

<b>HEALTH AND WELLBEING BOARD</b>	<b>AGENDA ITEM No. 5</b>
<b>25 FEBRUARY 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Adrian Chapman, Service Director: Communities and Partnerships	
Cabinet Member(s) responsible:	Cllr Irene Walsh, Cabinet Member for Communities	
Contact Officer(s):	Adrian Chapman, Service Director Communities and Safety	Tel. 07920 160441

**THINK COMMUNITIES PROGRESS REPORT**

R E C O M M E N D A T I O N S	
<b>FROM:</b> <i>Service Director for Communities and Partnerships</i>	<b>Deadline date:</b> <i>N/A</i>
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> <li>1. Note and comment upon the progress being made towards delivery of the Think Communities approach.</li> <li>2. Suggest further ideas for embedding the approach, particularly in relation to Health and Wellbeing Board priorities.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Health and Wellbeing Board.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide members of the Health and Wellbeing Board with a progress report on the Think Communities approach.

2.2 This report is for the Health and Wellbeing Board ] to consider under its Terms of Reference No. 2.8.3.4

To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.

2.3 *How does this report link to the Children in care Pledge?*

Communities that are strong, resilient and cohesive, supported by a broad range of services and opportunities, provides the best opportunities for the whole population to succeed and for us and our partners to enable improved outcomes.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
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## 4. BACKGROUND AND KEY ISSUES

- 4.1 The principles of Think Communities are now firmly established across the public sector in Peterborough and Cambridgeshire, and they signal a new way of working – between public sector partners, with the voluntary, community and faith sectors, and with and alongside communities. Think Communities seeks to change traditional approaches to public service delivery by developing place-based teams that are responsive to local, evidenced needs. It will enable a sharp focus to be established on the things that matter most within communities, and for services, projects and programmes to be designed to best suit local need.
- 4.2 Think Communities is a new way of working – it is not a project or a programme with a limited lifespan, but instead aims to rethink the traditional ways we have collectively sought to address some of the biggest issues and take some of the biggest opportunities within our communities. Think Communities recognises that a place-based approach is best, rather than the current thematically-focussed service delivery arrangements: it is based on a model which creates the most appropriate teams to be based within and alongside our communities that can best respond to service demands, and find sustainable ways of tackling inequality.
- 4.3 The development of the Think Communities approach continues to be a collaborative one, and the recent launch of the new Think Communities Partnership Board signals another key milestone being reached. There is significant energy and enthusiasm across our partnerships to embrace the principles of Think Communities and to work differently.
- 4.4 We have also developed an integrated approach to delivery between Think Communities and the Health and Wellbeing Strategy, where Think Communities provides the basis on which delivery of the Strategy can be achieved. Having all of our key partners aligned to Think Communities will help to ensure that the Health and Wellbeing Strategy becomes a core part of all of our work and that of our partners.
- 4.5 **Overall Progress**
- 4.5.1 The Board will be aware, from previous reports, that significant effort has been made in securing the hearts and minds of colleagues right across the public sector. The Think Communities place-based, person-centred approach is now agreed as the best way to work together in response to the challenges our sector faces, most notably the increasing demand for our services and the challenges we have in reversing some declining outcomes. As Think Communities is not a project or a programme, it will require significant cultural and behavioural change if it is to have the impacts we require. The investment made in securing the support of our public sector partners prior to significant roll-out has been a key element in establishing a solid foundation from which to build.
- 4.5.2 The Cambridgeshire and Peterborough Public Services Board (CPSB), which comprises the chief executives (and equivalents) from the city council, county council, all district councils, the Clinical Commissioning Group, the Greater Cambridge Partnership, Police and Fire Service, has agreed to provide the strategic oversight and leadership required to truly embed Think Communities across and within their organisations. Although there is an agreement to provide a formal report to the CPSB each quarter, it is likely that we will follow the current pattern of providing a report at every CPSB meeting (currently around every 6-8 weeks).
- 4.5.3 The new Think Communities Partnership Board has now held two meetings; this Board will drive the delivery, at pace, of the Think Communities approach, unblocking issues or challenges and identifying opportunities wherever relevant. Membership mirrors that of the CPSB, but also includes voluntary sector representation via Hunts Forum, Peterborough Council for Voluntary Service, and Healthwatch. All parts of the health system are also represented, via representatives of the North and South Alliances of NHS and social care providers.
- 4.5.4 At a local level, productive discussions have continued relating to the ways in which Think Communities activity will be overseen and directed. It is likely that the existing community safety

partnership (a statutory partnership comprising representation from all sectors including the Director of Public Health) will be expanded to become the relevant place-based board to take on this role in Peterborough.

4.5.5 Think Communities seeks to respond at a local level to evidenced demand, and it is therefore vital that we establish recognised Think Communities service delivery areas and a framework through which data and intelligence can be shared and analysed in order to provide the evidence we need. Of at least equal importance is the requirement to create new ways to engage with citizens, working with them to build their own capacity and resilience, to support themselves and each other, and to help us to refine the priorities that the evidence suggests we should focus on. It is this range of important work that the Think Communities teams have been focussing on in recent months.

#### 4.6 **Thematic Progress**

4.6.1 As mentioned above, we have invested significant time to date in securing the hearts and minds support of our partners, and we are now moving rapidly into delivery of positive change through Think Communities at the local level. To sharpen up even further this focus on delivery, the key themes being focussed on at present are:

1. Communications and Community Engagement
2. Data and Intelligence
3. Workforce Reform

These workstreams were also identified by partners at the Think Communities Partnership Board meeting as the most critical to the next stage of delivery

#### 4.6.2 Communications and Community Engagement

Throughout the summer months, we engaged with citizens across Peterborough and Cambridgeshire as part of the Think Communities Challenge, which sought to identify what mattered most to residents, what they thought the council and partners should focus on, and what they could do for themselves. The headline results, which are shown below, will be used to shape and inform the development of the local delivery plans:

- The top 5 things the community should put their effort into:
  - to live in an area with good community spirit
  - to have enjoyable activities to do together, and not be lonely
  - children and young people to have fun
  - to live in a clean, green area, free of rubbish
  - to be part of a community, and feel valued whatever our differences
- The top 2 things an individual should put their effort into:
  - to be part of a community, and feel valued whatever our differences
  - for people to prepare for the future as they get old
- The top 1 thing the public sector should put their effort into:
  - for children and old people to be protected from danger

Think Communities also formed the key theme of the recent Local Councils Conferences in both Peterborough and Cambridgeshire, at which delegates were briefed on the approach, and ways to engage with parish and town councils through the Think Communities approach began to be explored. This collaboration with parish and town councils is a key requirement of Think Communities going forwards, and a number of follow-up meetings with delegates have been or will be held to explore how this will work at the local level.

Our NHS colleagues also recently consulted with residents as part of the Big Conversation (<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/the-big-conversation/>). The Big Conversation sought to identify the priorities that our citizens have regarding health resources and funding choices. As key partners in the Think Communities approach, the data

collected through exercises such as this provide real opportunities to share learning and agree joined-up responses and funding choices.

#### 4.6.3 Data and Intelligence

The data and intelligence workstream is fundamental to the success of Think Communities. If we are to make the scale of positive change we seek to make, it is vital that our place-based delivery plans and priorities are informed by data and intelligence that is shared between all Think Communities partners, including communities. This workstream is seeking to:

- understand barriers to data sharing and put in place effective governance procedures to resolve those barriers
- use data to better understand demand at a local level and inform service delivery
- develop a single view of place

Alongside the work to define service delivery areas using data and intelligence (described below), this workstream has also been focussing on the creation of area profiles. The structure of the area profiles has been established, making initial use of pre-existing information already held within the Cambridgeshire Insight data store – this includes topics relating but not limited to:

- Population including gender split
- Age group breakdown estimates and comparison to county and England
- Ethnicity and nationality
- Economically active population by gender
- Benefit claimant count
- Number of properties, proportion that are overcrowded, average household size
- Tenure, household size
- Educational attainment
- Deprivation
- Number of crimes, rate and types
- Self-reported health limiting conditions, including respiratory diseases, long term conditions, mental health and obesity
- Vehicle ownership
- Births and life expectancy

As the area profile work progresses, more and more information will be added, including details of public sector spend in each service delivery area. The profiles will seek to help our system to:

- Understand what demand challenges there are across particular communities / localities (**Segmentation**)
- Be informed about what the system could do collaboratively to meet the immediate needs of individual communities (**Utilisation**)
- Understand the future risks and needs of communities / localities (**Stratification**)

#### 4.6.4 Workforce Reform

If we are to truly transform the way we work with and alongside our communities, our workforce needs to be equipped with the skills, knowledge and confidence to operate differently. Taking inspiration from the Neighbourhood Cares pilots in the County, where social care staff were supported to work very differently and to find the best ways to resolve challenges even if they were less traditional than the norm, we need our staff to become part of the community they are based within, forming close and effective relationships with, for example, citizens, local councillors, town and parish councils, community groups and organisations, and public sector partners. We need our staff to find creative and flexible solutions to some of the entrenched challenges our communities face, thereby improving outcomes and, in so doing, preventing or delaying demand for services. We also need our staff to find and pursue opportunities, and to adopt strengths-based approaches to engaging with and working within communities.

To signal this change of approach, we are developing a workforce development programme

that will see all public sector workers, at all levels, being immersed in the Think Communities approach. The current proposal is to develop a generic, half-day induction session for all staff. The induction sessions will contain generic information about Think Communities and the opportunities it brings to our staff to work differently, as well as being nuanced to the locality within which the staff being inducted are based. These sessions will run on a monthly basis and will continue for as long as necessary, with the sessions eventually being delivered by our own workforce.

In addition, we are developing a more thematic set of workforce development opportunities, to ensure that, where relevant, our staff develop a greater understanding of the wide range of issues that they will come across as part of their roles. This will include, for example, training and awareness raising relating to safeguarding, Prevent, hate crime, housing and homelessness, community engagement, and skills.

We have been running a set of discreet pilots to test and assess Think Communities approaches, and the learning from these as well as the Neighbourhood Cares pilots will inform the design of the workforce development programme.

## 4.7 Service Delivery Areas

4.7.1 A significant part of our place-based Think Communities approach is to identify and agree our service delivery areas – the geographical places within which our services, data and delivery plans will be aligned. We currently have a number of different boundaries – e.g. parish, division, ward, district, health, policing etc. Services between some of these boundaries often differ, making it difficult for communities to navigate or engage with, and Think Communities therefore provides the opportunity to agree a common set of boundaries across the system, that are:

- as natural as possible
- organised in a way that make sense to our citizens
- of the optimum size to have the biggest impact
- able to make the most of collective assets and resources, helping services to be affordable and sustainable
- respectful of boundaries defined by our partners

As the Board knows, we have worked closely over the past few months with our colleagues in the health system, to define and agree the Primary Care Network (PCN) areas. PCN's represent collections of GP practices who have agreed to work together as part of new NHS England contractual arrangements. It was agreed that these would, where possible, form the basis of defining what a cross-system, mutually agreed set of service delivery areas would be, which were both sensible and effective.

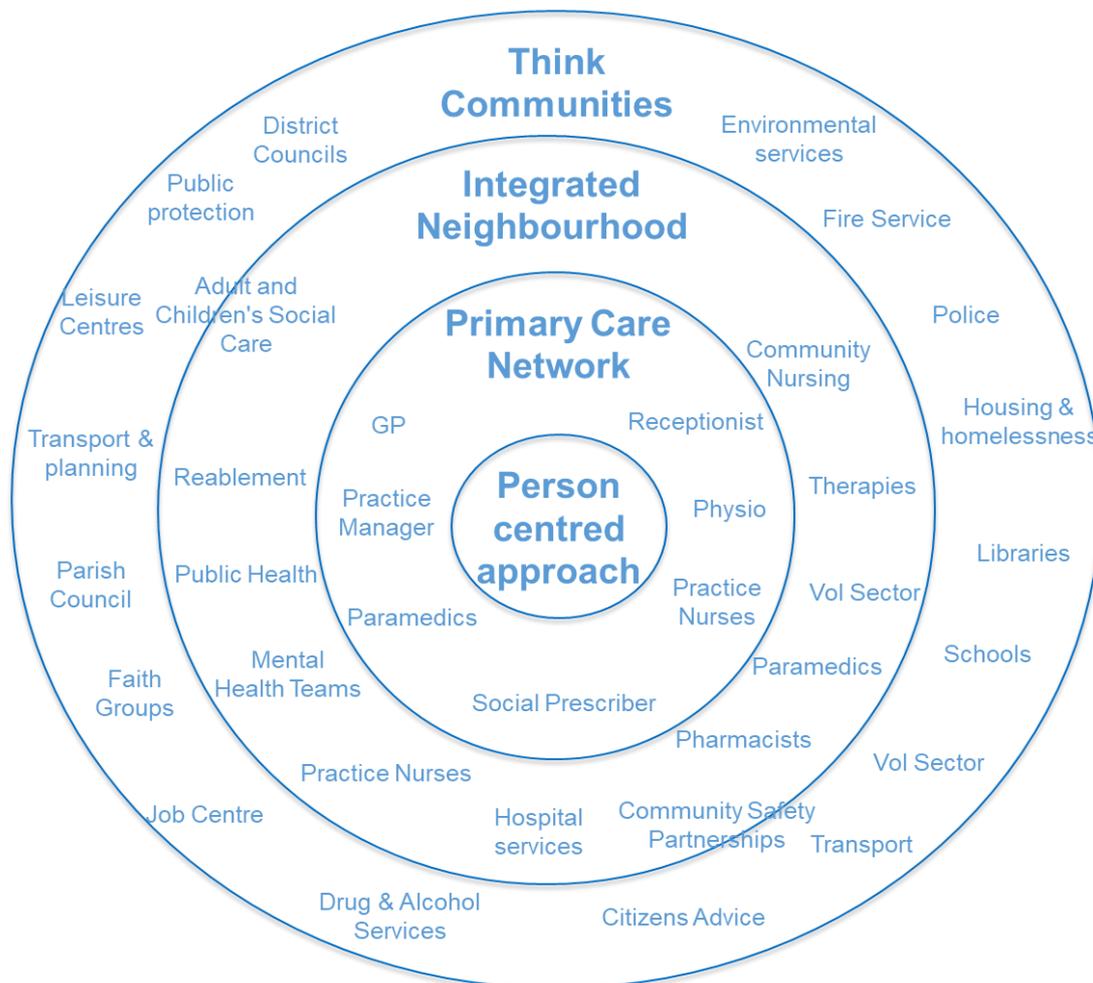
Although there are a number of approaches that could be taken to identify what an area *might* look like based on the Primary Care Networks, the approach taken was to group the PCN's and identify potential boundaries based on which Lower Super Output Areas\* had the highest registered patient population – this is known as Dominant Lower Super Output Areas (LSOA's).

Dominant Lower Super Output Areas take into account the proportion of each LSOA's residential population who is registered at a GP within each PCN. This was utilised to ensure potential Think Communities service delivery areas are as sympathetic and aligned as best as possible to PCN's to support integrated approaches to service delivery, particularly with our health partners.

*\* Lower-Layer Super Output Areas (LSOA's) are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. There are 32,844 Lower-layer Super Output Areas (LSOA's) in England. They were produced by the Office for National Statistics for improving the reporting of small area statistics and are a standard way of dividing up the country. For ease of communication, LSOA's are sometimes referred to as 'neighbourhoods' or 'small areas'*

4.7.2 The joining-up of the development of the PCN's with our Think Communities approach has

enabled some ambitious shared plans to emerge around service delivery. Our health partners have developed the Integrated Neighbourhoods model of service delivery, which forms part of our broader Think Communities approach. The diagram below illustrates the type and nature of services that fall within this overall system-wide, place-based approach:



- 4.7.3 The Think Communities team have reviewed the GP catchment areas and patient footfall within each PCN area, and overlaid that information with other data about our places, including what might constitute a more natural community boundary through the eyes of our citizens. This has resulted in the proposal to create a number of Think Communities service delivery areas. Each area comprises a number of Lower Super Output Areas, which enables detailed data to be shared and analysed at a macro level (i.e. whole Service Delivery Area), a micro level (i.e. a specific LSOA), or somewhere in between (i.e. groups of LSOA's).
- 4.7.4 Officers will be discussing the proposed areas with colleagues across the public sector system, and with Members, to ensure that a final set of areas can be agreed. In the spirit of Think Communities, it will be important that these areas remain flexible, especially where communities themselves show a desire or need to work with others beyond their Think Communities-defined areas.
- 4.7.5 To support delivery in the Service Delivery Areas, place-based teams are being formed, including:
- Think Communities Co-ordinators (6 posts, one for Peterborough and each District Council area)
  - Social Prescribing Link Workers – at least one worker for each PCN area
  - Integrated Neighbourhood Managers

In addition, existing place-based staff from, for example, the police will also work as part of the

core team approach.

The role of this core team will be to provide the links between the citizen and the public sector, to help identify ways to support alternatives to sometimes inappropriate statutory interventions, to build resilience and capacity within communities, and to drive collaboration at a local level, across the system, in response to the locally agreed priorities and delivery plans.

- 4.8 Finally, work has progressed to develop and agree a 'Health Deal' between all those agencies focussed on improving the health and wellbeing of our population. The Think Communities approach acknowledges the significant impact that housing, household income and employment, access to and use of green space, and environmental issues all have on a person's health. Partners know that local residents who present to health services are also the users of other public sector services, therefore the whole sector understands the importance of collective preventative activity to reduce poor health outcomes.

The Think Communities Health Deal Agreement recognises the need to focus on addressing the Wider Determinants of Health to improve health outcomes within our local communities. The Agreement outlines the transformation needed by Public Sector partners to work collaboratively with their Communities to create the conditions needed to enable Communities to take action.

The Deal is close to be finalised, and will be shared as soon as possible.

## **5. CONSULTATION**

- 5.1 The report describes the ways in which the views of partners and residents is being used to shape the overall direction of the Think Communities approach.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 Feedback from the Board will be directly fed into the delivery team and Partnership Board's work,

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 To ensure that Think Communities develops in complete alignment to the principles and priorities of the Health and Wellbeing Board.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 Not applicable.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 There are no significant implications within this category at this stage. It is anticipated that the Think Communities approach will make more effective use of existing mainstream spend in an area first and foremost to deliver its aims.

### **Legal Implications**

- 9.2 Not applicable at this stage.

### **Equalities Implications**

- 9.3 The Think Communities approach seeks to ensure that all of our communities have access to the most appropriate services and opportunities, regardless of their circumstances.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

**11. APPENDICES**

11.1 None