# Tackling prevention and supporting community engagement

# in Cambridgeshire and Peterborough

Cambridgeshire and Peterborough Integrated Care System wants to encourage innovation and wide engagement at a local level that includes a broad range of sectors including the Voluntary, Community and Social Enterprise (VCSE) sector, Local Authorities and our Partnerships (North/South/Mental health, learning disability and autism/Children’s and maternity) to facilitate the development of our ICS as an anchor system**.**

To facilitate this and support local communities and community engagement, the ICB has made available a one-off investment of £1.2m in 22/23 (for spend in 23/24) for District Councils (allocated on a pro rata basis) for working with Places and VCSE organisations on prevention and community engagement initiatives. We would also hope that given the positive impact of these schemes that District Councils will seek to match fund – either in part or in whole – to support these local initiatives. District Councils may also choose to partner in their bids including across the whole system.

## The Strategic Context

### The ICS as an ‘Anchor System’

An anchor institution that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy and enhancing social value.

The ICS is uniquely placed to bring together NHS anchor institutions with other system partners, by facilitating partnerships and supporting the creation of ‘anchor systems.’ The value of doing so will be to promote aligned agendas and share best practice, whilst facilitating collaboration and culture change at a system level.

### Health Inequalities

Identifying and tackling inequalities is a priority for our ICS as set out in our [Health & Wellbeing Integrated Care Strategy](https://www.cpics.org.uk/health-wellbeing-integrated-care-strategy). Our overarching aim is to work towards ensuring everyone living in Cambridgeshire and Peterborough has equitable healthcare access, experience and health outcomes, no matter where they live. For this programme we have five areas of focus which we know are significant issues for our population:

* Frailty
* High Impact users
* Advanced illness
* Children’s & Young People’s Mental Health
* Cardiovascular disease (CVD)

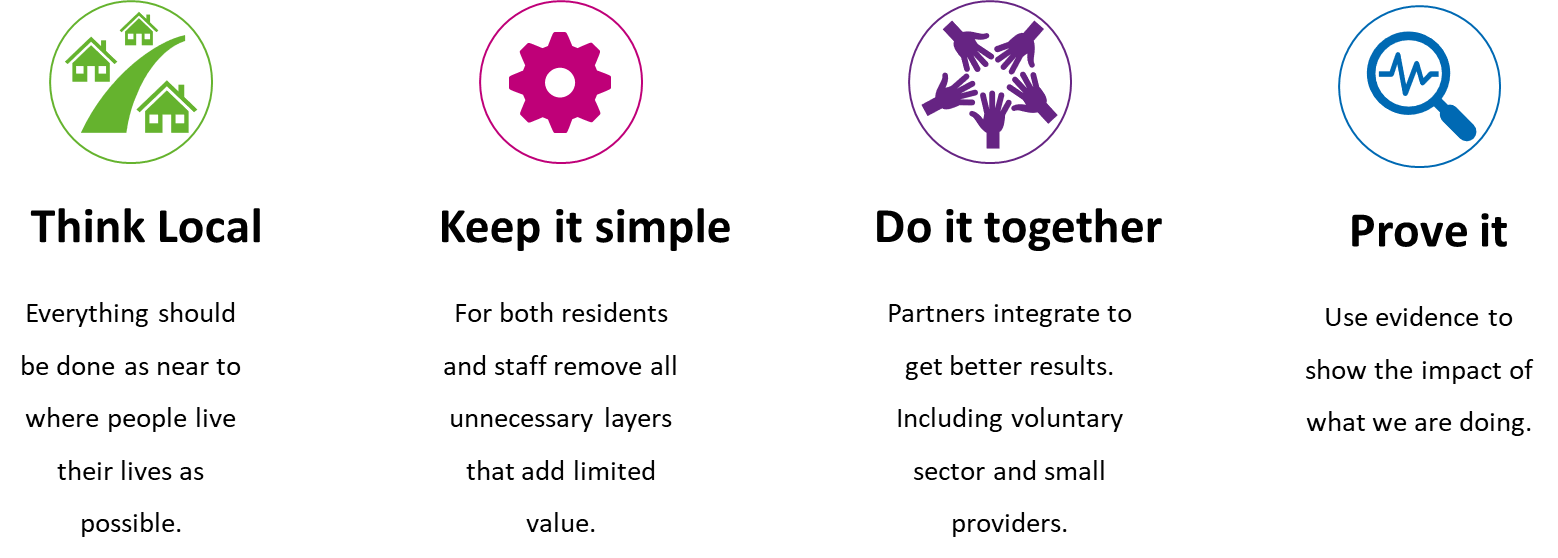
## The vision

To respond to the strategic aims of the ICS, your scheme must be designed to help people and root this work in their local communities by solving at least one of the following issues:

1. Activate people to care about and **take control of their health and** **address the** **prevention** agenda
2. Support the **health inequalities** aims (as set out above)
3. Target the **most vulnerable** sections of our population (inc. new communities)
4. Facilitate **community engagement**, and offer additional solutions and support routes
5. How the project will **link to other initiatives and structures** in the ICS i.e. Integrated Neighbourhood projects

## The criteria

All schemes must be aligned to the ICS design principles:



We wish to encourage wide engagement across and including a broad range of sectors including the voluntary sector, Cambridgeshire County Council and North/South Places to facilitate further integration and collaboration. The ICS has principles for our engagement work, which should be used to guide the projects – these are set out in the [ICS People & Communities (Engagement) Strategy](https://www.cpics.org.uk/download.cfm?doc=docm93jijm4n1745.pdf&ver=3487).

## Scheme criteria

The following criteria should be considered when developing the scope of the scheme, acknowledging the impacts of each to a greater or lesser extent dependent on the scheme type.

* **Specification:** Does the scheme meet one of the key objectives set out in the vision?
* **Innovation:** Does the scheme introduce a new or original adaptive way of working?
* **Understanding:** Does the schemedemonstrate a knowledge of the issue it is trying to resolve?
* **Health Inequalities impact:** Whether the scheme will have a significant impact upon the target group.
* **Purchasing/employment:** does it widen access to work and/or purchase more locally and for social benefit?
* **Environmental:** Does it reduce the environmental impact and use existing buildings, space and resources?
* **Quality:** Is the scheme fit for purpose and has the project met any relevant safety, governance, security or other applicable standards?
* **Value for Money:** How will the scheme be match funded by the district council? Can the scheme be demonstrated as an efficient use of financial resources, is it comparable to similar best practice initiatives locally and/or nationally in terms of value for money?
* **Sustainability:** Is the scheme likely to have a realistic chance of continuing once the funding comes to an end?
* **Integration:** Does the scheme evidence engagement and collaboration across the ICS e.g. VCSE, CCC and Places?

Further advice/information can be provided to support the development of the schemes should you need a discussion about this.

We also ask Districts and their partners to work in partnership and involvement with the IN Teams throughout the process to support the emerging maturing of IN Teams and with the ICS Communications Team in the promotion of the schemes.

**Each District Council will each receive a grant of up to the value shown in the table below to support the solution they have developed and be asked to sign an agreement to deliver the project.**

Eligibility

* Schemes must be delivered in the areas and to target groups of people specified in the vision.
* Schemes must be delivered with the involvement and contribution of the integrated neighbourhood partners relevant to the target groups of people in the local area.
* Schemes must meet the principles set out in the criteria
* Scheme must be able to provide robust evidence on outcomes for the target group
* Schemes and their outcomes must be shared with partners across the ICS to share learning
* Schemes can be developed with VCSE, private sector, public sector bodies and NHS organisations of any kind, providing they have the support of the District/Unitary Council
* Funding is non-recurrent and must be invoiced by District Councils in FY22/23, by submitting an invoice to the ICB for the stated allocation. Beyond this funding allocation, should the initiative be continued, an alternative source of funding should be identified.

## Using the funding

What the funding can pay for:

* Consultants or expert advice
* Web, media or marketing materials for your project
* Any activities beneficial to the development of your project
* Materials for the manufacture of items related to your project
* Staff costs associated specifically and exclusively with the project
* Infrastructure crucial to the delivery or testing of your project such as tooling, internet subscriptions, etc

What the funding cannot pay for:

* Organisational running costs, such as existing staffing, moving services online, installing or upgrading internet connectivity at your organisation’s office, or computers or mobile phones for staff
* Wages for staff that is not at least the [Real Living Wage](https://www.livingwage.org.uk/become-a-living-wage-employer?gclid=EAIaIQobChMI5fj6r9DY8wIVErfICh0EJgK0EAAYASAAEgK5KPD_BwE)
* As additional top-up funds to an existing project already funded by a public sector body, unless there is a clear rationale for this
* The continuation of business as usual for an organisation
* Large scale infrastructure programmes such as installing community Wi-Fi
* Anything already covered by core funding or otherwise already funded

## Demonstrating return on investment

The aim is that we stimulate innovation and transformation, therefore there is an inherent risk that not all projects will be successful. However, all projects need to be sufficiently targeted and measurable to provide materials for an ICB case study at the end of the initiative, including:

* Showing clear impact and outcomes for the population
* How it has supported closer collaboration and partnership working
* Show how the budget has been spent and a demonstrable return on investment
* Using appreciate enquiry to create case studies of the benefit of the project from the users perspective
* If the project has not been successful to be able to provide an analysis of the contributing factors for this and any learning for future initiatives including adoption and spread in other parts of Cambridgeshire and Peterborough.

## Pro Rata Allocation

The £1.2m allocation will be distributed across the organisations as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **District/City Council** | **Huntingdonshire** | **Cambridge City** | **South Cambs** | **East Cambs** | **Fenland** | **Peterborough City Council** |
| **Population\*** | 178,985 | 125,063 | 160,904 | 90,172 | 102,080 | 202,626 |
| **%** | 20.8% | 14.5% | 18.7% | 10.5% | 11.9% | 23.6% |
| **£** | £249,600 | £174,000 | £224,400 | £126,000 | £142,800 | £283,200 |

\*As per ONS Population Estimates 2020 available at: <https://cambridgeshireinsight.org.uk/population/reports/#/view-report/f7de925f5608420c825c4c0691de5af2/E07000008>

## Timeline

**The proposals and invoices for the above allocations are needed by** **20 March 2023.**

* Proposals to: Kit Connick: [kit.connick1@nhs.net](mailto:kit.connick1@nhs.net)
* Invoices to:

QUE Payables N215

NHS Cambridgeshire & Peterborough

PO Box 312

LEEDS

LS11 1HP

Funding will be released to District Councils in March 2023. However, it will not be approved for spend to the relevant DC until the proposal has been ratified by the ICB team, North and South Place Partnerships and the two Collaboratives (MH/LD and Child&Mat) to make sure there is system-wide support for the schemes and an integrated approach to delivery from all partners.

**Appendices:**

Children’s & Young People’s Mental Health

* Peterborough has the highest rate of hospital admissions as a result of self harm (10-24 years) in 2020/21 in the region with 607 per 100,000. Source: FingerTips - [Public health profiles - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fsearch%2Fself%2520harm%23page%2F3%2Fgid%2F1%2Fpat%2F6%2Fpar%2FE12000006%2Fati%2F402%2Fare%2FE06000031%2Fiid%2F90813%2Fage%2F305%2Fsex%2F4%2Fcat%2F-1%2Fctp%2F-1%2Fyrr%2F1%2Fcid%2F4%2Ftbm%2F1&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410030405%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0gkbQAww0VEolj1Fl%2BM5Y2De%2BkMgFbZH1ROpqUM2N44%3D&reserved=0)
  + This is particularly the case for 10-14 year olds - [Public health profiles - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fsearch%2Fself%2520harm%23page%2F3%2Fgid%2F1%2Fpat%2F6%2Fpar%2FE12000006%2Fati%2F402%2Fare%2FE06000031%2Fiid%2F92796%2Fage%2F5%2Fsex%2F4%2Fcat%2F-1%2Fctp%2F-1%2Fyrr%2F1%2Fcid%2F4%2Ftbm%2F1&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410030405%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=R5BL%2FTSQdluza4p8Z0NvqPYvwHUm3yZuQrUeFBrBWuc%3D&reserved=0)
  + Please note for both of these indicators the confidence intervals are broad due to the sample size i.e. small numbers in a small population.
* Across England 2.8% of school age children have a social, emotional or mental mental health need.  Source: FingerTips - [Children and Young People's Mental Health and Wellbeing - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fprofile-group%2Fmental-health%2Fprofile%2Fcypmh%2Fdata%23page%2F1%2Fgid%2F1938133090%2Fati%2F15%2Fcid%2F4%2Ftbm%2F1&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410186639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4T%2F8HXPB9JDJjnXF7%2FH05vbY6GQZrCwjNCifKSkx3hQ%3D&reserved=0)
* It is estimated that 16.9% of those aged 16+ have a common mental disorder. Source: FingerTips - [Children and Young People's Mental Health and Wellbeing - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fprofile-group%2Fmental-health%2Fprofile%2Fcypmh%2Fdata%23page%2F1%2Fgid%2F1938133090%2Fati%2F15%2Fcid%2F4%2Ftbm%2F1&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410186639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4T%2F8HXPB9JDJjnXF7%2FH05vbY6GQZrCwjNCifKSkx3hQ%3D&reserved=0)

Frailty

* Around 10 per cent of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85.
* Population forecasts predict that by 2041 we will see an increase of 128% of over 85 year olds in Cambridgeshire and Peterborough as well as increasing population in 65-84 year olds.
* Frailty prevalence in the over 85s is rising to between 25% and 50% (Age UK)

People who use health services very frequently:

* There is a clear link between high intensity use of services (particularly urgent and emergency care services) and wider health inequalities.
* Those who frequently attend emergency departments (ED) are generally low in numbers, but their impact on the wider health system is significant[[1]](#footnote-1)
* In 2019, data showed that approximately 2% of the general population used emergency services at least once, 76% of these patients attending only once. However, there were a small proportion (68 patients) who attended 20 or more times in a twelve-month period, with the highest number of attendances being 97 in the same timeframe. These patients were more likely to be discharged without follow up compared to non-high intense users.
* More recently, between April and October 2022, there were 255 patients identified as attending ED 10 or more times amounting to a total of 3,783 visits. This cohort of patients also had contact with:
  + 111 service (1,158 times)
  + The ambulance service (1,469 times)
  + Mental health service contacts (6,459 times)
  + Outpatient appointments (2,027 times)

Advanced illness

* In 2020 the recorded prevalence of dementia in the Peterborough population aged 65+ was 4.65% and 3.53% for Cambridgeshire. Source: Fingertips - [Public health profiles - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fsearch%2Fcancer%23page%2F3%2Fgid%2F1%2Fpat%2F6%2Fpar%2FE12000006%2Fati%2F402%2Fare%2FE06000031%2Fiid%2F40501%2Fage%2F163%2Fsex%2F4%2Fcat%2F-1%2Fctp%2F-1%2Fyrr%2F1%2Fcid%2F4%2Ftbm%2F1%2Fpage-options%2Fcar-do-0&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410186639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UVtjtTII2aEHZpGL0GMqEBOkunN7pBnAQUjyDcfu5vo%3D&reserved=0)
* In 2020 the under 75 mortality rate from cancer (persons, 1 year range) per 100,000 (Directly age standardised) in Peterborough was 146.4, the second highest in the region and above the England rate. Source: Fingertips - [Public health profiles - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fsearch%2Fcancer%23page%2F3%2Fgid%2F1%2Fpat%2F6%2Fpar%2FE12000006%2Fati%2F402%2Fare%2FE06000031%2Fiid%2F40501%2Fage%2F163%2Fsex%2F4%2Fcat%2F-1%2Fctp%2F-1%2Fyrr%2F1%2Fcid%2F4%2Ftbm%2F1%2Fpage-options%2Fcar-do-0&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410186639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UVtjtTII2aEHZpGL0GMqEBOkunN7pBnAQUjyDcfu5vo%3D&reserved=0)
* Across the ICB around 3,727 people are receiving palliative/supportive care, which is around 0.4% Source: Fingertips - [Public health profiles - OHID (phe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffingertips.phe.org.uk%2Fsearch%2Fpalliative%23page%2F4%2Fgid%2F1%2Fpat%2F15%2Fati%2F167%2Fare%2FE38000026%2Fiid%2F294%2Fage%2F1%2Fsex%2F4%2Fcat%2F-1%2Fctp%2F-1%2Fyrr%2F1%2Fcid%2F4%2Ftbm%2F1&data=05%7C01%7Csimon.howard7%40nhs.net%7Caab0e80ce7bb4b9b68ae08db14fcd8ac%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638126848410186639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fkRCvkf%2F97Tmk%2FowQsh0eB%2Fg3qeKollfH%2BsitsXieMI%3D&reserved=0)

Cardiovascular disease

* Cardiovascular disease (CVD) is a general term for conditions affecting the health or blood vessels.
* Globally, more people die from CVD than any other cause.
* Between 2016-18, CVD accounted for 24.9% of all deaths in Cambridgeshire and Peterborough.
* CVD is among the largest contributors of health inequalities, accounting for approximately one-fifth of the life expectancy gap between the most and least deprived communities.
* Preventable, under 75 years of age, mortality rates for CVD are significantly worse in Peterborough compared to the England and regional average.
* You are at greater risk of CVD if you have diabetes, or a family history of heart disease, if you are a smoker, or are from a Black, Asian or minority ethnic background.
* Smoking prevalence in Cambridgeshire and Peterborough are positively correlated with rates of deprivation (i.e., higher smoking rates in more deprived areas).
* Fenland district has the highest smoking prevalence rate in England.
* The prevalence of overweight (including obesity) are closely correlated with rates of deprivation, with both rates of both childhood and adult

Discharge

* Rates of patients being delayed in their discharge from acute hospitals across the eastern region in December 2022 was 14.25%. In Cambridgeshire and Peterborough the average rate over the same period was 21.5%. This meant more people were spending long in hospital when they didn’t need to be there in our system.
* At NWAFT, which is the main acute hospital trust in the north of the Cambridgeshire and Peterborough ICS, an area in approximately 95% of the people from our most deprived quintile live, had an average of 28.25% delayed discharges in this period whereas at CUH which is the main acute hospital provider for the south of the system where most of the people from the least deprived areas live, averaged 15.75% delayed discharges at the same time.

1. British Red Cross report, “Nowhere else to turn: Exploring high intensity use of Accident and Emergency services”, November 2021: <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/exploring-the-high-intensity-use-of-accident-and-emergency-services>) [↑](#footnote-ref-1)