

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

To: Health and Wellbeing Board
Meeting Date: January 31st 2018
From: Dr Liz Robin, Director of Public Health

Recommendations: The Health and Wellbeing Board is asked to:

- a) Note and comment on progress against the Health and Wellbeing Board priorities for 2018/19 since the performance update provided in November 2018
- b) Provide a steer on which policy options to address health inequalities should be prioritised for further work by the Public Health Reference Group

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1.0 PURPOSE

- 1.1 The purpose of this paper is to update the Health and Wellbeing Board (HWB) Board on progress against its three agreed priorities for 2018/19. Progress is reported separately against each priority.

2. PRIORITY 1: HEALTH INEQUALITIES INCLUDING THE IMPACT OF DRUG AND ALCOHOL MISUSE ON LIFE CHANCES

Background

- 2.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the place based Living Well Partnerships, would be an appropriate officer group to scope and develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. Action on the impact of drug and alcohol misuse specifically, would be overseen by the multi-agency Cambridgeshire & Peterborough Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and district-based Community Safety partnerships.

Progress: Health Inequalities

The Public Health Reference Group met in January 2019 and reviewed the following items:

- 2.2. **A paper on policy options which could be taken forward by local organisations to address health inequalities (Annex A).**

The PHRG recommended that further work should be carried out on up to three short term and five medium term options, after further discussion and steer from the Health and Wellbeing Boards:

Maximising community wealth and opportunities through public sector decisions and actions including:

- Maximising opportunities through the Social Value Act (Medium term) – establish current policies in place across the system, sharing best practice and developing approach for targeting need through procurement/employment policy.
- Reducing discrimination (Short term) - examine national and local data to understand employment rates among those with criminal records and identify opportunities/work streams to feed into locally.
- Creating pathways into work and raising aspiration (medium term) – Link into current skills strategy work and develop resources outlining how local anchor institutions including health services could provide opportunities for local people through training and work.
- Embedding community-centred approaches for health and wellbeing (medium term) - Review evaluation methods for Asset Based Community Development and share locally.

- Linking Public Sector and local businesses to optimise opportunities through Corporate Social Responsibility (medium term) – link with the Combined Authority 'Better Business Forum' to discuss opportunities for CSR and how this could be used to improve outcomes for local people whilst also benefiting themselves through access to new staff and trainees.

Potential levers through statutory powers or responsibilities

- Supporting healthier food environment (shorter term) – produce local resources to support planning authorities develop and implement fast food planning policy locally.
- Creating liveable communities (shorter term). Embed age friendly resources into Combined Authority market town work and develop resources to support local neighbourhood plans.

Leadership on health inequalities across the system

- Improve recording of patients/service user's protected characteristics (medium term) – Establish the quality of recording and reporting locally, raising awareness with senior system leaders and make case for change.

2.3 A pilot evaluation of local care service contributions to reducing inequalities in avoidable emergency admissions: Living in a community with higher rates of deprivation and health inequalities is associated with high rates of emergency admission to hospital. A public health specialist trainee based at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will be working with NHS England and the University of York to carry out a series of case studies on how local NHS and other care services can address this. The case studies will be used to produce recommendations and best practice for reducing emergency admissions linked to social inequalities. Cambridgeshire and Peterborough CCG is the first case study site, between Jan – March 2019, and other CCG areas will be selected based on having either widening or narrowing inequalities.

2.4 An evaluation of the 'Healthy Fenland Fund' programme. The Healthy Fenland Fund programme is an asset based community development approach to encouraging community led health and wellbeing, resourced through the County Council public health grant and now completing the third year of a five year programme. Evaluation to date suggests that the Healthy Fenland Fund (HFF) has engaged with and impacted upon communities in Fenland. The tangible evidence of this is number of community projects that have been supported and received grants. There is also evidence that community assets have been realised through the identification and energising of community connectors, peer support, volunteers and the impressive 74% of projects which continue to be self-sustaining after receiving development and initial funding from the HFF.

Progress: Drug and alcohol misuse

2.5 The Cambridgeshire and Peterborough Drug and Alcohol Misuse Delivery Board met in December and carried out an annual review of progress against the Drug and Alcohol Misuse Action Plan. Work has been significantly advanced by partners since the plan was developed 12 months ago. The

Delivery Board received feedback on a multi-agency workshop that had been held on strengthening pathways for substance misusing offenders across the treatment and criminal justice system. Key recommendations have been identified with an emphasis on a whole systems approach in order to maximise engagement and treatment opportunities at all points of contact in the offender journey from community through to prison.

- 2.6 Public Health England have invited bids for £10M capital funding to improve access to alcohol misuse treatment. Change Grow Live (CGL), the new provider of drug and alcohol treatment services in Cambridgeshire, has put forward proposals for alterations and refurbishment to current premises with a view to providing a more welcoming and flexible physical environment thereby enhancing the delivery offer of alcohol treatment to patients and family members across Cambridgeshire.

3. PRIORITY 2: NEW AND GROWING COMMUNITIES AND HOUSING

- 3.1 On November 23rd, the NHS England Director of Strategy, Emily Howe, carried out a site visit to Northstowe, which has received funding from NHS England as part of the Healthy New Towns programme.

The visit enable us to show strength in the partnerships we've build among the local councils, master developers, public health and primary care. The visit highlighted the multi-purpose/integrated Built Environment approach adopted in Northstowe Phase 1, for example, by designing the Community Wing of the Primary school to NHS standards allowing the NHS to offer services there if needed. Feedback about the programme on the day from NHS England was that it was 'phenomenally good work'

The NHS Healthy Town Programme has resulted in an additional £4.7m being invested in additional built environment measures for Northstowe Phase 2 as part of the delivery of the Healthy Living, Youth and Play Strategy focusing on measures: to Increase physical activity; Provide access to nature; Promote positive social interaction; Promote a positive community identity; Promote access to healthy food; Create a low level pollution environment and minimise the adverse effects of climate change.

The next steps for the Healthy Town Programme are to take the learning from Northstowe and apply it to the other major growth sites across Cambridgeshire and Peterborough.

- 3.2 Sustainable Transformation Partnership (STP) Estates Strategy
The STP Estates Strategy has been approved by the Strategic Estates Planning (SEP) team at NHS England (NHSE)/ NHS Improvement (NHSI) and has been branded as "Good" (on a scale from "fair" to "strong").

Following on from the Joint Health Care Executive and Cambridgeshire and Peterborough Public Service Board the Estates work stream is holding a workshop late February for NHS partners to come together to produce a process to ensure that "the health system has one cohesive view on the additional needs of communities based on population growth, both in strategic and infill sites, that can be used to identify appropriate allocation of Section

106 and Community Infrastructure Levy (CIL) and any other sources of funding”

It is intended that this will be the first in a series of workshops, with the second workshop bringing together the local planning authorities with the health partners.

3.3 Cambridgeshire and Peterborough Combined Authority

Cambridgeshire County Council/Peterborough City Council Public Health is now a member of the Combined Authority Local Transport Plan (LTP) Working Group. Information and advice is being provided on maximising health and wellbeing through transport policy, recognising the importance of active travel and public transport in improving health and accessing key services.

4. **PRIORITY 3: INTEGRATION – INCLUDING THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE. THIS ALSO COVERS MONITORING THE IMPACT OF DEVELOPING PLACE BASED CARE MODELS.**

4.1 Cambridgeshire HWB discussed the findings of the recent Peer Review of Health and Social Care Integration in Cambridgeshire and Peterborough, at its November meeting, and reviewed the associated local action plan. A key action for the Cambridgeshire and Peterborough HWBs was to hold a workshop to review our system leadership role and associated supporting infrastructure and this is being organised for March 2019.

4.2 Local progress on delayed transfers of care (DTC) was highlighted in a paper to the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) Board held in public on January 22nd, attached as Annex B. Key points include:

- The DTC programme continues to be the highest priority for the System. In the last four weeks, we have moved forward, this has included:
Cambridgeshire University Hospitals NHS Foundation Trust (CUH) had the lowest average number of DTC patients since 2015 and reached the target number of DTC patients before Christmas;
System brokerage is integrated with social care and health co-located for the first time;
North West Anglia NHS Foundation Trust (NWAFT) have restarted and refocused the operational delivery team with changes being implemented through January 2019; and
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) had significant movement through Christmas releasing capacity for the acute trusts.

There are three critical issues that we need to retain focus on and get assurance through the DTC Programme Board that they are being addressed:

1. The operational delivery of discharge planning, Red2Green, Long Stay Wednesdays and the implementation of a home first ethos;
2. The redesign and implementation of a simple Pathway 1; and

3. Limited capacity of domiciliary care and geographical hot spots of care home provision.

4.3 The STP has been developing a multi-agency framework for work on integrated neighbourhoods which was also taken to the January meeting of the STP Board which outlines a phased approach to development. Key points include:

- Focus is on population health management: data is used to segment population, identify 'at risk' groups. Services and interventions are stratified and designed accordingly.
- Are GP-led but multi-professional: aligning frontline health and social care teams such as community nursing, mental health professionals, community pharmacists, physiotherapists, community paramedics, social navigator, mental health, third sector around the needs of the population
- Support team members to have a shared set of skills, recognising the need to access more specialist knowledge from some members of the team
- Foster a culture of inter-professional working allowing members to spend their time where they add most value.

A phased approach to implantation is being adopted, with wave 1 neighbourhoods being identified.

4.4 A further update paper on the Better Care Fund will be brought to the Joint Cambridgeshire and Peterborough HWB (a sub-committee comprising of both boards) meeting in March 2019.

5. LINKS TO HEALTH AND WELLBEING STRATEGY PRIORITIES

5.1 The priorities for action described in this paper are cross-cutting and will impact on all six priorities of the overarching Health and Wellbeing Strategy:

- Priority 1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf