

## CAMBRIDGE LOCAL HEALTH PARTNERSHIP

**Date:** Thursday, 29 November 2012  
**Time:** 12.15 pm  
**Venue:** Committee Room 2 - Guildhall  
**Contact:** Graham Saint **Direct Dial:** 01223 457013

### AGENDA

#### 1 APOLOGIES

#### 2 PUBLIC QUESTIONS

#### 3 MINUTES (*Pages 1 - 6*)

To approve the minutes of the meeting held on the 13<sup>th</sup> September 2012.  
(*Pages 1 - 6*)

#### 3a Matters Arising (*Pages 7 - 8*)

Actions outstanding from the last meeting:

- 12/12/CLHP Update on the new cross-authority Home Aid Service: to follow.
- 12/12/CLHP Link to Safer Homes report:  
<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/AgendaItem.aspx?agendaItemID=5981>
- 12/13/CLHP Terms of Reference for South Cambs Ageing Well Group: to follow.
- 12/13/CLHP Briefing note on growth areas, networking and community cohesion attached.

#### 4 UPDATE ON THE WORK OF THE SHADOW HEALTH AND WELLBEING BOARD (SHWB BOARD) (*Pages 9 - 38*)

The minutes of the SHWB Board meeting held on 11 October 2012 are attached. A draft agenda for the next meeting on 16 January 2013 is also attached. Members are invited to comment on the work of the Board and to identify issues where local contributions can be made.

Now that the Health and Wellbeing Strategy is in place the process of planning actions that will deliver its objectives has begun. A paper showing how the actions will be developed is attached. Jas Lally will outline how the Cambridge Local Health Partnership can contribute to this process and set it's own priorities. A paper "Agreeing our Local Priorities" is attached.

*(Pages 9 - 38)*

**5 CASE STUDY WORKSHOP** *(Pages 39 - 42)*

A Workshop was held on 22 November looking at information flows and communication between local GP's and Housing Officers. A number of case studies were used to help prompt discussions. The workshop papers are attached.

Jas Lally will highlight some of the areas of focus in the workshop, the agreed actions to emerge and what will happen next. *(Pages 39 - 42)*

**6 AGEING WELL AND COMMUNITY NAVIGATORS** *(Pages 43 - 48)*

This is an opportunity for members to talk to the Community Navigator covering Cambridge about their initial views about existing activity for older people in the City and how they have started to build up a local network. Members reserved judgement about the need for a new Forum in the City and wanted to ask stakeholders their views first, taking into account present partnership working. *(Pages 43 - 48)*

**7 JOINT COMMISSIONING STRATEGY FOR THE MENTAL HEALTH AND WELL-BEING OF ADULTS OF WORKING AGE** *(Pages 49 - 56)*

Members are asked to give their initial views on this developing strategy. A summary of its purpose and scope is attached. This item is intended for information as scrutiny of this strategy is taking place elsewhere. Members may wish to give their initial views. *(Pages 49 - 56)*

**8 FORWARD PLAN** *(Pages 57 - 58)*

A copy of the Panel's Forward plan is at attached. Members are invited to consider the issues they wish to discuss at future meetings. *(Pages 57 - 58)*

**9 DATE OF NEXT MEETING**

The next meeting is scheduled for 10 January 2012, starting at 12 noon.

## ***Information for the public***

### **Public attendance**

You are welcome to attend this meeting as an observer, although it will be necessary to ask you to leave the room during the discussion of matters which are described as confidential.

### **Public Speaking**

You can ask questions on an issue included on either agenda above, or on an issue which is within this committee's powers. Questions can only be asked during the slot on the agenda for this at the beginning of the meeting, not later on when an issue is under discussion by the committee.

If you wish to ask a question related to an agenda item contact the committee officer (listed above under 'contact') **before the meeting starts**. If you wish to ask a question on a matter not included on this agenda, please contact the committee officer by 10.00am the working day before the meeting. Further details concerning the right to speak at committee can be obtained from the committee section.

### **Filming Protocol**

Filming, recording and photography at council meetings is allowed subject to certain restrictions and prior agreement from the chair of the meeting.

Requests to film, record or photograph, whether from a media organisation or a member of the public, must be made to the democratic services manager at least three working days before the meeting.

### **Fire Alarm**

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**CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

13 September 2012

12.00 - 1.35 pm

Tom Dutton (Assistant Director, Strategy & Delivery Directorate / Strategy Lead CATCH)

Mike Hay (Head of Quality and Transformation, Cambridgeshire County Council, Adult Social Care),

Rachel Harmer (GP Cam Health),

Jas Lally (Head of Refuse and Environment, Cambridge City Council),

Geraldine Linehan (GP, NHSC),

Inger O'Meara (Health Improvement Specialist, Cambridgeshire NHS)

Mike Pitt (Executive Councillor, Cambridge City Council),

Liz Robin (Director of Public Health, Cambridgeshire County Council)

Jez Reeve (Chief Executive, Cambridge Council for Voluntary Services),

Paul Sales (Cambridgeshire County Councillor)

Graham Saint (Strategy Officer, Cambridge City Council)

Wendy Quarry (JSNA Programme Manager, Cambridgeshire County Council),

Toni Birkin (Committee manager, Cambridge City Council)

**12/9/CLHP Apologies**

Apologies were received from Mike Hay, Councillor Carina O'Reilly, Wendy Quarry and Jez Reeve

**12/10/CLHP Public Questions**

There were no public questions.

**12/11/CLHP Minutes and Matters Arising**

The minutes of the meeting of the 3<sup>rd</sup> July 2012 were agreed as a correct record.

**Matters Arising**

Links to the County Council Shadow Health and Wellbeing Board are now available on the City Council web pages and can be found here: <http://www.cambridge.gov.uk/democracy/mgCommitteeDetails.aspx?ID=347>

Tom Dutton said that he will also keep the partnership informed of any relevant consultations or reports from the Local Commissioning Groups.

Contact details for housing issues. Arrangements have been made in the Council's Customer Access Centre to receive calls from local GP's about housing issues, so that they can be directed to appropriate officers who can help with their problems.

### **12/12/CLHP      Update on the work of the Shadow Health and Wellbeing Board**

Liz Robin gave an update on the work of the Shadow Health and Wellbeing Board. She said that successful consultations had been undertaken with 58 stakeholder groups, so far. The findings from the consultation will be reported back to the Shadow Board in the October committee cycle and then onto district forums.

A report about the Safer Homes initiative, including wider preventative strategies will be presented at the next meeting. The new, cross-authority, home aid service will be a part of this. Jas Lally would contact Alan Carter for an update on the service to be shared with the partnership.

**Action: Jas Lally**

Other reports will cover the preparation of the **Victim and Offender Joint Health Needs Assessment and the areas of immediate action for the partnership**. Cllr Smart reported that City Councillors had recently met with the Police. There was now a named officer to address domestic violence matters. Concerns were raised that the force appeared to be losing senior officers who had experience in this area.

Liz Robin's also reported that Healthwatch were keen to engage with this partnership and that this was something that the partnership could look at, at a future meeting. Liz announced that there was likely to be another round of "Winter Warmth" funding.

### **12/13/CLHP      Ageing Well Programme and Community Navigators**

Ageing Well

Mike Hay reported on the Ageing Well Programme and drew attention to its emerging themes: connections to other people, being active, feeling safe and supported, learning opportunities and transport concerns.

The partnership was asked to consider setting up a local Ageing Well Group. Concerns were raised about what such a group would add to the existing networks and the possibility of duplication of work done by groups such as COPE. The partnership asked to see the Terms of Reference of the equivalent South Cambridgeshire group to assess what additional contribution one like it in Cambridge could contribute.

**Action: Mike Hay**

The Partnership agreed that they would need more details on what was already available in the area for older people and how those groups and services network with each other. If no definitive list exists, a piece of work could be commissioned.

### Community Navigators

Mike Hay updated the partnership on the Community Navigator Project. This three-year project aims to signpost potential service users to statutory and voluntary organisations that might be of assistance to them. The navigator approach is based on successful scheme in operation in Dorset. However, the Dorset scheme only covered rural areas. The navigators in Cambridgeshire were now in post and would be invited to this partnership at a later date.

Work had begun to establish what organisations and services are available at present and where the gaps were. Research to examine 'trigger events' that bring services users into contact with providers was also planned.

The partnership agreed that many links are already in place and that most advice agencies had their own list of community services. What was lacking was a comprehensive list held by a lead agency. Some concerns were raised about how this approach would work in a complex urban environment when the natural geographical boundaries were less obvious.

The partnership asked that the Community Navigator covering Cambridge is invited to a future meeting of the partnership to outline his/her work programme and to give initial views about the area. It was felt that that GP's could be a very useful link for the community navigators.

**12/14/CLHP      Developing a response to the HWB consultation draft strategy**

Jas Lally introduced the draft response to the Cambridgeshire Health and Wellbeing Strategy 2012-17. It reiterated the partnership's approach on the need to focus on a manageable number of priority areas. The response will be reviewed to ensure that all issues raised at the last partnership meeting were included. It was agreed that more emphasis should be given in the response to mental health issues, including child mental health as this area is a big issue for Cambridge. Paul Sales outlined some of the recent work of the Adults Wellbeing and Health Overview and Scrutiny Committee in relation to mental health services. The Chair ask for Paul to be sent a revised version of the draft, to offer comment.

**12/15/CLHP      Developing a Work Programme for the Cambridge Local Health Partnership**

The partnership considered the themes for further investigation. These included, any issues that emerged from the planned GP case study workshop, mental health, ageing well and alcohol related issues.

The partnership agreed to move 'ageing well' to the bottom of the priority list, as there is already a lot of work on-going in this area at present. Likewise, child mental health is under review by the County Council and the partnership would monitor the progress and contribute where appropriate.

The partnership stressed the need for good communication with other partnership bodies to avoid duplication of work and to maximise results from existing resources. Concerns were raised about how the partnership could keep track of the work of other groups and cross cutting issues.

The partnership suggested that there were emerging issues related to the growth agenda and new communities. New communities had a high proportion of residents for whom English was not the first language and this presented health care issues.

Community cohesion in growth areas was discussed. The Head of Community Development was leading on this and a full time Community Engagement Officer was now in post to work in the growth areas. A briefing note on growth areas, networking and community cohesion was requested.

**Action Jas Lally**



**12/16/CLHP      Agreeing a Forward Plan for the Partnership****Cambridge Local Health Partnership – Forward Plan**

<b>Subject</b>	<b>Background</b>	<b>Lead Member/Officer</b>
<b>29<sup>th</sup> November 2012</b>		
GP led case studies	Feedback and discussion on workshop looking at GP cross agency issues (This item to include Winter Warmth).	Jas Lally  Jas Lally / Liz Robin
Adult Mental Health Strategy	The service strategy is currently out for consultation. To give members an update on progress.	Graham Saint / Jane Belman
<b>TBC January 2013</b>		
Community Navigators	The Cambridge Navigator and Head of Community Development (Trevor Woollams) to be invited to meeting	
Briefing note on developing communities in growth areas	To give a feel for the networks that might be put in place to make the new communities more cohesive	
Update on the developing HealthWatch	To assess the role of this body in the locality and how it could relate to other health related services and the partnership.	
Ageing Well	How are the other locality groups covering district council areas developing and whether there is a need for a similar group in Cambridge	

**12/17/CLHP      Date of Next Meeting**

The next meeting will be on 29<sup>th</sup> November 2012

The meeting ended at 1.35 pm

**CHAIR**

## **Short Briefing Note on Community Cohesion in the Growth Areas 28.9.12**

### **Overview**

#### **Southern Fringe**

Over 4,000 new homes across the southern fringe on Cambridge, most within the city boundary in Trumpington ward but including 600 homes just over the border in Halsingfield Parish. Also a major expansion of Addenbrookes.

Includes new primary and secondary schools and a major new community facility with health centre and library and touch down space for police and social care workers (The facility is being built by the City Council), lots of public open space.

Work underway at Clay farm, Glebe Farm and Trumpington Meadows. The first residents have moved in.

Partnership approach to ensuring new communities are fully integrated with existing communities. Community Forum meets quarterly and brings together partners, officers, members, developers, residents in open meetings where progress is discussed, options considered and questions answered.

Sub-group comprising officers from City, County, South Cambs, Health, local police, education, BPHA etc. meets monthly and co-ordinates service need and activities across the sites. Supported by dedicated Community Development Officer who manages (currently recruiting) a small team including youth workers. Paid for by developer contributions (for 3 to 4 years). Their role is to welcome every new resident, ensure they have the information they need and encourage them to engage in local community activities.

There are a number of formal and informal groups that have spun off to take forward particular activities or projects. For example, a project group is taking forward community and stakeholder engagement to design the Clay Farm Community Facility.

Work includes ensuring services are planning for new arrivals, preparation of welcome packs, planning neighbourhood activities to bring new arrivals together with existing residents. Also manage a community website: <http://www.trumpingtononline.org.uk/> Updates are posted by partners and Trumpington Residents Association.

A work plan covering the needs of children and young people has been produced by partners and is being overseen by the City and South Cambs Children and Young People's Area Partnership.

Key to the success so far has been early engagement with Trumpington Residents Association over a number of years. They have been and remain very supportive and engaged with the process.

## **North West Cambridge**

Over 5,000 new homes plus 2,000 student accommodation units partly within Castle ward within the city boundary and partly within Girton Parish in South Cambs.

Includes new primary and secondary schools, new community facilities and lots of open space.

University (3,000 homes plus 2,000 student units) and the NIAB 1 (1,800 homes) sites have outline planning permission and are due to start on site in 2013 subject to conditions being met. NIAB2 (around 1,100 homes) is all within South Cambs and is unlikely to come forward in the near future.

Partners are planning a similar approach to the southern fringe to community engagement although the relationships are more complex due to a greater proportion of the development being within South Cambs. The structures will include a Community Forum and sub group and also regular joint briefings for elected members from the County, City, South Cambs and Parishes and representatives from nearby Residents Associations within the city.

There is no dedicated community Development resource at the current time although it is expected that funding will be made available to employ a full time worker (with additional support over time) by developers through S106 Agreements once work starts on site. Until this support is available, officers from partner organisations are prioritising some of their time to take work forward.

## **Community Services Infrastructure Group**

This is a high-level officer group which includes as its core, County, City South Cambs, Health and BPHA officers. Its role is to ensure partners have the necessary resources in place and that decisions are being made at the appropriate times to enable growth to happen in a sustainable and cohesive way.

Trevor Woollams  
Head of Community Development  
Cambridge City Council  
28 Sept 2012

## **SHADOW HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 11<sup>th</sup> October 2012

**Time:** 2.00-4.10pm

**Place:** Kreis Viersen Room, Shire Hall, Cambridge

**Present:** J Bawden (substituting for Dr M Modha and S Bremner), M Bowmer, D Cave, Councillor S Ellington (Vice-Chairman), M Hewins, A Loades, Dr D Roberts, Dr L Robin and Councillor S Tierney

**Apologies:** S Bremner, Dr N Modha

**Officers:** M Hill, M Soper, Claire Bruin

### **57. INTRODUCTIONS AND APOLOGIES**

Introductions were made and apologies noted.

The Chairman extended a special welcome to John Wilderspin, the National Director for Health and Wellbeing Board Implementation, from the Department of Health.

### **58. MINUTES – 11<sup>th</sup> JULY 2012**

The minutes of the meeting held on 11<sup>th</sup> July 2012 were approved as a correct record and signed by the Chairman.

Councillor Ellington advised that the South Cambridgeshire Local Health Partnership would be publishing meeting dates when these had been finalised, as they were being adjusted to fit in with the Shadow Health & Well Being Board meetings.

It was agreed that a separate actions list should be produced with the minutes **(attached at Appendix 1)**.

### **59. AREAS FOR IMMEDIATE ACTION - UPDATE**

The Board received an update on progress against the four areas for immediate action. The four areas had been identified at its first Board meeting in October 2011. During discussion, the Board identified the need to:

a) Domestic Abuse

- consider the presentation on the Domestic Violence and Sexual Abuse Strategy Action Plan later in the meeting;

b) Preventing Serious Illness and Hospital Admissions in Winter

- note the submission of a bid to the Department of Health's (DoH) 2012/13 Warms Homes Healthy People project by a multi-agency group led by the Public Health team. The Board had received the in-house evaluation report of

- the 2011/12 bid at their last meeting. The 2012/13 submission had been based on the previous bid, but strengthened to include the learning from that process.
- write to the DoH, acknowledging that the bidding process had started earlier than last year, but suggesting that the process should start even earlier in future years. **ACTION: Service Director for Adult Social Care to write to the DoH highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process.**
- c) Addressing Inequalities
- note that the Health Inequalities Task and Finish Group was looking at the impending changes to the Welfare Benefits system, and was developing an Action Plan;
  - receive a report on the action plan at the next meeting. **ACTION: Task and Finish Group to report to the January Board meeting on the action plan, with the understanding that any actions that could be taken forward before that meeting should be undertaken;**
  - develop an Action Plan template.
- d) Road Safety
- note the Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) was receiving quarterly updates from the Casualty Reduction Working group, and was due to meet again shortly;
  - review the effectiveness of the CPRSP;
  - receive an update on casualty reduction at the January Board meeting; check whether the CPRSP meetings were being held in public.

A member asked about the implications for the CPRSP in relation to increased traffic in the villages adjacent to the A14 in the construction phase of the A14 improvements. The Chairman advised that measures would be put in place to prevent rat running in adjacent villages.

It was agreed to:

- (a) note the progress made against the four areas for immediate action;
- (b) agree that the Areas for Immediate Action become part of the mainstream activity for the Board where it was felt that there was added value in the Board being involved. This work would be taken forward through action planning for delivery of the Health and Wellbeing Strategy.

## 60. CAMBRIDGESHIRE DOMESTIC ABUSE AND SEXUAL VIOLENCE PARTNERSHIP ACTION PLAN

The Board considered a report on the Cambridgeshire Domestic Abuse and Sexual Violence Partnership Action Plan. The Board had previously endorsed the Partnership's 2012-2015 Strategy at their April meeting. The background to the Strategy, including issues involved and the costs of domestic abuse to services within the county were outlined. The main focus of the Action Plan was prevention and early

intervention, but additional resources and commitment to future funding needed to be identified to support this work. The Domestic Abuse Partnership Manager advised that there were year on year increases in reported domestic abuse cases in the county, and therefore demand for services was increasing– it was clear that the preventative work needed to be more effective if domestic abuse was to be eradicated.

During discussion, the Board identified the need to:

- note funding issues from the District authorities towards core funding, with only East Cambridgeshire District Council and Cambridge City Council so far having confirmed their annual contributions to the pooled budget;
- accelerate the process for evaluating the Independent Domestic Violence Advisor post, so that a commitment could be made by partners to continue the existing temporary funding and ideally increase the funding so that more Advisors could be appointed;
- present to the Clinical Commissioning Group's (CCG) Governing Body to gain their financial support;
- establish the partnership business case i.e. evidence that reducing domestic abuse reduced costs for partners, to ensure buy-in by all partners and in turn ensure that the required resources were made available.

It was agreed to endorse the Cambridgeshire Domestic Abuse and Sexual Violence Partnership Action Plan, noting the risks identified in the report.

## **61. THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

The Board received a report on the findings of the public consultation on the draft Cambridgeshire Health and Wellbeing Strategy, plus a draft Strategy for approval, which had been reviewed to reflect the comments raised in the consultation, where appropriate. The key changes to the draft Strategy were highlighted, and the Board was reminded that the Strategy would become their statutory responsibility in April 2013. The Board recorded their special thanks to Dr Kirsteen Macleod who had been key in to pulling the Strategy together.

During discussion, the Board identified the need to:

- consider the identified priorities for individuals or groups with particular needs, e.g. military/ex-military personnel, gypsy and traveller communities;
- identify where existing partnerships were working on priorities, and where there were gaps in current work, or where resources could be used more effectively;
- note that from a Clinical Commissioning Group perspective, having a pre-consultation had been very helpful;
- agree future communications of the Strategy. It was suggested that whilst that the general process of the strategy and consultation could be shared, publicising the detail widely whilst the action plans were being developed may not be appropriate. However, it was agreed that it was important to share the Strategy with partners locally e.g. Hospital Boards, so that their planning processes could be mindful of the priorities in the Strategy. It was further agreed that the Strategy should be shared nationally e.g. with the LGA, given Cambridgeshire's lead in this area;
- ensure that every care home should have a copy of the final Strategy;

- ensure that the action plan allocated responsibilities appropriately between partners, CCG and the County Council.

It was agreed to:

- i) note the findings of the public consultation on the draft Cambridgeshire Health & Wellbeing Strategy;
- ii) approve the revised Cambridgeshire Health and Wellbeing Strategy attached at Annex A to the report; and
- iii) support the next steps outlined under section 5 of the report.

## **62. DEVELOPMENT OF HEALTHWATCH CAMBRIDGESHIRE AND ITS RELATIONSHIP WITH THE HEALTH AND WELLBEING BOARD**

The Board received a report from the President of Cambridgeshire LINK on the proposals for the future working of Healthwatch Cambridgeshire (HWC) and the Health and Wellbeing Board. HWC would commence on 1<sup>st</sup> April 2013, and would retain some of the LINK functions, plus some additional ones. However, there were a number of areas, such as domestic abuse and housing, which were strictly outside HWC's remit. The Board noted how HWC was currently being established and developed, and how it was proposed that they could work with HWC in the most effective way. Particular issues relating to the types of data being shared with HWC were discussed, including commercially sensitive data, and it was noted that the intention was to share anonymised data. There was also a discussion on the valuable role of LINK/HWC on the Health and Wellbeing Board, acting as a direct advocate of the public, and other avenues for the public to raise health and social care concerns at an early stage.

It was agreed:

- that there should be a single repository to hold data and be accessible to all parties;
- future work programmes would be shared;
- officers would take these proposals forward in collaboration with Healthwatch Cambridgeshire.

## **63. SAFER HOMES SCHEME**

The Board considered a report on the work of the various Safer Homes/Handyperson schemes in Cambridgeshire, which formed a key part of the prevention work to prevent older people falling, and to alert the Board to the risks posed to the sustainability of these schemes.

During discussion, the Board identified the need to:

- note the positive outcomes of the Safer Homes/Handyperson schemes for the health and wellbeing of older people in Cambridgeshire, and the potential problems due reductions in funding;
- consider using volunteers/'informal wardens' to undertake some of the work done through these schemes;
- ensure that such schemes were easy to access and were not overly bureaucratic;



- distinguish whether it was the cost or “trusted provider” aspect of these schemes which attracted older people;
- recognise that a proportion older people were financially comfortable, and possibly adjust the pricing structure accordingly.

It was agreed to:

- note the important link between Housing and Health and both the positive contribution to the Handperson/Safer Homes schemes make to the prevention agenda across Cambridgeshire, and the opportunity to work together to address shared challenges;
- commission the Local Health Partnership Network and District Councils Health & Wellbeing Lead Members Forum to establish a “task and finish” group comprising of officers from all the District/City Councils, the Cambridgeshire & Peterborough Clinical Commissioning Group and the Cambridgeshire Supporting People Commissioning Body, to explore possible future funding and procurement options and delivery models to enable this highly successful service to continue;
- receive an options paper from the Task and Finish group at their meeting in January 2013.

#### **64. HOW WE CAN MEET OUR DUTY TO WORK IN PARTNERSHIP**

The Board received a report on the Police Authority’s strategic plans to ensure that the Police and Crime Commissioner has the information and infrastructure necessary to create a Police and Crime Plan. The County Council’s Research Manager (Information Systems & Crime) gave a presentation (**attached as Appendix 2**) on behalf of the Chief Executive of Cambridgeshire Policy Authority, which set out the Victim and Offender Needs Assessment (VONA), which could be used as an evidence based for the overlapping agendas of the Police and Crime Plan and the Draft Health and Wellbeing Strategy. The Chairman commented that the most significant way these overlapping agendas could be co-ordinated would be through a close working relationship between the Leader of the County Council and the Police & Crime Commissioner.

Board members commented that the VONA was a very good piece of work, and made comments and observations around the significant shared agenda, including the need for partnership working in areas such as deprivation, juvenile crime, early interventions and parenting capacity.

It was agreed to receive a report back to a future meeting detailing how the Board could best work with the Police & Crime Commissioner at a tactical level, including an action plan.

#### **65. NEXT TOPICS FOR STRATEGIC NEEDS ASSESSMENT (2012-2013)**

The Director of Public Health presented a report on potential topics for the next phase of the Joint Strategic Needs Assessment (JSNA), within the context of the joint Health and Wellbeing Strategy. The report outlined the topic based JSNAs that had focused on different client groups since 2007.

The Board considered additional topics suggested by stakeholders, and agreed the following four topics as those of the highest priority to Board members:

- Armed Forces
- Housing and health
- Children & Young People – chapters on disability & mental health
- Prevention of ill health for Older People

## **66. FORWARD AGENDA PLAN**

The Board agreed its current forward agenda plan subject to the following amendments:

- add a report back on Safer Homes Options to the January meeting;
- add a report on the Health Inequalities Task and Finish Group's action plan relating to the Welfare Benefits system to the January meeting;
- add a report on the CCG and commissioning intentions to the January meeting;
- add a report on working with the Police & Crime Commissioner (including an action plan) to a future meeting;
- review the March 2013 date

**ACTION: Clerk/Director of Public Health to review the forward agenda plan to reflect the above changes.**

## **67. DATE OF NEXT MEETING**

The Board noted that the next meeting would take place on Thursday, 16<sup>th</sup> January 2013, 1400hrs – 1600hrs in the Kreis Viersen Room, Shire Hall, Cambridge.

## **AGREED ACTIONS**

### **Minute 59 (c)**

- **Service Director for Adult Social Care** to write to the DoH highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process.

### **Minute 59 (d)**

- **Executive Director - Children and Young People's Services and Adult Social Care** to review the effectiveness of Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) and advise the Board;
- **Service Director for Adult Social Care** to arrange for an update to be provided from the CPRSP Casualty Reduction Working group;
- **Service Director for Adult Social Care** to check whether CPRSP meetings were being held in public and advise the Board by email.

### **Minute 60**

- **Councillors Ellington and Tierney** to investigate further the funding issues from the District authorities towards core funding;
- **Domestic Abuse Partnership Manager** to arrange to present to the Clinical Commissioning Group's Governing Body, to gain their financial support;
- **Executive Director - Children and Young People's Services and Adult Social Care** to follow up with named Members and officers on establishing the partnership business case i.e. evidence that reducing domestic abuse reduced costs for partners, to ensure buy-in by all partners and in turn ensure that the required resources were made available.

### **Minute 61**

- **Director of Public Health** to take back internal communications issues from the Cambridgeshire Health & Wellbeing Strategy to the officer group, and pick up wider communications issues with the communications team;

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## HEALTH AND WELLBEING STRATEGY – ACTION PLANNING PROCESS

To: **Health and Wellbeing Support Group**

Date: **October 2012**

### 1. PURPOSE

- 1.1 The purpose of this report is to propose a process for developing an Action Plan for the [Cambridgeshire Health and Wellbeing Strategy 2012-17](#).

### 2. BACKGROUND

- 2.1 The Health and Wellbeing Strategy represents the first step in a bold vision for the Health and Wellbeing Board and Network to achieve change together. The next step is to develop a joint Action Plan for 2013-14 with commitment from partners to align commissioning across organisations and use resources differently to meet the priorities within the Strategy. The deadline for the first draft of the action plan to go to the shadow Health and Wellbeing Board is 20 December 2012.

### 3. PROPOSAL

#### Governance

- 3.1 It is proposed that the Health and Wellbeing Strategy Development Group be decommissioned and replaced by a Health and Wellbeing Strategy Action Planning Group (APG) on a task and finish basis.
- 3.2 It is proposed that 5 Members of the Health and Wellbeing Support Group or other appropriate officers each be requested to lead operationally on action planning for one of the first 5 priorities within the Strategy. For priority 6 “Work together effectively” each lead would be asked to demonstrate how the actions for their specific priority reflect the focus areas of priority 6. Health and Wellbeing Board members will be asked to champion and strategically lead on one priority.
- 3.3 Each lead officer/Board member would establish a Priority Working Group (PWG) to develop actions for their Priority area. This group would be made up of representatives from relevant partners (including the County and District Councils, NHS, CCG and voluntary sector). The PWG would nominate a member to attend the APG and provide updates on progress.
- 3.4 The PWG would be responsible for populating the action plan template (Appendix A) and would need to:
- Identify what actions were already underway in other partnerships or organisations that would contribute to achieving the priority.

- Identify 1 or 2 areas where the Health and Wellbeing Board could make a significant difference by working together effectively and doing things differently.
  - Provide regular updates on emerging actions or themes to the APG.
  - Finalise the draft action plan for their theme by 17 December 2012.
- 3.5 The APG would be responsible for coordinating the process as well as looking at the emerging actions across the 5 priorities to ensure there was no duplication and to identify any cross cutting themes.

### **Evidence Base**

- 3.6 There is a range of evidence available to support the development of the Action Plan, alongside the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy there are also a number of responses received to the strategy consultation which will be relevant to each priority and will help inform the action planning process, these responses will be provided to the PWG lead officers.
- 3.7 It is also crucial that the views of Local Health Partnerships feed into the action planning process, therefore the pro forma at Appendix B will be circulated to the Local Health Partnerships for completion. Responses from Local Health Partnerships will help ensure local issues and actions make up part of the evidence base considered by the PWGs.

### **Principles**

- 3.8 In developing the Health and Wellbeing Strategy stakeholders agreed a number of cross cutting principles which inform how partners will work together and should be applied to the action planning process. The 'What could we do better together' column within the Action Plan template (Appendix A) is designed to facilitate this. As a reminder, these principles are:
- Reducing inequalities by improving the health of the worst off fastest.
  - Focusing on prevention.
  - Using evidence-based practice and responding to local information.
  - Developing cost effective solutions and improving efficiency.
  - Emphasising local action and responsibility.
  - Sustainability.
- 3.9 Also, as mentioned previously, the action plan should reflect the areas of focus under priority 6, namely:
- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost effectiveness.
  - Identify sustainable, long term solutions to manage increased demand.
  - Encourage increased partnership working with research organisations to better inform the evidence base.
  - Encourage increased involvement of service user representatives and local groups in planning services and policies.
  - Recognise the importance of the voluntary sector and their valuable contribution to implementing the strategy.

### **Monitoring**

- 3.10 It should be remembered that the Health and Wellbeing Strategy is a five year document and therefore the Action Plan will need to be updated regularly and should be seen as a “living” document. While only a small number of actions will be defined initially, which are unlikely to cover all the areas of focus, the number of actions will be increased as the Strategy progresses.
- 3.11 Proposals for monitoring the progress and performance of the Action Plan will be developed by the APG and presented to the Health and Wellbeing Board along with the Action Plan at the 16 January 2013 meeting. Regular updates will be provided to the Health and Wellbeing Support Group between now and January.

## **4. RECOMMENDATIONS**

- 4.1 The Health and Wellbeing Support Group is asked to endorse the proposed process for developing an Action Plan for the Health and Wellbeing Strategy.

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
<b>1. Ensure a positive start to life for children, young people and their families (94% support)</b>						
1.1 Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.	Child Poverty Strategy action plan	County / Children's Partnership				Reduced child poverty
	Huntingdonshire H&Wb Group Action Plan: 1.2.1 Support and provide a range of accessible opportunities to increase participation in sport and physical activity by targeted groups (particularly Children and Young People and those with disabilities) including vulnerable and disadvantaged young people.	Jo Peadon; HDC; SALT				To maximise the total throughput of HDC's SALT activity programme to more than 33,500.
1.2 Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.						Better integrated services for children; better transition to adult services



## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
1.3 Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.						Improved parenting skills
1.4 Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.						Empowered and confident young people; improved services
1.5 Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.						Reduced "gap" in educational attainment
<b>2. Support older people to be independent, safe and well (94% support)</b>						
2.1 Promote preventative interventions which reduce unnecessary hospital admissions for people with long	Older peoples strategy					
	Extra care strategy					

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.	Huntingdonshire H&Wb Group Action Plan: 4.1 Promote the independence of older people					
	4.1.1 Seek to prevent falls by providing the Right Start programme to help vulnerable and disadvantaged people to live independently by reducing the risk of disabling injury by keeping older people active and reducing the risk of falls	Jo Peadon, SALT (HDC) HH&Wb Action Plan				Reduced number of falls in Hunts.
	4.1.2 Seek to prevent falls by working with the re-ablement service (of CCC Social Care) to facilitate appropriate referrals	Sandie Smith, CCC Social Care HH&Wb Action Plan				To ensure the Community Navigator project in Hunts enhances/supplements existing services and adds value.
	4.1.4 Work in partnership with housing/health/social care partners to enable new extra care schemes. Bidding for capital/revenue funding where appropriate.	Care Network's Coordinator				
4.1.7 Work with Care Network's 'Community Navigator' co-ordinator to integrate the project into existing service provision in Huntingdonshire.						

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
2.2 Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.	Disabled Facilities Home Improvement Agencies Handy person schemes Affordable warmth					
	Huntingdonshire H&Wb Group Action Plan: 4.1.5 Work in partnership with Age UK to provide a Handyman Scheme for Older people in Huntingdonshire	Trish Reed (HDC, Planning and Housing Strategy)				Making the homes of elderly vulnerable people in Huntingdonshire safer and contributing to falls prevention
	Huntingdonshire H&Wb Group Action Plan: 2.1.1 Occupational Therapy Working Group to maintain the length of waiting times for assessment in Huntingdonshire to achieve equity with other districts within the county.	Trish Reed (HDC, Planning and Housing Strategy)				That residents of Huntingdonshire in need of OT assessment are not disadvantaged
2.3 Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.						

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
2.4 Ensure appropriate and person-centred end of life care for residents and their families and informal carers.						
<b>3. Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices (92% support)</b>						
3.1 Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.	Huntingdonshire H&Wb Group Action Plan: 1.1.1 Contribute to an increase in physical activity in Huntingdonshire - All leisure centres to host, assist and promote local clubs that participate on their site (including Day Rehabilitation in Ramsey).	Simon Bell, HDC, One Leisure  Jeremy Wallman, HuntsHealth Partnership				To increase active participation of sport/activity in Huntingdonshire & increasing overall participation rates at HDC Leisure Centres to 1.7m pa.  Establish baseline for Day Rehabilitation in Ramsey
	Huntingdonshire H&Wb Group Action Plan: 3.2.1 Deliver the Community Health Improvement Programme offering intensive support to enable adults who are overweight and obese to improve levels of healthy eating and physical activity	Mary-Clare Smiley, NHS Cambs				Tackle obesity – by improving nutrition and physical exercise for adults

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
	Huntingdonshire H&Wb Group Action Plan: 3.2.2. Deliver the child weight management programme ENERGIZE to children who are overweight and obese – and to their families	Faye Bentley, NHS Cambs				Tackle obesity – by improving nutrition and physical exercise for children & adults
3.2 Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.	HDC: Huntingdonshire Exercise Referral- c300 new referrals pa. (44% clients with disability; 60% >50 yrs old). RightStart 123 classes Huntingdonshire Health Walks Cardiac Rehabilitation Phase IV classes Outdoor Exercise Equipment Adult Sports Tasters One Leisure: Leisure centres	Jo Peadon (HDC, SALT)				Sustained increase in participation rates by Huntingdonshire Residents

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
3.3 Reduce the numbers of people who smoke.	Huntingdonshire H&Wb Group Action Plan: 3.1.1 Continue to increase the numbers of adults in Hunts who quit smoking at 4 weeks, focussing specifically on those living in areas of deprivation where % of people smoking are higher 2011-12 target: 1032 smokers quit at 4 weeks (2010/11 target was 917)					Reduce the number of adults who continue to smoke
3.4 Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.						
3.5 Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.						
3.6 Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.						
<b>4. Create a safe environment and help to build strong communities, wellbeing and mental health (92% support)</b>						

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
4.1 Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalized groups. Linked to 3.4						
4.2 Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.	Action plan to be developed, building on plan put before Oct HWB	CDRP? Existing DV group?	Share the action plan, clearly identify resources and outputs for partners	New DV steering group?		
4.3 Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing. Linked to 3.5						

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
4.4 Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.	Support implementation of homelessness action plan for Cambridgeshire	CRHB	Collate data on impact of welfare reforms on vulnerable groups.	Housing and health (new group)	March 2014	Prevent homelessness wherever possible. Highlight impact of reforms to govt (?)
<b>5. Create a sustainable environment in which communities can flourish (94% support)</b>						
5.1 Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.						



## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
5.2 Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.	Partners have initiated shared thinking on specialist and supported housing on growth sites.	Joint strategic housing group				
5.3 Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.	Local Plans support provision of green space in new communities, under Quality Charter for Cambridgeshire	New Communities / Quality Charter, Cambs CC?				
5.4 Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.						
<b>6. Work together effectively</b>						

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
6.1 Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.						
6.2 Identify sustainable, long-term solutions to manage the increased demand on health and social care services.	Huntingdonshire H&Wb Group Action Plan: 4.1.3 Seek to improve falls prevention services/pathways by identifying gaps in referral pathways/services and referring them to commissioners	Jo Peadon, HDC SALT				Improved commissioning parameters and integrated care pathways that improve primary and secondary falls-prevention activities in Huntingdonshire. (Note: Huntingdonshire specific as it is a district hospital/ primary care/support services integration issue)
	Huntingdonshire H&Wb Group Action Plan: 4.1.6 Start a task and finish group to report to the Cambs Health & Well-being Board about funding identified and commissioning models appropriate to sustain a Safer Home Scheme beyond 31-3-2012.	Trish Reed (HDC, Planning and Housing Strategy)				
6.3 Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.	Programme of JSNAs	CCRG? DPH?				

## Appendix A

Priority and suggested areas	Current actions (& source)	Lead (for current actions)	What could we do better together?	Lead (for new actions)	Target date (for new actions)	Desired outcome(s)
6.4 Encourage increased involvement of service user representatives and local groups in planning services and policies.	Involvement of LINK and Healthwatch from April 2013	LINK Healthwatch				
6.5 Recognise the importance of the voluntary and community sector and their valuable contribution to implementing the strategy.						

## Health and Wellbeing Strategy 2012-17

### Action Planning

Each Local Health Partnership has a crucial role to play in achieving the priorities set out in the [Cambridgeshire Health and Wellbeing Strategy 2012-17](#).

The Health and Wellbeing Board is now developing the action plan to support the delivery of the Strategy and is seeking input from the Local Health Partnerships.

Priority Working Groups (PWGs) are being established to lead on action planning for each of the first five priorities within the Health and Wellbeing Strategy. For priority 6, “Working together effectively”, each PWG will be expected to demonstrate how the principles of priority 6 have been met in developing their actions.

For PWGs to be successful it is important that they have input from each locality, therefore each LHP is asked to nominate an LHP representative to contribute to the PWG by completing the table below.

Priority	PWG Lead Officer	Local Health Partnership Rep
1. Ensure a positive start to life for children, young people and their families.	TBC	<i>Please add the name and contact details of your Local Health Partnership rep.</i>
2. Support older people to be independent, safe and well.	CCG (TBC)	
3. Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people’s personal choices.	TBC	
4. Create a safe environment and help to build strong communities, wellbeing and mental health.	TBC	
5. Create a sustainable environment in which communities can flourish.	TBC	

Local Health Partnerships are also asked to consider the following questions. Responses from the Local Health Partnerships will form part of an evidence base that will inform the work of the PWGs as they develop actions.

1. Please suggest 1 or 2 actions you feel the Health and Wellbeing Board could take which would help meet the priorities and would mean working together innovatively in partnership?

2. What key learning could you share with the PWGs when developing actions for the delivery of the Strategy?

3. What priorities has your Local Health Partnership identified and how could the Health and Wellbeing Board help you achieve them?

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# Cambridgeshire Health & Wellbeing Strategy 2012–17

All aspects of our everyday lives have an impact on our health and wellbeing; from health services through to our environment, transport, our homes and our involvement in local communities (as described in the diagram below). This means that working to improve health and wellbeing, while respecting people's personal lifestyle choices, is everybody's business and in everybody's interest.

The Cambridgeshire Health and Wellbeing Board and Network brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The Board focusses on planning the right services for Cambridgeshire and securing the best possible health and wellbeing outcomes for all residents.

Throughout Cambridgeshire each partner organisation has strategies and action plans to address specific health and wellbeing needs. The Health and

Wellbeing Board believes that it can add value by working with these partners to address the issues together, for example;

- How we can address the most important local needs, now and in future;
- How we can build on the strengths in our communities;
- How we can best protect the most vulnerable people in our communities;

- How we can work together to use our resources most efficiently;
- How working together can bring the most benefit to Cambridgeshire residents.

The Cambridgeshire Health and Wellbeing Strategy 2012-17 sets out the priorities the Board and Network feel are most important for local people.

From June to September 2012 we consulted the public on our draft strategy asking if we had identified the right priorities for Cambridgeshire. The majority agreed with what we proposed to focus on. In response to feedback, we made "working together differently" an additional priority and included issues that local communities identified as important to them.

The Health and Wellbeing Board and Network will focus on the six priorities overleaf to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular we will work to improve the health of the worst off fastest, by targeting efforts in more disadvantaged communities and marginalised groups.

We also agreed a number of principles to make sure we make a long-term difference to health and wellbeing throughout the county and that we help those who need it most. We aim to:

- Reduce inequalities by improving the health of the worst off fastest.

- Focus on preventing ill health by promoting healthy lifestyles while respecting people's choices and for those who have an illness, preventing their condition from worsening.
- Make decisions which are based on the best possible evidence.
- Develop solutions which are cost-effective and efficient.
- Recognise that different groups and communities have different needs.
- Encourage communities to take responsibility for making healthy choices.
- Make sure services are sustainable.

This strategy is the first step in a bold vision to achieve change together. Our next steps are to identify what success will look like so we can monitor progress against these priorities. To do this we will develop an action plan with specific responsibilities for each partner, for 2013-14.

Our model of health and wellbeing



Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: [http://www.local.gov.uk/web/guest/health/-/journal\\_content/56/10171/3511260/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE))

**Cambridgeshire Health & Wellbeing Board and Network will focus on these six priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the poorest fastest.**

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p><b>Ensure a positive start to life for children and young people</b></p>	<p><b>Support older people to be independent, safe and well</b></p>	<p><b>Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices</b></p>	<p><b>Create a safe environment and help to build strong communities, wellbeing and mental health</b></p>	<p><b>Create a sustainable environment in which communities can flourish</b></p>	<p><b>Work together effectively</b></p>
<ul style="list-style-type: none"> <li>Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.</li> <li>Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.</li> <li>Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.</li> <li>Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.</li> <li>Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.</li> </ul>	<ul style="list-style-type: none"> <li>Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.</li> <li>Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.</li> <li>Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.</li> <li>Ensure appropriate and person-centred end of life care for residents and their families and informal carers.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.</li> <li>Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.</li> <li>Reduce the numbers of people who smoke.</li> <li>Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.</li> <li>Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.</li> <li>Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.</li> </ul>	<ul style="list-style-type: none"> <li>Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.</li> <li>Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.</li> <li>Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.</li> <li>Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.</li> <li>Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.</li> <li>Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.</li> <li>Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.</li> </ul>	<ul style="list-style-type: none"> <li>Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.</li> <li>Identify sustainable, long-term solutions to manage the increased demand on health and social care services.</li> <li>Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.</li> <li>Encourage increased involvement of service user representatives and local groups in planning services and policies.</li> <li>We will recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.</li> </ul>



## Agreeing Our Priorities

### **Purpose of Paper**

The partnership has agreed its terms of reference, setting out a vision for what it wants to achieve for the citizens of Cambridge, and started to define some short-term work that it can progress. It also identified a number of issues for Cambridge, based on local evidence and practice, when responding to the consultation about the draft Health and Well-being Strategy. This strategy has been adopted and is in place and actions are being developed to cover its priority areas.

It now seems the time for the Partnership to set out its own actions, in support of the strategy, so that it can help shape future work and identify its contribution. One important principle of the Partnership has been to avoid duplication of effort and to add value, where it can, with any action. It will also be important to be flexible, so that if issues within the priority areas arise, the Partnership can respond.

### **Short-term Actions for the Partnership**

The short-term work of the Partnership seems to be to:

1. Improve the flow of information and the quality of communication between local GP's and local Housing Officers, so that people presenting can receive a service appropriate to their needs.
2. Look at how the "Aging Well" initiative, including Community Navigators, can be best supported in Cambridge, taking advantage of the existing networks and support available.
3. Assess local provision for mental health services, taking into account work carried out by the county Adults Wellbeing and Health Overview and Scrutiny Committee, and to help improve local service delivery.

Q. Are these the right actions in the short-term?

### **Longer-term Actions for the Partnership**

At the outset the Partnership agreed that it would take on a limited number of actions to ensure its work remained focused and to enable it to make a difference. It could be that the short-term actions are sufficiently robust to carry over a 3-year period. Members may, however, wish to supplement these, using evidence that is available.

The Summary JSNA 2012 report, that accompanied the developing Health and Well-being Strategy, identified the following issues for Cambridge:

- Local inequalities in health,
- Mental health needs,
- Homeless people and maintaining a focus on prevention,
- Alcohol related harm,
- Smoking,
- Lack of physical activity and obesity.

The six priorities set out in Cambridgeshire's Health and Well-being Strategy are:

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

### **Members are asked to:**

1. Give initial views on the actions for the Partnership that will rest alongside the priorities in Cambridgeshire's Health and Well-being Strategy and developing action plan,
2. Agree to Cambridge Local Health Partnership's priorities and actions being set out in a summary document that can be shared amongst partners and the wider network.

## Cambridge Local Health Partnership Workshop

When: **22 November 2012**  
Venue: **Committee Room 1, The Guildhall**  
Time: **6 pm to 8 pm**

### Introduction

Cambridge Local Health Partnership has recently been established to improve joint working between local stakeholders and to coordinate local actions that will contribute towards the Cambridgeshire's Health and Wellbeing Strategy. This workshop will look at a number of anonymous case studies that illustrate some of the health and social problems presented to GPs that have a housing dimension.

### The aims of the Workshop

The aim of the case studies will be to prompt discussion about pathways that will promote closer working between service providers, improve transparency and information flows, and, hopefully, lead to better outcomes for the people presenting.

### Our Agenda

- |   |                |
|---|----------------|
| <b>1. Welcome and Introductions</b>                         | <b>6.00 pm</b> |
| <b>2. Structure and aims of the Workshop</b>                | <b>6.10 pm</b> |
| <b>3. Our present channels of communication</b>             | <b>6.20 pm</b> |
| <b>4. Reviewing the case studies in groups</b>              | <b>6.45 pm</b> |
| <b>5. Sharing our learning points from the case studies</b> | <b>7.30 pm</b> |
| <b>6. Agreeing what should happen next?</b>                 | <b>7.45 pm</b> |

## The Case Studies

### Case Study 1

A man, in his early 40's, is living alone in a two-bedroom rented house in the North of the City. Two children, 13 and 2 years of age, from a previous relationship, come and stay with him on a fairly regular basis. He has received a

# Cambridge Local Health Partnership Workshop

kidney transplant, is diabetic (requiring insulin) and has depression. In addition his eyesight is deteriorating. He recently lost his job.

He feels compelled to move to a one-bedroom flat in a different area to try and regain some control over his life because the flat has some adaptations fitted. He thinks, however, that the size of the flat will deter his children from coming to stay with him and is now having second thoughts. It is making him anxious. Cam Sight, a local charity supporting people with sight loss, is helping him to learn to live with this sight loss and to maintain his independence. New surroundings may make this much more difficult.

The GP sent a letter to a named housing officer saying that it is better for this person to stay where he is because the proposed move is affecting his mental health and his ability to cope. The GP did not receive a reply and feels that she has not been able to exert any influence to improve the person's situation.

The GP would like to know how we could better communicate with each other so that this person's independence can be maintained.

## Case Study 2

A 70 year-old man, who speaks very little English, recently moved into a one-bedroom flat. He has two grown-up children who can't offer him a lot of support because of their busy lives. He has a number of medical conditions, including diabetes and heart disease, which has been prescribed for by the GP, but his use of the treatment is uncertain. His flat is in a state, with bags of medication littering the floor.

The GP has been using the rapid assessment for older patient's service offered by Addenbrokes, to keep this medical patient living in the community. When the GP has contact with the patient, Language Line is used. The patient, however, has lost contact with other people from the same cultural background since his move and feels isolated. He has previously fallen in his own home and lay undetected for a number of hours.

The GP would like to know how this person could be re-integrated into a supportive community, so that he can gain access to local networks and facilities.

## Case Study 3

A 22 year-old man had a difficult upbringing, with spells in Foster Homes, Hostels and offender institutions. He now has anger-management and substance misuse issues and was recently thrown out of the home he shared with a partner after incidents of domestic violence. He has been prevented from returning to the property. It was a joint tenancy. Neighbours also complained about his anti-social behaviour, when he was living there. He has two young children with the partner.

## Cambridge Local Health Partnership Workshop

The man is presently homeless and occasionally sleeps rough when friends can't put him up.

The GP would like to know if this person is categorised as homeless, because of his actions, and whether he can access homelessness services.

### **Case Study 4**

A 26 year-old woman had moved between foster families until she was 14 years of age, when she was adopted. She has a hearing impairment, depression, a history of substance misuse and Hepatitis C.

She lives in a two-bedroom house with a boyfriend who comes and goes. He seems to be supplying her with drugs. The boyfriend also takes most of her money and she has very little left to buy food with. On one occasion the boyfriend threw scalding water over her when she refused to hand over any money. The woman does not work and is claiming benefits.

The woman also keeps Python snakes in her home. Recently somebody she knew stole them. She had to pay to get them back. She is getting some help to beat her addiction from Addaction but has difficulty in trusting and building relationships with people that are trying to help her, especially her keyworker.

The GP would like to know how the woman can be protected from her boyfriend and be better supported in leading an independent life.

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## Cambridge Local Health Partnership 29 November 2012

### Community Navigators

#### **Purpose of paper**

The Partnership has said that it wants to look at how the “Aging Well” initiative can be best supported in Cambridge, taking advantage of the existing networks and support available.

The Community Navigator scheme is intended to improve collaborative working and enhance localised activity, increasing the capacity of communities to support older people and increase overall community resilience. Members said at the previous meeting they wanted to find out more from the Community Navigators covering Cambridge about their role, and how members can help them in their work.

Members also reserved judgement about the need for a new Forum to coordinate local activity in the City and wanted to ask stakeholders their views first about whether one was necessary, given existing partnership arrangements. It is proposed to use a meeting of Cambridge City Council’s Diversity Forum to engage local stakeholders and ask this question as a part of wider equalities work in this area.

#### **Members are asked to:**

1. Give initial views on the work programme of the Community Navigators and to suggest “community contacts” and other links to take this forward.
2. Agree to Cambridge Council using its Diversity Forum to ask local groups looking at Aging Well issues their views about the establishment of a new Forum.

#### **Background**

The following is an extract from a paper to the County Council’s Cabinet on the 12 June 2012 on Adult Social Care – Strengthening Prevention, which provides some background to the scheme.

- 5.1 From the evidence outlined above and a number of community conversations with older people, there is a need to:
- Coordinate existing activity (organisational and individual) at a local level
  - Raise awareness of, and connect people to, existing activities and services
  - Ensure high quality information is available in key locations (eg with GP's and Parish Councils) within communities, alongside trusted individuals who can help interpret it
  - Reach out to isolated and lonely people at a local level, to reduce the (health) impact of loneliness, and to avoid the adult social care pathway starting with an expensive crisis, as far as is possible
  - Use local intelligence to identify, and propose solutions to, gaps (or poor quality) of provision
  - Identify duplication of effort or resource, enabling more rational deployment
  - Focus attention on those at risk of requiring adult social care, through a better understanding of trigger events (eg bereavement; even loss of loved pets) their precursors, and effective responses
  - Create a District and Countywide infrastructure to enable coherence in the "whole system"; to gather further information about trigger events, and to be able to disseminate training, learning and to deploy any relevant future agreed resource
  - Work with strategic partners to identify common objectives (eg the Public Health Outcome Framework, which outlines four domains; (1) improving the wider determinants of health; (2) health improvement; (3) health protection and (4) preventing premature mortality<sup>1</sup>).

Encourage vibrant local activity through the leadership of the voluntary sector, supported by statutory partners

Help develop (then deliver) a "universal offer" to every older resident in Cambridgeshire about access to services which will support independence, health and wellbeing

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<sup>1</sup> Improving Outcomes and Supporting Transparency; A Public Health Outcomes Framework for Health 2013-16  
([www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132559.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf) )



Through collaborative working and enhanced localised activity, increase communities' own capacity to support their own members and increase overall community resilience

5.2 In order to achieve this, the new and job-neutral idea of “Community Navigators” is being proposed, to focus and coordinate current activity. There are many people in Cambridgeshire who are currently engaged in the above activities, especially at the local level. They may be paid or unpaid; supported through an organisation, or simply active members of their local community, struggling to advise or support their neighbours to navigate their way through a complex arena of service provision.

5.3 It is proposed to develop a voluntary sector led infrastructure that will better coordinate and develop such activity.

5.4 This structure will help facilitate the required linkages across the “whole prevention system” in Cambridgeshire and link with other initiatives in local government (housing and transport), health and the voluntary sector itself. For example, for many people their first stop for information is to their GP, who are themselves looking closely at prevention and early intervention as in the project being run by the Borderline Group.

5.5 To encourage local creativity, a small “Innovation Fund” is proposed (see below)

5.6 To this end, we are negotiating a position with Care Network, a voluntary organisation which is heavily involved in prevention activity, and which already has a base in each District. This will enable the project to begin with the infrastructure outlined below:

**Countywide Community Navigator Coordinator**- (1 paid post) would steer and coordinate the Navigators, develop and support a cross sector steering group, make strategic links to partners and develop a robust funding portfolio to ensure sustainability. This role would also oversee the collection of data, linking into JSNAs and the further research into the triggers that bring people into statutory services, return on investment modeling and the facilitation of external evaluation.

**District Navigator Facilitators** - (1 paid post per district) would coordinate and facilitate partnerships with local, voluntary and statutory sector partners, identify gaps in services and stimulate innovation through a bespoke Innovation Fund. The Facilitators would also develop a training package for the Community Navigators.

**Community Navigators** - are an essential part of the programme. The Community Navigators are friendly and approachable first points of contact who are out and about in Cambridgeshire's communities. These Navigators could be staff or volunteers used by a range of voluntary organisations that are already active in communities. Through the Community Navigator approach these people would be offered some focused training in aspects of

statutory, voluntary and community services and activities; enabling them to find and support people with unmet needs within their community.

The Community Navigators will provide advice and/or support to help older people live active, independent lives. The Community Navigators will know what is available to support older people in their communities. This might range from access to home adaptations, such as grab rails on the front step to stop someone having a fall in their own home, to benefit advice to ensure people are financially secure, or support to access a local friendship club to stop someone feeling isolated.

In similar schemes around the country a number of case studies have emerged which show the impact of the Navigator function:

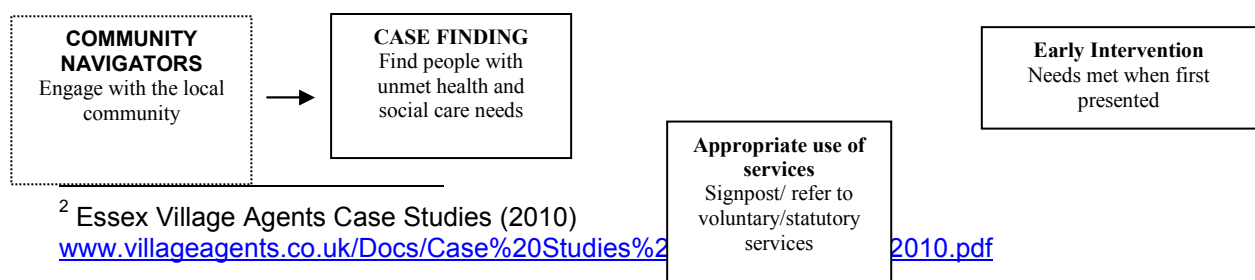
I recently visited a lady who in the last 2 years has lost her husband and then suffered a stroke – leaving her without use of her left side. She also has cataracts on both eyes and is awaiting the operation. She doesn't go out at all and her family all live some distance away. I visited her because she wanted a cleaner and someone to do her shopping – I immediately referred her to Age UK. As we got chatting about what she used to like to do she mentioned that she misses reading. I asked her if she knew about the Home Library Service – her reply was she couldn't read because she couldn't see well with her cataracts but "she really missed reading a good romance" I then went on to tell her about Spoken Word Books available on either CD or tape – her face lit up! I straight away referred her to the home library service that will ensure that she can listen to a good book even if she can't actually read it! It's a small thing but I really felt it was going to make a difference to her!<sup>2</sup>

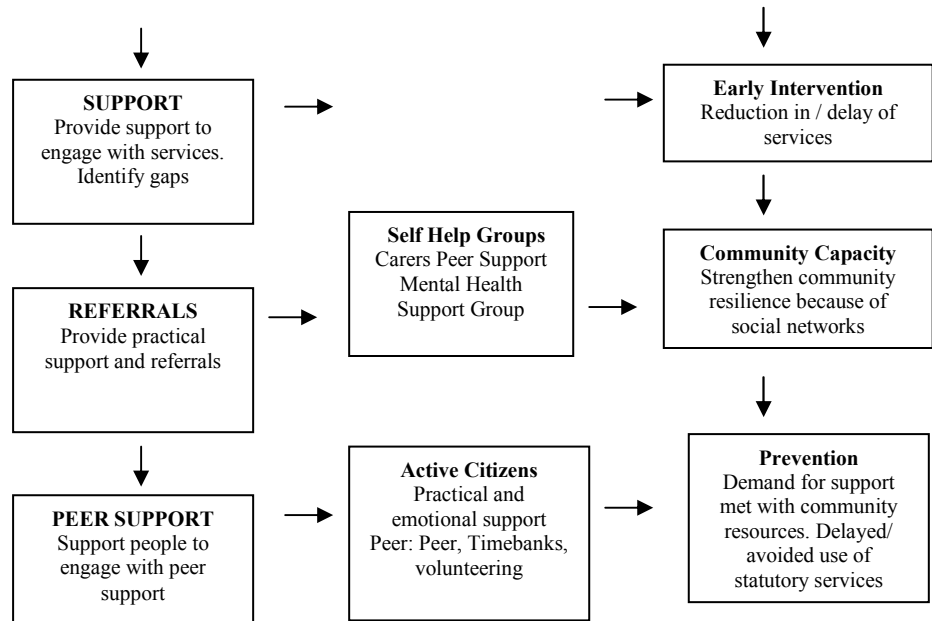
**Innovation Fund** - funding would be used to kick start, inject life or enhance existing community based services or activities. The grant pot would be available to the community/ voluntary organisations to support innovation or respond to an identified need which will improve the quality of life of older people in Cambridgeshire.

## 6. OUTCOME

6.1 The overall broad aim of the Community Navigator approach is to help people move from vulnerability to social isolation and regain a sense of contribution and social capital. The flow of service users entering this project is captured in the diagram below:

**Figure 2: Proposed pathway - Community Navigator Function**





6.2 To support the development of a coherent prevention framework in Cambridgeshire, a number of other pieces of work are also underway which will complement the Community Navigator approach. These include:

A review of adult social care records over the past 10 years to more closely identify the events and triggers that lead individuals to need adult social care services

Developing better understanding of the types of prevention, early intervention and support that can best ameliorate these events and triggers

Better understanding of the relationship between prevention, early intervention and support and the more 'mainstream' adult social care services

The development of an "avoided costs" model to measure the return on investment impact of prevention and early intervention services. This tool will support the Community Navigator approach and will form part of the evaluation of the project

An examination of the extent to which, in a general shift to a prevention approach, the Council can sustainably move beyond its current approach to eligibility (ie of only offering adult social care packages to meet critical and substantial needs)

## 7. EVALUATION OF THE NAVIGATION APPROACH

7.1 To support greater understanding of the impact of the Community Navigator project, the University of Cambridge; Cambridge Centre of Housing and Planning Research (CCHPR) could undertake independent evaluation. The research team have a reputation as a leading academic research institution and are currently undertaking an evaluation of the FirstStop information and advice service for older people that is funded by the Department of Communities and Local Government (DCLG)<sup>3</sup>. The evaluation

<sup>3</sup> <http://www.communities.gov.uk/newsstories/housing/1896913>

has been assessing the value for money of the initiative and analysing what savings to the public purse investment in the project is generating.

7.2 The evaluation programme would run a number of processes to evaluate the Community Navigator project including:

**Meetings and feedback** - There would be an inception meeting to discuss the project, evaluation aims and methods, with interim meetings with the Steering Group as necessary.

**Literature, policy and existing evidence review** - A literature and policy review of existing and ongoing work in this field will provide a context to the evaluation and will feed into any cost benefit analysis if this is identified as part of the evaluation.

**Data collection system** - The evaluation team will work with the Community Navigators and the Countywide Coordinator to develop a simple monitoring system and standard system for data collection at the beginning of the project. This will capture the inputs, outputs and outcomes of the casework.

**Interviews** - Over the three year project, at appropriate intervals, interviews would be conducted with the Countywide Coordinator, District Facilitators and the Community Navigators to analyse progress, successes and challenges.

**Survey** - A short survey would be conducted of users of the service to collect information on their experience, identify success/challenges, outcomes, alternative outcomes if the service had not been used etc. The survey would be ongoing throughout the three year project and the mechanism for distributing the survey would be built into the scheme from the beginning.

**Analysis** - The analysis of the data would explore how the project is meeting its objectives. It is possible that some simple value for money analysis could be carried out.

**Evaluation reporting** - Interim reports would be produced throughout the evaluation depending on the timetable agreed with a final report at the end of the evaluation period.

## **8. EXIT STRATEGY**

8.1 At the core of this project is the aim of supporting a mixture of paid staff and volunteers. It is a goal that the approach associated with this project will be embedded in organisations across the county. Supported by independent evaluation, a review of the impact of the project will also be done. This will help shape the business case for continuing to commission this approach through the appropriate channels.

Cambridge Local Health Partnership  
29 November 2012

## Joint Commissioning Strategy for the Mental Health and Well-being of Adults of a Working Age

### **Purpose of the Report**

This report is primarily intended for information, as views on the draft commissioning strategy will be provided by a range of other stakeholders, including the County's Adults Wellbeing and Health Overview and Scrutiny Committee and the Cambridgeshire Health and Wellbeing Board, and to provide an overview. If members would like to contribute views at this meeting or consider the matter in more depth at the next meeting they are welcome to do so.

### **Background**

NHS Cambridgeshire, in early 2011, had been commissioning Cambridgeshire and Peterborough NHS Foundation Trust to deliver approximately 25 care pathways, covering a range of mental health services from primary care to secondary care, and a range of specialist services for people with severe or enduring mental health illness and more complex care problems.

Following an extensive public consultation in the later half of 2011 it was decided to radically transform mental health services to try and give patients faster access to support at an early stage in their illness, more responsive care from community based mental health services and better care for patients who require admission. These changes were developed with the local GP Cluster Groups, who will begin to commission and establish Primary Care Mental Health Services through the Cambridgeshire and Peterborough Shadow Clinical Commissioning Group from April 2013.

The Joint Commissioning Strategy for the Mental Health and Wellbeing of Adults of Working Age is presently drafted, taking into account the views from key stakeholders. The priorities from an

early draft are appended to this paper, for the information of members.

### **Work of the County Adults Wellbeing and Health Overview and Scrutiny Committee**

The County Council's Adults Wellbeing and Health Overview and Scrutiny Committee (OSC) formed a time limited joint OSC with the Peterborough equivalent in late 2011-early 2012 to examine and respond to proposals for changes to adult mental health services in Cambridgeshire and Peterborough. Since then a joint working group has monitored the changes. On 14th November, this group met with representatives from CPFT: NHS Cambridgeshire/the shadow CCG; and the two county councils, to assess how implementation was progressing and to appraise the draft 'Joint Commissioning Strategy for the Mental Health and Wellbeing of Adults of Working Age'.

The County Council's Adults Wellbeing and Health Overview and Scrutiny Committee has also discussed how CPFT plan to improve the services to young people who are at the transitional age between child and adult services, including access to services when a young person first becomes unwell at the age of 16 or 17. This is an area of concern that the Adults Wellbeing and Health OSC recently raised.

The OSC has recently discussed the learning so far from the implementation of the Advice and Referral Centre, which has been trialled in Peterborough, before being gradually rolled out across the County, reaching the Cambridge area by summer 2013.

The next steps for the OSC are:

1. Respond to the latest version of the draft joint commissioning strategy - Cambs working group councillors are planning to meet in the next couple of weeks to examine the strategy and start formulating a response, in liaison with our Peterborough counterparts,
2. Have another joint working group meeting in early 2013, combined with a visit to the Peterborough base of the ARC,
3. Discuss local progress in resolving child to adult mental health transition issues at the OSC meeting in Feb 2013.

Within the over-riding objective of improved mental health and well-being, we have identified our key objectives that we wish to prioritise during the next three years, and grouped these under four broad but overlapping themes.

Our proposed specific priority objectives for the next three years within each of these four over-arching themes are set out in the table below. There are of course overlaps between each of them, and most of the proposed priority objectives will help to address more than one of the over-arching themes.

Some objectives are CCG-wide, others are of particular importance for individual Local Commissioning Groups or specific areas within Cambridgeshire or Peterborough.

Theme	Priorities
<p><u>1. Prompt Access to Effective Help</u></p>	<p>1. Introduce a <b>single-point of access</b> Advice and Resource Centre (ARC) to local mental health services</p> <p>2. Re-design local pathways for people with mild-to-moderate mental health problems to increase access to <b>psychological therapies</b> and offer a wider range of other helpful interventions, with a strong emphasis on community provision of mental health services in non-stigmatising locations whenever possible</p> <p>3. Ensure equitable access to the services that we commission throughout Cambridgeshire</p> <p>4. Address barriers to access to “main stream” mental health services for <b>marginalised groups</b> of patients (e.g. ethnic minorities, learning disabilities, deaf people, travellers);</p> <p>5. Ensure a smooth <b>transition</b> into adult services for children and adolescent with mental health problems;</p> <p>6. Improve access to diagnosis and local support for people with the life-long conditions <b>Autism</b> and <b>ADHD</b></p> <p>7. Exploit whenever appropriate the opportunities offered by modern <b>information technology</b> to widen the range of ways through which people can access effective help</p>

<p><u>2. The “Recovery” Model</u></p>	<ol style="list-style-type: none"> <li>1. Promote the <b>social inclusion</b> of people with mental health problems</li> <li>2. Improve support for <b>Carers</b></li> <li>3. Maximising the <b>independence</b> of service users through the use of self-directed support and other opportunities to promote personalised care</li> <li>4. <b>Modern purpose-built facilities</b> for those requiring in-patient admission</li> <li>5. Ensuring there is access to a specialist community-based <b>forensic</b> mental health service throughout Cambridgeshire and Peterborough</li> <li>6. Improved partnership working between primary care, secondary services, and voluntary organisations to strengthen the local response to people who may be at risk of <b>suicide</b></li> <li>7. Continue to challenge <b>stigma</b> through our mental health promotion activities</li> </ol>
<p><u>3. The Inter-Relationship between Physical Health and Mental Health</u></p>	<ol style="list-style-type: none"> <li>1. Improve the <b>physical health</b> of people with severe and enduring mental health problems</li> <li>2. Explore the opportunities for psychological therapy and other interventions to improve the health and well-being of people with <b>long-term conditions</b> such as diabetes, asthma and chronic pain</li> <li>3. Introduce <b>Liaison Psychiatry</b> Services to local hospitals. Liaison Psychiatry Services (LPS) work at the interface of physical and mental health, addressing the psychiatric and psychological needs of people with physical health problems who are being treated in physical healthcare settings</li> </ol>
<p><u>4. Improve Our Commissioning Processes</u></p>	<ol style="list-style-type: none"> <li>1. Focus on <b>outcomes</b> achieved for local service users as our key measure of the effectiveness of the services that we commission;</li> <li>2. More closely monitor the <b>quality</b> of local services, including safety, patient environment, risk assessment, and especially for those with severe and enduring mental illness</li> <li>3. Systematically use data from local <b>Joint Strategic Needs Assessments</b> to ensure equality of access to the services that we commission</li> <li>4. Systematically use feedback from the Cambridgeshire <b>Service User Network</b> and equivalent forums in Peterborough to determine appropriate outcome measures, as a key measure of service quality, and to help us improve services</li> </ol>



	<p>generally</p> <p>5. Continue to improve the <b>quality of data</b> collected about local services so that this can be reliably used as the basis for future commissioning decision</p> <p>6. Strengthen our links with local <b>Carer</b> groups in order to improve the feedback we receive from them about local services</p> <p>7. Develop a <b>commissioning framework</b> for the services provided by local <b>voluntary organisations</b></p> <p>8. Ensure that the mental health services we commission are <b>evidence need based</b> and <b>value for money</b></p> <p>9. Ensure through our contract management that there is <b>partnership working</b> between local service providers (including substance misuse services) in order that patients receive an integrated and seamless service</p> <p>10. Continue and strengthen the already close working between the respective local commissioners of <b>health and social care</b></p>
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We have also cross-checked these priorities with the key themes set out in the 'No Health Without Mental Health' Implementation Framework. This illustrates how we have planned to address the issues identified within the document and ensures all of its main priorities are covered within this commissioning strategy.

<b>Theme</b>	<b>Priorities</b>
More people will have good mental health	<ol style="list-style-type: none"> <li>1. Improve support for <b>Carers</b></li> <li>2. Contribute to the Health and Wellbeing Boards in addressing the priority areas for mental health and well-being across Cambridgeshire and Peterborough, as reflected in the draft Health and Well-Being Strategies</li> <li>3. Explore opportunities to invest in preventative interventions in a range of settings to promote mental health and well-being</li> <li>4. Local NHS and local authority commissioners to continue to promote the health and well-being of their workforce</li> </ol>
More people with mental health problems will	<ol style="list-style-type: none"> <li>1. Maximising the <b>independence</b> of service users through the use of self-directed support and</li> </ol>

<p>recover</p>	<p>other opportunities to promote personalised care</p> <ol style="list-style-type: none"> <li>2. <b>Modern purpose-built facilities</b> for those requiring in-patient admission</li> <li>3. Re-design local pathways for people with mild-to-moderate mental health problems to increase access to <b>psychological therapies</b> and offer a wider range of other helpful interventions, including counselling and online support.</li> <li>4. Ensure there is access to a specialist community-based <b>forensic</b> mental health service throughout Cambridgeshire and Peterborough</li> <li>5. Address barriers to accessing to “main stream” mental health services and explore methods to best engage with <b>marginalised groups</b> of patients (e.g. ethnic minorities, learning disabilities, deaf people, travellers, etc.);,</li> <li>6. Improve access to diagnosis and local support for people with the life-long conditions <b>Autism</b> and <b>ADHD</b></li> <li>7. Exploit whenever appropriate the opportunities offered by modern <b>information technology</b> to widen the range of ways through which people can access effective help</li> </ol>
<p>More people with mental health problems will have good physical health</p>	<ol style="list-style-type: none"> <li>1. Improve the <b>physical health</b> of people with severe and enduring mental health problems</li> <li>2. Explore the opportunities for psychological therapy and other interventions to improve the health and well-being of people with <b>long-term conditions</b> such as diabetes, asthma and chronic pain</li> <li>3. Introduce <b>Liaison Psychiatry</b> Services to local hospitals. Liaison Psychiatry Services (LPS) work at the interface of physical and mental health, addressing the psychiatric and psychological needs of people with physical health problems who are being treated in physical healthcare settings</li> </ol>
<p>More people will have a positive experience of care and support</p>	<ol style="list-style-type: none"> <li>1. Continue and strengthen the already close working between the respective local commissioners of <b>health and social care</b></li> </ol>

	<ol style="list-style-type: none"> <li>2. Introduce a <b>single-point of access</b> Advice and Resource Centre (ARC) to local mental health services</li> <li>3. Ensure a smooth <b>transition</b> into adult services for children and adolescent with mental health problems, using the learning from our 14-19s IAPT pilot;</li> <li>4. Focus on <b>outcomes</b> achieved for local service users as our key measure of the effectiveness of the services that we commission;</li> <li>5. Introduce a “quality dashboard” to help us more closely monitor the <b>quality</b> of local services, including safety, patient environment, risk assessment, and especially for those with severe and enduring mental illness</li> <li>6. Systematically review data from local <b>Joint Strategic Needs Assessments</b> to ensure there is equitable provision and targeting of mental health services that is based on evidence and need.”</li> <li>7. Systematically use feedback from the Cambridgeshire <b>Service User Network</b> and equivalent forums in Peterborough to determine appropriate outcome measures, as a key measure of service quality, and to help us improve services generally</li> <li>8. Continue to improve the <b>quality of data</b> collected about local services to strengthen performance management and also contribute to the JSNA in order to inform future commissioning decisions.</li> <li>9. Strengthen our links with local <b>Carer</b> groups in order to improve the feedback we receive from them about local services</li> <li>10. Develop a <b>commissioning framework</b> for the services provided by local <b>voluntary organisations</b></li> <li>11. Ensure that the mental health services we commission are <b>evidence need based</b> and <b>value for money</b></li> <li>12. Ensure through our contract management that there is <b>partnership working</b> between local service providers (including substance misuse services) in order that patients receive an</li> </ol>
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	integrated and seamless service
Fewer people will suffer avoidable harm	<ol style="list-style-type: none"> <li>1. Improved partnership working between primary care, secondary services, and voluntary organisations to strengthen the local response to people who may be at risk of <b>suicide</b></li> </ol>
Fewer people will experience stigma and discrimination	<ol style="list-style-type: none"> <li>1. Promote the <b>social inclusion</b> of people with mental health problems.</li> <li>2. Continue to challenge <b>stigma</b> through our mental health promotion activities.</li> </ol>

# Cambridge Local Health Partnership Forward Plan

MEETING DATE	ITEM	REPORT AUTHOR	DEADLINE
10th January 2013	<i>Progress with developing Joint Commissioning Strategy for Mental Health and Well-Being of Adults of Working Age</i>		
	<i>Progress with project looking at information flows between GP's and Housing Officers</i>		
	<i>Update on Aging Well project and work in Cambridge</i>		
	<i>Consider arrangements for Healthwatch in Cambridge</i>		
	<i>Looking at Community Safety and Health</i>		

# Cambridge Local Health Partnership Forward Plan

MEETING DATE	ITEM	REPORT AUTHOR	DEADLINE
7 <sup>th</sup> March 2013			