



CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 10 September 2015
Time: 1.00 pm
Venue: Committee Room 2 - 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 - 12*)

To approve the minutes of the meeting held on 25 June 2015.

4 Presentation: Cambridgeshire Public Mental Health Strategy (*Pages 13 - 18*)

It is expected that this item will involve a 15 minute presentation and a 10 minute discussion.

Holly Gilbert, Public Health Manager (Mental Health & Community Safety) will give an overview of the recently published Public Mental Health Strategy and highlight some of the actions that the strategy proposes. As a part of responses to the consultation about the draft strategy the importance of debt management in improving mental health and the issue of hoarding were raised, which were incorporated into the final document.

Holly will also make reference to the PHOF indicator, hospital stays for self-harm, that shows a significantly worse than England average for Cambridge and give a view on how this indicator reflects the situation in Cambridge.

The full Public Mental Health Strategy 2015 – 2018 can be found at the link below:

http://www.cambridgeshire.gov.uk/site/custom_scripts/cons_details.aspx?ref=361

5 Presentation: Mental Health Community Support and Prevention

It is expected that this item will involve a 15 minute presentation and a 10 minute discussion.

Jamie Butcher and Mark Pears from Riverside ECHG will outline the support their service provides for adults in Cambridge with mental health issues who need help to maintain their accommodation and give a view on how partnership working can be taken forward. This service is based out of the Victoria Project, which accommodates up to thirty homeless people, many of whom have addiction or mental health issues or a combination of both.

Further information about Riverside ECHG and the Victoria project can be found at the link below:

http://www.riverside.org.uk/corporate/our_services/care_and_support_services/victoria_road.aspx

6 Presentation: World Mental Health Day 10 October 2015 (Pages 19 - 22)

It is expected that this item will involve a 10 minute discussion.

Suzanne Goff, Cambridge City Council, will outline the City Council's plans to celebrate World Mental Health Day in the lead-up to the day from the 5th to the 9th of October 2015 and highlight the involvement of partners and opportunities for others to get involved.

Further information about World Mental Health Day can be found at the link below:

<http://www.mentalhealth.org.uk/our-work/world-mental-health-day/world-mental-health-day-2015/>

7 Updates

7a Health and Wellbeing Board (HWB)

It is expected that this item will involve a 10 minute discussion.

The next meeting of Cambridgeshire's HWB will be on 17 September 2015.

The agenda and papers can be found at the link below:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meetings.aspx?meetingID=1027>

This is an opportunity for members to raise issues for the Chair to take to this meeting.

7b Ongoing Work

It is expected that this item will involve a 20 minute discussion.

- Cambridge CAB Outreach project at East Barnwell Medical Practice
- Hoarders Policy

8 Date of Next Meeting

12 November 2015, The Guildhall, Committee Room1, 12.00pm.

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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Further information about speaking at a City Council

meeting can be found at;

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Facilities for disabled people

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Accessible toilets are available on the ground and first floor.

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Queries on reports

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CAMBRIDGE LOCAL HEALTH PARTNERSHIP

25 June 2015
12.00 - 1.45 pm

Present: Councillors Richard Johnson & Kevin Price: Cambridge City Council,
Councillor Joan Whitehead: Cambridgeshire County Council

Karen Begg: Health Watch Cambridgeshire
Jane Belman: Cambridge Citizens Advice Bureau
Mark Freeman: Cambridge C CVS
Dr. Rachel Harmer: CAM Health
Kate Parker: Public Health, Cambridgeshire County Council
Adrian Lyne: Public Health, Cambridgeshire County Council
Graham Saint: Strategy Officer, Cambridge City Council

FOR THE INFORMATION OF THE COUNCIL

15/10/CLHP Apologies

Apologies were received from Antoinette Jackson, Rachel Talbot, Elizabeth Locke, Liz Robin and Tim Moore.

15/11/CLHP Election of Chair and Welcome

Councillor Richard Johnson was elected as Chair and Councillor Kevin Price appointed as Vice-Chair.

15/12/CLHP Minutes and Matters Arising

The minutes of the meeting held on 25 June 2015 were approved and signed as a correct record.

15/13/CLHP Public Questions

There were no public questions.

15/14/CLHP Presentation: Cambridge Sustainable Food

Bev Sedley, Chair of Cambridge Sustainable Food (CSF), outlined the work of the group, including its recent Sustainable Fish Campaign and WW2 Nutrition

Challenge, and the process of making Cambridge an accredited Sustainable Food City.

A project being run by the group in the North of Cambridge to promote good cooking skills and healthy eating was being funded by the City Council. A number of other projects involving family cookery, as part of local initiatives to combat poverty, were also now emerging and CSF was looking to help co-ordinate this work in the City.

Members were advised that whilst the group had good links with public agencies it still needed some health contacts to assist its work. It was said the Health Trainer Service had recently been restructured and would be a good entry point for the group, into the health service. Future work would include attending community events as part of the “Love Food Hate Waste” campaign and arranging a Pumpkin Festival in Cambridge, similar to a successful event held in Oxford last year.

Members welcomed the presentation and offered their support for the work of the group, particularly the anti-poverty project.

Further information on Cambridge Sustainable Food could be found at the link below:

<http://www.cambridgesustainablefood.org/>

15/15/CLHP Updates

15/15/CLHPa Health and Wellbeing Board (HWB)

Adrian Lyne, Policy and Projects Officer at Cambridgeshire County Council, outlined the items on the 2 July 2015 Health and Wellbeing Board (HWB) agenda. Papers could be found at the link below:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=994s>

Adrian described the new format for the HWB meetings, which were to be themed and include a “patient story”. This meeting will cover Priority 2, supporting older people to be independent, safe and well and include other business, such as the Health Care Transformation Programme, Annual Public Health Report, Local Quality Premium Indicators and the Joint Strategic Needs Assessment (JSNA) Reports.

The JSNA Summary Report gave an overview of health issues and the alcohol and drugs scoping paper would show how this issue would be addressed.

15/15/CLHPb Health Committee

Kate Parker, Head of Public Health Programmes at Cambridgeshire County Council outlined some of the issues being discussed at the forthcoming 16 July 2015 Health Committee meeting.

The agenda and supporting papers could be found at the link below:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee.aspx?committeeID=76>

15/16/CLHP Setting Out Our Priorities

Graham Saint, Strategy Officer, Cambridge City Council, invited Members to give their views about where the Partnership should focus its work over the next year, taking into account the recent publication of the 2015 Health Profile for Cambridge and the Director of Public Health's Annual Public Health Report (2014 – 2015) on the health of local people.

It was agreed that the Partnership should continue to meet quarterly and in advance of the HWB meetings, where possible, to provide views to it about local issues. It was noted that the HWB would be meeting six times a year, so Partnership meetings should seek to coincide with four meetings, where possible, and seek the input of Members, when appropriate, by email for the two remaining HWB meetings.

It was noted that the next HWB meeting would be covering mental health and Members agreed that this should be the main theme for the Partnership's next meeting on 10 September.

Members stated they would like more information about the Public Health Outcomes Framework (PHOF) self-harm indicator, to try and look behind this measure for underlying reasons for its significantly high rating in Cambridge. Members were also keen to discuss actions for Cambridge in the recently agreed Public Mental Health Strategy.

It was felt that the Partnership should look to add value where it could to local work, and put in place actions for narrower topics, and it was agreed that it should look at its next meeting:

World Mental Health Week: 5th to the 10th October 2015.

The City Council took the opportunity to raise awareness about mental health issues last year with its staff and the public through a series of events. A wider partnership approach could enhance local activities.

Developing a robust “Hoarders” policy:

To help improve the response to isolated local people who may be having mental health difficulties.

Members also discussed some of the findings of the recent Transport and Health JSNA that revealed inequalities in access to health and social care facilities in the City. It was agreed that a future meeting should look at this and how others work, especially City Deal, could help alleviate some of the local problems.

A draft Forward Plan would be prepared showing the proposed items the Partnership wished to consider. The terms of reference would remain unchanged.

It was also agreed that Members would continue to monitor progress with fuel poverty and falls prevention work.

15/17/CLHP Areas of Focus**Cambridge CAB Outreach project at East Barnwell Medical Practice**

Jane Belman, Board member of Cambridge Citizens Advice Bureau (CAB) advised that an Advice Worker had been recruited who had started in the health centre in May, currently attending the centre once-a-week, and up until mid-June had seen eight clients. This had resulted in potentially an additional income of £10,000 in benefit that the clients were entitled to claim.

Evaluation indicators had been developed with the Health Centre and were being collected. As this was a pilot, Cambridge CAB and the Health Centre staff were reviewing progress as they went along, in order to learn about what worked.

Dr Harmer informed the Partnership that she had found it helpful to be able to refer patients for advice.

15/18/CLHP Date of Next Meeting

10 September 2015, 1.00pm, The Guildhall.

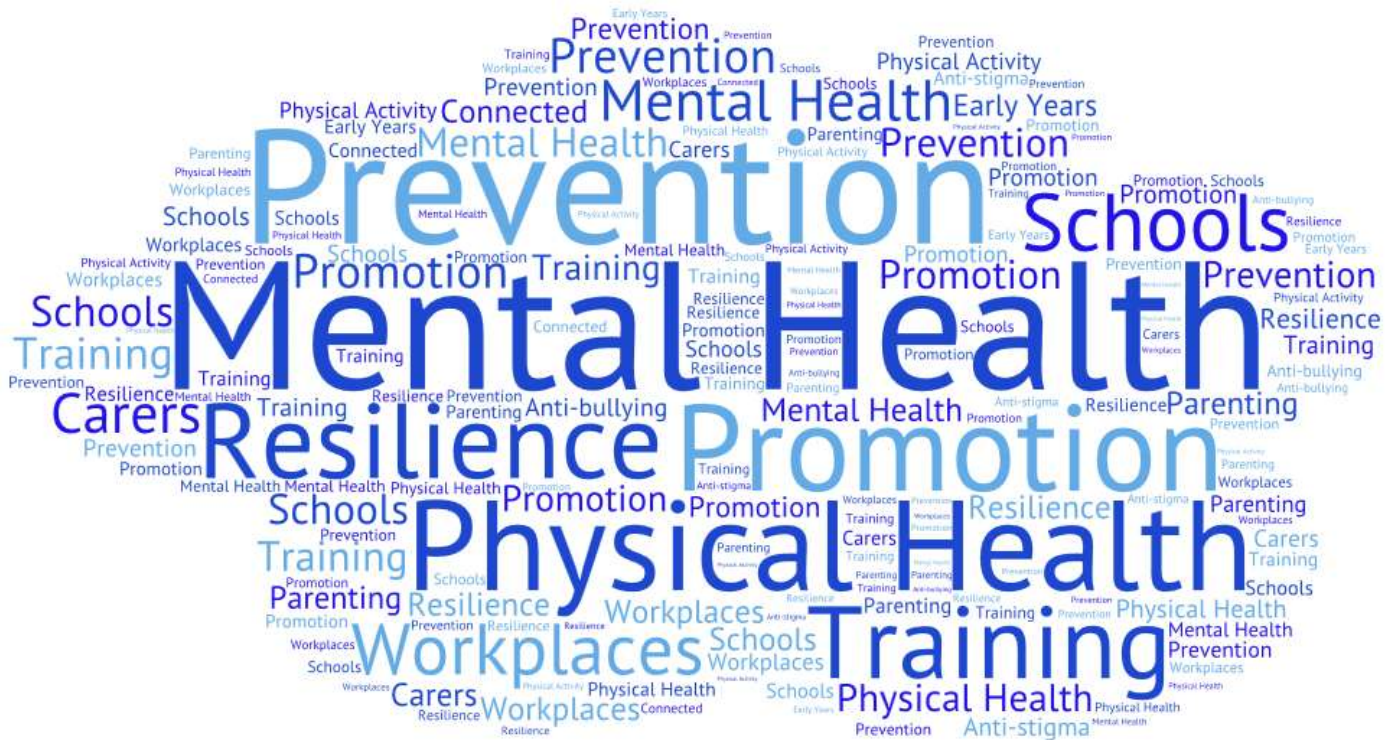
The meeting ended at 1.45 pm

CHAIR

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PUBLIC MENTAL HEALTH STRATEGY
2015 - 2018



May 2015

2. Facts & Figures

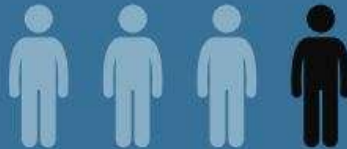
2.1 The National Picture

At any one time, at least one person in six is experiencing a mental health condition (McManus et al, 2009).



Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprises just 13% of NHS spending.



Three quarters of people affected never receive any treatment for their mental health condition (LSE 2012).

Mental ill health costs some £105 billion each year in England alone.



This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health 2010).

Half of all lifetime mental health problems emerge before the age of 14

(Kim-Cohen et al, 2003; Kessler et al, 2005)



People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al, 2011; Brown et al 2010)



The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC 2012).

People with mental health conditions consume 42% of all tobacco in England

(McManus et al, 2010).



The single largest cause of increased levels of physical illness and reduced life expectancy, among people with severe mental illness, higher levels of smoking (Brown et al 2010)

Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child.

These costs fall to a variety of agencies (eg education, social services and youth justice) and also include the direct costs to the family of the child's illness. (Annual Report of the Chief Medical Officer 2012)

Research suggests that 39% of offenders supervised by probation services have a current mental health condition

(Centre for Mental Health, Brooker et al 2012)



Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression.



In an Office for National Statistics survey 33% of carers said caring made them depressed at least some of the time (ONS 2002)

Image produced by Warwickshire County Council in the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.

Summary

At any one time, at least one person in six is experiencing a mental health condition. This is costly to the individual, society and the economy. We also know that people who have a severe mental illness often have poorer physical health and are more likely to die earlier. This strategy looks at ways in which we can better promote good mental health and prevent mental illness – what this actually means for individuals and families is described using the fictional family in Figure 1 (see pages 33-34).

Although anyone can experience a mental illness or poor mental health, some people will be more likely than others because of their genetic make-up or their life experiences that make them more vulnerable. It is knowledge of these factors, and the research into evidenced based interventions that inform this public mental health strategy.

The strategy looks at mental health promotion and prevention activity across three broad themes, looking at the evidence base for what potentially could work, as summarised below:

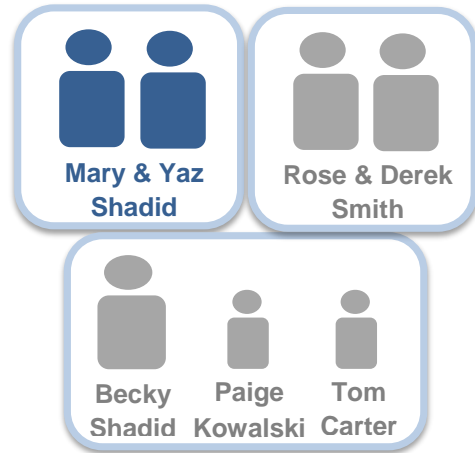


Figure 1 This fictional family will be used in the strategy as an example of how this strategy could affect individuals.

<p><i>A life course approach to promoting mental health</i></p> <p>Children & Young People</p> <ul style="list-style-type: none"> ➤ Identifying and treating maternal mental illness in pregnancy and the first year of life ➤ Parenting programmes ➤ Mental health promotion in early years settings ➤ Anti-bullying interventions in schools ➤ Mental health promotion in schools <p>Social Isolation & Loneliness</p> <ul style="list-style-type: none"> ➤ Activities and services for people to access, and additional support to help people access services. ➤ Creating a community environment that fosters development of services 	<p><i>Developing a wider environment that supports mental health</i></p> <p>Mental Health & Work</p> <ul style="list-style-type: none"> ➤ Recommendations on mental health promotion and mental illness prevention in workplaces ➤ Support for those with people with severe and enduring mental illness to return to work. <p>Mental Health Promotion in the Community</p> <ul style="list-style-type: none"> ➤ Anti-stigma campaigns including national campaigns such as ‘Time to Change’ ➤ Training which increases knowledge and raises awareness of mental health & illness. 	<p><i>Physical and mental health – ‘the mental health of people with physical illness and the physical health of people with mental illness’</i></p> <p>Mental Health of People with Long Term Conditions</p> <ul style="list-style-type: none"> ➤ Effective identification and treatment of mental health issues for people with long term conditions <p>Physical Health of people with Mental Illness</p> <ul style="list-style-type: none"> ➤ Physical health assessments ➤ Physical activity ➤ Social prescribing
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What does the strategy recommend?

Building on the evidence base and knowledge of some of the interventions already in place, the table below summarises what the strategy proposes. Given the scale of the issue, depression and anxiety affect about half the population at some point during their lives, these proposals are not just for implementation by the public health team, but for a wide range of organisations across the public, voluntary and private sector. A recurrent investment of £120k has been agreed to support the implementation of the strategy. Those actions in *italics* are suggested areas for further investment as part of this strategy’s implementation funding. A more detailed action plan is provided in the full strategy (p.35-39).

	Why focus here?	Actions
Children and young people	<p>Half of all lifetime mental health problems emerge before the age of 14. See page 10 and (Warwickshire County Council, 2014).</p> <p>Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child. See page 10 and (Warwickshire County Council, 2014).</p>	<p><i>Focus on supporting schools to tackle anti-bullying and to introduce a ‘whole school approach’ to improving mental health. This approach includes culture, staff morale, pupil and family and community involvement.</i></p> <p>Maximise opportunities to promote mental health across the early years, including during pregnancy and in the first year of life.</p> <p>Continue to support evidenced based parenting programmes.</p>
Social isolation and a wider environment that supports mental health	<p>The environment in which we live can make some individuals and population groups more at risk of poor mental health. These risk factors include low income and/or debt, housing conditions, unemployment, social isolation and adverse life experiences such as adversity in childhood and domestic abuse (see page 11).</p>	<p>Increase engagement with communities in addressing and improving their health and wellbeing.</p> <p>Support the digital inclusion strategy and the expansion of the Time Credit scheme.</p> <p>Consider how services, such as Lifestyle or community navigator services, might have their role enhanced in relation to mental health and be better able to identify those in need of support.</p> <p>Continue with initiatives supporting people with mental illness back into work or to stay in work.</p> <p>Support the implementation of other relevant strategies such as the Cambridgeshire County Council Child Poverty Strategy which includes a focus on helping parents back to work.</p>

<p>Workforce mental health</p>	<p>Mental ill health costs some £105 billion each year in England; £29bn of this is losses to business. Interventions to improve mental health within the workplace have been found to be cost effective for businesses. See page 10 and (Warwickshire County Council, 2014).</p>	<p><i>The public health ‘workplace health’ programme should have a strategic focus including mental health, and expand to cover a much greater proportion of workplaces, particularly in areas of greatest deprivation or among highest need populations. A suitable training package will be identified for employers so that they can provide improved support to those employees with mental illness.</i></p> <p><i>The programme should identify and roll-out a workplace health standard, which gives employers a set of good practice standards on mental health and other health issues to adopt.</i></p>
<p>Anti-stigma work</p>	<p>Many people who have a mental illness have experienced stigma or feel the need to hide their illness – one study found that 70% of mental health service users felt the need to conceal their illness (Corker et al. , 2013).</p>	<p><i>Support anti-stigma campaigns, building on the work of the ‘Stop Suicide’ Campaign. Workplaces, schools and early years settings should all be utilised as locations for campaign work.</i></p> <p>Continue to fund Mental Health Awareness Training for frontline staff and look at options for disability awareness and discrimination.</p>
<p>Mental health of those with physical illness</p>	<p>Around 30% of all people with a long term physical health condition in England also have a mental health problem, most commonly depression/anxiety (Naylor et al. , 2012). Mental health problems exacerbate physical illness.</p>	<p>Improve the identification of those people with a long term physical health condition(s) and depression.</p> <p>Ensure that those identified received evidence based interventions for depression, or access to rehabilitation programmes which include mental health support where appropriate.</p>
<p>Physical health of those with mental illness</p>	<p>People with severe mental illness die up to 20 years younger than their peers in the UK and lifestyle is thought to play an important role (see page 10). One study found that 60% of people receiving secondary mental health care smoked (Wu et al., 2013).</p>	<p>Increase the number of community mental health team members who are trained to give stop smoking advice, and increase the number of people with serious mental illness (SMI) referred to stop smoking services.</p> <p><i>Additional focused initiatives to support the physical health of those with SMI, through preventive lifestyle interventions, such as tailored physical exercise programmes. Improve consistency in physical health assessments and signposting.</i></p>

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City Council's Preparations for World Mental Health Day, 10 October 2015

Introduction

"The environment in which we live can make some individuals and population groups more at risk of poor mental health. These risk factors include low income and/or debt, housing conditions, unemployment, social isolation and adverse life experiences such as adversity in childhood and domestic abuse" [Cambridgeshire Public Mental Health Strategy 2015 – 2018](#)

This paper focuses on some of the work the City Council is doing to help raise awareness of mental health issues in the lead up to World Mental Health Day and highlights some of its key policies and strategies that help address environmental risk factors for poor mental health.

Recent Work

Some highlights of what the city council is working on include:

- Delivering an [Anti-Poverty Strategy](#) that will improve the quality of life for local people living on low incomes in the city. Low income and debt are significant risk factor for poor mental health. Actions include:
 - Helping people on low incomes to maximise their income and minimise their costs
 - Increasing community pride, raising aspirations and making the move into work easier
 - Reducing the impact of poverty on children and helping low income families with the cost of raising a child
 - Reducing the link between poor health and poverty
 - Ensuring that vulnerable older people and people with disabilities get the services that they need and reducing the social isolation they can experience
 - Helping people with high housing costs, increasing numbers of affordable homes, and improving the condition of people's homes
 - Working in partnership to tackle wider barriers to employment and engagement.
- Commissioning, through its substantial community development grants programme, services from the voluntary and community sector that support vulnerable people with mental health issues, and delivering neighbourhood support projects through its community development programme.
- Developing a Housing Strategy that recognises the links between health, social care and housing, and the importance of promoting and improving

quality of life and health and well-being. Homelessness prevention is a high priority, as is promoting sustained and settled lifestyles, supporting health and social care partners in their plans for transformation of commissioning and services, developing more integrated services, supporting people to make choices about living independently.

- Implementing a Community Safety Plan which includes continuing the work of the ‘Supporting People and Preventing Anti-social Behaviour’ pilot which started last year. Through this pilot we are working with a cohort of people with medium level of needs in terms of support to manage alcohol and substance misuse or mental health issues.
- Working with children and young people, some of whom will have poor mental health, through our CHYPPS service and promoting their inclusion in community activities.
- Delivering a Single Equality Scheme that included commissioning research into the needs of the LGB&T community, which highlighted social isolation and hate crime as particular concerns.
- Working to address the incidence and impact of benefit sanctions and the introduction of Universal Credit on vulnerable families through our Revenues team and involvement in the Together for Families programme.
- Reducing the risk factors that identify potential homelessness including, debt, rent arrears and anti-social behaviour. Our City Homes service has a number of dedicated tenancy sustainment officers and our housing advice and homeless team are involved with supporting people presenting with mental health issues. We also run a supported housing service, sign-posting people to services and carrying out assessments for older people as part of a contractual agreement with the county council.
- Ensuring our enforcement activity is appropriate for people with mental health issues and to help alleviate problems affecting the wider community, such as noise control and a hoarder’s policy, and to safeguard vulnerable people.

Activities during World Mental Health Week 5th to 10th October.

The city council aims to raise awareness across different organisations, groups and communities during the week and also facilitate discussions and action about mental health issues. We would welcome any interest from those who may wish to join in.

We are co-ordinating a list of events in the City and publishing them on our website. As part of this week, the city council will be offering additional training and support to council staff and managers on mental health awareness and running a variety of activities for staff and the public. Activities include:

- Unison are proposing to run some activities for their UNISON members – 2 sessions of mindfulness workshop and 2 sessions of Pilates and maybe some short daily walks during lunch breaks from different sites.
- Mental Health Training sessions for staff – we have already started in on this by taking up the kind offer from the County Council who are offering Mental Health First Aid Training
- A Tea Dance in partnership with the Cambridge Arts Salon at Ditchburn Place on the 10th with the young women we work with for the residents there - it will be opened up to the public too and details and ticket will be available soon.
- CityNet and the Councils website will have dedicated pages listing mental health resources and offering quizzes, case studies, ideas and practical examples and feature good practice. It will also list all the events happening across the week in the City and beyond so that people can see what is happening and join in.
- Promoting a Safer Spaces Project with the Encompass Network that asks businesses and organisations to display a symbol and sign a pledge to be a 'safer space' for the LGB&T community. The project is aimed for example at transgender people who might feel unsafe when shopping for clothes or to queer couples who might feel uncomfortable being together in public spaces.
- Signing up to the "Mental Health Challenge" which asks for elected member 'mental health champions, identifying a lead officer for mental health to link in with colleagues across the council and following the [implementation framework](#) * for the mental health strategy where it is relevant to the council's work and local needs.

Report prepared by:
Suzanne Goff, Strategy Officer, Cambridge City Council

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