

# Cambridgeshire and Peterborough

**Feedback from the Peer Challenge  
6 - 8 February 2019**

# The Peer Challenge Team

- **Chris Williams**, LGA Contractor (previously Chief Executive at Buckinghamshire County Council) (**Lead Peer**)
  - **Cllr Stuart Barker**, Cabinet Member, Economy, Growth and Skills, Devon County Council
  - **Tony Hill** - Independent Public Health Consultant and Health Strategist (previously Director of Public Health for Lincolnshire)
  - **Martin Phillips**, LGA Contractor, (previously Chief Officer, NHS Darlington CCG)
  - **Kay Burkett**, LGA (**Peer Challenge Manager**)
  - **Katherine Mitchell**, LGA Advisor
-

# The purpose of Peer Challenge

- Peer challenges are improvement focussed and tailored to the needs of the system/place
  - They are designed to complement and add value to your own performance and improvement focus
  - We have used our experience and knowledge of local systems to reflect on the information presented to us by people we have met
  - We are providing feedback as critical friends, not as assessors, consultants or inspectors
  - We have 'held up the mirror'
-

# The process of Peer Challenge

- Peers reviewed a range of information to ensure we were familiar with Cambridgeshire & Peterborough, the challenges it is facing and plans for the future
  - We have spent three days on site and during the whole process which we:
    - spoke to more than 60+ people including a range of leaders, councillors, managers, staff and partners
    - gathered information and views from more than 49 meetings
    - additional research and reading –over 50 documents
    - collectively spent more than 284 hours to determine our findings – the equivalent of one person spending seven weeks here
    - Feedback session at end of on-site visit and follow up activity
-

# A thank you from us

- People have been open and honest
- Preparation, planning and organisation has been impressive

In particular a special thank you to Liz Robin, Kate Parker, Mary Leen, Claire Dorans, Jo McGlashan & Jackie Adamson who co-ordinated all the local arrangements on your behalf and supported us admirably through the visit

---

# A thank you from us



# Scope and 'brief' for the peer challenge

The peer team were been asked to look at the following questions:

- 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 Councils 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?*
-

# Context - 1

- All partners in the system are financially challenged - it is imperative that steps are taken to make financial savings and reduce demand for services
  - Councils are having to consider new ways of delivering services for example, on commissioning
  - Increasing numbers of children, young people and older people are placing a strain on the two Councils and there is a need to consider ways of managing demand and promoting the health and wellbeing of the population
  - Significant housing growth is planned and there is a need to create healthy communities and plan for an aging population
-



# Context - 2

- There are significant areas of deprivation and health inequalities in Fenland, parts of Peterborough and north Cambridge which need to be addressed
  - The two Councils are developing place based models of service delivery – it will be important to agree a common set of localities amongst all of the partners
  - It is increasingly important for elected members to have a good understanding of measures which can improve the health and wellbeing of the population
  - The organisational landscape is very complex with a large number of boards and committees with priorities which are often not aligned
  - There has been churn of some key personnel across the system with the consequentially adverse impact on the collective capacity to maintain effective partnerships
-

# Key messages

- Whole system is financially challenged which makes it an imperative to do more around demand management/prevention with Public Health playing a key role
- Councils have made a start but need to fully embrace the important role they have as champions of the health and wellbeing of the population, to do more to influence the wider determinants of health and tackle health inequalities
- The Public Health Team need to have a more expansive view of its role and whilst remaining as a separate team, officers need to be aligned to the business of the other directorates and be full members of the management teams
- Scale of housing growth and planning for new communities provides an opportunity for public health to focus on the wider determinants of health and create healthy communities
- You have a massive opportunity as a system to elevate the prevention and population health and wellbeing agenda and wider determinants of health through the response to the Long Term Plan and new Joint Health and Wellbeing Strategy for Cambridgeshire & Peterborough and the Health and Wellbeing Boards (HWBs)
- Scope for public health to be more visibly strategic:
  - Recognition of deprivation and health inequalities – good examples in Fenland but there other areas in Cambridge and Peterborough that need targeted interventions to help people and save money in the long term
  - examples of good public health projects but fragmented & missed opportunities by public health for a more expansive role

# *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?*

## Strengths

- Shared strategic roles across PCC & CCC are building blocks for whole system ownership
  - Health & Wellbeing Boards committed to working together and a shared health and wellbeing strategy could drive ownership
  - New JSNA & JHWS provides a vehicle to elevate the prevention and population health and wellbeing agenda
  - Impressive amount of data/intel that describes the area, needs and challenges with an opportunity to maximise/rationalize/ look at synergies to shape inform & strategic priorities and focus action (got the Health Analytic Community (HAC) group to do this)
  - System wide approaches having an impact e.g. 'Stronger for Longer', 'Best Start in Life' and Suicide Prevention Strategy
  - Examples of data and insights informing strategy and commissioning e.g. Active Transport; local health and wellbeing strategies
  - District councils have a strong ownership of the health of their local population and a range of activities to support health improvement supported by Public Health e.g. 'Health is Everyone's Business' workshops, Workplace Health Programme and 'Making Every Contact Count' training
  - Good examples in the Sustainability and Transformation Partnership (STP) of partnership working on preventative issues for older people e.g. Delayed Transfers of Care (Use It or Lose It Campaign); Falls Prevention and community service offer
  - Combined Authority (CA) has launched an independent commission on public service reform and commissioned work on achieving a stronger health and care system
-

***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?***

Areas for further consideration - 1

- Lacking an overarching shared system narrative and vision to set out what the future looks like for integration and reform outside of the hospital & growth agendas – this is needed to harness/focus prevention activity (CA/STP/new JHWS)
  - Complexity within the system that is not helping to focus capacity and action:
    - the number of boards
    - the number of priorities, some that are conflicting
  - Capitalise on people's understanding of the need to collaborate to continue to build trust in order to go further with joint commissioning (place based) and enable risk sharing
  - Multiple locality footprints: STP; Think Communities; GP Networks; Community Services Neighbourhood Teams
  - Major cost drivers of Children and Young People services and & Adult Social Care - so how do you incorporate the population health and wellbeing agenda and the contribution of public health to help manage demand e.g. obesity and diabetes in children and young people
  - Language not based on common interpretation and understanding e.g. integration; prevention; public health; health; population health; healthy communities
-

***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?***

Areas for further consideration - 2

- Partners to agree how best to use the JSNA in order to systematically drive change and inform decision making across the whole system – including rationalising reports and content
  - System not being driven by improving health and wellbeing outcomes or ‘size of the prize’ e.g. role of prevention is recognised as important but not given sufficient profile and priority at STP level
  - Voluntary and community sector is underused and could be better joined up
-

## *2. To what extent have the Councils embraced the role of custodians of the public's health?*

### Strengths

- The Director of Public Health and Public Health staff are well regarded both internally and externally for their experience, knowledge and skills
  - Good examples of collaboration between Public Health and other council services e.g. transport, licensing and externally
  - Public Health appear to be very good at delivering core services such as falls, sexual health services and smoking cessation
  - Public Health are very good at understanding the area and aspects of need – more to be done to communicate the findings consistently
  - Some people in other directorates have an appreciation of what Public Health contribute and where they could do more
  - Cambridgeshire are acting as the custodians of the public's health in Fenland but it appears limited to Fenland – it should be quickly applied to elsewhere and apply the lessons learned
-

## ***2. To what extent have the Councils embraced the role of custodians of the public's health?***

### Areas for further consideration

- The importance of all elected members and officers understanding the role of Public Health - and their own contribution - in improving the health of the population needs to be tackled systematically
  - Public Health seem to have a very narrow view of the role of public health and the influencing role and contribution they can make
  - We received mixed messages about how well Public Health works with other partners – there are missed opportunities for Public Health staff to use to their status and intellectual rigour to influence other partners - more needs to be done to influence other parts of the council and partners on the wider determinants of health
  - There is an opportunity to join up the traditional Public Health activities with Care Act prevention responsibilities e.g. tackling social isolation
  - There needs to be a culture change across all organisations to enable a Health In All Policies approach
-

### *3. How effective is public health activity in improving outcomes?*

#### Strengths

- Quality of public health data and experience of analytics staff is recognised across the system including how they work with other business intelligence teams
  - Public health supporting district councils to make use of data/intel to inform decision making e.g. licensing and local planning
  - Successful projects where Public Health have been involved e.g. Falls Prevention, AF, Active Families, Can do (Lincoln Road)
  - Commissioning targeted interventions based on need e.g. Integrated Lifestyles services; sexual health services in Wisbech; drug & alcohol services
-



### *3. How effective is public health activity in improving outcomes?*

#### Areas for further consideration

- Lots of public health activity and projects but not aligned to system wide agreed outcomes and often not joined up
  - Public health not always at the table early enough for some key initiatives therefore missed opportunities for the important influencing role about population health and wellbeing
  - Consideration should be given to strengthening communication and alignment across the commissioning teams of People & Communities and Public Health, in the context of the broader joint commissioning agenda with the NHS, in order to:
    - Improve efficiency
    - Improve outcomes
    - Enable Public Health capacity to help address wider determinants
  - Public Health role in connectivity and facilitation needs to be recognised and developed
-

#### ***4. How effective is the reach and communication with communities in order to positively affect population health?***

##### **Strengths**

- Some excellent locality schemes, initiatives and projects targeted to improving health and wellbeing of local people e.g. Healthy Fenland Fund; Let's Get Going; and Can Do areas
  - Enabling role of Public Health on social media campaigns e.g. running and cycling in Peterborough
  - A vibrant and engaged VCS that is building a track record of successful delivery through exploring community assets e.g. Living Sport, 'Needless Needles'
-

## ***4. How effective is the reach and communication with communities in order to positively affect population health?***

### Areas for further consideration

- Empower/enable VCS and other partners to help shape and deliver more on neighbourhood priorities
  - Consider how all elected members can best be supported to champion health and wellbeing in their communities e.g. resources to pump prime mainstream or spread good work (Timebank)
  - How best to engage with partners to break down barriers and build confidence and trust to improve health and wellbeing e.g. getting a link into primary care
  - Better exploit the opportunities to join up the dots by connecting people and processes to tackle inequalities more effectively e.g. networking
  - Be more open to opportunities from partners to address wider determinants of health e.g. social prescribing initiatives
  - Consider how commissioning can be harnessed to secure improved health and wellbeing and tackling health inequalities e.g. longer contracts, shared outcomes, build resilience
  - Consider opportunities to align across the system to focus efforts to improve health and wellbeing and tackling health inequalities:
    - JHWP strategy and STP
    - Combined Authority
    - Releasing resources
-

# Recommendations

- 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 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 e.g. further scope joint commissioning with the CCG
-