



# Public Document Pack

## Cambridge City Council

### CAMBRIDGE LOCAL HEALTH PARTNERSHIP

**Date:** Thursday, 3 July 2014  
**Time:** 12.00 pm  
**Venue:** Committee Room 1 - Guildhall  
**Contact:** Graham Saint **Direct Dial:** 01223 457013

#### AGENDA

**1 ELECTION OF CHAIR AND VICE-CHAIR**

**2 APOLOGIES**

**3 MINUTES AND MATTERS ARISING** (*Pages 7 - 12*)

To approve the minutes of the meeting held on 27 March 2014.

**4 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.

**5 PRESENTATION**

Francis Swann, Housing Support Manager at the City Council, will give a short presentation about the newly commissioned Housing Related Support for Older People Service, providing details about what is available and how to access it. This needs based service will be available to all residents in the city and not just those living in the City's sheltered accommodation. A short briefing will provide details of what's available and how to access it.

## 6 UPDATES

### Health and Wellbeing Board

Liz Robin, Director of Public Health will give an update on the work of the Board.

The last meeting of the Health and Wellbeing Board was on 11 June 2014. The agenda can be found here:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meetings.aspx?meetingID=913>

The headline items include:

- i. NHS Cambridgeshire and Peterborough CCG – update on local quality premium indicators for 2013/14
- ii. Local health economy 5 year strategic plan
- iii. Annual public health report
- iv. Summary report on the findings of the Joint Strategic Needs Assessment (JSNA) on autism, personality disorders and dual diagnosis
- v.

## 7 LOOKING FORWARD (*Pages 13 - 16*)

Members are asked to confirm the priorities for the Cambridge Local Health Partnership to explore over the next year, taking into account the Director of Public Health's independent annual report on the health of local people and other sources of evidence. This report can be found here:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9838>

A paper, Reviewing Priorities and Setting out a Forward Plan for the Year, is attached.

## 8 PROGRESS ON OUTSTANDING ACTIONS FROM THE LAST MEETING (*Pages 17 - 20*)

1. To hold a local Workshop to help explore how local advice services can contribute an improvement in well-being locally, based on the evidence provided by the CAB Health Outreach Service in Sefton. A Draft Workshop Proposal is attached.

2. To arrange a meeting between local housing leads and GPs to improve the local links between housing and health and social care services.

## **9 DATE OF NEXT MEETING**

12.00 noon on 27<sup>th</sup> October 2014

## 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.

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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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## **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

<b>FOR THE INFORMATION OF THE COUNCIL</b>
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### **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 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 17<sup>th</sup> July clashed with a consultation event and alternative dates would be circulated by email.

Meeting dates of 23<sup>rd</sup> October 2014 and 29<sup>th</sup> January 2015 were agreed.

### **Committee Manager's post Meeting Note:**

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

The meeting ended at 2.10 pm

**CHAIR**



## Cambridge Local Health Partnership

3 July 2014

### Reviewing Priorities and Setting out a Forward Plan for the Year

#### 1. Introduction

The Director of Public Health's independent annual report on the health of local people provides an opportunity for the Partnership to review its priorities and to shape its Forward Plan and work for the year.

#### 2. Annual Public Health Report

The content of the Annual Public Health Report (APHR) is based on the findings of the national Public Health Outcomes Framework (PHOF), which provides detailed information on health in Cambridgeshire as compared with other areas nationally, including the lifestyle and environmental factors which influence health.

The overarching outcome indicators in the Public Health Outcomes Framework (PHOF) are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The four main domains of the PHOF are:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality.

#### 3. PHOF Outcomes for Cambridge

The APHR compares outcomes for Cambridgeshire and its districts with the national average. For Cambridge the outcomes shown to have got **worse** are:

- Complaints about noise (1.14 i)

- Households that experience fuel poverty (1.17)
- Cancer screening coverage – breast cancer (2.20 i)
- Cancer screening coverage – cervical cancer (2.20 ii)
- Emergency hospital admissions due to falls (2.24 iii)
- Hip fractures in people aged 65 and over (4.14 i)

Where the PHOF shows our outcomes to be below average, this indicates a potential opportunity for local action to improve outcomes by learning from good practice elsewhere.

#### **4. Opportunities for Partnership Action**

The opportunities identified in the APHR include:

- Targeted work to understand and address high rates of smoking in parts of the county
- A focus across organisations on inequalities in the early years
- Work with communities in Fenland on health and lifestyles
- Reviewing reasons for lower coverage of individual vaccination and screening programmes and taking action to address this
- In addition, the APHR identifies that developing a preventive approach for mental health is a priority for several stakeholders in the county, although the PHOF does not show outcomes locally to be worse than average.

#### **5. Short-term work of the Cambridge Local Health Partnership**

The Summary JSNA 2012 report, that accompanied the developing Health and Well-being Strategy, identified issues for Cambridge and the Partnership chose to adopt these as its priority areas. These were:

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

Cambridge Local Health Partnership's recent work has included:

1. Improving the flow of information and the quality of communication between local GP's and local Housing Officers, so that people presenting can receive a service appropriate to their needs.
2. Keeping an eye on local provision for mental health services, taking into account work carried out by the county Adults Wellbeing and Health Overview and Scrutiny Committee, and to help improve local service delivery.
3. Looking at how the "Ageing Well" initiative, including Community Navigators, can be best supported in Cambridge, taking advantage of the existing networks and support available.
4. Developing local projects that can contribute to the work of the Better Care Fund.
5. Looking at advice referral services and how they contribute to well-being.

Partners have also been refining their plans for service delivery over the past year, which need to be taken into account. Cambridge City Council has provided its Annual Statement for 2014, which incorporates the aim of improving the standard of living and daily lives of those residents who are currently experiencing poverty. The Council is currently looking at preparing an Anti-Poverty Strategy and will be seeking the support of partners in developing it and coordinating efforts to address poverty in the City.

## **7. Firming up the Partnership's contributions**

The Director of Public Health's annual report provides an opportunity for the Partnership to review its priorities and to shape its Forward Plan and work for the year, taking into account any plans for services that may have emerged.

Members are asked to confirm the issues the Partnership should adopt as its priorities, and look at in more depth at its future meetings, and where it wants to develop partnership working.





## Cambridge Local Health Partnership

3 July 2014

### Draft Proposal for a Workshop

#### **1. Introduction**

The Cambridge Local Health Partnership (CLHP) received a presentation outlining an innovative approach to offering advice. It involved local GPs referring people who presented with debt and other related problems, impacting on their physical and mental health, to outreach sessions based in their practices. The CLHP asked officers to look at this approach and examine its feasibility in Cambridge.

#### **2. Purpose of Workshop**

An afternoon session to explore how local advice and information services can contribute to improvements in well-being, using the Sefton CAB approach outlined in the attached case study, as a starting point.

#### **3. Approach and Structure**

##### When and Where

Wednesday 30 July, between 2 pm and 4.30 pm in Committee Room 1 in the Guildhall.

##### Who should be involved

This Workshop will benefit representatives from local organisations that offer advice and information services that contribute to the wellbeing of local people. It will provide an overview of the sector and look at an approach that could assist in getting advice to those people most in need of it, earlier.

##### What will the Workshop cover?

- What is out there?  
*Mapping advice and information services that contribute to wellbeing in Cambridge, particularly those where there is presently*

*the highest demand (Benefits, Debt, Housing, Employment, Relationships/family).*

- What is the present approach for referrals to advice and information services by health and social care workers, is there a problem? *A short discussion.*
- How do we improve on this approach, if it is problematic, and is a new approach like the Sefton Outreach Service an appropriate solution for Cambridge? *Looking at the Sefton Case Study and discussing it, drawing on other examples of referral services.*
- What should the next steps be? *A short discussion.*

#### **4. Conclusions**

Members are asked to give their views on the proposed Workshop, its approach and structure, and nominate representatives to attend, if possible.

# The Sefton Case Study

## 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 evaluation came to the conclusion that CABHO service demonstrates actual and perceived benefits to the NHS in terms of staff time and prescribing costs. The evaluation said that expansion of the service and further training of practice staff in referring to the service should be considered.