

**CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

23 October 2014

12.00 - 1.45 pm

Present

Cllr. Peter Roberts

Cllr. Tim Moore

Cllr. Joan Whitehead

Tom Dutton: CATCH Local Commissioning Group

Rachel Harmer: GP Representative of Cam.Health/CATCH

Wendy Quarry: Joint Strategic Needs Assessment lead of Cambridgeshire  
Public Health

Elizabeth Locke: Healthwatch Cambridgeshire

Jill Eastment: Public Health Analyst, Cambridgeshire County Council

Graham Saint: Strategy Officer, Cambridge City Council;

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

Kate Parker: Cambridgeshire County Council, Public Health

Frances Swann, Housing Support Manager, Cambridge City Council

Jo Dicks: Team manager, Refuse and Environment

Toni Birkin: Committee Manager

**FOR THE INFORMATION OF THE COUNCIL****14/27/CLHP Apologies**

Apologies were received from Liz Robin, Antoinette Jackson, and Mark Freeman.

**14/28/CLHP Public Questions**

There were no public questions.

**14/29/CLHP Minutes and Matters Arising**

The minutes for the meeting of the 3<sup>rd</sup> July 2014 were agreed as a correct record.

**14/30/CLHP Joint Strategic Needs Assessment Presentation**

The Partnership received a presentation from Wendy Quarry, the Joint Strategic Needs Assessments (JSNAs) lead for Cambridgeshire Public Health

regarding JSNAs for, Carers, Older People's Mental Health 2014 and Primary Prevention of Ill Health in Older People 2014.

The Committee made the following comments in response to the presentation:

- i. The inclusion of air quality and transport as the subject of future JSNAs was welcomed.
- ii. Suggested that transport was not just an issue for rural communities.
- iii. Endorsed the initiatives involving Carers and suggested they were an undervalued resource.

In response to Members of the Committee Wendy made the following statements:

- iv. A scoping and strategic planning summit of key players involved with the production of JSNAs was planned to improve service linkages and assist cost effective interventions.
- v. A forward work plan was being developed and suggestions from the Partnership for themes for additional JSNAs would be helpful.

The Partnership welcomed the work done on the JSNAs and looked forward to progress reports at a later date.

### **14/31/CLHP      Review of Selected Public Health Outcome Framework Indicators**

The Partnership received a report and a presentation from Jill Eastment, Public Health Analyst of Cambridgeshire County Council regarding the issues identified by members from the Public Health Outcomes Framework. She highlighted the following points:

- i. The data for falls and hip fractures did not break down numbers sufficiently to see where the falls were occurring (home environment or in the street) or patients who lived in care homes.
- ii. An ongoing study is looking at seasonal variations and comparing neighbouring authorities.
- iii. There were variation across the city wards but they were not statistically significant.
- iv. She highlighted the high number of those aged 80 and over living in Cambridge which was higher than the national average.
- v. More work was underway on a Falls Prevention Strategy.
- vi. Basic information on fuel poverty was included.

The Partnership made the following comments on response to the report:

- vii. Councillor Roberts welcomed the report and stated that Cambridge City Council was looking at ways that social housing and open spaces could be improved to aid falls prevention work.
- viii. The Partnership noted that the fuel poverty mapping did not match other patterns of deprivation across the wards. It was suggested that there were a number of asset rich, cash poor, older people living in large, hard to heat, houses in affluent wards, which could be the reason for the variation.

In response to questions from the Partnership Jill Eastman stated the following:

- ix. Older City Council tenants had highlighted footpaths as a high priority but the data on where falls occurred was not easy to access.
- x. Fuel poverty estimations were based on the age of the property and the data was unclear and not up to date.

Jill Eastman undertook to circulate her presentation to the Partnership.

Kate Parker gave the Partnership an update on the Winter Warmth campaign. "Winter Health Packs", that have information about keeping well in the winter months and local support services, will be used to launch the campaign in October. These have been developed and provided by Public Health to GP practices for distribution to vulnerable patients when they attend for their flu vaccinations. Jas Lally suggested that City homes could promote this work.

Councillor Roberts undertook to forward the presentation findings about falls and footpaths to Councillor Blencowe to see if there were any opportunities for pavement improvements.

### **14/32/CLHP      Updates from the Health and Wellbeing Board**

The partnership noted the updates from the Health and Wellbeing Board as detailed in the agenda.

The meeting of the 11 September of the Health and Wellbeing Board had raised concerns over future funding cuts.

The meeting of the 2 October had looked at on-going issues and highlighted the following:

- i. The prevalence of Mental Health issues and dual diagnosis.
- ii. The role of carers and how best to support them.

- iii. Transport links to health facilities and alternative access solutions, against a backdrop of cuts.
- iv. The good work achieved regarding the improvements in Autism diagnosis but fears of diagnosis creep.
- v. The impact of further NHS re-organisation on services.
- vi. Funding for CCG commissioning strategies.

### **14/33/CLHP      Developing Local Actions**

The Partnership received a report from Jo Dicks, Cambridge City Council lead officer for action on energy. Work on utility poverty was at an early stage of development. Early evidence supported the links between, low income, cold homes and poor health. It was noted that a quarter Cambridge households had an income of under £15,000 per annum.

Energy bills were related to property efficiency and how occupants used the property. Once areas of poverty had been defined, targeted action would follow. Social housing was generally of a good standard. However, private rented properties had not enjoyed the same level of energy efficiency upgrades. Also, there were thought to be high numbers of older, vulnerable owner occupiers living in properties they could not afford to upgrade.

A Fuel and Poverty Action Plan was being developed and it should be in place by the end of December. The scope for interventions would be from the low level, such as replacement light bulbs, to a large scale retrofit. Some contribution would be required from the householder. Clear referral pathways from health groups were under consideration. Funding options were being explored for longer-term work.

In response to questions from the Partnership Jo Dicks stated the following:

- i. Initially, simple solutions to utility poverty would be explored.
- ii. Contacts with care providers would be looked at later on.
- iii. There were insulation solutions available for solid wall properties in conservation areas.

### **14/34/CLHP      Progress on Outstanding Actions**

The Partnership received an update from Rachel Talbot regarding the discussions of the last meeting concerning outreach work, by the Citizens Advice Bureau in East Barnwell GP surgery.

A one year, pilot project was proposed. Staff would be on site for three days a week and would offer advice to patients with the aim of saving GP time which is currently used to offer non-medical services and providing a better service. The time saved would be monitored.

The partnership discussed adding a social tariff to water charges and Jo Dicks agreed to discuss this with Councillor Owers.

The face to face service would offer financial advice, early intervention for debt issues, and education on fuel spending. GP at the surgery welcomed the initiative. The results of the pilot would be monitored and it was hoped it would demonstrate an economic as well as a social value.

The Partnership discussed various ways of providing robust data from the pilot. Suggestions included the following:

- i. Measure against similar work done in Rotherham.
- ii. Invite a research university to monitor the work (Cambridge University, Essex University, Norwich University)
- iii. Invite Councillor Herbert, Councillor Johnson or Councillor Owers to suggest suitable university contacts.

Jas Lally undertook to arrange bring people together outside the meeting to agree a way forward.

#### **14/35/CLHP      Date of Next Meeting**

The Committee noted the date of the next meeting: 29<sup>th</sup> January 2015.

The meeting ended at 1.45 pm

**CHAIR**