities and improve the participation and engagement of visitors
 - c. Seek funding to carry out a feasibility study into local, sustainable food production
 - d. Achieve Fairtrade city status
 - e. Develop planning guidance to support local food
2. The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups
3. Public Health outcomes and/or objectives will be added to the Plan
4. Public Health advice will be embedded into the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health

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

Recent data shows the prevalence of unhealthy weight (overweight and obese) among 10 years increased from 34.2% in 15/16 to 36.8% in 16/17 and is now significantly worse than the England average. The rate for 5 years continues to be similar to the England average.

Statistics for the environmental action plan will be reported at the end of the financial year.

Narrative update on workstreams

The local plan is now out for consultation and continues to include

- Health and Wellbeing policy.
- Requirement for a Health Impact Assessment on Larger sites
- Requirement for contribution towards local health and social care services via the section 106 and CILS

Examples of partnership working (services, projects, co-production/design etc)	<p>The Public health team and the planning team are working together to scope options for a fast food Supplementary Planning Document focusing on the management of new fast food premises across Peterborough.</p>
HWB STRATEGY 2016/19: FUTURE PLANS <ul style="list-style-type: none"> ● Milestone 1: Strategic planning to undertake training with Development Management officers on Health Impact Assessment (HIA) and develop guidance for planners and developers on optimising health and wellbeing for smaller residential schemes. ● Milestone 2: Strategic planning to attend a Developers Forum meeting to brief them on the Health policy. ● Milestone 3: Public Health to look at available data around fast food outlets in Peterborough and consider options around possible guidance on their future location 	
Future Plans: Progress against key milestones and local indicators/trends	<p>Milestone 1: Following a delay, the new local plan has gone out to consultation. The threshold at which an HIA needs to be undertaken, has been increased to 500 units. Planning strategy team are now developing updated HIA guidance and public health will feed into its development. Public Health will look to support development planners and developers optimise health for smaller residential schemes by providing training and guidance.</p> <p>Milestone 2: This action is contingent on milestone 1.</p> <p>Milestone 3: Public Health, Planning Policy and Development Management met in November to explore the feasibility of developing a Supplementary Planning Document as a means of influencing the development of fast food outlets in the city. The group agreed to take forward a scoping exercise to assess options for Peterborough.</p> <p>A second joint work stream with the Environmental Health team, focusing on supporting local fast food establishments to make small changes to their menus to improve the quality and healthiness of food is on hold due to a lack of capacity within the EHO team. This will be reconsidered at the end of this financial year.</p>
Risks	<ul style="list-style-type: none"> ● The Health and Wellbeing policies in the draft local plan may not be included in the final plan ● Lack of capacity within the EHO team to support implementation of work programme focused on fast food outlets.

	<ul style="list-style-type: none">● Lack of appetite within PCC to implement a fast food SPD.
Key considerations	

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)	▲	Statistically similar to England	2015-16	632	22.8%	22.1%	8.1
8.2	Excess weight in 10-11 year olds (% of all pupils)	▲	Statistically similar to England	2015-16	794	34.2%	34.2%	8.2
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	▼	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	8.3
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	▼	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	8.4
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	▼	Statistically similar to England	2015-16	-	17.8%	17.9%	8.5

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

DATE: JANUARY 2018

SUBJECT: HEALTH AND TRANSPORT PLANNING

LEAD: ADRIAN CHAPMAN / 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

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

Road Safety

Provisional data for 2017 indicates 6 people have been killed on Peterborough Road, this has increased from 4 in 2016.

Provisional data for 1st January 2017 to 31st July 2017 indicates 49 people killed or seriously injured (KSIs) and 353 slightly injured. This compares to 50 KSIs and 326 slights for the same time period in 2016.

Active travel

A new set of metrics have been developed with transport team, these include

1) Number of pupils participating in Bikeability

A total of 1943 pupils to be trained in 17/18

2) Level of satisfaction with cycling infrastructure

	61% of Public reported being satisfied with cycle routes and facilities in Peterborough																	
	2012	2015	2016	2017														
	63	59	58	61														
	<p>3) Number of Travel Plans Number of Business with active Travel Plans – increased from 63 in March 2017 to 71 in January 2018. Number of schools with active Travel Plans – 42</p> <p>4) Delivery of Bike IT Between August and December 2017 Bike It delivered 57 activities, engaging with 2643 pupils, 143 staff members and 26 parents. A total of 20 primary schools in the city are currently involved in the Bike It scheme. Baseline and post engagement survey results are to be published at the end of March 2018.</p> <p>5) Levels of cycling and walking</p> <p>Cycling for travel 3 x times per week</p> <table border="1"> <tr> <td>2012/1</td> <td>2013/1</td> <td>2014/15</td> </tr> <tr> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>3.7%</td> <td>5.2%</td> <td>5.2%</td> </tr> </table> <p>Walking for travel 3 x per week</p> <table border="1"> <tr> <td>2012/13</td> <td>2013/14</td> <td>2014/15</td> </tr> <tr> <td>24.8%</td> <td>30.3%</td> <td>35.4%</td> </tr> </table> <p>*Further data due in January</p>			2012/1	2013/1	2014/15	3	4		3.7%	5.2%	5.2%	2012/13	2013/14	2014/15	24.8%	30.3%	35.4%
2012/1	2013/1	2014/15																
3	4																	
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Narrative update on workstreams	<p>Road Safety Various activities have been delivered through the Cambridgeshire and Road Safety Partnership Deliver Group. The following projects have been delivered or progressing over the last 3 months;</p> <ul style="list-style-type: none"> Launched of Drive IQ, a new interactive online learning platform aimed at young drivers which is being funded through the OPCC. Drive IQ is free for young people aged 16 + and is currently being promoted in secondary schools and colleges across Peterborough/Cambridgeshire. 																	

- A workshop has been developed for young drivers who are required to work. The workshop covers work related road safety and links to Drive IQ.
- Pictogram road safety campaign launched November 2017. Aimed at fleet operators launched the campaign advertise the fatal four (Seatbelts, drink/drug driving/mobile phones/speed) as well as keeping a safe distance on the all fleet vehicles.
- The Be Safe Be Seen campaign launched in October and various activities aimed at vulnerable road users were delivered with partner agencies across Peterborough during October/December.
- Christmas Drink Drive campaign run through December and linked education/publicity with enforcement. This year a number of pubs and club across the partnership area signed up to the “I’ll be DES campaign” which offers free soft drinks to designated drivers.

Active travel

Bike It

In September the PCC funded Bike It scheme delivered by Sustrans reached a significant milestone. The Bike It officers have now engaged with 70,000 pupils, teachers and families at schools (since 2012) across the city to promote walking, cycling, scooting and skating as part of active and healthy lifestyles. Between September and November Sustrans delivered Bike It intensively in 6 schools in the city – Beeches Primary, Longthorpe Primary, Middleton Primary, St Augustines Junior School, Nene Valley Primary and Queens Drive Infants. Funding was secured from PCC Public Health Further funding from the Combined Authority has now been secured until the end of March 2018 which has enabled Sustrans to continue to work intensively with these schools and have also now signed up a further Brewster Avenue Infant School and are seeking further schools to enrol on the programme.

Bid’s

In November 2017 Expression of Interest submitted to the Sport England for the Tackling Inactivity and Economic Disadvantage funding competition. Project aimed to work with predominately women from BME heritage in lower socio-economic areas of the City to break down the barriers associated with cycling and to enable them to develop the confidence and skills to cycle for commuting and pleasure. The funding bid was unsuccessful and alternative sources of funding are being sort.

	<p>In June 2017 a successful Expression of Interest to the DfT for allocation of time, technical expertise and resources to develop a LCWIP for the city was submitted.</p> <p>The development and creation of LCWIP's are an important part of the Government's Cycling and Walking Investment Strategy which aims to increase cycling and walking by making them the natural choices for shorter journeys or part of a longer journey.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>Moving forward a joint working group will be developed to bring together those working on active travel across the authority and more widely.</p> <p>The road safety partnership delivery group meets bi-monthly to discuss activities.</p>

<p>HWB STRATEGY 2016/19: FUTURE PLANS</p> <ul style="list-style-type: none"> ● Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies ● Permanently embed public health advice in to the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities 	
<p>Future Plans: Progress against key milestones and local indicators/trends</p>	<p>A new Joint Strategic Needs Assessment resource on Health and Transport has now been produced for Peterborough with the aim of:</p> <ul style="list-style-type: none"> ● Providing a local resource outlining evidence on the link between transport and health. ● Providing evidence to inform the development of the Peterborough and Cambridgeshire Local Transport Plan and the Peterborough Physical Activity Strategy. ● Supporting broader partnership working through the provision of a single evidence base. <p>The report focused on:</p> <ol style="list-style-type: none"> 1. Active travel (walking or cycling as an alternative to motorised transport for the purpose of making every day journeys), the opportunities it offers for improving health, current levels of walking and cycling and an assessment of infrastructure in Peterborough. 2. Air quality, its link with transport, the impact of poor air quality on health and the current situation in Peterborough.

	<p>3. Access to transport, its link with health outcomes and access times to health services in Peterborough.</p> <p>A review of the road safety partnership delivery group is to take place to ensure a joined up approach between all partner agencies.</p>
Risks	<p>Funding for sustainable transport work continues to be a risk. Short term funding has been provided by Combined Authority, it is unclear whether CA will provide funding in future years?</p> <p>The road safety partnership is currently experiencing issues with the casualty data which is leading to a delay in verified data being available. Work is ongoing to rectify the situation and look at long term solutions.</p>
Key considerations	<p>Moving forward we will be taking a more coordinated approach to planning active travel across Peterborough bringing together internal and external stakeholders.</p>

Performance Indicators:

Indicator 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	-	-	9.1
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress					9.2
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2015	1	-	-	9.3
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	▼	Statistically similar to England	2013-15	229	40.1	38.5	9.4

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

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 to do through the provision of aids and adaptations and a demand for extra care accommodation. To date 262 additional units of extra care accommodation have been provided in partnership with registered providers. A further scheme of 54 dwellings is under construction
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations the HP assist hospital discharge and enable health services to be delivered in people's homes. The agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives
- The City Council's Cabinet has approved introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and wellbeing of those residents. The proposal is currently (May 2015) awaiting Secretary of State response

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

- 976 aids & adaptations have been completed this year and 112 Mandatory Disabled Facility Grants have been completed with another 127 approved.
- 2132 Handyperson cases have been completed this year
- To date this year 376 referrals have been made to the Local Energy Advice programme (LEAP), the Council's principal Fuel Poverty project. This has resulted in 185 home visits which include energy efficiency advice, installation of small measures (such as draught proofing, LED lightbulbs and radiator reflector panels), tariff checking and switching and supplier switching. The advice given equates to a potential £171.00 unit bill saving (£31,635 in total). A total of 1,688 small measures have been installed resulting in a total bill saving of £18,248.76. Householders can also be referred onto the IncomeMax service which provides debt advice

	<p>and benefit entitlement checks. To date the estimated total yearly income increase is £39,000.00</p> <ul style="list-style-type: none"> • Currently looking at the potential to bid as part of a consortium of Council's for Warm Homes Funding to launch Energy2Care - an enhancement to the LEAP programme which will help vulnerable people who have health conditions exacerbated by the cold to stay out of fuel poverty and maintain a healthy home. In doing so their need for health services will decrease and ultimately a business case for health and social care commissioners to invest in energy efficiency will be developed.
<p>Narrative update on workstreams</p>	<p>As widely reported in the media most recently the country is in the midst of a Housing Crisis.</p> <p>Peterborough is no different and has experienced a 200 per cent rise in the number of homeless families requiring temporary accommodation in just the last two years.</p> <p>As of the end of December 2017, the city council was supporting 337 households in temporary accommodation. The situation Peterborough faces is the same for councils across the country because of a national shortage of social housing, changes to the way benefits are paid and private landlords supporting fewer tenants on benefits. The impact on the council's budget is huge as the council has a legal duty to provide housing for all those who meet the criteria for support.</p> <p>The council has taken a number of key decisions around homelessness and the strategy to tackle this issue moving forward:</p> <ul style="list-style-type: none"> • We have agreed to invest significantly into Medesham homes, the Council's joint housing venture with Cross Keys Homes, in order to increase the supply of self-contained accommodation and in turn reduce the reliance on B&B accommodation. • We have increased the staff resource in the Housing Needs Team and, with the introduction of the Homelessness Reduction Act imminent, will be focussing working with households at an earlier stage in order to prevent homelessness.

	<ul style="list-style-type: none"> The Housing Needs team will have a more effective toolkit for supporting households in order to prevent their homelessness, including; enhanced rent deposit scheme; wider use of the discretionary housing payments fund (DHP) and a homelessness prevention fund.
Examples of partnership working (services, projects, co-production/design etc)	<p>The Home Service Delivery Model brings together the Home Improvement Agency, Therapy Services, Assistive Technology, Housing Programmes and Reablement. The case management approach puts the client in the centre of wrapped around services to ensure they receive the right support at the right time to prevent hospital discharge and enable timely discharge from hospital. The teams work is instrumental in the Council's Early Prevention and Intervention strategy.</p> <p>The team is developing work with The Transfer of Care Team, the MDTs, the AEH team as well as Adult Commissioners.</p> <p>Discussions are currently taking place with the Centre of Ageing Well with regard to inclusion of the model in their current research paper.</p> <p>The Housing Needs team continue to work in partnership with the Light Project Peterborough to offer winter night shelter provision to rough sleepers.</p>

HWB STRATEGY 2016/19: FUTURE PLANS	
<ul style="list-style-type: none"> Peterborough City Council is working in partnership with registered providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorders to enable them to live independently with a live-in carer where necessary or floating support A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the ageing population A task and finish group including housing managers and hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this 	
Future Plans: Progress against key milestones and local indicators/trends	<ul style="list-style-type: none"> Peterborough City Council is working with Cambridgeshire County Council to jointly procure a Housing Related Floating Support Service. There are two current specialist floating support services provided in Peterborough - one for individuals with mental health problems who are

	<p>chronically excluded and floating support to prolific and persistent offenders and those at risk of becoming so. It is anticipated that providers would achieve economies of scale by delivering across a wider geographical area.</p> <ul style="list-style-type: none"> ● Peterborough City Council is working with the Cambridgeshire District Councils on the extension of LEAP into their areas ● 8 Discretionary Disabled Facility Grants have been completed to enable discharge from hospital/reablement/care. Necessary works have included floor changes for equipment use and de-cluttering and deep cleaning
Risks	<ul style="list-style-type: none"> ● Funding remains in place for Fuel Poverty work
Key considerations	<ul style="list-style-type: none"> ● Success of Warm Homes Funding

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)	▲	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)	▲	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)	▲	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	▼	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 number of Delayed Transfers of Care waiting for a care home placement	▼	Has reduced, statistical significance unavailable	2015-16	694	-	-	Reduction in observed numbers

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

DATE: JANUARY 2018

SUBJECT: GEOGRAPHICAL HEALTH INEQUALITIES

LEAD: ADRIAN CHAPMAN

HWB STRATEGY 2016/19: CURRENT ACTIVITIES:

- The City Council has a focus on economic development and regeneration in the city, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health
- City Council childrens 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 childrens 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

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

Narrative update on workstreams

CAN Do Regeneration Programme

The programme will fund a 30 hour per week project manager to support the Programme Manager with the co-ordination of project activities, communications, community engagement, monitoring and evaluation. Recruitment for this role has now completed and this role will start in January 2018.

Programme Timelines

2017/18 - Review & Design Options / Quick Wins / Match funding bids

2018/19 - Public Realm & Open Space Delivery

2019/20 - Asset Construction

Finance:

£7.5m will be spent over 3 years as above. Until the separate projects have a clear plan of work agreed, it is difficult to predict how the funding will be split between the 3 areas of work.

In addition, all lead officers with the support of the programme manager are actively seeking additional funding from external sources, eg: National Lottery to contribute to the scheme

PROJECT UPDATES

Each of the 3 themed areas of work have formed a working group to develop their plans.

The programme manager is currently co-ordinating the activity of officers across the council who have the responsibility for the actual delivery of the programme to undertake their research, conduct site and traffic studies, as well as develop some possible design options. All of this is based on the wealth of information that the community have shared over the years and is necessary preparation for re-engaging with the local community from early in the new year.

Vision & Purpose

Change wider public perception

Improve local levels of positive health & feelings of well-being

Create a destination point - a place to go & a centre in its own right

Create a gateway to the city centre and a catalyst for more development

Create a place that puts pedestrians first

Celebrate cultural diversity

Create opportunities to manage current challenges better and design out existing road safety concerns

Assets

Plans are still to be considered for the future of the New England Complex which is the basis for the need to consider the future provision of community facilities in this area.

The CAN Do Local Action Group Members will be asked to complete a survey of existing community facilities to determine the current offer, gaps, needs and future opportunities, including governance options. This information will then be used to inform what investment is needed in the area.

Initial feedback from the community indicates a desire for a health and fitness centre focusing on young people due to a shortage of space for leisure activities to take place in the area.

Parks & Open Spaces

A funding bid has been submitted to the Litter Innovation Fund. The fund will provide a grant of up to £10,000 to pilot innovative ideas for tackling litter that can then be replicated more widely. The outcome should be known w/c 29th January 2028.

	<p>On behalf of the working group, Peterborough Environmental City Trust (PECT) have submitted a bid to the Lottery's new £4.5m Place Based Social Action Fund. Decisions will not be known for 3 months yet</p> <p>Public Realm & Street Scene 3 new CCTV columns have been installed in the Gladstone area. These will soon be linked to the City Fibre connections and monitored via the CCTV control room. It is evident that these are already having a positive impact on long standing, high level drug dealing in the area</p> <p>A Walking Audit of Lincoln Road, prepared by Living Streets in Sept 2016 is being used to inform ideas and a traffic model survey has been commissioned to study the traffic movement in the area</p> <p>ENGAGEMENT & COMMUNICATIONS Meetings with local community groups are on-going and discussions are underway to ensure there is full engagement and involvement with the Millfield Business Forum. Direct outreach will commence in this area once the project manager is in post.</p> <p>There are a number of activities running in the area alongside the regeneration programme eg:</p> <ul style="list-style-type: none"> ● City College's Community Serve programme ● Peterborough Presents' preparation for the 2018 Millfield Festival ● Collusion's 'Playfinding Peterborough' art project <p>The programme manager is engaging with these partners to ensure there is a full complimentary join up of activities.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	

HWB STRATEGY 2016/19: FUTURE PLANS	
<ul style="list-style-type: none"> • The NHS CCG has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes • City Council proposals for selective licensing of private sector housing in parts of the city could impact on geographical health inequalities in the longer term • There is potential to target preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs 	
Future Plans: Progress against key milestones and local indicators/trends	Public health are working with the CCG to undertake analysis of inequalities in hospital admissions (planned and emergency) and associated spend across Cambridgeshire and Peterborough. This will be geographic based analysis using small areas data (LSOA) and will help the health system understand where the greatest spend comes from and how this is associated with deprivation". The information can then be used to inform prevention based efforts.
Risks	
Key considerations	

Performance Indicators:

Indicat or 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%	11.1a
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	11.1b
11.2	Increase in life expectancy in wards with highest levels of deprivation	▲	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	-	11.2
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)	▲	Rate per 100,000 has increased from 2013-14 to 2014-15	2014-15	4,727	11,235	-	11.3
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	▼	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	-	11.4
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2015/16, 38.1% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2015-16	1,961	38.1%	-	11.5
11.6	Slope index of inequality in life expectancy at birth	▼	Has reduced from 8.7 to 8.4 years for males and from 6.7 to 6.1 years for females in most recent refresh	2013-15	-	Male 8.4, Female 6.1	-	11.6

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

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HWB STRATEGY 2016/19: CURRENT ACTIVITIES:	
<ul style="list-style-type: none"> • The HWB has commissioned a JSNA on the health and wellbeing needs of migrants • Eastern European ‘community connectors’ employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations 	
Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)	<p>The proportion of health checks completed that recorded an Asian ethnicity was 13.8%. In total, 721 health checks were completed in people with Asian ethnicity in the year 2016/17.</p> <p>Data is being collected to determine ethnicity of people using mental health crisis services (First Response Service -FRS, and Sanctuaries)The percentage of service users of the First response service or sanctuary who identify their ethnicity as Ethnic Minority has been collected and reported as 11% (Oct 17), 10.27% (Nov 17 and 11.45% (Dec 17).</p> <p>Suicides in Peterborough by people with Eastern European ethnicity is a concern. It is difficult to report this data for confidentiality reasons as the numbers are small.</p>
Narrative update on workstreams	<p>One of the key streams of the work done by the Cohesion Team, PCC is to promote health and wellbeing of diverse communities.</p> <p>Strategic level</p> <p>Healthy Peterborough meeting</p> <p>Cohesion Team has been working to support the publicity campaigns promoting the health agendas. Work is in progress regarding the next campaign which relates to immunisation programme. Advice and networking support has been offered in particular to enhance response from the community groups which are generally low in participation of such programme in the past.</p>

Social Services strategy

Cohesion Team is working to advice PCC colleagues working on preparation of social services strategy so the needs of vulnerable section of all community groups can be taken on board. Targeted support for the vulnerable section of the community is to be incorporated in the strategy in preparation.

Health Survey

The Cohesion has been promoting completion of South Asian Communities - Health Survey being undertaken by Public Health Team. This survey initially began from August 2017 to December 2017. During this period survey questionnaires were widely distributed to faith and community groups and widely circulated electronic copies to established networks. In addition the team has been promoting via community connectors Facebook pages and at community events.

Service provision level**MOT checks for under-represented migrant communities**

Together with Solutions4health, Community Cohesion team and Lithuanian Embassy in London organised community engagement event at Gladstone Community centre on 27th and 28th of November 2017. Around 150 people from EU community attended, around 10% engaged with Solutions4Health and did MOT health checks as well as received information about Free Community courses held at Gladstone Community centre. This also helped to increase the uptake on the courses held at Gladstone Community Hub.

Faith groups linkages

Cohesion Team has linked up Solutions4Health with faith groups including Khadija Mosque and Hindu Temple for targeted work in relation to women from these groups. Full body health checks and Mini MOTs were conducted.

Linkage between Solutions4Health and Masjid Khadijah and Islamic centre are in process to cater for armchair exercise classes for women for whom walking to Bourges Boulevard Community Centre is not possible. There is potential interest from both sides, working to finalise the agreement and advertise for take-up of the sessions.

Dementia walk

The Cohesion Team actively supports the Dementia Walks held in the Central Park third Thursday of every month for the past year now. Local Care homes and Care Centres have been bringing patients/clients suffering from Dementia to the Dementia Walks. The attendance has grown from half a dozen to now 30-40 people including carers taking a stroll around the Central Park. It is a great avenue for patients from diverse background to socialise. This is followed by teas and coffees at the local coffee shop. December saw the celebration of Christmas in the park with Christmas Carols.

Similar voluntary work with Parkinson's is being established at the Healthy Living Centre.

Healthwatch

Cohesion Team attended the Healthwatch Cambridgeshire and Peterborough Community Forum on 15 January and presented their work role. Areas of collaboration in terms of working with Travellers community were discussed. Arrangements are in hand to strengthen the collaboration between Health Watch and PCC Cohesion Team.

Controlling Migration Fund projects

Peterborough and Cambridgeshire councils have been successful in a number of bids to DCLG's Controlling Migration Fund. Four projects have been funded to date, these are:

- Getting to Know You £282k
- Alcohol Misuse £226k
- Information Pack of Social Media Resources £94k
- Citizens' Advice Peterborough - targeted IAG in community locations

The projects help to address many of the issues identified in the JSNA for Diverse Ethnic Communities.

Getting to Know You will see increased ESOL provision within Peterborough over the next 2 years. The project is led by City College and will involve both GLADCA and PARCA in community based delivery. ESOL classes will be thematically based and will focus on participants gaining confidence in accessing

and using a range of public services. A call for volunteers to deliver the ESOL classes met a good response. In Term 1, 5 courses were trialled in 3 venues with 34 learners completing and 10 volunteers teaching. 83% of enrolments said they had improved knowledge of topics in the course compared to the start of the course. 52% stated they would positively change their behaviour in regards to areas such as health, education, work and being a good citizen after the course. In Term 2 there are currently 112 learners on 18 courses in 10 venues, with enrolments increasing every day. There is a target of 150 learners in Term 2. In Term 3 the project will look to enrol 150 further learners and increase the number of community venues to 13. Enrolments come from 30 different countries from 5 continents, with the most represented nationalities being China (14%), Lithuania (10%), Afghanistan (8%), Poland (8%) and Portugal (7%).

Tackling Alcohol Misuse is being led by Public Health and delivered in both Wisbech and Peterborough. This will see additional outreach and engagement to migrant communities to help tackle street drinking and support migrants to access treatment services. The Outreach Worker in Wisbech has been in post since October and is now actively delivering on the work, a further role in Wisbech is subject to a second recruitment round now underway. The Alcohol Recovery Worker in Peterborough has also been recruited and started last week. Solutions for Health are going to be recruiting to the Community Connector and Healthy Life Styles roles in Peterborough, recruitment round to start imminently. Links have been made to the Video project work with PCVS and Compass attended a recent meeting to take the outreach work forward.

Information Pack of Social Media is being led by Public Health. Peterborough Council for voluntary Sector is working with other partners to run workshops with migrant populations to decide on the information for the videos and to prioritise themes to work with. The workshops will provide a useful feedback forum and identify people who would like to participate in producing content for the videos. A pilot of four videos is planned by the end of March 2018. Further videos will be planned and produced with the participation of other partners including those in Fenland - through links with diverse ethnic communities and Fenland District Council.

	<p>The information content will be co-designed and checked by Public Health and The Citizens Advice Bureau. Implementation is being planned with the involvement of Peterborough City Council Comms team, linking with the 'Healthy Peterborough' initiative.</p> <p>The Citizens' Advice Peterborough project to deliver targeted IAG from community locations and Boroughbury Medical Centre. The project recently recruited two trainee staff who are undergoing their advice training, The aim is to have training completed and to locate the staff within GP Practices or other community settings by July. Some current staff will be used on the project from April, to continue work at Honeyhill Children's Centre. Work will soon begin with Gladstone Connect, where CAB will offer two sessions per week.</p> <p>Of note is the intention to link the projects listed above together, in order to help with design and implementation, particularly around sharing information resources.</p> <p>Community engagement support</p> <p>Community connectors have been involved in the following:</p> <ul style="list-style-type: none"> ● Connecting with faith communities and other communities to support and encourage completion of survey forms in understanding the health needs of South Asian Communities in the city. ● Promoting the health MOT checks that have been arranged by Solution 4 Health during the summer when several hundred people have benefited. ● Taken part in the initial preparatory work to organise an awareness event around sexual health for the targeted community groups being proposed in early 2018 and other campaigns work that is currently being run by Public Health Team
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>Tackling alcohol misuse</p> <p>Cohesion Team is working with Aspire, Public Health and Solutions4health to support a Controlling Migration Funded project to tackle alcohol misuse especially among Eastern European community in Peterborough and Wisbech. The project is in early stage and the aim is to do targeted publicity and engagement with Lithuanian community in order to promote more people taking up the services provided by Aspire. Focus group and 121 sessions are intended.</p>

	<p>Social Media resources project</p> <p>Cohesion Team is working to support Public Health regarding Controlling Migration Funded video project. Information is being shared with community groups and other partner agencies working on the project. The focus is to assist in organising focus groups in order to enhance GP registration and accessibility to mental health services.</p> <p>The mental health Crisis 'First Response Service' (FRS) and 'Sanctuaries' - implemented as part of a partnership 'crisis care concordat programme' is being promoted as a programme of work to Minority Ethnic communities throughout Peterborough. This is being achieved by the FRS visiting community groups to talk about the service, promotion of the mental health crisis video, translated into Urdu, Punjabi, Lithuanian and Polish. There are two people doing this work (band 6 workers), both 15 hours per week - promoting the FRS and Sanctuary to BME communities throughout Peterborough.</p> <p>Training of the FRS team is also planned to increase their knowledge and understanding of cultural attitudes.</p>
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HWB STRATEGY 2016/19: FUTURE PLANS	
<ul style="list-style-type: none"> The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes 	
Future Plans: Progress against key milestones and local indicators/trends	<p>NHS Health Checks - designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia among adults aged 40 - 74 years old - are now being delivered within local community settings, complementing existing delivery through local GP practices.</p> <p>In addition to increasing the delivery of NHS Health Checks the delivery of Health MOT's for younger age groups has also begun, with a specific focus on target populations. Target populations include local south Asian* communities who have a higher risk of developing diabetes and higher rates of coronary heart disease.</p> <p>A South Asian health and wellbeing survey is being implemented, which will assess the local need as well as access to services. The survey aims to assess health and wellbeing risks and concerns and will be</p>

	used to help tailor and design appropriate services including preventative programmes. The results of the survey and any recommendations that are drawn from them will be made available within a supplement to the diverse ethnic communities JSNA that will focus on the needs of South Asian communities later in 2018.
Risks	The main risk for both the health check programme and the health and wellbeing survey is ability to engage with the South Asian population to ensure a good return (for the survey). There is also the risk that the reach for both these programmes is not comprehensive – ability to engage women or traditionally hard to reach communities. Engagement is important for the survey as we would require a good return in order for the responses to be representative of the needs of the community.
Key considerations	

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	-	-	-	-	12.1
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	-	-	-	-	12.2

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: JANUARY 2018

SUBJECT: SUSTAINABLE TRANSFORMATION 5 YEAR PLAN (INCLUDING iBCF)

LEAD: WILL PATTEN

KEY PRIORITIES

- Health system transformation planning
- Customer experience strategy

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

The Quarter 3 Better Care Fund report to NHS England was submitted on the 19th January The below table provides an overview of targets and performance to date:

Metric	2017/18 Planned Target	Summary Performance to date	RAG Rating	Mitigating Actions
Non-elective admissions to hospital	18,128 non elective admissions	Full Q3 NEA performance data was not available at the time of writing. NEAs in November and December totalled 2,980 against a full Q3 target of 4,808. Indicative full quarter performance for Q3 is anticipated to see an increase in NEAs on Q2 (4,252). Increased demand due to winter pressures, including flu outbreak and four wards closed due to norovirus has put additional demands on the local system.	Yellow	Continued investment in prevention and early intervention approaches – including joint funding of falls prevention and atrial fibrillation Multi-Disciplinary admissions avoidance team established in ED
Delayed Transfers of Care (DTCOs) from hospital	3.5% Occupied Bed Days	The system continued to report high levels of DTOC in Q3. Full Q3 delayed bed days published data was not available at the time of writing. But indicative local monitoring indicates an increase in DTOCs during Q3, though there was a significant decrease in DTOCs in the second half of December. Assessment related delays continue to be the bulk of DTOCs within the system. Q3 social care attributable delays were zero during Q3, an improvement on Q2. Though jointly attributable delays increased on Q2 statistics.	Red	Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan (see appendix 1) Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning

	Admissions to long-term residential and nursing homes in over 65 year olds	154	At the end of Quarter 3 there were a total of 101 care home admissions year to date and we are on track to stay within our threshold target.		On track to meet target
	Effectiveness of re-ablement services	83%	At the end of Q3 performance was at 73%. Continued capacity issues in the domiciliary care market have impacted on reablement capacity.		Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity by 20%. Domiciliary Care capacity being reviewed with providers at fortnightly forum to reduce bridging packages in reablement Additional VCS provision commissioned to support reablement and domiciliary care capacity
Narrative update on workstreams	<p>Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan now has full approval from NHS England.</p> <p>There will be a continued focus on building on the work undertaken to date. The following provides an update on key priority areas:</p> <p>Prevention and Early Intervention: including a county wide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities. Falls prevention: ongoing roll out of training to neighbourhood teams. Falls prevention health service go live March 2018. Stroke prevention: Atrial Fibrillation is currently focusing on the roll out of ECG equipment to identify patients in flu clinics.</p> <p>Community Services (MDT Working): Additional CPFT staff recruitment is being finalised to support the enhanced case management service roll out. First run of data is being gathered from GPs to support case finding.</p> <p>Enablers: An evaluation of the test proof of concept has been undertaken and discussions are ongoing across health, social care and VCS to progress next steps.</p>				

	<p>High Impact Changes for Discharge: A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. An update on key initiatives can be found at Appendix 1.</p>
<p>Examples of partnership working (services, projects, co-production/design etc)</p>	<p>The Better Care Fund 2017-19 Plan is based on the following agreed principles:</p> <ul style="list-style-type: none"> • Greater alignment across Cambridgeshire and Peterborough • A single commissioning board (the ICB) • Greater alignment with the STP and local authority transformation plans <p>Jointly funded STP and BCF Prevention initiatives being implemented: Falls Prevention and Atrial Fibrillation</p> <p>Development and implementation of local DTOC plans, close partnership working to roll out initiatives</p>

FUTURE PLANS	
<p>Future Plans: Progress against key milestones and local indicators/trends</p>	<p>BCF Planning 2017/18</p> <p>The BCF 2017-19 plan has received full approval status from NHS England. The Quarter 3 submission to NHS England and the Quarter 3 submission to the Department of Communities and Local Government (DCLG) were both submitted on the 19th January 2018.</p> <p>BCF Dashboard</p> <p>A single BCF outcomes dashboard has been developed and is being refined, aligned with key STP metrics for consistency. Data is presented on a monthly basis to the Integrated Commissioning Board to measure impact and identify areas of improvement.</p>
<p>Risks</p>	<ul style="list-style-type: none"> • DTOC targets for the system are ambitious to meet 3.5% national target. • iBCF Spring Budget funding is non-recurrent, gradually decreasing over the next 3 years.

Key considerations

- DTOCs continue to be a pressure on the local system. Whole system approaches to managing admissions avoidance, as well as discharges from hospital need to be a continued focus to effectively manage demand

Appendix 1 – Local DTOC Plan

Peterborough Commissioning Winter Pressures/iBCF Plan 2017/18

HomeCare	Reablement Step-Down	Voluntary Sector	Moving & Handling	Equipment & AT	Reviews	Transfer of Care	Reablement	Accommodation
 	 	 	 	 	 	 	 	 
Winter Pressures Service Deliver extra HomeCare capacity to manage winter pressures - Winter Pressures Service for 6 months.	Staggered Mobilisation Deliver a Step-Down Reablement Unit with the Private Sector - Test the Market	Increase Voluntary Capacity Red Cross - Acute Trust	Dedicated M&H Coordinator Recruit a moving & handling coordinator	Deliver Equipment faster & increase AT Deliver equipment quickly & reliably. Significantly increase the offer available and the responder actions	Review of HomeCare Functions Social workers to undertake low-level reviews	Improve Hospital Transfers of Care Trusted Assessor, CHC 4Q, Strategic Discharge Lead, Discharge to Assess and Admissions Avoidance Social Worker	Increase Market Capacity Recruit appropriate numbers of reablement staff to increase capacity	Maximise Accommodation Usage Optimise usage of age-appropriate services such as Extra-Care
Updates - 11th January 2018								
Fortnightly meetings with the providers continue to take place. As of 11 Jan, there are 12 packages currently unplaced.	IBCF monies have now been agreed to buy 12 beds at Clayburn Court. Phased implementation with first 2 beds to be available from mid January, ramping to the full 12 in March.	Age UK Community Support Workers contract commenced 21/12/2018. This is to relieve pressure on reablement and home care providers by helping with shopping, preparing meals and light jobs. British Red Cross still operating in the hospital assisting with discharges. They received 24 emergency appointments referrals, 10 admission avoidance and 22 supported discharges throughout December. Carers Trust are assisting with domiciliary care packages for up to 6 weeks in order to help support reablement and home care providers in the community.	Role in post and based within TOCT. Outcomes being measured.	Cross Keys Homes are providing a 7 day 'filling service' to support people who have had a fall and prevent the need for an ambulance conveyance. This service commenced on the 13th November and communications have been sent to service users to notify them of the new service. The falls pilot has assisted 5 clients that have fallen, as of 04/01/2018. The pilot has been extended as of 6th January to 24 hrs provision, all staff supports that more clients could have been helped during the night. The extension of the Lifeline contract has now been agreed until the 31st October 2018.	Operations manager 'missed' review of packages, 70 low level packages prioritised, but limited capacity released - most had carers/families providing care and there was still a need for personal care that VCA do not provide. Additional 7 reviews have been brought forward and are being completed.	Trusted Assessor - Go live first week in December Admissions Avoidance Social worker commenced post on 16/10. Strategic Discharge Lead commenced post on 23/10. CHC 4Q went live on 9/10	6 posts are currently completing recruitment checks and 1 staff is due to start at the end of the month. 100% recruitment is planned for the end of March.	Axiom offered to deliver extra accommodation as and when required and Cross Keys, has provided costings for 5 apartments and the new Lapwings apartment.
GJ & RA	GJ & DMc	GJ	DMc	GJ/TS	DMc	DMc	DMc	GJ

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