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Cambridge City Council

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 30 January 2014
Time: 12.00 pm
Venue: Committee Room 1 - Guildhall
Contact: Graham Saint **Direct Dial:** 01223 457013

AGENDA

1 APOLOGIES

2 PUBLIC QUESTIONS

This is an opportunity for members of the public to ask a question or make a statement to the Partnership. Please refer to the Public Participation section at the end of this agenda.

3 MINUTES AND MATTERS ARISING *(Pages 7 - 14)*

To approve the minutes of the meeting held on 24 October 2014 and to consider matters arising not included in Agenda Item 7, the update on outstanding actions. *(Pages 7 - 14)*

4 PRESENTATION FROM CITIZENS ADVICE BUREAU *(Pages 15 - 16)*

Sally Salisbury, Deputy CEO for Cambridge and District Citizens Advice will outline opportunities for improving referrals for advice services in community and primary care settings, drawing on examples of good practice in other parts of the country.
(Pages 15 - 16)

5 UPDATE FROM THE HEALTH AND WELLBEING BOARD

The Partnership's representative on the Board, Cllr. Sarah Brown, will provide an outline of the issues discussed at the HWB meeting on the 23 January 2014. The agenda and supporting papers for this meeting can be found here (please copy and paste all lines into your web browser as the address is split over several):

<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=637>

6 BETTER CARE FUND

A member of Cambridgeshire County Councils Performance Management and Quality Assurance Team will outline progress being made on preparing Cambridgeshire's Better Care Fund (BCF) submission to government. A paper showing progress is attached. Proposals are presently being invited for innovative practice that will reduce demand from local people acute care. Vision and Principles that will guide this submission are also presently subject to consultation. The consultation document can be found here (please copy and paste all lines into your web browser as the address is split over several):

<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Consultations/Details.aspx?ref=281>

7 PROGRESS ON OUTSTANDING ACTION FROM THE LAST MEETING *(Pages 17 - 18)*

8 DATE OF NEXT MEETING

27th March 2014.

Members are asked to note the later start time of the 1.00pm for the next meeting.

Information for the Public

Location The meeting is in the Guildhall on the Market Square (CB2 3QJ).

Between 9 a.m. and 5 p.m. the building is accessible via Peas Hill, Guildhall Street and the Market Square entrances.

After 5 p.m. access is via the Peas Hill entrance.

All the meeting rooms (Committee Room 1, Committee 2 and the Council Chamber) are on the first floor, and are accessible via lifts or stairs.

Public Participation Some meetings may have parts that will be closed to the public, but the reasons for excluding the press and public will be given.

Most meetings have an opportunity for members of the public to ask questions or make statements.

To ask a question or make a statement please notify the Committee Manager (details listed on the front of the agenda) prior to the deadline.

- For questions and/or statements regarding items on the published agenda, the deadline is the start of the meeting.
- For questions and/or statements regarding items NOT on the published agenda, the deadline is 10 a.m. the day before the meeting.

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Fire Alarm

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Facilities for disabled people

Level access to the Guildhall is via Peas Hill.

A loop system is available in Committee Room 1, Committee Room 2 and the Council Chamber.

Accessible toilets are available on the ground and first floor.

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Queries on reports If you have a question or query regarding a committee report please contact the officer listed at the end of relevant report or Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

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CAMBRIDGE LOCAL HEALTH PARTNERSHIP

24 October 2013

12.30 - 2.35 pm

Present:

Antoinette Jackson: Chief Executive, Cambridge City Council;

Mark Freeman: Cambridge Council for Voluntary Services;

Councillor Sarah Brown: Executive Councillor for Community Wellbeing, Cambridge City Council;

Councillor Catherine Smart: Executive Councillor for Housing, Cambridge City Council;

Mike Hay;

Councillor Zoe Moghadas;

County Councillor Joan Whitehead;

Dr Liz Robin: Director of Public Health, Cambridgeshire County Council;

Elisabeth Locke, HealthWatch Cambridgeshire;

Dr Rachel Harmer;

Joseph Keegan, Alcohol Strategic Lead, Cambridgeshire Safer Communities Partnership;

Graham Saint: Strategy Officer, Cambridge City Council;

Jas Lally: Head of Refuse and Environment, Cambridge City Council,

Alan Carter: Head of Strategic Housing;

Carrie Holbrook: Sports Development Manager, Cambridge City Council

Lynda Kilkelly: Community Safety Manager, Cambridge City Council;

Des Kelly: Housing Related Support Lead, Cambridgeshire County Council;

and

David Greening: Housing Advice Service Manager, Cambridge City Council.

FOR THE INFORMATION OF THE COUNCIL

13/29/CLHP Apologies

No apologies were recorded.

13/30/CLHP Public Questions

There were no public questions.

13/31/CLHP Minutes and Matters Arising

The minutes of the meeting of the 25th July 2013 were agreed as a correct record.

Alcohol and Street-Life issues in Cambridge

13/32/CLHP Street Life Issues

The Community Safety Manager of Cambridge City Council presented the findings of a recent review of Street-life issues. The reviewed highlighted that many problematic individuals exhibiting streetlife behaviour were often engaged by a large number of key workers, in one case as many as 11 key workers. This was thought to reflect their complex needs. However, it was becoming difficult for the Anti-social Behaviour service to intervene effectively because there was no one agency to help coordinate local interventions. It was suggested that coordination between agencies was weaker for individuals with medium levels of need, approaching crisis, rather than the group already categorised as chronically excluded. The Homelessness Implementation Strategy Group was aware of this gap and was looking at how to increase the level of support and coordination for these individuals.

The Partnership felt a great deal could be learnt from the lead agency approach used for multi-agency working with Chronically Excluded Adults and Troubled Families and that this could be extended to the group in question. The difficulty was in identifying the agency that could make this happen, for this category of people, on a case by case basis. The DAT promote the “lead agency” approach and it was thought they make it part of their service specifications.

Liz Robin agreed to seek clarification from the Drug and Alcohol Service about how lead agencies were established for their clients.

Action

Antoinette Jackson suggested that each agency involved with this client group should be approached seeking a commitment to a coordinated approach and that this could then be formalised at a later date. Mark Freeman suggested the Police and the voluntary sector should also be included in the discussions. Joseph Keegan agreed to explore what progress the Chronically Excluded Group had achieved and their methodology. He would feedback at the next meeting.

13/33/CLHP Accommodation for Single Homeless People

The Partnership received a report for the Housing Advice Service Manager of Cambridge City Council regarding availability of accommodation for single

homeless people in the City. He updated the Partnership on recent spikes in the numbers of rough sleepers and changes to hostel provision in the area. He stated that although the overall number of beds had reduced, the hostels now moved individuals on much faster, avoiding the long term occupation of a hostel space. There was evidence that showed that the longer a person stayed in a hostel the more dependent they become on the support it offered.

He stated that Cambridge City Council was a designated lead authority and was about to launch a Single Homelessness and Local Lettings Service for Cambridge and the wider sub region. The new service would also offer intensive move-on support to individuals for a limited period.

Rachel Harmer said that some clinicians had recently raised concerns about bed blocking at Jimmy's Cambridge. She stated that the number of emergency admissions from this group of people at Accident and Emergency departments had risen and that hostel beds were important for individuals in crisis and in need of a safe place to sleep. She suggested that if the reduction in the number of beds was a cost cutting move, it would simply shift the cost to other services, such as the Police. She said that Ruth Bastable at the Access Centre, as the key GP delivering services to the street-life community, was not aware of the new service being launched. The Housing Advice Service Manager apologised if Dr Bastable had not been fully informed but confirmed the Access Surgery Practice Manager had been on the mailing list for information about the new services.

The Housing Advice Service Manager said that one of the key aims of the new service will be to intervene at an early point to assist people back into mainstream housing before the homeless lifestyle became entrenched. For some this might mean support to move back to their home area, whilst for others, this might mean accepting that there were more housing opportunities in the wider sub-region beyond the City. Some members of the Partnership were concerned that this would reduce job opportunities and weaken links to informal support networks.

Partnership members reported lively discussions at a recent Sub-regional Housing Board, Health and Housing workshop, and it was suggested that the Partnership could support a similar local event. Careful scheduling would be needed to ensure that key people were able to attend. Partnership members would discuss this further outside the meeting. Alan Carter and Graham Saint would investigate the feasibility of a workshop.

Action

13/34/CLHP Alcohol Services

The Partnership received a report from the Alcohol Strategic Lead, Cambridgeshire Safer Communities Partnership Team outlining the recent preparation of specifications and re-tendering of alcohol services and how this would assist local coordination. He suggested that the contract would be awarded in November and that it was expected that the service would be in place by April of next year.

In response to a question from Rachel Harmer, it was confirmed that the contract would be closely monitored to ensure the social inclusion of service users.

13/35/CLHP Local Improving Health: Local Projects

The Partnership received a report from the Sports Development Manager of Cambridge City Council, Carrie Holbrook, regarding a new project aimed at improving participation in swimming. She also gave an update on the Cambridge Exercise Referral Scheme and Forever Active's local mobility and falls prevention work. As detailed in the report, the Officer highlighted risks to some of the services unless additional funding could be secured.

The Partnership welcomed the news that the project was seeking to promote swimming to non-swimming adults and children and the City Council was looking to expand provision through its recent leisure management contract with a provider to improve the availability of pools to schools. It was felt that the quality of instruction is important and this was something the project should take into account.

Carrie Holbrook pointed out that Exercise Referral programmes at sites outside the leisure management contract were at risk of closure because of funding uncertainties, especially those delivered from East Chesterton Sports Centre. No decision had yet been made on the extent of public health support for the programmes next year. Liz Robin said that thought would need to be given to how programmes that charged for participation could continue to be supported within the bounds of new regulations because NHS services must be free at their point of use. It was recognised that Cambridge had a good offer but there were also some issues about the equality of service provision across the County that had to be considered. The Public Health Team would clarify their position shortly.

Carrie Holbrook said that the Council would work with public health colleagues and others to resolve these issues as local people greatly benefit from the programmes. The service will shortly be preparing a draft Sport and Physical Activity strategy and would value the views of members regarding this. Carrie Holbrook would circulate draft the strategy to members for comment.

Action

The Partnership questioned how outcomes of falls prevention work carried out by the Forever Active Scheme could demonstrate results. It was suggested that there was good evidence to support the role that exercise and mobility training played in reducing falls. However, the work required to establish a direct link would be expensive. There had been a significant reduction in the number of hip fractures in 65s and over this year, although it was not understood, as yet, why this should be the case. It was said that the Sub-regional Housing Board will be looking in more depth at housing and falls in the home and would provide some guidance. Carrie Holbrook said that it was hoped that public health funding to the Forever Active Scheme would continue.

13/36/CLHP Housing Related Support (HRS) and Mental Health

The Partnership received a report from the Housing Related Support lead from Cambridgeshire County Council regarding the integration of formerly ring-fenced support services, into mainstream commissioning. The Officer explained his remit and reiterated the County Council's commitment to maintaining preventative services and to delivering coordinated services in the future.

Councillor Brown asked for clarification on the impact of consolidation of funding. The Officer confirmed that there had been some cuts to funding but that the aim was to ensure funding remained for key groups needing support.

Councillor Smart expressed her hopes that those with support needs in the community would receive a speedy response from services should they hit a crisis. She was concerned that left unsupported, both the individual and the wider community would suffer. Other members of the Partnership agreed that the links between the deteriorating mental health of individuals and an increase in their related anti-social behaviour, and consequent impacts on the quality of life of the wider community, were often underestimated.

13/37/CLHP Update On The Work Of The Health And Wellbeing Board

Councillor Brown, as the Partnerships representative on the Health and Wellbeing Board, gave the Partnership an update on the recent Board meeting. The minutes of the meeting would be published shortly. The Board had expressed its disappointment at the reduction in discretionary adult social care spending and the failure to adequately consult about the transfer of funds from the NHS to the County Council. Liz Robin apologised for the limited consultations about the transfers and said this was because of the tight timeframes.

The Partnership was informed that the next tranche of funding transfer would include Disabled Facilities Grant and Carers Support Grant. Guidance had recently been released and there would be very little time to engage with stakeholders before a response was required. A statement would be issued about the amount of funding involved.

Councillor Smart requested that the City Council's Housing Service be kept informed as the adaptation of homes, to facilitate independent living, was an important part of tenant's quality of life.

13/38/CLHP Messages From 2013 Health Profile For Cambridge

This item was deferred to the next meeting.

13/39/CLHP Forward Plan

The following issues were suggested for future meetings:

1. Presentation from Citizens Advice Bureau regarding ways of working that would allow GPs to direct people to advice services when this was more appropriate than a medical appointment. It was suggested that the debate is widened to distinguish between the sign posting provided by Community Navigators and from the role of Healthwatch as the patients representative.
2. A presentation from the Home Improvement Agency to update the Partnership on how the integrated service was performing was requested.
3. An update on Single Homelessness Service (Agenda item 4b) was requested.
4. A progress report on the Health and Wellbeing Board's Priority 6, showing how priorities for the Board were being delivered in partnership.

13/40/CLHP Date Of Next Meeting

The Committee noted the date of the next meeting: 30th January 2014 at 12.00 noon.

The meeting ended at 2.35 pm

CHAIR

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Cambridge Local Health Partnership

30 January 2014

Supporting Information for presentation by Cambridge and District Citizens Advice Bureau (CAB)

The impact of CAB Advice Services on Health and Well Being.

- We welcome an opportunity to bring to the discussion this subject and an opportunity to clarify what various agencies bring to the table.
- CAB is an agency that deals in quality controlled legal advice across a wide range of topics - broadly 14 areas with the highest demand being Benefits, Debt, Housing, Employment, Relationships/family. The largest amount of work we do is round Benefit, debt and housing work.
- We have always known that there is a direct correlation between sorting peoples problems and improving not only their immediate health issues (often around stress and mental health), but also helping people to find “space” to adopt more healthy living styles e.g. giving up smoking. We have research and other hard evidence to support this from projects and work in other NHS/GP practices in other areas to make our case for the need to imbed CAB advice into the daily business of health care here. (Research evidence has been supplied to Graham Saint who is summarising this. We are of course happy to supply all the data to you if you would like it but it is slightly indigestible – there is a lot of it !)

Community Navigators:

- The question has been raised – “why do we need this when there is this new Community Navigator scheme funded by the County Council”?
- Community Navigators are “sign posters”. They have no capacity/skills to deal with often complex benefit/debt/relationship etc problems. That is what CAB does.
- Navigators “point” people to various activities in the community that may be of help to them and that is a great bonus (keeping people linked to activities), but it is not about sorting out peoples immediate issues.

Summary of what we would like to raise with at the LHP meeting:

- Impact of CAB advice on GP and other services (based on current evidence e.g. Derby NHS CAB on Prescription and other university evidence)
- Financial impact of CAB intervention at surgeries (Based on research evidence)
- Reduction of GP appointments and prescription costs (also based on research evidence)

Example of Good Practice

Background

The Citizens Advice Bureau in Sefton offers outreach sessions in GP surgeries. People are referred who have a variety of health problems relating to both physical and mental health.

The main issues that are discussed are benefits and debt. Nine practices participate in the CAB Health Outreach service with Sefton and a total of 250 patients were referred to CAB staff during the period April to September 2009. Within these nine practices there are 42 GPs, ranging from single handed to 13 GPs per practice (27.5 FTEs). The practice list sizes range from 1,728 to 16,558, average 6,269, covering a total of 56,419 patients. There are slight variations in the service between practices, relating to self-referral, access to medical records and the duration and number of appointments available.

Evaluation

An evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach Service was carried out in 2010 by NHS Sefton. The following shows some of the main findings from the evaluation.

Practice managers, GPs and CAB staff all agreed that the service was beneficial to patients, and none felt that the service had any adverse impact on any other services provided by the practices. The CAB service provides advice on problems outside of the GP's expertise and there was a belief that it may reduce GP workload. The service was considered to be open and accessible and reached a different client group from those using the regular CAB drop-in service, including many with mental health problems.

Some interviewees from all groups felt that there was a need for more service availability and that greater publicity may be useful to encourage more self-referral. Both GPs and CAB staff felt more training was required on what the CABHO service could offer to potential clients and who to refer, although most practice managers felt that sufficient information was available. Data was gathered from 148 patients from six practices on use of health services six months before and six months after first appointment with the CAB service. These showed statistically significant reductions in the number of GP appointments and prescriptions for hypnotics/anxiolytics, non-significant reductions in nurse appointments and prescriptions for antidepressants, but no change in appointments or referrals for mental health problems.

Conclusions

The CABHO service demonstrates actual and perceived benefits to the NHS in terms of staff time and prescribing costs. Expansion of the service and further training of practice staff in referring to the service should be considered.

COMMITTEE ACTION SHEET

Committee	Cambridge local Health Partnership
Date	24th October 2013

ACTION	LEAD OFFICER/MEMBER	TIMESCALE/ PROGRESS
Clarifications from Drug and Alcohol Service regarding selection of lead agency for individual client	Liz Robin	
Investigate feasibility of workshop to discuss Health and Housing links.	Alan Carter/ Graham Saint	
To circulate draft Sport and Physical Activity strategy for comments.	Carrie Holbrook	Circulated as requested.

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