

DRAFT

**Cambridgeshire and
Peterborough**

**Joint Health and Wellbeing
Strategy 2019-24**

Foreword

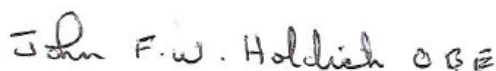
Supporting the health and wellbeing of our communities is fundamental to Local Government, as well as to the NHS. As a Health and Wellbeing Board, we recognise that many of the most important factors which affect our residents' health are social, economic and environmental.

At the time of writing our Councils have declared a Climate Change Emergency, and are working on the actions that we will be taking to address this over the coming years. Many of the actions that individuals and organisations can take to benefit the climate will also be good for our own health – walking or cycling rather than using the car; increasing the use of electric vehicles; eating more local vegetables and less meat; and making sure our houses are well insulated.

The Health and Wellbeing Board is the place where politicians, health and social care professionals and other leaders across the system work together to solve problems and lead change to benefit our residents. This year for the first time we have agreed to work together to create a joint Health and Wellbeing Strategy (2019-2024) across Cambridgeshire and Peterborough. We are also working closely with the authors of the local NHS five year plan, so that both plans make sense together.

The communities we live in are fundamental to our health, and taking a 'Think Communities' approach based on place, rather than a silo approach based on organisations is at the core of this draft Strategy.

The local health issues are often clear, while the actions we can take locally to address them can be more challenging to agree. This draft Health and Wellbeing Strategy will now go through an extended further process of consultation with stakeholders and the public, to ensure that the actions we endorse and lead as a Health and Wellbeing Board are the right ones for our communities.



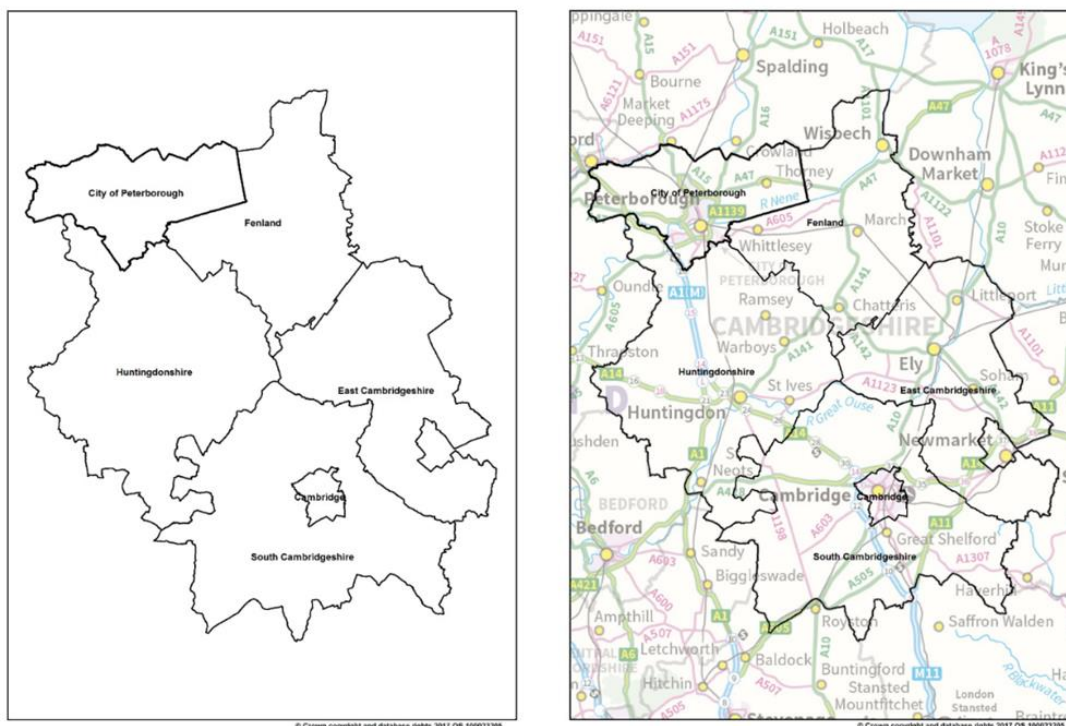
Cllr John Holdich OBE
Leader Peterborough City Council and Chair,
Peterborough Health and Wellbeing Board



Cllr Roger Hickford
Deputy Leader Cambridgeshire County Council and
Chair, Cambridgeshire Health and Wellbeing Board

Introduction – Developing the Joint Health and Wellbeing Strategy

This Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough covers the local authority areas shown on the maps below.



These maps show Peterborough City Council and the five City and District Councils in Cambridgeshire – Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. The City and District Councils provide many services which are key to health and wellbeing, so their engagement in this strategy is essential, together with NHS organisations, the community and voluntary sector and other stakeholders.

The first stage in developing the Joint Health and Wellbeing Strategy was to identify four key priorities across the organisations which make up the Health and Wellbeing Boards:

- Priority 1: Places that support health and wellbeing**
- Priority 2: Helping children achieve the best start in life**
- Priority 3: Staying healthy throughout life**
- Priority 4: Quality health and social care**

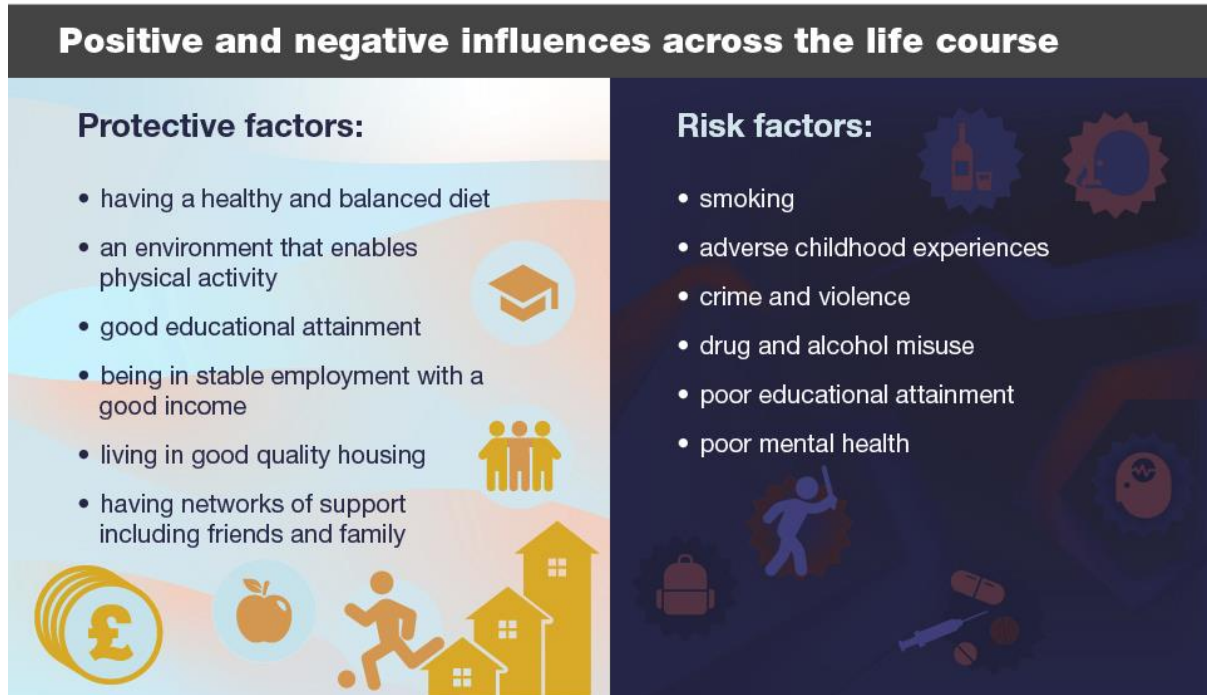
We then looked at health statistics in our Joint Strategic Needs Assessment (JSNA) Core Dataset, and identified health outcomes or inequalities across Cambridgeshire and Peterborough, which could be improved.

We presented this information from the JSNA core dataset to key staff in a range of local organisations and Boards, and asked them whether they already had strategies and plans in place to improve some of the health outcomes and inequalities. We also asked whether there were actions they would the Health and Wellbeing Board to take and include in the Joint Health and Wellbeing Strategy.

We are now bringing this draft Joint Health and Wellbeing Strategy to the Health and Wellbeing Board to ask for approval to enter the next stage of engagement and consultation, with a wider range of stakeholders and with the public.

PRIORITY ONE: PLACES THAT SUPPORT HEALTH AND WELLBEING

The places where we live, work, learn and socialise have a big impact on our health.



Positive and negative influences across the life course

Protective factors:

- having a healthy and balanced diet
- an environment that enables physical activity
- good educational attainment
- being in stable employment with a good income
- living in good quality housing
- having networks of support including friends and family

Risk factors:

- smoking
- adverse childhood experiences
- crime and violence
- drug and alcohol misuse
- poor educational attainment
- poor mental health

The infographic features a dark blue background with a light blue and orange gradient on the left. It includes icons for a graduation cap, a group of people, a house, a person running, a coin, an apple, a person smoking, a person with a gun, a person with a backpack, a person with a pill, and a person with a gun.

Information from the Joint Strategic Needs Assessment and discussions with a range of local stakeholders about 'Places that support our health and wellbeing' have identified three outcome areas for focus:

Outcome 1: New housing developments and transport infrastructure which support residents' health and address climate change

Outcome 2: Preventing homelessness and improving pathways into housing for vulnerable people.

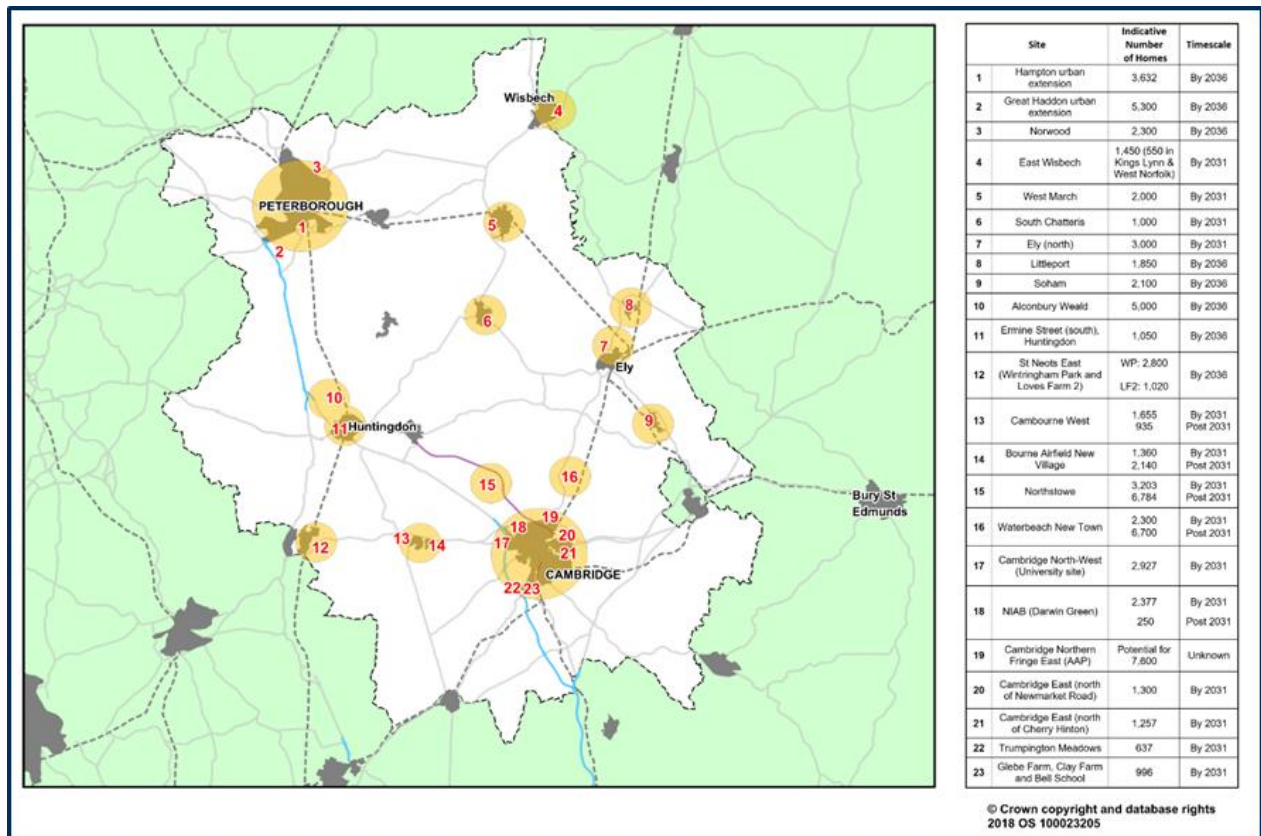
Outcome 3: Reducing inequalities in skills and economic outcomes across our area.

PLACES WHICH SUPPORT OUR HEALTH AND WELLBEING: OUTCOME 1:

New Housing Developments and Transport Infrastructure which support residents' health

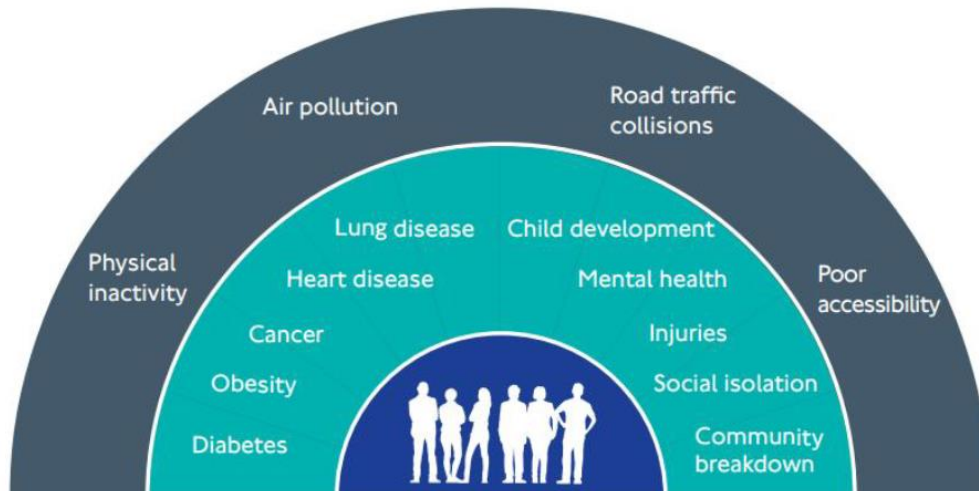
What does the JSNA tell us?

We have several new housing development sites in Cambridgeshire and Peterborough, and are developing new transport infrastructure. If plans reflect what is known about the effects of housing, green space, walking and cycling, and good community networks on health - new residents will have the best chance to be healthy. We also need to plan health and care services for large new housing developments.



How are we working together already?

- Northstowe new town in South Cambridgeshire is one of a small number of 'Healthy New Towns' in England, which received funding to create a healthy environment. Learning from these towns has led to agreement of ten national 'Healthy New Town' planning principles ("Putting Health into Place"), which have been adopted by several large housing developers. Locally we're developing a toolkit to implement the 'Healthy New Town' principles.
- District Council planning officers from Cambridgeshire and Peterborough have met with representatives of the the local NHS 'Estates' group, to work out how to plan better together for health and care services in new housing developments.
- The Combined Authority Local Transport Plan has included health and wellbeing as a key policy element summarised in the diagram below:



Source: Creating healthy thriving communities: priorities for the Cambridgeshire and Peterborough Local Transport Plan

What can the Health and Wellbeing Board do?

- Member organisations of the Health and Wellbeing Board can adopt the ten 'Healthy New Town' principles for local housing developments, and support the development and adoption of a local planning 'toolkit' to implement them.
- Member organisations of the Health and Wellbeing Board can commit to involvement in joint work across Planning Authorities and the NHS (STP) Estates Group, to plan health and care infrastructure.
- The Health and Wellbeing Board can endorse the Combined Authority's Local Transport Plan policies for 'Creating Healthy Thriving Communities' and monitor their implementation.
- The Health and Wellbeing Board can endorse and support member organisations' Climate Change Strategies and Action Plans as these develop.

How will progress be measured?

Outcome metrics TBC

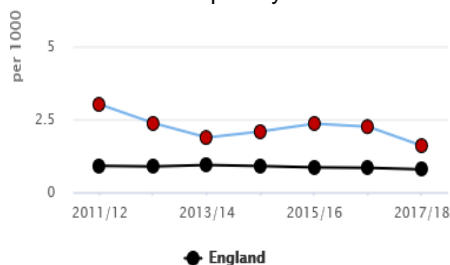
PLACES THAT SUPPORT HEALTH AND WELLBEING: OUTCOME 2

Preventing homelessness and improving pathways into housing for vulnerable people.

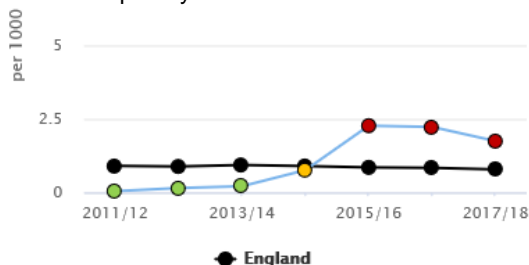
What does the JSNA tell us?

There are higher than average numbers of statutorily homeless people in both Peterborough and Cambridge. Councils are required to provide temporary accommodation for homeless families but not for single people who are not classed as in priority need. Homeless rough sleepers often have poor mental health, drug and alcohol problems and are at risk of early death. Mental health, drug and alcohol, and criminal justice service providers say that lack of housing and homelessness may cause people to relapse into illness, addiction or criminal behaviour, when this could have been prevented. This can lead to more demand on services and higher costs overall.

Peterborough: people who are statutorily homeless but not in priority need



Cambridge: people who are statutorily homeless but not in priority need



People living with disabilities or coming out of hospital may need adaptations to their houses, so they can stay in their own home. In some cases they may need a new home tailored to their needs, for their families to continue caring for them.

How are we working together already?

Local City and District Councils are working to prevent homelessness, to provide housing and services to vulnerable people, and to make sure people with disabilities and long term conditions have access to the right adaptations for their houses. Partnership work across Cambridgeshire and Peterborough is led by the 'Sub-Regional Housing Board', which has overseen a successful homelessness prevention 'Trailblazer' pilot.

The Access Centre GP Surgery in Cambridge provides health services to rough sleepers and very vulnerable adults, but similar services are not funded in Peterborough or Wisbech, where there are also several rough sleepers. NHS commissioners (the CCG) are assessing the health needs and current provision for rough sleepers across the area.

What can the Health and Wellbeing Board do?

- Health and care providers on the Health and Wellbeing Board can commit to working with sub-regional Housing Board members, to prevent homelessness and develop joint pathways into housing for vulnerable people. This includes organisations working together at local level to solve problems, and strategically at STP Alliance and STP Board level.
- Health and Wellbeing Board member organisations can work with the CCG to address the recommendations of the rough sleeper health needs assessment.

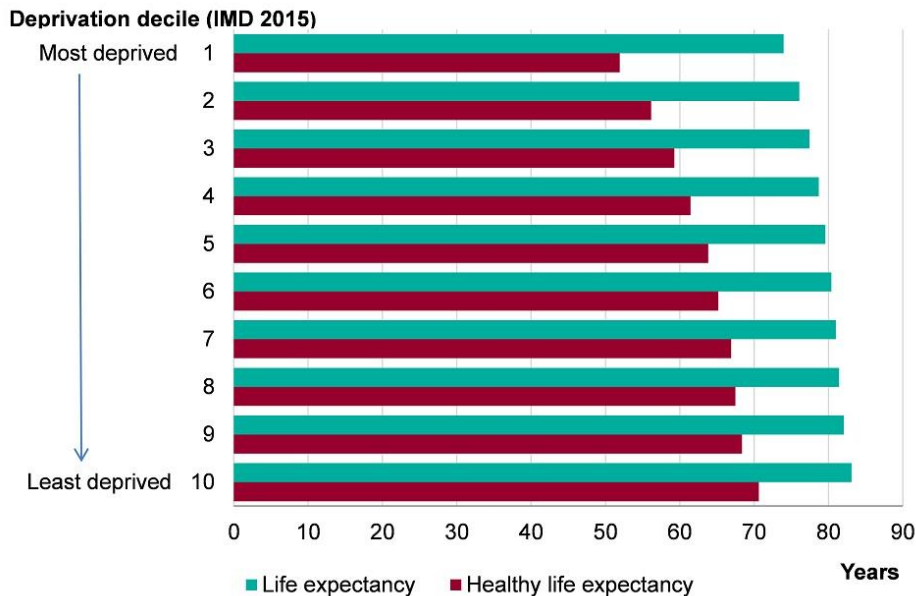
How will we measure progress? Outcome metrics TBC

PLACES THAT SUPPORT HEALTH AND WELLBEING: OUTCOME 3

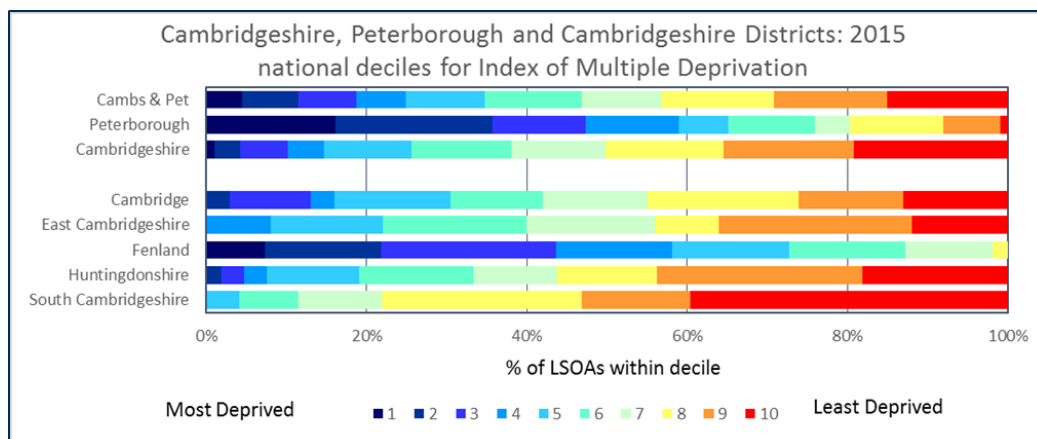
Reducing inequalities in skills and economic outcomes across our area

What does the JSNA tell us?

Nationally, there is a strong relationship between people’s social and economic circumstances and their health. On average, men who live in areas with the worst social and economic deprivation have significant health problems by their early fifties – while in the least deprived areas they stay healthy until over age seventy. The picture is similar for women.



In Cambridgeshire and Peterborough we see these inequalities. Many communities are prosperous and healthy with good outcomes compared to the national picture. But some communities experience poverty, low education and skills, and poor health outcomes. There are more communities with these issues (shown as blue-black on the chart below) in Peterborough and Fenland, and a smaller number in Cambridge and Huntingdon.



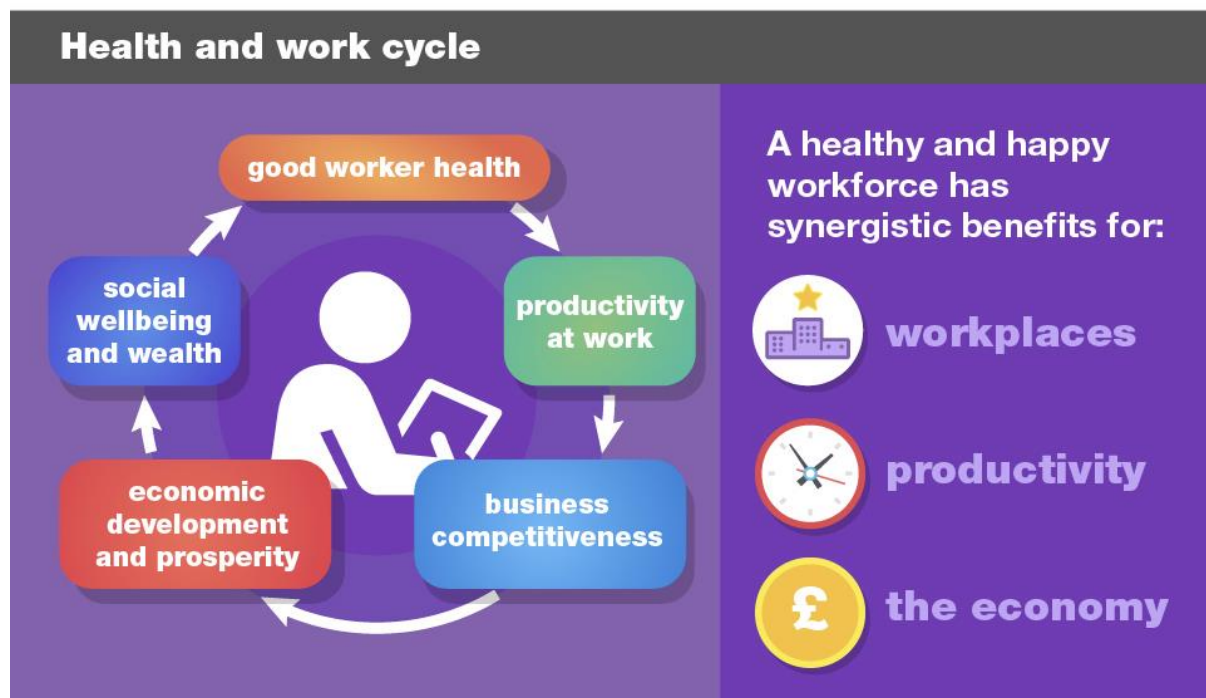
Some local people are not working because they have long term health problems - and this number is greater than people who are out of work and looking for a job.

How are we working together already?

- The Combined Authority has approved an Industrial Strategy which recognises the different economic issues in Greater Cambridge, Peterborough and the Fens and which has as its first goal:
 - To scale growth further to benefit the whole area, building on Cambridge's world class assets to create INCLUSIVE growth across our economyInclusive economic growth means bringing local communities out of poverty - helping local people to gain the right skills, and access good quality jobs and income.
- There is a world leading life sciences and health technology sector in Cambridge and surrounding areas.
- We have a Combined Authority 'Work and Health' pilot, and a nationally funded Mental Health pilot, to help people with long term health problems back into work.

What can the Health and Wellbeing Board do?

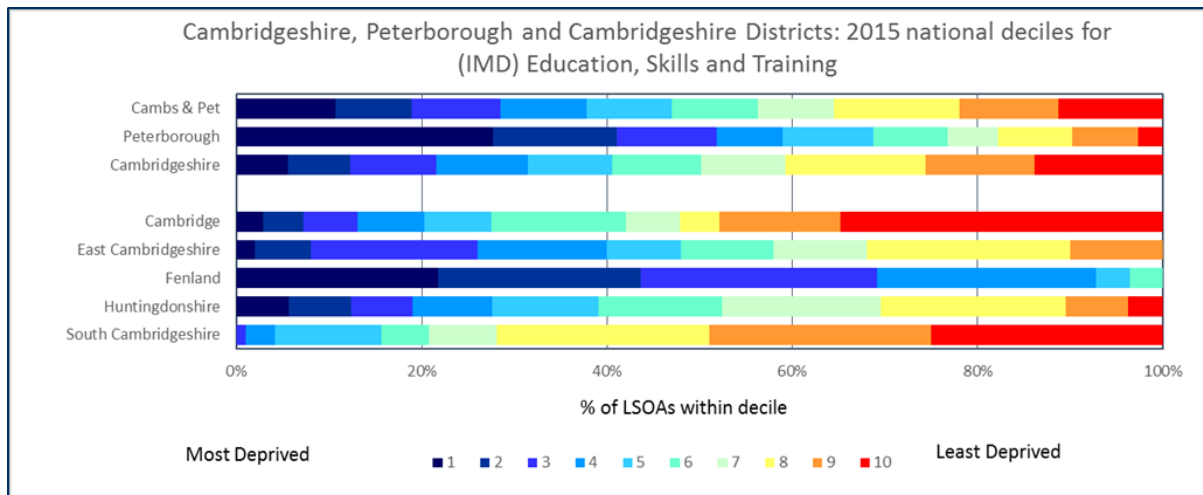
- Endorse the Combined Authority Industrial Strategy goal for inclusive growth across the area. This will create good quality jobs which support people's health.
- Healthcare providers on the HWB Board can support the Combined Authority's aim to spread the economic benefits of a strong biomedical and health technology sector beyond Greater Cambridge.
- Public health and healthcare providers on the HWB Board can work with the Combined Authority Business Board to promote workplace health programmes in local businesses, which help staff stay healthy and productive.
- HWB Board member organisations can engage with and support the two local pilot programmes to support people with long term health problems back into work.



Adult education and skills

What does the JSNA tell us?

People with higher education and skill levels generally have better health – both through higher incomes and a better understanding of how to stay healthy. The chart below shows that many communities in Peterborough and the Fens have low levels of education and skills (marked blue black), while communities in Cambridge and South Cambridgeshire often have very high education and skill levels (marked red). Some people need to regain confidence and skills after an illness to return to work. For migrant workers, English language skills are key to accessing a wider range of jobs.



How are we working together already?

- The second theme of the recently approved Combined Authority Skills Strategy is 'Empower local people to access education and skills to participate fully in society, to raise aspirations and enhance progress into further learning or work.' It outlines several actions which will help to close the local skills gap including
 - Improving Adult Education Budget Commissioning to link directly with apprenticeships and job progression.
 - Developing a University for Peterborough
 - Creating a health and care sector work academy, working collaboratively with local care and health providers.

What can the Health and Wellbeing Board do?

- The Health and Wellbeing Board can endorse the Combined Authority Skills Strategy theme to 'Empower local people to access education and skills, to participate fully in society, to raise aspirations and enhance progress into further learning or work'.
- Health and care providers on the Health and Wellbeing Board can work with the Combined Authority to deliver a successful Health and Care sector work academy, supporting local people into jobs.

How will we measure progress?

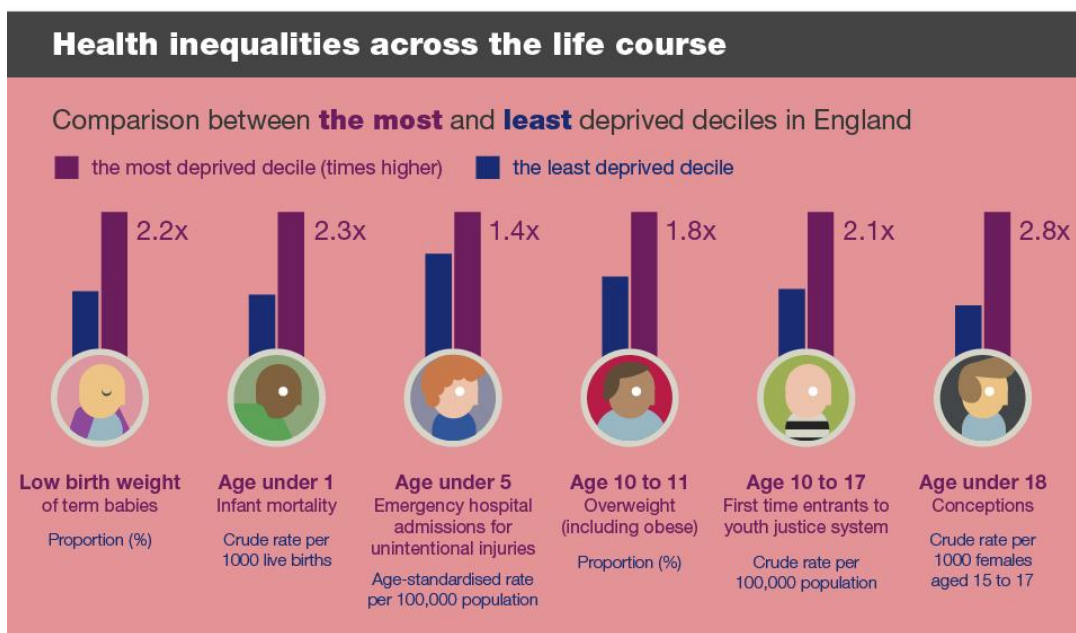
Outcome metrics TBC

PRIORITY TWO: HELPING CHILDREN ACHIEVE THE BEST START IN LIFE

What happens in pregnancy and childhood influences a person's health throughout their life.



Social and economic factors are important - health inequalities between the most and least deprived areas locally and nationally are evidence from the earliest stage.



Information from the JSNA and discussions with a range of local stakeholders about 'Helping Children achieve the Best Start in Life' have identified two outcome areas for focus:

Outcome 1: Delivering the Best Start in Life from pre-birth to age five

Outcome 2: Developing an integrated approach for older children and adolescents

HELPING CHILDREN ACHIEVE THE BEST START IN LIFE: OUTCOME 1

Delivering the Best Start in Life from pre-birth to age five

What does the JSNA tell us?

Both Peterborough and Fenland have more children living in poverty than the national average, and this is likely to affect their health and wellbeing.

In reception class, children are assessed for 'school readiness' – which covers their physical development, communication and social skills. Good 'school readiness' means a child is more likely to flourish at school, achieve good educational outcomes, and have good long term health. In Peterborough and Fenland, children are less likely to be ready for school than nationally

School Readiness: the percentage of children achieving a good level of development at the end of reception, 2017/18

2017/18 Proportion - %

[Export table as image](#) [Export table as CSV file](#)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	466,668	71.5	71.4	71.6
East of England region	↑	52,710	72.1	71.8	72.4
Thurrock	↑	1,812	74.5	72.7	76.2
Southend-on-Sea	↑	1,609	73.9	72.1	75.7
Essex	↑	12,570	73.8	73.1	74.4
Central Bedfordshire	↑	2,676	73.2	71.7	74.6
Hertfordshire	↑	10,471	72.7	72.0	73.5
Norfolk	↑	6,700	71.6	70.6	72.5
Suffolk	↑	5,735	71.5	70.5	72.4
Cambridgeshire	↑	5,228	71.2	70.1	72.2
Bedford	↑	1,584	69.6	67.6	71.4
Luton	↑	2,231	68.9	67.3	70.5
Peterborough	↑	2,094	66.7	65.0	68.3

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

In Cambridgeshire, children experiencing poverty who are eligible for free school meals are less likely to be ready for school than children from similar backgrounds in other counties.

School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception, 2017/18

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	49,312	56.6	56.2	56.9
Staffordshire	↑	14	488	58.3	54.9	61.6
Somerset	↑	9	500	57.5	54.2	60.7
Suffolk	↑	7	484	57.2	53.9	60.5
Hampshire	↑	11	733	56.2	53.5	58.9
Northamptonshire	↑	5	421	56.1	52.5	59.6
Essex	↑	10	1,041	56.0	53.8	58.3
Warwickshire	↑	2	315	55.0	50.9	59.0
Buckinghamshire	↑	8	244	53.0	48.5	57.6
Hertfordshire	↑	15	636	51.8	49.0	54.6
West Sussex	↑	12	393	51.7	48.2	55.2
Oxfordshire	↑	1	311	50.8	46.9	54.8
Worcestershire	↑	6	370	50.1	46.5	53.7
North Yorkshire	↑	13	247	49.4	45.0	53.8
Gloucestershire	↑	3	303	48.9	45.0	52.9
Leicestershire	↑	4	265	48.4	44.2	52.5
Cambridgeshire	↑	-	364	47.3	43.8	50.8

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

The child population in our main urban areas is rich in diversity – in both Peterborough and Cambridge, around half of all births in 2017 were to mothers who themselves were born outside the UK. In Peterborough, a third of schoolchildren speak a language other than England at home.

How are we working together already?

- Over the past year, a multi-agency Cambridgeshire and Peterborough ‘Best Start in Life’ Strategy has been developed, with the vision that “Every child will be given the best start in life supported by families, communities and high quality integrated services”. The BSIL strategy covers the time from conception until children start school and focussed on three key outcomes for local children
 - Children live healthy lives
 - Children are safe from harm
 - Children are confident and resilient with an aptitude and enthusiasm for learning

A new ‘Best Start in Life’ service model is being developed, with increased focus on a place based approach, linking young families into local communities.

- There has been investment in a local ‘Better Births’ programme, including development of community hubs, improved peri-natal mental health services and interventions to support pregnant women to stop smoking.
- A nationally funded ‘Opportunity Area’ to improve educational outcomes and social mobility in Fenland and East Cambridgeshire, includes interventions for children in their early years.

What can the Health and Wellbeing Board do?

- The Health and Wellbeing Board can endorse the Best Start in Life Strategy 2019-24, which is overseen by the Cambridgeshire and Peterborough Children’s Health and Wellbeing Executive Board.
- NHS organisations on the Health and Wellbeing Board can make sure that ‘Better Births’ hubs and perinatal mental health services are fully integrated with the new ‘Best Start in Life’ service model.
- Local authority and voluntary sector organisations on the Health and Wellbeing Board can help develop the place based ‘Best Start in Life’ model, by supporting links with local communities.

How will we measure progress?

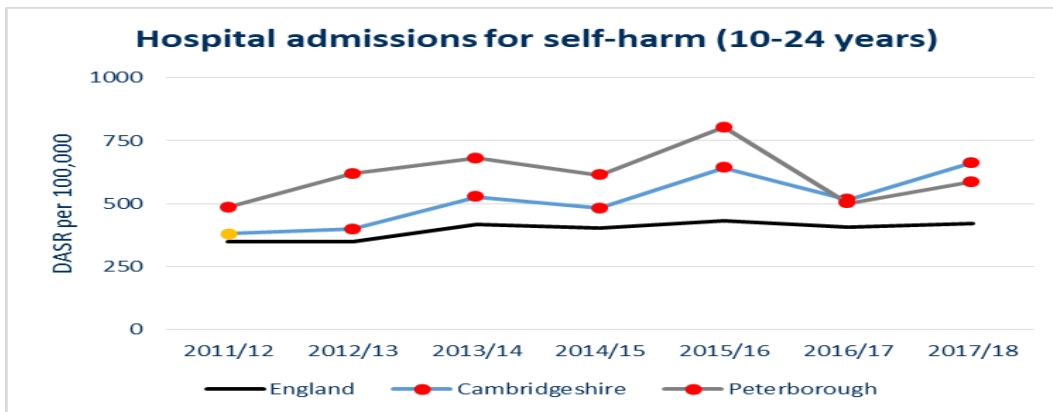
Outcome metrics TBC

HELPING CHILDREN ACHIEVE THE BEST START IN LIFE: OUTCOME 2

Developing an integrated approach for older children and adolescents

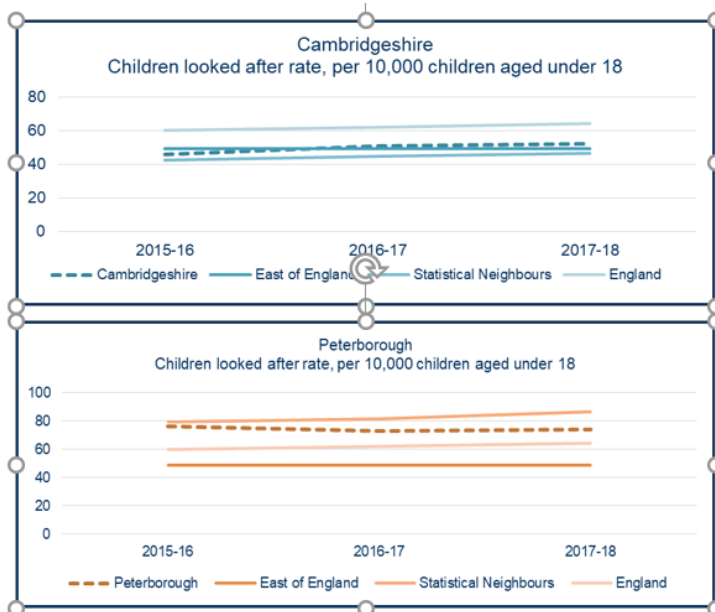
What does the JSNA tell us?

The JSNA shows that 10-24 year olds in Cambridgeshire and Peterborough are more likely to be admitted to hospital for self-harm (often an overdose) than the national average. This may be partly because hospitals around the country collect information in different ways, but it is still of concern.



Local 16-24 year olds are also more likely than the national average to be homeless, particularly in Peterborough. Young people in Peterborough are also more likely than average to be admitted to hospital for injuries, asthma or diabetes, to be teenage mothers, and not to be in education, employment or training.

Nationally there have been rising rates of children taken into care, and these children are some of the most vulnerable people in our society. In Peterborough the numbers of children in care are in line with similar local authorities. In Cambridgeshire there are more children in care than in similar counties, and their rates of health checks and immunisations are low.



Numbers of looked after children, 2017/18

Area	No.	%*	Rate per 10,000 of pop.
Cambridge	139	20%	60.2
East Cambridgeshire	60	8%	30.6
Fenland	163	23%	81.1
Huntingdonshire	165	23%	45.1
South Cambridgeshire	98	14%	27.9
Non-Cambridgeshire postcode	81	11%	-
Cambridgeshire	706	66%	52.5
Peterborough	370	34%	74.6
Cambridgeshire & Peterborough	1,076		58.3

Note: * Cambridgeshire district percentages relate to Cambridgeshire total and Cambridgeshire and Peterborough percentages relate to Cambridgeshire and Peterborough Combined Authority total

How are we working together already?

- The Cambridgeshire and Peterborough Children and Young People Emotional Wellbeing Board works jointly to improve services and outcomes for young people with mental health problems.
- The Clinical Commissioning Group receives national NHS funding to improve child and adolescent mental health services by delivering a 'Local Transformation Plan'.
- The Police and Crime Commissioner is funding work to promote young people's resilience through the local Healthy Schools Support Service.
- The Cambridgeshire and Peterborough Special Educational Needs and Disability (SEND) Strategy aims to provide joined up support for children and young people with disabilities across Education, Health and Social Care.
- Peterborough City Council has received national funding for a 'Family Safeguarding' pilot, in which adult mental health, drug and alcohol, and domestic abuse workers provide direct care and support to parents. This reduces the number of children who need to go into care. Cambridgeshire County Council will receive similar funding in autumn 2019, to implement the 'Family Safeguarding' model.

What can the Health and Wellbeing Board do?

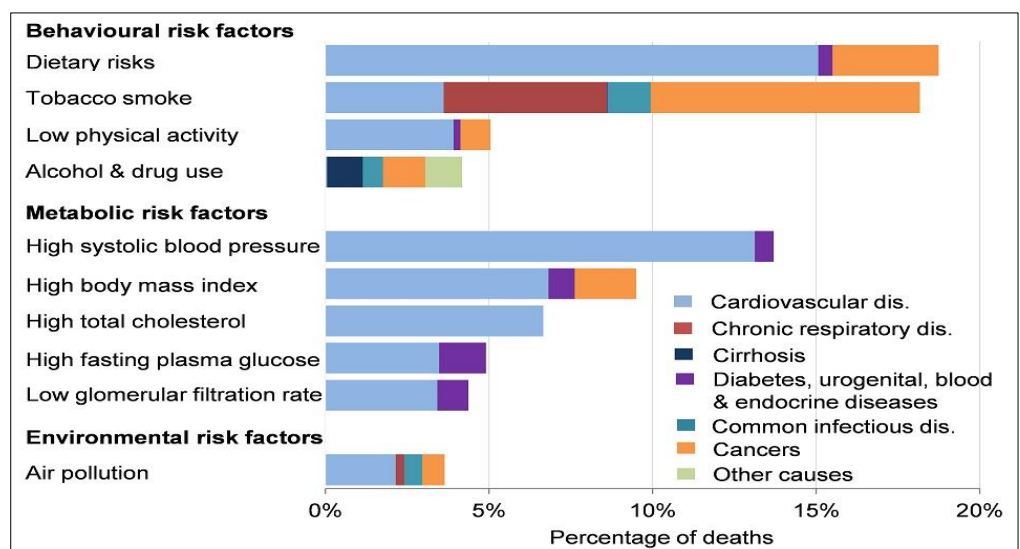
- The Health and Wellbeing Board can ask the Children's Health and Wellbeing Executive Board to bring together organisations and stakeholders, to develop an integrated outcomes framework and strategy for older children and adolescents across Cambridgeshire and Peterborough.
- Health and Wellbeing Board member organisations can help Children in Care to belong in local communities, by taking practical steps to include them and their carers in local activities and services.

How can we measure progress?

Outcome metrics TBC

PRIORITY THREE: STAYING HEALTHY THROUGHOUT LIFE

Research shows that some lifestyle behaviours have a major impact on a person’s risk of developing long term health conditions such as heart and lung disease, cancer and diabetes. The biggest risks are eating an unhealthy diet and smoking tobacco, each responsible for about 20% of deaths. Too little physical activity and alcohol and drug use are also significant.

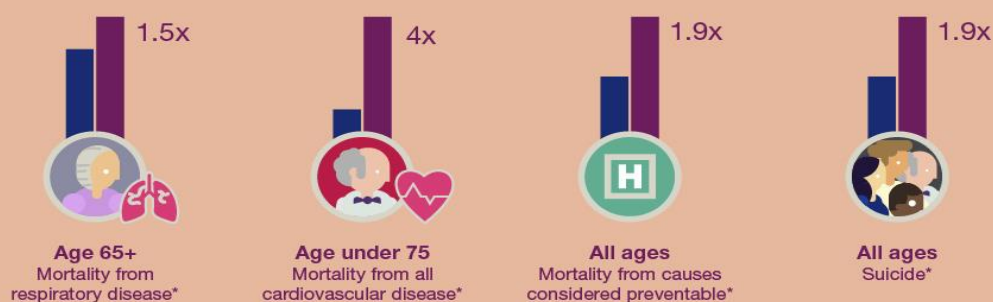


Social and economic factors remain relevant in adulthood, with big differences in health between the most and least deprived communities, locally and nationally.

Health inequalities across the life course

Comparison between **the most** and **least** deprived deciles in England

■ the most deprived decile (times higher) ■ the least deprived decile



*Age-standardised rate per 100,000 population

Information from the JSNA and discussions with a range of local stakeholders about ‘Staying healthy throughout life’ have identified four outcome areas for focus:

- **Outcome 1: A joined up approach to healthy weight, obesity and diabetes**
- **Outcome 2: Reducing inequalities in heart disease and smoking**
- **Outcome 3: Improving mental health and access to services**
- **Outcome 4: Ageing Well – meeting the needs of a growing older population**

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 1

A joined up approach to healthy weight, obesity and diabetes

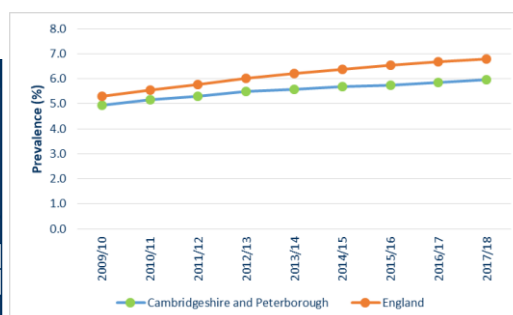
What does the JSNA tell us?

Obesity increases the risk of several diseases including diabetes, heart disease, cancer and arthritis.

In Cambridgeshire and Peterborough, between one in three and one in four children are overweight or obese by the time they leave primary school. Both locally and nationally, some communities with high rates of poverty and deprivation, and some ethnic groups including South Asians, have higher childhood obesity rates.

Around two in three adults are estimated to be overweight or obese, and in Peterborough and Fenland rates of overweight, obesity, and diabetes are all worse than the national average. The numbers of people with diabetes have been rising both locally and nationally and more than one in twenty adults now has diabetes.

Area of GP location	Percentage	Number of people
Cambridge	4.7	7,601
East Cambridgeshire	9.2	6,227
Fenland	13.2	12,353
Huntingdonshire	8.7	12,489
South Cambridgeshire	7.1	7,555
Cambridgeshire	8.1	46,225
Peterborough	10.1	16,916
Cambridgeshire and Peterborough CCG	8.5	63,141
England	9.8	4,530,447



NHS benchmarking statistics show that outcomes of treatment for patients with diabetes in Cambridgeshire and Peterborough are generally worse than the national average.

How are we working together already?

- A local authority led Healthy Weight Strategy for Cambridgeshire was approved in 2017 and a Healthy Weight Strategy for Peterborough is in process of being produced.
- The NHS led Sustainable Transformation Partnership has identified obesity and diabetes as a clinical priority, and is producing a local Diabetes and Obesity Strategy.
- The Cambridgeshire and Peterborough Public Health Reference Group (PHRG) have collated information on more than 50 fast food outlet policies from other UK local authorities.

What can the Health and Wellbeing Board do?

- The HWB Board member organisations can approve and adopt the Cambridgeshire and Peterborough Healthy Weight Strategies and the STP Obesity and Diabetes Strategy - and make sure they are implemented in a joined up way with consistent messages.
- Planning authorities on the HWB Board can use the PHRG review of local authority fast food policies, to consider what they could introduce locally.

How can we measure progress?

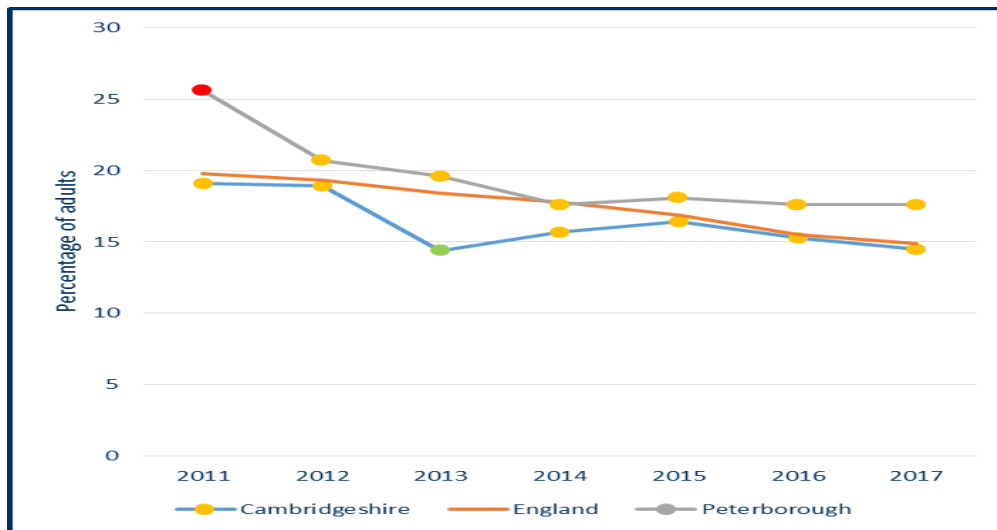
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STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 2

Reducing inequalities in heart disease and smoking

What does the JSNA tell us?

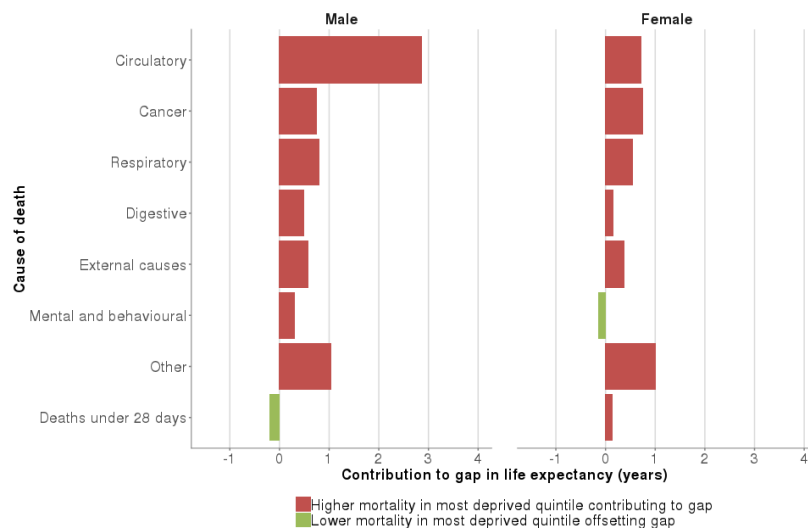
Local smoking rates haven't fallen as fast as elsewhere and are now above the national average in Peterborough and similar to average in Cambridgeshire. Almost one in four women in Wisbech smoke during pregnancy, which can affect the health of both mother and baby, compared with one in ten women nationally.



Deaths under the age of 75 from circulatory disease (heart disease and stroke) are higher than average in both Peterborough and Fenland.

Both nationally and locally, heart disease is linked with social and economic deprivation and with ethnicity – there are higher rates in both South Asian and some Eastern European communities. Circulatory disease accounts for three years of the difference in life expectancy between men in the most and least deprived areas of Peterborough, and there are also high rates in Wisbech.

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Peterborough, by broad cause of death, 2015-17



Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

How are we working together already?

- The Cambridgeshire and Peterborough Smoke Free Alliances have developed a local multi-agency strategy to prevent and reduce the harm caused by smoking and tobacco.
- The NHS led Sustainable Transformation Partnership (STP) has identified cardiovascular disease as a clinical priority and is developing a local Cardiovascular Disease strategy.
- In Peterborough, public health staff are working with the mosques to develop a healthy living programme and prevent diabetes and heart disease.
- In Wisbech, addressing smoking has been identified as a priority for local work to improve health, across organisations.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board organisations can endorse and adopt the Cambridgeshire and Peterborough Smoking and Tobacco Strategy, led by the Smoke Free Alliances.
- The Health and Wellbeing Board can endorse the clinical strategy for cardiovascular disease led by the STP.
- Health and Wellbeing Board member organisations and Primary Care Networks can focus our resources on working together in the most deprived areas of Peterborough and Wisbech to prevent and effectively treat cardiovascular disease.

How will we measure success?

Outcome metrics TBC

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 3

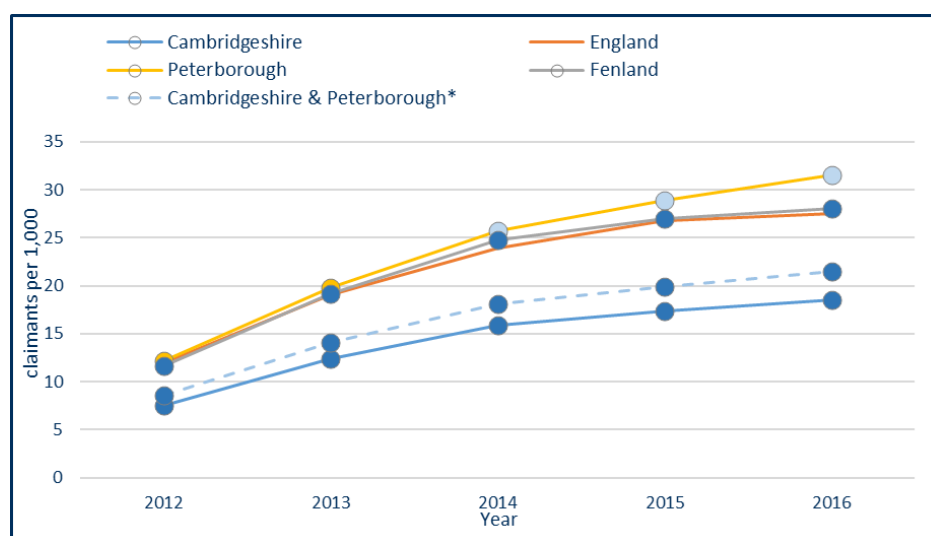
Improving mental health and access to services

What does the JSNA tell us?

Around one in ten adults nationally have depression, according to information on GP practice records. Locally, it is more common for people to have depression in Fenland, and least common in Cambridge. In Cambridge the rates of serious mental illness such as schizophrenia and bipolar disorder are higher than average (about one in one hundred adults). Around one in two hundred adults are recorded on GP registers as having learning disabilities, and the rate is highest in Fenland.

Area of GP location	Schizophrenia, bipolar affective disorder and other psychoses		Depression (18+)*		Dementia		Learning disabilities	
	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people	Percentage	Number of people
Cambridge	1.0	2,013	7.0	11,410	0.5	922	0.3	584
East Cambridgeshire	0.7	609	9.4	6,368	0.7	599	0.4	364
Fenland	0.6	733	11.0	10,352	0.7	866	0.6	650
Huntingdonshire	0.7	1,249	9.7	13,897	0.8	1,420	0.5	837
South Cambridgeshire	0.8	1,045	8.6	9,197	0.7	892	0.3	451
Cambridgeshire	0.8	5,649	8.9	51,224	0.7	4,699	0.4	2,886
Peterborough	0.8	1,870	8.5	14,272	0.7	1,521	0.5	1,072
Cambridgeshire and Peterborough	0.8	7,519	8.8	65,496	0.7	6,220	0.4	3,958
England	0.9	550,918	9.9	4,589,213	0.8	446,548	0.5	284,422

Since 2012, the numbers of people claiming benefits for mental health problems which make them unable to work has risen and is highest in Peterborough.



The Health Watch 'What would you do?' survey and focus groups identified some concerns about local mental health services in particular:

- Waiting times for both adults and children's mental health services
- Services sometimes seeming fragmented – with people either too ill or not ill enough to access them.
- Care can seem to be service centred rather than person centred.

How are we working together already?

- The local 'Mental Health Crisis Concordat' brings together NHS, police, local authority and voluntary sector services. The local 'Dial 111 option 2' mental health crisis service developed recently, is due to be rolled out nationally
- A multi-agency Suicide Prevention Strategy approved in 2018 is being implemented .
- There have been several successful bids for national funding streams leading to local service developments. These include:
 - o The child and adolescent mental health Local Transformation Plan
 - o National NHS funding to pilot waiting targets for mental health appointments
 - o NHS funded pilots for suicide prevention and for helping people with mental health issues into employment.
- The national 'Campaign to end Loneliness' is working with local stakeholders to produce a Cambridgeshire and Peterborough Loneliness Strategy, which aims to improve both mental and physical health outcomes.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can approve and implement the Cambridgeshire and Peterborough Loneliness Strategy.
- The Health and Wellbeing Board can work with the STP Board and Crisis Care Concordat, to ensure that there is joined up governance and oversight for all aspects of mental health strategy.
- Health and Wellbeing Board member organisations can support pathways for vulnerable people with mental health problems into housing and employment.

How can we monitor progress?

Outcome metrics TBC

STAYING HEALTHY THROUGHOUT LIFE: OUTCOME 4

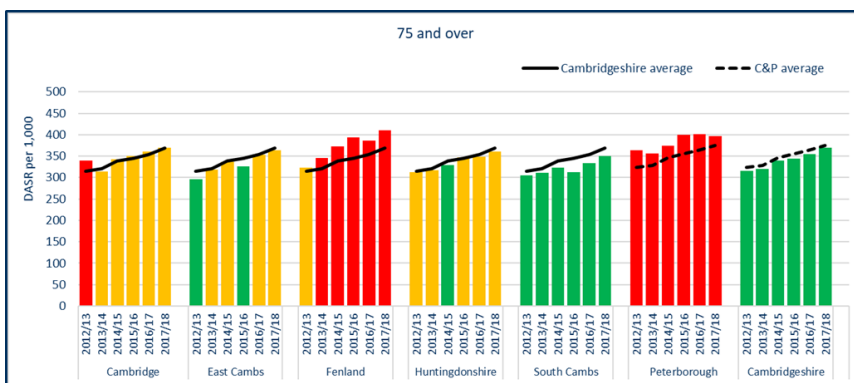
Ageing Well – meeting the needs of an ageing population

What does the JSNA show?

The numbers of people in Cambridgeshire and Peterborough aged seventy-five or over are expected to increase by between 40% and 50% from 2016 to 2026. These forecasts are consistent across national statisticians (Office of National Statistics – ONS) and the local Cambridgeshire County Council Research Group (CCCRG).

The risk that a local resident aged 75 or over will be admitted to hospital as an emergency increased between 2012/13 and 2017/18 in all parts of Cambridgeshire and Peterborough. Emergency hospital admission rates for older people are highest in Fenland and Peterborough and lowest in South Cambridgeshire.

Directly age standardised emergency admission rate per 1000 population for people aged 75+



Once in hospital, there is a history in Cambridgeshire of some older people staying in hospital for longer than they need to. This is called a ‘delayed transfer of care’. The STP has prioritised delayed transfers of care as an area for joint health and social care action, and there have been recent improvements, which need to be maintained.

The risk of developing dementia increases with age, and may increase the need for both health and care services. While many cases of dementia aren’t preventable the risk can be reduced by lifestyle changes in mid to later life.



A common reason for hospital admission, and sometimes for onward referral to residential care is a serious fall. Elderly residents of Cambridge City are more likely than those in other areas to be admitted to hospital for a fall.

Indicator	Period	England rate per 100,000 ¹	C&P* rate per 100,000 ¹	C&P* number	Pboro rate per 100,000 ¹	Pboro number	Cams rate per 100,000 ¹	Cams number	Cambridgeshire Districts				
									Cambridge	E Cambs	Fenland	Hunts	S Cambs
People aged 65 & over (persons)	2017/18	2,170	2,140	3,261	2,041	602	2,164	2,659	2,081	2,014	2,177	2,056	2,123
People aged 65 & over (males)	2017/18	1,775	1,732	1,076	1,635	192	1,754	884	2,187	1,491	1,951	1,612	1,696
People aged 65 & over (females)	2017/18	2,453	2,437	2,185	2,320	410	2,465	1,775	2,880	2,400	2,355	2,361	2,469
People aged 65-79 (persons)	2017/18	1,033	935	982	897	179	943	803	1,263	752	951	956	876
People aged 65-79 (male)	2017/18	855	764	388	759	72	766	316	1,173	533	799	794	658
People aged 80 & over (persons)	2017/18	5,469	5,636	2,279	5,357	423	5,702	1,856	6,440	5,673	5,730	5,246	5,741
People aged 80 & over (female)	2017/18	6,115	6,345	1,591	6,082	303	6,410	1,288	7,243	6,570	6,031	6,008	6,521

The HealthWatch ‘**What would you do?**’ survey of local people’s views on health services asked ‘What is most important to help you keep your independence and stay healthy for as long as possible?’. The most highly rated answer was ‘I want to be able to stay in my own home for as long as it is safe to do so’.

People also said they wanted ‘seamless’ health and social care services; access to appropriate and timely housing adaptations and wider, more varied range of housing options; access to their local community; access to better transport options; and that it was important to support carers in their caring roles. People valued their local support networks, and wanted better information about how health and care services worked and where to go for information or support.

How are we working together already?

- Local authorities and the NHS work together to prepare and deliver ‘Better Care Fund’ Plans using nationally allocated resources.
- The STP has prioritised joint work on delayed transfers of care, and these are improving
- The local authority ‘Adults Positive Challenge Programme’ is providing better information for older people and their families, and encouraging services to work flexibly with older people, building on their strengths and community networks - including two ‘Neighbourhood Cares’ pilots.
- The multi-agency ‘Ageing Well’ Board brings together joint preventive programmes for older people including falls prevention and a multi-agency dementia strategy.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can work more closely with the Adults Positive Challenge and Ageing Well Board programmes to support older people in their homes and communities – helping people make sense of the services available to them.
- The Health and Wellbeing Board can monitor how well we are working together to help older people receive their care outside hospital, using a system ‘emergency bed days’ measure.

How will we measure progress?

Outcome measures TBC

PRIORITY 4: GOOD QUALITY HEALTH AND SOCIAL CARE

Views of local residents and patients

Good quality health and social care when you need it matters to everyone. One of the most up to date sources of information on local people's views of healthcare in Cambridgeshire and Peterborough is the **HealthWatch 'What would you do?' report**, published in May 2019. Over 800 people gave their views and there were some clear messages:



'We identified recurring and persistent themes in the comments people wrote in the surveys and when talking to us in the focus groups. These messages are very similar to what we hear in our routine collection of people's experiences of health care locally.

- People we heard from want faster, easier access to primary care services, particularly to GPs
- People are interested in self-help and are asking for support to access information and appropriate services to help them keep well
- Support is not always offered; people often look for support themselves sometimes whilst coping with illness or another's illness. They find that information is in lots of different places, often not current, and often not accessible
- Carers with long-term conditions often have the additional challenges of caring for others. People often experience poor communication between services and as a patient. Often the patient / carer has to co-ordinate it themselves and chase to get anywhere
- Patients want to be listened to, especially people with long-term conditions who are often 'experts' in their condition and able to recognise when their health changes
- People with conditions over a long time told us they experienced worsening services
- Care can seem to be service-centred rather than person-centred. We heard this particularly of autism and mental health services
- Care is often not joined-up – especially for people with long-term or multiple conditions. People told us they wanted to be seen and treated holistically. The experience was of systems not 'talking' to each other, and people not understanding how the system works
- There is a 'digital divide'. Not everyone does or can use the internet, but there is awareness of its potential
- Travel and transport difficulties continue to be barriers to effective health care. There is some evidence of willingness to travel and the limits on this for some aspects of care and some groups.

External quality inspections

In general, external Care Quality Commission inspection reports for local NHS Trusts and GP practices say that services are of good quality, although the Queen Elizabeth Hospital Trust in Norfolk, which is used by residents of Wisbech and North Fenland has recently been rated as inadequate

Trust	2014	2015	2016	2017	2018	2019
CUHFT		Inade-quate	Requires improve-ment	Good		Good
PSHFT	Requires improvement	Good			Good	
HHT	Inade-quate		Good		Requires improvement	
CPFT		Good			Good	
CCS	Good				Good	Out-standing
Pap-worth		Good				

Demand and financial pressures

The Cambridgeshire and Peterborough health system is one of the most financially challenged in the country – with the current annual deficit across local NHS organisations totalling £192 million. A large part of this deficit sits with NHS hospitals which treat patients from outside the area – so not all of this funding is spent on Cambridgeshire and Peterborough residents. Local Council social care and public health services are also under pressure financially, and services face additional pressure from a growing and ageing population.

Health inequalities

While local NHS Trusts are providing good quality services across Cambridgeshire and Peterborough, it's not always clear that services and staff are allocated proportionately to need. There are many differences in service provision which are historical, and which may not be related to current needs and health inequalities.

The Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP)

The Cambridgeshire and Peterborough Health and Wellbeing Boards work alongside the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP). While the Health and Wellbeing Boards are Council Committees accountable through local democracy, the Sustainable Transformation Partnership (STP) is NHS led, with a strong accountability line to regional and national NHS regulators.

This draft Cambridgeshire and Peterborough Health and Wellbeing Strategy is being developed in parallel with the Cambridgeshire and Peterborough STP 'Fit for the Future' Five Year Plan for NHS services in the area, which also covers partnership working with local authority social care and public health services. This is part of the nationwide NHS Long Term Plan. It's essential that the Health and Wellbeing Board have a shared vision and strategy for 'Quality Health and Social Care Services' rather than two separate strategies.

The underpinning principle of this section of the Health and Wellbeing Strategy will be how the wider membership of the Health and Wellbeing Board can work strategically with the STP and its five year plan. Information from the JSNA and discussions with a range of local stakeholders have identified four outcome areas for focus:

Outcome 1: Embedding the 'Think Communities' approach to place based working

Outcome 2: A joint approach to population growth

Outcome 3: Addressing financial challenges together

Outcome 4: Acting as a system to reduce health inequalities

Fit for the Future

Working together to keep people well



QUALITY HEALTH AND SOCIAL CARE: OUTCOME 1

Embedding the 'Think Communities' approach to place based working

What does the JSNA tell us?

No two local communities are exactly the same and some are very different – for example in Doddington & Wimblington ward in rural Cambridgeshire, one in four residents is aged 65+ and only one in twenty was born outside the UK. In Central ward in Peterborough, only one in ten residents is aged 65+ and one in two was born outside the UK. The health needs and the skills and assets within different communities also vary widely.

How are we working together already?

Public sector bodies in Cambridgeshire and Peterborough are increasingly working together using a 'Think Communities' approach. This means freeing up local staff to work together across organisations and with communities to solve problems and achieve the outcomes local people want. The approach aims to build relationships locally and address situations where 'care is not joined up' and 'systems not talking to each other', described in the HealthWatch **What would you do?** report. Small voluntary sector organisations can be key to the Think Communities approach – which aligns with the skills and assets already held within communities and neighbourhoods.

There are now several 'Think Communities' pilot areas across Cambridgeshire and Peterborough. Some are new and others are building on work which was already happening. Pilot areas include the Ortons in Peterborough, Oxmoor in Huntingdonshire, Wisbech in Fenland, 'Neighbourhood Cares' areas in Soham and St Ives, and the Southern Fringe in Cambridge/South Cambridgeshire.

At the same time, the NHS both locally and nationally is developing Primary Care Networks, based on groups of GP practices covering about 30,000-50,000 people. In Cambridgeshire and Peterborough, community health services and adult social care are creating integrated neighbourhood teams around these GP practice groups – aiming to build local relationships and 'joined up' care.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board organisations can endorse and adopt the 'Think Communities' approach, as the locally agreed way of working in partnership with each other and local communities.
- Health and Wellbeing Board organisations can actively promote joint working across 'Think Communities' pilots and Primary Care Network integrated neighbourhood teams – recognising the geography covered will sometimes, but not always, be the same.
- At district level, 'Living Well Partnerships' can consider joining wider 'Think Communities Delivery Boards'.

How will we measure progress?

Outcome measures TBC

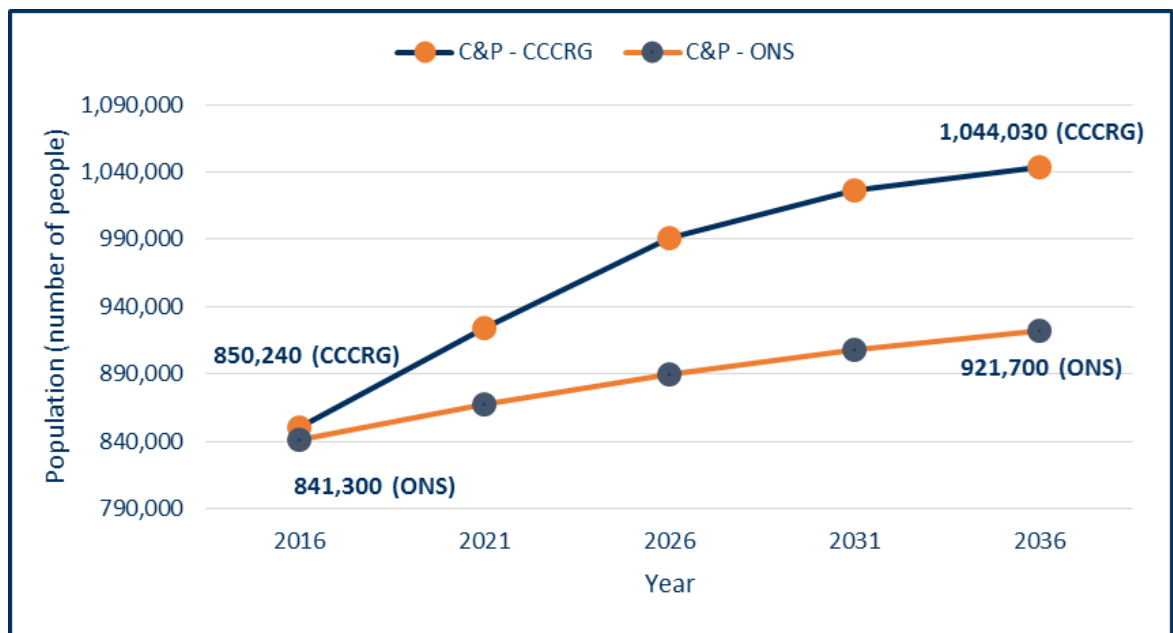
QUALITY HEALTH AND SOCIAL CARE: OUTCOME 2

A joint approach to population growth

What does the JSNA say?

We expect our population to grow alongside our growing economy, but forecasts from different sources vary. The nationally calculated population forecasts predict we will have around 900,000 people in Cambridgeshire and Peterborough by 2026, while our locally calculated forecasts predict we will have about 990,000 people. This is important because if more people live locally there is more demand on health and social care services. We need national funding for these services to keep up with local population growth.

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



Source: ONS 2016-based Subnational population projections and CCCRG mid-2015 based population forecasts (JSNA CDS figure 8)

How are we working together already?

- NHS organisations are aware of and use the Cambridgeshire County Council Research Group population forecasts for planning purposes.

What can the Health and Wellbeing Board do?

- Health and Wellbeing Board member organisations can work together to make sure we present the same clear narrative to national government about how our population is growing, and the impact on infrastructure and services.

QUALITY HEALTH AND SOCIAL CARE: OUTCOME 3

Addressing financial challenges together

In mid-2019, NHS organisations within Cambridgeshire and Peterborough are overspending by approximately £190 million per year compared to their baseline allocations from national NHS funding. This deficit is subsidised nationally and by other Sustainable Transformation Partnerships (STPs) within the Eastern Region. It's important to note that much of this overspend is at our hospitals, which treat many patients from outside Cambridgeshire and Peterborough as well as the local population.

In contrast, Local Authority adult social care and public health services in Cambridgeshire and Peterborough do not have a high spend compared to other areas.

Public health funding is allocated to local authorities through a national ring-fenced grant, and due to historical issues public health services in Peterborough are funded at 20% below the expected level for an area with its level of need. In Cambridgeshire, the funding is at least 5% below the expected level.

Adult social care funding is locally generated through Council tax with some national grants in addition. In Peterborough and Cambridgeshire, spend has historically been lower than or similar to benchmark. Council finances are challenged both nationally and locally, and ongoing transformation is needed to remain within the available budgets.

How are we working together already?

Work on the 'Drivers of the Deficit' carried out by Finance Directors across the STP organisations has identified the following factors contributing to the local NHS overspend:

Funding – Funding per head is below benchmark, for both local and specialist services (estimate £39.2m per annum)

Structural – Some of our hospital assets are too highly-specified, purchased at a premium through lease contracts (e.g., PFI), while other hospital assets are too small (estimate £68.4m per annum)

Disjointed commissioning – The legacy of layered services with multiple organisations (estimate £21.8m per annum)

System capacity – There is a lack of beds, exacerbated by avoidable admissions & high Delayed Transfers of Care (DTC) levels (estimate £40m)

At the time of writing, further work is being done by an external organisation to confirm and extend the 'Drivers of the Deficit' work.

What can the Health and Wellbeing Board do?

The Health and Wellbeing Board can

- work with the STP to ensure that national lobbying on fair funding for Cambridgeshire and Peterborough is joined up and consistent
- engage with service transformations designed to bring the health system finances back into balance.
- Identify opportunities where integration across NHS and local authority services can improve prevention, join up care for service users and reduce overall costs.

How will we measure progress?

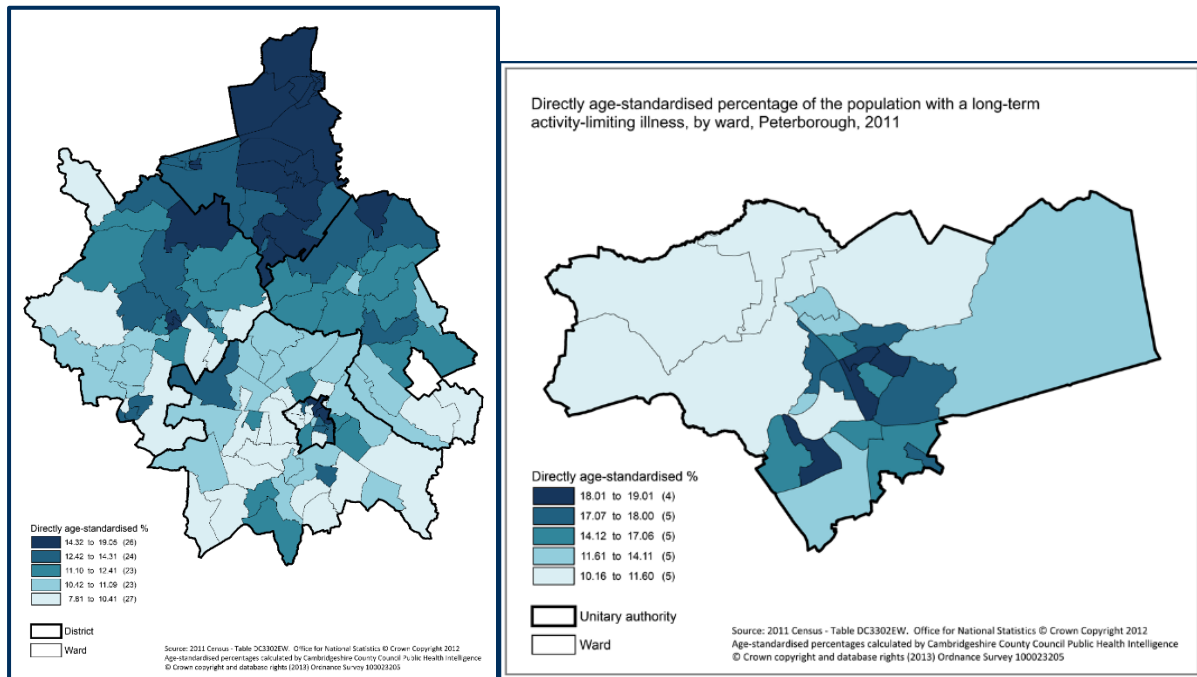
Outcome measures TBC

QUALITY HEALTH AND SOCIAL CARE: OUTCOME 4

Acting as a system to reduce health inequalities

What does the JSNA say?

Needs for health and social care services are not equally distributed across Cambridgeshire and Peterborough. People in Fenland and Peterborough are more likely to have long term illnesses which limit their activities in daily life. The maps below show that communities with the poorest health can be concentrated into small areas – including central Peterborough, north Fenland and north east Cambridge.



It is not always easy to provide health services in proportion to local needs – particularly in rural areas like Fenland which are some distance from the nearest hospital.

How are we working together locally?

- Some services have modelled their provision in relation to needs. For example local authority Child and Family Centres in both Cambridgeshire and Peterborough have remodelled their provision to provide more focus on areas with the highest needs, and health visiting services have use a workforce modelling tool – the ‘Benson model’ to allocate workforce where families and children’s needs are highest. This is made easier by a ‘Child Health Information System’ which provides good local data.
- Some public health contracts specify that services must see a higher proportion of their clients from areas of deprivation and this is performance monitored.
- Some place based community pilots in areas with higher deprivation take a holistic approach and include health and wellbeing alongside other community issues, for example Wisbech 2020 and Peterborough’s Can Do area.

What can the Health and Wellbeing Board do?

- Health and care service providers on the Health and Wellbeing Board can use their own service data, together with wider population health data, to identify whether their services are reaching communities with the highest level of needs and whether their

workforce is allocated proportionately. This can form part of a wider 'Population Health Management' approach.

- The Health and Wellbeing Board can encourage primary Care Networks which look after communities with higher levels of deprivation and poorer health to develop joint preventive programmes with local authority public health services.
- Health and Wellbeing Board member organisations can consider their role as 'anchor organisations' in Cambridgeshire and Peterborough, including how their employment, workplace health and procurement practices can support good quality training and jobs for more disadvantaged communities.

How will we measure progress?

Outcome metrics TBC

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