Public Document Pack



Cambridge City Council

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 10 March 2016

Time: 11.00am

Venue: Committee Room 1 - The Guildhall, Market Square, Cambridge,

CB2 3QJ

Contact: Graham Saint Direct Dial: 01223 457044

AGENDA

1 Apologies

2 Minutes and Matters Arising

(Pages 7 - 12)

To approve the minutes of the meeting held on 11 February 2016.

3 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.

4 Existing Community Development and Engagement Work to Help Prepare for and Welcome New Communities

(Pages 13 - 20)

Sally Roden, Neighbourhood Community Development Manager (Cambridge City Council), and Julian Adams, Growth Projects Officer (Cambridge City Council), will outline the community development and engagement work that is currently taking place to help people prepare for and welcome new communities, highlighting any wellbeing needs that have become apparent so far.

The Trumpington Neighbourhood Team's last annual report is attached to give a flavour of projects that have taken place in and around Trumpington's growing neighbourhoods.

As a guide this item has been allocated 20 minutes, including discussion time.

5 The New Housing Developments and the Built Environment JSNA

lain Green, Senior Health Improvement Specialist (Cambridgeshire County Council) will outline some of the emerging findings from a review of information and evidence contained in the impending JSNA, about the impact the built environment can have on the health and wellbeing of new communities and service uptake, highlighting opportunities for future focus.

As a guide this item has been allocated 30 minutes, including discussion time.

6 Planning for Healthy, Well Designed Neighbourhoods

Sharon Brown, New Neighbourhoods Development Manager (Cambridge City Council) will outline how the design of the built environment can help people lead healthier lifestyles and remain more independent, for longer.

As a guide this item has been allocated 20 minutes, including discussion time.

7 Update on The Work of the Health and Wellbeing Board (HWB) (Pages 21 - 34)

The next HWB meeting will be on 17 March 2016, an agenda will be available shortly and can be found at: <a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/c

This meeting will include an update on Priority 5: Creating a sustainable environment in which communities can flourish, which is a theme covered in this meeting. There will also feedback on the recent HWB Development Day, which proposed that the membership of the HWB be reviewed to give more of a balance between elected councillors and health representatives. Members are invited to give their views on the make-up of the HWB.

As a guide this item has been allocated 20 minutes, including discussion time.

8 Date of Next Meeting

30 June 2015, Committee Room 1, Guildhall, Cambridge.

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.

Speaking on Planning Applications or Licensing Hearings is subject to other rules. Guidance for speaking on these issues can be obtained from Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Further information about speaking at a City Council

meeting can be found at;

https://www.cambridge.gov.uk/speaking-atcommittee-meetings

Cambridge City Council would value your assistance in improving the public speaking process of committee meetings. If you any have any feedback please contact Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Filming, recording and photography

The Council is committed to being open and transparent in the way it conducts its decision making. The public may record (e.g. film, audio, tweet, blog) meetings which are open to the public.

Facilities for disabled people

Facilities for 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.

Meeting papers are available in large print and other formats on request prior to the meeting.

For further assistance please contact Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Queries or reports

on 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.

General Information

Information regarding committees, councilors and the democratic process is available at http://democracy.cambridge.gov.uk/

Mod.Gov App

You can get committee agenda and reports for your tablet by using the mod.gov app

Public Document Pack Agenda Item 2

Cambridge Local Health Partnership

Thursday, 11 February 2016

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

11 February 2016 2.30 - 4.00 pm

Present: Councillors Johnson (Chair), Price

Val Thomas: Consultant in Public Health, Cambridgeshire County Council

Lisa Smith: Contract Manager, Everyone Health

Dr Joyti Sharma

Lorraine Bald: Locality Manager for South Cambridgeshire and Cambridge

City, Everyone Health

Sally Roden: Neighbourhood Community Development Manager,

Cambridge City Council

Frank Harrison: Team Manager

Daryl Emes: Partnership Manager for GLL

Dan Hooper: GLL

Karen Begg: Health Watch Cambridgeshire

Mark Freeman: Cambridge CCV

Rachel Talbot: Cambridgeshire Citizens Advice Bureau Graham Saint: Strategy Officer, Cambridge City Council

Yvonne O' Donnell: Environmental Health Manager, Cambridge City Council

James Goddard: Committee Manager, Cambridge City Council

FOR THE INFORMATION OF THE COUNCIL

16/37/CLHP Apologies

Apologies were received from County Councillor Nethsingha, Kate Parker, Dr Liz Robin, Dr Rachel Harmer, Mike Hay, Frances Swan and Antoinette Jackson.

16/38/CLHP Public Questions

There were no public questions.

16/39/CLHP Minutes and Matters Arising

The minutes of the meeting held on 12 November 2015 were approved as a correct record and signed by the Chair subject to Councillor Johnson being listed as the Chair instead of Councillor Price.

16/40/CLHP Update on Progress With Priority 3 of the Heath and Wellbeing Strategy

Val Thomas (Consultant in Public Health, Cambridgeshire County Council) gave a presentation on priority 3 of the Cambridgeshire Health and Wellbeing Strategy 2015 to 2018 'Encouraging Health Lifestyles and Behaviours in all Actions and Activities While Respecting People's Personal Choices':

- i. The focus was on lifestyles and preventative work in collaboration with the private, public and voluntary sectors.
- ii. The pump priming of programs would be evaluated for tie-in to the Healthy Weight Strategy.
- iii. Work being undertaken through partnerships was summarised in the Officer's report.

The following comments were made in response to the report:

- i. A lot of work was being undertaken between the City and County Councils, which should lead to people having healthier lives.
- ii. There was a lack of join up between some services. Frank Harrison attended a regional clinicians group on 10 February 2016. He expressed concern at the lack of knowledge in the clinician's group about local authority services. The focus in the meeting appeared to be on medical services rather than complementary and preventative local authority services eg providing sport facilities.

In response to questions Val Thomas said the following:

- i. Psychology was key to changing people's behaviour regarding food and exercise in order to become healthier as part of priority 3 work. This was a long term initiative.
- ii. Short term goals were also in place. Actions such as decreasing smoking rates were commissioned through ChangePoint Lifestyle Services.
- iii. The NHS was trying to join up agendas and share information about services (health and local authority). Better collaboration could help join up different organisational initiatives.

16/41/CLHP ChangePoint Lifestyle Service

Lorraine Bald (Locality Manager for South Cambridgeshire and Cambridge City, Everyone Health) gave a presentation:

- i. Services were provided from 3 hubs in Fenland, East Cambridgeshire and South Cambridgeshire/City.
- ii. Health inequalities were being addressed through a patient centred approach.

- iii. Patients could be referred to services through their GP or self-referral. The focus was on prevention rather than cure.
- iv. Patients had a single point of contact/access by phone/email. A business support contact would refer patients to an appropriate service (tier 1 3).
- v. Services provided:
 - Health Trainer (to refer patients to appropriate services in an area).
 - (Extended) Health Trainer.
 - Behaviour change training (for NHS staff).
 - Lifestyle activities for community usage.
 - Falls prevention programme.
 - Adult weight management.
 - Child weight management.

Lisa Smith (Contract Manager, Everyone Health) gave a short presentation on the services that Everyone Health had recently been commissioned to deliver. The service had robust data collection that was reported back to Val Thomas.

The following comments were made in response to the report:

- i. It was appropriate to focus the service on areas of deprivation.
- ii. Frank Harrison undertook to liaise with Lorraine Bald and Lisa Smith regarding cycle services that could be factored into their programme.
- iii. Suggested providing GP surgeries with leaflets regarding health coach services etc.

In response to questions Lorraine Bald and Lisa Smith said the following:

- i. Various methods were used in order to ensure high retention on schemes i.e. the patient stuck with the programme. For example, practioners contacted patients to find out why they were unable to attend a service/appointment. Practioners would look at individual's needs on an on-going basis to evaluate if they were on an appropriate programme or needed to change.
- ii. Triage was undertaken at the point of contact, evaluation was on-going to tailor a service to individual needs.
- iii. Health coaches were generally medically trained, volunteers could provide some services, such as health walks. These had been commissioned since June 2015.
- iv. Lisa/Lorraine had experienced difficulties contacting GP surgeries regarding leaflets regarding health coach services etc.
- iv. People could contact Everyone Health to volunteer their time/services. Advice, training and some equipment could be provided to volunteers.
- v. Everyone Health intended to link into the Citizen Advise Bureau's Outreach project in future and other local initiatives.

vi. Forever Active were involved in Everyone Health falls prevention work.

16/42/CLHP Local Work Promoting Physical Activity and Health Eating

16/42/CHLPa Health Eating

Sally Roden (Neighbourhood Community Development Manager, Cambridge City Council) outlined work with local communities to support healthy eating and provide opportunities to eat healthily:

- i. A number of projects had been undertaken regarding food, cooking and healthy eating. The provision of meal events during half-term holidays were proving popular and in some cases these events were the only opportunities to have a good-meal outside of school for young people.
- ii. The focus on food attracted people to events where they could be given information on other topics such as healthy lifestyles.

Frank Harrison (Team Leader, City Council) gave a presentation on the Healthier Options campaign targeted at food businesses who were part of the lunch-time economy in the North of Cambridge. An evaluation report was pending from the University of Hertfordshire on the programme's effectiveness. The Healthier Options campaign:

- i. Programme is a partnership between various local authorities.
- ii. Was the only initiative in the eastern region.
- iii. The intention was to get healthier options on menus such as smaller portions and less salt.
- iv. Two local businesses had signed-up to the programme in the city and five were in the pipeline to sign up in the near future. It was hoped as criteria would change in future. The original pilot criteria was quite restrictive.
- v. The scheme would continue in 2016/17.
- vi. Various marketing products were available to publicise the scheme.

In response to questions Sally Roden said school children got hot meals during term time through activities such as the Red Hen Project. There was an intention to provide a similar service in school holidays. This would be marketed as a series of social activities to avoid stigmatising people.

16/42/CHLPb Physical Activity

Graham Saint tabled a presentation by Carrie Holbrook (Senior Sports Development Officer, City Council) outlining work with local communities to promote physical activity.

Councillor Johnson said the City Council was lucky to have a sports development service as most authorities did not. The Sports Strategy has been amended to tie into the Anti-Poverty Strategy. There was a need to reach out to the 10% of the population who did not undertake physical activity.

16/42/CHLPc Role of Local Clubs in to Promote Physical Activity

Daryl Emes (Partnership Manager, GLL) outlined local work to promote lifestyles fitness and the role of local clubs in promoting physical activity:

- i. GLL centres provided services for a diverse range of people. The key aim for GLL was to make them accessible for all including wheel chair users and people with low incomes.
- ii. Facilities could be hired out for others' use.
- iii. GLL aimed to be a long term partner to the City Council and provide a wider portfolio of services in future.

16/43/CLHP Ongoing Work

16/43/CHLPa East Barnwell Medical Practice

Rachel Talbot gave update on the Cambridge CAB Outreach Project at East Barnwell Health Centre:

- i. Whilst the host practice had been fully committed to supporting the implementation of the project, scarce resources in the NHS had meant that the practice was unable to offer any financial support in taking it forward. The "in-kind" contribution of the practice was highly valued and it was welcomed that it would continue to host the project in the future and that other practices were keen to support any extension of the project.
- ii. The project was seen as credible and having an impact. There were plans for CAB to meet up with GP training group, adult social care and health and wellbeing board representatives in future.
- iii. The project would cease in April 216 if alternative funding was not found.
- iv. The project model could be duplicated into other GP practices.

In response to questions Rachel Talbot said a more detailed evaluation report would be brought back to a future CLHP meeting to show how the project had benefited patients and the practice

CLHP expressed disappointment that the County Council were no longer funding Cambridge CAB.

Councillor Johnson expressed the City Council's support for the project and said that it was likely to look favourably on it when the next funding round for a grant from the Sharing Prosperity Fund took place.

16/44/CLHP Date of Next Meeting

The next meeting would be held 11AM on 10 March 2016.

The meeting ended at 4.00 pm

CHAIR

Agenda Item 4



This report shows a brief overview of the projects that have taken place this year in and around Trumpington's growing neighbourhoods

Trumpington Neighbourhood Team Cambridge City Council Based at Trumpington Pavilion Paget Rd, 01223 847433



Southern Fringe Community Forum (SFCF)

SFCF events take place 3 times a year, offering a platform for residents, local organisations, Council Officers and Developers to come together, share information and discuss the progress of the Southern Fringe growth area. The Neighbourhood Team support the organisation of these events.

• 4th June 2014: Open spaces and Public Art Attendance: 65 residents

• 25th September 2014: Transport Attendance: 85 residents

 3rd February 2015: City owned land update and boundary review Attendance: 90 residents

The SFCF continues to attract new residents. Ongoing queries raised by local residents include land transfer, access to open spaces, traffic and congestion, upgrades to local public transport.

As well as supporting the SFCF, the Neighbourhood Team coordinate the SF Sub-group; a group of local practitioners and partners who work directly with residents, families or services in the growth area. The sub-group meet bi-monthly and discuss progress, air concerns and work together on a service delivery plan for the area. The sub-group champion the work that takes place in the growth sites and feed into wider strategic task groups within Cambridge City Council and our partner agencies.

This now also includes involvement with the preparation for the Community Facility on the Clay Farm development.

Trumpington Pavilion Projects

The Trumpington Neighbourhood Team support a number of community projects that take place at the pavilion.

- Toddler group a volunteer led toddler group takes place at Trumpington Pavilion and has around 25 families as regular members. This year, the group have visited Shepreth Wildlife Park on the train, held a Christmas Party where Santa visited and are now in discussions about fundraising for future events.
- Bingo a weekly session of bingo is held at the pavilion for the elderly and is run by the residents themselves. The group are helping to organise local trips for the elderly throughout the year.
- Trumpington Stitchers this group are now fully independent, with regular attendees helping with craft fairs, community events and fundraising.

Southern Fringe Community Forum

How is your neighbourhood growing? Come along and find out, meet local authority and developer representatives

Thursday 25th September, Trumpington Village Hall, Beverley Way. CB2 9HZ

Drop in from 4.30 - 6.15pm Visit the displays, meet the planning officers, developers and community groups. Check out the next phase and progress to date.

7-8.30pm

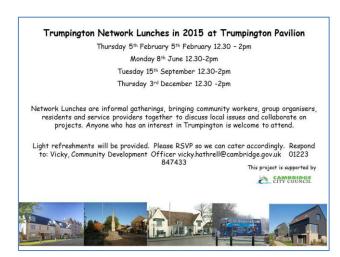
Presentations and site updates

- Transport and travel plans
- Site progress round-up
- Cambridge Biomedical Campus
- > Questions from the floor

Parking at Trumpington Village Hall is limited, please cycle or walk wherever possible. The building is fully accessible. For more information please contact
Community Development on 01223 847433 or email vicky.hathrell@cambridge.gov.uk







Network Lunches - Network lunches take place once a quarter and offer an opportunity for local representatives of community groups and services to get together, share information and network. Agencies involved include: Children's Centre, Independent Living services, the local churches, WI, Trumpington Residents Association, Dennis Wilson Court, library services, City Rangers, local school PTFA.

Adult Learning Courses

This year Trumpington Neighbourhood Team have worked in partnership with WEA to provide 3 x adult learning courses, focused on laptops for beginners, digital skills and tablets for beginners. A total of 20 learners have taken part, the majority being of retirement age. In 2015/16 it is hoped that a further digital skills course can be scheduled dependant on participant feedback and demand.



Welcome packs

The Southern Fringe has now reached 1000 new occupied homes, roughly 30% of the development. There is now a team of 7 local residents who kindly volunteer to help distribute the welcome packs as and when required. The Community Development Officer keeps in contact with the volunteers and the Construction Monitoring Officer to assess when the phase of packs should be delivered.

In 2014/5, the following number of packs was distributed:

Trumpington Meadows: 200 Glebe Farm: 110 Clay Farm: 290

Total: 600 packs

Community Chest

In May 2014, Cambridge City Council contributed an additional £9000 to the community chest, with the proviso that it should be all spent within 1 financial year, using the same criteria as the Community Chest.

Throughout 2014/15, 23 projects have been supported and have included the following:

- A new indoor bowls carpet for the local bowls club
- Soft play equipment for Trumpington Meadows community space
- Promotion and publicity of local history group, village hall and the gardening society
- Funding for a youth group trip to Grafham Water activity centre
- Local football sessions for a teenage boys project
- A street party for residents on Abode area of development
- Equipment for mother and toddler groups in the local area
- New netball posts for local groups to use /hire
- Community Christmas Carols event organised by the local churches
- Confidence Building Course based at the children's centre

The Community Chest has £10,048 left and should be spent by September 2023. Grants of up to £250 are available for local groups, projects and ideas that bring the communities together, helping increase neighbourliness and community spirit.

Supporting Grant Funding

In early 2015, the Community Development Officer supported a number of local groups to apply for funding opportunities to further their group's ambitions and benefit to the local community.

- ✓ Don Sparks, a local resident has been organising and running local bus trips for the elderly for days out at attractions and seaside visits for the past 7 years. Don, along with a group of residents was helped to apply for funding to get 50% of the costs grant funded.
- ✓ The Youth Group at Trumpington Pavilion were assisted in applying for a grant to
 joint fund a 3 day residential in the Summer Holidays.
- ✓ The Drama Project was supported to apply for a grant to help the group move towards independence. A parent committee is being established from April 2015.

Supporting local events

 In June, Trumpington Neighbourhood Team organised a local volunteers and showcase evening, show-casing local community groups, charities and projects in the Trumpington area. The event aimed to promote projects to new and existing residents. The event had 89 attendees and some very positive feedback from participants.

"I felt it was useful for Stitchers and would come to another event."

"I think events should be continue to be run as the new developments start to fill up – perhaps 6-monthly and in different locations. I hope that in time some of the newcomers will start up groups of their own to reflect their own interests"

"I thought it was well run with a good amount of space for each organisation. I think Trumpington WI will get 3/4 more members as a result of the event"

- In July, to coincide with the Tour De France passing through Trumpington, a local event
 was held on King George V playing fields. 350 residents attended and took part in a
 wide variety of cycle themed activities including using pedal power to make a smoothie
 and power a scale-lectrix, cargo bike racing and watching the race on a giant screen.
 The Trumpington Neighbourhood Team helped promote the local event and ran some
 activities on the day.
- Pavilion 5th birthday party was held in October, a local celebration event was held at the Trumpington Pavilion. Trumpington Neighbourhood Team assisted on the day and made 50 chocolate apples with local children and young people.
- In November, the residents at Abode organised a street party supported by the
 Trumpington Neighbourhood Team and funded via the Community Chest. The event
 had 100 residents attend the event. Since the event, the residents have set up a web
 page, facebook group and are in discussions about future events and formalising a
 residents' association.
- In January 2015, the Trumpington Neighbourhood Team and BPHA organised a
 celebration event to mark reaching the 1000 new homes milestone. The event was well
 attended with 80 local residents participating, a Chinese lion dance, craft activities and
 enough cake for everyone. The event has some very positive feedback from those
 attending.





[&]quot;It was also helpful for me to see what is going on in the local area."

Wimpole Family Trip

In the Easter holidays families in Trumpington joined a coach trip to Wimpole Hall Farm. The trip supported families on low incomes to enjoy a day out with their children at the local farm.

"We had an amazing day, we loved seeing the animals and taking part in the free activities. Thanks for a lovely day" Rachel

"It was lovely to see the kids enjoying the fresh air. My girls really loved it" Jo-Rose







Digital Inclusion

Starting in April 2015, a new digital skills project will start at Trumpington Pavilion, loaning out tablets and supporting residents to share skills and tips for getting online and seeing the benefits of the internet.



Children, young people and family projects

Some key highlights of the year:

- Animation / Drama / Art workshops: These bookable projects took place in the summer holidays and were very popular. Attendance was high and they will be repeated in summer 2015.
- In partnership with Trumpington Stitchers, the team ran a series
 of Winter Crafts workshops for families; these were all very well
 attended with families from all over Trumpington. A good mix of
 ages attended and crafting skills learnt by both parents and
 children.
- Junior youth group trip to local museums: The group travelled on the bus into the city centre to visit 2 museums on their "Twilight museums" event. 3 parent volunteers helped on this trip, the team hope to do this again.
- Drama club trip to the West End: An amazing trip for all involved. The event had 16 young people and 2 parent volunteers take part. This trip allowed the young people to experience a West End show, travel to London and use the underground as well as developing confidence and performance skills.
- Drama club Wizard of Oz performance: This was the second of the drama club performances with new members in the club joining the cast. The event was a sell-out performance and the group had great support from the parents and local residents. The next show will have 2 performances to accommodate the increasing popularity.
- Youth Club Residential to Sheringham: A successful residential where young people overcame fears and learnt new skills. A change in the age range for the coming year will look at engaging the year 6's as they transition into secondary school.
- Family Treasure Hunt, supported by the TRA, local residents,
 Schools, park and ride, Waitrose and the parents of the drama club.
 attendees took part and all finished the treasure hunt with a well-earned pancake lunch.

2015.

Girls Group project: This project was developed in response to some concerns around health and hygiene amongst young girls in the area.
 10 girls participated in a 6 week project, exploring themes of selfesteem, healthy eating, hygiene, friendships and body image. This project was very successful and the Trumpington Neighbourhood Team plan to repeat it in September











Venue	Number of sessions	Number of attendees
Trumpington Meadows School	21	630
(including lunch play)		
Trumpington Meadows play on the	17	323
park		
Trumpington meadows community	43	776
rooms (attended by children from all		
areas)		
Clay Farm play on the park	7	177
Glebe Farm play on the park	7	181
Trumpington Pavilion	73	1215
King George V playing fields	7	481
Trumpington Village Hall	9	241
Other (trips etc)	13	190
TOTAL	197	4214

The table above shows the number of activities run for children, young people and families across Trumpington throughout the past year.

During 2015/16 year we anticipate running:

- ✓ Senior Youth club 36 weeks of the year including 2 x trips
- ✓ Junior youth club 36 weeks of the year including 2 x trips
- ✓ 2 short term projects linked to work around Cambridge City Council's Anti-Poverty Strategy
- ✓ Trumpington Community Drama Project support to become independent; run by a committee of local parents and volunteers
- ✓ 30 x sessions of play on the park sessions
- ✓ Trumpington Youth Forum- monthly meetings, 1 event and 1 trip

Agenda Item 7

HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

MEETING DATE	ITEM	REPORT AUTHOR	TO DEMOCRATIC SERVICES R YULE BY	
17 March 2016	Priority 5 – Create a sustainable environment in which communities can flourish			
	Person's story	TBC	Thursday 3 March 2016	
	New Communities JSNA	Iain Green / Angelique Mavrodaris		
	Priority 5 update	Iain Green		
	NHS Healthy Towns bid	Iain Green		
	General business			
	CCG's Operational Plan	Jessica Bawden		
D a Q	HWB Development Day – feedback from working group discussions			
0	Better Care Fund Update [standing item]	Adrian Loades / Andy Vowles/ Geoff Hinkins		
	Cambridgeshire and Peterborough Health and Care System Transformation Programme [standing item]	Andy Vowles / Dr Modha		
	Update on the impact of transition between Children's and Adults' services [arising from LSCB Annual Report discussion in Sept 2015]	Adrian Loades / A Jarvis / I Molyneux		
	Update on Cambridge University Hospitals NHS Foundation Trust – strategic impact and direction	Jess Bawden		
26 May 2016	Priority 6 - Work together effectively: first meeting of municipal year			
_	Person's story	TBC	Thursday 12 May	
	Election of Vice-Chairman/woman	Oral		
	Alcohol and Drugs JSNA report	Val Thomas		
	CCG's Choice of Local Quality Premium Indicators	Jessica Bawden		

MEETING DATE	ITEM	REPORT AUTHOR	TO DEMOCRATIC SERVICES R YULE BY
	Cambridgeshire and Peterborough Health and Care System Transformation Programme [standing item]	Andy Vowles / Dr Modha	
	Better Care Fund Update [standing item]	Adrian Loades / Andy Vowles/ Geoff Hinkins	
	The Handyperson Scheme	Iain Green	
July 2016			
	JSNA on Long-Term Conditions – update on actions	Angelique Mavrodaris	
	Migrants and Refugees JSNA	Iain Green / Angelique Mavrodaris	
യ്യ്ലോ പ്രൂ2016			
Ф			
13			
November 2016			
January 2017			
-			
March 2017			

-	τ	J
2	ַט	
9	D D	
١	Ġ)
Ċ	ď)

MEETING DATE	ITEM	REPORT AUTHOR	TO DEMOCRATIC SERVICES R YULE BY
May/June 2017	No theme: first meeting of municipal year	•	

To be scheduled:

- Report from the Service Director, Adult Social Care on work in relation to safeguarding being undertaken with the universities
- Cambridgeshire Executive Partnership Board (CEPB) governance arrangements

Update: RY 12 January 2016

This page is intentionally left blank

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 14th January 2016

Time: 10.05 to 13.05

Place: Council Chamber, South Cambridgeshire Hall, Cambourne, Cambridge

Present: Cambridgeshire County Council (CCC)

Councillors P Clapp, M Loynes, T Orgee (Chairman) and J Whitehead Adrian Loades, Executive Director: Children, Families and Adults

Services (CFAS)

Dr Liz Robin, Director of Public Health (PH)

District Councils

Councillors D Brown (Huntingdonshire), M Cornwell (Fenland), S Ellington (South Cambridgeshire), and J Schumann (East Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Dr Kathy Bennett (substituting for Dr Neil Modha)

Dr John Jones

Healthwatch Val Moore

Also present: Jessica Bawden (Director of Corporate Affairs, CCG) and Andy Vowles (Chief

Strategy Officer, CCG)

Apologies: Councillors R Johnson (Cambridge City) and L Nethsingha (CCC); M Berry

(NHS Commissioning Board), J Farrow (Voluntary and Community Sector),

C Malyon (Section 151 Officer) and N Modha (CCG)

173. INTRODUCTION AND DECLARATIONS OF INTEREST

Councillor Daryl Brown declared an interest in agenda item 9 (minute 181) as Lead Governor of Cambridge University Hospitals NHS Foundation Trust (CUHFT).

174. MINUTES – 19th NOVEMBER 2015

The minutes of the meeting of 19th November 2015 were signed as a correct record.

175. MINUTES ACTION LOG UPDATE

The Board received and noted the Action Log,

176. A PERSON'S STORY

The Board was read three stories of successful weight loss, told in their own words by two men and a woman who had been referred to Everyone Health's ChangePoint service by their GPs when they had sought help with weight loss, in two cases after a history of other unsuccessful attempts to lose weight. All three had been helped by the service's weight management groups, and by support and encouragement to improve fitness and increase their activity levels.

Discussing these stories, Board members

- commented on the difficulty of maintaining motivation once participation in a programme had come to an end
- noted that Everyone Health was expanding its work; it now had health coaches in the community and was able to support people for an additional year
- from a GP perspective, reported that the service had been beneficial to patients, and commented on the benefits to mental health of establishing a good relationship with food and getting back to taking exercise.

The Board noted the story as context for the remainder of the meeting.

177. HEALTH AND WELLBEING STRATEGY - PRIORITY 3 UPDATE

The Board received a report updating members on progress with the Health and Wellbeing Strategy Priority 3: 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'. The presenter thanked her fourteen fellow contributors to the report, commenting that this list illustrated the need for a partnership approach. Priority 3 ran across the lifecourse, and linked into the Board's other priorities; a concerted approach was needed to elicit lifestyle changes.

In the course of discussion, Board members

- sought information on the effectiveness of the programmes described. Officers
 advised that an evaluation framework was being put in place for the Children and
 Young People (CYP) work; comprehensive performance data was available for the
 main programmes, enabling evaluation, and the information in Appendix B could
 be expanded for future updates to the Board
- commented on the importance of all the different partners being committed and working together in local health partnerships; there was no simple answer to encouraging healthy lifestyles and behaviours without the involvement of a wide range of people, organisations, businesses, GPs and other health professionals
- suggested it might be helpful to contact local boxing clubs to establish exercise sessions for young people; even those with disabilities or not steady on their feet could for example hit a punchbag, with benefit to both physical and mental health. Members noted that Everyone Health was already holding discussions about a pilot for teenagers with a local gym which had a box fit room and spin room

- drew attention to the difficulty, for GPs and members of the public, of knowing what was available, and knowing what the quality was of the different people and organisations offering services
- noted that there were various accreditation schemes, including a register of exercise professionals [www.exerciseregister.org] which provided a system of regulation for instructors and trainers, but there was no legal requirement for practitioners to be qualified or accredited as a condition of offering their services
- commented that information needed to be presented in an easily accessible form, and that it would be helpful to have some form of evaluation of different services on offer – was one slimming group more effective than another, for example
- noted that Fenland had recently produced a directory of services which, while not perfect, gave information on accessing at least some of the services available; other districts might wish to produce something similar
- reported that a recent Cambridge initiative to put funding into attracting girls into sport had been criticised, though there was a gender issue of thinking about a wider range of sports, given that there was already considerable support given to such traditionally boys' sports as football and boxing
- drew attention to the role of public libraries as a source of information, and the desirability of building links between the library service and the health service
- reported that new software was being installed in GP surgeries which would bring up guidance; it would be helpful to ensure that local organisations were included in that system, in particular Everyone Health

 Action required
- noted that Everyone Health had a single telephone number as its point of access, which was answered by staff who were trained to triage and guide callers to the correct service; this number had been sent to all GPs
- stressed the importance of recognising the enormous contribution made by volunteers to supporting healthy lifestyle activities, in some cases over many years
- drew attention to massive variations in lifestyle and health behaviours across the county, which should be taken into account in deciding where to direct resources

The Board noted the update.

178. PREVENTION STRATEGY FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

The Board received the final draft of the Cambridgeshire and Peterborough health system prevention strategy, which had been revised partly in the light of the Board's comments in November. The strategy focussed on initiatives to generate savings for the NHS, and attempted to estimate the likely financial savings which would result.

In the course of discussing the strategy, Board members

- suggested that it would be helpful to make it clear at the beginning of the document that all savings quoted were net savings, i.e. the saving to be made in addition to recouping the initial investment, and to say whether it would be a loss or gain to the whole system and to the individual organisation
- suggested that it might be possible to undertake a broader piece of work in the context of reviewing the Health and Wellbeing Strategy, and look from a public health perspective at for example the scope for making savings to the cost of social care from stroke prevention
- observed that it was necessary to take a balanced approach to issues, for example to remember that however beneficial breast-feeding might be, not all mothers were able to breast-feed and should not be made to feel failures as a result
- pointed out that the costs of illness or injury were not all quantifiable, and suggested that it was important not to be too heavily focussed on the financial return from prevention work
- commented that district councils had opportunities to assist, for example through falls prevention work by housing adaptations; they would be able to do more if there was more evidence that their efforts were helping prevention, which would enable an increase in the amount of public health funding to support district work further. Districts had people available with the skills to undertake prevention work. but were unable to pay them under the present system of distributing finance
- suggested that there was a role for the Board in encouraging join-up of services; there was earmarked one-off public health funding for falls prevention work, but it was proving difficult to identify effective ways of spending it without clarity on the wider falls preventions strategy across health and care organisations
- commented that the Better Care Fund could provide funding for falls prevention and for keeping people in their own homes; falls prevention benefitted the Council as well as the NHS
- expressed surprise at how small some of the savings identified in the strategy were, but noted that there were limitations to the modelling imposed by the extend of economic modelling information available.

It was resolved unanimously to endorse the Cambridgeshire and Peterborough health system prevention strategy attached at Annex A of the report before the Board.

PUBLIC HEALTH REFERENCE GROUP UPDATE 179.

The Board received a report updating it on the work of the Public Health Reference Group (PHRG) and its relationship to the Health System Transformation Prevention workstream. Members noted that the PHRG, which was co-chaired by the Director of Public Health and the Chief Executive of Fenland District Council, had adopted two priorities in the current year, obesity prevention and community engagement.

Commenting on the report, a Board member expressed concern that the PHRG appeared to lack accountability in that it was developing its own strategies and

policies without taking them through any public bodies. The Director of Public Health replied that a report on the work of the PHRG would be taken to the Health Committee, because the Group was spending delegated funding from the public health budget, but oversight of the PHRG as a partnership group lay with the Health and Wellbeing Board.

It was resolved unanimously to:

- Note progress with the PHRG short term actions to address obesity/diet/physical activity, and to support implementation of key actions within their organisations.
- Endorse the Public Health Reference Group playing an active role in the partnership aspects of the Health System Transformation Prevention workstream, reporting to the Health and Wellbeing Boards and Cambridgeshire Public Service Board.

180. COMMUNITY RESILIENCE STRATEGY

The Board received a report presenting Cambridgeshire County Council's Community Resilience Strategy and inviting it to consider whether there were principles to explore in developing a joint approach to building resilient communities; and where there might be opportunities to develop joint activity. Members noted that community resilience formed part of a demand management strategy, addressing the question of what needed to be in place to minimise the impact of withdrawing services.

In the course of discussion, Board members

- recalled earlier discussion (minute 177) about the importance of having trustworthy, readily accessible information for people about facilities and services
- suggested that, if a seminar on community resilience and joint working were held for County Members, District Councillors should be invited too
- stressed the importance of communication, pointing out that a wide range of languages were spoken in some parts of the county
- drew attention to the importance of making money go further, as was happening in the community transport work, where there was evidence of a return to CCC
- commented that the role of County Councillors as community navigators was relevant to this strategy, and noted that work was being done on developing the business case for timebanking
- suggested that it might be helpful to highlight delivery mechanisms within the strategy
- noted that the CCG was continuing to build neighbourhood teams, which could provide a structure to help implement some of the strategy's ideas
- drew attention to the importance of providing support for carers, and noted that the Adults Committee and the Children and Young People Committee were about to consider a Carers' Strategy; there was good evidence that if carers of people with dementia got together to form a support group, the point at which they could no longer provide care would be delayed.

The Service Director: Enhanced and Preventative Services offered to return to the Board in six months' time with a report setting out in greater detail the work being undertaken under the strategy. The Board's District Council support officer undertook to liaise with the Service Director on local planning in South Cambridgeshire, with the aim of avoiding duplication and identifying gaps in what was in place. Action required

The Board noted the Community Resilience Strategy and its implications for its work and the delivery of the Health and Wellbeing Strategy.

181. OLDER PEOPLE'S AND ADULT COMMUNITY SERVICES CONTRACT

The Board received a report updating it on the end of the contractual arrangement for Older People's and Adult Community Services in Cambridgeshire and Peterborough. The report set out actions taken to reassure patients and staff and ensure continuity of patient care.

The Board was advised that the CCG's Governing Body had recently reaffirmed its commitment to the outcomes-based approach model. The service model that UnitingCare had been rolling out in partnership with organisations was broadly the model that the CCG would wish to commission, though it was necessary to ensure that the new arrangements would be affordable. The CCG had no intention of returning to previous ways of delivering care.

The CCG's internal auditors were conducting an independent review of the termination of the contract, and would report their findings at the end of January 2016. NHS England was conducting an external review. Its timeline was unknown, but likely to be fairly rapid because other areas in the country were working towards similar arrangements for the provision of community care services.

In the course of discussion, Board members

- noted that the Health Committee was responsible for scrutiny of the NHS, and had examined arrangements for the continuation of patient care at its meeting in December, and would be looking at the termination of the contract at its meeting on 21st January, with a wide range of senior stakeholders attending
- reported, as a governor of Cambridge University Hospitals NHS Foundation Trust (CUHFT), that stakeholder assurance meetings had been held with Monitor in November 2015 and that results from the new model of care were starting to be seen, but the prospect of a deficit of around £8m to £10m in the first year was reason to terminate the contract; it could be worth social care funding that deficit to see what the result might be.
 - CCG officers said that the contract had been terminated very reluctantly, because the effort put in to developing the model of care had started to show very promising results, and the model still made sense in terms of reducing emergency admissions and achieving better outcomes for patients and the health system; it was necessary to find a way of financing the model in future
- said that reports were emerging of for example non-use of intermediate care beds at Doddington Court because of such factors as changes in staff, which was annoying to local people because the beds had been provided at considerable cost by a number of partners, and asked what was being done to remedy such gaps.

The CCG Chief Strategy Officer replied that he and the Executive Director: CFAS were examining various issues including Doddington Court; he offered to share his response to the Executive Director with Councillor Cornwell

Action required

 enquired what steps were being taken to deal with the significant deficit that UnitingCare had accumulated, and whether many staff were being made redundant as a result.

The Board was advised that it was for the two trusts (CPFT and CUHFT) and the CCG to agree how to deal with it. The CCG and CPFT had both made great efforts to make it clear to staff that what was changing was a contractual change, not a change in services. It was important not to waste what had been developed over the past two years; the boundaries of the OPACS contract had now been removed, opening up the possibilities for conversations about new arrangements, for example without limitation to older people.

The Chairman encouraged those present to attend the next Health Committee, and requested an update on the OPACS contract at the Board's next meeting.

The Board noted the report.

182. PLANNING FOR THE BETTER CARE FUND 2016-17

The Board received a report updating it on the Better Care Fund (BCF) planning process for 2016/17, and seeking a steer on priorities and approach. Members were advised that the framework document had been received, but the full guidance, due to be released by the end of December 2015, had still not appeared. The submission deadline for the first draft of BCF plans for 2016/17 remained 8th February 2016.

The Board noted that there was a lack of certainty around various aspects, including personal budgets, whether non-elective admissions would continue to be measured through the BCF, and whether the disabled facilities grant would remain in the BCF. The termination of the Older People's and Adult Community Services contract with UnitingCare, and the new Vanguard programme, made it necessary to revisit BCF goals and ensure that funding and activity remained relevant. Cambridgeshire Executive Partnership Board would see an early draft plan on 25th January, but the first submission date preceded the Board's next meeting on 17th March, and final submission was due in April.

Commenting on the report and verbal update, Board members

- suggested that the Board should protest at the timetable for submission, which given the delay in publishing the guidance did not allow sufficient time for proper discussion to arrive at a considered plan

 Action required
- noted that it was compulsory to complete the plan
- suggested that it would be helpful to see the outcomes from expenditure to date
- welcomed the focus on delayed transfers of care, and suggested that, to address
 the difficulty of transferring out-of-county patients from Addenbrooke's, the
 possibility of developing mutually assured assessments of other authorities'
 patients should be explored

- noted that NICE had recently issued guidance on transition between inpatient hospital settings and community or care home settings
- queried how the timetable for BCF submission would fit with the examination of the OPACS contract, given that the contract was integral to BCF work. Members noted that efforts were being made to identify areas of spending common to the Local Authority and the NHS and make use of the BCF mechanism to move work forward, including work with the voluntary sector and neighbourhood teams
- objected to the habit of referring to BCF funding as 'not new money', because the BCF was about new ways of providing health and social care, and noted that this usage was a hangover from the initial announcement of the BCF as new money when it was money that had been previously committed. It was necessary to move existing budgets and systems into new ways of working
- noted that the largest block of BCF funding came from the CCG's allocation, and the vast majority of that was committed in service contracts with for example Cambridgeshire and Peterborough NHS Foundation Trust; it would only be possible to free up money by reducing the committed spend.

Based on the report and the verbal update provided, and having commented on the suggested principles for Better Care Fund planning in 2016/17, the Board resolved unanimously:

- that the Chairman would write to the appropriate person or department to protest that it was inappropriate and unacceptable to expect Health and Wellbeing Boards to work to the timeframe laid down for submission
- to recommend that other organisations, in considering their priorities for the BCF in 2016/17, bear in mind that the BCF should be regarded not as a means of maintaining the status quo but as a means of transformation.

PUBLIC HEALTH BUSINESS PLANNING 2016-17 183.

The Board received a report updating it on Cambridgeshire County Council public health business planning for 2016/17; business planning was due to be discussed at Health Committee on 21st January. The report invited the Board to comment on the public health savings being proposed to meet the savings requirement of £2.7m for 2016-17, and consider how the changed approach to Joint Strategic Need Assessment (JSNA) could be approached most constructively.

Board members noted that about 85% of the public health budget was committed to external contracts. A value-for-money approach was being taken to services and efficiencies, asking questions about how services were being commissioned and what the impact of proposed savings might be on the vulnerable. However, both Healthy Fenland and Falls Prevention had earmarked non-recurrent funding.

Members further noted that substantial savings were proposed for minor projects and the staffing of the Public Health directorate, with a cut of about 23% to staff costs. As a result, It would no longer be possible to maintain the current standard of JSNAs, with their high level of complexity, detail and number of stakeholders. Instead, the proposal was to reduce delivery of JSNAs to a standard closer to the statutory minimum, which would require less input from analysts and from support staff. Page 32

In the course of discussion, Board members

- protested at the sudden change in savings requirement imposed by central government at short notice through the Autumn Statement, and the consequent need to identify efficiencies rapidly, resulting in the reduction of services to people who needed them
- suggested that identifying high-quality, easily-accessible data information sources could help to mitigate the effects of reducing JSNA work, perhaps eventually leading to the development of a dashboard of understanding of need
- expressed support for JSNAs being more tightly targeted; one of the most effective JSNAs had been that on Transport and Health, particularly on the issue of air quality
- commented that, while JSNA documentation had been superb, implementation had tended to be slow; if the scope of JSNA work was being reduced, it was important that the findings be translated promptly into service delivery by all the agencies involved
- expressed concern at the reduction in expenditure on health visiting and family nurse partnership. Members noted that the saving proposed was in percentage terms relatively small, and the possibility was being explored of achieving a bettervalue contract for delivery of these services
- noted that, associated with the reduction in JSNA work, it was proposed to explore
 the establishment of a joint intelligence unit with the CCG, building on joint work
 already done by the public health intelligence services in Cambridgeshire and
 Peterborough, and aiming to ensure widespread access to the unit's findings.

Having commented on the public health savings proposals, including the changed approach to JSNA, the Board resolved

to note the partnership workstreams through which public health business planning was progressing for 2016/17 and 2017/18, which were reported to the Health and Wellbeing Board at themed meetings.

184. FORWARD AGENDA PLAN

The Board noted the forward agenda plan, with the addition of

- a further update on the termination of the Older People's and Adult Community Services contract on either 17th March or 26th May, depending on how quickly further information emerged
- an update on implementation of the Community Resilience Strategy in July 2016.
 Action required

185. DATE OF NEXT MEETING

The question of the timing of meetings in the next municipal year was raised, because Thursday morning meetings had proved difficult for some CCG representatives, but moving to other times or days would cause difficulties for other Board members. CCG officers reported that representatives had now been identified who could attend on a Thursday morning, so it was decided to continue the pattern of Thursday morning meetings for the time being. Members were asked to send any further views on meeting dates to the Democratic Services Officer.

Board members noted the date of the Board's next meeting:

 10am on Thursday 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

Chairman

Post-meeting note:

Further meetings of the Board are planned for 10am on Thursdays

- 7th July 2016
- 15th September 2016
- 17th November 2016
- 19th January 2017
- 30th March 2017
- 1st June 2017