

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

27 March 2014

1.00 - 2.10 pm

Present:

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

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

Antoinette Jackson, Chief Executive, Cambridge City Council;

Councillor Zoe Moghada;

Rachel Harmer, Cam Health;

County Councillor Joan Whitehead;

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

Elisabeth Locke, HealthWatch Cambridgeshire;

Anne Devenport, Senior Technical Officer, Cambridge City Council;

Alan Carter, Head of Strategic Housing;

Graham Saint: Strategy Officer, Cambridge City Council;

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

Kate Parker: Cambridgeshire County Council, Public Health; and

Toni Birkin: Committee Manager.

Also present:

Christina Shaw, Assistant Director of Communications, Clinical Commissioning Group;

Pat Strachan, Cambridgeshire Home Improvement Agency; and

Melanie Mynott, Cambridgeshire Home Improvement Agency

FOR THE INFORMATION OF THE COUNCIL**14/9/CLHP Apologies**

Apologies were received from Tom Dutton.

14/10/CLHP Declarations of Interest

No interests were declared.

14/11/CLHP Public Questions

There were no public questions.

14/12/CLHP Minutes and Matters Arising

Minutes of the meeting of the 30th January 2014 were agreed and signed as a correct record.

Matters Arising:

14/4/CLHP Jas Lally reported that planning for the workshops suggested at the last meeting was underway.

14/7/CLHP Jas Lally reported that initial consultations between housing staff and GP's had taken place with meetings planned for the near future.

14/13/CLHP Presentation about Cambs Home Improvement Agency

The Partnership received a presentation from Pat Strachan and Melanie Mynott about the work of the Cambridgeshire Home Improvement Agency (CHIA) and how it could be developed as a service in the future to improve outcomes for service clients.

The following points were highlighted:

- i. CHIA was created by merging the Home Improvement Agencies from Cambridge City, Huntingdonshire and South Cambridgeshire District Councils.
- ii. It repairs, improves and adapts homes to enable people to continue to live independently.
- iii. The service works closely with the local councils, their private sector grants programmes and county occupational therapists.
- iv. Both minor and major adaptations achieve considerable success in improving the lives of service users.
- v. Improves the personal safety and wellbeing of users.

The following barriers were noted:

- vi. A growing demand for adaptations but lack of awareness of services Cambs HIA offered.
- vii. Limited budgets.
- viii. Eligibility criteria: means tests that focus on income rather than assets or savings.

- ix. Confusion over which agency provides which service.
- x. Complexity of pathways into the service.
- xi. Time taken to get an Occupational Therapist (OT) assessment.

In response to question from the Partnership, the following was confirmed:

- xii. Greater awareness of Cambs HIA was needed as primary care services were not clear where they should refer individuals.
- xiii. Improved linkages and better signposting was developing. However, there was still room for improved inter agency coordination.
- xiv. Non urgent referrals can take 6 months for an OT assessment.
- xv. Urgent cases, or support for those with terminal illnesses, can be delivered rapidly but could more be done?
- xvi. Direct referrals were accepted but would need to be supported by an OT assessment.
- xvii. Children had an automatic entitlement to services.
- xviii. Adults who did not qualify for funding were supported to seek out charity assistance or loans.
- xix. The highest demand was noted as being upstairs access and bathroom adaptations.
- xx. The present process for receiving adaptations could be streamlined and assessors trained to carry out basic assessments, to reduce waiting times.

The Partnership expressed concerns that expensive adaptations to a property were not always the best solution, or made the best use of limited housing stock. Pat Strachan confirmed that occasionally applicants were advised to move to somewhere more suitable.

Pat Strachan concluded by outlining the Cambs HIA bid to the Better Care Fund. The aim of the bid is to share information between providers and make the service more accessible and efficient. There was a real opportunity to make improvements and win additional funding.

14/14/CLHP Update From The Health And Wellbeing Board (Hwb)

Councillor Brown updated the Partnership on the work of the Health and Wellbeing Board. A special meeting had recently considered the Better Care Fund and the NHS England Care.data programme.

It was reported that the Board had expressed concerns about the Care.data programme because there had been a lot of public confusion regarding the

sharing of medical information and how to opt in or out. NHS England had now decided to delay the project.

14/15/CLHP Progress With A Better Care Plan For Cambridgeshire

Antoinette Jackson updated the partnership on progress in developing the detailed Better Care Plan for Cambridgeshire to Government, as detailed in the report. The partnership noted that the Better Care Fund was only a small part of a much larger change programme to manage the growing demand demand for acute health and adult care services – to transform the present ways of doing things.

Emerging themes were highlighted with bids being received from 129 diverse organisations, both large and small. The challenge for the future was to ensure co-operation between bidders, as many overlaps were present in the proposals of bidders, and how to refine proposals and identify any gaps.

14/16/CLHP Proposals to Improve Older People's Health and Adult Community Services

The Partnership received a presentation from Christina Shaw, Assistant Director of Communications of the Clinical Commissioning Group, regarding the consultation about proposed improvements to 'Older People's Health' and 'Adult Community Services'. She presented an overview of the problems associated with the current provision and highlighted the following:

- i. There are many organisations working with older people resulting in a dysfunctional and disjointed approach in service delivery.
- ii. Service users have to repeat the same information several times to different agencies.
- iii. Out of hours admissions and discharges were not co-ordinated.
- iv. Changing demographics meant an increase in numbers of older people in need of services, in the future – and this had to be managed.

The aim of the consultation was to show what a good service could look like. Preferred bidders had been identified and had given enough detail to allow different ways of working to be highlighted, which allowed care to be joined-up and improved.

Timeframes were discussed. More rigorous proposals will be worked up and submitted by the end of July. These will then be evaluated and a preferred bidder selected by September with a view to deliver services by January 2015.

The Partnership had some concerns that price would determine how the contracts were awarded rather than the quality of provision. Councillor Smart expressed concerns that staff would be poorly paid and not compensated for travelling time when making home visits.

Councillor Whitehead stated that the County Council had been investigating ways to improve salaries, training, conditions and career pathways of carers.

Christina Shaw stated that much of provision standards and pricing would be written into the tender in advance and that quality would be the deciding factor between bids. She stated that joined-up care, innovation and improved communications would allow staff to arrive at a service user's home with advance knowledge of what was expected of them.

The Partnership requested feedback on the future performance of the contract. Christina Shaw stated that an Outcomes Framework will be in place that will allow performance to be appraised at regular intervals.

14/17/CLHP Suggested Dates for Future Meetings

The suggested meeting date of 17th July clashed with a consultation event and alternative dates would be circulated by email.

Meeting dates of 23rd October 2014 and 29th January 2015 were agreed.

Committee Manager's post Meeting Note:

The alternative date of 3rd of July 2014 was agreed by email following the meeting.

The meeting ended at 2.10 pm

CHAIR

