CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 18 April 2013
Time: 12.00 pm
Venue: Committee Room 2 - Guildhall
Contact: Graham Saint **Direct Dial:** 01223 457013

AGENDA

1 APOLOGIES

2 PUBLIC QUESTIONS

3 MINUTES AND MATTERS ARISING *(Pages 1 - 12)*

To approve the minutes of the meeting held on the 7th February 2013.

Progress Update.

a. Actions from our recent Housing and Health Workshop
b. Mental Health Reviews and Commissioning – a paper is attached, for information, showing the extent of the County Council's investment in mental health services. This was requested at last meeting. *(Pages 1 - 12)*

4 UPDATE ON THE WORK OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD (CHWB BOARD) *(Pages 13 - 14)*

The agenda front sheet for the meeting on 16 April 2013 is attached. Liz Robin (Director of Public Health, Cambridgeshire County Council) will provide an update on the work of the Board. *(Pages 13 - 14)*

5 UPDATE ON CLINICAL COMMISSIONING PLANS *(Pages 15 - 36)*

The Partnership will receive a presentation about the development of Clinical Commissioning Plans from Tom Dutton, Strategic Lead for Cambridgeshire Association to Commission Health. A background paper, originally prepared for the Shadow Health and Wellbeing Board, is attached. Members are invited to consider how these reflect priorities in Cambridge and rest alongside local commissioning plans.

(Pages 15 - 36)

6 HOUSING RELATED SUPPORT SERVICES *(Pages 37 - 42)*

Housing related support services are presently being integrated into existing contracting and commissioning structures within Cambridgeshire County Council. Joseph Keegan, Cambridgeshire County Council, will discuss with the Partnership how these services will link with health and wellbeing priorities. A background paper is attached. Members are invited to consider this contribution and the future delivery of these services. *(Pages 37 - 42)*

7 HOUSING AND HEALTH JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) *(Pages 43 - 52)*

A new Housing and Health Joint Strategic Needs Assessment has recently been prepared, alongside others, outlining broad housing priorities for our area. Sue Beecroft, Sub-Regional Housing Strategy Coordinator, will highlight some of the key messages in the JSNA and ask members how these relate to local commissioning priorities. The Housing and Health section of the Summary JSNA and a paper provided to the Health and Wellbeing Board showing executive summaries for each of the recent JSNA's, is attached as background. *(Pages 43 - 52)*

8 FORWARD PLAN *(Pages 53 - 54)*

A copy of the Partnership's Forward Plan is attached. Members are invited to consider the issues they wish to discuss at future meetings. *(Pages 53 - 54)*

9 DATE OF NEXT MEETING

The next meeting is scheduled for 25th July 2013, 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.

Fire Alarm
In the event of the fire alarm sounding please follow the instructions of the Chair.

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CAMBRIDGE LOCAL HEALTH PARTNERSHIP 7 February 2013
12.00 - 1.35 pm

Present:

Antoinette Jackson (Chief Executive, Cambridge City Council),
Mark Freeman (Cambridge Council for Voluntary Services),
Rachel Harmer (GP Cam Health),
Carina O'Reilly (Councillor, Cambridge City Council),
Inger O'Meara (Health Improvement Specialist, Cambridgeshire NHS),
Mike Pitt (Executive Councillor, Cambridge City Council),
Catherine Smart (Executive Councillor, Cambridge City Council),
Liz Robin (Director of Public Health, Cambridgeshire County Council),
Graham Saint (Strategy Officer, Cambridge City Council),
Sandie Smith (Cambridgeshire County Council),
Toni Birkin (Committee Manager, Cambridge City Council).

Also Present: Ruth Roger, Healthwatch.

FOR THE INFORMATION OF THE COUNCIL

13/1/CLHP Apologies

Apologies were received from Tom Dutton, Jas Lally, County Councillor Paul Sales and Mike Hay.

13/2/CLHP Public Questions

Michael Cahn, Cambridge Cycling Campaign

Mr Cahn addressed the partnership and made the following comments:

- Cambridge Cycling Campaign would like to work with the Partnership to encourage active transport as a healthy option.
- Cambridge Cycling Campaign were planning a study trip to Germany to see how cycling is encouraged there; members of the Partnership were invited to join them on this trip.

- Improved infrastructure, such as the Chisholm Trail, providing safe cycle paths, away from traffic, would encourage healthy lifestyle choices.
- The images of cycling need to be turned around from that of a dangerous activity to a healthy choice.

The Partnership thanked Mr Cahn for his questions. The Chair said that the Partnership also wanted to improve the health of people in Cambridge and agreed that more people cycling would increase the proportion of physically active people here. The Partnership was presently looking at developing a few local actions that would bring about the biggest local health gains and contribute to Cambridgeshire's Health and Wellbeing Strategy. When it had got to the point where the Partnership had selected its priorities, based on evidence in the local health profiles, the Chair said it would look to involve wider partners to help deliver local actions. At present the Partnership is looking at housing and health issues.

13/3/CLHP Minutes and Matters Arising

The minutes of the meeting of the 29th November 2013 were agreed subject to the following minor correction:

> 12/22 CLHP Paragraph two, first sentence amended to read:
> The Partnership welcomed the inclusion of mental health as a high priority.

Matter arising:

a. Housing and Health Workshop.

- A draft shared Medical Information Form had been circulated for comment.
- It was agreed that presentations to a future GP governance day would also include a briefing on the under occupancy deductions (bedroom tax) as there were fears that GP caseloads would increase as patients look for GP to support their claims for exemptions.

b. Mental Health Reviews and Commissioning

- The update on Mental Health reviews was noted.
- The Partnership requested a briefing note on the commissioning responsibilities of the County Council. Concerns were raised that the whole person approach might be lost as commissioning of services was compartmentalised. For example: ensuring continuity at the transition point from young person to adult services.

13/4/CLHP Update on the work of the Shadow Health and Wellbeing Board (SHWB)

Liz Robin updated the Partnership on the progress of the Shadow Health and Wellbeing Board. The Board was in a period of transition and would become a statutory body on 1 April 2013.

Liz Robin stated that getting the communication between stakeholders right would be a key issue, post April. Mark said that whilst there had been good engagement with the consultation about the draft strategy, the Board should look to improve its general communication with its stakeholder network. After discussion it was felt that, whilst Cambridge Local Health Partnership was fortunate in having Liz Robin as it's link with the Board, the role of Board representative should be more clearly defined, with the expectation that the views of the local partnership be fed back into the Board by the representative. Liz Robin agreed to bring this view to the attention of the Board and said that the Officer Support Group was presently preparing draft responsibilities for Board representatives which would be considered in the near future.

Liz Robin also reported that the allocation of additional non-voting places on the Board for local authority representatives had been recently considered but rejected for the time being. Councillor Smart felt that the Board should first look to make its existing arrangements work rather than tamper with them at this early stage. Liz Robin said that Councillor Sue Ellington (South Cambs.) presently represented the district councils within the Board and was advised by a forum of district councillors.

Antoinette Jackson stated that the Partnership should set out its key messages to the Board in its minutes. To foster better communication it was suggested that the key messages should form part of a standing item in Health and Wellbeing Board's agenda. The Partnership agreed to set out its messages in this way.

Messages to Cambridgeshire Health and Wellbeing Board

The Board is asked to clarify the role of the Board representatives within the Cambridge Local Partnership to help better define how information is passed between the two bodies.

13/5/CLHP Update on Clinical Commissioning Plans

Liz Robin gave an update on the work to-date of the Clinical Commissioning Group (CLG), setting out some of its priority areas and outlining a short-list of potential indicators that had been offered for discussion.

Liz Robin said that the CLG priorities included:

1. Improving services for frail older people
2. Improving care for those at the end of their life
3. Improving care for those with coronary heart disease.

The Chair felt that the focus of the priorities did not reflect the needs of the City of Cambridge as identified by the strategic needs assessment and that mental health and alcohol abuse issues that were prevalent in Cambridge at other life stages should have been picked up.

Liz Robin outlined the local outcome indicators that the CLG had short-listed for discussion. These included

1. Emergency readmission
2. Maternal smoking at delivery
3. Dementia diagnosis rates
4. Antenatal assessment
5. Primary prevention of cardiovascular disease

Liz Robin stated that the final decision had not yet been made and there was time for the Partnership to submit comments and suggestions. The Chair asked if there was any evidence available that showed the extent of the problem within Cambridge. Liz Robin said that the data was based on hospital admissions and did not show a geographical distribution. However, she suggested that there were links deprivation, with more highly deprived areas having more problems.

The Partnership discussed the merit of widening the priorities so that they could pick up some of the wider determinants of health.
Liz Robin reminded the Partnership that there were financial rewards attached to achieving measurable results for the indicators and that is partly why they are so specific. If the priorities were too broad outcomes could not be clearly demonstrated, and therefore there would be no financial reward.

The Partnership agreed the initial comments below and would ask Nigel Smith, who will be giving a fuller presentation at the Partnership's next meeting, to

expand on the reasons why the CLG had prioritised the indicators and their relevance to Cambridge.

The Partnership agreed the following feedback on the indicators:

i. 'Maternal smoking at delivery' to be opened out to include all aspects of antenatal and postnatal provision. In particular a preference was given for access to services in the first three months as a measure above smoking at delivery.
ii. Primary prevention of cardiovascular disease should also consider the related risk factors of alcohol misuse.
iii. The Partnership would like their disappointment that mental health and dementia are not included in the indicators to be noted and to request that these are considered next year.

13/6/CLHP Preparation of the Health and Wellbeing Action Plan

The Partnership received an update on progress made to date on Cambridgeshire's Health and Wellbeing Action Plan.

Liz Robin stated that there would be two stakeholder events to help develop the detail of the second year of the action plan, as the first year actions would be implemented shortly. The first, on the 15th February, would be for small group of key stakeholders (Jas Lally would be representing the Partnership). A second strategic stakeholder event would follow in July, which would be open to a wider audience.

A workshop was proposed with the aim of firming-up the Partnership's priorities and identifying actions that can be taken forward. The Partnership to convene a small working group to plan the workshop and that this would be circulated by email to members for "sign-off". Sandie Smith and Inger O'Meara volunteered to be a part of the working group. Jas Lally was nominated from the City Council.

13/7/CLHP Development of Healthwatch Cambridgeshire

The Partnership received a presentation from Ruth Roger, Chair of Healthwatch Cambridgeshire as detailed in the agenda. Ruth Roger was new to her post and the full team had not yet been recruited.

Ruth Roger said that Healthwatch Cambridgeshire would be going live on 1 April and would be the successor to Cambridgeshire LINks, although it will have a different role in representing the service users voice and would not be picking up the Patient Advice and Liaison Services work initially. LINks had left an excellent legacy. Healthwatch would mainly be looking to use social media to make contact with service users, alongside existing networks for user engagement. The Healthwatch England website was up and running and local website will follow shortly. Ruth Roger appreciated that some older people could have difficulty accessing these media and would also try to be open to different approaches with this group of people. Ruth Roger felt that it was essential that people running health services should look beyond their statistics and listen to patients and carers, especially when they say there is a problem.

Healthwatch England would be working closely with the Care Quality Commission. Volunteers would be used to carry out local inspections and the boundaries to this were presently being explored. Ruth Roger said that she wanted to make contact with all sections of the local community and acknowledge the diversity of Cambridge's communities. Antoinette Jackson said that she would arrange for Cambridge City Council's Diversity Forum to meet with her to discuss local issues.

The Chair extended an invitation to Ruth Roger, or a member of her team, to join the Partnership. Ruth Roger thanked the Chair for this offer but said that she was anxious for her team not to be spread too thinly at this point but would value keeping in touch with the Partnership and having the opportunity to attend in the future.

13/8/CLHP Forward Plan

Public Speaker Michael Cahn

Michael Cahn asked if he could give a presentation to the next Partnership meeting about active transport. After discussion, it was agreed that Michael Cahn would send some detail about what he would cover and the Chair would then decide if this falls within the Partnership's current aims, in consultation with partners.

Sandie Smith would circulate a briefing note on falls prevention and the Partnership may wish to look at this in the future.

The planned workshop would define the focus of the Partnership and offer guidance on future presentations they may wish to consider.

13/9/CLHP Date of Next Meeting

The next meeting will be on 18th April 2013.

The meeting ended at 1.35 pm

CHAIR

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SUBJECT: MENTAL HEALTH

TO: ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FROM: ROBERT NICHOLLS, INTERIM HEAD OF COMMISSIONING, MENTAL HEALTH & SUPPORTING PEOPLE

DATE: 25 JANUARY 2013

INTRODUCTION

The County Council invests in Mental Health services in 5 main areas. These are:

- Maintaining a qualified Social Work service. These are county council employees currently seconded to CPFT. The basis for this service is ensuring that Mental Health Act responsibilities are delivered. This is an absolute requirement and cannot be compromised.
- Support services provided by CPFT. This includes unqualified support staff, Social Care management, Administrative staff, Workforce Development and associated overheads. These are largely either staff or posts that were County Council employed and transferred to CPFT through an Interagency Agreement
- A range of Voluntary Sector providers delivering a range of services from supporting people with accommodation and into employment through to community based services with a focus of supporting people with recovery.
- Individual care packages that have arisen out of an assessed need. These range from care placements within residential settings through to supporting people through direct payments.
- Support for carers.

The basis for this investment is mainly through:

- the Council's response to delivering its statutory functions
- meeting the Council's strategic objectives set out in Shaping *our* Future (the strategy for the transformation of adult social care)
- ensuring a strong Social Work ethos within Integrated Mental Health services

Statutory Basis for Mental Health Social Work

The specific legal responsibilities of the Council and the effect of working in an NHS environment are more fully set out in the following sections.

The statutory basis for Social Care within Mental Health is fundamentally the same as across all Adult Social Care. Simplistically it involves a duty to assess, coupled with the provision of services under the relevant legislation. There are some specific duties under Mental Health legislation.

The NHS Act 2006 defines the central purpose of health services as securing improvement in physical and mental health and in the prevention, diagnosis and treatment of illness.

There is no equivalent statement in law which defines social care. This is instead done by setting out the duties and powers of local authorities to provide adult social care. It is defined by processes (e.g. assessments and care planning), eligibility decisions and definitions of what can be supplied, such as lists of services. Adult social care law is fragmented as it is set out in various different statutes.

There is an underlying difference between the statutory obligations between the NHS's health responsibilities and social care responsibilities of local authorities. The NHS is primarily governed by the NHS Act 1977 which creates only general obligations to promote a comprehensive health service. This contrasts with the detailed legislative duties laid upon local authorities which create individual rights for social care services.

The following sections set out the main responsibilities and the potential effect on working in a mental health foundation trust environment such as CPFT.

The Community Care Act 1990
This is the main gateway legislation to community care services.

Section 47 of the 1990 Act states:
''Where it appears to a local authority that any person for whom they may provide or arrange services for the provision of community care services may be in need of any such services , the authority shall carry out an assessment of his needs for those services and
b) having regard to the results of that assessment, shall then decide whether his needs call for the provision by them of such services.

Social Care responsibilities: Access to, arranging and monitoring of Community Care (social care funded) Services
'Community Care Services' is the generic legal term used to describe the range of care and support that can be provided to service users and carers. Community Care Services are defined by reference to various lists of services that appear in different statutes. These are:

- Residential services
- Assistance and facilities in the home
- A Social work service (social workers)
- Centres and other facilities in the community
- Social, leisure, education and training facilities.

These services are provided under the following provisions;

- Part III of the National Assistance Act 1948 (provision of residential accommodation and welfare services)
- Section 45 of the Health Services and Public Health Act 1968 (promotion of the welfare of older people)

- Section 21 and schedule 8 of the National Health Service 1977 (home helps)
- Section 2 of the Chronically Sick and Disabled Persons Act 1970 (Duty to provide welfare services)
- Section117 of the Mental Health Act 1983 (where people have been compulsorily admitted to hospital, the local authority is under a joint duty with the NHS to provide aftercare services following their discharge).
- Section 114 of the Mental Health Act (The local authority must appoint sufficient Approved Mental Health Practitioners (AMHPs) to undertake mental health assessments for the purposes of the duty. This is primarily for the purpose of assessing for compulsory admission to a psychiatric hospital or guardianship).
- The Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children's Act 2000 together create duties to undertake carers assessments to both take the result of the assessment in to account when providing services to the cared for person and in deciding whether to provide services directly to the carer. The Carers Equal Opportunities Act 2004 adds a requirement on local authorities to inform carers of their right to request a carer assessment.

Approved Mental Health Practitioners (AMHPs)
This is the key statutory duty for the County Council in mental health. Section 114 of the Mental Health Act 1983 states that the local authority must appoint sufficient staff for the purposes of the duty. AMPHS can now include health professionals.

The nature of the work is that this is demand led and can have unpredictable peaks of activity. The process of training an AMPH is long and if staff leave they are difficult to replace. This means that there is (as with other local authorities) pressure to maintain numbers. Health staff can become AMHPs. However they form only a minority on the Cambridgeshire rota.

The other area that links to statutory functions is the Social Workers role in safeguarding where they provide a significant input into managing SOVA investigations.

There is also an issue that NHS trusts such as CPFT have a wider responsibility to assess and work with people who do not meet the eligibility criteria for social care assessments or social care services. Social care staff work as part of the CPFT teams, and are assessing and working with this wider group of people being referred to CPFT. Vice versa there will be people who are eligible for Social Care but will fall outside the remit of secondary mental health services. The needs of some people on the Autistic Spectrum can fall under this category.

In summary there is concern nationally that NHS objectives are given priority to the detriment of social care objectives and that trends such as payment by results, clustering of patients and the emphasis on numbers and throughput may mean less priority being given to social care.

Shaping *our* Future
Locally, the priorities for mental health services include the strategic objectives set out by Cambridgeshire County Council in **Shaping *our* Future 2009** (the strategy for the transformation of adult social care). A key objective to take account of in developing a clear focus for the work of social care funded staff within CPFT is that of prevention. This is of relevance to mental health and the future deployment of staff as the focus on prevention can mean different things to the NHS and the County Council.

The NHS, via CPFT in this context, have a responsibility to respond to a wide range of referrals including people with relatively minor mental health problems requiring specific psychological interventions and people with severe mental illness. Due to social care staff being placed within the mental health teams with health staff, social care staff can be involved in working and supporting this wider group of referrals.

However social care responsibilities have a narrower focus linked specifically to working with people who meet the critical and substantial eligibility criteria. Work can be focused on prevention but prevention for social care is to prevent the use of higher cost resources whilst enabling people to be supported in the least restrictive environment. This is in line with the stated objectives of the County Council.

This is not to say the Council does not have a wider responsibility for prevention. However it may be more appropriate to fund these services outside of CPFT in the third sector. In effect, this will mean more closely defining the role of social care staff within CPFT.

The role of Social Work
Social Work within mental health settings provides a fundamental counter balance to an increasingly medicalised model. Linking this to the priorities within Shaping *our* Future, No Health without Mental Health and the emerging College of Social Work Professional Capabilities would see a key role for Social Workers in ensuring that the social perspective of mental health care is reinforced. The vision or raison d'etre is that Mental Health is a social issue and social approaches must underpin individual recovery.

The provision of professional Social Work means that alongside the delivery of the "must dos", there is a focus on using these staff to ensure that the networks and relationships that are fundamental to mental wellbeing are in place.

Browse categories

- Home
- Council and democracy
- Democracy and decision making
- Committee meetings and minutes
  - Meetings archive

Cambridgeshire Health & Wellbeing Board - 16 April 2013

Meeting details

Committee: Cambridgeshire Health & Wellbeing Board

Date: Tuesday 16 April 2013 at 2:00 PM

Location: Kreis Viersen Room, Shire Hall, Cambridge CB3 0AP

Agenda items

1. Appointment of Chairman
2. Election of Vice-Chairman
3. Declarations of Interest
4. Minutes - 16th January 2013

   Report (96kb)
5. Terms of Reference

   Report (107kb)
6. Joint Strategic Needs Assessment
7. The Cambridgeshire Health and Wellbeing Strategy Action Plan
8. The Ageing Well programme in Cambridgeshire

   Report (100kb)
9. Handyperson (Safer Homes) Scheme

   Report (263kb)
10. The role of the Area Director of the NHS Commissioning Board

    Presentation
11. Local Health Partnerships - update

    Report (478kb)
12. Date of next meeting

    11th July 2013

Members of the Board:

Councillor S Tierney, County Council Cabinet Member for Health and Wellbeing
Councillor M Curtis, County Council Cabinet Member for Adult Social Care

Councillor S Ellington, District Council representative
Drs N Modha and D Roberts, Clinical Commissioning Groups
R Rogers, Cambridgeshire Healthwatch
Dr L Robin, Director of Public Health
A Loades, Executive Director: Children and Young People's Services and Adult Social Care
C Malyon, Local Government Shared Services: Section 151 Officer
M Berry, NHS Commissioning Board

The County Council is committed to open government and the public are welcome to attend this meeting. It supports the principle of transparency and encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: http://www.cambridgeshire.gov.uk/council/democracy/recordingofmeetings.htm

The Council cannot provide car parking on the Shire Hall site so you will need to use nearby public car parks.

Details of other transport options are available on the Council's website at:http://www.cambridgeshire.gov.uk/council/offices/shirehall.htm

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact Michelle Rowe, Senior Democratic Services Officer, telephone: (01223) 699180, email: michelle.rowe@cambridgeshire.gov.uk

Cambridgeshire & Peterborough Clinical Commissioning Group - Our developing plans

Dr Neil Modha & Dr David Roberts

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

A brief update

- One clinical commissioning group (CCG) for Cambridgeshire & Peterborough
- Federation of eight local commissioning groups (LCGs)
- Delegated budgets for local decision making with central accountability and robust governance
- Awaiting ‘authorisation’ from National Commissioning Board
- CCGs take on full responsibilities from April 2013.

Our work so far

- Operating in Shadow Form since April 2012.
- Establishing our Governing Body. Clinical Accountable Officer plus eight GPs, secondary care doctor, three lay members and executive directors
- Recruiting to new structures
- Building relationships with partners & communities
- Developing our vision and values
- Developing our medium-long term plans.

The context in which we work

- 2013/14 allocations: £854 m
- Population: 831,000 (based on ONS figs, not registered)
- Challenged provider landscape
- A growing and ageing population with health inequalities
- An efficiency plan in 2013/14 of £30m.

Our priorities 13/14

- Clinically led
- Focused to ensure maximum success
- Based on the needs of our communities
- Based on the context in which we work and on JSNAs
- Programme Boards established to ensure good governance and progress
- Plans submitted to National Commissioning Board end March.

We will work with partners to build a system of care that meets the needs of our community by:

- Focussing on driving improvements in our clinical priority areas
- Focusing on outcomes from the Outcomes Framework
- Working at LCG level with districts and local stakeholders
- Improving services for frail older people
- Improving care for those towards the end of their life
- Improving care for those with coronary heart disease

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

We will focus on what is important to our patients by:

- Ensuring their NHS Constitutional rights and pledges are protected
- Improving co-ordination of care through closer working with our valued partners
- Providing friendly, caring, quality services to all our patients and carers
- Responding to complaints and compliments in appropriate manner and timescales

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

We will strengthen our organisation to be the best at what we do by:

- Driving change at a local level to respond to individual community needs
- Working to remove inefficiencies that cause delay and incur unnecessary cost
- Delivering and measuring at all levels to ensure consistent high quality service provision
- Identify and promote innovation that enhances quality of services through our participation in Health research networks .

Next steps: working with HWBs to select three local outcomes- 1st draft 25 Jan

- The NHS Commissioning Board guidance provided on 21 December requested CCGs select three local outcomes where visible improvement can be measured in 13/14

These outcomes must be:

- Agreed with NHS CB after consideration with Health and Well Being Boards and key stakeholders
- Focussed on local issues and priorities, especially where the outcomes are poor compared to others
- In areas where improvement will reduce health inequalities
- Based on robust data

We are asking for you views on which outcomes to propose to CCG Governing Body and then to the NHS CB, fitting in with overall direction

Proposed indicator one

We would like to reduce the inappropriate use of in emergency bed days by the over 65s from the current baseline rate shown below & measuring patient experience

LCG	Baseline 2012/13 Forecast	2013/14 Target March
Borderline	1.82	1.79
CATCH - Cambridge City	2.25	2.00
CATCH - City Suburb	2.21	1.99
CATCH - Granta	1.99	1.88
CATCH - North Villages	1.83	1.80
CATCH - South Villages	2.14	1.95
CATCH - Total	2.13	1.95
CamHealth Integrated Care	2.29	2.03
Hunts Care Partnership	1.85	1.81
Hunts Health	1.96	1.86
Isle of Ely	1.94	1.85
Peterborough	2.00	1.88
Wisbech	1.84	1.80
Cambridgeshire and Peterborough	1.99	1.88

The target is based on achieving top Quartile performance levels

Remaining two indicators

To help create a shortlist for discussion we have applied the following criteria

- What outcomes have been selected in Health and Well Being Board strategies?
- What outcomes have been selected by the CCG?
- What outcomes meet the NHS CB criteria?
  (1) Poor outcomes compared to others
  (2) Will reduce health inequalities
  (3) Robust data exists
- Do we have ideas or projects that would deliver the improvements in these areas?

This has enabled us to develop a shortlist; the full CCG Outcomes Indicator list is also available for you to review

Shortlist

Indicator	Rationale
Emergency re admissions following 30 days of discharge	• Aligned to commissioning intentions • Aligned to HWBB strategies • Currently performance shows deterioration year on year
Maternal smoking at time of delivery	• Aligned to HWBB strategies
Dementia diagnosis rates	• Aligned to commissioning intentions • Aligned to HWBB strategies • Current performance shows the PCT in the bottom half of all PCTs nationally
Stroke care plans	• Aligned to commissioning intentions • Aligned to HWBB strategies • Draft projects exist to improve performance
Antenatal assessment	• Aligned to HWBB strategies
Emergency admissions for alcohol related liver disease	• Aligned to commissioning intentions • Aligned to HWBB strategies • Draft projects exist to improve performance
Primary Prevention of Cardiovascular Disease	• Aligned to commissioning intentions • Aligned to HWBB strategies

Emergency readmission

What the metric covers:

Percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission; indirectly standardised by age, sex, method of admission and diagnosis / procedure. Admissions for cancer and obstetrics are excluded.

How have we performed?

In absolute terms, the level of emergency re admissions is increasing

Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/ 2012	877	759	880	860	881	853	926	883	940	926	852	981
2012/ 2013	848	910	918	1,002	921	881	878	928				

Maternal smoking at delivery

What the metric covers:

This indicator measures a key component of high-quality care as defined in NICE clinical guideline, the smoking status at time of delivery.

How have we performed?

In NHS Cambridgeshire, data for Quarter 1 showed that 13.7% of women smoked at the time of delivery which we would like to reduce to 11.6%

In NHS Peterborough, data for Quarter 1 showed that 16.6% of women smoked at the time of delivery.

	2011/12 - Q1	2011/12 - Q2	2011/12 - Q3	2011/12 - Q4	2012/13 - Q1	2012/13 - Q2
NHSC	9.5%	Not available	14.5%	14.6%	13.7%	13.3%
NHSP	16.9%	16.5%	17.3%	16.6%	17.4%	17.7%

Dementia diagnosis rates

What the metric covers:

This indicator measures the number of people on the dementia register for England in the Quality and Outcomes Framework (QOF) against estimated prevalence.

Estimated diagnosis rate for people with dementia (NHS OF 2.6i)	2011		
	Number of patients with a diagnosis of dementia (based on QoF register)	Number of people estimated to have dementia (diagnosis and undiagnosed)	Best-worse overall ranking (1 = highest UK ranking, 176 = lowest)
NHSC	2959	7544	116
NHSP	671	1758	131

Antenatal assessment

What the metric covers:

Number of women in the relevant CCG population who have seen a midwife or a maternity healthcare professional for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy.

How have we performed?

	Q1	Q2	Q3	Q4
2010/11	87.7%	88%	88.1%	89.1%
2012/13	89.7%	93.8%	TBC	TBC

The above table shows performance against a target of 93.2%

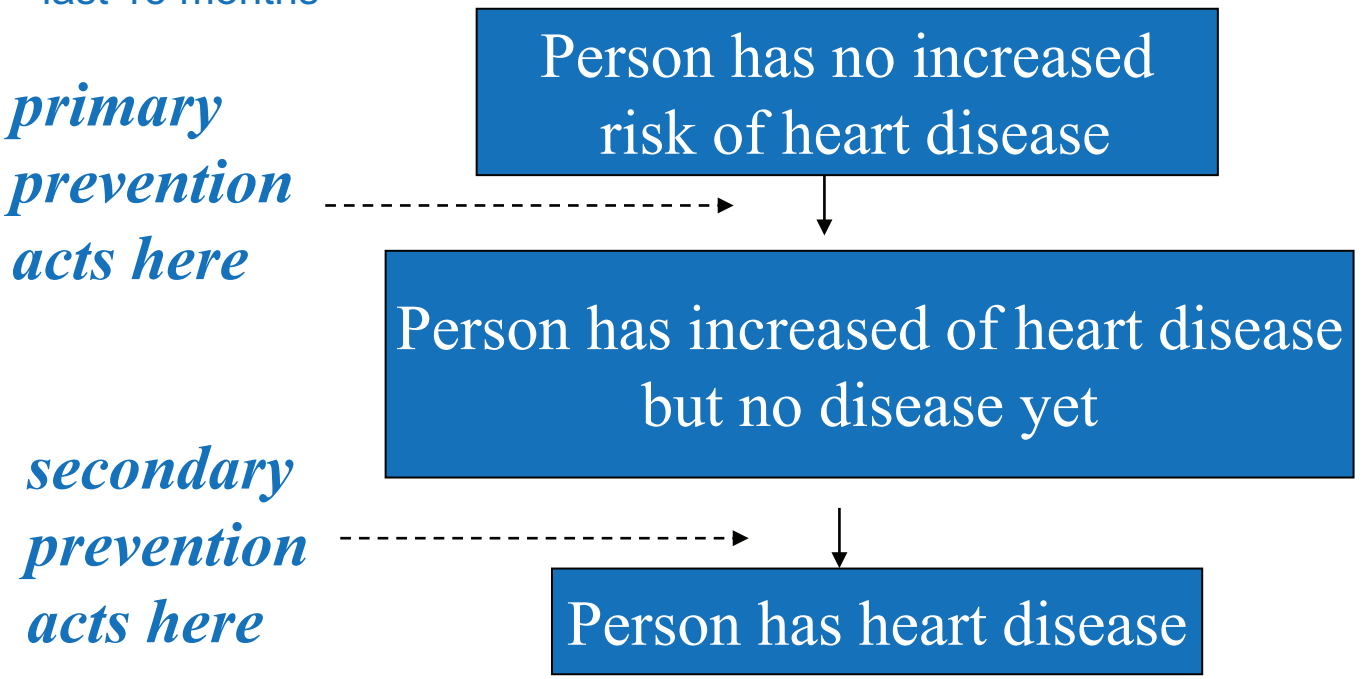
Primary Prevention of Cardiovascular disease

What the metric covers:

The percentage of patients who have been newly diagnosed with hypertension who have had their cardiovascular disease risk assessed

And

The percentage of patients with hypertension who have had advice about increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet in the last 15 months



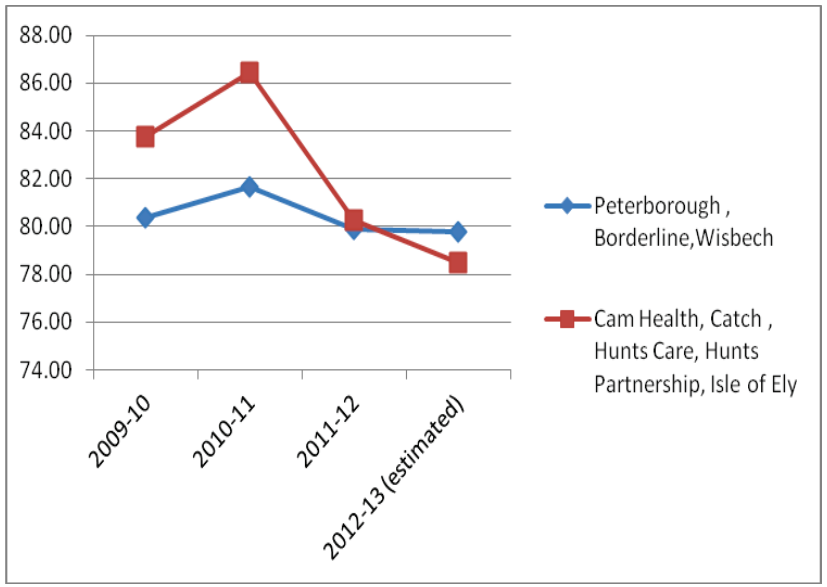
Primary prevention prevents twice as many deaths as secondary prevention

Primary Prevention of Cardiovascular disease

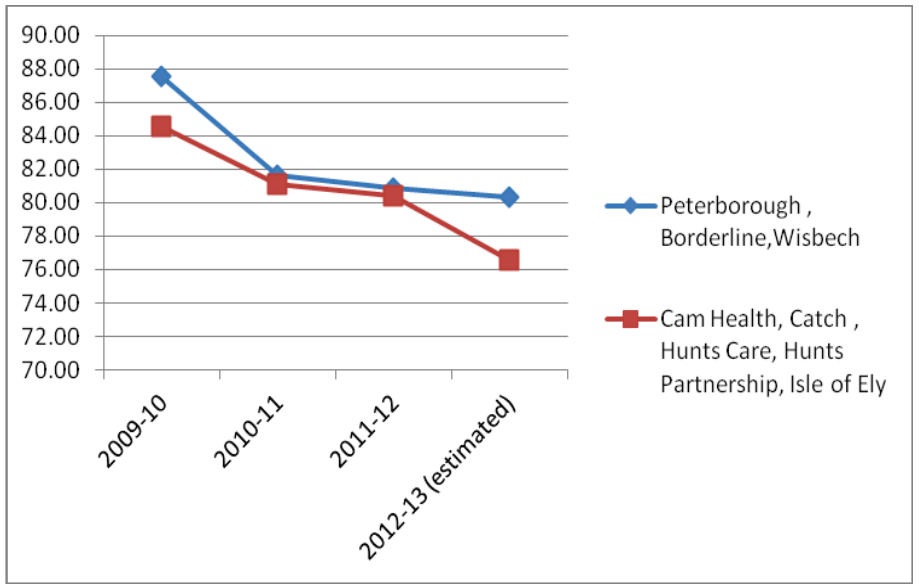
How have we performed?

The level of primary prevention of cardiovascular disease is falling

PP1 2009-2013



PP2 2009-2013



Data from Primary Care Improvement Team, analysis Improving Outcomes Team

Primary Prevention of Cardiovascular disease

Proposed measure:

Improve to 90% on both PP1 and PP2

Opportunity for joint work across the system:

- Local Authorities: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.
- Primary care :Identification and advice

Reducing inequalities in premature deaths from coronary heart disease is an interim strategic priority of the CCG

Process

Jan – Feb Discussions on developing priorities with:

- Health & Wellbeing Boards
- Scrutiny Committees
- LINKs
- District councils
- Patient Reference Group
- Local Patient Groups
- Members/LCG Boards

Timing is tight so meeting all we can, sharing with others

Thoughts?

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

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How Housing Related support in Cambridgeshire Links to the Health and Well-being in Cambridge City.

Purpose

The housing related support team is based at Cambridgeshire County Council and works across the county. The team contracts and commissions housing related support services aimed at helping people to develop or maintain their independence from young people leaving care right through to elderly people in Extra Care housing and many other groups in between.

By focussing on the areas people need help with to develop greater independence, housing support makes a significant contribution to the health and wellbeing agenda in Cambridge City. This paper evidences how housing support is making a contribution.

Work is progressing to align Housing Related support services into existing contracting and commissioning structures in Cambridgeshire County Council. As alignment takes place it is important to demonstrate the value of Housing Related support interventions in delivering the broader health and well-being agenda. Housing Related support helps people at difficult times of their life and/or towards the end of their life. Without support people may suffer poorer health, life-chances or die prematurely. Good health and well-being will help the residents of Cambridge City to play a greater role in their local communities.

Linking Housing Related support to the priorities in the Health and Wellbeing Strategy – A focus on Cambridge City.

Cambridgeshire's Health and Well-being (HWB) Strategy stresses the importance of supporting the physical and mental health of all residents particularly for children and young people, the elderly and vulnerable individuals. Given the number of vulnerable people supported by Housing Related support and the particular focus on vulnerable groups it is an important resource to improve health and well-being. There are six key priorities in Cambridgeshire's HWB strategy and the following sections show the contribution made by Housing Related support with specific regard to the Cambridge City area. Links are also made where appropriate to local priorities for Health and Wellbeing in Cambridge City.

Housing Related support is tackled strategically across the county and takes an outcomes focussed approach helping people from 16 years right through to people at the end of their lives working to the following outcomes:

Achieving economic wellbeing – Maximising income, reducing overall debt and obtaining paid work
Enjoy and Achieve – Training/education plus leisure, culture and faith plus informal learning
Be healthy – Physical health, mental health and substance misuse
Stay Safe – Maintain accommodation/avoid eviction, improve compliance with statutory orders, reduce risk of harm to or from others
Making a positive contribution – Giving more choice/involvement and control

More specific examples are given below setting out some of the outcomes achieved in the Cambridge City area.

Linking Housing Related support to the priorities in the Health and Wellbeing Strategy

Priority 1 - Ensure a positive start to life for children and young people and their families.

This priority includes a focus on creating positive opportunities for young people to contribute to their community and raise their self esteem. Housing Related support services help young people who may have experienced homelessness and/or relationship breakdown often with their parents or carers. At any one time there are 162 places in Cambridge City available to young people funded via Housing Related support in a range of different types of accommodation from young person's hostels and foyers (designed to help young people particularly with accessing training and education) to supported lodgings. The services help people to find new housing, placing a particular focus on accessing training, education or employment and maintaining their tenancies.

Between 1st of April 2012 and the 31st Dec 2012 102 moved on from the 6 young people's services to permanent accommodation. Out of these, 37 had been found paid work, 38 were taking part in training and education and 40 participated in work-like activities. This is at time when youth unemployment is a real issue locally and nationally.

Priority 2 – Support older people to be independent, safe and well

This area is focused on promoting interventions which reduce unnecessary hospital admittance and enabling older people to live at home, or in a community setting, where appropriate.

At any one time 893 older people are housed in 24 sheltered and extra care schemes across Cambridge City. Housing Related support funds vital staff time to support these services. In sheltered housing schemes safe and accessible housing is provided to residents, and support staff help people to maintain their independence for as long as possible. Plans are underway to extend this support to older people living in the community, so that this valuable support is accessible to all those that need it, not just those living in sheltered housing. Extra Care schemes also help older people with significant health problems who would otherwise need to be in more expensive residential care or hospital.

As well as housing schemes for older people housing related support contributes to Home Improvement Agencies which help older people or people with physical disabilities to remain in their own homes. Between April and December 2012 a total of 59 major jobs were completed by Cambridge Home Improvement Agency. Major jobs included installing level access showers and or bathrooms downstairs for example.

Priority 3 - Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

This is about encouraging individuals to take more responsibility for their health and wellbeing. The ethos of Housing Related support is about encouraging personal

responsibility and independence. An outcomes framework is in place which asks service users as they leave services how support has helped them.

Between April 2012 to December 2012 a total of 267 individuals supported by Housing Related support reported that their physical health had been improved whilst using these services in Cambridge City.

Some of the services funded to provide housing related support are testing out new ways of working to enable greater personal choice. This has involved thinking very differently about how support should be delivered focussing more on outcomes rather than traditional support sessions. Here is an example from one of the schemes.

Early reporting from the first pilot project has demonstrated: individuals have more control over their support as a result; the support they access is more focused on their aspirations rather than their disabilities/vulnerabilities; cycling proved to be a popular activity, which has clear health benefits but has also enabled individuals to access other services and people, including sustaining relationships with families; relationships with other residents have improved, resulting in increased confidence and reduced isolation; and personal health and hygiene has improved. One resident stated that living in the scheme now is like "being your own boss".

Priority 4 - Create a safe environment and help build strong communities, wellbeing and mental health

The work of Housing Related support is particularly relevant to this priority because it is concerned with minimising the negative impacts of alcohol and illegal drugs, providing support for victims of domestic abuse and working to prevent and tackle homelessness. These are all areas where Housing Related support makes a significant contribution.

In terms of helping people who use drug and alcohol, Housing Related support provides 179 spaces across Cambridge in schemes for adult homeless individuals or homeless families. Each homeless person has an individual support plan which identifies the areas in which they need help. There is a strong link between addiction issues and homelessness and services work hard to address this. Additionally a floating support service supports up to 167 clients at any one time.

Between April and December 2012 a total of 160 individuals reported they had made progress towards addressing their drug and or alcohol issues during their period of receiving Housing Related support. For some of these it will have resulted in complete abstinence from substances and for others they will have reduced their consumption or moved further towards recovery. This can only be achieved via a multi-agency approach involving specialist drug and alcohol services.

In the area of addressing domestic abuse Housing Related support is a key intervention both in terms of prevention and helping victims if they have been subject to abuse. Services provided include 1 refuge in the City for victims of abuse which helps people who have become homeless. There is also an outreach/floating support service which helps people who are still housed but might be at risk of abuse in some way, meaning that individuals do not have to move home in order to access support.

Between April and December 2012, 44 individuals were helped to leave the refuge into new accommodation in a planned way when previously they were homeless. Through other Housing Related support funding a further 550 women who have experienced domestic abuse are known to the refuges and are being supported in some way. This will vary from basic contact, which could be a lifeline if a person suddenly becomes at greater risk, to a full support plan and goals to help an individual, and their family, make a new life following being victims of abuse.

As well as housing homeless people Housing Related support services help people who are at risk of homelessness in their own homes. Particularly important interventions are the floating support services, especially those which help people who have previously been homeless or are at risk of homelessness. These services will help people with managing their homes and maintaining their tenancies, setting up utilities, preventing rent arrears and helping people to improve their wellbeing and manage their recovery.

Housing Related support funds floating support services within Cambridge City. At any one time over 175 individuals who may have been identified as at risk of homelessness receive prevention work via floating support to help them maintain their tenancies. Without this support being in place it is likely that a number of individuals may become homeless again and their support needs and other associated costs may have increased as a result.

Priority 5 Create a sustainable environment in which communities can flourish & Priority 6 – Work together effectively

This is about seeking the views of the local voluntary sector and the communities of Cambridge as well and recognising their importance. The strategy is also concerned with promoting social inclusion of marginalised groups and individuals.

Housing Related support is channelled through 21 organisations and businesses in Cambridge City. The majority of these are in the voluntary sector and include many local charities and enterprises working with a range of marginalised groups e.g. offenders and young people leaving care. A key component is to improve social inclusion is helping people to find employment and not be dependent on welfare benefits. Between April and December 2012 across all age groups Housing Related support services helped 98 individuals into paid work in Cambridge City.

Issues

The Health and Wellbeing Strategy is a new document and has only recently been agreed. Evidencing outcomes against another document is not always easy given the wider context of health and wellbeing compared to Housing Related support forming only one component. Outcomes can also be hard to demonstrate and individual measures don't always tell the whole story. A person may secure a job but may still end up homeless. Outcomes attributable to Housing Related support in many cases would not have been possible without multi-agency working. This report highlights the contribution of just one of the key components of what is a multifaceted approach to improving the health and well-being of Cambridgeshire's residents. This report is a collection of ideas about how to link Housing Related support to health and wellbeing which can be further refined.

Feedback following the plans to integrate HRS into mainstream commissioning is that there are concerns these benefits will be lost if the emphasis on HRS as a key contributor to HWB and the prevention agenda is not maintained.

Recommendations
Note the work to link Housing Related support to the Health and Wellbeing Strategy and how housing related support contributes to improved health and wellbeing in Cambridge City.

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2.2 Housing and Health

The full report can be found at: http://www.cambridgeshirejsna.org.uk/housing-and-health-2013

Summary

This Joint Strategic Needs Assessment (JSNA) provides a succinct introduction to a wealth of information and data on housing and housing issues in Cambridgeshire; to the local and national organisations which deliver housing services and funding (much of which is relevant to health and wellbeing); and to strategic housing plans for Cambridgeshire and the mechanisms through which these plans can be influenced. Health professionals and managers who wish to learn about the potential links between health and housing services are strongly recommended to read the full JSNA report.

The seven broad housing priorities for Cambridgeshire agreed by the Cambridge sub-regional housing board are to:

- Deliver new homes to support economic success.
- Enable better health and wellbeing through housing, affordable housing and housing-related support.
- Create mixed, balanced, sustainable and cohesive communities.
- Improve standards in existing homes and encourage best use of all housing stock.
- Extend housing choice and meet housing need.
- Prevent and tackle homelessness.
- Promote the benefits good partnership working can bring to housing-related issues.

The aim of the JSNA is to identify how each of these areas of housing activity is relevant to the health and wellbeing of Cambridgeshire residents; and the priorities of the Health and Wellbeing Board. It also relates activities where applicable to the three commissioning priorities of the Clinical Commissioning Group.

Key findings identified in this assessment focus heavily on partnership working, building networks, learning from each other, and sharing information, while addressing new challenges due to organisational change.

This JSNA is a starting point to try to help build these connections and strengthen existing partnerships and highlights areas the sub-regional housing board would like to explore further with partners in 2013-14.

It provides an introduction to some of the issues, plans, partnerships and practices across Cambridgeshire which aim to help residents navigate their way through often complex systems, to meet their housing, community and support needs.

Introduction and Overview

These sections outline the statutory housing functions of district councils; the role of housing associations in delivering both social housing and community services; the way that 'affordable housing' is currently defined; the role of the national Homes and Communities Agency in funding affordable housing and housing targeted to the needs of vulnerable groups; and a range of useful sources of information on Cambridgeshire housing and on examples of best practice. Information on the impact of housing on health and wellbeing is included, such as adverse health effects of cold and

damp homes, pollutants associated with respiratory problems, features that increase the risk of physical injury, and the impact of overcrowding.

Deliver new homes to support economic success

- Housing needs in the Cambridge sub-region are regularly assessed and updated through the Strategic Housing Market Assessment (SHMA). Across the county more than 70,000 new homes are planned to be built between 2011 and 2031. This reflects the significant need for new homes to support local population growth and to meet the requirements of people moving into the county for employment.
- The scale of developments across our county on a variety of small and larger sites, provide opportunities to meet needs and to create thriving communities and economies. Between 2001 and 2012, a total of around 33,000 homes were built; around half on sites of less than 100 homes, and half on sites of more than 100 homes.
- There are a range of mechanisms through which partner agencies can influence district level Local Plans for housing development. The JSNA report outlines funding mechanisms such as the Community Infrastructure Levy (CIL) and the Cambridgeshire local investment plan for affordable housing.
- Information from residents' surveys for new housing developments across Cambridgeshire is presented which is relevant to health needs, together with a range of good practice examples including 'lifetime homes', the Cambridgeshire Quality Charter for new housing, health impact assessment built into the planning process, and other local case studies. Carefully designed new developments can impact positively on health through new facilities, green spaces, specialist housing schemes, shared services, targeted community development resource, or increased walking and cycling access.
- A key gap is that agencies do not explicitly link the way that housing needs are quantified and predicted in the strategic housing market assessment, with the work on health and social care needs through the JSNA.
- Working together in 2013-14, housing, health and social care data could be shared and improved, to help inform plans for new developments of all scales across the county. If this proves useful and successful, partners could consider a joint plan for investment to meet our communities needs in future.

Enable better health and wellbeing through housing, affordable housing and housing-related support

- Affordability of housing is a key issue for Cambridgeshire, and has been for some time. The average house price was nine times the average income in Cambridge, and the lower quartile house price was 14 times the lower quartile income. Affordability ratios vary across the county, but even in Fenland which is a relatively affordable area, the average house price was 4.7 times average income, and lower quartile house price were 8.3 times lower quartile income (Hometrack, September 2012).
- Since 2003 a total of almost 6,000 new affordable tenure homes have been built across Cambridgeshire – that is, around 27% of the total number of homes built.
- Affordable housing is under pressure as people find it hard to access the private housing market, particularly those on lower incomes. This includes households who are key to the health, social care and service industries, and who provide childcare and other services which enable others to go to work. Changes to benefits are an issue for some, as is availability of homes, in the right location and of the right type.
- Another significant issue for Cambridgeshire is the provision of appropriate housing for the growing older population, for example through 'floating support services', sheltered housing or extra-care housing, which are likely to reduce the need for residential care.
- Housing-related support (previously known as the 'Supporting People Programme') supports some of the most vulnerable and socially excluded members of society. The primary purpose is

to develop and sustain and individual's capacity to live independently in their accommodation. Client groups include single homeless, homeless families and rough sleepers, Ex-offenders and those at risk of offending, people with physical or sensory disability, people suffering domestic violence, people with alcohol or drug problems, teenage parents, vulnerable older people, young people at risk/leaving care, people with HIV or AIDs, people with learning difficulties, Gypsies and Travellers, migrant workers, refugees and asylum seekers, and people with mental health problems. Housing related support is vital to many, helping them recover from a life trauma, maintain their existing housing, or continue to live at home instead of needing care.

Create mixed, balanced, sustainable and cohesive communities

- As outlined above, affordability of housing and the limited availability of affordable tenure homes are significant issues across Cambridgeshire. This section looks at the importance of balanced and mixed communities, and the role partners play in creating them.
- Part of a community's 'mix' relates to a cross-section of age and income groups. In Cambridgeshire, given the pressurised housing markets, the affordability issue is key. As housing and welfare reforms take effect a concern is that housing benefits and local housing allowances will not keep up with housing costs. People may not be able to continue to afford their current home, and be obliged to either secure more income, or move to a cheaper housing area with associated impacts of increased travel to work times, effect on children's schooling, effect on ties with local communities, friends and families.
- A local Welfare Reform Strategy Group has been formed to monitor such trends by collating a small set of key data. The aim is to identify trends or impacts early on before they become a problem, and prepare to help and support those most affected and most vulnerable.
- The design of homes and estates also plays a role in supporting mixed and cohesive communities, where people of all ages and backgrounds feel safe and included. 'Secured by design' principles have been shown to reduce crime by combining minimum standards of physical security and well tested principles of natural surveillance and defensible space.

Improve standards in existing homes and encourage best use of all housing stock

- Local authorities work with local private landlords and home owners on a range of housing issues, some of them statutory, including:
    - Works and advice to improve the condition of homes, to put right serious disrepair.
    - Enforcement action if a property fails to reach a minimum standard.
    - Ensuring houses in multiple occupation (HMOs) pass standard and are licensed if necessary.
    - Give advice to help bring empty homes back into use.
    - License mobile home parks.
    - Make sure resources are directed to improve housing standards for the most vulnerable households.
- The 'Decent Homes' standard in a nutshell is that a 'decent' home must:
    - Be free from category 1 hazards (serious risk to health and safety).
    - Be in a reasonable state of repair.
    - Have reasonable modern facilities and services.
    - Provide a reasonable degree of thermal comfort.

- Across the county there is variation in the numbers of privately owned dwellings which have at least one category 1 hazard and therefore fail the decent homes standard – most commonly due

to excess cold or risk of falls on stairs. Based on the most recent stock surveys carried out by each individual district and presented in the main JSNA report, up to 27,000 homes (around 10% of the total number of private homes) in Cambridgeshire are estimated to be in this group. Homes built before 1919 commonly present more serious levels of risk than more recently built homes.

- In 2009/10 a total of 483 homes were made good by the direct action of the local authority.
- Access to decent housing is a reflection of affordability. Low income households and vulnerable groups are the most likely to occupy poor standard homes, often related to issues of overcrowding, fuel poverty, disrepair and damp and mould.
- As fuel prices rise more rapidly than income and benefit levels, heating will become increasingly difficult to afford for some groups. The risk to vulnerable and older residents is likely to increase, and measures to improve energy efficiency will be needed even more than at present to maintain health and independence at home. Estimates made in 2010 showed more than 46,000 of Cambridgeshire households, or 14.5%, were in fuel poverty (ie more than 10% of household income is spent on heating) compared with 11.5% in 2008. Levels of fuel poverty were highest in Fenland and lowest in Huntingdonshire.
- There are local Home Improvement Agencies, Handyperson schemes, and Winter Warmth initiatives which help support older and more vulnerable people to maintain safety and independence in their homes.

Extend housing choice and meet housing need

- Housing needs are high, and the supply of affordable tenures homes does not meet the expressed need. In Cambridgeshire, how people access affordable housing and find solutions to their housing issues is dealt with through three main routes:
  - Making a homelessness application to the district council.
  - Applying for social housing through the 'Home-Link system'.
  - Applying for intermediate tenures through the Orbit system.
- In March 2013, nearly 20,000 people were registered with Home- Link as in housing need and applying for social housing, across Cambridgeshire. Of these, more than 1,000 had an 'urgent' or 'high' health and safety or medical need. The JSNA report presents detailed statistics by district of Home- Link registrations and housing needs categories. Because the number of people registered is greater than the number of homes let each year, the register of need continues to grow. [A review of applicants on the register is being carried out which will end in April 2013 and may result in changes to these numbers if people's circumstances have changed].
- Housing lettings systems are complex. While the Home-Link system aims to be as fair, accessible and transparent as possible, feedback from customers points to the fact it is not easy to navigate and that people may need more help and support. There is potential to investigate possible improvements eg with the Speak Out council and other partners and to test any solutions which would help.

Prevent and tackle homelessness

- The 2010 Homelessness JSNA identified three overlapping groups of homeless people:
  - Single homeless and rough sleepers.
  - The statutorily homeless.
  - Hidden homeless.
- Homelessness is still a major issue across the County. More than 800 households approached the local authority as homeless in 2011/12, of which nearly 600 were accepted as 'statutory

homeless' (definition provided in the main JSNA report). Some 250 of these households were living in temporary accommodation at the end of March 2012.

- Although some homelessness is being prevented, it continues to be a major concern as the number of people applying as homeless, and the severity of the impact of homelessness on health and wellbeing, warrant a continued focus on tackling homelessness across the county.
- Placing individuals and families in temporary accommodation can cause disruption and impact on health and wellbeing, for example meaning people may have to travel to reach school and family networks, and may have limited facilities for cooking fresh meals.
- Since the homelessness JSNA was launched in 2010, the action plan has been progressed by the various partners involved. There is a network of active agencies across Cambridgeshire, particularly but not exclusively focused on Cambridge, who work to prevent, tackle and reduce the effects of homelessness. Examples include the Cambridge Access Surgery, Winter Comfort, Foyers, Jimmy's night shelter, Octavia View in Wisbech, Cambridge Cyrenians, Emmaus, Single Homelessness Service Project, targeted housing related support, and district homelessness and housing advice services.
- While there has been much progress on the plan, partners are predicting an increase in homelessness in parts of the county. The action plan might benefit from a review and update in collaboration with the agencies which originally contributed. New actions may be needed to tackle new issues and challenges, should partners support this idea.

Promote the benefits good partnership working can bring to housing-related issues

- Partnership working, sharing resources and opportunities, and working to resolve issues, helps us achieve the sixth health and wellbeing strategic priority to work together effectively, across all agencies.
- Partnership working is increasingly important to ensure all agencies work together to the benefit of residents. Current changes in organisations and partnerships can challenge ability to maintain contact, continuity, understanding, or referral systems. New ways to communicate and identify shared agendas can help in this area.
- As this JSNA presents a review of secondary data from a wide variety of sources and partners, a key outcome would be to explore further the data and the issues raised during the drafting process. An event in 2013-14 and further sharing of data, plus identifying shared outcomes, would help build on this 'introductory' JSNA.

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JOINT STRATEGIC NEEDS ASSESSMENT

To: Cambridgeshire Health and Wellbeing Board

Date: 16th April 2013

From: Dr Liz Robin, Director of Public Health,
Wendy Quarry, JSNA Programme Manager

1. PURPOSE

1.1 The purpose of this report is to present the 2012-2013 draft Joint Strategic Needs Assessment (referred to as the JSNA) Executive Summaries for comment and approval.

2. KEY POINTS

2.1 In 2012/13 we have developed the following JSNAs:-

- Housing & Health
- Armed Forces
- Children and Young People's Mental Health
- Physical disabilities and learning disabilities across the life course
- Prevention of ill-health in Older People

Each JSNA has a multi-agency steering group, which reviews information about health and wellbeing needs from a range of sources.

2.2 The JSNA 2012-2013 Executive Summaries Report 2012-2013 (attached at **Annex A**) brings together all the executive summaries from this recently commissioned JSNA work. It is designed to identify and flag key pieces of information about the health and wellbeing needs of people who live in Cambridgeshire for the above client groups.

2.3 The full reports of the new JSNAs, which include more detailed information and data analyses, will be available via the JSNA website www.cambridgeshirejsna.org.uk, which also holds all JSNA reports and supporting documentation from previous years.

2.4 Each new JSNA provides in depth information about specific priorities and areas of focus within the Cambridgeshire Health and Wellbeing Strategy. This information will be fed into HWB action plans during the coming year, and used to review commissioning plans.

3. OVERVIEW OF THE NEW JSNA REPORTS FOR 2012-2013

3.1 Prevention of ill-health in Older People

The Older People JSNA steering group agreed this JSNA would initially focus on secondary and tertiary prevention approaches for older people with a view

to updating information on primary prevention approaches in future JSNA phases.

The report reviews early interventions which can enable older people to remain well and live independently at home or in a community setting where appropriate and which prevent or reduce unnecessary hospital admissions.

3.2 **Armed Forces JSNA**

In Cambridgeshire there is an Armed Forces Covenant Board in place that works to improve the outcomes and life choices of military personnel, reservists, their families and veterans living in Cambridgeshire and Peterborough. The Covenant Board is also tasked with enhancing the relationship between the civilian and military communities. In Cambridgeshire there are also other Joint Strategic Needs Assessments in place that already cover many of the key inequalities experienced by veterans, such as risk of homelessness and mental health. Within the executive summary there is a table which shows the relationship between the key inequalities, current JSNAs and the Covenant Board's action plan.

3.3 **Children & Young People's Mental Health**

This report starts by setting the scene with the population estimates and forecasts of children and young people and maps of deprivation within the county. It then examines the estimated prevalence of mental disorders in Cambridgeshire, the factors that influence the mental health of children and specific groups of vulnerable children. It goes on to look at service and benchmarking information and finally the evidence base. It is important to note that this profile relates to the child and young people population of NHS Cambridgeshire only and does not relate to service catchment areas.

3.4 **Housing & Health JSNA**

This JSNA provides an outline of the seven broad housing priorities for our area, to:

- Deliver new homes to support economic success
- Enable better health and well-being through housing, affordable housing and housing-related support
- Create mixed, balanced, sustainable and cohesive communities.
- Improve standards in existing homes and encourage best use of all housing stock
- Extend housing choice and meet housing need.
- Prevent and tackle homelessness
- Promote the benefits good partnership working can bring to housing-related issues

Its aim is to show how each area of housing activity contributes to the health and wellbeing of Cambridgeshire residents; and the priorities of the health and wellbeing board.

It also relates activities where applicable to the three commissioning priorities of the Clinical Commissioning Group.

3.5 **Physical disabilities & Learning disabilities JSNA**

The aim of this JSNA is to provide information relevant to people with a disability across the life course. Many people with learning disability will also have physical and sensory disabilities. There is less emphasis on information about older people and people with long term conditions, as these population groups are covered in previous and (potentially) future JSNAs. The effects of social and environmental factors are considered; one of these (housing) is the subject of another JSNA.

4 OTHER CONSIDERATIONS

4.1 We should be mindful that information is gradually being released following the Census 2011 therefore data will quickly become out of date. We have therefore included a web-link to the key demographic and health related data on the JSNA website which will be updated as information becomes available. We have also developed an initial Health Atlas for Cambridgeshire, which will appear on the JSNA website imminently. Data is added throughout the year too – for example a report on the Public Health Outcomes Framework and a profile for the local Clinical Commissioning Group. Please see: www.cambridgeshirejsna.org.uk/supportingdata

5. RECOMMENDATION

5.1 The Health and Wellbeing Board is asked to approve the Cambridgeshire JSNA Executive Summaries 2012-2013 Report., with a view to incorporating the findings into action planning for the Health and Wellbeing Strategy.

Source Documents	Location
www.cambridgeshirejsna.org.uk	3rd Floor, B Wing Shire Hall Castle Hill Cambridge CB3 0AP

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Amended Partnership Forward Plan:

MEETING DATE	ITEM
25th July 2013	What are we doing to address local health inequalities?
	Looking at Community Safety and Health including Streetlife issues.
	Update on the Ageing Well project and work in Cambridge.
MEETING DATE	**ITEM**
24th October 2013	

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