

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

**DATE: April - September 2018**

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

**LEAD: LOU WILLIAMS**

**Appendix 1**

**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)**

**Healthy Child Programme – health visiting and School Nursing**

The Healthy Child Programme is commissioned through a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The latest performance data submitted by CPFT, is outlined below. This is based on performance for Quarters 1 & 2 2018/19 (April-September 2018) as follows:

**Health Visiting:**

- **181 antenatal contacts completed.** A further 32 appointments were offered but not taken up. Due to capacity issues within the workforce, visits are currently offered to those notified to the Health Visiting team as vulnerable only (unborn baby panel, CSC, teenage parents not enrolled on FNP).
- **97% of all new mothers in Peterborough received a New Birth Visit**, 89% of these were completed within 14 days of birth. This falls just short of the 90% target for visits to be completed within 14 days. The provider has reported that due to staffing pressures, appointments are being booked close to the 14<sup>th</sup> day, and therefore any rescheduling due to unforeseen circumstances, causes the contact to fall outside of the 14 day target.
- **88% of mothers received a 6-8 week check**, just missing the 90% target and a 1 percentile point decrease from the last report. Again workforce constraints are impacting the ability to meet

the target. If those completed after 8 weeks were included in the reporting, this would increase to an average of 96%, which is well above the target.

- **92% 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 as well as a high number of DNA's.

- **80% of children received a 2-2.5 year development check.** Again capacity and chasing up DNA's account for challenges in meeting the 90% target. However, if those completed after 2.5years are also considered, this increases to 90%, which meets the target.

#### **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.

- Emotional Health and Wellbeing concerns continue to be the most prominent issue nurses are dealing with. 389 pupils were seen for mental health/wellbeing issues in quarter
- A duty desk has been established to support activity within the service and we are working with the provider to identify meaningful methods of capturing this activity
- The team has contributed towards 44 Early Help Assessments and have attended 80 Child Protection Conferences.
- School Nurses co-delivered 158 HYPAs clinics with ICash. These are drop-ins held on a weekly basis at most secondary schools. Young people can access these drops in for a range of support and advice.
- through the 0-19 transformation the service will be looking to implement CHAT Health, a text-based support intervention, from April 2019.

#### **Family Nurse Partnership:**

- Currently 83 clients are enrolled on the programme – the service reserves spaces to ensure there is always capacity to take on the most vulnerable of clients.
- From October the service is participating in wave 2 of ADAPT, allowing more flexibility against the fidelity of the programme in terms of frequency of visits and introduction of the option of early

	<p>graduation based on the young person's needs, allowing the team to 'dial up' and 'dial down' support as required.</p> <p><b>CYP Emotional Health &amp; Wellbeing:</b> CHUMS Counselling and Talking Therapies service commissioned jointly by PCC, CCC and the CCG to deliver services across the county.</p> <ul style="list-style-type: none"> <li>● Between April-September 2018 CHUMS received 1641 referrals. Since contract commencement the service has received 2907 referrals; the provider is contracted to work with a minimum of 2000 CYP annually.</li> <li>● There have been issues in the reporting for this service in so far as report pull data from all cases within the data base and is not reflective of those CHUMS are <b>actively</b> working with – this is being worked out with the provider and it is expected that more meaningful reporting will be submitted from Q3 onwards.</li> <li>● During this period, in Peterborough alone, the service has delivered Getting Advice services (telephone consultations, mental health resiliency workshops, drop-ins) to 177 CYP, Getting Help services (1-6 1:1 sessions or group programmes) to 309 CYP and Getting More Help services (6+ 1:1 sessions) to 3 CYP. This is less than projected targets however the service has had a challenging mobilisation and start-up. The service is beginning to stabilize and performance is improving quarter on quarter.</li> <li>● "Anxiety" is the largest presenting core issue (1204), although a similar proportion are considered as 'other' which includes behaviour (678), self-harm (303), self-esteem (185). Please note that this data set continues to be inclusive of all referrals into the service, not just those accepted and is representative of all activity across the county.</li> <li>● A gap has been identified between the remit/capacity of CHUMS and the remit/capacity of CAMHS. Investigation is underway to explore the feasibility of the two providers working together to establish case conference style discussions</li> <li>● Due to high demand vs resource, decisions will have to be made regarding where to focus investment e.g. on the preventative/resiliency type measures within Getting Advice or on the more complex/more intensive type measures within Getting More Help.</li> </ul>
<p><b>Narrative update on workstreams</b></p>	<p><b><u>Healthy Child Programme (HCP):</u></b> The Joint Commissioning Unit (JCU), which is made up of commissioners from Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough</p>

Clinical Commissioning Group (CCG) continues to work jointly to develop an integrated 0-19 Service.

From October 2018, the commissioning and contract management of the Healthy Child Programme transferred from the Children's Commissioning team to the Local Authority Public Health Directorate.

The two providers of the Healthy Child Programme across Cambridgeshire and Peterborough, CCS and CPFT continue to work closely together. There is now a joint management structure in place and along with public health, the providers are reviewing the service offer and working on a new integrated service specification based on a holistic 0-19 model. A workforce modelling tool is being used to plan the staffing that will be required to deliver the revised offer. The new service offer is planned to be delivery from April 2019.

This work will also link with a system wide programme, "Best Start in Life" which will include the links with early years, early help and children's centre provision, along with the development of an Early Years Strategy.

**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 are engaged in the workstream relating to "community hubs" and community delivery of services across Peterborough and Cambridgeshire. Since April a "standard community hub offer" has been developed and a checklist has been devised to identify centres which have the necessary components to be Community Hubs, including appropriate clinical workspace, delivery of integrated Antenatal Education programmes and integrated processes between Health and the Children's Centre services in terms of shared use of space. It was identified that integrated processes and organisational responsibilities need to be strengthened in all areas. A number of sites are being considered to pilot the offer documentation, and help identify those areas that will need further work to develop a robust model for a community hub.

<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>Both the LMS Better Birth and 0-19 transformation programme demonstrate partnership working between Health providers, Cambridgeshire County Council, Cambridge and Peterborough Clinical Commissioning Group and the third sector.</p> <p>Within the workstreams, there is engagement with representatives from Maternity Voices and Family Voice to ensure the viewpoints of the public and service users are fed into the development and design of the respective future delivery models.</p>
<p><b>HWB STRATEGY 2016/19: FUTURE PLANS</b></p> <ul style="list-style-type: none"> <li>● Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised</li> <li>● Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&amp;YP with emerging emotional and mental health difficulties</li> <li>● Working with the PSCB to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established</li> <li>● Renew the Child Poverty Strategy in 2016</li> <li>● Develop a joint strategy to address high rates of teenage pregnancy</li> <li>● Jointly review the commissioning and delivery of services for C&amp;YP with SEND, from age 0-25</li> <li>● Consideration of the needs of single parent families in these workstreams</li> </ul>	
<p><b>Future Plans: Progress against key milestones and local indicators/trends</b></p>	<ul style="list-style-type: none"> <li>● The Community Psychiatric Nurses (CPNs) are being integrated into a wider Emotional Health and Wellbeing service, which is comprised of the CPN's, the Emotional Health and Wellbeing Practitioner team and the Community Wellbeing Practitioners to provide a more consistent and equitable approach to supporting school staff in managing the emotional health and wellbeing needs of their pupils</li> <li>● An emotional and social development pathway has been implemented and is becoming embedded to address long waiting lists for ASD and/or ADHD assessments. Children could be waiting for an assessment for up to 18 months with no support offered in the meantime. Once assessed a high proportion of these did not then go on to receive a diagnosis. The pathway recommends completion of an early help assessment to identify appropriate support for the family, which often will include an Evidence Based Parenting Programme prior to an assessment. This provide families with a toolkit of strategies to embed in the home environment and promote positive behaviours. Whilst there continues to be some resistance in</li> </ul>

	accessing the pathway, parents who have completed the programme provide very positive feedback. Waiting lists are significantly reduced and the majority of those receiving a specialist assessment do receive a diagnosis.
<b>Risks</b>	
<b>Key considerations</b>	

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

**PERFORMANCE REPORT**

**DATE: APRIL-OCTOBER 2018**

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

**LEAD: SIMON MACHEN**

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<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ol style="list-style-type: none"> <li>1. The Environment Action Plan describes the following actions:             <ol style="list-style-type: none"> <li>a. Increase the proportion of physically active adults in Peterborough to match the rest of England</li> <li>b. On a trend basis, seek to reduce the number of people declared homeless</li> <li>c. Nene Park Trust will increase the percentage of visitors expressing benefits to their health and wellbeing through visiting the park from a baseline of 90% in 2016</li> <li>d. Reduce the proportion of people with an unhealthy weight</li> </ol> </li> <li>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</li> <li>3. Public Health outcomes and/or objectives will be added to the Plan</li> <li>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</li> </ol>	
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	<p>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 year olds continues to be similar to the England average.</p>
<p><b>Narrative update on workstreams</b></p>	<p><b>Local plan</b> The local plan was submitted in March and hearings are currently underway and will be completed by end of November. The outcome of the inspectors review will be known in the new year.</p> <p><b>Environment action plan:</b> Since the last performance report a revised version of the <a href="#">Environmental Action Plan</a> has been published. The existing plan has been replaced by two new documents; one at council wide and one at city wide scope. These measure performance on a range of environmental targets between 2016 and 2020.</p>

Examples of partnership working (services, projects, co-production/design etc)	
<b>HWB STRATEGY 2016/19: FUTURE PLANS</b> <ul style="list-style-type: none"> <li>● <b>Milestone 1:</b> 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.</li> <li>● <b>Milestone 2:</b> Strategic planning to attend a Developers Forum meeting to brief them on the Health policy.</li> <li>● <b>Milestone 3:</b> Public Health to look at available data around fast food outlets in Peterborough and consider options around possible guidance on their future location</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p><b>Milestone 1:</b> The HIA policy has been reviewed as part of the planning inspector hearings. Once the plan is agreed discussion will need to take place between Development Management and Public Health to establish who will deal with full HIA for large planning applications.</p> <p><b>Milestone 2:</b> This action is contingent on milestone 1.</p> <p><b>Milestone 3:</b> A new Healthy Weight Strategy will be developed for Peterborough which will adopt a whole system approach. The strategy development will be used to form a bid to the national Childhood Obesity Trailblazer Programme (which includes funding of £100k per year for 3 years. This will include ambitions to work with the planning system to manage fast food establishments.</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>● The Health and Wellbeing policies in the draft local plan may not be included in the final plan</li> <li>● Lack of appetite within PCC to implement a fast food SPD.</li> </ul>
<b>Key considerations</b>	



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

**PERFORMANCE REPORT**

**DATE: APRIL-SEPT 2018**

**SUBJECT: HEALTH AND TRANSPORT PLANNING**

**LEAD: ADRIAN CHAPMAN / SIMON MACHEN**

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

- 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 from 1st January 2018 to 30th April 2018 indicates 34 people have been killed or seriously injured (KSIs) and 140 slightly injured on Peterborough Roads. This compares to 37 KSIs and 203 slightly injured for the same time period in 2017.

Reported casualties have risen significantly since 2015. Early indications suggest this is predominantly down to a new reporting system (CRASH), an investigation is ongoing by the road safety partnership data and intelligence group to see if the increase is down to this reporting system.

**Travelchoice**

**Bikeability**

Our target this year for Bikeability cycle training at Levels 1, 2 and 3 including Bikeability Plus levels

Balance and Learn to Ride:

Level 1 – 576

Level 2 – 1152

Level 3 – 64

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Balance – 110  
 Learn to Ride – 49  
 Total - 1951

At the end of September our actual delivery numbers were:

Level 1 – 83  
 Level 2 – 361  
 Level 3 – 54  
 Balance – 12  
 Learn to Ride – 17  
**Total – 527**

**Bike It - (April 18 - September 18)**

Over the last academic term nineteen schools have remained active with Bike It+ with a focus having been placed on schools selected through the period of Public Health and Combined Authority funding. For a number of schools they became 'at distance' throughout this period to allow Bike It time to work intensively with selected schools.

Between April 2018 and September 2018, Bike It+ delivered 54 activities; engaging with 4303 pupils, 242 staff, and 600 parents. There were 1464 bikes and 1121 scooters counted and logged by either Bike It officers, Bike It crew or School Champions.

**Travel Plans**

We currently have 62 Business Travel Plans (against a target of 90 by 2021) It is noted that approximately half of the plans will need to be updated by March 2019 if they are to be classed as a current plan. We have developed a Business Travel Plan Toolkit, Template and automatic survey reminder, updates to Travel Plans in the future should be a simpler process - thus encouraging businesses to maintain their plans.

**Travelchoice events**

Travelchoice held a number of public engagement events throughout the summer including our iconic cycle cinema at Central Park, where we also had 5 times British men's elite and European mountain

	<p>bike champion Danny Butler performing before the movie. The event showed the Disney remake 'The Jungle Book'. The aim of the event is to add a fun and engaging element to cycling and sustainable transport and was attended by over 200 people. Travelchoice also attended a number of other events such as the PECT Green Festival where we were able to engage with the public and promote the use of sustainable travel. Travelchoice also continued its work with Peterborough Regional College and supported its Health and Wellbeing day as well as Fresher's Fayre where we spoke to students about their travel habits and provided them with bespoke information on sustainable travel.</p>
<p><b>Narrative update on workstreams</b></p>	<p><b><u>Road Safety</u></b></p> <p>Various activities have taken place over the months including:</p> <ul style="list-style-type: none"> <li>● Delivering Drive IQ at secondary schools and colleges including young people attending the National Citizen Service Programme. Officers also attend Freshers Fayre</li> <li>● Seatbelt and parking awareness campaigns delivered outside a number of primary schools.</li> <li>● Details sent to all schools signposting to different road safety activities that can be delivered in schools</li> <li>● Various enforcement/publicity activities were delivered through the Cambridgeshire and Peterborough Road Safety Partnership including speeding, mobile phones, seatbelts and drink drive.</li> <li>● Over 1000 year 6 pupils across Peterborough have take part in Safety Challenge. Delivered at Dogsthorpe Fire Station children taken part in scenarios covering a range of messages including, road, water, fire, ASB, Peer Pressure, and cyber safety. Feedback received from pupils attending and teachers has been positive.</li> <li>● Be Safe Be Seen activities have been delivered across the city to coincide with the clocks going back to remind vulnerable road users of the need to be seen during the winter months.</li> <li>● Cycle Safety events in partnership with Skanska at Secondary School, reminding cyclists of the dangers of cycling too close to HGVs.</li> </ul> <p><b><u>Travelchoice</u></b> <b><u>Lynch Wood Travel Planning project</u></b></p>

Over the last 6 months we have been working with a number of businesses in the Lynch Wood Business Park to deliver bespoke sustainable and active travel advice to employees. This project aimed to raise awareness and encourage more people to choose sustainable and active modes of travel for their commuting journeys. In addition to engagement activities at Pearl House, Thomas Cook and Western House we have also produced an Area Travel Plan (ATP) which has now been presented at the Lynch Wood Tenants / Occupiers meeting. The ATP will serve as a working document that will allow the businesses to carry out further staff engagement activities to increase numbers travelling to the businesses in a sustainable and healthy way.

**RNIB Connecting Peterborough Project:**

This trial project aimed to utilise newly emerging digital technology to provide real time, two-way, journey information directly to visually impaired users, allowing easier and safer access for staff and visitors travelling to the new RNIB head office in the city centre from the main transport hubs (Rail and Bus Stations).

We are now approaching the end of this project. The beacons required for the audio wayfinding solution have now been delivered and the location for each has been confirmed. The beacons will work using the Blind Square application, the back end of this app has now been modified and is now compatible with the beacons. In addition to this there are a number of improvements we will be making to ensure we are taking a holistic approach to improving accessibility. We will be testing a new technology from Neatbox, called Button With Button - you can use your mobile phone or smart watch to press the buttons at pedestrian crossings. It addresses the issue of inaccessible crossings for a person with a mobility or visual impairment. Initially this will be installed on a crossing at Bakewell Road/Newcombe Way junction in Orton Southgate, if the trial is successful then this will be installed at the crossing on Bourges boulevard outside Waitrose.

**Combined Authority Local Transport Plan**

The Combined Authority (CA) is in the process of developing a new Local Transport Plan (LTP) as they are now the Transport Authority for Peterborough. A series of workshops have been set up and Public Health colleagues have been (and will continue to be) engaged in the process. An All Member briefing

	<p>session is due to be undertaken in the near future (date TBC) and a full 12 week public consultation will happen in the new year.</p> <p><b><u>Anti-idling campaigns</u></b> Over the last few months we have been working with Queens Drive Infant School to design an anti-idling banner for display outside of their school. The designs have now been finalised and are in the process of being printed. We plan to roll out this initiative in other schools over the next 6 months to further raise awareness of issues concerning air quality and the additional benefits of healthy and active travel.</p> <p><b><u>Electric taxi Bid</u></b> The Government has recently released its 'Road to zero strategy' this document outlines the long term ambitions of the government to achieve cleaner road transport and to put the UK at the forefront of the design and manufacturing of zero emission vehicles. As part of this document the office for low emission vehicles has announced a second round of funding for ultra low emission taxi infrastructure. The funding will allow local authorities to install infrastructure such as rapid chargers thus allowing the local taxi fleet to transition to ultra low emission vehicles which will deliver significant benefits both locally and nationally. We have submitted a bid for £90k from ULEV with £60k match funding from PCC, we will be looking to install four rapid chargers which are conveniently locate and is easily accessible, affordable, efficient and reliable. Local authorities who are successful will be notified in January 2019 allowing for infrastructure to be installed in the next financial year 2019/20</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc.)</b></p>	<p>Public Health, Travelchoice and the Prevention and Enforcement Service are working together to maximise opportunities for sustainable active travel and improved road safety and have regular meeting to create an action plan for the future.</p> <p>In addition a new Air Quality task and finish group has been created (with a range of representatives from various areas of the council along with Council Members) with the aim to inform the development of the Council's air quality ambitions and make recommendations for specific actions that should be taken by the Council and partners to achieve such ambitions. The first meeting of the group is scheduled for late November 2018.</p>

**HWB STRATEGY 2016/19: FUTURE PLANS**

- 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

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

A new campaign is currently being developed which encourages considerate parking outside schools. Engagement will take place with both pupils and parents. Parents will be asked to sign a pledge around parking.

A review of the Cambridgeshire and Peterborough Road Safety Partnership tactical group has now been completed, details of the review will be presented at the Cambridgeshire and Peterborough Road Safety Partnership Board on 10th October 2018. The development of single team road safety hub which will deliver across Peterborough and Cambridgeshire is currently being developed.

Officers from the service are currently leading a cross party working group who are reviewing the implementation of 20mph speed limits across Peterborough. The group are due to report back finding and recommendations to cabinet by the end of 2018.

A joint working group made up of Public Health, Travelchoice and the Prevention and Enforcement Service has been formed and meet regularly to see how road safety and sustainable/active travel activities can be delivered in a more joined up way. This recognises that programmes of work associated with active travel, road safety and air quality share common factors and common goals. The aim of the group is to avoid duplication, develop linkages and investigate alternative and new options for delivery, including working with partner agencies.

**Bike It**

The project will work with existing schools, along with newly recruited schools (TBC - currently seeking commitment from schools) along with re-engaging previously 'at distance' schools and will incorporate Road Safety and Public Health elements into the delivery.

	<p>Reinvigorate 'At Distance' schools Autumn/Winter term 2018:</p> <ul style="list-style-type: none"> <li>● Woodston Primary</li> <li>● Orton Wistow Primary (Minimal input from Bike It)</li> <li>● Hampton Hargate Primary (Minimal input from Bike It)</li> <li>● Newark Hill Academy</li> <li>● Ravensthorpe Primary (New Champion started in the Spring term and had no cross-over with the previous champion so will need to be brought up to speed with Bike It – minimal input from Bike It)</li> </ul> <p>Key activities planned:</p> <ul style="list-style-type: none"> <li>● Pre Hands Up surveys from new schools</li> <li>● Recruiting new schools</li> <li>● October – Walk to School fortnight</li> <li>● Santa Challenge – 'Cycle, Scoot and Walk to Santa in Lapland'</li> <li>● Be safe be seen assemblies (Link to Bling It and Bike Christmas Wreath Wheel).</li> <li>● Encourage school monitoring through Bike and Scooter counts and using resources from Bikeltcambs website <a href="http://www.bikeitcambs.org">www.bikeitcambs.org</a> to run own activities.</li> <li>● Engaging with parents (e.g. finding parent champions or volunteers)</li> </ul> <p><b><u>Travelchoice events</u></b></p> <p>Over the next few weeks we will be looking to launch our 'be seen be safe' campaign with the shorter days now upon us. These events will include 'bling you high-vis' which is aimed at children and allows them to have fun whilst making them safety conscious. We also plan to attend several School Christmas fetes to speak with parents about the sustainable options available for their journey to school and will be promoting sustainable travel in conjunction with health campaigns in the new year.</p>
<b>Risks</b>	
<b>Key considerations</b>	

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

**PERFORMANCE REPORT**

**DATE: August to November 2018**

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

**LEAD: ADRIAN CHAPMAN**

<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• The HWB has commissioned a JSNA on the health and wellbeing needs of migrants</li> <li>• Eastern European ‘community connectors’ employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations</li> </ul>	
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	<p>The proportion of outreach health checks completed that recorded a South Asian ethnicity during Q2, Q3 and Q4 was 31%. In total, 140 health checks were completed in people with South Asian ethnicity through outreach work for these three quarters of 2017/18.</p> <p>Data is being collected to determine ethnicity of people using mental health crisis services (First Response Service -FRS, and Sanctuaries).</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> <p>Data on ethnicity of people attending NHS screening programmes has been requested.</p> <p>Ethnicity recording where ‘white other’ is broken down further to Eastern European countries has been requested for drug and alcohol services</p>
<p><b>Narrative update on workstreams</b></p>	<p><b>Video communication project</b></p> <p>Work is in progress to take forward the recommendations from the Diverse Ethnic Communities Joint Strategic Needs Assessment (October 2016). This includes work to produce and promote health and wellbeing information for diverse ethnic communities. A Video Communication project is underway with two pilot videos recently produced and another three in production. This work is being carried out in collaboration between Peterborough City Council, PCVS, Citizens Advice Bureau, Peterborough City</p>

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College, Fenland District Council and Fenland diverse ethnic communities forum/partnership. The videos are created using animations and are therefore more accessible to dubbing over in different languages.

A range of health and wellbeing information content is being produced to cover issues identified as difficult for new migrants and the migrant population. The suite of videos being produced provide information about registering with a GP, out of hours services, accessing dental care , role of pharmacies, maternity services, child health, how to obtain help in emergencies, rights and responsibilities for driving in the UK, employment - obtaining work and rights and responsibilities, housing needs and issues and alcohol awareness.

The videos are being produced in English, Lithuanian, Latvian and Romanian in the first instance and other languages are being considered for harder to reach groups. Subtitles are also being added as well as links to local resources in both Peterborough and Fenland. The first tranche of videos will be tested and evaluated by the community through engagement workshops and can be viewed on the 'healthy Peterborough website.

A launch event for the project is being planned for January 2019. Further videos are being scoped to cover a range of topics but should include community responsibilities, mental health, sexual health, and accessing health promotion activities.

#### **South Asian Health and wellbeing Survey**

The supplementary section to the diverse ethnic Communities JSNA to cover the needs of the South Asian community in Peterborough is in draft form after the survey results were analysed. It is scheduled to be completed by the end of November and will also be presented to the Joint Mosques Group (JMG) meeting on 21st November. JMG is chaired by Gillian Beasley and includes Director of Public Health, other senior colleagues as well as Chairs of local mosques.

#### **Getting to know you project**

The “Getting to Know You” project has engaged 306 learners of 36 different nationalities from 5 continents with ages ranging from 18 to 59. Most learners live in wards that have a higher IMD (Index of Multiple Deprivation) score than the national average.

32 volunteers have been interviewed and trained and have delivered or are about to deliver the courses using lesson plans and resources developed by ESOL tutors. Volunteers also receive ongoing mentoring and support from ESOL tutors. A number of volunteers are now teaching a second or third course. Most courses have 2 volunteers working together to give learners more individual support and also to support one another.

In terms of measuring learners’ outcomes and demonstrating the impact of the project, learners are asked questions before and after the course to measure their increase in knowledge and understanding of the key areas of public services such as health, education, employment and being a good citizen.

The project is also seeking to measure subsequent positive changes in behaviour as a result of improved understanding. Finally, the project is measuring an improvement in learners’ English and their satisfaction with the programme. In terms of impact on volunteers, we are also capturing that via a short survey and case studies.

A tutor book with tutor notes and information has been created to further support the volunteers. Course ran over 4 weeks during August to ensure continuity and a celebration event took place for learners and volunteers in September.

Learners who attend a minimum of 85% of the courses and complete successfully are prioritized for long qualification courses from Sept., to date, 56 (20%) have enrolled on long courses. One volunteer (new to Peterborough) who was already TESOL qualified, has now been taken on at CCP as a sessional ESOL tutor.

#### **Tackling Alcohol Misuse**

Now all workers are in post we are starting to see some positive results from the work funded by the Controlling Migration Fund. Here are some of the results from the work so far:

- There is now delivery of weekly outreach sessions in Wisbech and fortnightly in Peterborough. As well as the street based work regular visits are taking place to day centres and nights shelters.
- Solutions 4 Health are delivering weekly outreach sessions in the Operation Can Do Area and are joined by the Aspire Outreach Worker so anyone needing extended brief interventions or structured on-going support around alcohol can access help directly
- Over 300 community members have been engaged in Peterborough via the lifestyle service
- Sessions are being delivered in Peterborough focussing on weight management, alcohol use/physical activity and smoking cessation and individual goals set with members of the migrant population
- Lifestyle clinics are being delivered at GP practices in Peterborough more attended by migrant groups
- In Peterborough, a total of 21 clients have left alcohol treatment successfully, 43 have received extended brief interventions and 52 have entered structured treatment. A total of 23 group sessions have been delivered.
- There has been successful engagement with local employers in Peterborough
- In Wisbech a total of 247 clients have been engaged with, 44 outreach walks have taken place, there have been 29 outreach sessions to the local night shelter and 60 people have been seen, 8 EU family support sessions have been delivered
- In Wisbech 7 people have been discharged successfully from alcohol treatment since the work began

The DCLG have selected the alcohol project in Wisbech and Peterborough as one of the projects to be evaluated by the IPSOS MORI as part of the national evaluation of the Controlling Migration Fund. The first meeting is taking place on the 16<sup>th</sup> of November 2018 to scope out the evaluation. A bid has also been submitted to the Department of Communities and Local Government for extension of the Migrant Alcohol misuse project. We anticipate hearing back on this bid before Xmas.

#### **Data collection**

	<p>A drive to improve data collection on ethnicity, particularly the recording of Eastern European ethnicities is being discussed. This is a challenging area as there are inconsistencies across the healthcare system on data recording by ethnicity.</p> <p><b>Community engagement support</b></p> <p>The College continues to run a very wide range of courses at over 40 venues in the community to offer free learning to engage those furthest away from education, people with barriers to learning and employment and families to support their children.</p> <p>We recently appointed an external consultant to do a review of and report on Community Serve, which we are running for the Council, and make recommendations for how it can be further developed by building on its strengths. These are now being considered for the future model.</p> <p>The social dining offer “Meet and Eat” continues to be popular with an average of between 60 and 80 people attending at various venues every month.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>The video communication project included stakeholder engagement and workshops with community members from the Eastern European migrant population in order to scope the work and decide the priorities for video production.</p> <p>The production of pilot videos has been a partnership involving PCVS in Peterborough, Peterborough City Council, Fenland District Council, and the Rosmini Centre. Other partners and groups have also been involved in discussions and scoping and will be involved further as more videos are produced - for example, Citizens Advice Bureau and Drug/alcohol services.</p> <p>An innovative community based project has been launched to tackle Domestic abuse in Muslim community. This project has been initiated by Joint Mosques Council. The partnership includes men and women from the community, County Council officers with responsibility for tackling Domestic Abuse and Sexual violence, Police officers as well as Cohesion Team from PCC. The outcome will be shared with the County wider Domestic Abuse and Sexual Violence Delivery Group to consider implications affecting other communities.</p>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p>The South Asian supplement to the diverse ethnic communities needs assessment will help inform recommendations on programmes and interventions for this community. Better data recording of ethnicity in health care settings is still needed and work to identify gaps in this area is underway.</p> <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. 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>
<b>Risks</b>	<p>The health and wellbeing survey of the South Asian community may not have had the reach - to ensure the needs of harder to reach individuals are heard. In addition, although there were around 200 returns for the survey, this is still not a large enough sample to accurately reflect the needs of this community. However, the results will be useful to gain some insight into the current issues and gaps for health and wellbeing care for this community</p>
<b>Key considerations</b>	<p>Brexit implications on the diverse communities especially those from EU needs to be kept under close monitoring. The next Cohesion and Diversity Forum scheduled for 22 November will be discussing theme of EU Settlement Scheme and its implications. Home Office will be attending and community groups are also invited. Service providers are welcome to attend too.</p> <p>With the launching of the Integrated Communities Strategy and formal confirmation of funding for the related project from MHCLG, the next stage is to develop implementation of these projects in close partnership with all relevant stakeholders. The overall objective is to enhance integration in the community. A key element of the work includes building community resilience and reducing/preventing avoidable demands on services.</p>

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

**PERFORMANCE REPORT**

**DATE: JANUARY – MARCH 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 Everyone health (from June 2018 previously provided by Business in the Community and Living sport)

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

Across all treatment groups there has been an increase in the number of people in treatment

- Alcohol clients, 4.5 % increase in 17/18 compared to previous year 16/17
- Drug treatment, across all substances 6% increase in 17/18 compared to 16/17
- Young People in treatment, 40% increase in 17/18 compared to 16/17

Numbers of new presentations are now starting to plateau apart from non-opiates where we saw a 14% increase in 17/18.

The benefits of integration and transformation are still being evidenced through performance figures which have strongly recovered since the dip following the retender in 2016. In terms of successful completions the latest quartile information available (Q1 18/19) shows an improvement for alcohol and alcohol and & non-opiate, whereby completion rates are sitting in the top quartile range for comparator Local Authorities. Opiates have seen an increase against the baseline period and are just sitting outside the top quartile range. Non Opiates however has slightly dipped compared to the baseline period and sit outside of the top quartile range which is being addressed.

	<p>With regards to criminal justice clients, activity indicates strong pathways into community treatment from prison with engagement rates over 20% higher than the national average. Furthermore the proportion of the treatment population in contact with the criminal justice is higher than the national average across all drug types. The successful completion rates for criminal justice clients however are below national average in all areas apart from the alcohol &amp; non opiate cohort which is an area that still requires improvement.</p> <p>Since the beginning of the CGL ASPIRE contract in 2016 just over a 1000 naloxone kits have been distributed across Peterborough, 58 of which (5%) have been used appropriately in an overdose situation, thereby preventing deaths. This is reflected in the most recent ONS data (Aug 2018) The numbers of drug related deaths (DRD's) and rates per 100,000 have decreased in Peterborough. The most recent data release from ONS (Aug 2018) shows a decrease of DRD's from 34 (2014/16) to 30 (2015/17) and from 5.7 to 5 (rate per 100,000). The rates are still above both national (4.3) and regional DRD rates (3.6).</p> <p>The Lifestyle service provided by Solutions 4 Health is in the second year of contract. Between April and September 2018 335 NHS Health Checks and 529 mini MOTs have taken place in the community. One to one clinics and group programmes are delivered by the service which assess and address lifestyle factors including alcohol, diet and nutrition, physical inactivity and smoking. During this period 1223 people set personal health goals and 646 achieved them. This includes 205 people quitting smoking.</p> <p>Weight management and physical activity programmes for children and adults are being delivered with 176 adults accessing 1:1 or group support since April 2018. Over 96 children and their families have also been supported through weight management and physical activity programmes, predominantly delivered in local primary schools. Primary and secondary schools and pupil referral units have also been supporting the local Health Champion initiative and the associated health awareness training programmes with over 160 children and young people receiving this training since April 2018.</p>
<b>Narrative update on workstreams</b>	Drug and alcohol services responded well to the contractual levers with improvement in performance described above.

	<p>The Healthy Workplace Support Service was recommissioned and the new contract commenced from June 1 2018. The provider, Everyone Health, will work with partners in Peterborough to target routine and manual workforces as well as providing a universal offer/self assessment to workplaces to support the adoption of a healthy workforce culture.</p> <p>The Healthy Schools Support Service has been commissioned and the new contract started in October 1 2018. Additional funding has been provided by the Office of the Police and Crime Commissioner (OPCC) to develop work focusing upon building resilience. It will provide a universal service to all schools and additional support to schools in areas with higher needs. A key deliverable will be to facilitate collaborative working between the different organisation working in schools building upon the HYP A model.</p> <p>The Healthy Lifestyle Service is now delivering clinics in 21 GP practices and in over 50 community, workplace and schools settings locally each week. Since April 2018 Two new programmes have been established as part of the Lifestyle Service.</p> <p>Health Trainers are part of an initiative funded through the Controlling Migration Fund. This is focusing upon addressing the impact of alcohol misuse among migrant population on the wider community. Since April 2018 81 Eastern European clients have established a personal health plan with 51 of them achieving their goals. 32 clients have received training on brief advice on alcohol and 5 campaigns have been delivered among the Easter European communities.</p> <p>The Lifestyle Service has also established a Falls Prevention Health Trainer programme as part of a system wide initiative to address the number of falls occurring locally with the objectives of reducing associated outcomes and the number of emergency admissions to hospital. There have been 80 referrals to the service and of these people 67 have had an assessment and 22 people have completed their personal health plan.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>Aspire now has 3 staff co-located as part of the multi-agency Family Safeguarding Project led by Peterborough City Council. Aspire staff were the first staff group to be seconded into and active in the Family Safeguarding Team. This work is progressing well.</p>



The Office of the Police and Crime Commissioner for Cambridgeshire has funded (via Peterborough City Council) the Integrated Recovery Offender Programme (IROP) which has been delivered by CGL ASPIRE in Peterborough since May 2016. This project works intensively with frequent attenders in police custody with co-occurring substance misuse and mental health issues but whom fall outside of scope for Integrated Offender Management (IOM) schemes or mental health interventions. Over the last year IROP has used funding to appoint a mental health practitioner from CPFT to improve assessment and access into mental health services and set up a small project in partnership with IOM and TTG to offer short term accommodation to IROP clients for whom homelessness is a key factor in their persistent offending and substance misuse behaviour. An evaluation of IROP commissioned by the OPCC has reviewed progress against the key outcomes and recommends continuation of delivery.

In January 2018, CGL Aspire recruited a Polish Speaking Outreach Worker as part of additional funding received from DCLG to address the impact of migration on Peterborough under the Controlling Migration Fund. The two year funding is being used to provide outreach work to street drinkers and provide support to those already in treatment. A new bid to DCLG has been submitted for continued funding.

The Peterborough needles taskforce group was set up early in 2018 in response to an increase in discarded needles across the city. A robust action plan is in place addressing 5 key work streams, Monitoring (Having a robust process for measuring needle finds ongoing and targeting and addressing hot spot areas), Training (Currently focussed on ensuring all staff involved in needle exchange encourage responsible use and maximise safe returns), Service Delivery (Ensuring rapid collection of discarded needles), Design (Looking to provide disposal bins in hot spot areas and redesign locations to make them less likely to be sites for illicit drug use) & Public Information (Reviewing reporting mechanisms to make needle reporting easier). Progress is being made across all areas.

Reporting mechanisms have been made easier for the public, service users have been reminded about the importance of safe disposal and there is a much clearer picture on hotspot areas. After receiving funding from SPP in July, existing needle bins are being reconditioned and the local disposal service is now collecting needles from private householders and where the landowner is absent (free of charge).

	<p>There has been a number of training sessions undertaken with pharmacies which has resulted in significant increase in the needle return rate since this work began.</p> <p>Public Health in partnership with Aspire held a Health &amp; Wellbeing event to launch the newly developed Healthy Lifestyles booklet at Aspires offices, in Bridge St, Peterborough. The event included a marketplace of stall holders providing information about their services. These included, Mental health Services, Maternity Services, Age UK, Citizens Advice Peterborough, Housing professionals, Vivacity, Promoting Diversity, Peterborough Council for Voluntary Services, Alzheimer's Society, Healthwatch, City College and many more. Over 100 people took part in the event.</p> <p>The Smokefree Alliance includes partners such as CPFT, HMP Peterborough, Fire Service, City Hospital, Trading Standards and Public Health. The Alliance produced its smokefree plan with each partner being committed to lead specific interventions and work collaboratively towards the achievement of shared outcomes.</p> <p>The Healthy Workplace Support Service and Healthy Schools Support Service were commissioned to provide a service for both Peterborough City Council and Cambridgeshire County Council through one contract for each service. The OPCC provided additional funding for the Healthy Schools Support Service.</p>
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<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>● Commission an integrated healthy lifestyle service with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing, linked with services for people with mental and physical health, disability and ageing issues</li> <li>● Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles</li> <li>● Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme</li> <li>● Reduce the number of local people developing Type 2 Diabetes</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	The Integrated Healthy Lifestyle service began delivery on 01 April 2017, having been commissioned by Peterborough City Council. Additional funding was provided by the CCG for the Tier 3 Weight Management Service in partnership with the Clinical Commissioning Group. The service has progressed

	<p>well during year one of delivery and its services are now well embedded into the community and it works collaboratively with other organisations such as the GP practices, Drug and Alcohol Services. It is performing well against its key performance indicators.</p> <p>The Healthier You: NHS Diabetes Prevention Programme (DPP) 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. Referral pathways to the Healthy Lifestyle services have been established, there is a good working relationship which is helping both programmes to achieve their targets.</p>
<b>Risks</b>	The Healthy Lifestyle Service must gain traction in the diverse and more deprived communities where health outcomes are the worst.
<b>Key considerations</b>	There is an extensive outreach programme that works with harder to reach vulnerable communities.

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

**PERFORMANCE REPORT**

**DATE: APRIL – SEPTEMBER 2018**

**SUBJECT: HOUSING AND HEALTH**

**LEAD: ADRIAN CHAPMAN**

130

**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 handyman (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)**

For the period 01/04/2018 – 30/09/2018:

- A total of 877 referrals have been received for the Handyman service
- A number of requests for minor aids & adaptations were received many of which facilitated a timely hospital discharge
- The 2018/2019 budget for Mandatory Disabled Facility Grants is £1,969,832. As at 30/09/2018 the budget was 79% committed and 40% spent with 93 major adaptations having been completed.
- The budget for discretionary disabled facility grants (including assistance for relocation to a property suitable for adaptation, “topping up” adaptations that exceed the £30,000 mandatory limit, works to enable timely discharge from hospital/reablement/interim care and preventative works to help towards avoiding hospital admission of £265,000 is 54% committed and 40% spent.

	<ul style="list-style-type: none"> <li>● The Repairs budget for 2018/2019 is £394,662 and at 30/09/2018 is 79% committed and 50% spent. This provides assistance to vulnerable home owners where the defects in the property pose a serious risk to the health, safety or wellbeing of the residents. This includes lack of/inefficient boilers and central heating systems, damp and mould, risk of falls and entry by intruders.</li> <li>● The Local Energy Advice Partnership (LEAP) now has committed funding from the energy suppliers until March 2020. The new scheme year started in June 2018 and will run to March 2018. So far: <ul style="list-style-type: none"> <li>○ 447 referrals have been made</li> <li>○ 320 LEAP visits have been carried out resulting in unit bills savings of £171.00 with total lifetime bill savings of £54,720</li> <li>○ 3,554 easy measures have been installed during these visits resulting in total lifetime bill savings of £275,574.89</li> <li>○ IncomeMax have identified 91 cases where new income has been identified estimated to total £273,000</li> <li>○ 31 cases have switch Gas Tariff, 33 cases have switched Electricity Tariff</li> <li>○ 47 cases with potential hazards have been referred back to the Council</li> <li>○ 28 Fire Service Safe &amp; Well referrals have been made.</li> </ul> </li> <li>● PCC was part of a consortium bid to the £150m Warm Homes Fund which was successfully awarded £4.9m over the next 3 years. This will be provide first time central heating and a free connection to the gas network where the property has electric storage heaters, electric room heater or gas room heaters. Work is now underway to identify private rented sector properties that have electric/storage/room heaters and where the energy efficiency is poor. Properties subject to the Council's Selective Licensing Scheme will be the first to be targeted. This service will also be offered to vulnerable, low income owner occupiers who are at risk of being in fuel poverty.</li> <li>● PCC also have access to the Emergency Central Heating Offer (ECHO). This service offers emergency assistance to fuel poor or vulnerable households to repair or replace broken or condemned boilers.</li> </ul>
<b>Narrative update on workstreams</b>	<p>Selective Licensing was introduced in the 5 areas across the city with effect from 1 December 2016. The council has to date received over 7000 applications for licences, of which 5944 have been granted.</p>

	Housing standards are already showing signs of improvement as all properties are required to supply the council with a current gas safe certificate annually, to have valid Energy Performance Certificates and electrical condition reports. As part of the application process an initial inspection to identify housing defects and determine a risk rating for full Housing Health and Safety Inspection is carried out. So far over 5,900 properties have had an initial inspection carried out. Landlords are informed of the outcome and asked to address any defects found. Many landlords and letting agents are carrying out repairs at this early stage thus improving the health and well-being of their tenants by and raising the housing standards.
<b>Examples of partnership working (services, projects, co-production/design etc)</b>	Home Service Delivery team is working with a range of voluntary and third sector organisations and joint strategic boards including the Sensory Partnership Board and Technology Enabled Care Strategic Board, Older Peoples Partnership Board.

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>● 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</li> <li>● 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</li> <li>● 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</li> <li>● 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</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	
<b>Risks</b>	
<b>Key considerations</b>	

HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD

PERFORMANCE REPORT

DATE: November 2018

SUBJECT: MENTAL HEALTH FOR ADULTS OF WORKING AGE

LEAD: WENDI OGLE-WELBOURN

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<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>	
<ul style="list-style-type: none"><li>• The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered with a key initiative being supporting the development of a learning culture through establishment of forums for sharing examples of good practice/developing recommendations for change of practice when things have gone wrong</li><li>• 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.</li><li>• A joint Community Mental Health Services delivery plan has been agreed to ensure improved outcomes in community mental health services. The plan includes redesign of the mental health accommodation pathway, an individual placement support model of employment support for people in secondary care mental health services, procurement of a Recovery and Community Inclusion service to replace the current Wellbeing and Recovery service and a strong focus on ensuring the right support, the first time, at the right place, by the right people.</li></ul>	
<b>Performance narrative and statistics</b>	<p><b>1. Suicide Prevention</b> <i>Metrics: Suicide Rates: Persons/Males/Females: Standardised rate per 100,000 population</i> <i>Performance: 2013-2015 three year average 'rolling' data: All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)</i> <i>Males: 11.5% Decreasing, getting better; better than the England value (15.8%)</i> <i>Females: Data redacted due to low numbers (not statistically significant) (New data not yet available – therefore no change)</i> <i>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.</i></p> <p><b>2. Crisis Prevention</b> <i>Metric: Rates of use of Section 136 under the Mental Health Act</i></p>

	<p><b>Performance:</b> 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. (This section to be updated in the next report)</p> <p><b>3. Mental Health Housing and Accommodation</b>  <b>Metric:</b> Adults in contact with mental health services in settled accommodation  <b>Performance:</b> Increasing (84% at July 2018) – getting better and statistically better than England (75%)</p> <p><b>4. Employment</b>  <b>Metric:</b> Adults in contact with mh services in employment  <b>Performance:</b> 13.8% at July 2018): Increasing – getting better although and statistically better than England (12.5%)</p> <p><b>5. Stronger Links Between Commissioners</b>  <b>Performance:</b> Performance is improving in 5 out of the 6 areas with meaningful measures  <b>Metrics:</b> Improvement in performance against the prioritised metrics;</p> <p><b>6. The Right Support, the First Time, at the Right Place, by the Right People</b>  <b>Performance:</b> Performance is improving in 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. <b>Metrics:</b> Improvement in performance against the prioritised metrics</p>
Narrative update on workstreams	<p><b>1. Suicide Prevention</b></p> <p>i) The suicide prevention strategy has been refreshed for 2017-2020 and action plan updated</p> <p>ii) The bereavement support service for people bereaved by suicide is continuing into a second year and is being well received. Referrals are made through the police while informing next of kin of a death due to suicide. Case reviews are being written as part of the evaluation process and these will highlight the impact of the service. Training in suicide prevention for GPs is being funded to continue for a second year with sessions planned for November 2018. Protocols are being developed to enable learning from real-time suspected suicide surveillance. A suicide audit of deaths in 2016 has been</p>



completed and the results shared with partner organisations. Other workstreams are continuing for example, the STOP suicide campaign and website and suicide prevention (ASIST) training.

iii) A Zero Suicide Ambition now underpins the Suicide Prevention Strategy with delivery of this ambition within the Suicide Prevention Strategy governed by the Cambridgeshire and Peterborough Safeguarding Executive. This gives both initiatives senior support and guidance. It is anticipated that the zero suicide ambition will be strengthened if funding is secured through NHS England Wave 2 suicide prevention initiative in the autumn of 2018.

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.

## **2. Crisis Prevention**

i) Excellent progress with implementation of the Crisis Concordat Action Plan by the MH Delivery Board, with most of the initial 17 priorities having been completed and closed and new objectives added as part of the process of continuous improvement.

iii) Information sharing between agencies was identified as the biggest single barrier to effective joint working. This continues to be a barrier and is being raised with the STP. However, it is likely to continue to create difficulties due to the legislation under the 2017 General Data Protection Regulations.

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

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

## **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) Bids for 2<sup>nd</sup> Wave NHS funding for an Individual Placement Support, the evidence based employment approach specified in the Five Year Forward View for Mental Health. It is likely that a bid for a service across Cambridgeshire and Peterborough will be made by CPFT and the CCG. However, confirmation that funding will be picked up beyond the first 2 years pilot is required before funding is agreed.

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. However, it has been agreed that this workstream will not be progressed until the additional capacity agreed for ASC commissioning is in place and the work can be prioritised.

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

i) It has been agreed that the aligned model of commissioning health and social care for Mental Health services should continue, rather than moving to a joint commissioning model.

ii) A joint community mental health delivery plan has been agreed. Priorities 2018/19 include ensuring 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. The Housing and Accommodation review is the key priority for Mental Health social care. This means that there is now a joint plan for both acute and community mental health services.

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

i) Work to operationalise the enhanced primary care mental health pathway (PRISM) continues. All practices now have an allocated PRISM practitioner. Work is underway to ensure that services are compliant with the Care Act 2014 through the work to finalise the MH Section 75 Partnership Agreements between CPFT and each of the Councils. This will help to ensure preventative approaches and early intervention and that needs are assessed and met in a timely way.

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

	<p>PCC, CCC and the CCG separately as a single Recovery and Community Inclusion service. The aim is to improve the consistency of both access and outcome across the area and to ensure value for money. Due to a challenge to the original procurement process the procurement process is being re-run. Mobilisation has been rescheduled to July 2019 (from October 2018).</p> <p>iii) Recovery coaches, peer support workers and the CPFT Recovery College continue to be 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 and have now agreed a joint community mental health services delivery plan. (See 2 and 5 above).</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>All the initiatives described above are developed and delivered by Council commissioners working in partnership with NHS commissioners and partners and other statutory bodies including the Department of Work and Pensions and the voluntary sector, people with lived experience and their carers. Increasingly, services are being co-produced with individuals and communities. Partnership and co-production approaches particularly inform improvement in the following areas:</p> <ol style="list-style-type: none"> <li>1. Suicide prevention</li> <li>2. MH Employment</li> <li>3. The Recovery and Community Inclusion service</li> <li>4. Information about mental health services</li> </ol>

### HWB STRATEGY 2016/19: FUTURE PLANS

- 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:

##### 1. Suicide Prevention

- 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
- 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

##### 2. Crisis Prevention

- Continuation of the process of continuous improvement.
- Seek system-wide support to address difficulties/constraints in information sharing.
- Explore the potential to implement the Serenity Integrated Mentoring service model, an NHS Innovation which improves outcomes for people with a personality disorder who are frequent attenders at Accident and Emergency and Mental Health crisis services.

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

- Complete the review the PCC/CCC mental health housing and accommodation pathway and portfolio.

	<p><b>4. Employment</b></p> <ul style="list-style-type: none"> <li>● Consider bidding for NHS initial (2 years) investment in the evidenced based Individual Placement Service for people being supported in secondary care mental health services. (Confirmation that funding will continue beyond the second year required.)</li> <li>● Engage with communities and individuals to identify the support and interventions that they need to support them towards or into employment.</li> <li>● Work with communities to develop the pathway as required.</li> </ul> <p><b>5. Stronger Links Between Commissioners</b></p> <ul style="list-style-type: none"> <li>● No further action needed: aligned model and joint workplan across acute and community services in place.</li> </ul> <p><b>6. The Right Support, the First Time, at the Right Place, by the Right People</b></p> <ul style="list-style-type: none"> <li>● Implement the suicide prevention and crisis prevention workstreams.</li> <li>● Ensure that responsibilities under the Care Act 2104 are enacted through the revised Mental Health Section 75 Partnership Agreements, CPFT with each of the Councils.</li> <li>● Complete the procurement of the Recovery and Community Inclusion service.</li> <li>● Implement the MH Delivery Board (Crisis Care Concordat) and Community Mental Health Services Delivery Board plans.</li> </ul>
<b>Risks</b>	<p>Commissioning Capacity within the CCG and the Councils continues to constrain progress with implementation of commissioning intentions. The position will improve within the Councils with the recently agreed investment in commissioning; implementation to start from mid-November 2018.</p> <p>A review of commissioning capacity within the CCG will address issues within NHS commissioning.</p>
<b>Key considerations</b>	None other than those identified above.

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

**PERFORMANCE REPORT**

**DATE: JANUARY – MARCH 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
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council – this will look at a range of sexual health issues, not just communicable diseases

**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 2 years. 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. Additional GP practices have now been recruited to the programme to ensure a high level of coverage.

For 2018/19, 16 Practices (15 Greater Peterborough practices and 1 Cambridgeshire Practice) have signed up to deliver the service, using a Local Enhanced Service (LES).

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.

Cumulative data to end of September 2018 shows that 579 people were screened, 456 negative, 87 positive, 12 borderline negative, 11 borderline positive.

The CCG has now employed a Project Support Officer to support the LTBI programme. The role will involve face to face outreach work with eligible communities. This will encourage the uptake of screening within the Peterborough area.

**Other areas of focus for tackling TB include:**

- Work continues on workforce planning for specialist TB clinical staff in local NHS provider trusts.
- Arrangements for ensuring that treatment compliance is also being reviewed – directly observed therapy has been used successfully for many years with observation by clinical staff, mainly nurses, and by pharmacists. Community Pharmacies have been procured to offer DOT to patients who may not systematically take their medication. New solutions 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 higher risk groups in the population and working with key employers.

**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.

**Screening programmes update**

- **NWAFT Bowel Cancer screening uptake:** 57% (latest data is 2017/18 Q3) (acceptable 52%, achievable >70%). NHS England Screening and Immunisations Team has analysed uptake data by GP practice to inform actions to increase uptake. Diagnostic waiting times are below target. NHS

England are working with NWAFT to address this. Quality assurance visit to this programme took place in September 2018.

- **Peterborough breast screening uptake:** 71% (latest data is 2017/18 Q4) (acceptable >70%, achievable >80%). Waiting times for appointment are below target due to a number of factors – NHS England are liaising with provider.
- **Peterborough LA are cervical cancer screening coverage:** 66% (latest data 2017/18 Q3) (acceptable >80%, achievable >95%) with lower coverage in younger age group (25 – 49 year olds). Decline appears to have levelled off but remains below acceptable level. NHS England are leading a project to increase uptake.
- **Diabetic Eye screening and abdominal aortic aneurysm screening** programmes are generally performing well with good uptake.
- **Peterborough antenatal and newborn screening programmes** are generally working well. The National Quality Assurance team visited this programme at NWAFT at September 2018.

#### **Immunisations update:**

Most up to date available data is 2017/18 Q4.

- **Rotavirus** uptake rates in Peterborough remain low at 88%. NHS England are investigating possible causes for this in order to inform action to improve uptake.
- There are low uptake rates for the **pre-school booster** - NHS England project to improve MMR and Pre-school booster continues, and includes working with the Local Authority and circulating a reminder leaflet to local Children’s Centres for parents of pre-school children entering school this year. Other actions include reducing waiting lists, since February 2018 Cambridgeshire and Peterborough waiting lists have reduced from n=900 to n=454, most children on the waiting list include those waiting for MMR and pre-school boosters. NHS England has also commissioned Cambridgeshire Community Health to offer MMR to any unimmunised adolescents along with their routine vaccinations in schools as from 2018.
- Work is underway to promote **flu vaccination** to all eligible groups including over 65s, under 65s in clinical at-risk groups, pre-school children, primary school children up to Year 5 and pregnant women. NHS England have commissioned the Child Health Information Service to develop a letter for all parents of pre-school children reminding them to make an appointment for vaccination – this has proven to be successful at improving uptake rates in other areas. Peterborough City



Council adult social care staff are receiving their free flu jab at clinics delivered by Cambridgeshire Community Services.

- **HPV vaccination** remains below target of 90% at 86% for dose 1 and 85% for dose 2 (latest data is July 2018).
- **Neonatal BCG** vaccination rates in Peterborough – 91% (latest data is 2017/18 Q3).
- **Pre-natal pertussis** latest uptake rates for Cambridgeshire and Peterborough CCG are 60% (latest data is June 2018).
- **Shingles** vaccine uptake remains a concern in Peterborough (37% for 70 year olds, 43% for 78 year olds – latest data July 2018). NHS England have launched a project in October 2018 to improve uptake rates – participating GP practices will be offered additional training for their staff on shingles vaccination, resource packs, and reimbursed postage for sending Birthday cards for 70 yrs olds reminding them of their Shingles vaccine.

#### **Sexual Health**

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

The recently published 2016 under 18 conception rate in Peterborough was 29.3/1000 compared to 28.3 / 1000 in 2015 and the latest national rate of 18.9/1000. 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.

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%.

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

	<p>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><b>Narrative update on workstreams</b></p>	<p>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.</p> <p><b><u>TB</u></b>  Delivering the detailed TB commissioning action plan, including:</p> <ul style="list-style-type: none"> <li>● Expanding the LTBI screening programme</li> <li>● Specialist Workforce planning</li> <li>● Discharge planning</li> <li>● Awareness raising</li> <li>● Observation of treatment</li> </ul> <p><b><u>HPSG</u></b></p> <ul style="list-style-type: none"> <li>● NHS England Screening and Immunisations Team are working with key partners to deliver a number of projects to improve KPIs of various screening and immunisation programmes as outlined above.</li> <li>● Significant activity across the system to promote flu vaccination in eligible groups.</li> </ul> <p><b><u>Sexual Health Delivery Board</u></b>  The Sexual Health Delivery Board priority areas in Peterborough are Teenage Pregnancy in Peterborough and Fenland (Fenland also has a consistently higher rate than the national figure), HIV late diagnosis and Pathways.</p> <p>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 a wide range of preventative and young parents' support services with the aim developing and commissioning services to address this need. The "ithrive" model is being used to conceptualise the needs, services and proposed developments.</p> <p>Late HIV diagnosis is currently being scoped in terms of information to be sent to clinicians in different services, target populations and campaigns.</p> <p>The Cambridgeshire and Peterborough system has been asked by Public Health England to be one of two sites nationally to undertake a feasibility study 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 and pathway development is central to this work. The initial scoping work is underway alongside securing senior level sign up for the work.</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 based on the Peterborough HYPAs model.</p> <p>In 2017 a Community Pharmacy Emergency Contraception Service was introduced in Peterborough. There was a 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><b>Examples of partnership working (services, projects, co-production/design etc.)</b></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>

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

**PERFORMANCE REPORT**

**DATE: MARCH-DEC 2018**

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

**LEAD: CHARLOTTE BLACK**

<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>● 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</li> <li>● The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough</li> <li>● 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</li> <li>● We will work with users of St Georges hydrotherapy pool to explore future options for sustainability</li> </ul>	
<p><b>Performance narrative and statistics</b> (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</p>	
<p><b>Narrative update on workstreams</b></p>	<p><b>Dementia Workstream -</b> The Dementia Plan that was agreed in summarises local need, the range of health and care services commissioned and provided to support people living with dementia and their carers across Cambridgeshire and Peterborough. It proposes a vision for dementia:</p> <p><i>‘We will work hard to prevent people in Cambridgeshire and Peterborough from acquiring dementia and ensure that those living with and affected by dementia receive compassionate, expert care and support, that is right for them to live positive and fulfilling lives .... we will support and empower them to take part in, and contribute to, the families and communities in which they live and work. ‘</i></p>

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The aim is to enable people living with dementia to live independently for longer and to enjoy being part of their community and to keep them healthier for longer and out of hospital.

The strengths and gaps in the current pathway are identified:

- Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector.
- The infrastructure required to support the development of dementia friendly communities and environments – primarily provided by the voluntary sector/also in primary care
- Support to maximise quality of life whilst living with dementia - for individuals living with dementia and their carers.
- Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)).
- Psychological treatment for people following diagnosis and in specialist dementia inpatient care.
- The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations.
- Management of dementia and quality of care in care homes.
- Personalised care planning and support.
- Specialist assessment, treatment and support for people diagnosed with early onset dementia.

#### **Peterborough Physical Disability Partnership Board**

Chaired by Disability Peterborough's Forum Chair, Bryan Tyler the board is still in its infancy.

Star Wars and Harry Potter actor, Warwick Davis's charity, Little People UK have recently joined the board which will showcase the diverse range of organisations and service users on the Board.

Disability Peterborough, St Georges Hydrotherapy Pool, and Healthwatch and Family Voice are currently represented at the Board. The Board is currently looking at accessibility issues at Sand Martin House and are working with NPS on the new Customer Service Centre.

The Board are working with Peterborough Jobcentre on the first Job Fairs for people with disabilities and sensory impairment across Peterborough which is due to take place in 2019.

The Board are very well connected and the Council are now working with both Queensgate and Serpentine Green on a number of events including Queensgate's annual event, Enabled, which takes place on December 7th from 4pm to 8pm.

Queensgate dim the lights, cut the music and invites volunteers from across the voluntary sector to assist those with physical disabilities, sensory impairments, LD and Autism shop in an accessible environment.

Queensgate offers free refreshments to attendees and gift bags. Adult Social Care Commissioning invite key voluntary sector and universal services to offer information and advice at their stands through the retail centre.

#### **Peterborough Sensory Partnership Board**

Still in its infancy, members of the Board include Deafblind, Peterborough Association for the Blind, Guide Dogs, Cambridgeshire Deaf, CCG, Healthwatch and advocates from these organisations.

The Board recently set up a Working Group to organise one of the first Job Fairs from people with disabilities in the UK.

There are currently issues with employing Sensory Rehab Workers at the Council but we hope that this can be alleviated in the coming months.

Adult Social Care Commissioning have set up a Sensory Strategy Working Group with sensory organisations to co-produce the Strategy and which will involve Cambridgeshire in 2019.

#### **Peterborough Disability Forum**

Bryan Tyler Chair of the Disability Forum together with colleagues from Shopmobility, Queensgate, London North Eastern Railways/Peterborough Train Station and City College have developed a scheme titled Mobility Makers.

10 Students from City College will join Shopmobility on a one year "internship". They will be under the supervision of a Manager and provide Mobility Scooters or Wheelchairs to disabled, elderly or vulnerable train and bus passengers as well as disabled drivers using city centre car parks. Students will also learn office based skills, maths and English and the basic mechanics of mobility scooter upkeep.

For passengers requiring a little help with shopping etc our Mobility Maker will stay with the passenger until they are ready to return to their vehicle (subject to limits)

LNER are in discussions with the key stakeholders in the scheme around funding for Mobility Maker. LNER and the Train Station have offered the service prime space at the station for an office and storage. Queensgate are looking at providing a career pathway for "graduates". The scheme is looking to increase the number of City College students who take the Mobility Maker course on an annual basis.

Adult Social Care Commissioning are working closely with Peterborough Jobcentre, and the City Health and Care Sector Academy to ensure that people with disabilities, sensory impairment and also unpaid carers are not excluded from the workplace, health and wellbeing training and volunteering.

#### **PCC Workforce Development - Care at Home Development Programme**

Health Education East of England funded programme across Cambridgeshire and Peterborough. Aimed at the visiting workforce -formal and family/unpaid carers, personal assistants and volunteers. Approximately 300+ courses to be delivered.

PCC Workforce Development and Adult Social Care Commissioning are collaborating on this development programme to ensure we reach the target markets through our voluntary sector, domiciliary care and residential home providers.

#### **Peterborough Information Network**

The [Peterborough Information Network](#), launched in February 2018, is a comprehensive information, advice and guidance platform. It has a dedicated section for [Adults information, advice and guidance](#). There is a wealth of information pages and details of local providers and services.

During April to September a programme of awareness raising and promotion briefings and presentations was undertaken.

In September 2018 a dedicated PIN Officer was recruited to manage the website and co-ordinate co-production. The PIN Team would be delighted to receive your feedback on the site through the new 'feedback' option.

**Peterborough Care and Support Directory**

The 2018 Peterborough Care and Support Directory was delivered to a range of locations across the city in August 2018. An electronic copy can be viewed on the [Care Choices website](#).

**Adult Social Care Service User Survey**

In February 2018 the Adult Social Care Service User Survey was sent out. As last year, the survey contained a targeted question about the reasons that people don't feel safe. The same question has been included by other local authorities in the Eastern region to be able to produce some benchmarking.

Overall nationally 65% of service users reported they were "Extremely" or "Very satisfied" with the care and support they received. In Peterborough this was slightly higher at 65.8%.

The overall Social Care-related quality of life score at England level was 19.1 out of a maximum score of 24. In Peterborough the score was considerably higher at 19.6. Nationally, younger adults (aged 18 to 64) reported a higher quality of life score (19.5) than those aged 65 and over (18.9), this difference is statistically significant. A full report on the survey will be published.

**Adult Social Care Carers Survey**

In September 2018 work commenced on the bi-ennial carers survey. A sample of just under 700 carers was selected. The survey will include discretionary questions on whether carers had received a Carers Assessment and whether they received a copy of it and also questions about Telecare. The questions are also being included by Cambridgeshire.

**Easy Read Documents**

During August and September 2018 work was undertaken on developing a suite of Easy Read leaflets about adult social care. The leaflets are due to be finally signed off at the Learning Disability Partnership Board in December.

They cover the following topics:

- What is Adult Social Care?
- How to ask for help from Adult Social Care
- Financial Assessment
- Reablement



- Getting Support
- Reviews
- What to do to if you disagree with an Adult Social Care decision

### **Externally commissioned PD and Sensory Impairment services**

As part of the Adults Positive Challenge Programme work is underway across Cambridgeshire and Peterborough to review our non-statutory services to ensure they align with the Early Intervention and Prevention strategies and desired outcomes. PD and SI commissioned services are included in this review, which is expected to be completed by the end of March 2019

### **Cambridgeshire Physical Disability and Sensory Impairment Partnership Board**

The PDSI Partnership Board, which meets on a quarterly basis, is chaired by an independent member with a visual impairment who is supported by his guide dog Molly. The Board has a range of independent lived experience members and representatives from local support organisations including Cam Sight, Cambridgeshire Hearing Help, Cambridgeshire Deaf Association, Hunts Society for the Blind and Headway Cambridgeshire as well as relevant County Council staff, a County Councillor and local health representatives.

Since April 2018 the PDSI Partnership Board has discussed a range of topics including the recommissioning process for Sensory Services across Cambridgeshire and Peterborough, Community Transport services in Cambridgeshire, the Blue Badge application process and accessibility issues on public transport, including problems with the provision of audio/visual announcements on buses.

The Wheelchair Users Forum (WUF), which is a sub-group developed from the Cambridgeshire PDSI Partnership Board, is chaired by an independent wheelchair user and has met on two occasions since April 2018. It has supported the development of the service specification for the new wheelchair service being commissioned by the Cambridgeshire and Peterborough Clinical Commissioning Group by talking with the commissioner Aleksandra Mecan about what a good service should look like. Also WUF members have supported the contract tendering process by writing method statement questions for the tender and they will also help evaluate the responses to these questions. In addition the WUF has raised concerns about other issues including the lack of provision of wheelchair accessible taxis at night in Cambridge.

### **NRS Equipment Contract**

	<p>The demand on the ICES continues to rise with the numbers of orders received Year To Date at 34,168 against the same time last year of 31.379.</p> <ul style="list-style-type: none"> <li>● NRS in time performance delivery remains high at 98% (YTD 96.6%)</li> <li>● In time Collections are at 100% (YTD 98.4%)</li> <li>● Equipment recycling rate YTD is AT 89.9% (YTD 89.7%)</li> <li>● The backlog of contract equipment requiring servicing &amp; maintenance has now been cleared.</li> <li>● Number of justified complaints received YTD 133.</li> <li>● Number of compliments received YTD 24.</li> </ul> <p><b>Self Funders</b></p> <p>A draft one page Self Funders Strategy was completed for Peterborough and Cambridgeshire earlier this year. This followed a number of workshops which included representation from Commissioning, Operations, Finance and Housing as well consultations at a number of Partnership Boards. The Strategy will now be taken forward as part of the work around the “Positive Challenge”.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<ul style="list-style-type: none"> <li>● Work to deliver a future joint Sensory Strategy for Peterborough and Cambridgeshire</li> <li>● Work to deliver a future joint Self Funders Strategy for Peterborough and Cambridgeshire</li> <li>● Work to deliver a future joint Dementia Strategy for Peterborough and Cambridgeshire</li> </ul>
<p><b>HWB STRATEGY 2016/19: FUTURE PLANS</b></p> <ul style="list-style-type: none"> <li>● Implementation of strategy for supporting older people and adults with long term conditions</li> <li>● Work with users of St George’s hydrotherapy pool to explore future options for sustainability</li> </ul>	
<ul style="list-style-type: none"> <li>● Future Plans: Progress against key milestones and local indicators/trends</li> <li>● Work to deliver a future joint Sensory Strategy for Peterborough and Cambridgeshire</li> <li>● Work to deliver a future joint Self Funders Strategy for Peterborough and Cambridgeshire</li> <li>● Work to deliver a future joint Dementia Strategy for Peterborough and Cambridgeshire</li> </ul>	

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

**PERFORMANCE REPORT**

**DATE: September - November 2018**

**SUBJECT: GEOGRAPHICAL HEALTH INEQUALITIES**

**LEAD: ADRIAN CHAPMAN**

<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• City Council children's centres work closely with health visitors and are located to ensure focus on the areas of the city with the highest levels of need. Early child development, which children's centres help to support, is important for future health and wellbeing</li> <li>• <b>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 focuses on supporting environmental and service improvements for the area and includes senior staff from the City Council</b></li> </ul>	
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	
<p><b>Narrative update on workstreams</b></p>	<p>The corporate sponsor for the Programme has changed from Adrian Chapman to Annette Joyce (Service Director - City Services and Communications). Annette will take over from Sarah Ferguson who was previously leading on the programme on behalf of Communities and Safety. This transition will give the programme an opportunity to evaluate the progress to date and ensure the programme is clear on its vision and deliverables.</p> <p>Timelines for each strand of the programme (Parks and Open Spaces, Community Assets and Public Realm) will be agreed, finalised and shared.</p> <p>Discussions have been had with the National Citizenship Service who are going to be working with young people from the CAN DO neighbourhoods through the NCS scheme at Thomas Deacon Academy. We will be developing a programme with NCS to discuss the regeneration programme with young people and ask for their opinions and ideas on improvements to the area, specifically around the environment and open spaces.</p>

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	<p>Programme Timelines  2018 - Review &amp; Design Options / Quick Wins / Match funding bids  2018/19 - Public Realm &amp; Open Space Delivery  2019/20 - Community Asset</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p><b>Community Assets</b>  The consultation continues around the Community Assets with a questionnaire on line, paper copies in the Iqbal Centre, Gladstone Park Community Centre and PARCA offices. The consultation has been promoted through community groups, community cohesion team and social media.</p> <p>Property colleagues are exploring options in relation to the Council’s current portfolio of assets in the area including the New England Complex, Gladstone Park Community Centre and the currently vacant Alma Road site.</p> <p>The transfer of the Gladstone Park Community Centre to the Thomas Deacon Academy Trust has been agreed and will be taken forward with the anticipated completion date being March 2019. This will enable better integration between the school and community activities, and secure the long term future of the premises.</p> <p><b>Public Realm</b>  Highways colleagues from PCC and Skanska are working with LDA landscape architects to develop options in relation to the public realm scheme of works. The works aim to bring about real regeneration to the area and bring a sense of pride and ownership to local residents.</p> <p>PCC officers have been engaging with local businesses in relation to their needs and aspirations for the area. High on the agenda of issues to be tackled are the increase of drug related activities and crime, rubbish on the streets and car parking. These element will be considered in the overall scheme.</p> <p>Once the proposed options have been compiled, they will be shared with Council Colleagues, local ward councillors and the public for views and comments.</p>

The Cumulative Impact Policy (in relation to licensed premises, ie, newsagents, restaurants) for the area was up for renewal in October 2018. The application to support the Council adopting the policy again was heard at the Licensing committee and agreement to keep the policy was approved, pending full adoption when heard at full council in December.

### **Parks & Open Spaces**

The bid which has been submitted to WREN for £100,000 contribution towards the improvement of the green area along Bourges Boulevard close to Dyson Close has been successful. A landscape architect has been appointed through Amey who has previous experience of designing play / green area.

The PECT / Community First post code lottery project has completed 18 of the 20 planters. 72 volunteers and 112 bags of waste have been collected during the project. Positive feedback from the community which has led to new community members volunteering. The work outside of The Beeches school improved the road safety for children improving visibility when crossing. Commitment is required from volunteers to continue to water and maintain the beds.

Areas which will benefit from improvements during the period of September / October will be -

- Russell Street Playground - a wooden borneo climber will be installed and the bushes will be cut
- Hobsons Playground - A Commando Ant Hill Climber is to be installed
- New England Park / Occupation Rec - A single mast activity net and an outdoor smart energy gym will be installed. The project lead for Parks and Open Spaces has been working with Solutions4health and other providers in the area to ensure a timetable of events are scheduled to use the gym and encourage people to come outside and be active.

Playing Out Scheme - A briefing note has been compiled and further information sought on how Cambridge County Council run the scheme to enable Peterborough City Council to consider implementation in the CAN DO area. If any of residents apply to Peterborough City Council to take part in the scheme, they can apply by using the existing application process for Street Parties / events and it will be evaluated by Peterborough Highway Services. Please note, the best placed streets for this scheme are those which are not attached to main routes.

	<p><b>Community Participation</b></p> <ul style="list-style-type: none"> <li>● Engagement with local businesses and regular attendance at the Small Business forum.</li> <li>● Engagement with the Civic Society to meet and discuss their involvement in the programme.</li> <li>● Regular Meetings have now been scheduled with the chair of the Local Action Group.</li> <li>● Meetings with Vivacity and Peterborough presents in relation to street art in the area.</li> <li>● Engagement with Solutions4health reference the installation of the new green gym.</li> <li>● Joint bid with Gladstone Connet to WREN for funding to improve open space.</li> <li>● Continued engagement with the community groups in the area.</li> </ul>
<p><b>HWB STRATEGY 2016/19: FUTURE PLANS</b></p> <ul style="list-style-type: none"> <li>● The NHS CCG has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes</li> <li>● City Council proposals for selective licensing of private sector housing in parts of the city could impact on geographical health inequalities in the longer term</li> <li>● There is potential to target preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs</li> </ul>	
<p><b>Future Plans: Progress against key milestones and local indicators/trends</b></p>	As above
<p><b>Risks</b></p>	<ul style="list-style-type: none"> <li>● Results of traffic model study along Lincoln Road evidence significant challenges such as volume of traffic and air pollution that to remedy will negatively impact on traffic movement in surrounding areas. To not tackle in ambitious way would not achieve the desired outcomes of the regeneration objectives. Therefore need to reach consensus on the scale and impactive design of the public realm improvements</li> <li>● Proposal to introduce 'Playing Out' scheme - ideal for this dense area with limited open space to temporarily reclaim the roads in the area, is meeting resistance due to impact of road closures</li> </ul>
<p><b>Key considerations</b></p>	No decisions required by the Board

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

**PERFORMANCE REPORT**

**DATE: APRIL – OCTOBER 2018**

**SUBJECT: LONG TERM CONDITIONS AND PREMATURE MORTALITY**

**LEAD: Sue Watkinson/Aleks Mecan**

**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

**Performance narrative and statistics**

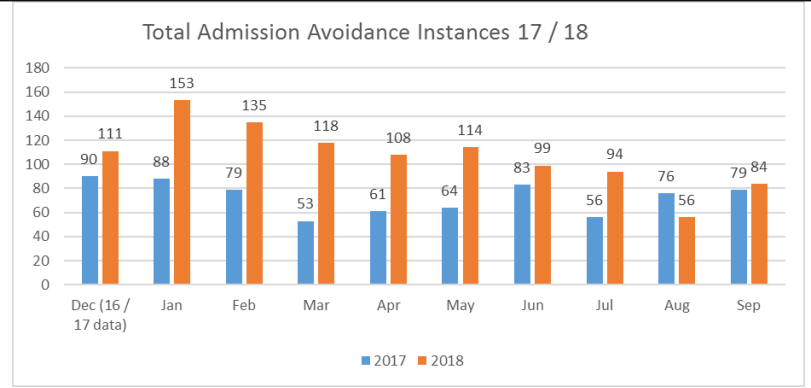
**(please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

**Respiratory**

Due to the early interventions that were put in place for the respiratory project the following key outcomes have been achieved to date:

- An additional 343 admission avoidance home visits from December 17 to September 18.
- An admission avoidance audit of the home visits demonstrated that 80% would have resulted in admission avoidance, suggesting the positive impact the enhanced service has had directly to the system.
- 29 referrals to Psychological Wellbeing Service via the respiratory pathway.
- Friends and family test results in August 2018 showed that 93.33% would recommend the services.
- Patient experience surveys carried out in Finance Year 18/19 Quarter 1 showed the average satisfaction result was 95.46%.
- 77.78% of those that have had a follow up appointment have shown a reduction in their exacerbation rate.

SUS non-elective COPD data shows that there have been 84 fewer admissions between December 17 and August 18.



**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:

CCG Actual	Structured Education		Treatment Targets		
	2014/15	2015/1	2014/1	2015/16	2016/1
		6	5		7
	7.3%	6.3%	34.9%	34.9%	34.0%
England Average	2014/15	2015/1	2014/1	2015/16	2016/1
		6	5		7
	6.9%	7.3%	39.8%	39.0%	39.7%

Figures for 2017/18 will be released shortly.

**Diabetes Prevention Programme**

To date 95 practices have referred patients onto the Diabetes Prevention Programme, and over 7,700 people have been referred to the programme since October 2016 to present.



<p><b>Narrative update on workstreams</b></p>	<p><b>Respiratory</b></p> <p>The business case included 10 workstreams but they did not all go ahead due to difficulties that occurred.</p> <ol style="list-style-type: none"> <li><b>1. Community Respiratory Consultants</b> – Employment of 2 community respiratory consultants, who would lead community respiratory services and hold Consultant-led Community Outpatient Clinics which should result in taking activity out of secondary care settings. There have been 2 recruitment drives with no success. Acute consultants are being consulted on their ideas going forward. <b>UPDATE</b> – The recruitment to the consultant posts was not successful.</li> <li><b>2. Primary Care COPD Clinics and Respiratory Specialist Nurses</b> – Specialist respiratory (COPD) clinics held within the Primary Care/Community setting supporting practices to proactively manage their COPD patients and increase patient levels of self-activation; recruitment of 6 respiratory nurses to provide the clinics. 5 staff recruited (4.2 wte). The clinics are held in Community-located Clinics in Doddington Community hospital, Peterborough HLC, Cambridge Brookfields, POW Ely, and North Cambs Hospital (Wisbech). There are currently 16 clinics held in every 4 week period. In addition, 2 GP practices are holding primary care COPD clinics in their practice, run by community respiratory nurses, starting April 2018.</li> </ol> <p>In addition, with the additional resource, an admission avoidance extra service has been set up. This is a Specialist nurse intervention within a patient’s home to support those who are exacerbating and may otherwise end up in a non-elective setting. The service includes delivering 15 additional admission avoidance slots per day and is now available until 18:00 (previously 16:00). 60 additional patients per month are seen using the 60 additional slots per month resulting in an increase ‘on-the-day support’ for COPD patients taking referrals from GPs, community, ambulances and acute providers. <b>UPDATE</b> – Due to uncertainty around future funding the remaining 1.8WTE of the nursing vacancies did not go ahead. A Psychological Wellbeing Practitioner is now in place in all clinics so referrals can be made appropriately depending on the symptoms a patient is presenting with.</p> <ol style="list-style-type: none"> <li><b>3. Provision of Community Spirometry</b> – Funding in the business case covers the costs of supporting spirometry accreditation; training costs are not covered. Accreditation is mandatory from 2021. We are liaising with the Primary Care Workforce Team highlighting the training requirement and funding available from the business case.</li> <li><b>4. GRASP COPD</b> – GRASP COPD is a quality improvement tool that enables practices to interrogate their clinical system for information directly related to patients that have or may have COPD and enable the early identification of non-</li> </ol>
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diagnosed COPD patients. GRASP is free to install and GP practices can install and run the GRASP COPD software. Funding is available to support the installation of this software using various options to help installation if practices decide to use the tool. **UPDATE** – Due to concerns raised from primary care regarding the information governance of this tool only one practice has utilised this to date.

5. **Pulmonary Rehabilitation** – Currently provided by four providers, to be reviewed in a second phase of this project. (There is no funding in the business case for reviewing pulmonary rehab.) The myCOPD app includes a pulmonary rehab module, which may be suitable or preferable to some patients. **UPDATE** – The pulmonary rehab module on the my COPD app is being shown to patients as the app is distributed.
6. **Support for Existing Singing For Lung Health Group** – This is an existing group for people with respiratory conditions, in Cambridge only. In the business case, there is partial funding for the group for 17/18 and 18/19 initially.
7. **myCOPD app** – A web based application which enables patients to manage their COPD more effectively through improved knowledge and training including Pulmonary Rehab and inhaler technique modules. 3122 Licences are available through an Innovation and Technology Tariff for 20% of the COPD population and training is being organised on the app. **UPDATE** – 65 licenses have been distributed to date and the service continue to promote this via the clinics, home visits and pulmonary rehabilitation.
8. **British Lung Foundation Love Your Lung (LYL) Campaign** – Four events were held in Sept/Oct 2017. Over 200 patients were screened in the Peterborough/Wisbech area
9. **British Lung Foundation Self Management workshops** – Two workshops have taken place and a further workshop is scheduled to take place in December. The overall feedback from the events has been positive. The workshops will teach COPD patients to manage their COPD symptoms including exercise and smoking advice and also reduce exacerbations. Practices are in the process of signing up to host the clinics.
10. **British Lung Foundation Breathe Easy groups** – Project management resource to help develop the groups and work with the chairs of the groups to help promote the groups amongst GP practices and at the Primary Care COPD clinics was proposed in the business case. The respiratory business case has not had a project manager for 2 months. But a resource has now been identified (CPFT) and will start working on the Community respiratory project from May

2018, including engagement with Breathe Easy groups. **UPDATE** – A representative from the respiratory service attended a number of the groups that were held.

### **Diabetes**

We continue to work with our providers of diabetes structured education to increase the number of people attending sessions for people with Type 1 and Type 2 diabetes.

There have been 671 attends to our DESMOND course for Type 2 since April 2018 to September 2018, and we continue to advertise to help raise awareness of the additional sessions, and the importance of attending.

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

There is a local enhanced service (LES) in place that almost all practices have signed up to. This is to support primary care training and development, and to encourage more integrated working with the specialist diabetes teams in community and secondary care.

Additionally, engagement in the LES will help to reduce the expected increase in the number of people developing type 2 diabetes. This will be achieved through proactively identifying and referring people who are at high risk of developing the disease (NICE Guidance PH38) to our local NHS Diabetes prevention programme.

This will help to improve outcomes for patients by promoting attendance at structured education and supporting the achievement of NICE Recommended Treatment Targets: HbA1c, Blood Pressure and Cholesterol, which will help to prevent or delay the development of the long term complications of diabetes.

There are multidisciplinary foot care clinics taking place at Peterborough and Hinchingsbrooke hospitals to raise awareness of patients with high risk feet on hospital wards and enable early detection and prevention or intervention for diabetic foot problems. The Multidisciplinary Footcare Team has developed a foot care training programme for acute and primary care staff that is delivered by the podiatry team.

	<p>We will be working with Diabetes UK to set further Public Engagement Events in each of the four localities (Cambridge, Fens, Hunts and Peterborough) in 2019 to enable people to feedback their views on current diabetes services and for us to demonstrate how their feedback from the last events has helped inform our plans for 2018/19.</p> <p><b>NHS Diabetes Prevention Programme</b>  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.</p> <p>We have recently taken part in the national procurement process, and Independent Clinical Services (ICS) will continue to be the local provider across Cambridgeshire and Peterborough STP.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></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>Additionally, we continue to work with the local NHS providers to ensure the effective implementation of the national diabetes treatment and care programme.</p> <p><b>Respiratory</b>  The respiratory project group has included a number of stakeholders including representatives from CPFT, CCG, GPs and pharmacy. The service regularly attends GP, acute and secondary care events to promote the services they have to offer and this has seen an increase in the referrals from those areas.</p> <p>The service has recently opened up self-referrals in Peterborough and this has been integrated with pharmacies in the area so self-referrals can be made via this pathway.</p>
<p><b>HWB STRATEGY 2016/19: FUTURE PLANS</b></p> <ul style="list-style-type: none"> <li>• Develop and implement a joint strategy to address CVD in Peterborough</li> <li>• Explore a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease</li> <li>• Explore options to reduce the risk of stroke within the local population by improved identification of atrial fibrillation</li> <li>• 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</li> </ul>	
<p><b>Future Plans: Progress against key milestones and local indicators/trends</b></p>	<p><b>Respiratory</b>  The respiratory service plans to open up self-referrals in other locations early next year enabling further integration with pharmacies in other areas.</p>

	<p><b>Programme to work with the South Asian Communities</b></p> <p>Outreach health checks continue to be delivered 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 are continuing. This has led to the following activity during 2018/19:</p> <p>South Asians accessing a health check – 44 - Women - 22  South Asians accessing a mini MOT – 93 - Women - 29  South Asians accessing Let's Get Moving – 71 Women – 49  South Asians accessing Shape up for Life – 29 - Women – 26  South Asians accessing Health Trainers – 96 -Women -71</p> <p><b>AF stroke prevention programme</b></p> <p>Patient outcomes as of June 2018:</p> <ul style="list-style-type: none"> <li>• An additional 289 patient's anticoagulated, increasing the anticoagulation rate from 74.7% (baseline) to 79.1% (3.8% increase)</li> <li>• the number of patients not receiving anticoagulants has reduced by 156</li> <li>• 12/27 practices achieved the 81% target</li> </ul> <p>The reduction in the number of patients not receiving anticoagulation and the identification and treatment of new cases of AF should <b>prevent approx. 11 strokes</b> over the next 12 months.</p>
<b>Risks</b>	<p><b>Diabetes</b></p> <p>The main risks for Diabetes programme is attendances for Diabetes structured education. Of the people who attend, the feedback is very good. There is a need to proactively promote this during 2018/19 to meet the target number of attends that have been agreed with NHSE.</p> <p>For the DPP we need to be careful to keep within the contracted levels of activity, so are closely monitoring this with the provider as we do not want to run out of interventions.</p>
<b>Key considerations</b>	

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

**PERFORMANCE REPORT**

**DATE:** APRIL – SEPTEMBER 2018

**SUBJECT:** SUSTAINABLE TRANSFORMATION 5 YEAR PLAN (INCLUDING BCF)

**LEAD:** WILL PATTEN (AUTHOR: CAROLINE TOWNSEND)

**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 2018/19 Quarter 2 Better Care Fund report to NHS England was submitted on the 18<sup>th</sup> October. The below table provides an overview of targets and performance at the end of Q2:

Metric	2018/19 Planned Target	Peterborough Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
<b>Non-elective admissions to hospital</b>	18,316 non elective admissions	Full Q2 data was not available at the time of reporting. Estimated NEA performance for Q2 is 8,926 against a year to date target of 8,906.		The trust is Identifying “golden patients” in order to facilitate flow and capacity Ward teams are focusing on early clinical decisions and expediting discharges. Medical staff are prioritising patients with high acuity and potential discharges Senior support to white board meeting ACU is in-reaching ED and wards Ongoing focus on Red2Green JET redesign process is now completed and will be implemented
<b>Delayed Transfers of Care (DTOCs) from hospital</b>	3.5% Occupied Bed Days 3,258 bed days	The system continued to report high levels of DTOC in Q2. Full year performance		Still not meeting target of 3.5% for numbers of Delayed Transfer of Care (DTOC) patients – System transformation team is working with providers to facilitate complex discharges Acute frailty pathway in place at PCH; roll out across C&P during 2018/19.

			was 4,524 against a full year target of 5022 and year to date target of 1,638.		Workshop to review D2A pathways led to systemwide agreement over year round capacity required to support pathway 2 (community in patient). New referral process simplifying access to service via a single referral route agreed and in place. Consolidated management Review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Implementation of Integrated Discharge hubs across all acutes now in place and embedding.
	<b>Admissions to long-term residential and nursing homes in over 65 year olds</b>	184	Permanent admissions in over 65s were 65 at the end of Q2 which is well below our threshold target for 18/19.		On target. Self-funders continue to present a pressure to the system which is difficult to predict.
	<b>Effectiveness of reablement services</b>	82.9%	Performance at the end of Q2 was 76%, just below our threshold target. The service has suffered in respect of capacity at some points		Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity Domiciliary Care capacity being reviewed with providers

			due to the reablement service supporting a number of bridging packages			
<p><b>Narrative update on work-streams</b></p>	<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. 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><b>Prevention and Early Intervention:</b> Falls prevention: Proactive screening across all neighbourhood team is established via a multi-factorial falls risk assessment. Strength and balance programmes being delivered via CPFT and Solutions4Health. A 'Stronger for Longer' communication campaign launched on the 1st October 2018 with the aim of encouraging older people 65+ years to do strength and balance exercises at least twice a week to prevent falls and maintain independence.</p> <p>Stroke Prevention: Between September 17 and June 18 the rate of patients being anticoagulated increased among participating practices from 74.7% to 79.2%. The programme was associated with (as of June 2018) with an increase in the number of patients being anticoagulated by 289. Overall, this should lead to the prevention of 12 strokes over the next year across Greater Peterborough and Wisbech. 25 practices have signed up to undertake AF case finding in flu clinics (over 65s) over autumn 2018.</p> <p>Technology Enabled Care (TEC) (previously Assistive Technology): TEC First training is offered to partners from all sectors so that considering TEC becomes mainstream and everyone values its role in supporting service users and their carers. In Cambridgeshire we have a well-established and resourced TEC Team and are working with Peterborough to implement an integrated TEC offer across Cambridgeshire &amp; Peterborough.</p> <p><b>Community Services (MDT Working):</b> All our neighbourhood teams (NTs) have in place a system of case management through multi-disciplinary team working (MDT) to identify the very frail people through a stratified patient list – those at most risk of hospital admission.</p>					



	<p><b>Enablers:</b> LGA funded proof of concept was developed and evaluation report finalised. PCC have developed a single directory of service, the 'Peterborough Information Network' which brings together all core council directories into one directory source, improving quality, consistency and service user experience. NHS Online and 111 Online are in development. There are ongoing discussions to review the most appropriate opportunities for linkages across these platforms, including linking with VCS and community services information.</p> <p><b>High Impact Changes for Discharge:</b> 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. Progress continues to be made to embed these plans across the system and an evaluation of progress to date has been undertaken to inform future approaches to maximise impact. An iBCF Steering Group is being set up to ensure continued delivery and monitoring.</p> <p><b>Investment in Housing for Vulnerable People:</b> A cohort of service users with learning disabilities has been identified. They have very complex needs and require bespoke and specific accommodation and support. An initial property has been purchased and robust transition plans for each service-user are being developed.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>The Better Care Fund 2017-19 Plan is based on the following agreed principles:</p> <ul style="list-style-type: none"> <li>● Greater alignment across Cambridgeshire and Peterborough</li> <li>● A single commissioning board (the ICB)</li> <li>● Greater alignment with the STP and local authority transformation plans</li> </ul> <p>Jointly funded STP and BCF Prevention initiatives are being implemented: Falls Prevention and Atrial Fibrillation Development and implementation of local DTOC plans, close partnership working to roll out and evaluate initiatives, including two recent evaluation workshops to review progress of the iBCF interventions.</p>

## FUTURE PLANS

<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p><b>BCF Planning 2017/18</b> The BCF 2017-19 plan has received full approval status from NHS England.</p> <p><b>BCF Dashboard</b> A single BCF outcomes dashboard has been developed and is 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><b>iBCF Monitoring and Evaluation</b> Following two system wide workshops, an evaluation of the Ibcf initiatives was undertaken and this informed the recommendations for the remainder of 2018/19. A system wide steering group, accountable to the Integrated Commissioning Board, is being set up which will continue to oversee ongoing implementation, monitoring and informing recommendations for 2019/20.</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>● DTOC targets for the system continue to be ambitious to meet the 3.5% national target.</li> <li>● iBCF Spring Budget funding is non-recurrent, gradually decreasing over the next 3 years.</li> </ul>
<b>Key considerations</b>	<ul style="list-style-type: none"> <li>● 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.</li> </ul>