CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE

Cambridgeshire County Council

Thursday, 05 March 2020

10:30

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Council Chamber, Shire Hall, Castle Street, Cambridge, CB3 0AP
[Venue Address]

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes - 24th September 2019 and Action Log**	**5 - 16**

DECISIONS

3	**Update on the Joint Cambridgeshire and Peterborough Health and Wellbeing Strategy Consultation and 'Think Communities' Approach**	**17 - 82**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee comprises the following members:

Councillor John Holdich (Chairman) Jan Thomas (Vice-Chairman)

Councillor Roger Hickford Councillor Mark Howell Councillor Samantha Hoy Councillor Linda Jones and Councillor Susan van de Ven

Jessica Bawden (Appointee) Charlotte Black (Appointee) Hilary Daniels (Appointee) Tracy Dowling (Appointee) Julie Farrow (Appointee) Councillor Wayne Fitzgerald (Appointee) Councillor Geoff Harvey (Appointee) Claire Higgins (Appointee) Dr Gary Howsam (Appointee) Councillor Julia Huffer (Appointee) Councillor Nicky Massey (Appointee) Val Moore (Appointee) Wendi Ogle-Welbourn (Appointee) Councillor John Michael Palmer (Appointee) Stephen Posey (Appointee) Councillor Shabina Qayyum (Appointee) Liz Robin (Appointee) Zephan Trent (Appointee) Caroline Walker (Appointee) Ian Walker (Appointee) Councillor Susan Wallwork (Appointee) Councillor Irene Walsh (Appointee) Russel Wate (Appointee) Matthew Winn (Appointee)

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

Clerk Name: James Veitch

Clerk Telephone: 01223 715619

Clerk Email: James.Veitch@cambridgeshire.gov.uk

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https://tinyurl.com/CommitteeProcedure

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Agenda Item No.2

PETERBOROUGH CITY COUNCIL

MINUTES OF THE CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE HELD AT 10:30AM, ON 24 SEPTEMBER 2019 COUNCIL CHAMBER, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillor Holdich, (Chairman), Peterborough City Council Councillor Fitzgerald, Peterborough City Council Councillor Hickford, Cambridgeshire County Council Councillor Hoy, Cambridgeshire County Council Councillor Huffer, East Cambridgeshire Council Councillor van de Ven, Cambridgeshire County Council Councillor Wallwork, Fenland District Council Councillor Walsh, Peterborough City Council Councillor Watkin-Tavener, Huntingdonshire District Council Dr Liz Robin, Director for Public Health Val Moore, Cambridgeshire and Peterborough Healthwatch Jessica Bawden, Cambridgeshire & Peterborough Clinical Commissioning Group Dr Gary Howsam, Cambridgeshire & Peterborough Clinical Commissioning Group Zephan Trent, NHS England Keith Reynolds, North West Anglia NHS Foundation Trust Ian Walker, Cambridge University hospitals NHS Foundation Trust Dr Russell Wate, Cambridgeshire and Peterborough Safeguarding (Children and Adults) Partnership Board
Officers Present	Adrian Chapman, Service Director, Communities and Safety Charlotte Black, Service Director, Adults and Safeguarding Kate Parker, Head of Public Health Business Programmes Paulina Ford Senior Democratic Services Officer

1. ELECTION AND APPOINTMENT OF CHAIRPERSON UNTIL END MUNICIPAL YEAR 2020/21

The Senior Democratic Services Officer opened the meeting and advised the Committee that in accordance with the terms of reference for the committee the appointment of a chairperson would be for the period of two years until the end of municipal year 2020 – 2021 and then annually after that period. The terms of reference stated that the chairman would need to be either the current chairperson of the Cambridgeshire Health and Wellbeing Board who was Councillor Roger Hickford or the current chairperson of the Peterborough Health and Wellbeing Board who was Councillor John Holdich.

Nominations were sought from those present at the meeting. Councillor Hickford seconded by Dr Robin nominated Councillor Holdich. There being no further nominations Councillor Holdich was therefore appointed Chairman.

2. ELECTION OF VICE CHAIRPERSON FOR THE MUNICIPAL YEAR 2019/20

The Chairman sought nominations for the position of Vice Chairperson. Councillor Hickford seconded by Councillor Fitzgerald nominated Jan Thomas. There being no further nomination Jan Thomas was therefore appointed as Vice Chairman.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Qayyum, M Howell, L Jones, N Massey. Apologies were also received from Wendi Ogle-Welbourn, Executive Director, People and Communities, Julie Farrow representative from Hunts Forum and Claire Higgins, Co-opted Member.

4. DECLARATIONS OF INTEREST

There were no declarations of interest.

5. HEALTH AND SOCIAL CARE SYSTEM PEER REVIEW ACTION PLAN UPDATE

The report was introduced by the Service Director, Adults and Safeguarding. The purpose of the report was to update the Board on progress against the recommendations from the Health & Social Care System Peer Review which took place in September 2018.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- The purpose of the Health and Social Care (HSC) peer review was to help prepare the ‘system’, for a Care Quality Commission (CQC) local system area review. The governance of the action plan sat with the Health and Wellbeing Board.

- Delayed transfers of care continued to be a challenge for both health and social care.

- Since the report had been written integrated discharge hubs had been put in to each of the hospitals. There were also Trusted Assessors in place who were able to carry out assessments on behalf of other people. These were in both the hospital pathway and the community pathway.

- Hospitals had put in place a Choice Policy which allowed people to choose whether they wished to stay in hospital or move to a more suitable place.

- The Service Director advised that the number of people who had been delayed which were included in the 5.3% figure would be provided after the meeting as the information was not available at the meeting.

- The final report and action plan would be brought back to the Board in April 2020.

- From a Social Care perspective there were great opportunities to work with Primary Care Networks to work on admission avoidance.

- Primary Care Networks were launched in July and were therefore still being developed. The Clinical Directors had met for the first time in August and were very much aware of expectations and opportunities for working with Local Authorities and the concept of Place Based Working but it was still early days to understand what that actually meant and what the geography might be.

- The Primary Care Networks were originally designed to support the General Practices and this would be the initial primary concern.

- Integrated Neighbourhood Managers had already been recruited who had been working with Primary Care Directors in the North. They had been looking at priorities for that area. An example of which was in the Wansford area where work was being done with the elderly.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to note the report and consider the content and raise any questions and requested that the final report and action plan be presented back to the Board in April 2020.

AGREED ACTION

The Service Director Adults and Safeguarding to provide the Health and Wellbeing Board with the actual number of people in the 5.3% figure who had been delayed in hospital.

6. DRAFT CAMBRIDESHIRE AND PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY

The Director for Public Health introduced the report. The report provided the Board with an opportunity to discuss and comment on the draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- The Director for Public Health presented the Board with three challenges. The Board were advised that there had been three Peer Reviews over the past year. The Peer Reviews had said that the services that were being provided were good and the staff were often excellent but that there was a tendency not to join up and work as one system with one vision and a common strategy. This was the first challenge.

- The second challenge to the Board was the level of health inequalities across Cambridgeshire and Peterborough. Lead Clinicians and Chief Executives were concerned about the level of inequalities across the area. This needed to change.

- The third challenge was Cambridgeshire and Peterborough's contribution to UK PLC, population growth, housing demand, education and infrastructure. The focus would be on trying to get the infrastructure right to support the health and wellbeing of the communities whilst addressing the financial challenges.

- Preparing a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) was a statutory duty for Health and Wellbeing Boards. Cambridgeshire and Peterborough Health and Wellbeing Boards had agreed to work together to prepare one Joint Health and Wellbeing Strategy across the area, in order to maximise the Strategy's strategic impact. This would still be sensitive to variation in local health and wellbeing needs and outcomes across the area. Both Boards had agreed to delegate approval of the Joint Health and Wellbeing Strategy to the Whole System Joint Sub-Committee.

- The Strategy was focused more on the determinants of health and joint working rather than on NHS services because the Sustainable Transformation Partnership was currently developing a 5 year plan for the NHS including how the NHS would work with social care and Public Health.

- Work was being done to ensure that the STP Plan and Health and Wellbeing Strategy align and complement each other.

- The Director of Public Health requested that each Board member take the strategy back to their individual organisations and stand beside the Director to co present the strategy to their organisations to obtain joint ownership of the strategy.

- Members commented that the most deprived areas were suffering the most health inequalities and asked whether the Combined Authority Industrial Strategy would be providing support to those areas. Members were informed that there was a Combined Authority Pilot which worked with people who were currently working in poor quality jobs e.g. zero hours contracts, land workers etc. who wanted to progress. This was through a Health and Social Care Academy which helped people progress into careers in health and social care which also had the effect of helping with the work force problems in health and social care. Another area of work was around helping people with long term conditions get back into work.

- Members had hoped that the strategy could be ambitious about transport for populations that were often cut off through lack of transport connections in certain parts of Cambridgeshire. It would be a missed opportunity if an emphasis was not put on provision of a basic public transport network like the bus or community transport in these areas. The Director of Public Health commented that Healthwatch had identified similar findings in that travel and transport difficulties continued to be barriers to effective healthcare. The Combined Authority Local Transport Plan was out to consultation and feedback was being received. The issue of transport would be discussed further with partners to see how this could be strengthened within the strategy.

- Further work and clarity regarding the outcome metrics was still to be done and work would commence as soon as possible.

- Members raised concerns with regard to the Public Health England slide on positive and negative influences across the life course showing protective factors and risk factors. In particular it was highlighted that there was no mention of poverty as one of the risk factors influencing health. Members felt that it was not a helpful chart to have at the start of the strategy. The Director of Public Health recognised that socio-economic circumstances did influence health as well as the other risk factors and would seek other feedback on the chart and if it was felt that the chart was not helpful it could be replaced with something more suitable from a local perspective.

- Work relating to fast food outlet policies was being taken forward through the Public Health reference group. Research had been completed already through the Centre of Diet and Exercise in Cambridge which looked at the policies which some Local Authorities nationally had already implemented. Policies would be tailored into District and City Council Local Plans. They would also need to be part of a wider Healthy Weight Strategy.

- Members commented that clinicians were noticing that inequalities were widening. The population were ready for a discussion around their role in the solution to health inequalities. There was a need to be more explicit about what their role was to play in this strategy and lifestyle and behaviours needed to be challenged.

- Members commented that there were some examples of 'working together' that did not appear to be working, one example of which was that standards of education were getting worse in the Fenland area. Another example was that the 111 service option 2 for mental health services had not worked for a whole town and was still not available. Members were advised that a new service would be available for the town mentioned from 7 October.
- Members commented that it was a well written document.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to:

1. Discuss and comment on the draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy 2019-24, attached as Annex A of the report.

2. Approve the Strategy as a draft for further engagement and consultation

3. Comment on proposals for engagement and consultation in para 3.2, before the Strategy is brought back to the Whole System Joint Sub-Committee for approval in March 2020

AGREED ACTIONS

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee requested that the Director of Public Health

a. Note the comments made by the Board.

b. Discuss with partners how more emphasis could be put on transport connections within the strategy.

c. Get additional feedback on the inclusion of the Public Health England slide on positive and negative influences across the life course showing protective factors and risk factors to assess whether the chart should be replaced with something that could be produced locally?

7. UPDATE ON DELIVERING THINK COMMUNITIES

The Service Director Communities and Safety introduced the report. The report provided the Board with an update on the progress of Think Communities, and how this was acting as a catalyst for change and transformation across the public sector.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- Impressive results were already being achieved with communities stepping up through some pilot projects that were already in place.

- The business community had been left out of the Think Communities programme and it was felt that a lot of capacity had been left untapped because of this. This was therefore an area which could be further investigated as it was felt that there was a willingness from the business community to get involved.

- Members sought clarification as to whether there was any evidence that the Primary Care Networks (PCN) would better service the needs of local people. Members were informed that the Primary Care Networks were a compelling opportunity for Primary Care providers to work as a system through a place based approach focussing on the needs of a particular community. It was an opportunity to take a geographical approach. Think Communities was about working with natural communities and smaller geographies. Some PCN's might have a large geography but the Think Communities approach would operate within smaller geographies within the PCN geography which would be determined by the evidence and data of where the need would be.

- Members commented that practical and financial support was needed for Primary Care Networks which included resourcing of staff and estates. Lobbying on the Health Funding formula was needed and should be noted in the Think Communities paper.

- Members were informed that there had been a significant amount of national interest in the Think Communities project and that the work done so far was entirely scalable and could be replicated in other areas of the country. The Government had been engaged in early discussions with the council along with a number of Think Tanks including the new Local Government Network and had shown significant interest in the project. Government had offered the council a series of workshops with ten Whitehall departments to look further at the place based approach work that was being undertaken. By moving to a more place based approach and aligning resources more effectively there would be better value for money and provide additional capacity.

- The Clinical Chair of the CCG's Governing Body advised the Board that the Primary Care Networks were adequately resourced to provide services that they were contracted to do. The system was moving in the right direction with the rhetoric, but the funding formula needed to change however workforce issues in General Practice was currently more of a worry than financial issues.

- Members commented that one of the main challenges around Think Communities was getting to know the population and identifying people who needed the resources most and then how to allocate the resources equitably.

- The Think Communities approach was core to delivering the Health and Wellbeing Strategy.

- Clarification was sought on what progress had been made with the District Level Living Well Partnerships joining the Think Communities Board. Members were advised that in Peterborough, Huntingdonshire and Fenland there was an agreement in principle to move ahead with the Place Based Board which combined the Living Well Partnership and the Community Safety Partnership into one Place Based Delivery Board. Cambridge City were having discussions around protecting their Community Safety Partnership and East and North Cambridgeshire were having initial discussions.

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to:

1. Note the scope and ambition of the Think Communities Approach

2. Comment on progress and activities to date

INFORMATION AND OTHER ITEMS

8. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE WORK PROGRAMME

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee **RESOLVED** to note the work programme and requested that the final version of the Health and Wellbeing Strategy be presented at the next meeting in March 2020.

Chairman

10:30am – 11:48am

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE –

ACTION LOG

<table>
<tr><th>Minute & Item Title</th><th>Action Required</th><th>Action to be taken by</th><th>Update</th><th>Status</th></tr>
<tr><td colspan="5">Meeting date: 24th September 2019</td></tr>
<tr><td>Minute 5

Health and Social Care System Peer Review Action Plan Update</td><td>The Service Director Adults and Safeguarding to provide the Health and Wellbeing Board with the actual number of people in the 5.3% figure who had been delayed in hospital.</td><td>Charlotte Black</td><td>The 5.3% figure that was presented in the report in relation to DTOC performance, related to the average performance of delayed bed days throughout September. A more detailed breakdown of performance for the week ending September 21st September is documented below, which shows a breakdown of delayed bed days, the number of delayed patients, total admissions and the % of DTOCs for each of the acute hospitals, as well as for the community beds.
<table>
<tr><th></th><th>Cambridgeshire University Hospital (Addenbrookes)</th><th>Hinchingbrooke</th><th>Peterborough City Hospital</th><th>Community (CPFT)</th></tr>
<tr><td>Delayed patients</td><td>38</td><td>17</td><td>23</td><td>11</td></tr>
<tr><td>Delay days</td><td>274</td><td>124</td><td>168</td><td>82</td></tr>
<tr><td>Total admissions</td><td>5,876</td><td>1,740</td><td>3,966</td><td>666</td></tr>
<tr><td>% of DToCs</td><td>4.7%</td><td>7.1%</td><td>4.2%</td><td>12.3%</td></tr>
</table></td><td>Complete</td></tr>
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Minute & Item Title	Action Required	Action to be taken by	Update	Status
Minute 6 **Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy**	Note the comments made by the Board.	Liz Robin	Comments made by the Board were noted and incorporated into the consultation draft of the Health and Wellbeing Strategy. This was recirculated to HWB Board members for final comments before the consultation was launched on February 9th.	Complete
Minute 6 **Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy**	Discuss with partners how more emphasis could be put on transport connections within the strategy.	Liz Robin	The wording in relation to transport has been amended so that it does not just refer to infrastructure. The consultation process in relation to Committees which cover transport has been discussed with the Executive Director of Place and Economy, and with the relevant director in the Combined Authority.	Complete
Minute 6 b. **Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy**	Get additional feedback on the inclusion of the Public Health England slide on positive and negative influences across the life course showing protective factors and risk factors to assess whether the chart should be replaced with something that could be produced locally?	Liz Robin	The Public Health England slide on positive and negative influences across the life course has been replaced with the Dahlgren and Whitehead rainbow of the determinants of health.	Complete

Minute & Item Title	Action Required	Action to be taken by	Update	Status
Minute 8 **Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee Work Programme.**	Request that the final version of the Health and Wellbeing Strategy be presented at the next meeting in March 2020	Liz Robin	The launch of the public consultation on the joint Health and Wellbeing Strategy was delayed due to national election purdah. Therefore, an update on the consultation will be brought to the next Joint Sub-Committee meeting in March 2020, and the consultation report and final version of the joint Health and Wellbeing Strategy will be brought to the Joint Sub-committee meeting in June.	Complete

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No.3
5th MARCH 2020	PUBLIC REPORT

UPDATE ON THE JOINT CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING STRATEGY CONSULTATION AND 'THINK COMMUNITIES' APPROACH

R E C O M M E N D A T I O N S	
To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Dr Liz Robin Director of Public Health and Adrian Chapman Director of Communities and Safety**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

a) Discuss and comment on progress with the Cambridgeshire and Peterborough Health and Wellbeing Strategy Consultation

b) Discuss and comment on progress with developing a 'Think Communities' approach to health and wellbeing, and the draft Think Communities Health Deal Agreement.

Officer contact:		***Member contact:***	
Name:	Dr Liz Robin Adrian Chapman	Name:	Councillor John Holdich
Post:	Director of Public Health Director of Communities and Safety	Post:	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	Liz.robin@cambridgeshire.gov.uk / Adrian.Chapman@peterborough.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01733 207176	Tel:	01733 452479

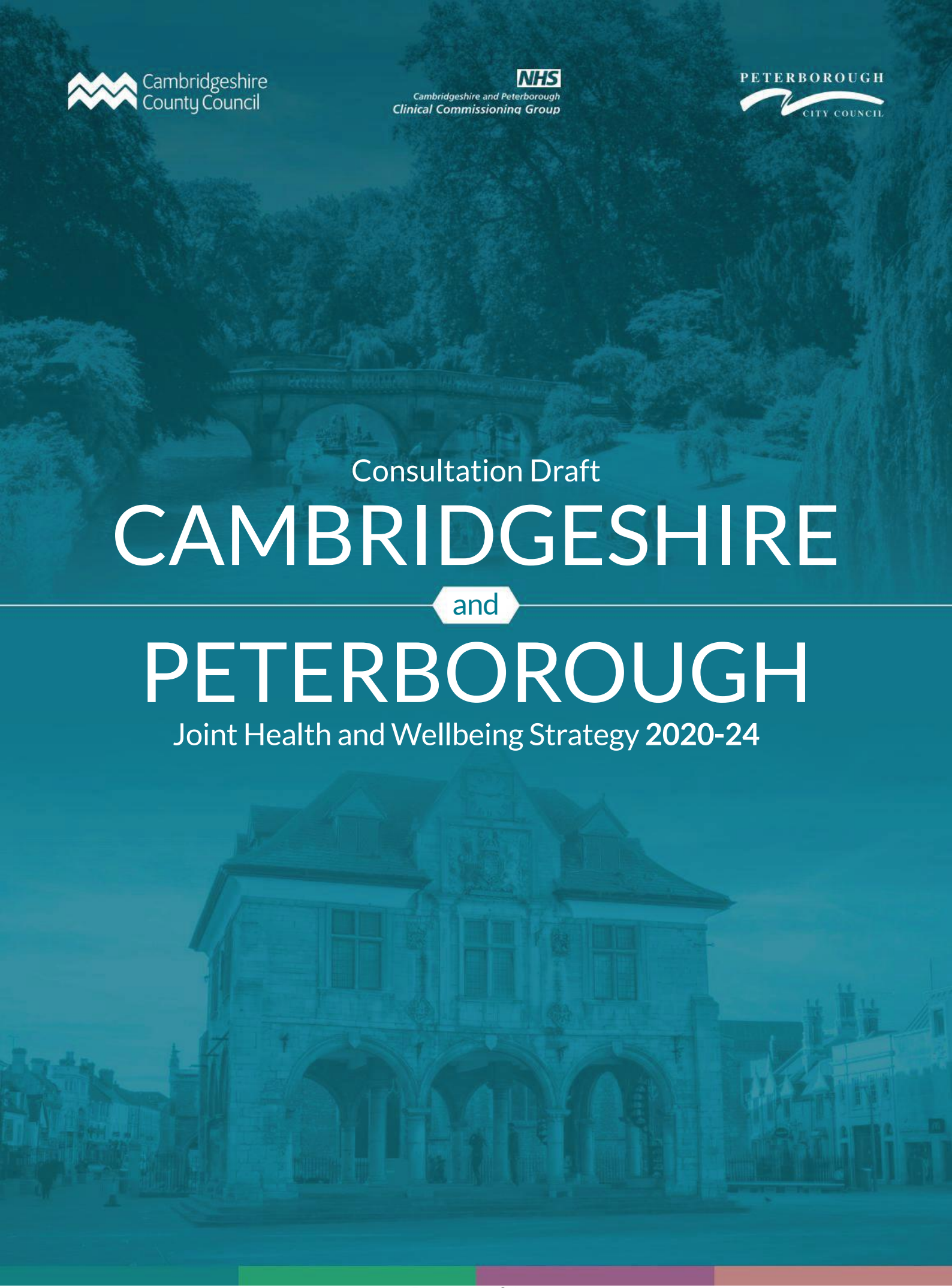
1.	**BACKGROUND**
1.1	The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee has delegated authority to develop and approve the Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (JHWS) for 2020-2024. The draft JHWS was approved for consultation by the Whole System Joint Sub-Committee in September 2019, subject to further amendments being made to reflect comments by Sub-Committee members. The consultation was then delayed due to the national pre-election purdah period, and was launched on 7th February. This report provides an update on the consultation to date. The paper also provides an update on how the Health and Wellbeing Strategy will help to deliver the wider 'Think Communities' approach.
1.2	This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference: *Authority to prepare the Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough based on the need identified in the Joint Strategic Needs Assessment and overseeing the implementation of the Strategy, which informs and influences the commissioning plans of partner agencies.*
2.	**PURPOSE**
2.1	Developing a Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) is a statutory requirement of all Health and Wellbeing Boards. We have decided to develop one JHWS which covers both Cambridgeshire and Peterborough, to maximise strategic impact on the wider health system.
2.2	The approach to developing the new JHWS was to discuss the key findings of the Cambridgeshire and Peterborough JSNA Core Dataset with a wide range of local stakeholders. These discussions focussed on health and wellbeing outcomes where we face challenges as a system - for example the impact of population growth on infrastructure and demand for services; significant inequalities between communities; or outcomes where the system as a whole does worse than average. These discussions helped to develop the key priorities and areas of focus for the JHWS.
2.3	The four priorities identified for the JHWS are: **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** Further detail of the background to these priorities, the areas of focus within them, and the proposed actions for the Health and Wellbeing Board and partner agencies are described within the Strategy consultation documents attached as Annex A, B, C and D.

2.4	Another finding from the pre-consultation discussions with stakeholders, was that for most of the key issues in the JHWS we were able to identify a multi-agency board or group which was already addressing the strategic priority or focus area of concern. In some cases this group had agreed a multi-agency plan across Cambridgeshire and Peterborough to achieve this. Sometimes, other key stakeholders were not aware of this work – leading to a risk of duplication and fragmented working across the wider system An aim of this JHWS is therefore to keep it simple – highlighting, endorsing and signposting to existing multi-agency Boards and groups, and the partnership plans they are developing which will address key health and wellbeing issues. The role of the Health and Wellbeing Board Whole System Sub-Committee then becomes to monitor the progress of these plans against the JHWS priorities, and their impact on outcomes, and to provide challenge, support and 'unblocking' where necessary.
2.5	Communities we live in are fundamental to our health, and we are taking a 'Think Communities' approach to the Joint Health and Wellbeing Strategy. Our Think Communities System Ambition is to develop a public sector workforce that listens, engages with and aligns to communities and each other, through mobilisation of citizens and communities into positive action and commits to delivering services in ways that support communities to drive lasting change. The draft Think Communities Health Deal Agreement (Annex E) identifies how the System partners will commit to working collaboratively with a focus on place /local communities whilst aiming to empower people to take responsibility to improve their health outcomes. Supporting the health and well-being of our communities is fundamental to Local Government, and the NHS, therefore we recognise that many of the most important factors which affect our residents' health are social, economic and environmental. The Think Communities approach is based on place and partners supporting Communities/individuals to be enabled to take back responsibility, rather than organisations working in silo's .The action needed to address the Wider Determinants of Health can be challenging therefore we need to adopt a much more holistic approach to delivering solutions with Communities which contribute to the delivery of some of the Health and Well-being priorities.
2.6	The draft Joint Health and Wellbeing Strategy and associated consultation documents are available on web links: https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation https://www.peterborough.gov.uk/council/consultations/joint-health-and-wellbeing-strategy-for-cambridgeshire-and-peterborough The consultation documents consist of: • Annex A: The draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-24) • Annex B: An executive summary of the Draft Strategy • Annex C: A consultation questionnaire • Annex D: An Easy Read version of the Strategy and consultation questionnaire

	In addition to the web-based consultation, hard copies of the consultation documents have been sent to all libraries and to organisations working with people with learning disabilities. The consultation has been highlighted through a press release and social media.
2.7	The Health and Wellbeing Strategy consultation will be taken to meetings of the following stakeholder Boards and groups for direct feedback: • Cambridgeshire County Council (CCC) Health Committee, CCC Communities and Partnership Committee • Peterborough City Council Health Scrutiny Committee • A relevant Committee, Panel or Workshop in all District and City Councils (TBC) • Relevant Combined Authority Board/Committee (TBC) • Cambridgeshire Public Service Board • A Sustainable Transformation Partnership Board workshop and relevant Alliances and Clinical Sub-Groups. • A CCG Governing Body development session • Cambridgeshire and Peterborough HealthWatch Board • Patient Participation Groups and Forums • Partnership Boards (for Older People, Mental Health, People with Disabilities) • Voluntary Sector Chief Executives Group (TBC) • Cambridgeshire Countywide Community Safety Board (TBC) • Cambridgeshire & Peterborough Executive Safeguarding Board • Think Communities Senior Officer Board • Children's Health and Wellbeing Executive Board • Cambridgeshire Sub-Regional Housing Board • Planning Policy Officers Group • Public Health Reference Group • Cambridgeshire and Peterborough Smoke Free Alliance
3.	**CONSULTATION**
3.1	A verbal update on the numbers of residents who have provided responses to the web-based consultation or returned hard-copy consultation documents, will be provided at the Whole System Joint Sub-Committee meeting, together with any key themes which may be emerging.
4.	**ANTICIPATED OUTCOMES OR IMPACT**
4.1	The final report on the outcome of the consultation, together with a final draft Joint Health and Wellbeing Strategy and draft Think Communities Health Deal for approval, will be presented to the Whole System Joint Sub-Committee meeting on Thursday June 4th.
5.	**IMPLICATIONS**
	Financial Implications
5.1	The draft JHWS does not have direct financial implications for the organisations involved at this point. The plans and actions outlined are expected to be delivered within existing system resources. The consultation process will require officer time, prioritised within existing workloads as this is a statutory strategy; and there have been limited costs for design, printing (delivered in-house through Peterborough City Council design and print

	service) and social media.
	Legal Implications
5.2	The production of a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment is a statutory duty of Health and Wellbeing Boards.
	Equalities Implications
5.3	The JHWS includes a focus on addressing inequalities in health and its determinants. The consultation questionnaire includes questions on age, gender, ethnicity, long term condition or disability, and sexual orientation - which will enable consultation responses to be analysed in relation to equalities characteristics.
5.4	The draft JHWS includes a section on Priority 2 'Helping Children achieve the Best Start in Life'. Focus area 2.2 'Developing an integrated approach for older children and adolescents' includes the proposed outcomes for residents of: 'Vulnerable young people are included in local communities and get help and support when they need it' and 'Fewer young people are taken into care'.
6.	**APPENDICES**
6.1	Annex A: Draft Cambridgeshire and Peterborough Health and Wellbeing Strategy (2020-24) https://consultcambs.uk.engagementhq.com/3218/documents/3920 Annex B: Executive Summary: Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy https://consultcambs.uk.engagementhq.com/3218/documents/3930 Annex C: Consultation Questionnaire https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation Annex D: Draft Health and Wellbeing Strategy Easy Read https://consultcambs.uk.engagementhq.com/3218/documents/3940 Annex E: Draft Think Communities Health Deal Agreement
7.	**SOURCE DOCUMENTS**

Source Documents	Location
Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset (2019) HealthWatch 'What would you do?' Consultation Report	*https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/* *http://www.healthwatchcambridgeshire.co.uk/sites/default/files/final_-_cambs_and_pboro_what_would_you_do_report_.pdf*


Cambridgeshire County Council
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group
PETERBOROUGH
CITY COUNCIL
Consultation Draft
CAMBRIDGESHIRE
and
PETERBOROUGH
Joint Health and Wellbeing Strategy 2020-24

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FOREWORD

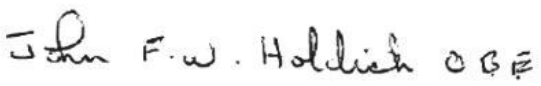
Supporting the health and wellbeing of our communities is fundamental to Local Government, as well as to the NHS. As a Health and Wellbeing Board, we recognise that many of the most important factors which affect our residents' health are social, economic and environmental.

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 (2020-2024) across Cambridgeshire and Peterborough. We are also working closely with the authors of the local NHS five year plan (2019-24), 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. One of the many benefits of this approach is that it helps tackle loneliness and isolation, which can be so damaging to health and wellbeing.

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.

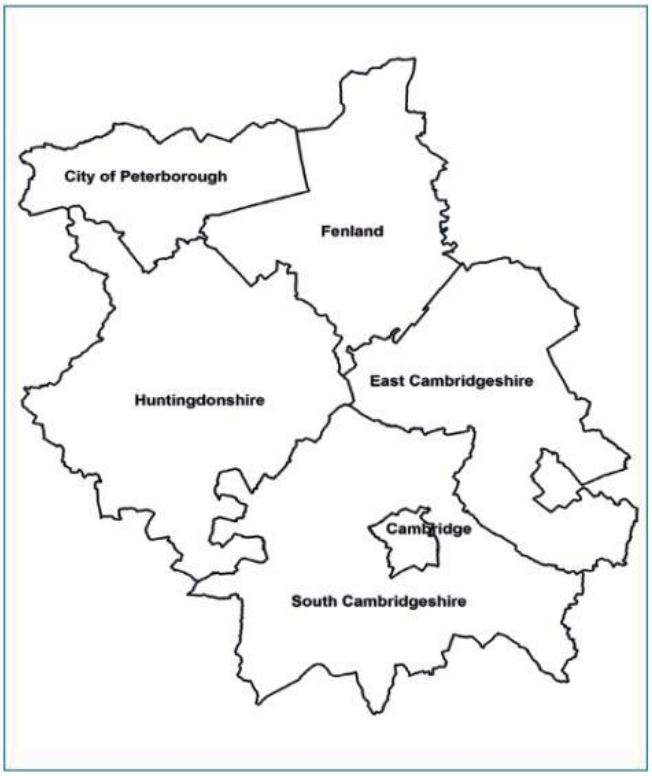


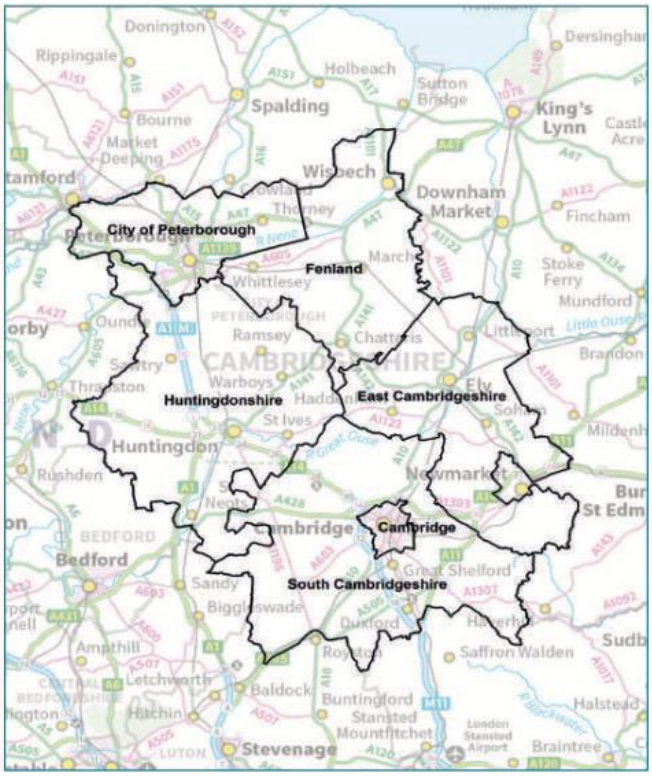
Cllr John Holdich OBE
Leader Peterborough City Council and Chair,
Peterborough Health and Wellbeing Board

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

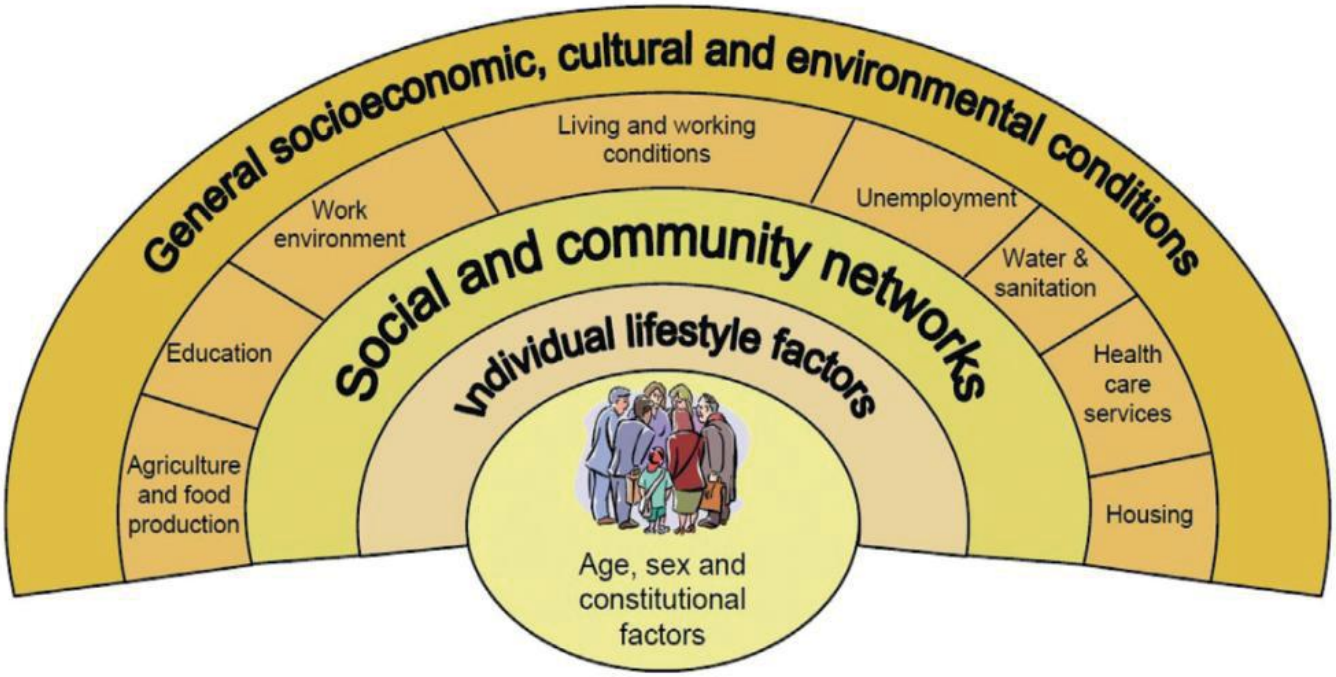
We then looked at health statistics in our Joint Strategic Needs Assessment (JSNA) Core Dataset, and identified health outcomes or inequalities across Cambridgeshire and Peterborough, which could be improved.

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 like 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 next stage of engagement and consultation, with a wider range of stakeholders and with the public.

PRIORITY 1
PLACES THAT SUPPORT HEALTH AND WELLBEING

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



Source: Dahlgren & Whitehead 1991

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 areas of focus:

1.1 Housing developments and transport which support residents' health and address climate change.

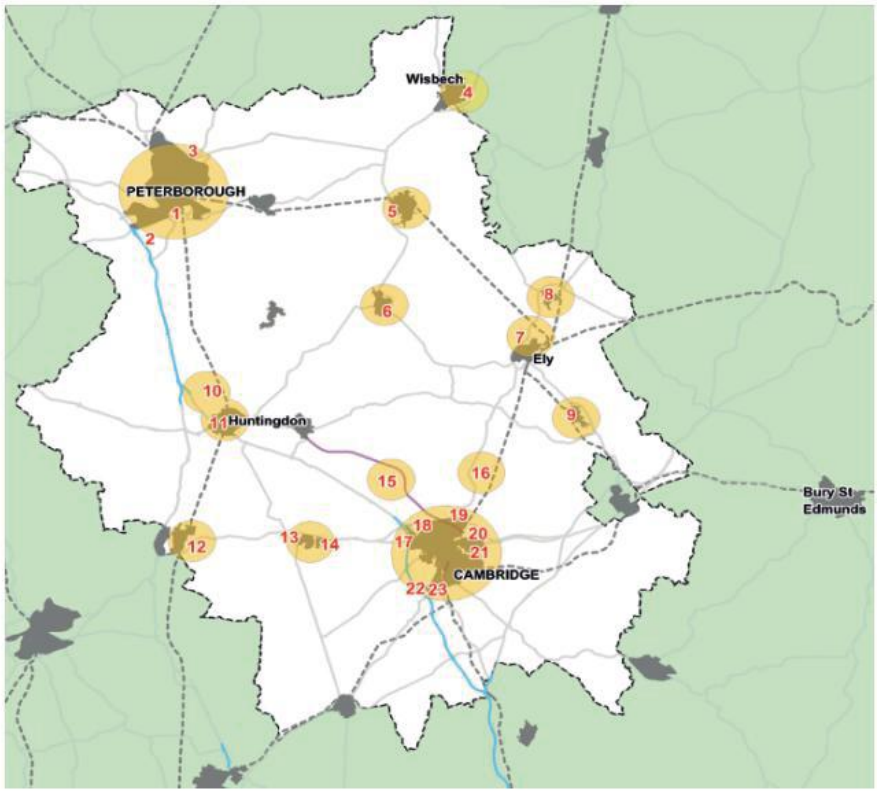
1.2 Preventing homelessness and improving pathways into housing for vulnerable people.

1.3 Reducing inequalities in skills and economic outcomes across our area.

HOUSING DEVELOPMENTS AND TRANSPORT WHICH SUPPORT RESIDENTS' HEALTH AND ADDRESS CLIMATE CHANGE

What does the JSNA tell us?

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



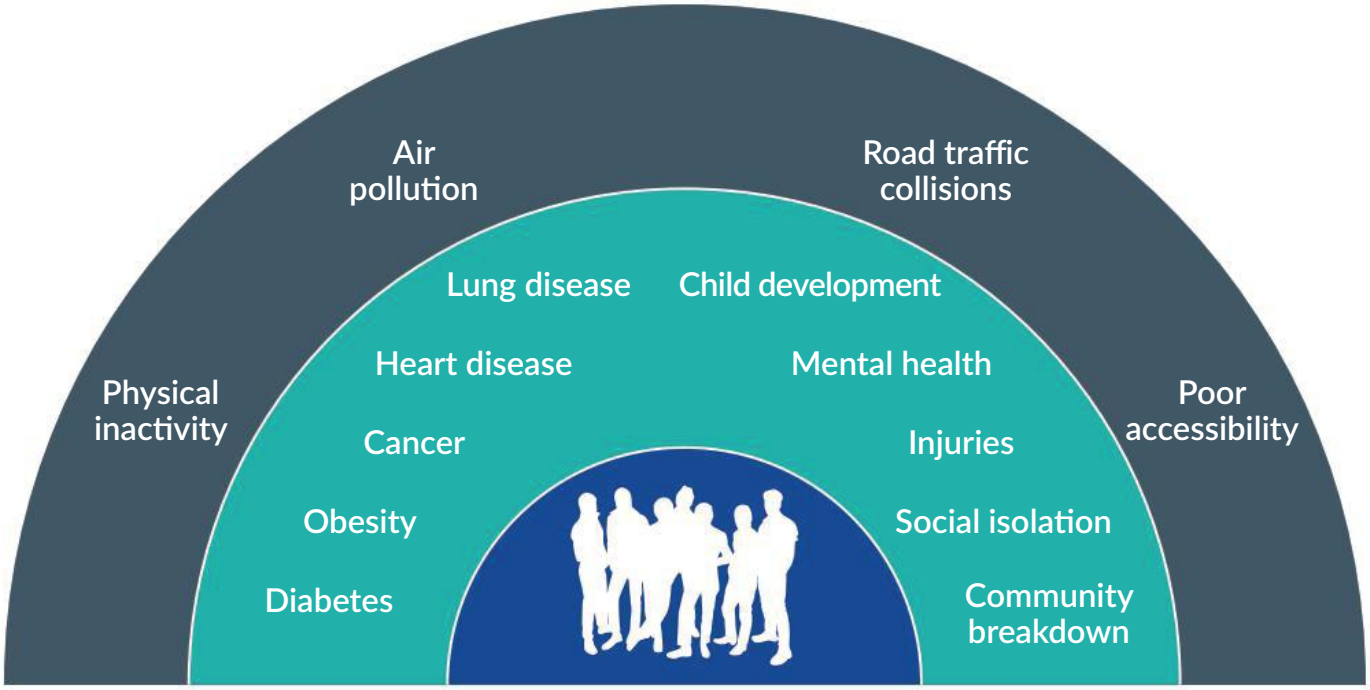
Source: Business Information Team, Cambridgeshire County Council

	Site	Indicative Number of Homes	Timescale
1	Hampton urban extension	3,632	By 2036
2	Great Haddon urban extension	5,300	By 2036
3	Norwood	2,300	By 2036
4	East Wisbech	1,450 (550 in Kings Lynn & West Norfolk)	By 2031
5	West March	2,000	By 2031
6	South Chatteris	1,000	By 2031
7	Ely (north)	3,000	By 2031
8	Littleport	1,850	By 2036
9	Soham	2,100	By 2036
10	Alconbury Weald	5,000	By 2036
11	Ermine Street (south), Huntingdon	1,050	By 2036
12	St Neots East (Wintringham Park and Loves Farm 2)	WP: 2,800 LF2: 1,020	By 2036
13	Cambourne West	1,655 935	By 2031 Post 2031
14	Bourne Airfield New Village	1,360 2,140	By 2031 Post 2031
15	Northstowe	3,203 6,784	By 2031 Post 2031
16	Waterbeach New Town	2,300 6,700	By 2031 Post 2031
17	Cambridge North-West (University site)	2,927	By 2031
18	NIAB (Darwin Green)	2,377 250	By 2031 Post 2031
19	Cambridge Northern Fringe East (AAP)	Potential for 7,600	Unknown
20	Cambridge East (north of Newmarket Road)	1,300	By 2031
21	Cambridge East (north of Cherry Hinton)	1,257	By 2031
22	Trumpington Meadows	637	By 2031
23	Glebe Farm, Clay Farm and Bell School	996	By 2031

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 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 for both existing and new residents as a key policy element. The diagram opposite summarises the potential impacts of transport on health outcomes and demonstrates the issues which need to be tackled.

HOUSING DEVELOPMENTS AND TRANSPORT WHICH SUPPORT RESIDENTS' HEALTH AND ADDRESS CLIMATE CHANGE



Source: Business Information Team, Cambridgeshire County Council

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.

Outcomes for residents

- The design of new housing developments prioritises the health and wellbeing of residents.
- Local transport infrastructure and access to public transport services helps all residents stay healthy and active.
- Housing and transport infrastructure is designed to help tackle climate change.

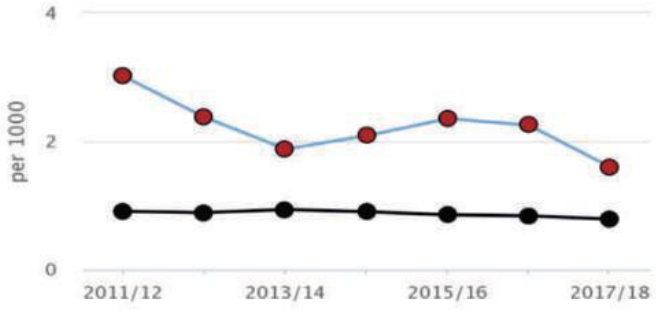
1.2 PREVENTING HOMELESSNESS AND IMPROVING PATHWAYS INTO HOUSING FOR VULNERABLE PEOPLE

What does the JSNA tell us?

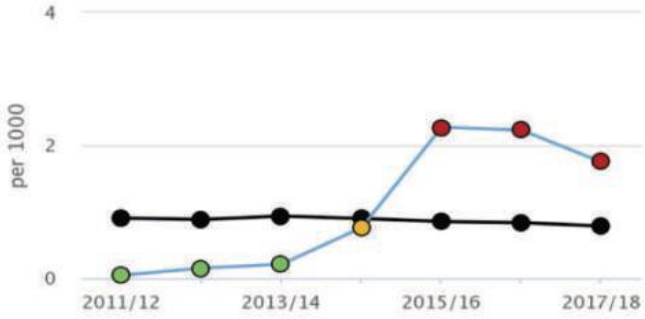
There are higher than average numbers of statutorily homeless people in both Peterborough and Cambridge. Councils are required to provide temporary accommodation for homeless families but not for single people who are not classed as in priority need. Homeless rough sleepers often have poor mental health, 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 leads to more demand on services.

People living with disabilities or coming out of hospital may need adaptions to their houses, so they can stay in their own home, or in some cases a new home tailored to their needs.

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



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



Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Downloaded 14/01/2020

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 adaptions 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. The local Clinical Commissioning Group (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 Sustainable Transformation Partnership (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.

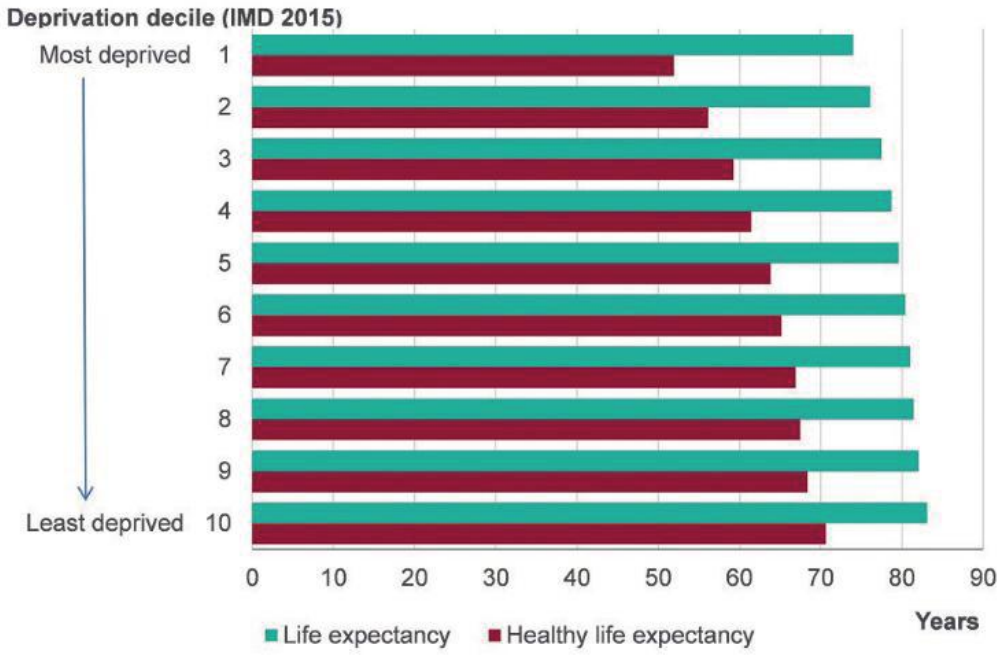
Outcomes for residents:

- Fewer people with health problems and other vulnerabilities are homeless or in unsuitable housing.
- Rough sleepers are helped to improve their physical and mental health.

1.3 REDUCING INEQUALITIES IN SKILLS AND ECONOMIC OUTCOMES ACROSS OUR AREA

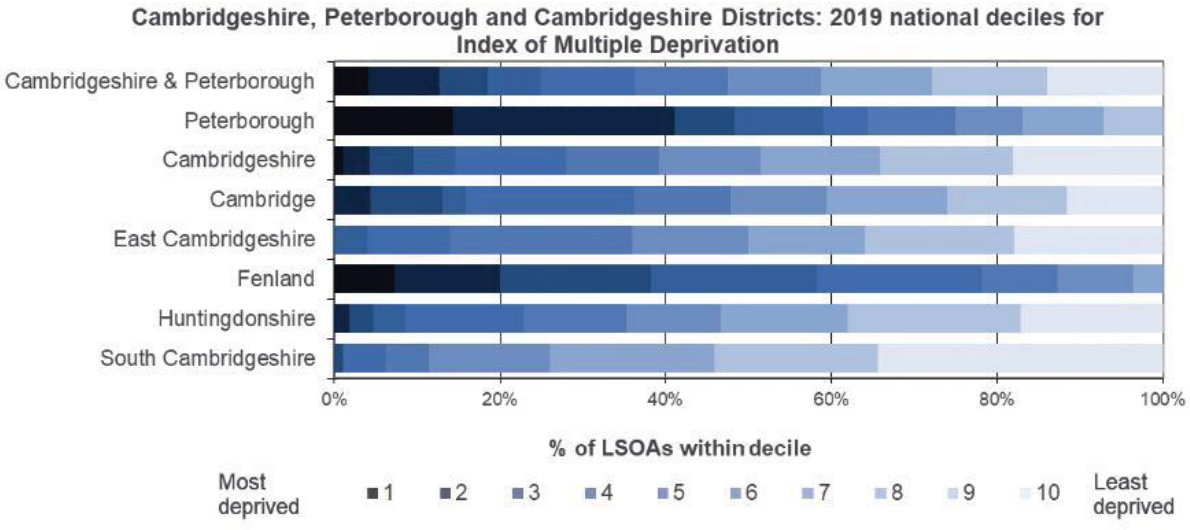
What does the JSNA tell us?

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.



Source: Health Profile for England 2017

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.



Source: MHCLG https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 Downloaded 14/01/2020

1.3 REDUCING INEQUALITIES IN SKILLS AND ECONOMIC OUTCOMES ACROSS OUR AREA

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 economy.

  Inclusive 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?

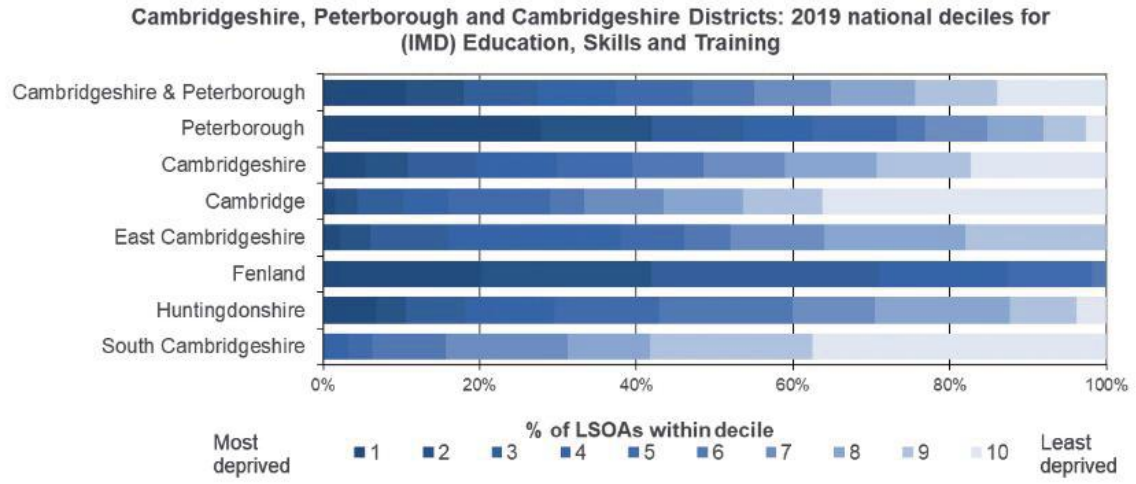
- Endorse the Combined Authority Industrial Strategy goal for inclusive growth across the area. This will create good quality jobs which support people's health.
- Healthcare providers on the HWB Board can support the Combined Authority's aim to spread the economic benefits of a strong biomedical and 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 local pilot programmes to support people with long term health problems back into work.

Source: Public Health England, Health Matters.
https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work Downloaded 14/01/2020

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 light blue). 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.



Source: MHCLG https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015 Downloaded 14/01/2020

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.

Outcomes for residents:

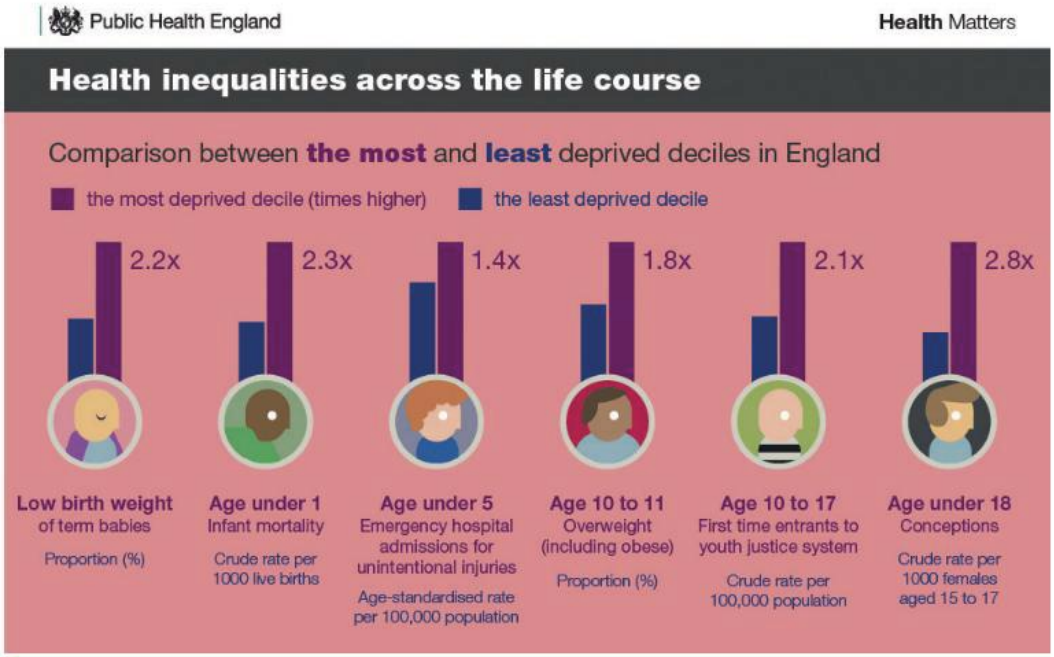
- Residents in all parts of Cambridgeshire and Peterborough have access to good quality training, jobs and incomes.
- Residents working locally are helped to stay healthy by their employers.
- More residents with long term health conditions are in work.

PRIORITY TWO:
HELPING CHILDREN ACHIEVE THE BEST START IN LIFE

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

Source: Health matters: giving every child the best start in life, Public Health England. https://publichealthmatters.blog.gov.uk/category/health-matters/ Downloaded 14/01/2020

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



Source: Health matters: prevention – a life course approach, Public Health England. https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach Downloaded 14/01/2020

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

2.1 The Best Start in Life from pre-birth to age five

2.2 Developing an integrated approach for older children and adolescents

2.1 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, as shown for Peterborough in the chart below.

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

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	458,847	71.8	71.7	71.9
East of England region	↑	51,915	72.3	72.0	72.6
Essex	↑	12,569	74.4	73.7	75.0
Southend-on-Sea	↑	1,610	74.0	72.1	75.8
Thurrock	→	1,782	73.7	71.9	75.4
Hertfordshire	↑	10,354	73.0	72.2	73.7
Central Bedfordshire	↑	2,610	72.5	71.0	73.9
Norfolk	↑	6,514	72.5	71.6	73.4
Cambridgeshire	↑	5,063	71.4	70.3	72.4
Suffolk	↑	5,589	70.7	69.7	71.7
Bedford	↑	1,598	69.1	67.1	70.9
Luton	↑	2,202	68.4	66.8	70.0
Peterborough	↑	2,024	67.0	65.3	68.6

Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Downloaded 14/01/2020

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 as shown in the chart below.

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

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	50,732	56.5	56.2	56.9
East of England region	↑	4,460	54.6	53.6	55.7
Thurrock	→	203	67.0	61.5	72.0
Luton	↑	309	65.3	60.9	69.5
Southend-on-Sea	→	208	57.9	52.8	62.9
Peterborough	→	285	56.9	52.5	61.2
Essex	↑	1,004	56.3	54.0	58.6
Suffolk	→	415	54.7	51.1	58.2
Norfolk	→	677	54.6	51.8	57.3
Bedford	→	166	53.0	47.5	58.5
Hertfordshire	→	653	51.1	48.4	53.8
Cambridgeshire	→	434	47.5	44.3	50.7
Central Bedfordshire	→	106	44.4	38.2	50.7

Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Downloaded 14/01/2020

2.1 THE BEST START IN LIFE FROM PRE-BIRTH TO AGE FIVE

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 English 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 is 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.

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.

Outcomes for residents

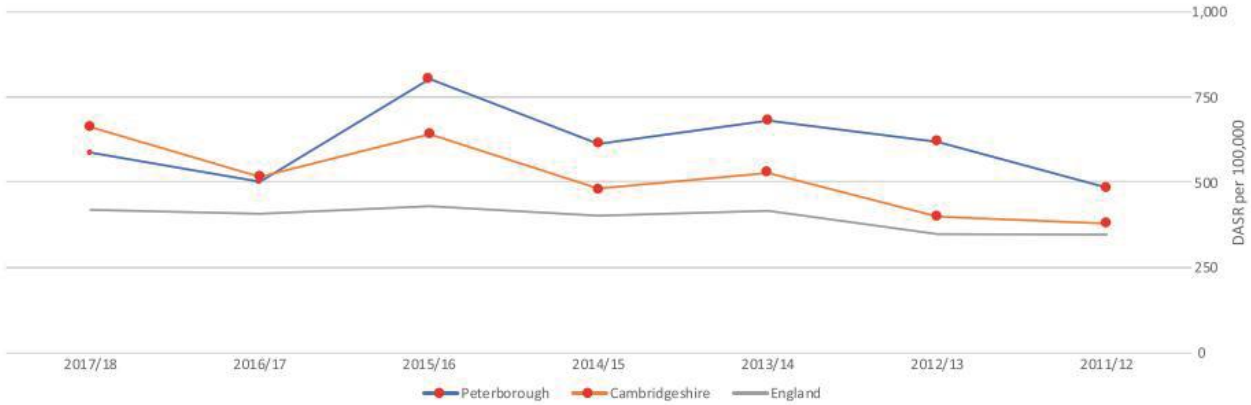
- Babies and young children are healthier and safer.
- Parents and families can find the right information and support to help their children stay healthy.
- Young children are more confident, resilient and ready to start school.

2.2 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.

Hospital admissions for self-harm (10-24 years)

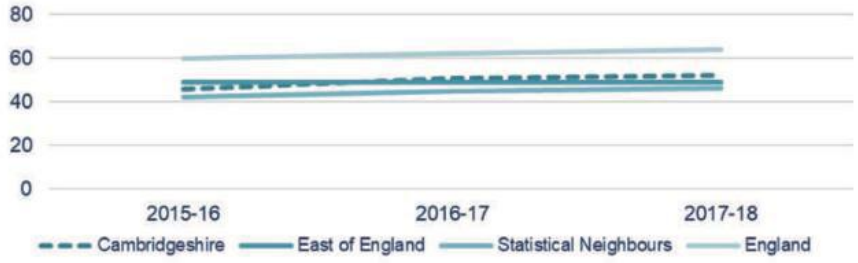


Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence

Local 16-24 year olds are also more likely than the national average to be homeless, particularly in Peterborough. Young people in Peterborough are 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.

Cambridgeshire
Children looked after rate, per 10,000 children under 18



Peterborough
Children looked after rate, per 10,000 children under 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 and Peterborough	1,076		58.3

Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence

2.2 DEVELOPING AN INTEGRATED APPROACH FOR OLDER CHILDREN AND ADOLESCENTS

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 is receiving similar funding to implement the 'Family Safeguarding' model.

What can the Health and Wellbeing Board do?

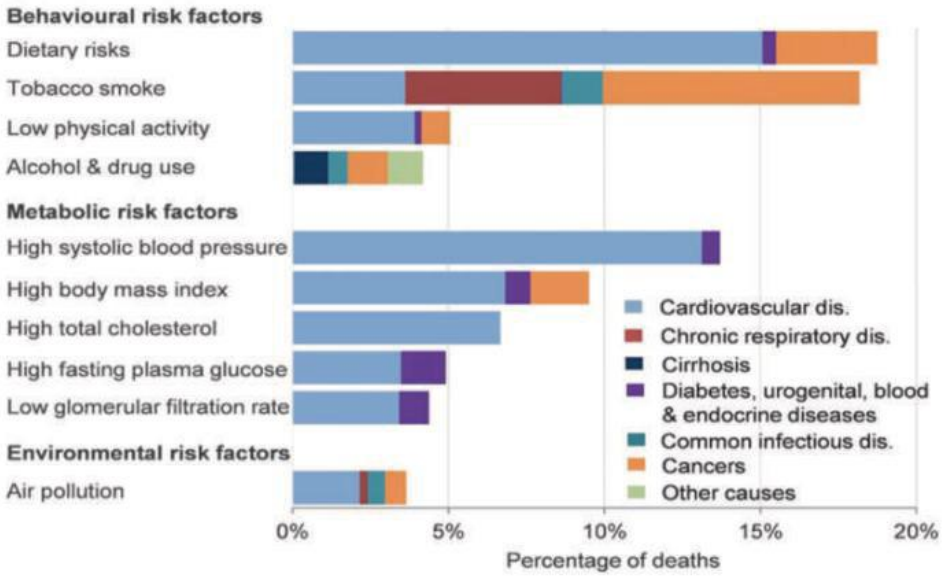
- The Health and Wellbeing Board can ask the Children's Health and Wellbeing Executive Board to bring together organisations and stakeholders, to develop an integrated outcomes framework and strategy for older children and adolescents across Cambridgeshire and Peterborough.
- Health and Wellbeing Board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

Outcomes for residents

- Children and young people have better mental health.
- Fewer young people are homeless.
- Fewer young people are not in education training or work.
- Vulnerable young people are included in local communities and get help and support when they need it.
- Fewer young people are taken into care.

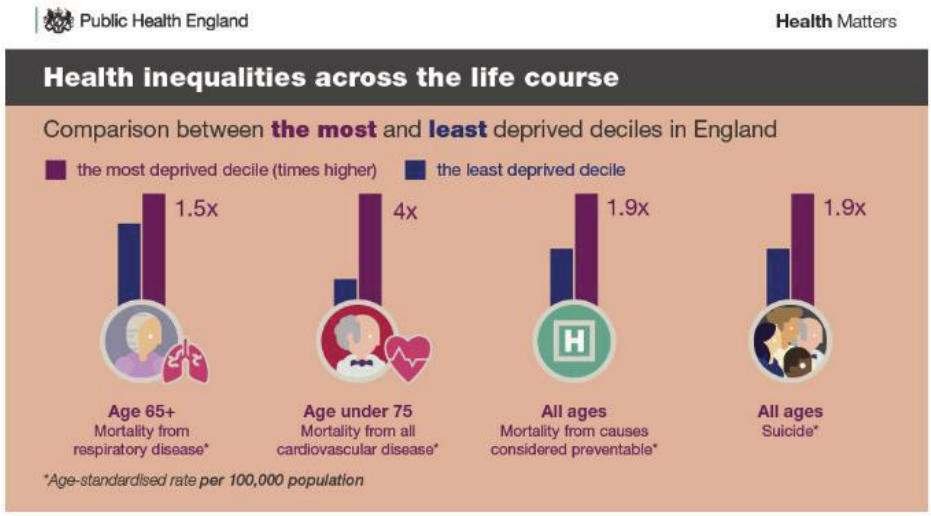
PRIORITY THREE: STAYING HEALTHY THROUGHOUT LIFE

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.



Source: Global Burden of Disease Study 2013 in Health Profile for England 2017. Public Health England,

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



Source: Health matters: prevention – a life course approach, Public Health England. https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach Downloaded 14/01/2020

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

3.1 A joined up approach to healthy weight, obesity and diabetes
3.2 Reducing inequalities in heart disease and smoking
3.3 Improving mental health and access to services
3.4 Ageing Well – working with a growing older population

3.1 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.

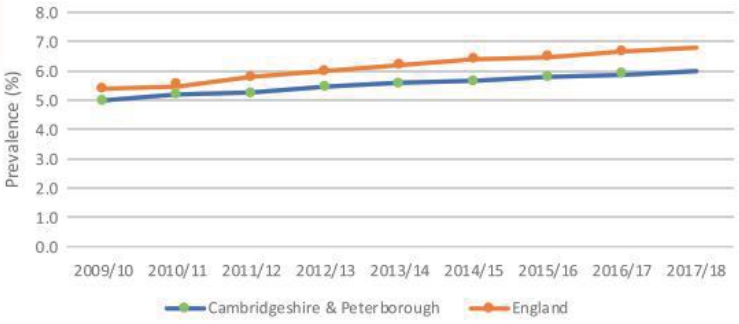
Around two in three adults are estimated to be overweight or obese, and in Peterborough and Fenland rates of overweight, obesity, and diabetes are all worse than the national average. The numbers of people with diabetes have been rising both locally and nationally and more than one in twenty adults now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

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

Recorded prevalence of obesity 18+ years, 2017/18

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

Recorded diabetes prevalence, 17+ years



Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Downloaded 14/01/2020

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. These include actions to promote both healthy eating and physical activity.
- The NHS led Sustainable Transformation Partnership (STP) 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.

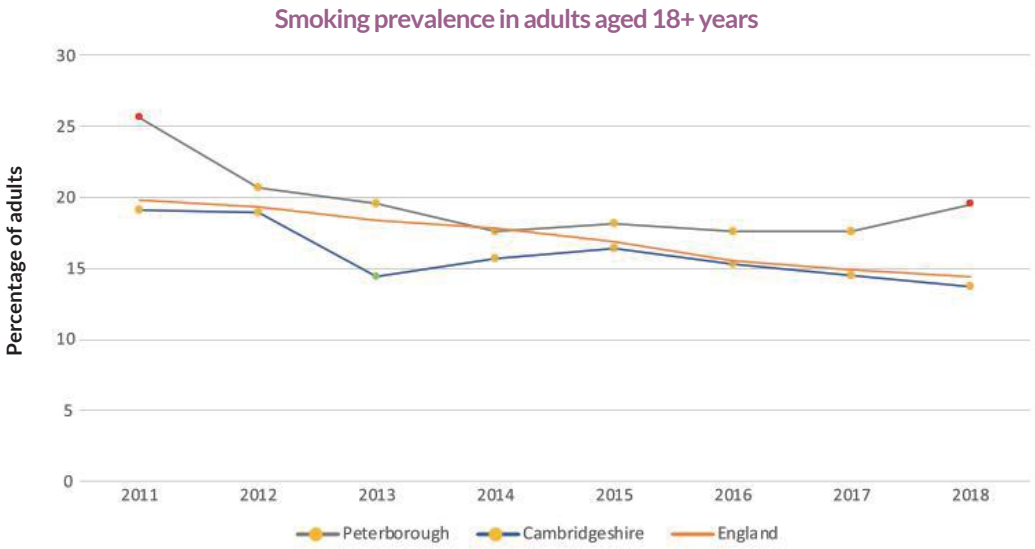
Outcomes for residents

- More children and adults have a healthy weight.
- Fewer residents develop obesity and diabetes.
- Residents with diabetes in all parts of Cambridgeshire and Peterborough have access to good care.

3.2 REDUCING INEQUALITIES IN HEART DISEASE AND SMOKING

What does the JSNA tell us?

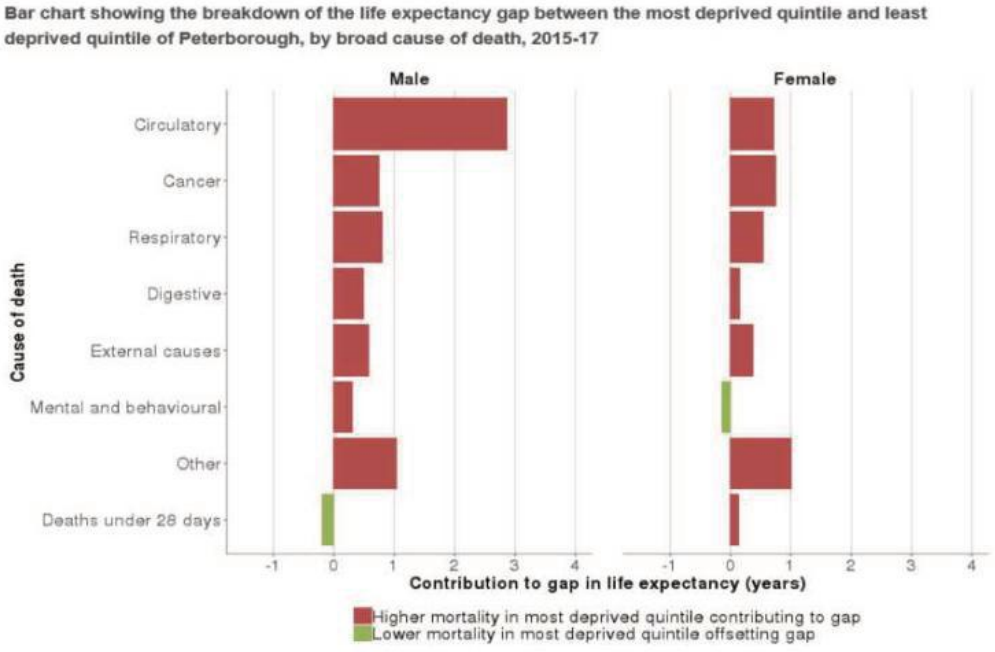
Local smoking rates haven't fallen as fast as elsewhere and are now above the national average in Peterborough and similar to average in Cambridgeshire. Almost one in four women in Wisbech smoke during pregnancy, which can affect the health of both mother and baby, compared with one in ten women nationally.



Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence

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.



Public Health England. Segment Tool https://analytics.phe.gov.uk/apps/segment-tool/ Downloaded 14/01/2020

3.2 REDUCING INEQUALITIES IN HEART DISEASE AND SMOKING

How are we working together already?

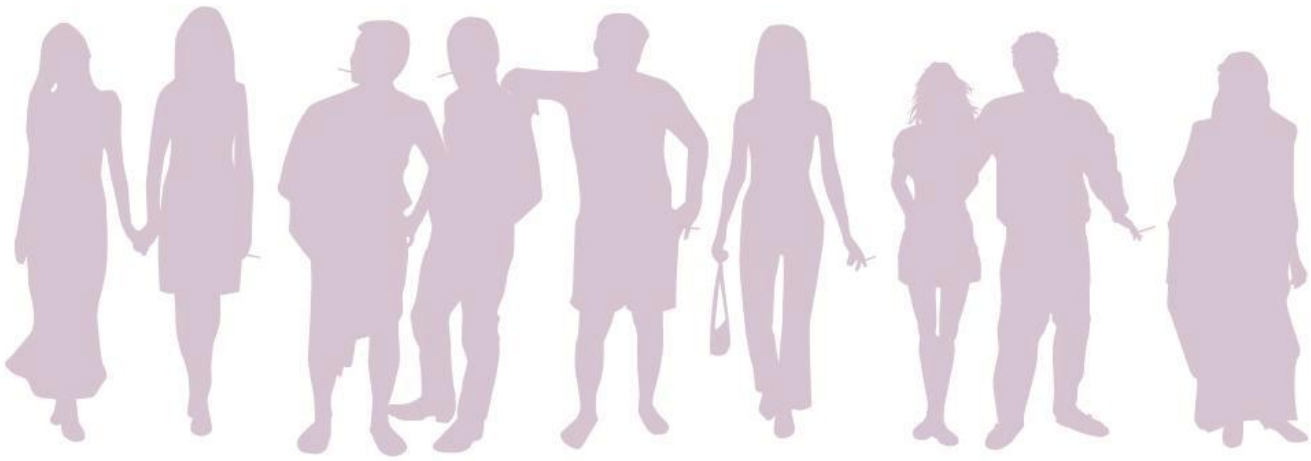
- The Cambridgeshire and Peterborough Smoke Free Alliances have developed a local multi-agency strategy to prevent and reduce the harm caused by smoking and tobacco.
- The local Clinical Commissioning Group (CCG) has developed a Prevention Strategy, which focusses on the role of local NHS organisations in tackling smoking and high blood pressure.
- 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 South Asian communities to develop a healthy living programme to help 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 CCG Prevention Strategy, and the Clinical strategy for Cardiovascular Disease led by the STP.
- Health and Wellbeing Board member organisations and Primary Care Networks can focus resources on working together in the most deprived areas of Peterborough and Wisbech to prevent and effectively treat cardiovascular disease.

Outcomes for residents:

- Fewer residents die early as a result of smoking.
- Fewer residents die early from heart disease.
- Residents with heart disease in all parts of Cambridgeshire and Peterborough have access to good care.



3.3 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.

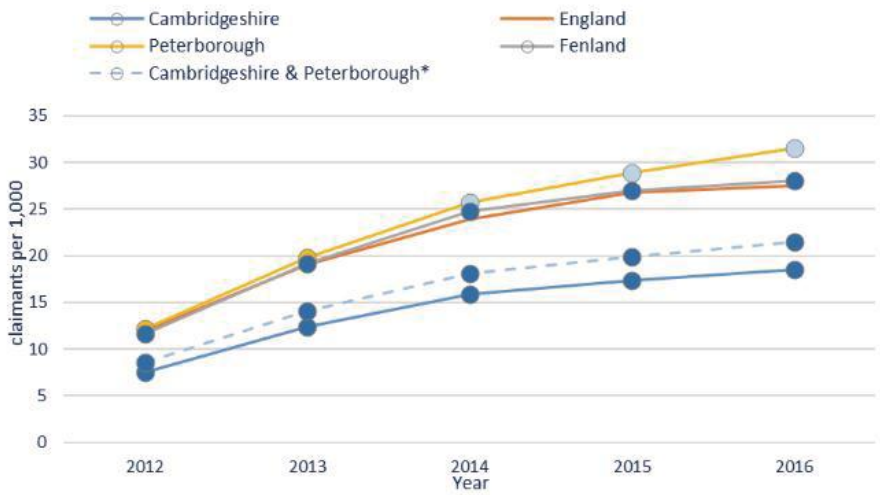
Recorded prevalence of mental health, dementia and learning disabilities, 2017/18

Area of GP Location	Schizophrenia, bipolar affective disorder and other psychoses		Depression (18+)		Dementia		Learning disabilities	
	%	Number	%	Number	%	Number	%	Number
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

Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence. *Patients with a record of unresolved depression since April 2006.

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.

Employment Support Allowance (ESA) claimants for mental and behavioural disorders



Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence

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.

3.3 IMPROVING MENTAL HEALTH AND ACCESS TO 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:
    - The child and adolescent mental health Local Transformation Plan.
    - National NHS funding to pilot waiting targets for mental health appointments.
    - 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 toolkit, 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 support work through 'Think Communities' to address loneliness in Cambridgeshire and Peterborough.
- The Health and Wellbeing Board can work with the Sustainable Transformation Partnership (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.

Outcomes for residents

- More residents feel included in their communities and fewer experience loneliness.
- Residents with mental health problems can access the support they need from 'joined up' services which make sense to them.
- More people with severe mental health problems are in stable housing and employment.

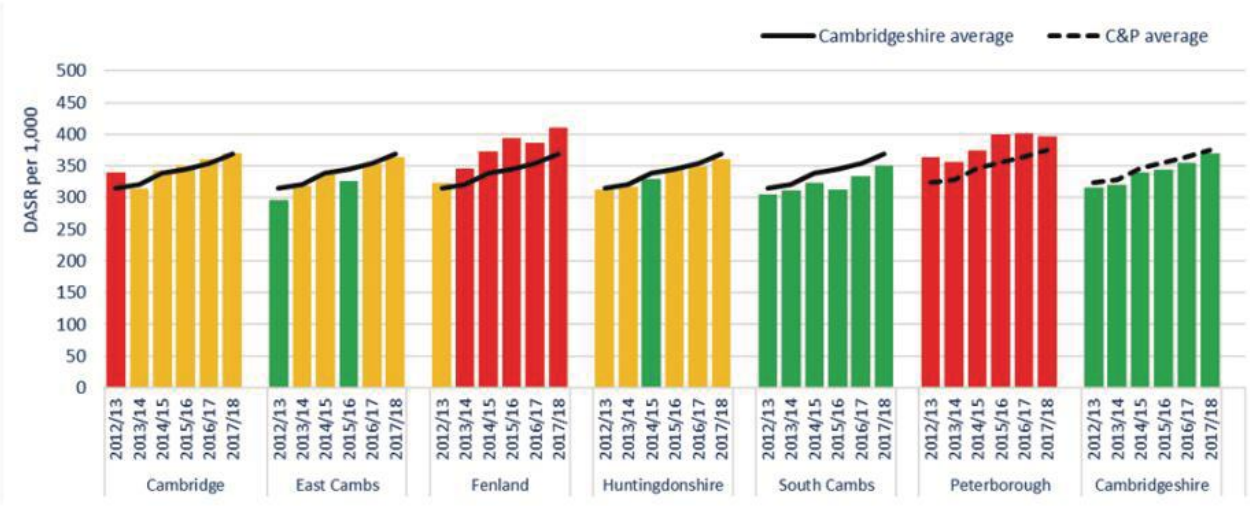
3.4 AGEING WELL – WORKING WITH A GROWING OLDER POPULATION

What does the JSNA show?

Older people make a huge and often unpaid contribution to society – for example through grandparents caring for children, and retired people continuing to use their skills through volunteering. 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.

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+ years



Source: NHS Digital Hospital Episode Statistics, ONS mid-year population estimates

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 Sustainable Transformation Partnership (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.

Source: Health matters: midlife approaches to reduce dementia risk, Public Health England. https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk Downloaded 14/01/2020

3.4 AGEING WELL – WORKING WITH A GROWING OLDER POPULATION

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.

Emergency hospital admissions, falls in people aged 65+ years, 2017/18

Indicator	Period	England rate per 100,000	C&P rate per 100,000	C&P Number	Pboro rate per 100,000	Pboro number	Cambs rate per 100,000	Cambs number	Cambridgeshire Districts				
									Cambridge	East Cambridgeshire	Fenland	Huntingdon-shire	S Cambs
People aged 65 & over (persons)	2017/18	2,170	2,140	3,261	2,041	602	2,164	2,659	2,591	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	2,860	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 (males)	2017/18	855	764	388	759	72	766	316	1,172	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

Source: Public Health England. Fingertips https://fingertips.phe.org.uk/ Graphic generated by Cambridgeshire & Peterborough Public Health Intelligence

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 adaptions 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 Sustainable Transformation Partnership (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 and taking a 'Think Communities' approach (see p.26)
- 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.

Outcomes for residents

- Older residents are supported to stay healthy and independent in their homes and communities for as long as possible.
- Older residents spend less time in hospital.
- Older residents feel that health and social care services are 'joined up' and make sense to them.

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:

Source: HealthWatch Cambridgeshire & Peterborough. http://www.healthwatchcambridgeshire.co.uk/ Downloaded 14/01/2020

'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.

PRIORITY 4: GOOD QUALITY HEALTH AND SOCIAL CARE

External quality inspections

External Care Quality Commission inspection reports for local NHS Trusts are variable, ranging from outstanding to 'requires improvement'. The Queen Elizabeth Hospital Trust in Norfolk, which is used by residents of Wisbech and North Fenland has recently been rated as 'inadequate'. Most GP practices are rated as good and some as outstanding, but some have been rated as 'inadequate' or 'requires improvement' and there is a higher proportion of these GP practices in Peterborough.

Trust	2014	2015	2016	2017	2018	2019
Cambridge University Hospital Foundation Trust		Inadequate	Requires improvement	Good		Good
Peterborough City Hospital	Requires improvement	Good			Good	Requires improvement
Hinchingbrooke Hospital	Inadequate		Good		Requires improvement	Requires improvement
Cambridgeshire and Peterborough Foundation Trust		Good			Good	
Cambridgeshire Community Services	Good				Good	Outstanding
Papworth Hospital		Good				Outstanding

Source: Care Quality Commission. https://www.cqc.org.uk/what-we-do/how-we-do-our-job/inspection-reports#cqc-solr-search-theme-form

Demand and financial pressures

The Cambridgeshire and Peterborough health system is one of the most financially challenged in the country – with the mid-2019 annual deficit across local NHS organisations totalling in the order of £190 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.

PRIORITY 4: GOOD QUALITY HEALTH AND SOCIAL CARE

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 health needs and 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). The STP Board is made up from the Chairs and Chief Executives of the main local NHS organisations, and Local Authority representation. It is accountable to regional and national NHS regulators.

The STP Board is preparing an STP Five Year Plan for NHS services in Cambridgeshire and Peterborough (2019-24), which also covers partnership working with local authority social care and public health services. This is the local version of the nationwide NHS Long Term Plan.

It aims to transform the local health and care system and ensure financial sustainability, while tackling deprivation related health inequalities and leveraging the benefits of local research and innovation expertise.

The STP Five Year Plan for Cambridgeshire and Peterborough will be available on weblink **www.fitforfuture.org.uk/** and is working toward five main priority programmes to transform local health and care services:

1. Develop a high quality, efficient integrated primary, community, mental health, acute and social care model, based around integrated neighbourhoods. This will build on the current integrated neighbourhood teams work and potentially leverage partnerships with industry.
2. Implement a full outpatient transformation programme looking at modernising the pathway end-to-end.
3. Redesign high volume and high cost healthcare pathways (starting with trauma/orthopaedics and ophthalmology) across community and through acute care, to reduce inefficiencies and variation and ensure quality.
4. Identify opportunities to make the best use of the existing fixed cost base in the local NHS, including estates and IT.
5. Leverage research and innovation, focused on responding to the challenges in the NHS Long Term Plan across the whole STP area and wider region.

It's essential that the Health and Wellbeing Board and the STP Board have a shared vision and fully aligned strategies for health and social care services. This section of the Health and Wellbeing Strategy reinforces the STP Board aims to tackle health inequalities, achieve financial sustainability, and develop new, high quality, care models based on neighbourhood teams. The four focus areas for the Health and Wellbeing Strategy are:

4.1 Embedding a 'Think Communities' approach to place based working

4.2 A joint approach to population growth

4.3 Addressing financial challenges together

4.4 Acting as a system to reduce health inequalities

4.1 EMBEDDING A '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',

Outcome for residents

- Residents understand how they can help themselves and each other to stay healthy in their local communities.
- Residents experience 'joined up' local services which help them to solve problems and achieve the health and social care outcomes they want.

4.2 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.

Outcomes for residents

- Residents are confident that enough health and social care services will be provided to meet the needs of a growing population.

4.3 ADDRESSING FINANCIAL CHALLENGES TOGETHER

In mid-2019, NHS organisations within Cambridgeshire and Peterborough were 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 about 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 social care budgets are experiencing severe financial pressures .Ongoing transformation is needed to remain within the available budgets.

How are we working together already?

- NHS and local authorities recognise the high level of financial constraints in the system, and that all organisations have significant financial pressures.
- NHS and local authority finance directors communicate and work together through a sub-group of the Sustainable Transformation Partnership (STP) Board.

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.

Outcomes for residents

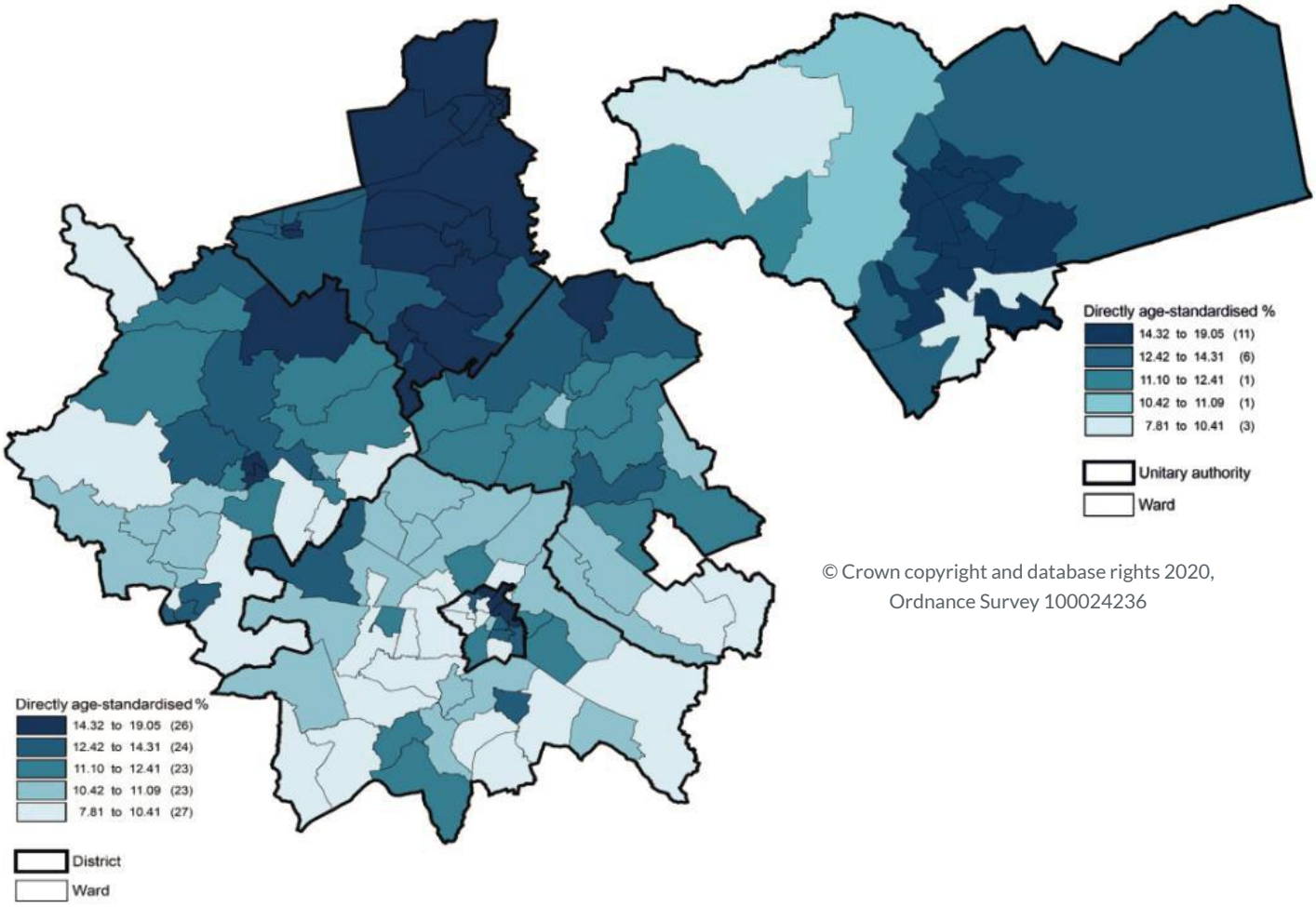
- Health and care services are financially sustainable.

4.4 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.

Long-term activity-limiting illness, ward, 2011



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.

4.4 ACTING AS A SYSTEM TO REDUCE HEALTH INEQUALITIES

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.
- The Health and Wellbeing Board can endorse the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) Health Inequalities Strategy, currently in development.

Outcomes for residents

- More residents from socially disadvantaged communities have training and jobs in health and care services.
- Residents from communities with the worse health outcomes receive extra support to stay well and prevent health problems.
- Residents from communities where many people have health problems or disability experience good access to health and care support services.

GLOSSARY

Health and Wellbeing Board: A statutory partnership board which provides a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. It is a sub-committee of the local County or City Council.

Sustainable Transformation Partnership (STP): A non-statutory partnership of NHS organisations and local authority social care providers in an area, which works to run services in a more coordinated way, agree system-wide priorities, and plan collectively how to improve residents' day-to-day health.

Clinical Commissioning Group (CCG): Clinically led statutory NHS bodies, responsible for the planning and commissioning of health services for their local population.

HealthWatch: A statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. The aim of LHW is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Care Quality Commission (CQC): The independent regulator of all health and social care services in England. Its job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.

Combined Authority (CA): A combined authority is a legal body set up using national legislation that enables a group of two or more councils to collaborate and take collective decisions across council boundaries. The Cambridgeshire and Peterborough CA has a directly elected Mayor.

Healthy New Towns: The Healthy New Towns Programme (**www.england.nhs.uk/ourwork/innovation/healthy-new-towns/**) was launched in 2015 with funding from NHS England to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality services.

Think Communities: The Think Communities partnership approach (2018) has been developed in collaboration with partners to create a shared vision, approach and priorities for building Community Resilience across Cambridgeshire and Peterborough.

Cambridgeshire County Council

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

PETERBOROUGH CITY COUNCIL

www.cambridgeshire.gov.uk • www.peterborough.gov.uk

Cambridgeshire County Council

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Peterborough City Council

CONSULTATION DRAFT

CAMBRIDGESHIRE and PETERBOROUGH

JOINT HEALTH AND WELLBEING STRATEGY 2020-24 EXECUTIVE SUMMARY

The Health and Wellbeing Board is a 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 (2020-2024) across Cambridgeshire and Peterborough.

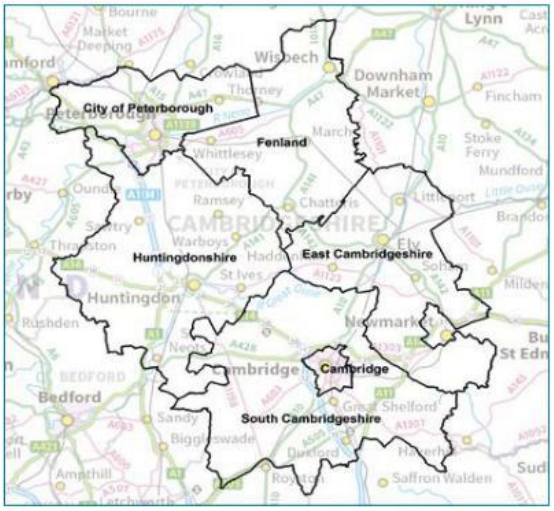
The Health and Wellbeing Strategy has four priorities:

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



PRIORITY 1: Places that support health and wellbeing

Focus area 1.1

Housing developments and transport which support residents' health and wellbeing

Outcomes for Residents:

- The design of new housing developments prioritises the health and wellbeing of residents
- Local transport infrastructure and access to public transport services helps all residents stay healthy and active
- Housing and transport infrastructure is designed to help tackle climate change

How will we work together?

- Adopt and implement the ten Healthy New Town principles for new developments
- Support local government planners and NHS estates planners to work together
- Endorse Cambridgeshire & Peterborough Local Transport Plan policies for 'creating healthy thriving communities'
- Endorse local organisations' Climate Change Strategies and Action Plans as they develop

Focus area 1.2

Preventing homelessness and improving pathways into housing for vulnerable people.

Outcomes for Residents:

- Fewer people with health problems and other vulnerabilities are homeless or in unsuitable housing
- Rough sleepers are helped to improve their physical and mental health

How will we work together?

- Support health and care providers to work with the sub-regional Housing Board, to prevent homelessness and develop pathways into housing for vulnerable people
- Implement the recommendations of the NHS health needs assessment for rough sleepers

PRIORITY 1: Places that support health and wellbeing (CONTINUED)

Focus area 1.3

Reducing inequalities in skills and economic outcomes across our area.

Outcomes for Residents:

- Residents in all parts of Cambridgeshire and Peterborough have access to good quality training, jobs and incomes
- Residents working locally are helped to stay healthy by their employers
- More residents with long term health conditions are in suitable work

How will we work together?

- Endorse the Combined Authority Industrial Strategy goal for inclusive growth across the area
- Promote workplace health programmes in local businesses
- Engage with local programmes to help people with long term health conditions back into work
- Endorse the Combined Authority Skills Strategy theme to 'Empower local people to access education and skills
- Deliver a successful Health and Care sector work academy, supporting local people into jobs

PRIORITY 2: Helping children achieve the best start in life

Focus area 2.1

The Best Start in Life from pre-birth to age five

Outcomes for residents

- Babies and young children are healthier and safer
- Parents and families can find the right information and support to help their children stay healthy
- Young children are more confident, resilient and ready to start school

How will we work together?

- Endorse and implement the Cambridgeshire and Peterborough Best Start in Life Strategy 2019-24
- Integrate community midwifery 'Better Births' Hubs and mental health services for new mothers with 'Best Start in Life' local teams
- Support 'Best Start in Life' local teams to develop links with the local voluntary sector and communities

Focus area 2,2

Developing an integrated approach for older children and adolescents

Outcomes for residents

- Children and young people have better mental health
- Fewer young people are homeless
- Fewer young people are not in education training or work
- Vulnerable young people are included in local communities and get help and support when they need it
- Fewer young people are taken into care

How will we work together?

- Bring together organisations and stakeholders, to develop an integrated outcomes framework and strategy for older children and adolescents across Cambridgeshire and Peterborough
- Take practical steps to include children in care, and those who care for them, in local activities and services

Priority 3: Staying healthy throughout life

Focus area 3.1

A joined up approach to healthy weight, obesity and diabetes

Outcomes for residents

- More children and adults have a healthy weight
- Fewer residents develop obesity and diabetes
- Residents with diabetes in all parts of Cambridgeshire and Peterborough have access to good care

How will we work together?

- Adopt the Cambridgeshire and Peterborough Healthy Weight Strategies
- Endorse the NHS Sustainable Transformation Partnership (STP) Obesity and Diabetes Strategy
- Consider adopting planning policies for fast food outlets

Focus area 3.2

Reducing inequalities in heart disease and smoking

Outcomes for residents

- Fewer residents die early as a result of smoking
- Fewer residents die early from heart disease
- Residents with heart disease in all parts of Cambridgeshire and Peterborough have access to good care

How will we work together?

- Adopt the Cambridgeshire and Peterborough Smoking and Tobacco Strategy
- Endorse the Clinical Commissioning Group (CCG) Prevention Strategy
- Endorse the STP Cardiovascular disease strategy
- Focus resources on areas of Peterborough and Wisbech with the highest deprivation, smoking and heart disease rates

Focus area 3.3

Improving mental health and access to services

Outcomes for residents

- More residents feel included in their communities and fewer experience loneliness
- Residents with mental health problems can access the support they need from 'joined up' services which make sense to them
- More people with severe mental health problems are in stable housing and employment

How will we work together?

- Support work through 'Think Communities' to address loneliness
- Work with the STP and the police and crime commissioner led 'Crisis Care Concordat' to join up oversight of mental health services
- Support pathways for vulnerable people with mental health problems into housing and employment

Focus area 3.4

Ageing Well – working with a growing older population

Outcomes for residents

- Older residents are supported to stay healthy and independent in their homes and communities for as long as possible
- Older residents spend less time in hospital
- Older residents feel that health and social care services are 'joined up' and make sense to them

How will we work together?

- Bring together work through the Ageing Well Board and Adults Positive Challenge programme to help older people stay well and independent
- Monitor how effectively the health and care system is helping older people receive their care outside hospital

PRIORITY 4: Quality health and social care

Focus area 4.1

Embedding a 'Think Communities' approach to place based working

Outcomes for Residents

- Residents understand how they can help themselves and each other to stay healthy in their local communities
- Residents experience 'joined up' local services which help them to solve problems and achieve the health and social care outcomes they want

How will we work together?

- Adopt a 'Think Communities' approach, with locally agreed ways of working in partnership with each other and local communities
- Promote joint working across 'Think Communities' pilots and Primary Care Networks/ integrated neighbourhood teams
- Review how Living Well Partnerships could integrate with a local Think Communities approach

Focus area 4.2

A joint approach to population growth

Outcomes for residents

- Residents are confident that enough health and social care services will be provided to meet the needs of a growing population

How will we work together?

- Ensure local organisations provide a consistent narrative to national government about how our population is growing, and the impact on infrastructure and services

Focus area 4.3

Addressing financial challenges together

Outcomes for residents

- Health and care services are financially sustainable

How will we work together?

- Engage with service transformations designed to bring the health system finances back into balance
- Identify opportunities to work across services to improve prevention, join up care for service users and reduce overall costs

Focus area 4.4

Acting as a system to reduce health inequalities

Outcomes for residents

- More residents from socially disadvantaged communities have training and jobs in health and care services
- Residents from communities with the worse health outcomes receive extra support to stay well and prevent health problems
- Residents from communities where many people have health problems or disability experience good access to health and care support services

How will we work together?

- Use data to allocate health and care resources in proportion to need
- Develop joint preventive programmes in communities with more deprivation and worse health
- Provide good training and jobs for people from disadvantaged communities
- Endorse the NHS Clinical Commissioning Group (CCG) Health Inequalities Strategy

Monitoring improvement

The Health and Wellbeing Board plans to monitor the actions proposed in the Strategy every six months, and to review changes in health outcomes for residents every year.

11. Do you have any other ideas on how the Health and Wellbeing Strategy should be monitored?

About you

The following questions will help us understand the spread of responses from across Cambridgeshire and Peterborough

12. How would you describe your gender?

☐ Female ☐ Male ☐ Prefer not to say ☐ Prefer to self-describe: (please specify)

13. Which age group do you fall in?

☐ Under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-84 ☐ Prefer not to say

14. Do you have a disability or long-term health condition?

☐ Yes ☐ No ☐ Prefer not to say

15. What is your ethnic group?

BACK

☐ White ☐ Mixed/multiple ethnic group ☐ Asian/Asian British ☐ Black/African/Caribbean/Black British

☐ Other ethnic group (please specify)..... ☐ Prefer not to say

16. Would you say you are?

☐ Bi ☐ Gay Man ☐ Gay woman/Lesbian ☐ Heterosexual/Straight

☐ Prefer to self-describe: (please specify)..... ☐ Prefer not to say

17. What is the first half of your postcode? (This is optional but it will help us to check that we've received responses from all parts of Cambridgeshire and Peterborough)

Cambridgeshire County Council · NHS Cambridgeshire and Peterborough Clinical Commissioning Group · Peterborough City Council

https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation

Please use the above link if you'd like to fill out the form online, or use the prepaid envelope provided to return the questionnaire

Cambridgeshire County Council · NHS Cambridgeshire and Peterborough Clinical Commissioning Group · Peterborough City Council

CAMBRIDGESHIRE and PETERBOROUGH

Joint Health and Wellbeing Strategy 2020-24 **QUESTIONNAIRE**

What do you think about our priorities?

The Health and Wellbeing Board brings together the organisations responsible for making decisions about health, wellbeing and care services in Cambridgeshire and Peterborough.

This includes local NHS organisations, elected Councillors, local authority public health, adult social care and children's services, and local Healthwatch.

The Board works together to plan how best to meet the needs of the local population and tackle inequalities in health. We have developed a draft Health and Wellbeing Strategy to help us do this.

We have chosen four priorities for the Strategy, in order to help the people in our communities live healthy lives. These are the things that it is most important for us to do.

PRIORITY ONE: places t[illegible]port health and wellbeing

FRONT

The places where we live, work, learn and socialise have a big impact on our health. For this priority, we want to focus on:

- Build new homes and provide transport links that help people stay healthy and active, and support actions to reduce climate change.
- Work together to prevent homelessness, and provide support to vulnerable homeless people to move into stable housing.
- Help people with fewer qualifications access education and skills training to improve their employment chances. Help more people with long-term conditions into work.

1. Do you feel these are the right things to support the people in your community to be healthier?

☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

1b If you answered 'strongly disagree' or 'disagree', why do you feel these aren't the right things to support the people in your community to be healthier?

2. Are there any other things which should be done to make the place where you live healthier?

PRIORITY TWO: Helping children achieve the best start in life

Having a healthy and safe environment in early childhood and being ready to start school helps people have better health throughout their lives. For this priority we want to focus on:

- Support the families of children from pre-birth to five-years' old to give them the best start in life.
- Work together to improve mental health services and support for older children and adolescents.

3. Do you feel these are the right things to help children achieve a healthy start in life?

☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

3b If you answered 'strongly disagree' or 'disagree', why do you feel these aren't the right things to help children achieve a healthy start in life?

4. Is there anything else that could help children achieve the best start in life?

PRIORITY THREE: Staying healthy throughout life

INSIDE FRONT

This means people having the opportunity to live a healthy lifestyle as well as having access to health services. For this priority we want to focus on:

- Work together to help people achieve a healthy weight.
- Support people to manage long-term conditions like diabetes and heart disease.
- Reduce smoking.
- Improve mental health and access to services
- Ensure services work together to meet the needs of people as they grow older.

5. Do you feel these are the right things to help people stay healthy throughout life?

☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

5b. If you answered 'strongly disagree' or 'disagree', why do you feel these aren't the right things to help people stay healthy?

6. Is there anything else that would help people stay healthy throughout life?

PRIORITY FOUR: good quality health and social care

Good quality health and social care when you need it matters to everyone. For this priority we want to focus on:

- Develop a local community approach to make sure that services and communities work together to help people when they need it. This is called 'Think Communities'.
- Work together to meet the needs for health and care services of a growing local population.
- Address financial challenges together
- Act as a system to reduce inequalities in health between communities.

7. Do you feel these are the right things to help improve the health and social care services?

☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

7b. If you answered 'strongly disagree' or 'disagree', why do you feel this plan won't help improve the quality of health and social care?

8. Is there anything else that would help improve health and social care services?

INSIDE BACK

Our draft Health and Wellbeing Strategy

Our draft Health and Wellbeing Strategy is available online. (If you don't have time to look at this, you can move straight to question 12.)

9. How far do you support our joint Health and Wellbeing Strategy to improve health and wellbeing for people in Cambridgeshire and Peterborough?

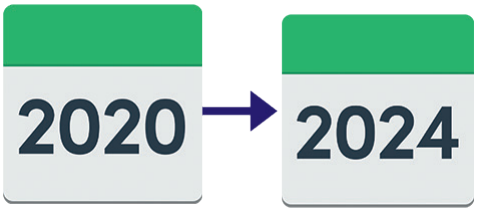
☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

10. Do you have any comments on the draft Strategy?

Staying healthy and happy

This document is to help you have your say on the **'Health and Wellbeing Strategy'.**

From **Cambridgeshire and Peterborough Health and Wellbeing Board.**



It says what they want to do in the next four years.

For people in **Cambridgeshire** and **Peterborough**.

About the Health and Wellbeing Board

They plan how **NHS** and **Council** services can work together.

To help people be healthy and happy.

And make services more equal.

The NHS helps you look after your health. Like seeing your doctor or going to hospital.

The Council

Councils provide important services to help you live your life. They are part of the **local government**.

Some of the things your council does

Plans new homes. And looks after roads.

Makes sure there are parks and leisure services.

And helps you to have a healthy lifestyle.

Gives help to families. And keeps children safe.

Helps people live independently at home.

Making services more equal

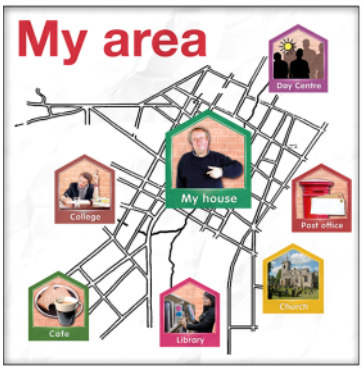
It can be harder for people from poor areas to be healthy and happy.

A poor area is where many people do not have much money. And can find it hard to get a good job.

People in poor areas do not always live as long as people in richer areas.

The Board wants to make the health of people in poor areas better.

Places that help you to stay happy and healthy



Your home and the area you live in can affect your health.

A bad house can make your health worse. Like if your house is cold or damp.

Having more skills and a job can help you stay healthy and happy.

Having friends and meeting people can help you stay healthy and happy.

What the Board wants to happen:

New homes are planned to help people stay healthy and happy.

And be more active.

People who have health or care problems have a home to live in.

It is easier to improve your skills. This will help you get a better job. And make healthy choices.

For 'places that help you stay happy and healthy'.

Do you agree with what the Board wants to do?

Tick the box you agree with.

Scale of 1 (**very bad**) to 5 (**very good**)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Help children have a good start in life

It can be harder for babies and children in poor areas to be healthy.

It can be hard for young people to get help with their mental health.

What the Board wants to happen:

Better care for new parents and babies.

Help for new parents to stop smoking. This is bad for them and for their babies.

Better information and help for parents and families.

Help young people look after their mental health.

For 'help children to have a good start in life'.

Do you agree with what the Board wants to do?

Tick the box you agree with.

Scale of 1 (**very bad**) to 5 (**very good**)

☐ 1 

☐ 2 

☐ 3 

☐ 4 

☐ 5 

Help to stay healthy as long as you can

You can make your health better by the choices you make. Like:

- Eating a healthy diet.

- Not drinking too much alcohol or taking drugs.

- Getting enough exercise.

- Not smoking.

The Board wants to make it easier for people to:

Make healthy choices to stay well.

Look after themselves if they have a health problem. Such as diabetes or a bad heart.

Look after their mental health. And not be lonely.

Stay independent at home for longer. Especially as they get older.

For 'Help to stay healthy as long as you can'.

Do you agree with what the Board wants to do?

Tick the box you agree with.

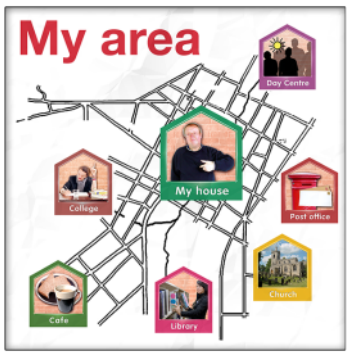
Scale of 1 (**very bad**) to 5 (**very good**)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Health and social care services are good

What the Board wants to happen:

People like doctors and social workers to work together more.



So it is easier to get help close to where you live. And look after your own health.

People from poor areas get extra help to stay healthy and happy

Health and social care services save some money.

For 'Health and social care services are good'.

Do you agree with what the Board wants to do?

Tick the box you agree with.

Scale of 1 (**very bad**) to 5 (**very good**)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What do you think about our overall plan?

Tick the box you agree with.

Scale of 1 (**very bad**) to 5 (**very good**)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Is there anything else that the Health and Wellbeing Board should be doing?

You can write your answer in this box.

You can ask someone to help you do it if you want.

How to have your say

Website

- https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation

Send this to us in the Freepost envelope that came with this form.

Or post to

Cambridgeshire County Council
Shire Hall
Castle Hill
Cambridge
CB3 0AP

You will need a stamp if you use your own envelope.

Send this back by 30 April 2020

Written by **Healthwatch Cambridgeshire and Healthwatch Peterborough.** We are part of the **Health and Wellbeing Board.**

Healthwatch speaks up for people who use health and social care services.

We use Photosymbols to help make the information easier to read.

Thank you to the **Access Champions** for helping to check it is easy to read.

Think Communities Health Deal Agreement

Think Communities Approach

It is an approach to public services that will fundamentally evolve and change the relationship between the Public Sector and Communities.

It will transform the way the public sector delivers its services.

It will see the public sector have a much greater focus and understanding of working within place – joining up the system in innovative ways and delivering our services closer to communities to meet the needs.

It is about understanding the strengths and specific issues within specific areas and working with communities to improve lives.

Our System Ambition

A public sector workforce that listens, engages with and aligns to communities and each other, through mobilization of citizens and communities into positive action. The System commits to delivering services in ways that support communities to drive lasting change.

The Think Communities Health Deal Agreement requires the System partners to commit to working collaboratively with the focus on place /populations to aim to empower people to take responsibility to improve their health outcomes.

Why we have this ambition-

· **We need to do something fundamentally different**.

· Demand for public services is increasing at an alarming rate, often in the context of reducing budgets.

· Forecasts show that this is not likely to change anytime soon.

· Health Inequalities remain with some outcomes are not improving.

· And the system has become too complex.

Interdependencies across the System

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

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. The Health and Well-being Boards signed Memorandum of Understanding (2018) by the Partners stating how they will work together.

The Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP)has prepared their local Five-Year Plan as part of the wider NHS Long Term Plan. This will reflect national guidance from NHS England and local needs for health and care services. It is essential that the Health and Wellbeing Strategy and the STP response to the NHS Long Term Plan are aligned and complementary.

The Public Service Board has also set out its Four Grand Challenges for Cambridgeshire and Peterborough outlined below.

1. Giving people a good start in life.

2. Ensuring that people have good work.

3. Creating a place where people want to live.

4. Ensuring that people are healthy throughout their lives.

The Think Communities approach acknowledges the significant impact that housing, household income and employment, access / use of green space, and environmental issues 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 communities we live in are fundamental to our health outcomes and taking a 'Think Communities' approach based on place, rather than a silo approach based on organisations is at the core of the Strategy. The local health issues are often clear, while the actions we can take locally to address them can be more challenging therefore we need to adopt a much more holistic approach to delivering solutions with Communities.

What can the System do to deliver?

The System Partners recognises the impact on Health Outcomes caused through the Wider Determinants of health which can differ from community to community or geographical location.

Understanding the root causes maybe stemming from Housing, Employment, lack of Green Spaces, Family events / experiences, Education, Lifestyle choices etc.

The System recognises the contribution and resources that Partners can bring to help deliver change and improved outcomes.

Who are the Communities in need?

We need to be able to identify which Communities we are focusing on as System Partners these Communities maybe defined by -

Place – in that the Community belongs to a geographical area

Person – Individuals /families who are in contact with services on a frequent basis.

Community- which could be defined by people who have aspects in common such as Faith, Ethnicity, Longterm Conditions, Isolation, Falls

What are we agreeing to deliver moving forward?

Supporting a set of shared Values developed with our communities to -

Live in an area with good community spirit.

Have enjoyable activities and not be lonely.

Keep Children and young people safe and having fun.

Live in a clean, green and rubbish free area.

Be part of a Community and valued whatever their differences.

Culture change

As a System we will support cultural change through organisational development programmes designed to develop the capacity of our workforce to work across organisational boundaries. Leading to the purposeful creation of a shared culture across our workforce's where individuals can clearly see their role in supporting our communities to become resilient.

Collective delivery of Local priorities

To take some of the Priorities from the Health and Wellbeing Strategy and work at a Community Level to design and deliver improvements that address local health inequalities and improve health outcomes at an individual and Community level.

The Think Communities approach can support the delivery of some of the Health and Wellbeing Strategy priorities by utilising local data and intelligence

For example -

Promote Workplace Health Diabetes

Best start in Life Obesity/Lifestyles

Loneliness Mental wellbeing

Housing/ Homelessness Employment

What this will mean for Citizens and Communities?

Having more say on decisions that impact their lives and where they live and utilising Community Based Assets.

Understanding the community better by building clear area profiles to understand the opportunities, risks and challenges.

Building stronger local connections and community networks.

Working in partnership with the public sector and other organisations to focus on the issues most important in their area.

Focusing more on prevention than cure.

What does this mean for the System?

Letting go - people and communities do not always want and need services involved and can be empowered to take back responsibility for their lives.

Recognising that local places have different strengths and challenges and working through local System groups develop solutions with the Community.

Accepting that communities usually know best.

Working in a way that makes sense to communities, not offering one size fits all approaches and therefore build on the data and local intelligence.

Building greater collaboration with partners and local people equals better outcomes.

Developing a connection to a ‘place’ and really understanding the key issues for that area.

Training our workforce – so that they can work in new ways to support the local community.

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 4
5th MARCH 2020	PUBLIC REPORT

PUBLIC HEALTH PEER REVIEW – ACTION PLAN PROGRESS REPORT

R E C O M M E N D A T I O N S	
To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Liz Robin, Director of Public Health, Cambridgeshire and Peterborough Local Authorities**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

Note and comment on the Public Health Peer Review – Action Plan Progress Report.

	Officer contact:		***Member contact:***
Name:	Kate Parker	Name:	Councillor John Holdich
Post:	Head of Public Health Business Programmes, Cambridgeshire and Peterborough Local Authorities	Post:	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	Kate.parker@cambridgeshire.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01480 379561	Tel:	01733 452479

1.	**BACKGROUND**
1.1	The Local Government Association (LGA) carried out a peer review of the public health system in Cambridgeshire and Peterborough, which took place between 6th and 8th February 2019. The purpose of the peer review was to get an outside view from knowledgeable 'peers' about how well we are working to improve the health of the population in Cambridgeshire and Peterborough. The onsite programme visit involved Cambridgeshire County Council, Peterborough City Council and interviews with district and city councils in Cambridgeshire and a representative from the Combined Authority. As a whole system review, interviews also included representatives from Public Health England (PHE), Cambridgeshire and Peterborough Sustainable Transformation Partnership Delivery Unit (STP), Cambridgeshire and Peterborough Clinical Commissioning group (CCG), Cambridgeshire and Peterborough Foundation Trust (CPFT), Cambridgeshire Community Services (CCS), Healthwatch, Public health commissioned front line services, and representatives from the Voluntary Sector in both Cambridgeshire and Peterborough. The peer review gathered information and views on the following four "key lines of enquiry" 1. To what degree is there whole system ownership for the health of the public, including clarity about the outcomes required and what is required to achieve them? 2. To what extent have the Council's embraced the role of custodians of the public's health? 3. How effective is public health activity in improving outcomes? 4. How effective is the reach and communication with communities in order to positively affect population health.
1.2	This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference, *Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.*
2.	**PURPOSE**
2.1	The purpose of this paper is to update members on the progress against the recommendations from the Cambridgeshire and Peterborough Public Health System LGA Peer Review (February 2019).
2.2	The Peer review team made the following recommendations for the Cambridgeshire and Peterborough "system" : • Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for Cambridgeshire & Peterborough. • Enable collective leadership and accountability through a rationalised governance and partnership structure. • Use your new Joint Health & Wellbeing Strategy (JHWS) to promote prevention,

	tackle the wider determinants of health and influence partners to drive improvements in population health and wellbeing. • Ensure the wider role of Public Health is impacting on all aspects of the system in order to promote the health and wellbeing of the population. • Develop a coherent and consistent model for integrated delivery in neighbourhoods • Develop your commissioning architecture with partners to realise the investment ambition to deliver place based solutions at scale, for example further scope joint commissioning with the CCG.
2.3	Appendix A provides details of the action plan that has been developed and agreed with system partners to implement the recommendations outlined in the peer review, and progress against it. Highlights include: • Increased agreement about the core analyses which support a shared local narrative - including the Combined Authority's Cambridgeshire and Peterborough Independent Economic Review (CPIER); the Health and Wellbeing Board's Joint Strategic Needs Assessment Core Dataset; the NHS Sustainable Transformation Partnership's work on the drivers of the NHS deficit; and a range of shared data resources available on Cambridgeshire Insight. • Key narrative themes which are increasingly shared across local vision statements and strategies include: o Recognising the benefits for residents of economic growth and prosperity o Concern that public sector infrastructure (physical and social) to support the associated population growth and provide services for residents is not sufficiently resourced o Addressing significant inequalities in educational, economic and health outcomes across the Cambridgeshire and Peterborough area o A new approach to health and care services – bringing services out of hospital and into strengthened place-based community and primary care services. o Taking a 'Think Communities' approach - recognising that issues and priorities vary widely for communities across the Cambridgeshire and Peterborough geography, and changing the conversation with residents and communities to one that solves problems together using community assets. • Democratic approval for Joint Sub-Committees across the Cambridgeshire and Peterborough Health and Wellbeing Boards, increasing their potential for strategic influence across the whole system. • Clarity of the NHS Sustainable Transformation Partnership (STP) structures – with a Cambridgeshire & Peterborough STP Board which meets in public; established 'North' and 'South' STP Alliances and 21 primary care networks. This clarity has enabled local authority involvement in the STP's work to develop at all structural levels. • A draft Joint Health and Wellbeing Strategy, which focusses on the wider determinants of health, preventive approaches, and addressing health inequalities, while promoting integrated working across local government and NHS services, and aligns with the STP response to the NHS Long Term Plan.

	• Improved integration of public health within the work of Cambridgeshire County Council and Peterborough City Council - identified public health specialists working closely with management teams across the Councils, and the 'Think Communities 'engine room'. o Improved joint commissioning structures across the NHS and local government, through the Integrated Commissioning Board which oversees the Better Care Fund and increasingly other joint commissioning programmes; and the Children's Health and Wellbeing Joint Commissioning Board. Both of these officer boards are overseen strategically by the Health and Wellbeing Boards' Core Joint Sub-Committee. The main risk to progress remains the financial challenges across the system – as while there is increasing joint ownership of these financial challenges and recognition of the history behind them, their scale and the priority which has to be given to them, can overshadow other achievements. The risk that financial issues will de-rail the focus needed on prevention, health inequalities and system transformation - all of which are needed for longer term sustainability - requires ongoing attention and mitigation.
3.	**CONSULTATION**
3.1	The Joint Cambridgeshire & Peterborough Health and Wellbeing Strategy 2020-24 is currently out for public consultation. Further details and to take part in the consultation please follow the link below. https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation
4.	**ANTICIPATED OUTCOMES OR IMPACT**
4.1	The outcome of this report is that Health and Wellbeing Board members will be informed of progress against the recommendations highlighted by the peer review team.
5.	**IMPLICATIONS**
	Financial Implications
5.1	There are no financial implications – the peer review was delivered by the Local Government Association as part of a programme which is free of charge.
	Legal Implications
5.2	The Health and Wellbeing Board has a statutory duty to agree the Joint Health and Wellbeing Strategy referred to in the Public Health peer reviewer's recommendations.
	Equalities Implications
5.3	There are no equalities implications
6.	**APPENDICES**
6.1	Appendix A: Public health system peer review action plan

7.	SOURCE DOCUMENTS	
	Source Documents	**Location**
	Cambridgeshire & Peterborough Public Health System Peer Review findings.	https://cambridgeshire.cmis.uk.com/ccc_live/Committees.aspx

LGA PUBLIC HEALTH DRAFT PEER REVIEW ACTION PLAN

FEBRUARY 2019

The action plan is framed around the final recommendations of the LGA Public Health Peer Review report, taking into account other points

It's cross referenced to the 2018 LGA Health and Social Care Integration Peer Review Action Plan, so that actions can be delivered jointly where possible.

GB=Gillian Beasley; WoW= Wendi Ogle-Welbourn; LR=Liz Robin; KP=Kate Parker; DL= David Lea; TB=Tom Barden; JT= Jan Thomas; GH= Gary Howsam; CB=Christine Birchall; JB=Jessica Bawden; AF=Aidan Fallon; RS=Roland Sinker; PH=Cllr Peter Hudson; CB= Cllr Chris Boden; RH= Cllr Roger Hickford; LG=Lawrence Gibson; CBl=Charlotte Black; JF = Julie Farrow; SG = Sue Grace; AA= Amanda Askham; ML= Mary Leen; AC=Adrian Chapman; VT=Val Thomas; RL=Raj Lakshman

	Recommendation	Activity	Lead	Deadline	Outcome/Impact	RAG rating
1	Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for Cambridgeshire & Peterborough *Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 1:* *Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign*	Scope key politicians, clinicians and boards which need to be involved.	GB/WoW/LR	Feb 2019	Scoped as HWB Board member organisations (including voluntary sector representation), Sustainable Transformation Partnership Member organisations, Cambridgeshire Public Service Board (CPSB) organisations, Combined Authority, Office of the Police and Crime Commissioner.	Green
		Scope existing plans and vision statements from relevant Boards/Leaders.	WoW/LR/KP	March 2019	A brief summary of organisations' existing stated priorities was presented at HWB Board workshop March 28th. Four key 'overarching outcomes' identified as common themes and will be used to structure the draft HWB Strategy. [Note: Further more detailed work on cross-organisational priorities is being done by the CCC Transformation team for CPSB, and will be used as appropriate.]	Green
		Bring together simple summary of key outcomes and how Cambridgeshire and Peterborough are currently performing.	DL/TB/LR	March 2019	Achieved through Joint Strategic Needs Assessment Core Dataset (2019) summary presentation.	Green
		Use HWB Boards stakeholder event on 28th March to start visioning work	WoW/LR/JT/GH	March 2019	HWB Stakeholder event delivered and visioning work started. Four 'overarching outcomes' discussed. .	Green
		Engagement strategy to develop and consult on the vision and narrative with stakeholders.	CB/JB/AF	April 2019	Agreement to share consultation information and align across HWB Strategy, STP NHS Long Term Plan and CCG commissioning plans. Outcomes of the HealthWatch 'What would you do?' consultation, funded by NHS England, were shared to inform all of these plans. Wide 'pre-consultation' engagement of organisations and multi-agency partnerships in developing the priorities and proposed actions in the joint Health and Wellbeing Strategy, and 'Think Communities' approach built in. Good clinical and local authority officer engagement in developing the draft STP long term plan. CCG led 'big conversation' with the public on priorities for the NHS will continue to inform plans, and public consultation on the draft HWB Strategy started in early February.	Green
		Agree vision statement and narrative	HWB Board/ STP Board	March 2020 June 2020	While there are still a number of key partnerships covering different responsibilities – e.g. Combined Authority, Cambridgeshire Public Service Board, STP Board, Health and Wellbeing Board, there is increased agreement on core source documents and narrative for Cambridgeshire and Peterborough. Key points regarding growth, need for infrastructure to support this, social inequalities across C&P, a shift in health care to a new out-of hospital community model, and the need for a place based community asset based approach are common themes. The final vision and narrative will be developed during consultation on the HWB Strategy, and will be aligned with the vision and narrative of the STP five year plan.	Amber
2	Enable collective leadership and accountability through a rationalized governance and partnership structure. *Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 3:* *Strengthen the system leadership role of HWB's and clarify supporting governance*	Define relationship between HWB Board and STP Board – starting with HWB workshop March 28th.	RS/JT/GH/WoW/LR	March 2019	This is ongoing in terms of the formal governance structures and links between the boards. The STP Board membership includes all local NHS partners, both commissioners and providers, and upper tier local authority representation. The Health and Wellbeing Board also includes district council, Healthwatch, voluntary sector, Safeguarding board and community safety representation, enabling a focus on the wider determinants of health. There is still work to do to tease out the developing roles of the STP Board, HWB Board and STP Alliances.	Amber
		Define relationship between Health Committee and HWB – start with Chair/Vice chairs meeting across the two boards.	PH/CB/RH/LR	March 2019	Meeting has taken place between Chair of HWB Board and Chair/Vice Chair of Health Committee. Health Committee has received presentation on the work of the HWB Board, and the developing HWB Strategy. There is an ongoing training need to ensure both Boards are aware of each others' role and activities.	Amber
		Map supporting partnership infrastructure at: • Cambs & Peterborough level • Cambs or Peterborough level • Local Level	KP/JB Transformation Team to support	September 2019	NHS planning structures through the STP are now clear – at system-wide STP board level, STP Alliance level and Primary Care Network level. This enables other health related partnerships to be mapped against these. The situation is still fluid, particularly with regard to district level structures, which are likely to vary across the area based on local needs and preferences.	Amber
		Bring back report and recommendations to senior officer's network, CPSB, Health Care Exec and then HWB Board/STP Board.	KP/JB/LR Transformation Team to support	October 2019	This is still ongoing – and will need to reflect discussions in the NHS about the role of strategic commissioning in Integrated Care Systems, and discussions between local authorities on the appropriate mechanisms for shared delivery, particularly at district level – which may vary between local areas as described.	Amber
3	Use your new JHWS to promote prevention, tackle the wider determinants of health and influence partners to drive improvements in population health and wellbeing	Assign capacity for preparing and consulting on the JHWS (identified author plus multi-agency steering group)	LR/SMT/JT/RS	March 2019	Draft JHWS now prepared, with significant pre-consultation across the system. Multi-agency group involved in preparing consultation materials.	Green
		Clear action plan to combine STP NHS Plan submission 'prevention' elements with Joint HWB Strategy	RS/CP/LR/WoW	March 2019	This is in current draft STP NHS Long Term Plan response, with cross references to the HWB Strategy in the Prevention and Health Inequalities annexes of the STP Plan, and reference to preventive elements of the STP Plan in the HWB Strategy .	Green
		Ensure JHWS clarifies the impact of public health preventive interventions on future health and social care demand.	LG/CBl	Sept 2019	This has been flagged as 'headlines' in the joint Health and Wellbeing Strategy, but potentially could be strengthened further by inclusions in projected metrics. .	Amber

	Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 3: *Strengthen the system leadership role of HWB's and clarify supporting governance*					
		Ensure JHWS highlights the role of the community and voluntary sector.	LRJF/ SG	Sept 2019	This has been emphasised throughout the Joint Health and Wellbeing Strategy, and it will be critical to the action plan for delivering the strategy.	Green
		Timetable for JHWS development, consultation and approval.	LR/KP	March 2019	This was delayed by national election purdah, but consultation is now on track.	Green
		Communication and implementation strategy for JHWS – including agreed branding across STP Plan and JHWS	CB/JB/ AF	March 2020	In progress. The final branding for the final JHWS needs to be determined by June 2020. .	Amber
4	Ensure the wider role of Public Health is impacting on all aspects of the system in order to promote the health and wellbeing of the population *Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 18:* *As a system develop a multi organisational development programme that reflects the* *whole system vision and supports staff in new ways of working*	Develop training and OD plan to support the public health role of Members and officers e.g. Health is Everybody's Business Workshops	LGSS OD/ KP	April 2019	Presentation at Managers Briefing in Peterborough. To be followed up through work with Change Champions Group and visits to management teams. Discussions held with LGSS workforce development team in Cambridgeshire. Public health staff and leadership is now fully integrated into employee health and wellbeing initiatives across both Councils. Strengthened health in all policies team will further support this when staff in post.	Amber
		Allocate public health specialists to work strategically with (a) adult social care (b) Communities and Safety (c) Place and Economy (d) Commercial/Transformation Directorates, by joining their management teams as full members and jointly identifying priority pieces of work for public health staff to support commissioning and delivery of services.	SMT/LR	Feb 2019	LG allocated to work with Adult Social Care - attending management team and delivering against specific workstreams. KH allocated to work with Communities and Safety management team and involved in specific workstreams. IG allocated to work with P&C management team Agreed links with Commercial/Transformation directorate better delivered through engagement in specific workstreams and management teams (e.g. close links with BI management team)	Green
		Develop OD/Training programme for PH staff working with Council directorates	LGSS OD/KP	June 2019	More general OD and training plan for PH directorate agreed. Initial discussions with LGSS workforce development.	Amber
		Visit other authorities to learn more about good practice, starting with joint PH/P&C visit to Hertfordshire CC.	CBl/LR	Sept 2019	Successful visit to Hertfordshire County Council in October 2019 including Director of Adult Social Care and Director of Public Health from both Councils and a range of interested staff. The visit focussed on good practice in joint working across adult social care and public health.	Green
		Prepare a quarterly update report on the full range of PH work to share with P&C management team (? and others).	LR	June 2019	Now in place, with first quarterly report provided in November. Q2 in progress for Feb 2020 meeting	Green
		Work with Communications teams on a strategy to communicate the wider public health functions of the Councils more effectively. Includes a communication plan for new JSNA core dataset (to be completed March 2019) to maximise its use across directorates and agencies.	CB/LR DL/TB/	April 2019	Meeting held with Communications team on how to take this forward, and use available opportunities. JSNA core dataset presentations delivered for joint HWB Board, CCC/PCC JMT, CCG Strategic Committee and Joint Clinical Group.	Amber
		Build on the new ways of joint working for PH intelligence and CCC/PCC Business Intelligence staff, and the wider joint working through the 'Health and Care Analytics Community (HAC)' group with the NHS, which were flagged as areas of strength in the peer review.	AA/LR/ TB/DL	Ongoing	Joint post across Public Health Intelligence and NHS now appointed to. Ongoing joint work through HAC. Increased CCC/PCC social care data incorporated in JSNA (2019)	Green
		Plan workshop to share and build on results of the public health peer review with participants and wider staff groups.	KP/ML	May 2020	Peer review has been sent to all participants and taken to a range of key partnership meetings. Preferred option is not to complicate the landscape by holding a separate workshop on the public health peer review, but to achieve this through the wider engagement and consultation workshops on the Health and Wellbeing Strategy.	Amber
5	Develop a coherent and consistent model for integrated delivery in neighbourhoods *Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 17:* *Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models*	Clarify governance for locality models of joint working as part of work stream for recommendation 2.	LR/WoW/JT/C P	May –Sept 2019	Primary care network footprints now established and integrated neighbourhoods involving community health, mental health and social care staff are being piloted in some areas. Integrated neighbourhoods at different stages of implementation. Ongoing work to align with Think Communities pilots.	Amber
		Ensure public health involvement in Think Communities programme and STP integrated neighbourhoods/primary care networks programmes – and support bringing the programmes into full alignment.	AC/CP/ LR	Ongoing	Deputy DPH is part of the Think Commmunities officer group which acts as the 'engine room' for the programme. Public health specialist representation on the North and South STP alliances. Public Health intelligence feeding into both Think Communities and STP Alliances, and led initial Primary Care Network data profiles. All working to support alignment across the programmes alongside Think Communities colleagues.	Green
		Agree public health staff support to Think Communities Core Service	LR/AC	March 2019	Deputy DPH sitting on Think Communities 'engine room' group. Public health intelligence contributing significantly to Think Communities data and intelligence workstream.	Green
		Agree how PH commissioned front-line services will deliver to the Think Communities/ Integrated Neighbourhood model	AC/VT/ RL	October 2019	Deputy DPH on the Think Communities engine room group also leads the public health joint commissioning team – so will ensure that appropriate steps are taken to bring public health front-line commissioned services into the Think Communities approach as it develops.	Amber
6	Develop your commissioning architecture with partners to realise the investment ambition to deliver place based solutions at scale e.g. further scope joint commissioning with the CCG *Note: Cross reference to Health and Social Care Peer Review Action Plan recommendation 8* *Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and* *work jointly to better understand capacity and demand.*	Public health representative to join existing work with WP, LK to develop strategic joint commissioning architecture with the CCG.	WP/AA/LR/VT	March 2019	The Cambs and Peterborough Integrated Commissioning Board has been agreed as the main officer board for joint commissioning across the NHS and local authorities. For children the main officer board is the Children's Health and Wellbeing Joint Commissioning Board. Both of these officer boards are overseen by the Cambs and Peterborough HWB Boards 'core' joint sub-committee, across CCC, PCC, the CCG and HealthWatch.	Green
		P&C and PH commissioners embed operational joint working through P&C joint commissioning board and Children's JCU.	VT/RL	Ongoing	Operational joint working within the Council through the People and Communities Joint Commissioning Board and Child Health and Wellbeing Joint Commisisoning Board is well established.	Green

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 5
5th March 2020	PUBLIC REPORT

CAMBRIDGESHIRE AND PETERBOROUGH ANNUAL HEALTH PROTECTION REPORT 2019

R E C O M M E N D A T I O N S	
To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Liz Robin, Director of Public Health**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is asked to:

note the contents of the Annual Health Protection Report and comment on future priorities for health protection throughout Cambridgeshire and Peterborough.

	Officer contact:		***Member contact:***
Name:	Laurence Gibson	Name:	Councillor John Holdich
Post:	Consultant in Public Health	Post:	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	Laurence.Gibson@cambridgeshire.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01223 728374	Tel:	01733 452479

1.	**BACKGROUND**
1.1	It is important that there is publicly available information that demonstrates that statutory responsibilities for health protection have been fulfilled.
1.2	This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference: *Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.*
2.	**PURPOSE**
2.1	The purpose of this report is to provide an update on all key areas of health protection for Cambridgeshire and Peterborough. It is important that there is publicly available information that demonstrates that statutory responsibilities for health protection have been fulfilled; to have the means to seek assurance of this; and to have processes in place to address and escalate any issues that may arise. This report provides an update on all key areas of health protection for Cambridgeshire and Peterborough. The particular highlights from the update include: • Some childhood vaccinations are lower than the recommended 95% target, and the uptake of some immunisations are lower in Peterborough than Cambridge. Flu vaccination uptake is slightly lower than in 2018/19, including those under 65 years and at risk, and those over 65 years. • Cancer screening. Cervical cancer screening continues to have lower than 'acceptable' uptake, corresponding with the national pattern. The uptake for Bowel screening is acceptable but diagnostic waiting time targets have not been achieved. • Healthcare associated infection includes the successful reduction in cases of MRSA, the observed increase in E. coli bacteraemia, and the successful work to reduce Anti-Microbial Resistance (AMR). • The Environmental Health role of city and district councils is highlighted including pollution control and air quality monitoring and advice. • There is a high rate of TB cases diagnosed in Peterborough, and there is local work in place to assess the need and appropriate service response across Cambridgeshire and Peterborough. • Across Cambridgeshire and Peterborough there are increasing levels of sexually transmitted infection diagnoses, and a decline in the rates of late HIV diagnosis, there are low rates of chlamydia detection in Cambridgeshire only. The teenage pregnancy rate in Peterborough has declined, and is no longer significantly worse than the national averages. • The work of health emergency planning is described over the past 12 months along with the priorities for the coming year.

3.	**CONSULTATION**
3.1	None
4.	**ANTICIPATED OUTCOMES OR IMPACT**
4.1	The anticipated impact of this report is to ensure a continued focus on Health Protection issues is maintained by established health and care partners.
5.	**IMPLICATIONS**
	Financial Implications
5.1	N/a
	Legal Implications
5.2	Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions. **Regulation 8** imposes a duty on local authorities to provide information and advice to certain persons and bodies within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population, including infectious disease, environmental hazards and extreme weather events. Director of Public Health statutory duties include local authority functions in relation to planning for, and responding to, emergencies that present a risk to public health;
	Equalities Implications
5.3	Some vulnerable groups of people have increased susceptibility to infectious disease – for example pregnant women, people with long term conditions and elderly people are more vulnerable to the effects of influenza and are entitled to free vaccinations.
6.	**APPENDICES**
6.1	Annual Health Protection Report (2019)
7.	**SOURCE DOCUMENTS**

Source Documents	**Location**
Contributions from a series of authors	Stored on public health electronic filing system

Cambridgeshire and Peterborough Annual Health Protection Report 2019

Produced by partner organisations of the Cambridgeshire and Peterborough Health Protection Steering Group on behalf of the Director of Public Health (February 2020)

Contents

1. Introduction

This report provides an annual summary of activities in Cambridgeshire and Peterborough that ensure health protection for the local population.

The services that fall within Health Protection include:

- The prevention and management of communicable (infectious) diseases;
- routine antenatal, new born, young person and adult screening;
- routine immunisation and vaccination;
- infection control;
- environmental hazards;
- sexual health; and
- health emergency planning.

It is important that there is publicly available information that demonstrates the statutory responsibilities for health protection have been fulfilled; to have the means to seek assurance of this; and to have processes in place to address and escalate any issues that may arise.

The Director of Public Health (DPH) produces an annual health protection report to the Health and Wellbeing Boards or Health Committee as appropriate, which provides a summary of relevant activity. This report covers multi-agency health protection plans that are in place to establish how the various responsibilities are discharged. Any other reports will be provided on an ad hoc or exceptional basis where a significant incident, outbreak or concern has arisen. Details of the legislative background to the role of DPH and the role of the County Council in relation to health protection have been included in previous annual health protection reports.

2. Cambridgeshire and Peterborough Health Protection Steering Group

To enable the DPH to fulfil the statutory responsibilities in relation to health protection, the Cambridgeshire and Peterborough Health Protection Steering Groups were established in October 2013. These committees were replaced in October 2016 by a joint committee for Cambridgeshire and Peterborough that recognised the wider geography covered by many of the member organisations and the closer working on Public Health between the two local authorities. The Cambridgeshire and Peterborough Health Protection Steering Group (CP HPSG) enables all agencies involved to demonstrate that statutory responsibilities for health protection are being fulfilled; to have the means to seek assurance of this; and to have processes in place to address and escalate any issues that may arise. In addition, a memorandum of understanding (MOU) has been agreed with partner organisations. To ensure that the shared membership fully protected confidentiality of any sensitive items discussed, a Confidentiality / Non-disclosure Agreement was included with the Terms of Reference.

3. Surveillance of Infectious Diseases

3.1 Notifications of Infectious Diseases

Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local Public Health England Health Protection Team of suspected cases of certain infectious diseases. These notifications along with laboratory confirmed data enable surveillance of the diseases and for the Health Protection Team to take any required public health action to minimize risk to others.

TABLE 1: Numbers of cases of notifiable diseases, Cambridgeshire and Peterborough, 2016 – 2019 (Source: Public Health England, East of England Health Protection Team HP Zone)								
	Cambridgeshire				**Peterborough**			
Notifiable Disease†	**2016**	**2017**	**2018**	**2019***	**2016**	**2017**	**2018**	**2019***
Acute infectious hepatitis	20	39	36	35	14	13	9	11
Acute meningitis	12	10	8	7	<5	<5	<5	<5
Food poisoning (including the organisms below)	226	195	183	181	86	59	67	58
E coli O157 VTEC	<5	<5	<5	6	<5	<5	<5	5
Cryptosporidium	85	90	68	65	19	15	11	9
Giardia	22	23	22	19	20	6	16	18
Salmonella	101	77	88	93	38	35	37	32
Infectious bloody diarrhoea	11	12	12	11	6	<5	<5	<5
Invasive group A streptococcal disease	20	34	25	29	7	14	11	6
Legionnaires' disease	6	<5	9	12	<5	<5	<5	0
Malaria	13	7	7	8	<5	0	<5	<5
Measles**	17 (6)	18 (0)	7 (0)	10 (<5)	<5 (0)	<5 (0)	<5 (0)	<5 (<5)
Meningococcal septicaemia	11	8	8	<5	<5	<5	<5	0
Mumps**	39 (<5)	55 (10)	51 (10)	116 (41)	11 (<5)	10 (<5)	11 (0)	7 (<5)
Rubella**	5 (0)	5 (0)	<5 (0)	<5 (0)	0	<5	0	<5 (0)
Scarlet fever	239	161	252	206	56	92	105	32
Whooping cough	203	157	88	119	49	33	10	14

NB. Figures for 2019 are provisional.

*** These are notifications of infectious disease and are not necessarily laboratory confirmed. Numbers in brackets indicate confirmed cases.*

† *Because of the confidentiality risk associated with reporting very small numbers, where there are fewer than 5 cases they are reported as <5.*

3.2 Outbreaks and Incidents

TABLE 2: Number of outbreaks in Cambridgeshire and Peterborough, 2019 (Source: Public Health England, East of England Health Protection Team, HP Zone)		
Type of incident	**Cambridgeshire**	**Peterborough**
Gastroenteritis in residential settings	27	8
Influenza / influenza-like illness in residential settings	33	<5
Likely foodborne	<5	<5
Other	9	<5

There were a number of outbreaks notified to the Public Health England Health Protection Team which were investigated. In **Cambridgeshire** this included 27 outbreaks of gastroenteritis and 33 outbreaks of Influenza/Influenza-like-illness in residential care home settings. Other outbreaks reported in 2019 include:

- Three outbreaks of scabies in residential care homes
- One outbreak of mumps at an educational institution
- A cluster of MRSA cases in a hospital setting
- Gastroenteritis outbreaks in different settings, including a hospital setting and a custodial institution

Additionally there were a number of health protection incidents in Cambridgeshire;

- Mycobacterium (tuberculosis and non-tuberculosis mycobacterium)
    - Four exposure incidents in healthcare settings
    - Four incidents of people exposed to cats with TB
- Six chemical incidents/environmental exposure incidents
- A cluster of legionella cases
- A cluster of salmonella cases

In **Peterborough** there were 8 outbreaks of gastroenteritis and 2 outbreaks of Influenza/Influenza-like-illness in residential care home settings. Other outbreaks reported in 2019 include:

- An outbreak of confirmed norovirus in the community
- One outbreak of gastroenteritis in a custodial institution
- One outbreak of MRSA in a hospital
- One outbreak of scabies in a care home

Additionally there were a number of health protection incidents in Peterborough;

- Several exposures to mycobacterium (tuberculosis and non-tuberculosis mycobacterium), Hepatitis A and Hepatitis B
- A community cluster of E.coli O157 cases

3.3 Tuberculosis

TB is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the abdomen glands, bones and nervous system. TB is a serious condition but it can be cured if it's treated with the right antibiotics. The Collaborative Tuberculosis Strategy for England (2015 to 2020) brings together best practice in clinical care, social support and public health to strengthen TB control, with the aim of achieving a year-on-year decrease in incidence, a reduction in health inequalities and, ultimately, the elimination of TB as a public health problem in England. The strategy aims to make improvements in a number of key areas including strengthening surveillance and monitoring, and systematically implementing new entrant latent TB screening. This will be achieved by focusing on and implementing the ten evidence-based areas for action detailed in the strategy. These are:

1. Improve access to services and ensure early diagnosis
2. Provide universal access to high quality diagnostics
3. Improve treatment and care services
4. Ensure comprehensive contact tracing
5. Improve BCG vaccination uptake
6. Reduce drug-resistant TB
7. Tackle TB in under-served populations
8. Systematically implement new entrant latent TB screening
9. Strengthen surveillance and monitoring
10. Ensure an appropriate workforce to deliver TB control

A detailed Tuberculosis Health Needs Assessment is currently being conducted through a multi-agency partnership led by the local Public Health team and including TB services, PHE, and representatives from Council Housing and Adult Social Services. Further data analysis and specific recommendations for TB services will be included in the work which is scheduled for completion in the summer of 2020.

3.3.1 Tuberculosis Surveillance

The minimal dataset collected through the Notification of Infectious Diseases (NOIDs) system affords no possibility to monitor trends within subgroups in the population. The increasing incidence of TB in England and Wales, particularly affecting subgroups within the population, led to the introduction, on 1 January 1999, of continuous Enhanced Tuberculosis Surveillance (ETS). This aims to provide detailed and comparable information on the epidemiology of TB by collecting a minimum dataset on all cases of TB reported by clinicians.

Official TB statistics are based on data extracted from ETS in April each year. The time to process and analyse this data takes a further six months, therefore the latest official statistics are for data to the end of 2018, (2019 is provisional).

From 2016 - 2019 the incidence rate of TB Cambridgeshire & Peterborough has exceeded the England rate, the provisional data for 2019 indicates a total of 92 cases with a crude rate of 10.8 per 100,000 (95% CI 8.7-13.2), higher than the East of England rate of 6.5 per 100,000. In 2019 the Cambridgeshire the provisional count of 52 cases gives a crude rate of 8.0 per 100,000 (95% CI 6.0-10.5), whist in Peterborough there were provisionally 40 cases with a crude rate of 20.0 per 100,000 (95% CI 14.2-27.1).

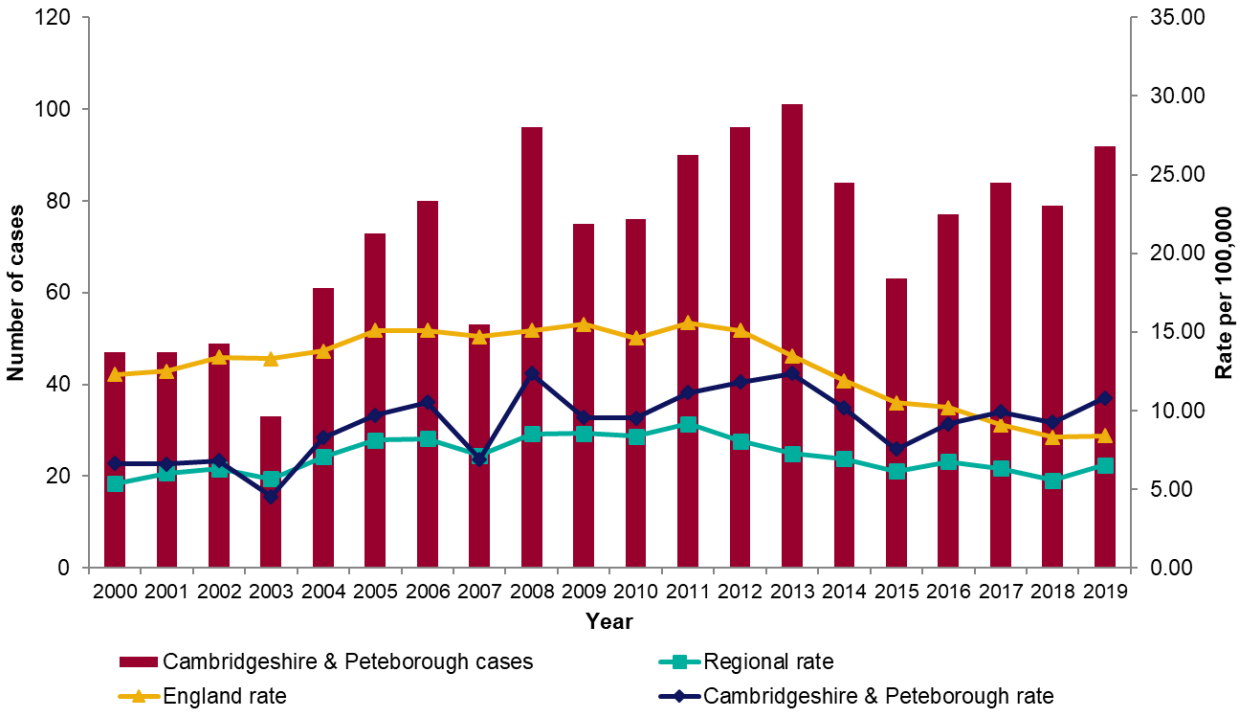


Figure 1: Annual incidence of TB per 100,000 population – provisional data (Source: PHE Field Epidemiology Service)

Further information on TB in Cambridgeshire and Peterborough can be found in the following resources:

- 2018 data on TB monitoring indicators for local authorities can be found on Fingertips: https://fingertips.phe.org.uk/profile/tb-monitoring.
- Tuberculosis East of England Annual Review 2018 (including data to the end of 2017): https://www.gov.uk/government/publications/tuberculosis-tb-regional-reports

3.3.2 Latent Tuberculosis Infection Screening Programme

3.3.2.1 Background

Latent TB infection (LTBI) is where a person has been infected with the TB bacteria but doesn't have any symptoms of active infection. In cases of LTBI, there is a risk that the infection may become active. The aim of the LTBI screening programme is to support the early diagnosis of latent TB and offer treatment of active disease.

Following the publication of the National Collaborative Tuberculosis Strategy, NHS England has committed £10 million for the establishment of testing for, and treatment of, LTBI in new entrants from countries of high TB incidence. Public Health England has committed £1.5 million for the establishment of the national TB office and support teams to the nine TB control boards. It is likely that the majority of TB cases in the UK are the result of 'reactivation' of LTBI, an asymptomatic phase of TB which can last for years. There is a 5% risk of a patient with LTBI becoming TB. LTBI can be diagnosed by a single, validated blood test and treated effectively with antibiotics, preventing TB disease in the future.

3.3.2.2 Method

The eligibility criteria for the LTBI Screening Programme is any new patient registering with a practice or retrospectively identified by the practice as being:

- Born or spent > 6 month in 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

Several stakeholders from across the local system are involved in the programme. These include the CCG, a number of local GP practices, North West Anglia Foundation Trust (NWAFT), Cambridgeshire and Peterborough Foundation Trust (CPFT), Peterborough City Council, Public Health England, Oxford Immunotec and Novice (phlebotomy).

GP practices with a high crude rate of TB cases were identified by Public Health England (PHE). Of these, practices with a crude annual rate of active TB ≥ 20 cases/100,000 have been prioritised for the LTBI screening programme. High active TB rates are used as a proxy for an anticipated high incidence of latent TB. Engagement of the designated practices is on-going and all have agreed to deliver the project. The CCG offers a Local Enhanced Service (LES) to all participating practices.

The project initially commenced in March 2016 and is continuing to run across Cambridgeshire and Peterborough. from 1 April 2018, 18 practices have signed up to deliver (17 Greater Peterborough Practices and one practice based in Cambridgeshire). We are now conducting outreach and face to face work with community organisations, leaders and members of the public to inform them of TB and the Latent TB programme.

3.3.2.3 Communication and Engagement

There is a comprehensive action plan to cover the communication and engagement elements of this project. This aims to:

- Raise awareness of Latent TB and the need for screening;
- Get people to visit their GP practice for screening;
- To register with a practice if not already; and
- To dispel myths and beliefs about TB.

The CCG's TB Project Manager supports the delivery of the action plan and to carry out the face to face work with the public and community organisations. The focus of the action plan is to identify and target eligible people through community groups, educational settings, and workplace settings.

3.3.2.4 Activity

TABLE 3: LTBI Screening Programme Activity to Date **(until end of December 2019).** Source: Cambridgeshire and Peterborough Clinical Commissioning Group	
Result	**Number of screens**
Negative	494
Positives	93
Borderline negative	13
Borderline positive	11
Indeterminate	6
Non reportable insufficient cells	4
Technical error	3
Assay not run	5
Total screened	**629**

Oxford Immunotec continue to report the activity on a monthly basis and we also have confirmation of numbers via the LES reporting and NWAFT.

3.3.2.5 Next Steps

The total number of people screened for TB to date (December 2019) is 629, however, there are potentially many more eligible people that are entitled to be screened. The CCG acknowledges that there continues to be a reduction of activity due to exhaustion of eligible patient lists. This will be addressed by targeting those specific practices with higher numbers of registered eligible patients through Flag4 data. The CCG will work closely with Public Health England to ensure that there is a coordinated approach to the outreach, which will ensure eligible people are targeted for the uptake of screening.

4. Immunisation Programmes

The tables and figures in this section detail uptake of the various vaccination programmes over time and compared to the regional level of uptake. NHS England commissions various providers to deliver the vaccination programmes including GPs, pharmacies and school immunisation teams. The full UK vaccination schedule can be found here: https://www.nhs.uk/Conditions/vaccinations/.

The Cambridgeshire and Peterborough Health Protection Steering Group receives regular reports on vaccination uptake and work that is happening to increase uptake for certain vaccines with lower uptake rates, which has recently included the pre-school booster, MMR and the flu vaccination. The aim for all childhood programmes is to achieve at least 95% uptake, the level which ensures herd immunity, although for many vaccinations, the target rate set by the Public Health Outcomes Framework is 90%.

Herd immunity occurs when the vaccination of a significant portion of a population provides a measure of protection for individuals who have not developed immunity. It arises when a high percentage of the population is protected through vaccination, making it difficult for an infection to spread because there are so few susceptible people left to infect. This can effectively stop the spread of infection in the community. It is particularly crucial for protecting people who cannot be vaccinated. These include children who are too young to be vaccinated, people with immune system problems, and those who are too ill to receive vaccines (such as some cancer patients). Details of the UK vaccination programme and what each vaccine protects against can be found on the NHS choices website.

The Cambridgeshire and Peterborough Immunisation Forum meets quarterly as a collaboration between Public Health, Child Health, the NHS England Screening and Immunisations team and the CCG working with GP practices.

In 2019 the forum has considered the school aged immunisation service offering to check and offering to vaccinate children in Reception year that have an incomplete record. The service will now also offer MMR vaccination to those school age adolescents who are partially or wholly unvaccinated.

Due to lower uptake rates of the shingles vaccination in Peterborough, a Shingles project was launched in October 2018, and ran until September 2019. Engagement of GP practices was not as good as hoped but learning from other areas reinforces that a combination of training and active call in the shape of a Birthday card, was found to have a positive effect on uptake. Further work is planned on shingles from January 2020.

Childhood Primary Vaccinations

4.1.1 6-in-1 Vaccine (12 months)

TABLE 3: Uptake rates for 6-in-1 vaccine at 12 months (diphtheria, tetanus, pertussis, polio, haemophilus influenza B, hepatitis B – target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*

12 months DTaP/IPV/Hib/Hep B [target 95%]	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	93.1	93.8	94.7	93.6
Peterborough	93.6	94.3	90.9	91.3
East of England	**94.6**	**95.3**	**94.6**	**94.5**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	94.2	93.2	93.1	94.2
Peterborough	92.1	91.3	91.0	92.0
East of England	**93.2**	**92.4**	**92.1**	**92.2**

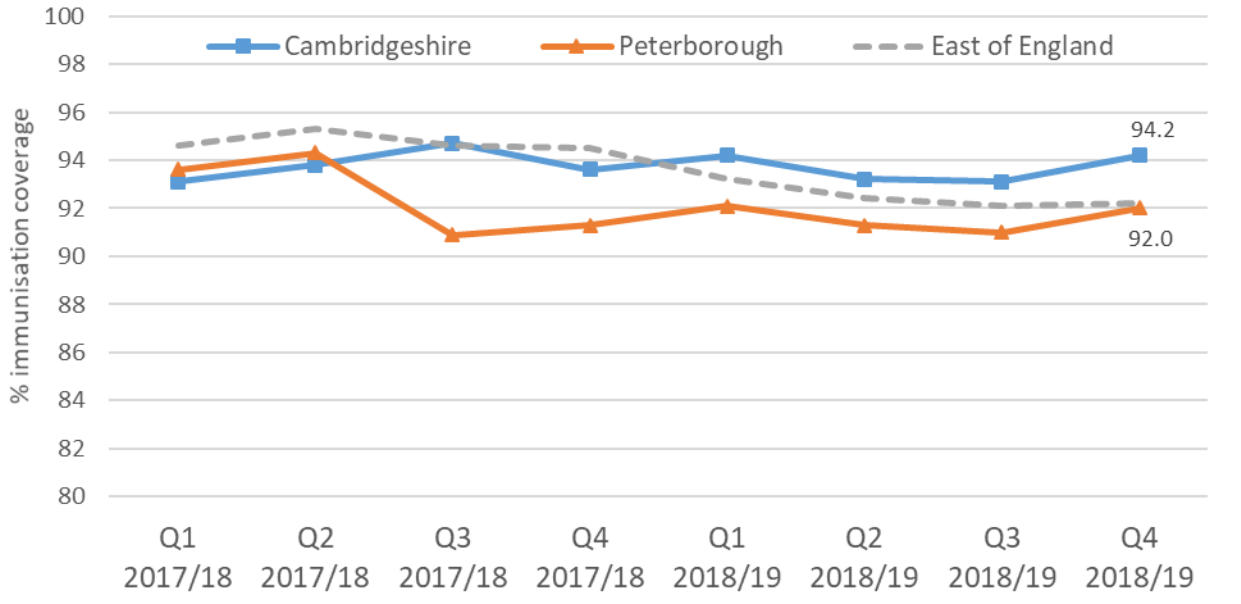


Figure 2: Uptake rates for 6-in-1 vaccine at 12 months (diphtheria, tetanus, pertussis, polio, haemophilus influenza B, hepatitis B – target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

4.1.2 Pneumococcal Vaccine (12 months)

TABLE 4: Uptake rates for pneumococcal (PCV) vaccine at 12 months (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
12 months PCV%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	93.8	94.4	95.0	94.3
Peterborough	93.6	94.5	91.1	91.8
East of England	**94.9**	**95.5**	**94.9**	**95.0**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	94.7	93.9	94.3	95.0
Peterborough	92.1	91.5	91.3	92.4
East of England	**93.8**	**93.3**	**93.2**	**93.2**

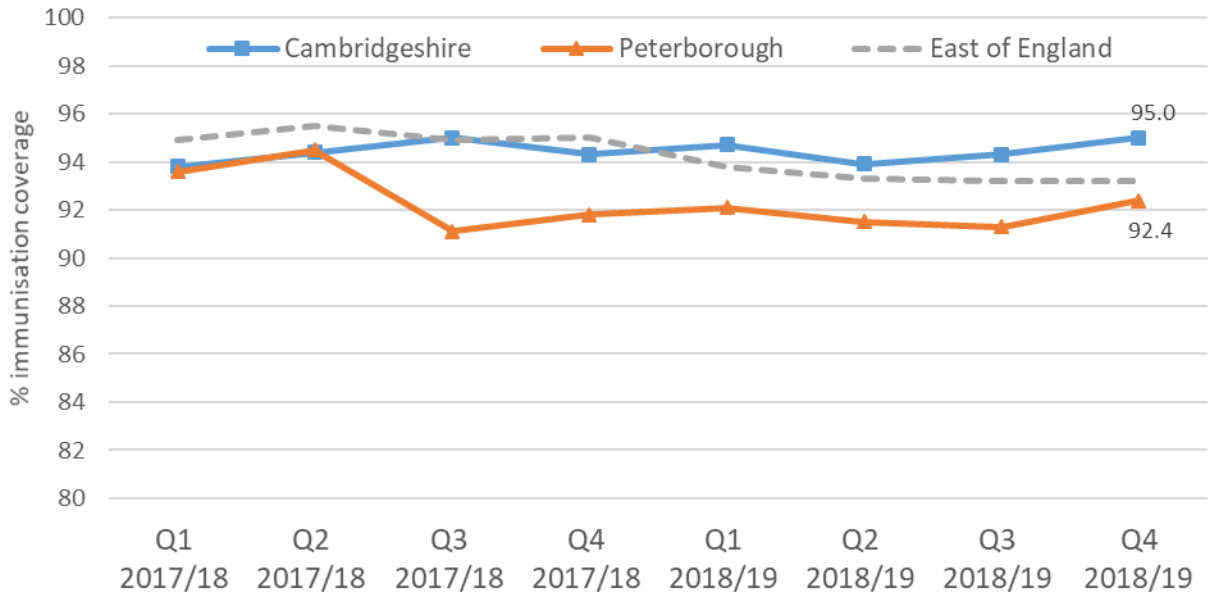


Figure 3: Uptake rates for pneumococcal vaccine at 12 months (target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

4.1.3 5-in-1 Vaccine (24 months)

TABLE 5: Uptake rates for 5-in-1 vaccine at 24 months (diphtheria, tetanus, pertussis, polio, haemophilus influenza B – target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
24 months DTaP/IPV/Hib %	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	95.3	95.6	96.2	96.1
Peterborough	96.1	95.1	93.8	95.7
East of England	**96.3**	**96.3**	**95.9**	**96.3**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	96.2	94.9	94.7	94.7
Peterborough	94.0	93.6	92.4	92.6
East of England	**95.3**	**95.0**	**94.8**	**94.6**

4.1.4 Pneumococcal Vaccine (24 months)

TABLE 6: Uptake rates for pneumococcal vaccine at 24 months (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
24 months PCV%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	94.1	93.4	93.2	92.8
Peterborough	91.3	90.8	89.9	89.1
East of England	**94.0**	**94.0**	**92.8**	**92.9**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	92.3	91.7	91.3	92.4
Peterborough	88.5	88.8	86.6	87.5
East of England	**92.1**	**92.0**	**91.0**	**91.4**

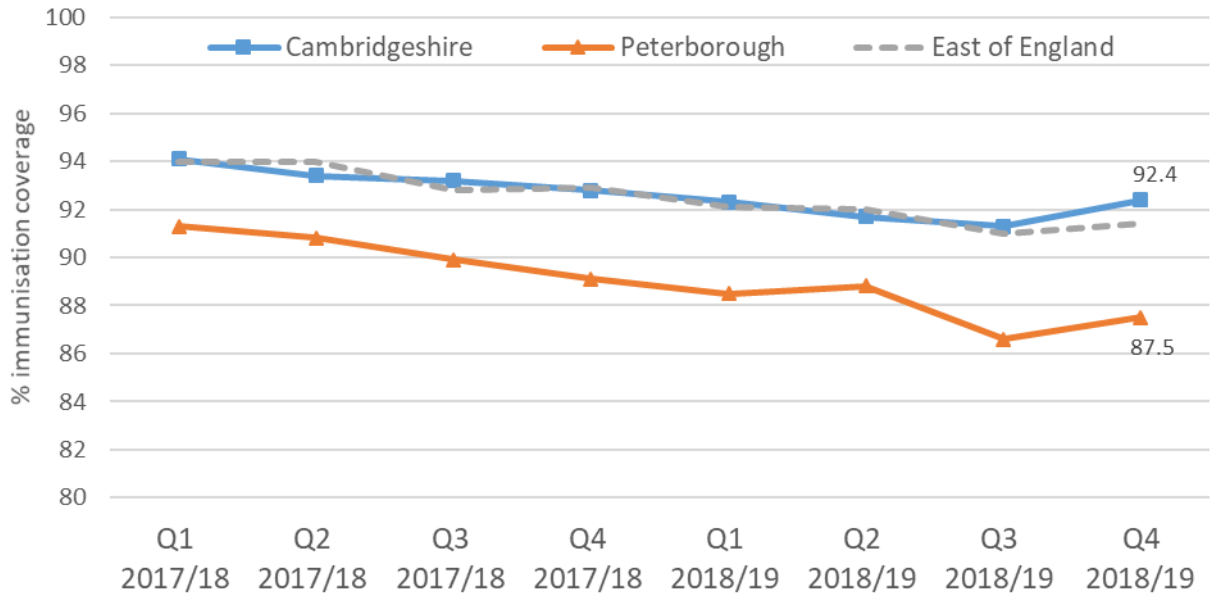


Figure 4: Uptake rates for pneumococcal vaccine at 24 months (target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

4.1.5 Haemophilus influenza B and meningococcus C (24 months)

TABLE 7: Uptake rates for haemophilus influenza B and meningococcus C vaccine at 24 months (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
24m Hib/MenC%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	94.2	93.3	92.6	93.1
Peterborough	91.0	91.4	90.1	88.9
East of England	**94.0**	**93.9**	**92.5**	**92.8**
	Q1 2018/19%	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	92.3	91.6	91.4	92.5
Peterborough	88.5	88.4	86.8	87.4
East of England	**92.3**	**92.2**	**91.3**	**91.7**

4.1.6 Measles, mumps & rubella (MMR) Vaccine (24 months)

TABLE 8: Uptake rates for measles, mumps and rubella (MMR) vaccine at 24 months (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*

24 months MMR1%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	93.8	93.1	92.8	92.6
Peterborough	90.7	90.9	90.3	88.7
East of England	**93.7**	**93.7**	**92.6**	**92.5**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	91.8	91.1	90.9	92.5
Peterborough	88.7	88.0	85.9	86.9
East of England	**91.7**	**91.5**	**90.6**	**91.3**

4.1.7 5-in-1 Vaccine (24 months)

TABLE 9: Uptake rates for 5-in-1 vaccine at 24 months (diphtheria, tetanus, pertussis, polio, haemophilus influenza B – target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England 24m*

24 months DTaP/IPV/Hib3 %	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	94.6	94.0	96.1	96.4
Peterborough	97.0	96.6	95.1	96.3
East of England	**96.1**	**96.1**	**96.6**	**96.8**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	96.2	94.9	94.7	94.7
Peterborough	94.0	93.6	92.4	92.6
East of England	**95.3**	**95.0**	**94.8**	**94.6**

4.1.7 Measles, mumps & rubella (MMR) Vaccine (5 years)

TABLE 10: Uptake rates for measles, mumps and rubella (MMR) vaccine – first dose at 5 years (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*

5 years MMR1%	**Q1 2017/18**	**Q2 2017/18**	**Q3 2017/18**	**Q4 2017/18**
Cambridgeshire	94.7	94.1	95.6	96.1
Peterborough	96.4	96.5	94.5	96.2
East of England	**95.6**	**95.6**	**95.8**	**96.4**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19%**
Cambridgeshire	95.9	94.0	96.1	95.8
Peterborough	95.9	94.6	93.1	93.3
East of England	**95.9**	**95.4**	**95.8**	**95.8**

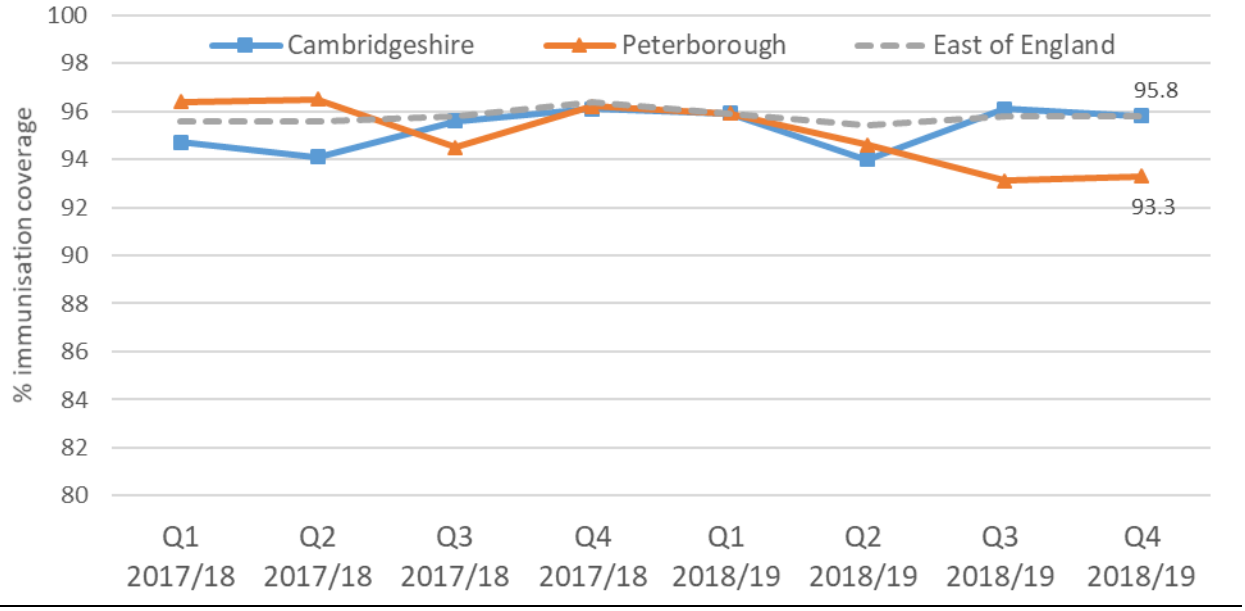


Figure 5: Uptake rates for MMR vaccine – **first dose** at 5 years (target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

TABLE 11: Uptake rates for measles, mumps and rubella (MMR) vaccine – second dose at 5 years (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*

5 years MMR2%	**Q1 2017/18**	**Q2 2017/18**	**Q3 2017/18**	**Q4 2017/18**
Cambridgeshire	85.6	86.8	89.6	91.0
Peterborough	89.3	90.6	88.5	89.3
East of England	**89.3**	**90.0**	**89.9**	**90.7**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	89.7	87.2	88.2	88.0
Peterborough	86.3	85.0	83.4	84.1
East of England	**88.6**	**88.0**	**88.7**	**89.1**

Source: Cover, Public Health England

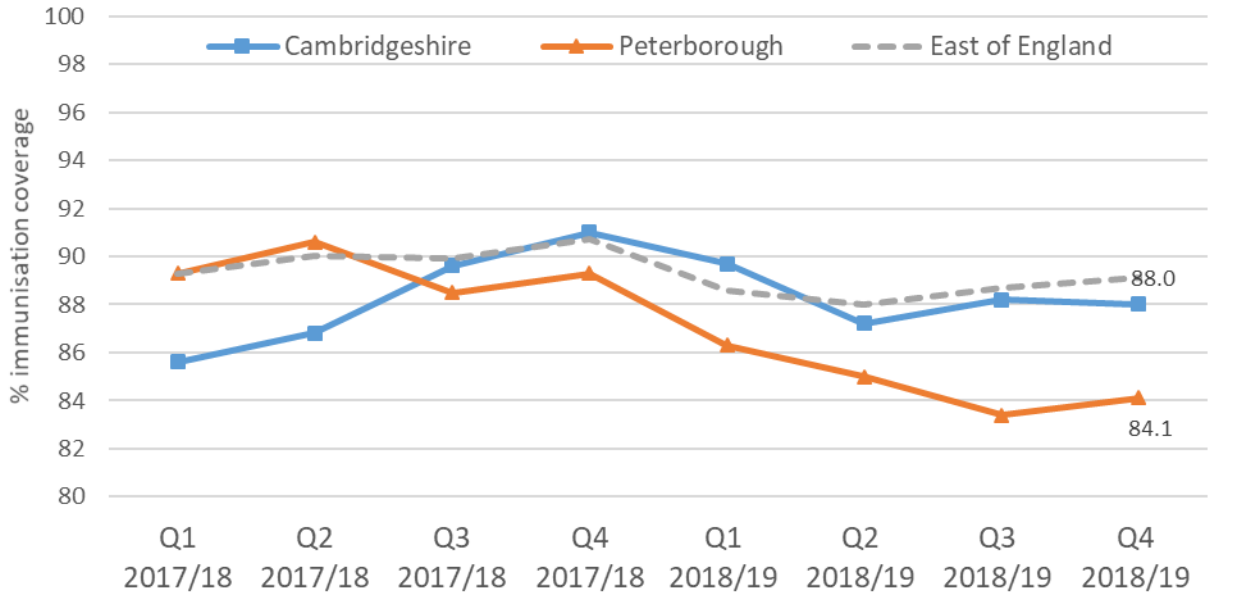


Figure 6: Uptake rates for MMR vaccine – **second dose** at 5 years (target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

4.1.8 4-in-1 Pre-School Booster Vaccine (5 years)

TABLE 12: Uptake rates for 4-in-1 preschool booster at 5 years (diphtheria, tetanus, pertussis, polio - target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
5 years DTaPIPV%	**Q1 2017/18**	**Q2 2017/18**	**Q3 2017/18**	**Q4 2017/18**
Cambridgeshire	83.9	85.1	88.3	88.8
Peterborough	87.3	86.8	85.5	86.0
East of England	**88.3**	**88.7**	**88.7**	**89.2**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	86.5	86.1	86.3	86.8
Peterborough	82.1	82.9	81.6	82.2
East of England	**86.9**	**86.9**	**87.6**	**88.2**

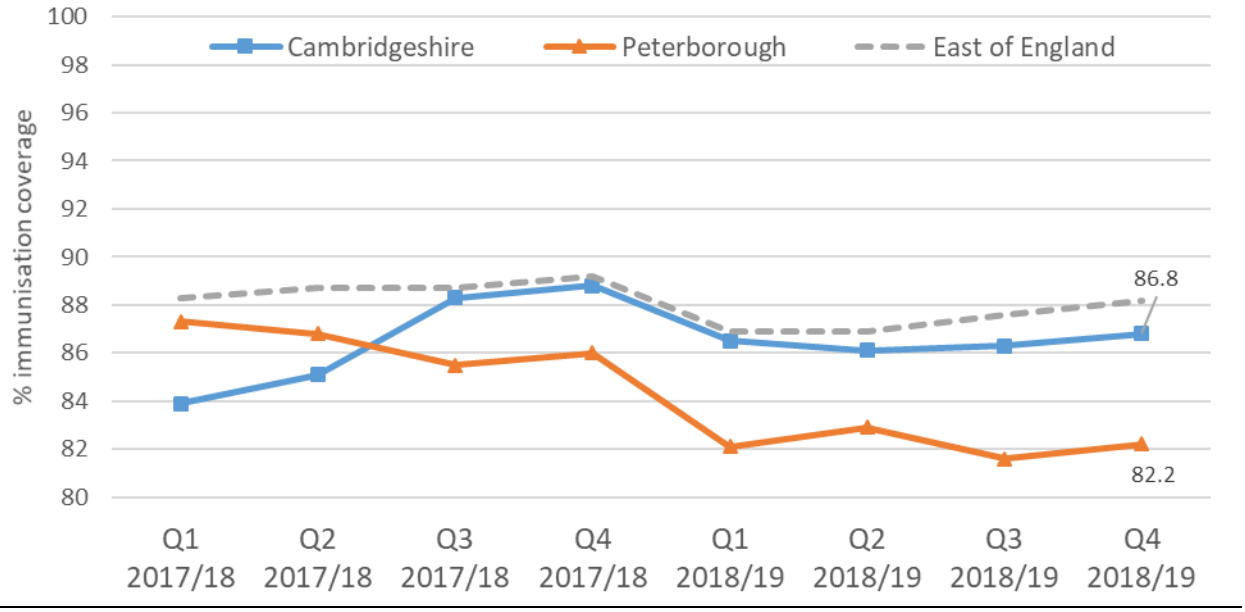


Figure 7: Uptake rates for 4-in-1 pre-school booster at 5 years (target 95%), Cambridgeshire, Peterborough and East of England, 2017/18 to 2018/19, *Source: Cover, Public Health England*

4.1.9 Haemophilus influenza B and meningococcus C Vaccine (5 years)

TABLE 13: Uptake rates for haemophilus influenza B and meningococcus C vaccine at 5 years (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*				
5 years Hib/MenC%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	90.4	90.4	91.1	92.5
Peterborough	91.7	92.9	89.0	92.1
East of England	**92.5**	**92.8**	**92.7**	**93.3**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	91.6	89.8	92.1	92.3
Peterborough	92.1	90.0	88.8	90.0
East of England	**93.9**	**93.5**	**93.7**	**94.0**

4.1.10 Meningococcus B (12 and 24 months)

TABLE 14: Uptake rates for meningococcus B vaccine at 12 months (target 95%), Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: Cover, Public Health England*

12 months MenB%	**Q1 2017/18 %**	**Q2 2017/18 %**	**Q3 2017/18 %**	**Q4 2017/18 %**
Cambridgeshire	93.0	93.7	94.2	93.9
Peterborough	92.9	93.7	90.8	91.0
East of England	**94.3**	**95.1**	**94.4**	**94.6**
	Q1 2018/19 %	**Q2 2018/19 %**	**Q3 2018/19 %**	**Q4 2018/19 %**
Cambridgeshire	94.3	93.6	93.7	94.5
Peterborough	91.8	91.2	91.5	91.7
East of England	**93.4**	**93.1**	**92.9**	**92.9**

TABLE 15: Uptake rates for meningococcus B booster at 24 months (target 95%), by local authority, 2018/19

	Cambridgeshire	**Peterborough**	**East of England**
24 months Men B%	90.1	85.5	89.4

Source: NHS Digital

4.1.11 Rotavirus Vaccination

TABLE 16: Rotavirus vaccination – 2 doses at 12 months (target 95%), Cambridgeshire & Peterborough, monthly uptake January 2018 to December 2019, *Source: ImmForm*

	Jan 2018	**Feb 2018**	**March 2018**	**April 2018**	**May 2018**	**June 2018**	**July 2018**	**Aug 2018**	**Sept 2018**	**Oct 2018**	**Nov 2018**	**Dec 2018**
Cambridgeshire	88.7	89.2	91.8	93.7	91.9	91.0	91.4	93.3	91.3	90.8	91.7	92.6
Peterborough	84.7	92.2	85.7	86.5	90.2	89.2	89.4	86.6	83.9	89.3	89.5	85.2
East Anglia	**90.4**	**89.8**	**90.5**	**91.3**	**92.0**	**91.0**	**91.8**	**92.7**	**90.4**	**91.3**	**91.5**	**92.5**
	Jan 2019	**Feb 2019**	**March 2019**	**April 2019**	**May 2019**	**June 2019**	**July 2019**	**Aug 2019**	**Sept 2019**	**Oct 2019**	**Nov 2019**	**Dec 2019**
Cambridgeshire	89.6	92.6	90.6	92.9	90.4	92.2	93.7	93.5	95.1	93.3	92.3	NA
Peterborough	92.0	85.9	89.5	89.0	89.8	87.7	88.6	87.8	87.1	87.1	87.9	NA
East Anglia	**90.9**	**91.7**	**91.3**	**91.5**	**92.1**	**92.8**	**92.7**	**92.5**	**92.2**	**92.4**	**91.8**	**NA**

TABLE 17: Rotavirus vaccination – 2 doses at 12 months (target 95%), Cambridgeshire & Peterborough by local authority, 2018/19

	Cambridgeshire	**Peterborough**	**East of England**
Men B at 24 months (%)	91.7	88.6	89.7

4.1.13 Meningococcus ACWY (14 years)

TABLE 18: Uptake rates for meningococcus ACWY vaccine 2018-19, Cambridgeshire and Peterborough, *Source: ImmForm*	
Area	**Vaccine uptake %**
Cambridgeshire and Peterborough CCG	77.5
East Anglia Total	**78.3**

4.1.14 HPV Vaccine (Year 8 & Year 9)

TABLE 19: Uptake rates for HPV vaccine, by local authority and cohort, September 2018/19, *Source: Public Health England*				
Local Authority		**Cambridgeshire**	**Peterborough**	**England**
Cohort 16: 12-13 Year Olds	Number of females in Cohort 16 (Year	3,239	1,345	**313,942**
	No. vaccinated with HPV Vaccine at least one dose by **31/08/2018**	2,890	1,126	**276,296**
	% Coverage	89.2	83.7	**88.0**
Cohort 15: 13-14 Year Olds (Year 9 Birth Cohort: 1 1 September 2004 - 31 August 2005	Number of females in Cohort 15 (Year 9)	3,301	1,293	**308,378**
	No. vaccinated with HPV Vaccine at least one dose by **31/08/2018**	3,050	1,142	**274,087**
	% Coverage	92.4	88.3	**88.9**
	No. vaccinated with two doses by **31/08/2018**	2,876	1,079	**258,785**
	% Coverage	87.1	83.4	**83.9**

4.1.15 School Immunisation Service

TABLE 20: School immunization service vaccinations, Cambridgeshire & Peterborough, end of school year 2018/19, *Source: CCS*			
	Target	**Cambridgeshire %**	**Peterborough %**
Girls HPV vaccination by end of school year nine dose 2	**90%**	85%	85%
Cohort 6 (13-14) Sept 2004 -August 2005 Td/IPV by end of school year 9	**80%**	88%	92%
Cohort 5(14-15) Sept 2004–August 2005 Td/IPV by end of school year 10	**80%**	86%	80%
Cohort 6 (13-14) Sept 2004 -August 2005 Men ACWY by end of school year 9.	**80%**	87%	81%
Childhood Flu vaccination school years R 1 2 3 4 & 5	**60%**	60%	38%
Schools participating in the programme		341	90

4.2 Seasonal Flu Vaccination

TABLE 21: Flu vaccination uptake by key groups - adults, Cambridgeshire and Peterborough, 2017/18 to 2018/19 *Source: ImmForm*

Area	Summary of flu vaccine uptake %					
	65 and over		Under 65 (at risk)		Pregnant women	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
Cambridgeshire	74.4	73.8	49.8	47.6	49.1	45.8
Peterborough	71.3	69.8	47.3	44.3	38.4	35.4
Cambridgeshire & Peterborough CCG	73.9	73.0	49.3	46.8	46.7	43.7
East Anglia	**72.6**	**71.1**	**48.9**	**46.2**	**47.2**	**44.1**

TABLE 22: Flu vaccination uptake – pre-school children, Cambridgeshire and Peterborough, 2017/18 to 2018/19, *Source: ImmForm*

Area	Summary of flu vaccine uptake %			
	All aged 2		All aged 3	
	2017/18	2018/19	2017/18	2018/19
Cambridgeshire LA	45.5	55.4	47.1	57.3
Peterborough LA	25.5	40.3	30.0	42.6
Cambridgeshire & Peterborough CCG	40.5	51.6	42.7	53.2
East Anglia	**42.8**	**51.4**	**44.2**	**52.3**

TABLE 23: Flu vaccination uptake – healthcare workers, by NHS trust, 2017/18 to 2018/19, *Source: ImmForm*

Area	No of HCW's with Direct Patient Care	Seasonal Flu doses since 1 September 2018-Feb 2019		% Seasonal Flu doses given since 1 September 2017-Feb 2018
		No	%	%
Papworth Hospital NHS Foundation Trust	1469	1225	83.4	78.1
Cambridge University Hospitals NHS Foundation Trust	7908	5992	75.8	84.3
North West Anglia Foundation Trust	6082	4345	71.4	68.4
Cambridgeshire and Peterborough NHS Foundation Trust	2982	2296	77.0	66.5
Cambridgeshire Community Services NHS Trust	1677	1102	65.7	62.4
East Anglia Total	**77229**	**50721**	**65.7**	**65.6**

4.3 Prenatal Pertussis Vaccination

TABLE 24: Prenatal pertussis vaccination, Cambridgeshire & Peterborough, monthly uptake April 2017 to November 2019 *Source: ImmForm*				
	Apr 2017 %	**May 2017 %**	**Jun 2017 %**	**Jul 2017 %**
Cambridgeshire & Peterborough CCG	77.0	70.2	72.1	73.8
East Anglia Total	78.8	75.4	77.3	75.8
	Aug 2017 %	**Sept 2017 %**	**Oct 2017 %**	**Nov 2017 %**
Cambridgeshire & Peterborough CCG	69.9	69.4	72.1	69.5
East Anglia Total	75.1	75.8	78.1	76.5
	Dec 2017 %	**Jan 2018 %**	**Feb 2018 %**	**Mar 2018 %**
Cambridgeshire & Peterborough CCG	75.3	73.1	70.3	68.6
East Anglia Total	79.8	76.9	75.6	73.2
	Apr 2018 %	**May 2018 %**	**Jun 2018 %**	**Jul 2018 %**
Cambridgeshire & Peterborough CCG	74.5	71.5	67.9	69.4
East Anglia Total	72.5	69.6	68.5	69.6
	Aug 2018 %	**Sept 2018 %**	**Oct 2018 %**	**Nov 2018 %**
Cambridgeshire & Peterborough CCG	65.4	68.1	71.4	69.2
East Anglia Total	66.9	68.8	70.1	71.3
	Dec 2018 %	**Jan 2019 %**	**Feb 2019 %**	**March 2019 %**
Cambridgeshire & Peterborough CCG	75.1	72.4	73.2	68.8
East Anglia Total	73.4	71.7	72.7	70.2
	Apr 2019 %	**May 2019 %**	**Jun 2019 %**	**Jul 2019 %**
Cambridgeshire & Peterborough CCG	68.0	67.2	65.2	65.0
East Anglia Total	69.8	69.7	68.9	68.5
	Aug 2019 %	**Sept 2019 %**	**Oct 2019 %**	**Nov 2019 %**
Cambridgeshire & Peterborough CCG	70.8	72.4	69.6	
East Anglia Total	68.7	69.8	70.3	

TABLE 25: Prenatal pertussis vaccination, Cambridgeshire & Peterborough, Annual Data 1.4.2018 to 31.3.2019 % Source: ImmForm	
Cambridgeshire & Peterborough CCG	68.1
East Anglia	70.6

4.4 Shingles Vaccination

TABLE 26: Shingles vaccination – aged 70 & 78, Cambridgeshire & Peterborough, Quarter 2 Uptake (Jul-Sep 2019) *Source: ImmForm*						
Area	**Vaccine coverage for the Routine Cohort since 2013**			**Vaccine coverage for the Catch- up Cohort since 2013**		
	Registered Patients aged 70	**Received Shingles vaccine**		**Registered Patients aged 78**	**Received Shingles vaccine**	
		No of patients	**% of patients**		**No of patients**	**% of patients**
Cambridgeshire & Peterborough CCG	8642	1403	16.2	5456	929	17.0
East Anglia Total	**68412**	**13463**	**19.7**	**43269**	**8460**	**19.6**

4.5 Immunisation Summary

Some childhood vaccinations are lower than the recommended 95% target, specifically, Rotavirus: NHS England Screening and Immunisation Team (SIT) are working with stakeholders to investigate the reasons for lower uptake. There is evidence both locally, regionally and nationally, that Rotavirus vaccinations are falling with no regions achieving the 95% target. There is only limited opportunity for vaccination catch up on this programme as it cannot be given beyond 6 months of age.

The 12 month vaccinations of Hib/Men C, Men B, MMR and PCV are lower in Peterborough than Cambridgeshire, and the recommended 95%. One possible explanation is that children attend late for their appointments, as the uptakes have improved by the age of 5 years. The SIT will continue to work with poor performing practices to encourage parents to attend their appointments on time.

The 5 year pre-school booster, DT/aP/IPV and MMR dose 2, remains low in Peterborough and Cambridgeshire. The NHS England Regional SIT continue to work with the Local authority and key stakeholders and GP practices to increase awareness and improve uptakes. Waiting lists have continued to improve. The school immunisations team will check vaccination history in reception and offer catch up of missing vaccines.

The universal programme for HPV has been introduced from September 2019 to all eligible children in school year 8.

Flu vaccination uptake overall are slightly lower than last year, for under 65yrs at risk, over 65 yrs and pregnant women. One specific issue this year was the supply of the Fluad and QIV vaccine, and the phased delivery of Fluad vaccine. This led to practices having to re arrange clinics and having to wait for supplies to be delivered, this seemed to have an impact on all their clinics for the 2018/19 season. School age children's flu vaccine in Peterborough is lower than last year; one issue is the families who decline Fluenz nasal spray due to the porcine gelatine in the vaccine. Pre-school children uptakes of flu vaccine improved this year, one additional strategy this year included sending a reminder letter from Child Health Departments to parents of eligible pre-school age children.

The UK lost its measles free status in 2019. The measles elimination strategy explains the UK's strategy towards measles and rubella elimination:

https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy

The strategy focuses on 4 core components required to maintain elimination of measles and rubella:

1. Achieve and sustain ≥ 95% coverage in the routine childhood programme.
2. Achieve ≥ 95% coverage with 2 doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up.
3. Strengthen measles and rubella surveillance.
4. Ensure easy access to high-quality, evidence-based information

In Cambridge and Peterborough, the Screening and Immunisation team are working in collaboration with the local authority, CCGs and Healthy child programme to improve vaccination uptake by:

- Increasing vaccination opportunity with school immunisation teams offering catch up to Reception year children and children in Year 10.
- By improving the data flow and collection between GP practices and child health departments.
- There is a national project investigating the accuracy of reporting of the MMR vaccination in primary care.

5. Screening Programmes

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. The NHS offers a range of screening tests to different sections of the population. The aim is to offer screening to the people who are most likely to benefit from it. For example, some screening tests are only offered to newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to older people.

NHS England commission a number of screening programmes which are delivered by a range of NHS providers within Cambridgeshire and Peterborough. Current screening programmes include:

- Antenatal and newborn screening;
- Breast cancer screening;
- Bowel cancer screening;
- Cervical cancer screening;
- Abdominal Aortic Aneurysm screening; and
- Diabetic eye screening.

Key performance information for each screening programme is provided in the sections below.

5.1 Antenatal and Newborn Screening (ANNB)

Q1 sees the introduction of some new Key Performance Indicators for the ANNB screening programmes. A coverage KPI is added for the fetal anomaly programme FA3 and the sickle cell and thalassaemia programme has the addition of ST4 monitoring offer of prenatal diagnosis to those at risk.

FA3 was introduced as a coverage KPI for Downs, Edwards and Patau's from Q1 2018. There is no intention to publish this KPI by individual maternity service and thus it is not included in this report. Thresholds are not set for this KPI; performance between providers should not be compared. FASP supports informed choice for women.

5.1.2 Antenatal and Newborn Screening Key Performance Indicators

TABLE 27: Percentage Uptake, Antenatal infectious disease screening KPIs, by provider, 2017/18 – 2018/19
Source: maternity services

				2017-2018				2018-2019			
Indicator	**Accpt.**	**Ach.**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
ID1 Antenatal HIV test coverage	≥95%	≥ 99%	CUH	97.4	99.0	98.2	99.0	99.6	99.4	99.1	99.9
	≥95%	≥ 99%	HHT	99.7	99.6	99.1	99.0	99.0	99.0	99.8	99.8
	≥95%	≥ 99%	PCH	99.4	98.9	99.0	99.6	99.8	99.4	99.9	99.9
ID2 Hep B timely referral for women found to be Hepatitis B	≥70%	≥ 90%	CUH	No Cases	100	100	100	100	100	100	83.3
	≥70%	≥ 90%	HHT	No Cases	100	100	No Cases	No Cases	No Cases	No Cases	No Cases
	≥70%	≥ 90%	PCH	No Data	100	0.0	80.0	No Cases	100	33.3	100
ID3 Hep B Coverage	≥95%	≥ 99%	CUH	n/a	n/a	n/a	n/a	99.6	99.4	99.1	99.9
	≥95%	≥ 99%	HHT	n/a	n/a	n/a	n/a	99.0	99.0	100	99.8
	≥95%	≥ 99%	PCH	n/a	n/a	n/a	n/a	99.8	99.4	99.8	99.9
ID4 Syphilis Coverage	≥95%	≥ 99%	CUH	n/a	n/a	n/a	n/a	99.6	99.4	99.1	99.9
	≥95%	≥ 99%	HHT	n/a	n/a	n/a	n/a	99.8	99.4	99.9	99.9
	≥95%	≥ 99%	PCH	n/a	n/a	n/a	n/a	99.0	99.0	100	99.8

TABLE 28: Percentage Uptake Fetal anomaly screening KPIs, by provider, 2018/19, *Source: maternity services*

				2018-2019			
FA1: Completion of laboratory request forms	**Accpt.**	**Ach.**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**
	≥97%	≥100%	CUH	99.8	99.1	99.7	97.8
	≥97%	≥100%	HHT	99.4	99.8	100	99.5
	≥97%	≥100%	PCT	99.3	99.2	99.6	99.6
FA2: Fetal anomaly screening fetal anomaly ultrasound) – coverage *	**Accpt.**	**Ach.**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**
	≥90%	≥95%	CUH	99.8	99.9	99.8	99.8
	≥90%	≥95%	HHT	99.8	99.6	99.4	99.4
	v90%	≥95%	PCT	99.0	98.3	99.4	99.7

TABLE 29: Antenatal sickle cell and thalassaemia KPIs, by provider, 2017/18 - 2018/19, *Source: maternity services*											
				2017-2018				**2018-2019**			
Indicator	**Standard**	**Achievable**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
ST1 Antenatal sickle cell and thalassaemia screening – coverage	≥95%	≥99%	CUH	96.4	97.6	96.3	98.2	99.2	98.9	98.9	99.5
	≥95%	≥99%	HHT	100	98.8	98.4	98.7	98.8	99.0	100	99.3
	≥95%	≥99%	PCT	97.1	97.4	99.6	98.9	99.4	98.5	99.5	99.6
ST2 Antenatal sickle cell and thalassaemia screening Timeliness of Test	≥50%	≥75%	CUH	57.9	55.7	54.9	54.6	56.0	54.5	57.0	56.4
	≥50%	≥75%	HHT	48.5	50.8	53.1	54.0	60.2	58.2	57.4	60.5
	≥50%	≥75%	PCT	63.8	59.5	58.2	56.9	64.0	67.9	67.6	67.8
ST3 Antenatal sickle cell and thalassaemia completion of FOQ	≥95%	≥99%	CUH	99.2	98.3	97.4	98.0	97.2	97.9	95.6	98.1
	≥95%	≥99%	HHT	98.3	96.4	96.1	97.5	98.1	98.8	98.2	98.5
	≥95%	≥99%	PCT	99.4	98.1	98.0	97.7	96.0	97.6	95.8	97.6
ST4a Antenatal sickle cell and thalassaemia screening - timely offer of prenatal diagnosis (PND) to women at risk of having an affected infant	To be set	To be set	CUH	n/a	n/a	n/a	n/a	50.0	0.0	100	100
	To be set	To be set	HHT	n/a	n/a	n/a	n/a	No cases	No cases	0.0	0.0
	To be set	To be set	PCT	n/a	n/a	n/a	n/a	No cases	100	0.0	0.0
ST4b Antenatal sickle cell and thalassaemia screening - timely offer of prenatal diagnosis (PND) to couples at risk of having an affected infant	To be set	To be set	CUH	n/a	n/a	n/a	n/a	No cases	No cases	No cases	100
	To be set	To be set	HHT	n/a	n/a	n/a	n/a	No cases	No cases	No cases	0.0
	To be set	To be set	PCT	n/a	n/a	n/a	n/a	50.0	0.0	100	No cases

TABLE 30: Newborn blood spot screening KPIs, by provider, 2017/18 – 2018/19, *Source: maternity services*											
				2017-18				**2018-19**			
Indicator	**Standard**	**Achievable**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
NB1 Newborn blood spot screening coverage	≥95%	≥99.9%	Cambs.	95.5	98.5	99.3	94.5	99.3	99.4	99.2	99.4
	≥95%	≥99.9%	Hunts.	n/a	n/a	98.1	92.6	98.3	99.4	98.1	95.9
	≥95%	≥99.9%	Peterborough	98.8	99.5	99.7	93.9	99.2	99.4	99.8	99.5
NB2 Newborn blood spot screening avoidable repeats	≥2%	≥0.5%	CUH	2.5	1.1	2.3	1.7	1.6	1.2	1.9	1.6
	≥2%	≥0.5%	HHT	3.1	3.0	1.4	2.5	1.9	2.8	2.3	3.0
	≥2%	≥0.5%	PCT	1.9	1.8	0.9	1.8	1.6	0.4	1.1	1.1
NB4 Newborn blood spot screening coverage- movers in	≥95%	≥99.9%	Cambs.	90.2	91.2	76.1	76.3	95.2	82.1	90.7	94.4
	≥95%	≥99.9%	Hunts.	n/a	n/a	91.8	95.6	95.7	94.9	100	95.7
	≥95%	≥99.9%	Peterborough	85.4	92.6	91.5	89.3	89.1	91.4	100	98.0

TABLE 31: Newborn hearing screening KPIs, by provider, 2017/18 – 2018/19, *Source: maternity services*											
				2017-18				**2018-19**			
Indicator	**Accpt.**	**Ach.**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
NH1 Newborn hearing screening coverage	≥97%	≥99.5%	CUH	98.7	99.8	99.2	99.2	99.2	99.4	99.0	99.7
	≥97%	≥99.5%	HHT	99.6	99.7	99.6	99.7	99.7	99.7	99.4	99.8
	≥97%	≥99.5%	PCT	99.9	99.8	99.9	99.9	99.8	99.9	100	100
NH2 Newborn hearing screening timely referral for assessment	≥90%	≥95%	CUH	90.0	93.8	100	89.5	100	84.2	87.5	77.3
	≥90%	≥95%	HHT	100	50.0	44.4	100	77.8	66.7	100	100
	≥90%	≥95%	PCT	100.	76.9	85.7	100	100	100	100	100

TABLE 32: Newborn and infant physical examination KPIs, by provider, 2017/18 – 2018/19, *Source: maternity services*											
				2017-18				**2018-19**			
Indicator	**Accpt.**	**Ach.**	**Provider**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
NP1 Newborn and Infant Physical Examination-coverage newborn	≥95%	≥99.5%	CUH	95.3	94.0	95.5	93.9	96.2	95.4	96.4	96.1
	≥95%	≥99.5%	HHT	97.2	94.8	94.5	94.1	95.0	97.3	96.4	96.0
	≥95%	≥99.5%	PCT	96.8	97.2	96.1	97.1	97.2	96.7	98.3	97.3
NP2 Newborn and Infant Physical Examination timely assessment	≥95%	≥100%	CUH	75.0	100	0.0	77.8	100	100	100	100
	≥95%	≥100%	HHT	100	100	75	0.0	33.3	No cases	100	100
	>95%	100%	PCT	100.	100	80.	No cases	50	100	100	No cases

5.1.3 Antenatal and Newborn Screening Programme Updates

The Cambridge programme board and the North West Anglia Programme board meet quarterly to review Key Performance Indicators (KPIs), standards and performance. The boards are well attended with representatives from each of the 6 ANNB programmes present, including laboratory and radiology staff and senior management attendance.

- **Infectious diseases:** KPIs and standards are generally met by all maternity units for this programme and the achievable level is regularly attained in terms of coverage. The explanatory commentary is always taken into account, when reviewing the KPI's as failure to meet KPIs is usually because of patient choice and small numbers.
- **Haemoglobinopathies:** The maternity units are performing to a good standard, meeting the coverage KPI at an achievable level. All maternity units now meet the acceptable level at ST2 which offers insight into the accessibility of the first booking appointment and the screening and immunisations team continue to work

with Trusts to move closer to the achievable level for this KPI. The acceptable level for ST3 is met by all providers.

The introduction of ST4a and ST4b came into effect from Quarter 1, and targets have not been nationally defined;

- ST4a: Antenatal sickle cell and thalassaemia screening - timely offer of prenatal diagnosis (PND) to women at risk of having an affected infant: 'at risk women offered PND by 12 weeks and 0 days gestation' (numerator) is the total number of at risk women that are offered PND testing by 12 weeks and 0 days gestation.
- ST4b: Antenatal sickle cell and thalassaemia screening - timely offer of prenatal diagnosis (PND) to couples at risk of having an affected infant at risk couples offered PND by 12 weeks and 0 days gestation' (numerator) is the total number of at risk couples that are offered PND testing by 12 weeks and 0 days gestation. No thresholds currently set.

The KPI is impacted by low denominators and no achievable standard has been set; so the KPI must be interpreted in context provided in the commentary by the maternity units.

- **Fetal anomaly:** The KPIs and standards associated with this programme are met by all providers. FA1 all maternity units meet the acceptable standard and the achievable standard is met for FA2. The coverage KPI for Patau's, Edwards and Downs (FA3) introduced from quarter 1 2018 continues to be discussed at programme boards; the vast majority of women opt for screening of all 3 conditions. There is no intention to publish this KPI by individual maternity service. Thresholds are not set for this KPI, performance between providers should not be compared. FASP supports informed choice for women.
- **Non-invasive prenatal testing (NIPT)**: The original evidence review by the University of Warwick was recently re-considered by the UK NSC. An updated review was necessary as genomics is a fast-moving area and consideration of the new technologies now available which were not when the evidence was first considered.

  The UK NSC agreed that: another type of technology (microarray) could be used as well as next generation sequencing (NGS) in the laboratory procurement for the offer of NIPT as an additional option on the FASP screening pathway. NIPT could be offered in twin pregnancies as part of the evaluative roll out. Given the above developments, NHS England, following discussion with Public Health England Screening, has decided to cancel the existing procurement and will put in place new plans to procure laboratory services for NIPT in line with the latest evidence considered by the UK NSC.

- **Newborn hearing:** Coverage rates for the newborn hearing programme are met at the achievable level for all maternity units. There continues to be occasions where there is some slippage in the referral KPI, but all of these cases are discussed and it is established that the appointments were offered in timely fashion.
- **Newborn bloodspot:** Coverage rates are good. There is ongoing work with Hinchingbrooke site to reduce the avoidable repeat rate on this programme and to meet the acceptable KPI threshold. Hinchingbrooke have an action plan in place and this is closely monitored at the programme boards. Health visiting teams attend the programme board and are active in discussions on NB4 which reflects the movers in who are eligible for bloodspot screening.
- **Newborn and infant physical examination**: All Trusts meet the acceptable level for newborn infant examination. Referral for hip ultrasound within two weeks sometimes is not met, but this is monitored closely. Denominators are very small, and this can adversely impact the KPI, hence why the KPI is always interpreted with the explanatory commentary. The screening and immunisation team have no concerns on this pathway.

5.2 Cancer Screening programmes

5.2.1 Breast Screening

The two breast screening centres have regularly achieved the acceptable target for their KPIs in the last year. Both screening centres have plans in place to ensure more women get screened within the required 36 months including more advanced ways of booking appointments for women.

TABLE 33: Breast screening - % of women who attend for screening (aged 50 – 70), by screening centre, 2017/18 – 2018/19, *Source: Oracle Business Intelligence Enterprise Edition (OBIEE)*

Cambridgeshire and Huntingdon Screening Centre		**2017-2018**				**2018-2019**			
Acceptable	**Achievable**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 70.0%	≤ 80.0%	70.6	70.4	68.5	69.8	72.3	68.0	68.1	74.0
Peterborough Screening Centre		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 70.0%	≤ 80.0%	74.5	72.5	71.0	71.0	72.8	73.0	67.6	72.4

The Uptake of Breast screening for both units has met or has come close to achieving the 70% acceptable standard over the last two years. NHS England is working with both these services to improve attendance to screening and maintain levels above 70% coverage. This includes exploring the use of text messaging remainders and social media to promote the services.

TABLE 34: Breast screening round length - % of women first offered an appointment within 36 months, by screening centre, 2017/18 – 2018/19, *Source: OBIEE*
BS2 - Percentage of women first offered an appointment within 36 months

Cambridgeshire and Huntingdon Screening Centre		**2017-2018**				**2018-2019**			
Acceptable	**Achievable**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 90.0%	≤ 100.0%	70.5	70.4	68.5	69.0	72.3	67.0	94.6	95.3
Peterborough Screening Centre		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 90.0%	≤ 100.0%	92.3	81.0	74.7	56.2	96.5	96.0	99.7	63.5

There has been considerable variability in the round length over the last two years, some of this can be attributed by readjustments to the service and changes to staffing. The Peterborough service has had a particularly difficult time recruiting Radiology staff due to the national shortage of Radiographers and Radiologists. Both screening centres are looking at different aspects of round length planning to improve on this KPI.

TABLE 35: Breast screening waiting time for assessment - % of women who attend for assessment within 3 weeks of attending for screening mammogram, by screening centre, 2017/18 – 2018/19, *Source: OBIEE*									
Cambridgeshire and Huntingdon Screening Centre		**2017-2018**				**2018-2019**			
Acceptable	**Achievable**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 98.0%	≤ 100.0%	99.6	91.6	100.0	99.3	98.7	99.6	98.5	99.4
Peterborough Screening Centre		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
≥ 98.0%	≤ 100.0%	90.2	96.4	65.7	92.8	61.8	61.7	78.4	74.8

The Cambridge and Huntingdon breast screening service has routinely met the target for waiting time for assessment and continues to do so. The Peterborough service has continued to have problems attaining the standard over the last two years. This is largely associated with the difficulties this small unit has had with recruitment and pressures from the symptomatic service. The service is working hard to address some of the specific issues which have impacted on the services KPI's. NHS England and the CCG are monitoring this whole process closely and expect the trust to improve in by the end of 2020. Current monthly data returns indicate that this is likely to happen.

5.2.2 Cervical Cancer Screening

There has been a decline in the in the coverage in cervical screening which corresponds with the pattern which is seen nationally. The NHS England Screening and Immunisation team is working with a number of stakeholders on a project to improve access to screening for women and improve the quality of different aspects of the screening pathway. It is hoped that this project, along with national initiatives will help promote cervical screening for women in Cambridgeshire and Peterborough.

TABLE 36: Cervical cancer screening coverage of eligible population, by local authority and age group, 2018/19, *Source: Screening Quality Assurance Service (SQAS) and Open Exeter*						
Acceptable	**Achievable**	**Provider**	**Q1 2018-19**	**Q2 2018-19**	**Q3 2018-19**	**Q4 2018-19**
CS2 - Coverage of eligible population (all women) every 5 years						
≥ 75%	≥ 80%	Cambridgeshire Upper Tier LA	71.0	70.5	70.2	71.2
≥ 75%	≥ 80%	Peterborough Upper Tier LA	69.0	68.6	74.1	68.9
CS2a - Coverage of eligible population, all women aged 25-49 every 3 years						
≥ 75%	≥ 80%	Cambridgeshire Upper Tier LA	68.2	67.5	67.2	68.2
≥ 75%	≥ 80%	Peterborough Upper Tier LA	66.8	66.3	66.4	66.8
CS2b - Coverage of eligible population, all women aged 50-64 every 5 years						
≥ 75%	≥ 80%	Cambridgeshire Upper Tier LA	77.1	76.8	76.5	76.7
≥ 75%	≥ 80%	Peterborough Upper Tier LA	74.8	74.4	74.1	74.3

5.2.3 Bowel Cancer Screening

Although the uptake for bowel screening has remained consistently good in Cambridgeshire and Peterborough, the screening units have not been achieving the diagnostic waiting times KPIs. The NWAFT Screening Centre is working to address Specialist Screening Practitioner (SSP) and diagnostic waiting times. CUHFT has put in plans to address the diagnostic waiting times and both trusts are showing improvements in the waiting times for patients.

TABLE 37: Bowel cancer screening KPIs, by screening centre, 2017/18 – 2018/19, *Source: OBIEE*

CUHFT Screening Centre			**2017-2018**				**2018-2019**			
	Acc.	**Ach.**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
BCS2 – Uptake	≥52%	≥60%	No Data	60.4	57.4	57.9	62.1	61.3	59.3	64.0
Screening Positivity	≤ 2.0%	≤ 1.0%	2.4	2.1	1.5	2.1	1.6	1.8	1.5	1.5
BCS7– Diagnostic Test Waiting Times	≥90%	≥95%	75.5	45.3	26.3	49.4	37.3	100	100	99.4
BCS8 - Diagnostic test attendance	Not set		n/a	n/a	n/a	n/a	26.7	73.8	68.9	73.5
BS11a – Colonoscopy Uptake	≤ 81%	≤ 90%	88.4	85.7	77.4	81.3	90.2	89.2	83.8	91.9

NWAFT Screening Centre			**2017-2018**				**2018-2019**			
	Acc.	**Ach.**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
BCS2– Uptake	≥52%	≥60%	59.7	57.3	56.8	59.1	61.0	60.2	57.5	62.2
Screening Positivity	≤ 2.0%	≤1.0%	2.4	2.6	2.2	2.1	1.8	2.1	1.7	1.4
BCS7 - Diagnostic test waiting times	≥90%	≥95%	5.2	30.1	10.2	20.6	No data	No data	16.2	71.3
BCS8 - Diagnostic test attendance	Not set		n/a	n/a	n/a	n/a	13.1	5.4	10.6	46.6
BS11a – Colonoscopy Uptake	≤ 81%	≤ 90%	69.0	75.3	64.8	68.4	73.1	71.6	80.3	88.1

5.3 Adult and Young People Screening

5.3.1 Diabetic Eye Screening Programme

The KPI data for the diabetic eye screening programme provided through In Health Intelligence shows that for DE1 (uptake) and DE2 (results issued within 3 weeks) the achievable targets are regularly met for the population of Cambridgeshire and Peterborough, with good uptake of the screening programme. Referral into hospital eye services has steadily improved throughout the year at Cambridge; low denominators adversely impact on the achievement of the KPI.

TABLE 38: Diabetic eye screening KPIs for Cambridgeshire & Peterborough CCG through East Anglia DESP, by 2017/18 – 2018/19, *Source: Health Intelligence*

Indicator & Target	2017-2018				2018-2019			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Acceptable 70% Achievable 80%								
DE1-Uptake of routine digital screening event	84.3	84.8	85.4	90.8	91.1	91.1	91.0	90.8
Acceptable 70% Achievable 80%								
DE2-Results issued within 3 weeks of screening	98.5	99.8	100	100	99.9	99.9	100	99.9
DE3 - Timely assessment for R3A screen positive					**Acceptable 80%**	**Achievable 95%**		
CUHFT	55.6	62.5	70.0	55.5	36.4	33.0	46.0	75.0
NWAFT Peterborough	100	85.7	78.6	80.0	75.0	100	80.0	100
NWAFT Hinchingbrooke	66.7	83.3	80.0	100	100	67.0	83.0	75.0

5.3.2 Abdominal Aortic Aneurysm (AAA) Screening

The Cambridgeshire, Peterborough and West Suffolk AAA screening service has an eligible population of approximately 5,583. The service offers screening to all eligible men in the year they turn 65 years of age in line with national guidance. This is delivered by screening technicians in community settings such as GP practices and community hospitals. The service performs well against AA2 (coverage of initial screen) and AA3 (coverage of annual surveillance screen). AA4 (coverage of quarterly surveillance screen) is slightly under the acceptable level and this is monitored at the programme board with breaches discussed on an individual basis. Patients breach if they move their appointment forward as well as backwards, which affects this KPI, so patients breaching AA4 may be being seen earlier rather than later. The service also screened 176 self-referrals during 2017 to 2018. Self-referrals can be received via telephone or completion of a self-referral form.

TABLE 39: AAA screening completeness of offer, Cambridgeshire population, 2015/16 – 2017/18

Indicator	Acceptable	Achievable	2016-17	2017-18	2018-19
AA1 Completeness of Offer	≥ 52%	≥ 70%	99.9	retired	retired

TABLE 40: AAA screening KPIs, Cambridgeshire screening cohort, 2018/19							
AAA Data - Cambridgeshire Screening Cohort							
Indicator		**Accpt.**	**Ach.**	**18-19 Q1**	**18-19 Q2**	**18-19 Q3**	**18-19 Q4**
Coverage of Initial Screen	**AA2**	≥ 75%	≥85%	17.4	36.3	54.1	73.5
Coverage of Annual Surveillance screen	**AA3**	≥ 85%	≥95%	92.7	88.9	89.6	88.2
Coverage of Quarterly Surveillance screen	**AA4**	≥ 85%	≥95%	81.1	91.7	94.9	90.5

6. Healthcare Associated Infections

Healthcare associated infections (HCAI) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections, including methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile). HCAIs pose a serious risk to patients, staff and visitors, can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control remain a key priority for the NHS.

6.1 MRSA bacteraemia

MRSA is a type of bacteria that is resistant to several widely used antibiotics and mainly affects people who are staying in hospital. The term MRSA bacteraemia refers to an MRSA blood stream infection.

The government considers it unacceptable for a patient to acquire an MRSA blood stream infection while receiving care in a healthcare setting and therefore has a zero-tolerance approach (NHS Improvement March 2018). Mandatory reporting remains in place with formal reviews undertaken with provider trusts.

Cases are assigned according to the time of onset of infection with more than 2 days (48 hours) after admission assigned as hospital onset and all pre 48-hour cases community onset. The epidemiology of MRSA has changed with the greatest proportion of cases now being community-onset and multi-factual.

Locally, numerous interventions aimed at reducing the incidence of MRSA bacteraemia have been introduced and targeted to the acute care setting. However, with shorter hospital stays which should reduce the risk of acquiring a hospital onset infection, patients may have acquired infections within the hospital but not manifested the symptoms at the point of discharge. Early detection of MRSA bacteraemia is improving with advanced diagnostics and increased clinical awareness of sepsis; this could possibly result in an increase of isolates found to be community onset. Swabbing and decolonisation remain key initiatives to maintaining good practice and reducing further cases of MRSA bacteraemia infection.

TABLE 41: Number of MRSA bacteraemia cases			
	2017/18	**2018/19**	**April – December 2019**
National	846	805	612
Cambridgeshire and Peterborough CCG	11	23	14

The MRSA bacteraemia rate continues to fall with a further decrease of 5.2% during 2018/19 and a total decrease of 81.9% from 2007/08 (n= 4,451). The national rate per 100,000 is 1.4%. 271 were hospital onset (5 fewer than 2017/18).

The geographical distribution across England does not show any obvious pattern for community onset cases and are largely evenly distributed across the country.

Of the 14 cases reported to December 2019, only one is assigned as a hospital onset, the remaining are community onset. No themes or trends were identified with nine of these, however people who inject drugs (PWID), have been of significant relevance to Cambridgeshire and Peterborough in 2019.

People who inject drugs (PWID)

Five cases have been identified in PWID and all are known to one specific practice in Cambridge serving a largely homeless or hostel living community. A common link identified is the association with specific local hostels, a day centre and night shelter. Working alongside Public Health England, support visits were undertaken to the night shelter and day centre as well as support provided to the practice. The practice has screened several patients when presenting with wounds for MRSA with a further 12 found to have colonisation. A pilot programme (completed end of November 2019) at Addenbrookes Hospital Laboratory of Whole Genome Sequencing (WGS), has identified all strains as being of the same type and statistically person to person transmission has taken place. A total of 28 patients have been linked to the same strain from several practices within short distances of each other.

A series of harm reduction measures were agreed through collaborative multi-agency teleconferencing through which leaflets and posters were circulated across the homeless community centres and hostels as well as primary care, to heighten awareness across this group of patients and to encourage clean and safe injection technique. Additional information was added to needle exchange packs as well as chlorhexidine wipes. Those identified with colonisation are provided with decolonisation treatment and encouraged to use, though accepted as challenging for those not accessing regular showering facilities or choosing not to conform to the request.

Four nursing staff within the Cambridge practice managing wounds of these patients have been swabbed for MRSA and all returned negative.

A published paper in Bristol (2018) was identified and discusses the issues identified when faced with an unexplainable rise of MRSA colonisation and infection in this group of patients between 2012-17. Clinical presentation was from a range of skin and soft tissue infections, like those seen in Cambridge. The Government maintains its zero tolerance to avoidable blood stream infections, however, is controversial when organisms can be introduced through multiple independent sources (Packer et al, 2018).

A number of themes were identified in Bristol which reflect similarities to those found in Cambridge; injecting in public places, hospital contact, injecting in groups of three or more, soft skin tissue infections, homelessness in the previous year and injecting into the groin. The suggestion is of ongoing circulation and transmission within this group over several years.

The situation continues to be monitored by PHE and multi-agency partners. Monthly telephone conferences continue for monitoring and action planning purposes. The case definition of PWID, homeless and/or have been in prison and have a confirmed infection, has been agreed to for sending specimens to Colindale for WGS.

6.2 Clostridium difficile

C. difficile is a bacterial infection that affects the bowel and most commonly occurs in people who have recently been treated with antibiotics, especially broad-spectrum antibiotics. During 2018/19, 12,275 cases of C. difficile were reported nationally which demonstrates a small decrease of 7.7%. Recent research has shown over time, elderly individuals are getting frailer and experiencing polypharmacy, however, patients more often have multiple co-morbidities, sicker on admission and receiving greater levels of healthcare interactions. The age range of patients affected is frequently 85 years or older and little difference between the sexes.

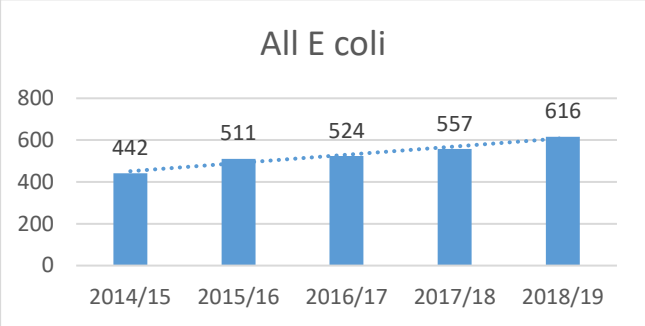
The reporting process from April 2019 has been broken down into four categories. The objectives for each organisation were adjusted (increased) to allow for the second category (discharge within the previous 28 days) now also assigned to hospital providers.

In Cambridgeshire and Peterborough:

- There were 196 cases of C. difficile reported between April and December 2019. This compares to 135 at the same point in 2018 and places the CCG above the annual objective of 187.
- One trust exceeded their annual trajectory in October 2019 and continues to be monitored closely through an exceptional action plan.
- Outcomes from Scrutiny panels identifies that overall nursing management is good, the focus now on antimicrobial prescribing across the healthcare economy with primary care prescribing not currently reviewed.

6.3 Escherichia coli bacteraemia

The term E. coli bacteraemia refers to a blood stream infection by E. coli bacteria. April 2017 saw the introduction of a Quality Premium for the reduction of cases by 10% during the period of 2017/18 and by half at the end of March 2019. Nationally this has not been achieved and a revised plan from April 2020 is for a 10% reduction in the first year, as 25% reduction by the end of the second year and 50% reduction achieved by March 2024. Publication of the full requirements will be provided prior to March 2020. Attempts to address this early on were unsuccessful and the approach now being reviewed. Cases have continued to show a rise as demonstrated in the graph below.



The majority of cases develop in the community in patients who may or may not have been receiving healthcare and therefore difficult to identify until the infection develops. A Regional event was held in November 2019 to share approaches and provide draft tools to consider as a way forward. A project plan is under development with STP Leadership/support in place.

6.4 Outbreaks

Seasonal gastroenteritis and respiratory-like symptoms are reported to the local Health Protection team of Public Health England. These are shared using Iolog, a database used widely and uniquely across the East of England. Quick reference to notification alerts the region to where cases of infection are occurring, confirming if gastroenteritis is testing positive for Norovirus or swabbing confirming Influenza or other common types of respiratory-like infections. Care homes are advised by the Health Protection Team (HPT) on infection control measures and possible closure which helps with information sharing to providers wanting to discharge patients. Hospitals also use this system to report their own closures, either bays or wards. There is a good response by care homes to report concerns and symptomatic patients. Homes identified through other routes are contacted either by HPT or the CCG to clarify and offer advice, however this is rare and suggests the system works well.

The CCG has commissioned the services of Commisceo, also commissioned by more than a dozen other areas in the region, to swab residents in care homes where respiratory-like symptoms are reported and tested for Influenza. Where positive they are also provided with treatment and contact residents with prophylaxis. The primary focus is to stop residents being unnecessarily admitted to hospital when they can be treated at home, unless there are other circumstances requiring admission. Homes can then inform hospitals for isolation purposes of residents on arrival.

The flip side of the process is the point of care testing provided by one hospital trust who identify influenza on admission screening and inform the home who would otherwise not be aware.

During the period of April to December 2019, care homes reported the following number of outbreaks:

Table 42: Reported outbreaks April to December 2019	
Gastroenteritis	22
Norovirus	1
Respiratory-like symptoms	13
Rhinovirus	3
Parainfluenza	2
Influenza A	3

6.5 References

- Annual epidemiological commentary: Gram-negative bacteraemia, MSSA bacteraemia and *C difficile* infections, up to and including financial year April 2018 to March 2019. Public Health England. 11 July 2019.

7. Antimicrobial Resistance

Antimicrobial resistance has been described as one the greatest threats to human kind. The overuse and incorrect use of antibiotics are major drivers of the development of antimicrobial resistance. The continued threat from the development of antimicrobial resistance and a drastic reduction in the number of new antibiotics being developed, make the need to preserve the antimicrobials we currently have a local, national and global priority. Local targets, set nationally, for reducing the amount and certain types of antimicrobial drugs prescribed across all health care sectors are in place and achieving these requires co-operation from prescribers, patients and the public.

Research has shown that antibiotic stewardship programmes could halve the number of infections due to antibiotic-resistant bacteria compared with unguided prescribing. Locally, there has been a reduction in the number of GP prescribed antibiotic items from 126,275 in Q3 2017/18 to 119,328 in Q3 2019/20.which will contribute to conserving the antibiotics we currently use. This has been achieved through the introduction of antibiotic stewardship programmes across all health sectors, use of educational materials for GPs and patients, provision of comparative antibiotic prescribing data to GP practices, peer group review, and public education programmes.

Trimethoprim, an antibiotic used to treat infections such as urinary tract infections, is an effective treatment where infections have been shown to be susceptible and in situations where alternatives would be less suitable. However, the inappropriate use of trimethoprim, has been associated with the development of serious, life-threatening gram-negative bloodstream infections, particularly in vulnerable patients where their urine infection has been resistance to trimethoprim. 22.3% of urine community E. coli (or coliform) samples tested in quarter 3 2019-2020 in the Cambridgeshire and Peterborough CCG area were found to be non-susceptible to trimethoprim. This figure has reduced compared to the same quarter in 2018-2019. Local and national targets have been introduced aimed at reducing the inappropriate use of this trimethoprim compared to alternatives and specifically for use in in patients over 70 years old who are the most vulnerable. Local targets for reducing the use of trimethoprim have been met through effective antibiotic stewardship initiatives and the addition of new antibiotic formulary choices which offer prescribers more alternatives to trimethoprim. Focusing on reducing inappropriate use of trimethoprim in urinary tract infections continues into 2020-2021.

Broad spectrum antibiotics include the groups of antibiotics the quinolones, cephalosporins, and co-amoxiclav. They should normally only be used when narrow-spectrum antibiotics have not worked or are resistant to the infection being treated. Inappropriate use increases the risk of producing a resistant type of bacteria known as MRSA, other resistant urinary tract infections and may cause an unpleasant life-threatening infection, Clostridium difficile, to develop. Local and national targets have been set aimed at reducing the amount of broad spectrum antibiotics

prescribed compared to all types of antibiotics. Locally, use of broad spectrum antibiotics in 2018-2019 was above the National target. A system wide approach using antibiotic stewardship programmes with provision of prescribing data, audit, provision of education, peer group review and support to GPs in reducing their use of unwarranted broad spectrum antibiotics has been implemented to address this. During 2019-2020, a significant reduction in the prescribing of broad spectrum antibiotics in Primary Care has been seen, with the CCG almost achieving the national target of 10% of overall antibacterial prescribing. There will be a continued focus on both overall antibacterial and broad spectrum prescribing during 2020-2021, to further reduce inappropriate prescribing where clinically appropriate.

7.1 AMR references and further information

1. The UK AMR Strategy High Level Steering Group. UK 5 Year Antimicrobial Resistance (AMR) Strategy 2013-2018. Third Annual progress report, 2016. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662189/UK_AMR_3rd_annual_report.pdf and accessed 17.1.2019.
2. National Institute for Healthcare and Clinical Excellence (NICE). Key therapeutic topic [KTT9] Antimicrobial stewardship: prescribing antibiotics. Published date: January 2015. Last updated: January 2017. Available at: https://www.nice.org.uk/advice/ktt9/chapter/evidence-context and accessed 17.1.19.
3. Public Health England. East Region. AMR Local Indicators. Available at: http://fingertips.phe.org.uk/ and accessed 27.1.20.
4. Public Health England. English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) 2018 and accessed 27.1.20.

8. Environmental Health and Regulatory Services

Environmental Health teams and Regulatory Services play an important role in protecting the health of the Cambridgeshire and Peterborough population. Principal Environmental Health Officers sit on the Cambridgeshire and Peterborough Health Protection Steering Group reporting key environmental health issues by exception.

Environmental health is the responsibility of district and unitary councils and is delivered by the following councils within Cambridgeshire and Peterborough: Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council, Peterborough City Council and South Cambridgeshire District Council. Although the role of environmental health staff vary between each council, the following regulatory services are usually delivered by environmental health teams or equivalent:

- Food safety
- Health and safety
- Pollution control – including noise pollution and contaminated land
- Private sector housing and houses of multiple occupation (HMOs)
- Licensing
- Trading standards

The work of regulatory services and environmental health teams helps to keep people healthy and safe, reduce health inequalities and contributes to the local economy. As an example the Environmental Health team worked in partnership with Public Health England (PHE) to address a non-compliant TB patient who ceased taking medication and visiting the TB clinic. The patient was thought to be infectious and a potential risk to the public's health. The case required an Environmental Health Officer (EHO) to apply to the Magistrates Court for a Part 2A Order under the Health Protection Regulations 2010 to take the patient to Peterborough City Hospital (PCH) and offer treatment for this condition. The Part 2A Order was successfully administered and the patient was taken to PCH. The patient was later transferred to Leicester Royal Infirmary to receive more targeted treatment. This transfer required close liaison and working with Leicester City Council and PHE East Midlands and re-applying to the Magistrates Court to vary the Part 2A Order. Upon the patients return to PCH and in preparation for the patient's discharge the EHO worked collaboratively with PHE and Peterborough City Council's Housing Needs Team to secure suitable accommodation for this patient to aid continued and sustainable TB treatment.

8.1 Food safety

This includes carrying out hygiene inspections of food establishments, investigating complaints, regulating private water supplies, and working closely with Public Health England to manage infectious diseases. Food safety teams aim to protect consumers through the assessment or investigation of business compliance with relevant food legislation and centrally issued guidance, and/or to offer advice and guidance to businesses. These activities help to protect the community from ill health associated with poor food hygiene and safety practices.

Food Safety teams within Environmental Health operate the national Food Hygiene Rating Scheme which helps consumers choose where to eat or shop for food by providing information about hygiene standards. In 2018/19, the proportion of food establishments across the country achieving broad compliance was 93.19% illustrated in Table 43, (broadly compliant is equivalent to a hygiene rating of 3, generally satisfactory, or above.

Table 43: Proportion of food establishments achieving broad compliance, by local authority, 2018/19, *Source: Food Standards Agency LAEMS*

	Total number of establishments	**Proportion of food establishments achieving broad compliance (equivalent to a hygiene rating of 3 or above), including those not yet rated**
Cambridge City	1485	94.68%
East Cambridgeshire	807	94.65%
Fenland	808	95.79%
Huntingdonshire	1430	91.45%
Peterborough City	1835	89.37%
South Cambridgeshire	1194	90.64%

Recent examples of work carried out by local food safety teams include:

- A suspected food poisoning outbreak in November 2019 was linked to a local restaurant involving 10 people from 4 families. The illness was attributed to norovirus and the Food Safety team provided the appropriate advice to the restaurant.
- Officers dealt with an issue of open and ready to eat meats being displayed beyond the use by date. The Food Business Operator had been informed of this issue previously and had been instructed to implement controls to prevent this. Officers seized and disposed of approximately £1K of meat.
- **Peterborough Healthier Options.** The Healthier Options scheme was launched to promote healthier choices when eating out. Local takeaways and food outlets with a food hygiene rating of three or above are awarded for providing and promoting Healthier Options. In 2019, 3 local businesses met this criteria and have joined the scheme and can now include the logo on their promotional material, and allowed to promote through the council's media channels.

Cllr Walsh awarding Healthier Option certificates to Netherton Fisheries and Pizza Parlour in Peterborough

8.2 Health and safety

Health and safety teams within the district councils and Peterborough City Council are responsible for enforcing health and safety regulations in businesses which including catering and hospitality, hairdressing and beauty, motor vehicles, working in an office, retail and warehousing to make sure they are safe for employees and visitors. The health and safety teams carry out investigations into complaints, reportable accidents and ill health in relation to the workplace.

8.3 Pollution control

Pollution control includes investigation of a wide range of statutory nuisances, air quality assessment, hoarding and infestations of vermin in domestic and commercial premises, and the issuing of permits for industrial processes. It also includes the inspection of potentially contaminated land where current or previous industrial activity may have left the land contaminated with chemicals or other substances. All of these environmental hazards can have significant harmful effects on health; the pollution control teams therefore play a vital role in protecting the public's health from such hazards. Peterborough City Council reports to DEFRA on the air quality findings on an annual basis. The 2019 Air Quality report can be found on the Council's website under Environmental Health.

The Pollution Team has a significant input into the development control process, acting as a statutory consultee for planning applications and for the discharge of conditions. The Pollution Team recommend conditions and agree mitigation measures where noise, contamination, air quality or other environmental issues may be of concern.

Examples of developments considered in the previous 12 months include:

- Comments relating to impact of noise on residential development at Cranmore House, Eye. The initial noise assessment had not included early morning works. Input from officers resulted in industrial noise being determined as having a significant adverse impact. Planning permission was refused on the grounds of noise.
- The upgrade of Werrington Gas Compressor continues with the Control of Pollution Act 1974 Section 61 Notice prescribing working hours and measures to control dust, light and noise remaining in force until July 2020. Over the last 12 months there has been overnight works to test the imperviousness of the pipe work. The Council have not received any noise complaints in relation to this work.
- Werrington Grade Separation "Dive-Under". The railway at Werrington Junction is undergoing major redevelopment which is scheduled to be completed by mid-2021. Upon assessment of previous noise reports it was anticipated that the noise resulting from this significant construction scheme would adversely impact local residents. As a result of measures taken by Network Rail and their contractor Morgan Sindall there have been very few complaints relating to noise from works, this has included over-night works. Officers continue to work with Network Rail to ensure the impacts of construction noise of the civil engineering project will be controlled so far as reasonably practicable.
- Former District Hospital – assessment of noise and contaminated land reports for the development of the site to residential status. This has included consideration of noise impacts from a school playground.
- Consideration and comments in relation to dust and noise management plans for the demolition of Market Street Car Park and Gas Holder at Wellington Street.

8.4 Private Sector Housing

Private sector housing teams within environmental health departments of district and unitary authorities undertake statutory housing and public health functions. They work with owner occupiers, private landlords and social housing providers to protect the health, wellbeing and safety of residents and visitors. This may involve taking action to deal with issues such as disrepair, fire safety, overcrowding inadequate facilities and issues relating to damp, mould or condensation. Many private sector housing teams also work to improve the health and safety of houses in multiple occupation (HMOs) including issuing HMO licenses. Some housing officers also provide advice to homeowners and landlords about energy efficiency issues such as insulation and availability of grants.

This year, for example, the Cambridge City Private Sector Housing Team worked with a number of different agencies to deal with a complex case of hoarding. The team identified a number of category 1 hazards under the Housing Health and Safety Rating System (HHSRS) which affected the safety and suitability of the housing and worked in partnership to resolve these issues.

8.5 Licensing Service

Licensing staff regulate the carrying on of all licensable activities by the appropriate control of licensed premises, temporary events and personal licence holders. Areas of licensing including alcohol, gambling, pet shops, petroleum sites, tattooists and skin piercing, dangerous animals and adult entertainments.

8.6 Trading standards:

On 1st April 2017 Cambridgeshire County Council's Trading Standards Service merged with Peterborough City Council's Trading Standards Service, becoming 'Cambridgeshire and Peterborough Trading Standards'. The service plays a vital role in enhancing and safeguarding the local economy, as well as protecting its residents. Through the effective delivery of its statutory duties it helps to ensure businesses based and operating in Cambridgeshire and Peterborough are aware of and comply with their legal obligations.

Trading Standards has a critical role in ensuring consumer safety, through its enforcement and advisory activities in the areas of product safety, food safety, upholding the integrity of the food chain, protecting the most vulnerable from rogue trading activity, and effective explosives and petroleum licensing. The service plays a crucial role in protecting the rural economy from animal disease outbreaks and continues to be a primary responder in the case of such an outbreak, as well as upholding animal health and welfare standards.

A key area of work is tackling illicit tobacco which can cause significant harm to the public's health due to unregulated sales of cheap cigarettes to children and high levels of contaminants in fake tobacco products. Trading Standards plays a role locally by detecting and seizing illegal tobacco products.

Cambridgeshire and Peterborough Trading Standards Service have been working on the following important issues which can pose a risk to the public's health:

- **Rabies:** the trading standards service have continued the work from 2018 to disrupt the illegal importation of animals for onward sale which can present a risk of rabies when these animals come from countries with a high risk of rabies. This has provided a media platform allowing the service to raise awareness, educate the public and disrupt the importers.
- **Allergens:** the trading standards service has responsibility for food labelling including the correct labelling of allergens in food. Trading Standards have been conducting a sampling project in takeaways and caterers following on from work in the previous year. Test purchases have been made from a range or premises where the meal was purchased as being free from a certain allergen. These meals were then analysed for the presence of the allergen and unfortunately, we're finding a failure rate of currently around 1 in 5. Where businesses have previously failed test purchases formal action is being considered. This work is on-going and being coordinated with the Environmental Health Team.
- **Illicit tobacco:** the service continues to work with partners across Cambridgeshire and Peterborough to disrupt the sale of illicit cigarettes, tobacco and alcohol. This is resource intensive work as often these products are concealed in shops or nearby vehicles so sniffer dogs are needed to find hiding places. These products are sold cheaply (£3 for packet of 20 cigarettes) thereby counteracting the Government initiatives of discouraging smoking through taxation and harming legitimate business.
    - In April a warrant was executed at a self-storage yard which resulted in a large seizure. The investigation has been ongoing throughout the year and is now pending prosecution.
    - A multi-agency day of action in June resulted in seizures from three shops, one of these was a licensed premises so we requested a licence review.
- **Underage sales:** the trading standards service are responsible for age restricted products such as tobacco, alcohol, fireworks, knives and petrol. We, like many other authorities, do not receive many complaints about this, but recognise that it is a problem, made worse by the fact many of the cigarettes were also illicit, and further work is planned.

9. Air Quality

9.1 Responsibility for improving air quality

The air quality agenda in Cambridgeshire and Peterborough is not owned by a single organisation or department. Cambridge City, Peterborough City Council and the four district councils have statutory requirements to assess and monitor air quality, and where required develop action plans; they also have plan making powers which can effect air quality. The Cambridgeshire County Council, Peterborough City Council and the combined authority and Greater Cambridgeshire Partnership are responsible for actions and intervention's (mainly relating to transport) which can mitigate or reduce air pollution.

The role of the public health directorate is to provide the evidenced based health implications of air quality at a population level. The public health directorate facilitate this by bringing together key stakeholders who may not normally meet for air quality issues or may only be considering the environmental aspects, for example Public Health have contributed to the transport needs review of the Cambridge Biomedical Campus (one of the Greater Cambridge Partnership Projects) following concerns raised by members of the Cambridgeshire County Council Health Committee and officers at the Cambridge City Council, the Combined Authority's Strategic Bus Review, the Local Transport Plan and district/city level Local Plans.

There are number of challenges which need to be considered when developing a joined up county wide approach to air quality. As stated above the ownership of the air quality agenda rests with many organisations with responsibility for monitoring and mitigation held by different organisations, this makes a system wide response more challenging. There are co-benefits from wider interventions, as air quality should not be seen in isolation as health modelling shows that interventions to increase active travel can result in significantly greater benefits from increased physical activity, compared to direct interventions targeting air quality overall – so greater health benefits will be achieved by people switching to walking and cycling than by switching to electric cars. The approach therefore is to focus on those areas of the county most effected by poor air quality whilst at the same time directly influencing broader strategic plans and programmes, such as transport plans and local plans, which have considerable impact on air quality across the whole of the county.

9.2 Monitoring air quality

Cambridge City Council, Peterborough City Council and the four district councils are required to assess the air quality in their area as part of the Air Quality Standards Regulations 2010 legislation. Levels of air pollutants such as benzene, carbon monoxide, nitrogen dioxide, industrial emissions and sulphur dioxide are assessed.

The assessment process is undertaken in a series of stages by using an updating and screening assessment of air quality which are produced every three years. The updating and screening assessment of air quality identifies the pollution levels within the local authority area. In between these publications, annual status reports (ASR) are produced which highlight any changes which might have occurred over the previous year. The guidance from DEFRA requires these ASRs to be signed off by the Director of Public Health.

Should any pollutants be suspected or shown to be above the objective level, the responsible local authority is required undertake a detailed assessment. If the detailed assessment shows that there is an area which exceeds the relevant air quality objective, the Council shall declare an air quality management area.

The burden of poorer air quality varies across Cambridgeshire and Peterborough. Currently, the main pollutants of concern in Cambridgeshire and Peterborough, as in most areas of the UK, are associated with road traffic, in particular NO_2 and particulate matter (PM) at locations close to busy, congested roads where people may live, work or shop.

Cambridge City

- Air quality has been improving, slowly, in most parts of Cambridge in recent years
- Levels of nitrogen dioxide (NO2) continue to be higher than the legal limits in parts of the city, including the busy central streets,

- The main source of nitrogen dioxide in Cambridge is from vehicle emissions
- The levels of PM10 in Cambridge are below the legal limits.
- Cambridge monitor for the following pollutants:
    - non-automatic (passive) monitoring of NO2 at 63 sites
    - automatic (continuous) monitoring at 5 sites of which PM10 is monitored at three sites in Cambridge; Gonville Place, Montague Road and Parker Street all of which are roadside sites, PM2.5 is monitored at two sites; Gonville Place and Newmarket Road
- Cambridge has declared an Air Quality Management Area (AQMA) for the city centre

Case Study – Cambridge City Clean Air Zone

At present there is a proposed Clean Air Zone for Cambridge City in the "Cambridge City Air Quality Action Plan 2018-2023" it is one of a series of measures proposed to tackle poor air quality in the city. It is important to distinguish between a Clean Air Zone (CAZ) and a Congestion Charging Zone.

The Action Plan states:

"… In recognition of the strong public support for addressing air quality, the Greater Cambridge Partnership (GCP) has undertaken a feasibility study for a Clean Air Zone in Cambridge. The results of this study were included as part of the 'Choices for Better Journeys engagement activity undertaken in March 2019. The results of the engagement activity have been put to the GCP Executive Board with options to take forward for further work and consideration. This may include a type of Clean Air Zone…"

"A "Clean Air Zone" is anticipated to be implemented from Year Three (2020) of this Plan. Responsibility – These projects will be undertaken by the GCP, with input from all partners."

Feasibility study

Cambridge City Council together with Cambridgeshire County Council (funded by the Greater Cambridge Partnership) ran a feasibility study to investigate whether introducing one or more clean air zones in Cambridge would help reduce air pollution.

The key points from the study were:

- The main source of emissions in Cambridge is from road traffic. Buses account for 49% of the nitrogen oxide emissions in the city centre, and diesel cars contribute a further 32%.
- The predicted growth in traffic levels between 2021 and 2031 means further action will be required to maintain annual mean NO2 concentrations below the current limit.
- Without any interventions, exceedances of the current air quality limit value for annual average NO2 concentrations are predicted at locations in the city centre in 2021 and 2031.

Study recommendations

- The most effective intervention to improve air quality and protect public health is a charging `Class D' Clean Air Zone which includes all vehicles. Improvement in the bus fleet should be a priority due to their large contribution to emissions. It is recommended that focus is given to improvement in the vehicle fleet within the city centre area by 2021.
- By 2031, reductions in concentrations across the whole of Cambridge will bring further public health benefits. Introducing a more ambitious charging CAZ (including Light Goods Vehicles, buses and coaches to be Zero Emission Vehicle or Ultra Low Emission Vehicle) is predicted to reduce NO2 levels to below 80% of the AQO across Cambridge; it is recommended that this option is pursued. Vehicles that conform to more recent euro standards should emit less pollution and are allowed free entry into the zone.

South Cambridgeshire

- Air quality issues within South Cambridgeshire are linked directly to the volume of traffic that runs through it, The A14 is congested on a regular basis between Bar Hill and Milton
- South Cambridgeshire operate Automatic Monitoring Stations at three sites, Orchard Park, Girton and Impington. They measure PM10 and NO2. Girton site also measures PM2.5.
- The data indicates a general improvement of air quality since 2016.
- South Cambridgeshire has declared an Air Quality Management Area (AQMA) for the A14 between the Milton Junction and Bar Hill

Huntingdonshire

In Huntingdonshire air pollution is concentrated around the A14 and the ringroad, some central sections of St Neots are also affected e.g. the High Street, which is both canyon-like and congested.

- Nitrogen Dioxide (NO2) continues to be the only pollutant that currently exceeds the objective level within the district.
- The primary source of NO2 in Huntingdonshire is due to vehicle emissions, mostly originating from the A14 and to a lesser extent the A1 that runs through the district. However, local traffic within the market towns is also causing some elevated levels.
- Huntingdonshire currently has four Air Quality Management Areas (AQMA's):
    - Huntingdon
    - St Neots
    - Brampton
    - A14 Hemingford to Fenstanton.
- As a whole, the level of NO2 continues to fall as it has done so over the last five years, and is mostly below the annual limit.
- Huntingdon continues to experience a small hotspot, which shows readings above the annual limit and this is predominantly linked with the A14.
- Huntingdonshire undertook automatic (continuous) monitoring at one site
- Huntingdonshire undertook non- automatic (passive) monitoring of NO2 at 55 sites

East Cambridgeshire

- East Cambridgeshire is predominantly rural in character and air quality is relatively good.
- Statutory objectives are being met at all monitoring locations and the council has not designated any areas as Air Quality Management Areas.
- Road traffic emissions are the principal source of poor air quality.
- Nitrogen dioxide (NO2) and particulates are the main contaminants of concern
- East Cambridgeshire District Council currently monitors NO2 levels at 21 sites across the district.
- Overall, there has been a gradual downward trend in annual mean NO2 concentrations in recent years.
- East Cambridgeshire do not have any AQMAs
- East Cambridgeshire do not monitor for particulates and do not have an continuous monitors

Fenland

In Fenland (Wisbech) average annual PM10 in Wisbech do not exceed current European Directive annual limits, however the centre of town may have 15-30 days a year with PM10 exceedances. An assessment of source apportionment showed that HGVs and single occupancy car trips make up a large proportion of the total pollution concentrations. This could be reduced by changing short car trips to walking and cycling, as both walking and cycling levels in Wisbech have been shown to be low.

There are higher levels of nitrogen dioxide in the winter months and peaks of larger particulate matter in the spring, which may lead to seasonal health impact. Small particulates from traffic also contribute to indoor air pollution, where people spend most of their time and receive most of their exposure to air pollutants. Fenland have declared four AQMAs, 3 in Wisbech and 1 in Whittlesey

In areas with declared Air Quality Management Areas (AQMAs) the focus continues to be to support the authorities to bring forward measures to improve air quality and ensure that the most vulnerable are protected e.g. children and those with health conditions.

In addition to responsibility for monitoring air quality, the district and city councils also have plan making powers which can affect air quality. Recent examples of work by district and city councils to improve air quality include the introduction of a zero/ultra-low taxi vehicle policy and the introduction of electric vehicle charge points for taxis in Cambridge City Council.

Peterborough

The main pollutants of concern in the Peterborough district, as in most areas of the UK, are associated with road traffic, in particular NO_2 and particulate matter (PM) at locations close to busy, congested roads where people may live, work or shop. There is currently one Air Quality Management Area (AQMA) in Peterborough, for emissions of SO_2 resulting in a modelled exceedance of the relevant 15-minute mean values. The source of these emissions is a brickworks located in the area administered by Fenland District Council (a neighbouring local authority). It was proposed in the 2015 Updating and Screening Assessment (USA) to revoke the AQMA, subject to the agreement of DEFRA. However the AQMA is still in force and Peterborough City Council remain in consultation with Fenland District Council about this. Further details of this AQMA can be found at https://www.peterborough.gov.uk/business/environmental-health/pollution/

- The Annual Status Report determines that there have been no exceedances of the 40µg/m³ limit. One tube located at a Taverners Road monitoring location registered an annual mean of 40µg/m³.
- There has been a general increase in NO2 levels at all but one of the Taverners Road monitoring locations. This is not a trend that was reflected at other monitoring sites.
- Data indicates that at all other monitoring sites the levels of NO2 appear to be similar to those recorded in previous years.
- The objectives for SO2 were met for the AQMA at the monitoring locations AM1 and AM2

Specifically with regards to 2017 monitoring data at Taverners Road. Although there is no exceedance at this location, and the previous two years showing a reduction in NO2 levels throughout this location, further studies in this location are warranted. It is proposed that this will include further monitoring, a scoping study to understand the problem, and exploration of initiatives to address NO2 levels as required.

A Councillor led Scrutiny Task and Finish Group has reviewed air quality in Peterborough and developed an Air Quality Ambition Statement and Action Plan which was endorsed by Peterborough City Council Cabinet on 13th January 2020. The report is available on PCC Scrutiny Task Group Air Quality Report

Cambridgeshire County Council

Current school based interventions

The road safety team (funded by Public Health) at Cambridgeshire County Council run a series of activities to support schools.

- School time parking and congestion and the related safety and air quality issues are regularly raised with Council officers for investigation and action, as such the Council offers a wide range of advice and resources to support schools in tackling these issues and this support focuses on the development of a school travel plan, which helps the school, and Council officers to understand the scope of the problem and identify appropriate mitigation measures.
- These measures range from longer-term programmes such as setting up 5-minute walking zones or the Junior Travel Ambassador scheme to shorter term interventions such as banners, posters or events. Approximately 100 schools across Cambridgeshire (1/3 of all schools) are engaged in developing their school travel plan, with 55 of these having gained national accreditation through Modeshift STARS and 3 Cambridgeshire schools having won national awards for their travel plan activity over the last 3 years.

The schools engaged in the travel planning process saw an increase of 2.5% in the % of children who reported “usually” travelling to school in an active way between 2016/17 and 2017/18.

- The team also provide internal advice to the school travel team on road safety and active travel for new school builds

Planning Application for Schools (Regulation 3 applications)

Public Health are now an internal consultee for all planning applications for schools, as part of the consultation response public health consider the implications of air quality and support colleagues requesting active travel interventions.

Motion to full Council

In December 2019 the Leader of the County Council proposed a motion to Full Council on air quality. The motion, which was approved, proposed that the introduction of charging solutions would not be supported, and that alternative approaches would be taken for Cambridgeshire County Council to improve air quality throughout by:

Increasing green canopy by:

- Working with partners to locate, seek funding and plant at suitable locations, new hedges and trees, as well as technologically advanced “City Trees”, prioritising areas around schools, as well as green walls in appropriate County locations.

Promoting the uptake of low emission vehicles by:

- Consulting on the use of bus lanes for electric vehicles and motorcycles and scooters.
- Accelerate public transport to be early adopters of electric vehicles, by drawing up plans and consulting with stakeholders to deny access to Bus Lanes, with an aspiration to implement from the end of 2021.
- Lobby Cambridge City and other district partners to make available premium green licenses for taxis, and lobby the Traffic Commissioner to refuse nongreen bus licenses for those that access Cambridge City centre
- Lobby Cambridge City Council to provide free parking for electric vehicles, in their car parks.

Improving the alternative to the private motor car:

- Working with the Mayor and the Greater Cambridge Partnership to deliver the CAM metro.
- Continuing to expand the transport hub network, where you can leave your car and get on public transport.
- Continuing to improve the cycle way experience, throughout Cambridgeshire.
- Working with partners to sizeably increase the access to railways offer currently available.

Reducing air pollution at source by:

- Lobbying government for improved initiatives and for grants to help us pilot imaginative projects, such as Swaffham Prior heating and St. Ives solar park.
- Making improvements to our own fleet, and encouraging change in those we contract with
- Working with partners to develop plans for last mile delivery and will incorporate these decisions into the environmental strategy consultation.

9.3 Cambridgeshire and Peterborough Combined Authority

At a strategic level the Combined Authority is developing a new Cambridgeshire and Peterborough Local Transport Plan (LTP). As transport is one of the main contributors to air quality this has now been considered in the LTP. Public Health played a role in bringing together stakeholders on air quality to provide a more comprehensive joined up response. The development of the LTP has provided an opportunity to champion and influence opportunities for more active travel within the plan.

The combined authority has also produced a Non Statutory Spatial Plan which focuses on providing a county perspective on infrastructure, linking up local plans and the LTP. Air quality has been considered as part of this process. The Combined Authority are reviewing and refreshing the Quality Charter for Growth which will take air

quality into account. These plans will enable Public Health to indirectly influence air quality in those localities where air quality is not deemed to be a priority.

9.4 Air Quality – Further Information

District Councils and Unitary authorities are required to publish regular air quality reports which can be found on their local websites and the Cambridgeshire Insight website.

10. Sexual Health

The indicators for Sexual and Reproductive Health (SRH) found in the Public Health Outcomes Framework (PHOF) overall compare favourably to the national averages. However, there are some key areas of concern .

10.1 New Sexually Transmitted Infections Diagnoses (STIs) (excluding <25 chlamydia)

The rates of new diagnoses of sexually transmitted infections (excluding <25 chlamydia) nationally has seen an upward turn with increases in the rates of syphilis and gonorrhoea. The Cambridgeshire rate is statistically significantly better than the England average; however, there has been an upward trend in syphilis and gonorrhoea rates. For Peterborough the rate has seen small fluctuations in recent years with the trend being the same or worse than the England average. In 2018, it was statistically significantly worse than the England average, again with an increase in rates of syphilis and gonorrhoea.

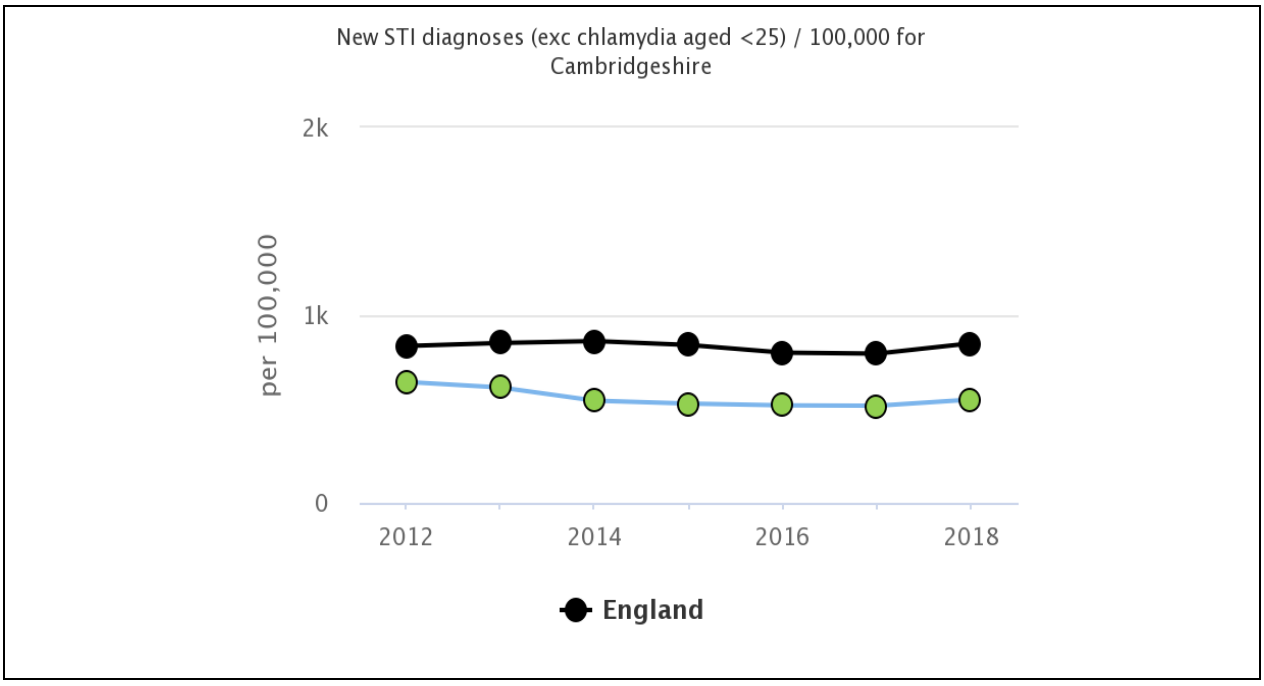


Figure 8: New STI diagnoses (excluding <25 chlamydia), Cambridgeshire, (2012-18), Source: Sexual Health Profiles Public Health England

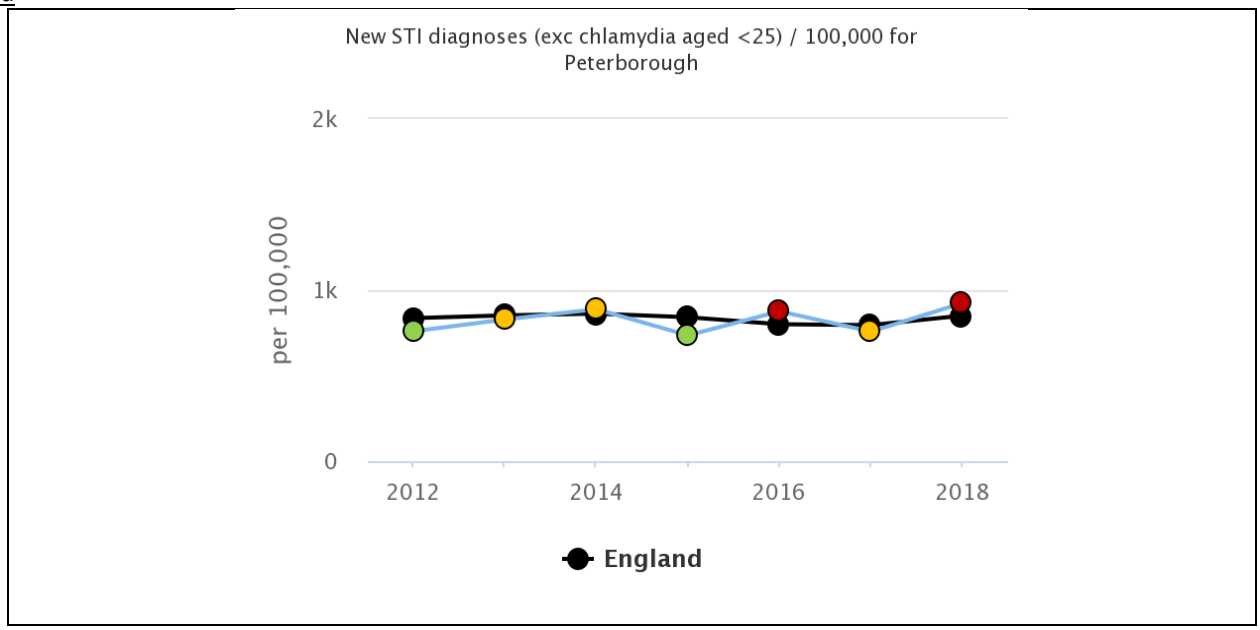


Figure 9: New STI diagnoses (excluding <25 chlamydia), Peterborough, (2012-18), Source: Sexual Health Profiles Public Health England

10.2 New HIV Diagnosis Rate

Nationally, there has been a downward trend in rates of new HIV diagnoses. This trend is also mirrored in both Cambridgeshire and Peterborough. Between 2017 and 2018, rates of new HIV diagnoses in Cambridgeshire rose from being statistically significantly better than the England average to being similar. In Peterborough, the rates of new HIV diagnoses have remained similar to the England average. Although in both areas overall numbers are small.

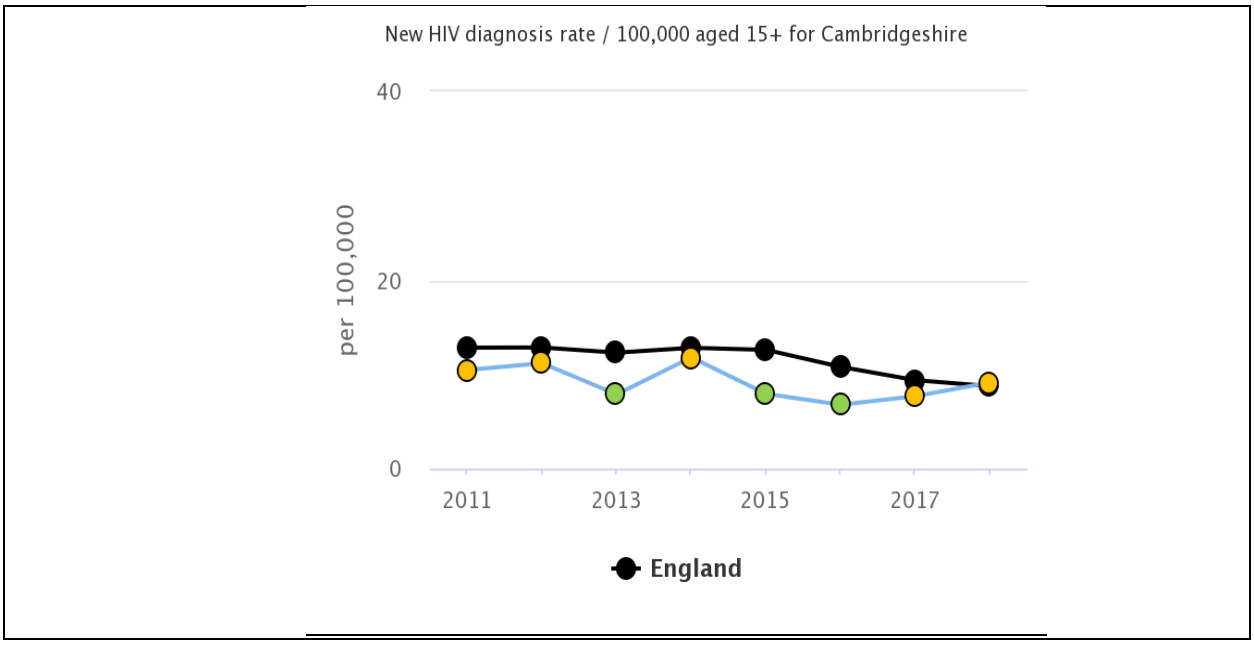


Figure 10: New HIV Diagnosis Rate, Cambridgeshire (2011-18), *Source: Sexual Health Profiles Public Health England*

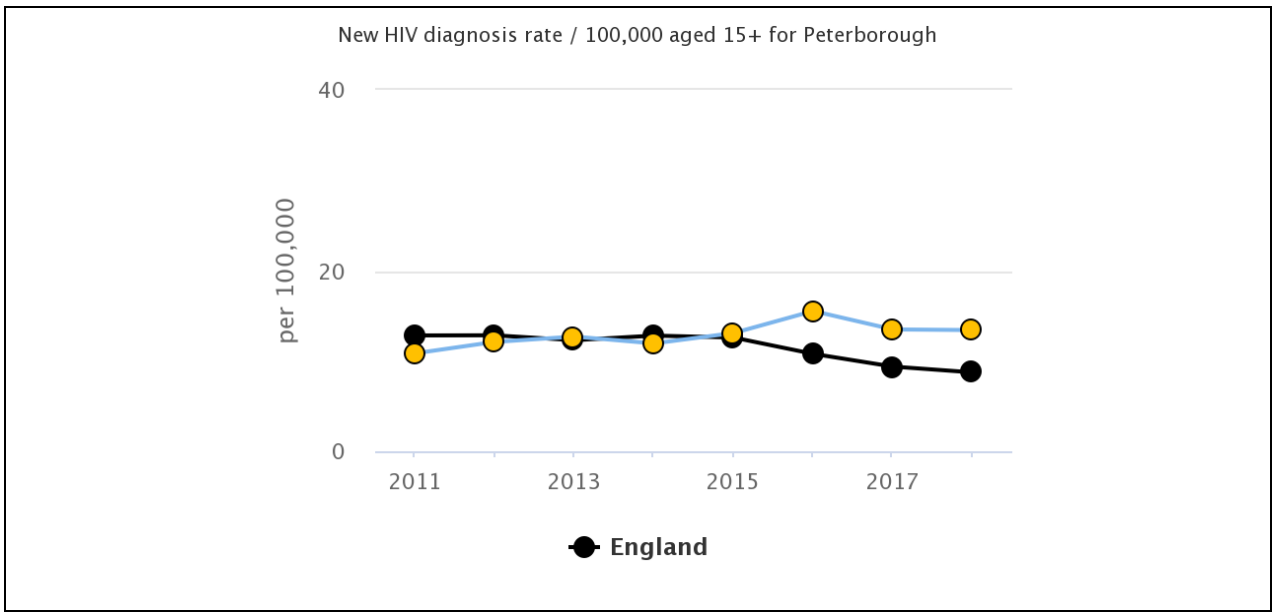


Figure 11: New HIV Diagnosis Rate, Peterborough (2011-18), *Source: Sexual Health Profiles Public Health England)*

10.3 HIV diagnosed prevalence

Life expectancy for those living with HIV has increased considerably. With prompt diagnosis and treatment a person can anticipate having a life expectancy similar to the England average. For Cambridgeshire the HIV diagnosed prevalence rate has remained significantly below the England rate since 2011. The rate for Peterborough was below

the England rate from 2011 to 2015 but since 2016, it has increased to being statistically similar to the England rate. In addition the HIV diagnosed prevalence since 2016 has exceeded the 2 per 1,000 (aged 15- 59) therefore defining the authority as a high HIV prevalence local authority according to 2017 NICE and PHE guidelines. For Peterborough, the increased rate is associated in part to improved testing, diagnosis, and treatment.

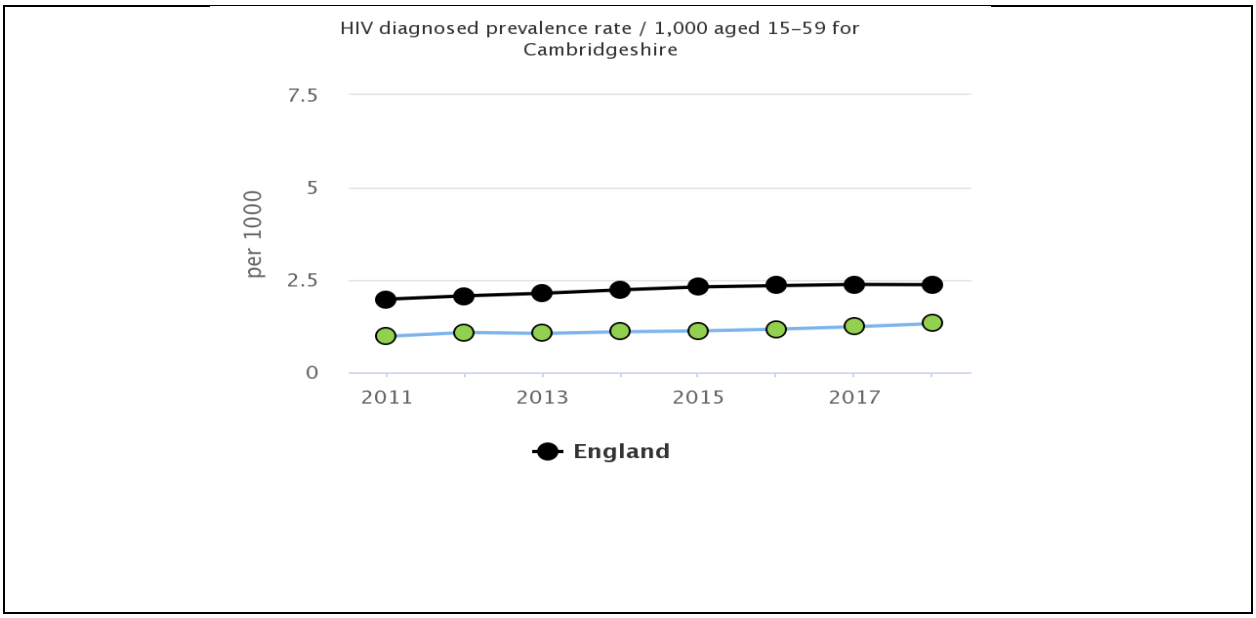


Figure 12: HIV diagnosed prevalence rate per 1000 (people aged 15 – 19 yrs), Cambridgeshire, (2011 – 18), *Source: Sexual Health Profiles Public Health England*

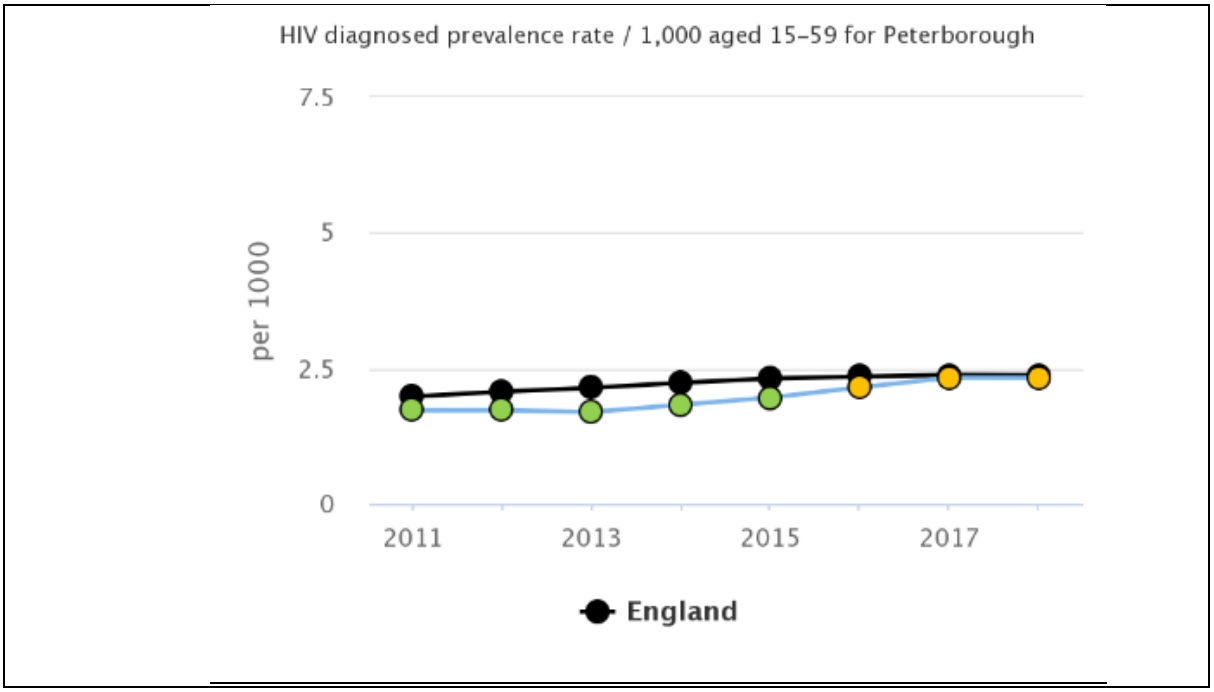


Figure 13: HIV diagnosed prevalence rate per 1000 (people aged 15 – 19 yrs), Peterborough, (2011 – 18), *Source: Sexual Health Profiles Public Health England*

10.4 Late HIV Diagnosis

England has a downward trend of HIV late diagnosis. Earlier diagnosis leads to an improved outcome of treatment and reduced risk of onward transmission.

The rate of HIV late diagnosis for Cambridgeshire was generally statistically significantly worse than the benchmarking goal (defined as ≥ 50%) in the period 2015-17. However during the period 2016-18 it was once again similar to the England average. The rate of late HIV diagnosis for Peterborough was generally worse than the benchmarking goal (defined as ≥ 50%). However in 2016-18 the percentage of late diagnoses was similar to the benchmarking figure.

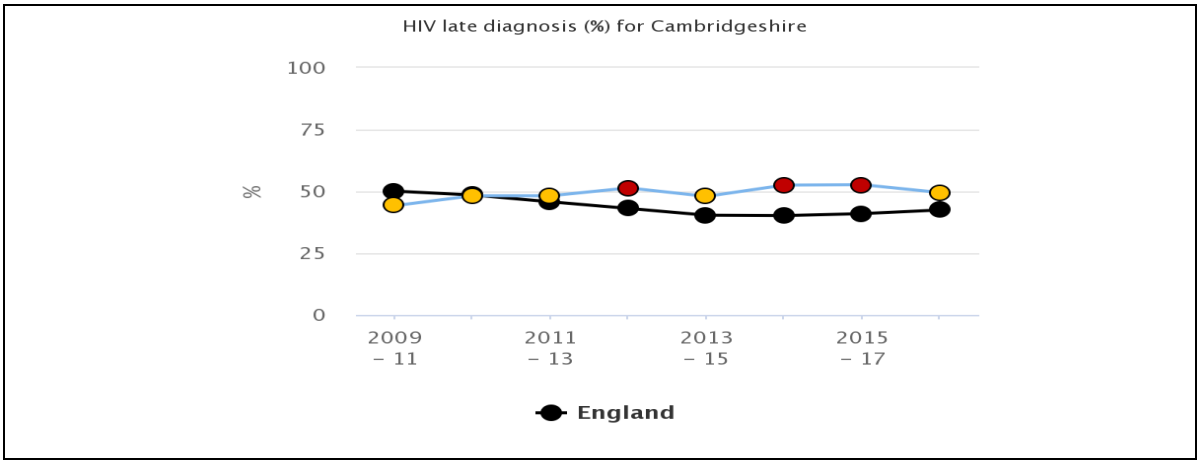


Figure 14: HIV Late Diagnosis (%)[1], (% of adults aged 15 years or over as a proportion of those diagnosed with HIV) , Cambridgeshire, (2009-18), *Source: Sexual Health Profiles Public Health England*

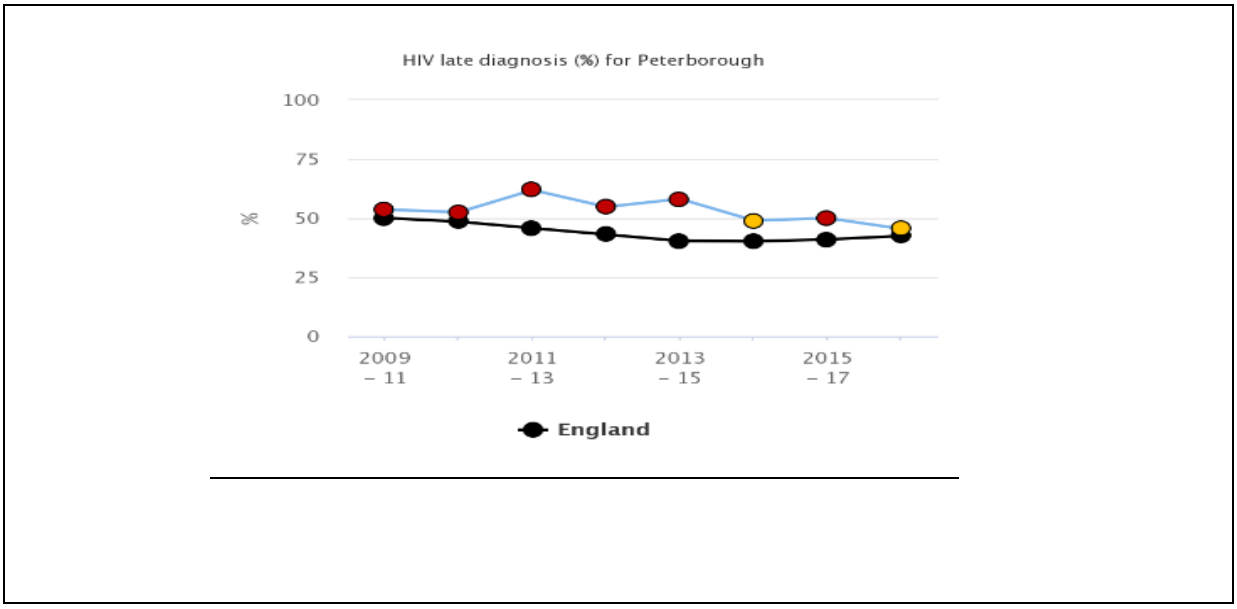


Figure 15: HIV Late Diagnosis (%)[2] (% of adults aged 15 years or over as a proportion of those diagnosed with HIV), Peterborough, (2009-18), *Source: Sexual Health Profiles Public Health England*

[1] *The graph shows the Cambridgeshire rate RAG-rated compared to the **benchmark** for this indicator, not England.

[2] *The graphs show the Cambridgeshire rate RAG-rated compared to the **benchmark** for this indicator, not England.

10.5 Chlamydia Diagnosis

Nationally, there has been a continued decline in Chlamydia detection rates amongst 15-24 year olds since 2012. For Cambridgeshire, the rate of chlamydia detection has remained statistically significantly lower than the national average, and lower than the PHE recommended benchmarking goal of 2,300 per 100,000, since 2012. However, it is difficult to interpret this as generally the rate of STIs in the Cambridgeshire population is below the national average.

The rate of chlamydia detection in Peterborough has remained significantly better than the national average, and better than the PHE recommended benchmarking goal of 2,300 per 100,000, since 2012. Continuing to exceed the national benchmarking goal is considered positive in terms of identifying and treating the infection in the population. However, it indicates clearly that there is high level of infection in the population despite the high detection and treatment rate.

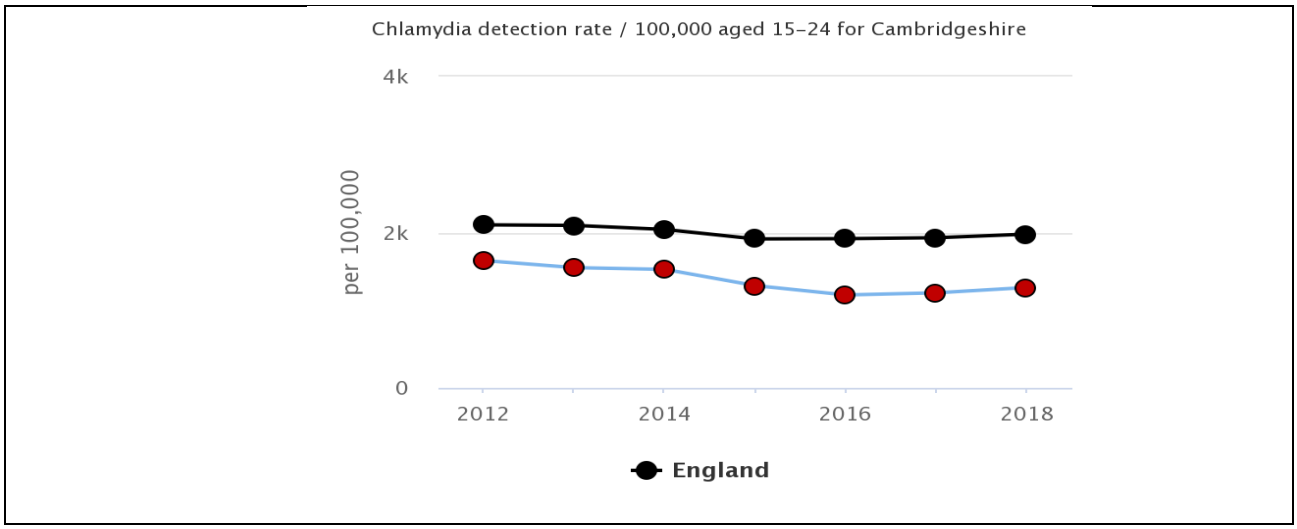


Figure 16: Chlamydia detection rate 15-24 yrs, Cambridgeshire, (2012 – 17), *Source: Sexual Health Profiles Public Health England*

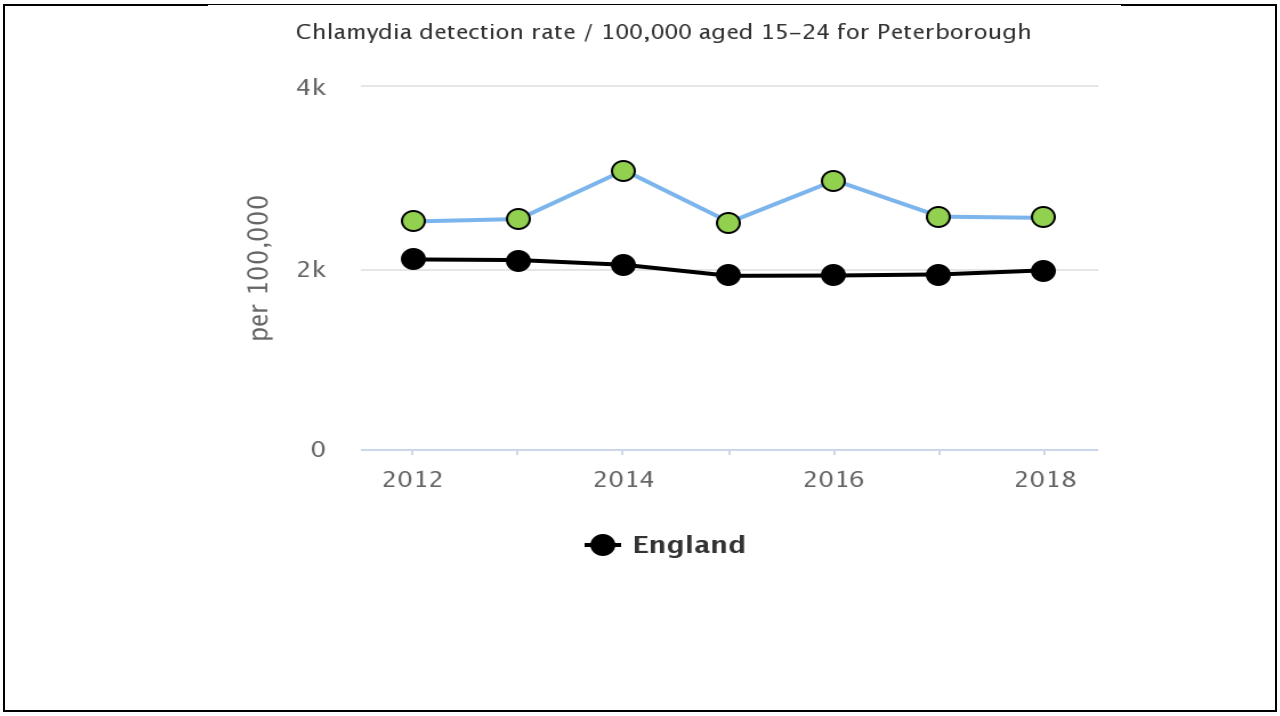


Figure 17: Chlamydia detection rate 15-24 yrs, Peterborough, (2012 – 17), *Source: Sexual Health Profiles Public Health England*

10.6 Teenage Pregnancy (conceptions)

The under 18 conception rate per 100,000 has improved dramatically between 1998 and 2017 in Cambridgeshire and in Peterborough. In Cambridgeshire as whole, it has remained statistically significantly better than the national average. Within Cambridgeshire, the Fenland district rate follows a downward trend but overall has remained consistently similar to England average. Peterborough also has had a downward trend in the under 18-conception rate but it has been generally statistically significantly worse than the national figure. However, in 2017 it was for the first time in six years statistically significantly similar to the national average.

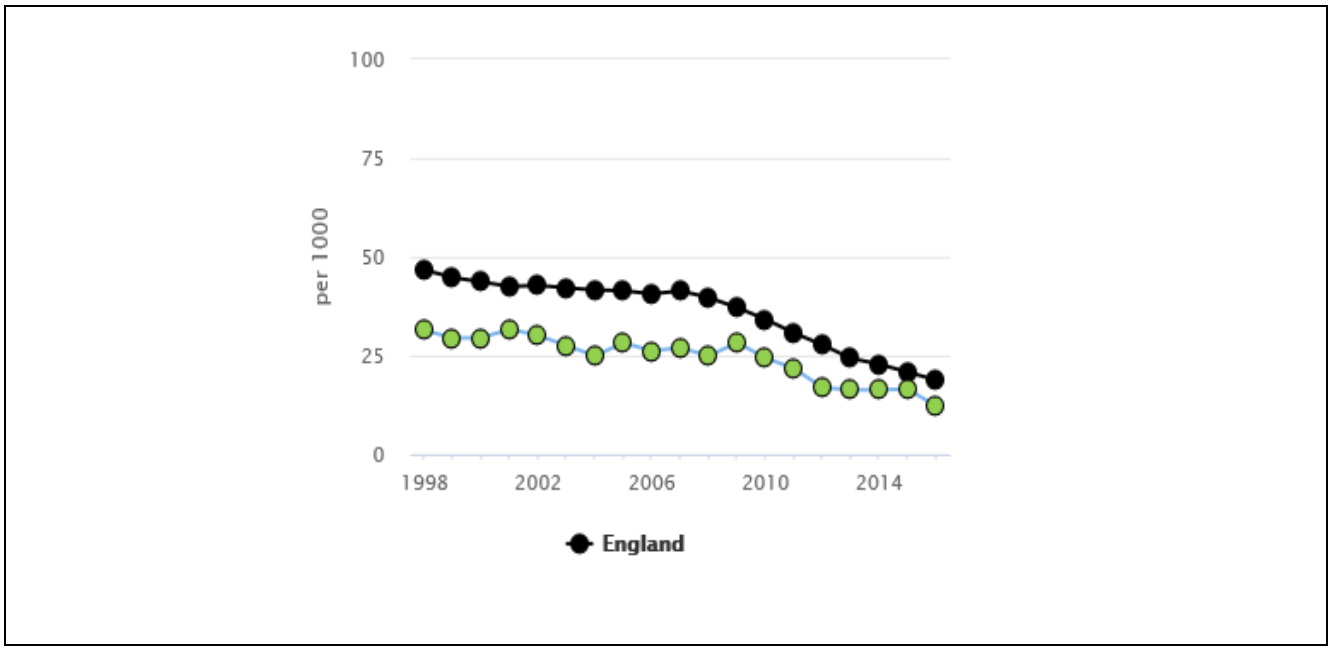


Figure 18: Under 18s Conception Rate, Cambridgeshire, (1998 - 17), *Source: Sexual Health Profiles Public Health England*

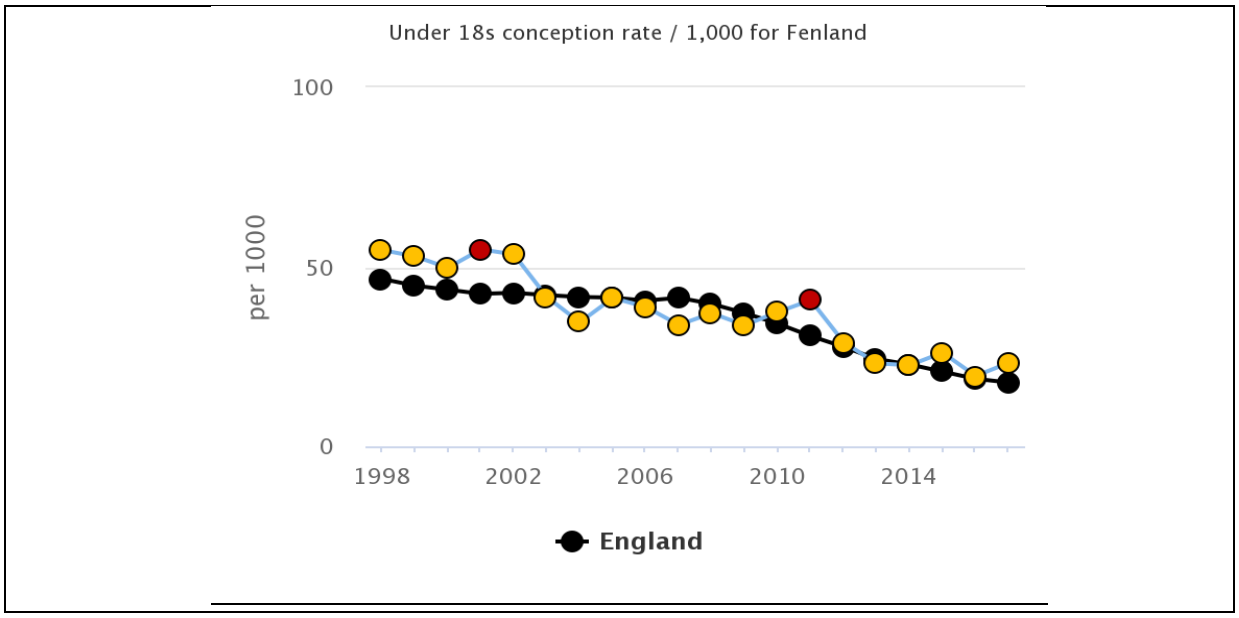


Figure 19: Under 18s Conception Rate, Fenland, (1998 - 17), *Source: Sexual Health Profiles Public Health England*

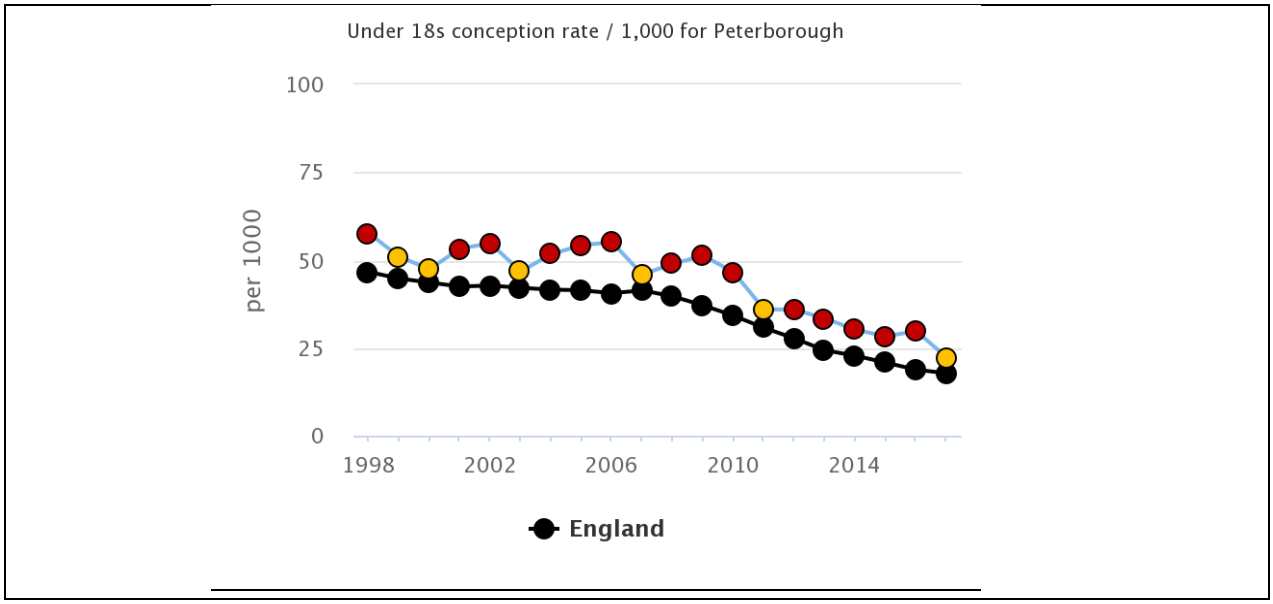


Figure 20: Under 18s Conception Rate, Peterborough, (1998 - 2017), *Source: Sexual Health Profiles Public Health England*

10.7 Prevention

As indicated above there are ongoing and emerging challenges for the Sexual and Reproductive Health (SRH) of the populations of Cambridgeshire and Peterborough.

In both Cambridgeshire and Peterborough, voluntary organisations and the SRH treatment services continue to provide a range of outreach services which also includes work with the more hard to reach/high risk groups. Outreach initiatives also highlight that many clients have other health conditions such as mental ill-health, and underlying social and financial needs such as poor housing/homelessness and exploitation. Often clients do not access services because of a lack the confidence and trust in organisations, however, outreach services can respond sensitively, and act as a conduit to other health and wellbeing resources,

Throughout the year, a number of campaigns are also undertaken in line with the national programmes. In 2019, there was focus upon late HIV diagnosis. During November and December, a number of sexual health promotion events took place in both areas to complement the National HIV Testing programme and World Aids Day.

Public Health has also commissioned the Personal, Social, Health and Economic (PSHE) Education Service to support schools to introduce the new statutory Relationships' and Sex Education (RSE) requirements for secondary and primary schools. This will contribute to the tools that are in development to support school staff to deliver this element of the curriculum.

The procurement of a new Prevention of Sexual Ill Health Service is currently underway. This service will commence on April 1 2020. Its focus is upon both supporting high-risk groups and building collaboration across the voluntary sector.

10.8 Sexual and Reproductive Health Services (SRH)

Cambridgeshire Community Services (CCS) is the main provider for the SRH Services in both Cambridgeshire and Peterborough. CCS is known locally as the Integrated Sexual Health Service (iCaSH). Both areas have since 2014 seen a continuous increase in demand for its services above the level of activity that is commissioned, which reflects the national trend in activity levels.

In response to the necessity of releasing savings to meet the cash cuts in the Public Health grant, both services have introduced service developments to accommodate this requirement but also to manage demand. Online screening for asymptomatic patients has been introduced in Cambridgeshire. This has increased overall demand but this service also has a positivity rate similar to the clinic service, suggesting unmet need.

Additional funding has been secured for both services in acknowledgment that an inability to treat infections promptly can have an impact on the sexual health of the population. Both Services still aim to meet the old Department of health 48 hour offered and seen access to services target, but find it challenging.

A new service is currently being commissioned that will commence on the 1 October 2020. This is a collaborative commissioning initiative with NHS England and Improvement and the Cambridgeshire and Peterborough Clinical Commissioning Group. Through a Hub and Spoke model, it will provide a range of services alongside the local authority mandated SRH services. There is a focus upon Women's Services but it will also include HIV treatment, HPV vaccination for men who have sex with men and community vasectomy. This commissioning initiative arose from being one of two pilot sites nationally invited by Public Health England to explore opportunities for collaborative commissioning between local authorities and the NHS.

In Cambridgeshire, chlamydia screening is commissioned from GPs for 15-25 year olds. Although numbers are low, they have a high positivity rate, which is associated with targeted opportunistic screening. Peterborough does not have a comparable GP contract and the majority of screening is undertaken by the iCaSH clinic.

Community pharmacies provide Emergency Hormonal Contraception (EHC) and demand for this remains unchanged. Pharmacies who provide EHC are also required to offer access or provide advice on chlamydia screening. Pharmacies are located in areas where access to other services is limited and where there are high risk groups are targeted for providing the service.

In Cambridgeshire, the service has generally performed well but activity has seen a small decrease. The Peterborough community pharmacy EHC Service was re-commissioned in 2017/2018 and a significant amount of work was undertaken to ensure pharmacies received the relevant training. The initiative was very slow to establish itself and only a very small number of pharmacies participated initially. This has slowly improved but more are required to provide the Service in areas of greater need.

A priority for 2020 is to review the EHC provision in both areas and work with pharmacies and the Local Pharmacy Committee to identify and address the barriers to provision.

The newly commissioned SRH services both prevention and treatment will afford the opportunity to review partnership working to ensure that the impact of the new services is maximised through an integrated approach throughout the system.

11. Health Emergency Planning

Cambridgeshire County Council and Peterborough City Council are Category 1 responders under the terms of the Civil Contingencies Act 2004. As a result there is an emergency planning / resilience team that works in partnership with other organisations to lead emergency planning and response for the councils, along with some additional responsibilities for health emergency preparedness passed with the move of Public Health into local authorities. In the role within local authorities the DPH is expected to:

- Provide leadership to the public health system for health Emergency Preparedness, Resilience and Response (EPRR).
- Ensure that plans are in place to protect the health of their population and escalate concerns to the Local Health Resilience Partnership (LHRP) as appropriate.
- Co-chair the Cambridgeshire and Peterborough LHRP with NHS England Locality and represent at Cambridgeshire and Peterborough Local Resilience Forum Strategic Board.
- Provide initial leadership with PHE for the response to public health incidents and emergencies. The DPH will maintain oversight of population health and ensure effective communication with local communities.

LHRPs provide strategic leadership for health organisations in the Local Resilience Forum (LRF) area and are expected to assess local health risks and priorities to ensure preparedness arrangements reflect current and emerging needs.

Member agencies share responsibility for oversight of health emergency planning in this forum. It is for the LRF and/or the LHRP to decide whether LHRP plans should be tested through a multi-agency exercise as a main or contributory factor. The DPH reports health protection emergency resilience issues to the LHRP on a regular basis. The DPH provides a brief update report on the activities of the LHRP to the HPSG to ensure sharing of cross cutting health sector resilience issues.

- The DPH has been supported in this work by a consultant in public health who co-chairs the Health and Social Care Emergency Planning Group (HSCEPG) with the Head of EPRR from the NHS England Midlands and East (East) and has oversight of all health protection issues. The function is supported by the shared Health Emergency Planning and Resilience Officer (HEPRO) based within Public Health. The HEPRO reports into the LHRP and the LRF through the DPH.
- The HSCEPG has membership from local acute hospitals, East of England ambulance service, community services, mental health services, social care services, other NHS funded providers, Public Health England and NHS England.

The LHRP leads on the annual EPRR assurance process. The aim is to assess the preparedness of the NHS commissioners and providers, against common NHS EPRR Core Standards. All NHS funded organisations have completed their self-assessment against the EPRR Core Standards for 2018-2019. All organisations were either full or partially compliant.

The Cambridgeshire and Peterborough health system is, at this point in time, well prepared to deliver the EPRR core standards including planning for and responding to a wide range of emergencies and business continuity incidents that could affect health or patient safety.

There is strong engagement across health partners and a common aim to contribute and share best practice across the LHRP, LRF and East EPRR leads forum within the East Locality. There are also links into the Cambridgeshire & Peterborough Health & Wellbeing and A & E Delivery Boards through the Co-Chairs of the LHRP.

The LRF and LHRP priorities for the past year were validation of:

- Actions from Health Protection audit;
- Cambridgeshire and Peterborough Hospital Evacuation Plan;
- CPLRF Vulnerable People Protocol; and
- Health and care system's capacity to respond to a major incident whilst experiencing severe pressures.

The actions from the Health Protection audit are completed and closed. The LRF Vulnerable People Protocol has been exercised and validated by the CPLRF Executive Board.

The period from 1 January 2019 to the date of this report has seen a very wide and varied training and exercise programme delivered by the CPLRF. Of significance were three exercises:-

1. Cambridgeshire Acute Hospitals Evacuation exercise: The discussion based table top exercise took place on the 10 June 2019 to test the multiagency and acute hospitals' response to an evacuation event taking place in one of the county's three main hospital sites. Forty three attendees across the CPLRF took part in the exercise.
2. Exercise Horus: This was a discussion based workshop exercise that took place on 16 October 2019. Through a series of EPRR scenarios, the exercise looked at the impact of migration into STPs, including recovery from a mass casualty incident.
3. Exercise Confluence: This was a table top exercise that took place on the 9th September 2019. The overarching aim of the exercise was to test the Cambridgeshire and Peterborough health and care system's response to a major incident whilst experiencing severe winter pressures.

The priorities for the year ahead have been agreed as:

- Planning for EU Exit;
- Operation Bridges; and
- CPLRF Mass Casualty Plan.

12. Glossary

AAA	Abdominal Aortic Aneurysm
AMR	Antimicrobial Resistance
AQMAs	Air Quality Management Areas
ASR	annual status reports
CBRN	Chemical, biological, radiological & nuclear
C. difficile	Clostridium difficile
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services NHS Trust
CP HPSG	Cambridgeshire and Peterborough Health Protection Steering Group
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CUHFT	Cambridge University Hospitals NHS Foundation Trust
DEFRA	Department for Environment, Food & Rural Affairs
DOT	Directly Observed Treatment
DPH	Director of Public Health
DTaP	Diptheria, tetanus and pertussis (vaccine)
EHC	Emergency Hormonal Contraception
EPRR	Emergency Preparedness, Resilience and Response
ESPAUR	English Surveillance Programme for Antimicrobial Utilisation and Resistance
ETS	Enhanced Tuberculosis Surveillance
FDC	Fenland District Council
FSA	Food Standards Agency
GI	Gastrointestinal
GNBSIs	Gram Negative Bloodstream Infections
GP	General Practice
HCAI	Healthcare Associated Infections
Hep B	Hepatitis B virus
HEPRO	Health Emergency Planning and Resilience Officer
HHSRS	Housing Health and Safety Rating System
Hib	Haemophilus influenzae type B
HIV	human immunodeficiency virus
HMOs	Houses of Multiple Occupation
HPV	Human papillomavirus
HSCEPG	Health and Social Care Emergency Planning Group
ICaSH	The Integrated Sexual Health Service
IPV	Polio (vaccine)
JCU	Cambridgeshire and Peterborough Public Health Joint Commissioning Unit
KPIs	key performance indicators
KTT9	Key therapeutic topic
LA	Local authority
LES	Local Enhanced Service
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
LTBI	Latent TB infection
LTP	Local Transport Plan
MHRA	Medicines and Healthcare Regulatory Agency
MMR	Measles, Mumps & Rubella vaccine
MOU	Memorandum of Understanding
MRSA	methicillin-resistant Staphylococcus aureus
NICE	National Institute for Healthcare and Clinical Excellence
NOIDs	Notification of Infectious Diseases
NWAFT	North West Anglia NHS Foundation Trust
PCC	Peterborough City Council

PCV	Pneumococcal vaccine
PHE	Public Health England
PIR	post infection review
PM	particulate matter
SCG	Strategic Coordinating Group
SSP	Specialist Screening Practitioner
STIs	Sexually Transmitted Infections Diagnoses
TB	Tuberculosis
TCG	Tactical Coordinating Group
UTI	urinary tract infection
VTEC	Vero cytotoxin-producing

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No.6
5th March 2020	PUBLIC REPORT

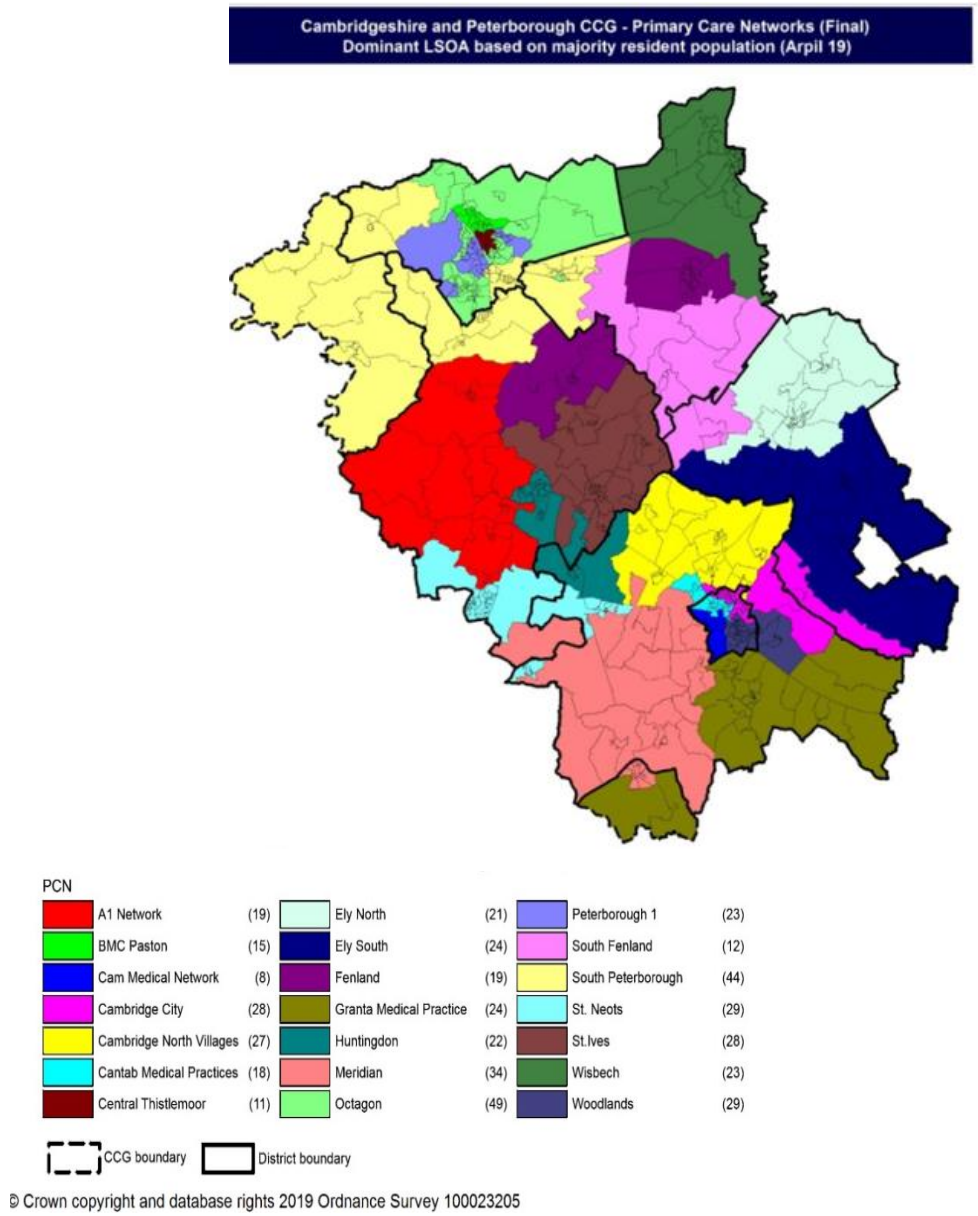
ALLIANCE UPDATE REPORT

R E C O M M E N D A T I O N S	
To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Marianne Monie, South Alliance Director** **Robert Murphy, North Alliance Director**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

Note the update from Alliances and provide any comments.

	Officer contact:		***Member contact:***
Name:	Marianne Monie Robert Murphy	Name:	Councillor John Holdich
Post:	South Alliance Director North Alliance Director	Post:	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	marianne.monie@addenbrookes.nhs.uk / Rob.Murphy@cambridgeshireandpeterboroughccg.nhs.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:		Tel:	01733 452479

1.	**BACKGROUND**
1.1	In August 2018, two Provider Alliances were established in the 'Places' within our system; in Greater Peterborough, Huntingdonshire and Fenland (North); and Cambridge City, East and South Cambridgeshire (South). Alliance membership includes senior representatives from all partner organisations: primary care, community services, mental health, social care, acute Trusts, voluntary services, County, District and City Councils and our Clinical Commissioning Group (CCG). Both Alliances are co-chaired by a Primary Care leader and an Executive leader of the local acute Trust; in the South, James Morrow (Granta) and Nicola Ayton (CUH), and in the North, Neil Modha (Central Thistlemoor) and Caroline Walker (NWAFT). The South Alliance serves population of 416,000. The footprint broadly follows the flow of citizens into CUH services, and includes 9 Primary Care Networks. The North Alliance serves around 568,000 citizens and covers 12 Primary Care Networks.  **Figure i: North and South Alliance Primary Care Networks**

	The vision of the Alliances is to bring providers together to address the triple aims described in the Five Year Forward View, by improving **quality** of care for patients and service users; **outcomes** for the local population; and **value** for the taxpayer.
1.2	This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference, *Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.*
2.	**PURPOSE**
2.1	**A. Primary Care Networks** Primary Care Networks (PCNs) launched in July 2019 with the introduction of a new National General Medical Services contract. PCNs are GP practices working together to cover communities of 30-50,000 and providing wider primary care services, and the cornerstone of our local Integrated Neighbourhood model. Alliances have worked closely with PCN Clinical Directors of all 21 PCNs across Cambridgeshire and Peterborough to co-design support, taking into account each PCN's maturity and the needs of the local population they serve. Working closely with CCG colleagues, each PCN has accessed support in line with the key domains of PCN development nationally: • **Leadership and partnerships:** clinical backfill for staff; networking opportunities with clinicians from secondary and community care; and participation in the Judge Business School Primary Care Innovation Academy. • **Population health management:** access to bespoke population health data packs in the short term; and implementation of Eclipse and RAIDr population health management tools in the medium term. • **Managing resources:** bespoke workshops on establishing new, joint organisational forms and shared finances. • **Integrating care:** through our local Integrated Neighbourhoods programme; and guidance on recruiting key new roles (i.e. Social Prescribing Link Workers and Clinical Pharmacists). In addition, Alliances have developed a PCN Innovation Fund. Based on learning from leading Integrated Care Systems (ICSs), Alliances have supported all PCNs to bid for seed funding to enable development of elements of their Integrated Neighbourhood model, which will improve outcomes for their local population. All PCNs across Cambridgeshire and Peterborough are implementing Innovation Fund projects with support from Alliance teams. Please see **Annex A** for a summary of South Alliance Innovation Fund projects. **B. Integrated Neighbourhoods** In December 2018, the North and South Alliances developed the Integrated Neighbourhood Framework. This outlines the aspiration to bring together primary, secondary, community, social and voluntary services to provide proactive and

integrated care for local people.

Integrated Neighbourhoods build on the learning from local Think Communities and Neighbourhood Cares programmes. The aim is to change the relationship between public services and local citizens, and empower people to make informed choices about their health and care needs. Representatives from District and City Councils form part of our local Integrated Neighbourhood Boards and are helping to change the conversation with patients and local people away from “what can we do for you” to “what matters to you”.

PCNs are the cornerstone of our local Integrated Neighbourhood model. The Alliance team are supporting the most advanced PCNs as the second waves one and two of Integrated Neighbourhood accelerator sites in 2019/20. These are:

North Alliance

- Central/Thistlemoor
- BMC Paston
- Wisbech
- South Peterborough

South Alliance

- Ely South
- North Villages (practices surrounding Northstowe new town)
- Cantab (in inner city North Cambridge)
- Granta (wave one from 2018/19)

Based on the learning from the first wave, the Alliances have developed a standard offer of support for accelerator sites. This includes:

(a) Establishment of an Integrated Board, including representatives from local health and care organisations and District/City Councils;
(b) Funding for a workshop to bring together staff and patients to agree a local vision and priorities, based on population health data and experiences of local people;
(c) Tools and learning, including analytics, evaluation and access to data;
(d) A dedicated Project Manager.

We will use this approach to scale the implementation of Integrated Neighbourhoods across Cambridgeshire and Peterborough over the next 5 years. We have set out the following trajectory in our local Long Term Plan:

- In 2019/20: 8 Integrated Neighbourhoods implemented: 4 in the South and 4 in the North.
- In 2020/21: a further 13 Integrated Neighbourhoods implemented: 5 in the South and 8 in the North.

North Alliance: Integrated Neighbourhood progress

In **South Peterborough** Integrated Neighbourhood, local staff and patients have identified the following priorities:

- Carers: raising awareness amongst patients and professionals of the support available to carers, and ensuring carers are given information and guidance, particularly in relation to emergency planning to reduce unnecessary hospital

admissions for the cared-for person.

- Falls: increasing awareness amongst the wider patient population of the risk of falls and how to prevent these. Enabling Integrated Neighbourhood to ensure all people who have had a fall have their needs met by the right professional, in the right setting at the right time.
- Access: facilitating education and access to services in rural areas, with the aim of reducing social isolation, risk of harm and unplanned admissions to hospital for local people.

Similarly, **BMC Paston** Integrated Neighbourhood are focusing on enhancing care for carers and people at risk of falls, as set out above. In addition, the Wildflowers Innovation Fund project aims to provide weekly drop-in sessions at Boroughbury Medical Centre for local sex workers to access vital health and wellbeing services.

Wisbech Integrated Neighbourhood have identified a number of priorities relating to health and wellbeing, based on the views of local people identified through the 'I Love Wisbech' project and a number of events with Integrated Neighbourhood staff and residents. These include:

- Smoking cessation: with the central aim of reducing the prevalence of smoking in Wisbech.
- Improving local mental health: including joining up working between multiple agencies and providers, with the aim of improving outcomes for Wisbech citizens.
- Developing a Directory of Service: this single list of all public and voluntary services will enable Wisbech citizens to access services and meet their wellbeing needs.
- Encouraging community-led action: with the aim of empowering the community to take care of themselves and one another. This will be enabled by greater engagement with Wisbech citizens on the design of future health and care services.

Central/Thistlemoor Integrated Neighbourhood have held two events with local patients, staff and partners across the local health and care system to date. Work is underway on projects relating to children and families; engagement with large-scale employers, such as Amazon, on improving health outcomes for local employees; and the uptake of healthcare screening, among other priorities.

South: Integrated Neighbourhood progress

Wave 1

Granta Integrated Neighbourhood formed in January 2019. Granta were the first Integrated Neighbourhood to launch in Cambridgeshire and Peterborough due to their established network model prior to the new PCN contract implantation in July 2019. The projects currently underway in Granta Integrated Neighbourhood include:

- The Wellbeing Hub which is enabling the coordination of staff and resources across the care and voluntary sector, using Granta Medical Practice as a 'hub' and employing an MDT model with Granta's Social Presciber/Link Worker,

social care, voluntary sector and discharge coordination staff. The model will build on learning from Cambridgeshire County Council's 'Neighbourhood Cares' model and pilot a new approach to rapid discharge.

- Wound Care Pathway will coordinate wound care across our health care system, with the aim of delivering leg ulcer care more efficiently and effectively in the community. This will include including a cutting-edge preventative treatment for preventing leg ulcers, as part of a Boston Scientific research project endorsed by the Department of Health and Social Care.
- Neurology Outpatients project which is enabling clinicians from primary and secondary care to work together to understand the needs of patients who are referred from Granta to Addenbrooke's secondary care neurology services. The aim is to design and implement a new approach to the delivery of traditional outpatients services which is replicable for other clinical specialties. Initial outcomes demonstrate a sustained reduction in onward referral to secondary care neurology services.

Wave 2

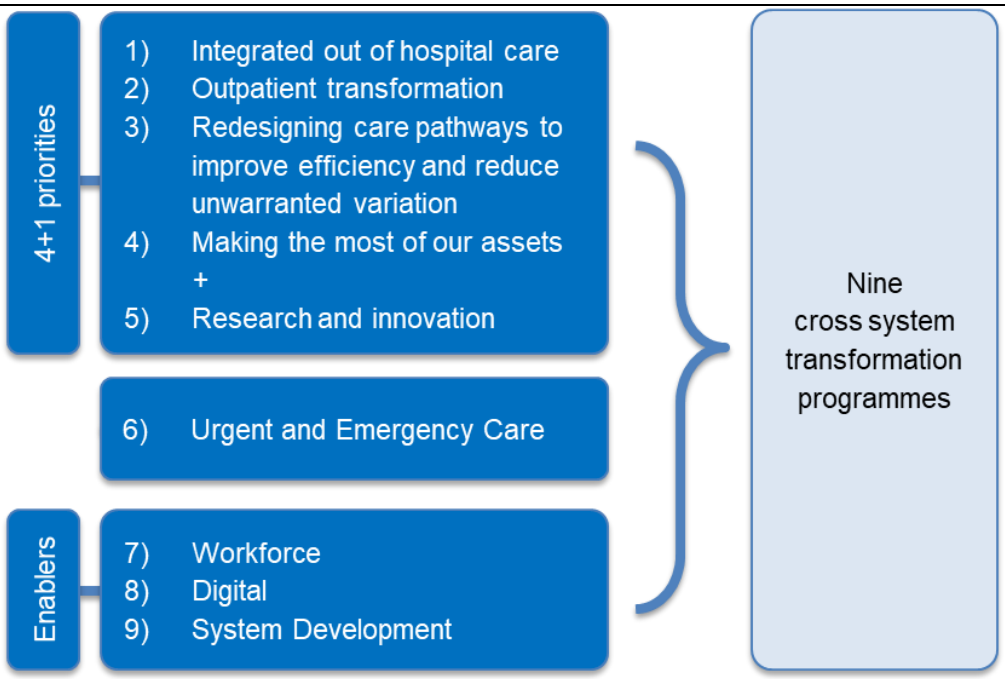
Ely South's Integrated Neighbourhood launch event, on 15th January 2020, had attendance from around 100 people from primary, community, social and acute care and the local community including volunteers, teachers, business and residents. Emerging priorities are around obesity and diabetes, and the health of local migrant workers, working in conjunction with local agriculture employers.

Cantab are working closely with the other Cambridge city-centre PCNs and MIND to develop an innovative approach to student physical and mental health, for local students from Anglia Ruskin and Cambridge University. Their launch event is taking place on the 27th February 2020.

North Villages are working to develop a hub and spoke model of care around Northstowe Healthy New Town, utilising the new Civic Hub due to be developed in the coming years.

Future Alliance model

In our local Long Term Plan, Alliances have set out their plans to develop a place-based model of care for local citizens; further integrating the delivery and design of health and care around our two 'places'; and taking on accountability for the delivery of outcomes for our local population. In keeping with this, our Alliances will support the delivery of our system's key Long Term Plan commitments in 2020/21:



Next steps for Alliances

1. Continue implementation of Integrated Neighbourhoods across Cambridgeshire and Peterborough, including Innovation Fund Projects, working closely with County, District and City Council colleagues. Aim to have full coverage by April 2022.

2. Continue programme of engagement and enable clinicians and operational staff from primary, secondary, community and social care to work together to design and implement new pathways and interventions.

3. Develop future Alliance model, taking on more accountability as a group of providers for the health and care outcomes for the local population.

3.	**CONSULTATION**
3.1	N/a
3.2	N/a
4.	**ANTICIPATED OUTCOMES OR IMPACT**
4.1	N/a
5.	**IMPLICATIONS**
	Financial Implications
5.1	N/a
	Legal Implications
5.2	N/a

	Equalities Implications
5.3	N/a
6.	**APPENDICES**
6.1	*List any appendices to the report.* Annex A – Summary of South Alliance Innovation Fund projects
7.	**SOURCE DOCUMENTS** *N/a*

South Provider Alliance: Innovation Fund proposals

Cambridge North Villages: Intensive management of pre-diabetes
In Cambridge North Villages, there are more people with obesity and diabetes than across the South Alliance as a whole (7.3% v. 5.1%). This project will identify and deliver peer support to people with pre-diabetes, through group consultation, working in collaboration with the CPFT dietetic service to offer bespoke advice on diet and nutrition. The aim is reduce the number of people developing diabetes and is linked to our local Diabetes Strategy for Cambridgeshire and Peterborough.

Ely North: Change, Live, Grow Neighbourhood project
Ely North has a growing population across rural and urban areas and an increasing number of people living in poverty (11% of children and 13% of older people). 'County lines' drug dealers operate in the area and the number of local people with drug and alcohol dependency is increasing. This project aims to prevent substance misuse, and deliver evidence-based interventions for individuals and their families with drug and alcohol dependency in the community, through the Change, Live, Grow service and working in collaboration with other agencies.

Ely South: Learning from Neighbourhood Cares
Soham, within Ely South, was one of the pilot sites for the Neighbourhood Cares programme delivered by Cambridgeshire County Council, where a team of social care staff worked with GPs to focus on what matters to local people with health and care needs. This project will apply learning from the now completed Neighbourhood Cares pilot, building community assets across Ely South and people's individual strengths to ensure they are connected and supported within their neighbourhood.

Meridian: Integrated Breathe Easy Community Clinic
Meridian, in South Cambridgeshire, has a large rural population and a higher rate of respiratory disease, including asthma and COPD, than the rest of the South Alliance (7.1% v. 6.1%). This project will implement a community-based Breathe Easy group in partnership with The Lung Foundation, CPFT and CUH Respiratory services, providing peer support, advice and guidance, and specialist input for people with respiratory disease in local settings, such as Libraries. The model incorporates learning from the University of Kent evaluation of the Breathe Easy approach, which found that integrated groups can reduce referrals to respiratory services, address social isolation and empower people to manage their needs.

Granta: Improving discharge
Granta Integrated Neighbourhood serves 44,000 local people, 1,1312 (3.1%) of which are aged over 85. In 2018/19, there were 741 unplanned admissions to hospital for this group and on average people stayed in hospital for 9.4 days, often waiting for care and support to be arranged before they could return home. This project aims to bring together Granta, CPFT, CUH and Cambridgeshire Care Network's 'Help at Home' service to ensure patients who are medically fit and ready for discharge are able to return home as early as possible. Working with the 'Help at Home' service, this project will aim to ensure that people receive the help they need to be safe and well after returning home from hospital.

Cambridge City: Carer Friendly Neighbourhood project
Cambridge City PCN serves a wide range of local people based both in the city centre, where there is a predominantly younger population, and Bottisham, where there is a predominantly older population. Both groups depend on unpaid carers of all ages, many of whom have not been identified as carers, but provide regular care for their loved ones. This project will focus on the identification of carers across the neighbourhood, providing

information and support to carers, such as health checks and supported breaks, to help them continue in their caring role and achieving the 'Health Carer Friendly Tick Award'.

Cambridge City 4: High Intensity Users

A small number of people with complex health and care needs often account for the highest utilisation of our health and care services. Cambridge City 4 PCN will identify the 40 people who use our hospital, primary care, social care and ambulance services the most and offer them support, coaching and access to local voluntary sector services, to help them access the support they need. This will build on learning from other High Intensity User projects, including work undertaken by Blackpool CCG, which demonstrated a reduction in the utilisation of primary and secondary care services, and is linked to our local Urgent and Emergency Care programme for Cambridgeshire and Peterborough.

Cam Medical Network and Cantab: Student good mood cafes

Cam Medical Network and Cantab serve a large population of students, from both Cambridge University and Anglia Ruskin, living in Cambridge City Centre. The number of University students declaring and seeking help for mental health problems is increasing, and there is particular demand for support during pressured times of the academic year, such as exam season. Working in partnership with the Universities, Colleges of Cambridge University and Mind, this project will implement Good Mood cafes, facilitated and supported by volunteers to provide proactive, peer support to local students with mental health needs.

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE FORWARD AGENDA PLAN

Agenda Item No.7

Updated 26.02.20

(All Meetings Approved By Full Council)

MEETING DATE	ITEM	REPORT AUTHOR	ORGANISATION
March 5th 2020 Council Chamber, Shire Hall, Castle Street, Cambridge, CB3 0AP.	**Health and Wellbeing Board Whole System Joint Sub-Committee**		**CCC - Democratic Services**
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 24th September 2019 and Action Log		
	Update on the Joint Cambridgeshire and Peterborough Health and Wellbeing Strategy Constultation and Think Communities Approach.	Liz Robin/Adrian Chapman	
	Public Health Peer Review – Action Plan Progress Report	Kate Parker/Liz Robin	
	Annual Health Protection Report (Cambridgeshire & Peterborough)	Laurence Gibson/Tiya Balaji	
	Alliances Update	Marianne Monie (South Alliance) Mustafa Malik (North Alliance)	
	Agenda Plan		

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE FORWARD AGENDA PLAN

MEETING DATE	ITEM	REPORT AUTHOR	ORGANISATION
4th June 2020 Venue – Council Chamber, Town Hall, Bridge Street, Peterborough, PE1 1HF.	**Health and Wellbeing Board Whole System Joint Sub-Committee.**		**PCC Democratic Services**
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 5th March 2020 and Action Log.	Oral	
	JSNA Core Dataset	David Lea	
	STP LTP	Claire Stoneham	
	Outcome of the Public Health Strategy Consultation.	Liz Robin	
	Agenda Plan	James Veitch	
December 2020, Venue TBC	**Health and Wellbeing Board Whole System Joint Sub-Committee.**		**CCC - Democratic Services**
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 4th June 2020 and Action Log		
	Agenda Plan		