



## CAMBRIDGE LOCAL HEALTH PARTNERSHIP

**Date:** Thursday, 11 February 2016  
**Time:** 2.30 pm  
**Venue:** Committee Room 1 - Guildhall  
**Contact:** Graham Saint **Direct Dial:** 01223 457044

### 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 12 November 2015.

**4 Update on progress with Priority 3 of the Health and Wellbeing Strategy**  
*(Pages 13 - 30)*

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

A paper presented to Cambridgeshire's Health and Wellbeing Board on 14 January 2016 shows the extent of local partnership work and some indicators to help assess local priorities. Members are asked to look at any gaps in service provision that may be addressed.

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

## **5 ChangePoint Lifestyle Service**

Lisa Smith, Contract Manager, Everyone Health, will give a short presentation on the services that Everyone Health has recently been commissioned to deliver. These include the National Child Measurement Programme, the Health Trainer Service, targeted NHS Health Check Programme, a Behavioural Change Training Programme and Integrated Weight Management Services for children, families and adults in Cambridgeshire.

Lorraine Bald, Locality Manager for South Cambridgeshire and Cambridge City, Everyone Health, will also be present to advise the Partnership on what is happening more locally, in the City.

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

## **6 Local Work Promoting Physical Activity and Health Eating**

Cambridge City Council influences the health of local people through its key functions and wider role in support communities. The Council provides leisure services and access to high quality green spaces as well as community development services. The following items (6a - 6c) highlight the Council's contributions in promoting physical activity and good diet within its communities.

As Guide this item has been allocated 40 minutes, including discussion time.

### **6a Health Eating**

Sally Roden, Neighbourhood Community Development Manager, Cambridge City Council, will outline work with local communities to support health eating.

### **6b Physical Activity**

Carrie Holbrook, Senior Sports Development Officer, Cambridge City Council, will outline work with local communities to promote physical activity.

### **6c Role of Local Clubs in to Promote Physical Activity**

Daryl Emes, Partnership Manager for GLL, will outline local work to promote lifestyles fitness and the role of local clubs in promoting physical activity.

## **7 Ongoing Work**

### **7a East Barnwell Medical Practice (Pages 31 - 36)**

To receive an update on the Cambridge CAB Outreach Project at East Barnwell Health Centre.

As a guide this item has been allocated 10 minutes, including discussion time.

## **8 Date of Next Meeting**

The Date of the Next Meeting is 10 March 2016, 11.00am

Venue: Committee Room 1, The Guildhall, Market Square, Cambridge, CB2 3QJ.

The suggested theme for this meeting is New Communities and Priority 5 Update, which will be discussed at the Health and Well Being Board on 17 March 2016.

Priority 5: Create a sustainable environment in which communities can flourish

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

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## **CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

12 November 2015

12.00 - 1.50 pm

**Present:** City Councillors Price (Chair) and Moore

Dr Liz Robin, Director of Public Health, Cambridgeshire County Council  
Meredith Teasdale: Service Director for Strategy and Commissioning at  
Cambridgeshire County

Gill Hanby: Area Partnership Manager, Cambridgeshire County Council

Nicola Mclean: Cambridgeshire Children's Service (CCS)

Kate Parker: Public Health, Cambridgeshire County Council

Dr Rachel Harmer: CAM Health

Mark Freeman: Cambridge CCV

Jane Belman: Cambridgeshire Citizens Advice Bureau

Graham Saint: Strategy Officer, Cambridge City Council

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

Steph Burwitz: Senior Project Worker, Customer & Community Services (CCS)  
CHYPSS

Claire Tunncliffe: Committee Manager, Cambridge City Council

### **FOR THE INFORMATION OF THE COUNCIL**

#### **15/28/CLHP      Apologies**

Apologies were received from City Councillor Price and County Councillor Whitehead.

Antoinette Jackson, Karen Begg, Debbie Kaye and Jyoti Sharma also gave apologies.

#### **15/29/CLHP      Public Questions**

There were no public questions.

#### **15/30/CLHP      Minutes and Matters Arising**

The minutes of the meeting held on 10 September were approved and signed as a correct record.

**15/31/CLHP Presentation: Progress with the Health and Wellbeing Board Strategy Priority "Ensure a Positive Start to Life for Children, Young People and their Families"**

Meredith Teasdale, Service Director for Strategy and Commissioning at Cambridgeshire County Council provided an update on progress in the main areas of focus for the priority.

An extract outlining this priority and a background paper showing some of the issues raised for children and young people at the City Diversity Forum had been attached to the agenda for the Partnership's information.

The Mental Health of Children and Young People Joint Strategic Needs Assessment (JSNA) 2013 provided an overview of the key issues and needs relating to mental health for children and young people in Cambridgeshire. It was important to identify mental health needs in both children and parents, also addressing the physical, mental health and wellbeing of the family.

Meredith acknowledged that there would be challenges in improving local services for children mental health needs and was looking to increase support for Cambridgeshire Mental Health Service (ADHT referrals in particular) and decrease high prevalence of self-harm.

The following areas of discussion took place:

- How to accelerate achievement of pupils claiming free school meals, improving their relative performance compared to other groups.
- Progress seemed to have been made towards local child poverty targets but there was uncertainty how the new national definition would affect local measurement.
- Voluntary and community sector groups involved in supporting children and young people lacked a voice in local joint commissioning arrangements.
- Commissioners may not be aware of the contributions that the City Council were making in their preventative work with local children, the area partnerships could help fill in some of the gaps.
- There was uncertainty about the impact of budget savings by the County Council and some families, especially those with Special Educational Need children, may notice a reduction in the level of support they received.
- Children's Centres were now being clustered to reduce costs and additional speech and language support could be dropped.



- Better transition arrangements for child to adult services, especially between 17 to 19 years old were required, as young people could fall through a gap in the services.

It was suggested that the work of City Council to reduce obesity and promoting physical exercise for children and young people could be presented at a future meeting of the Cambridge Local Health Partnership.

### **15/32/CLHP Outline of the Work of the South Cambridgeshire and City Area Partnership**

Gill Hanby, Area Partnerships Manager at Cambridgeshire County Council, gave a presentation on the work of South Cambridgeshire and Cambridge City Area Partnerships.

Each partnership (East Cambridgeshire & Fenland, South Cambridgeshire and Cambridge City and Huntingdonshire) had developed its own local commissioning plan. Area Partnership would inform the Children's Trust Board of local issues and emerging needs to ensure these could be taken forward in the planning process.

The Cambridgeshire Children's Trust Plan for 2014-17 and a South Cambridgeshire and Cambridge City Area Partnership progress report had been attached to the agenda for information.

Members were reminded that Children's Trust worked as a partnership between different organisations to improve the services that were delivered to children, young people and their families across Cambridgeshire, primarily a delivery mechanism for Priority 1 of the Health and Wellbeing Strategy.

The Children's Trust held a once-a-year meeting to review and set its direction.

The area partnerships were currently promoting 'Chelsea's Choice', a hard-hitting applied theatre production that had proven highly successful in raising awareness of the issues surrounding Child Sexual Exploitation. The play had been performed at the North Cambridge Academy and it was hoped that funding would be available to take the production into local schools next year, as had been done in Huntingdonshire and Fenland.

Members discussed there could be better partnership working with other external organisations particularly with the cuts to Government funding and how this would impact the services provided.

The area partnership would be holding a meeting / workshop on 28 January 2016, at South Cambridgeshire District Council, discussing Accelerating Achievement and encouraged the Voluntary Services to get involved.

### **15/33/CLHP      Outline of the Work of the Looked After Children's Team**

Nicola McLean from Cambridgeshire Children's Service (CCS) outlined the work of the CCS team and advised that everyone who worked with looked after young people and care leavers had the responsibility of a corporate parent, which could be a social worker, councillor and professionals who worked in health, housing and education. These professionals met on a regular basis, known as the Corporate Parenting Board to discuss the important issues involving Looked After young people and what work and support is needed to help young people succeed in lives. It was important for these young people to know what help and support was available and what their rights and entitlements were.

The Corporate Parenting Strategy helped to support children who came into care as the majority of Looked After Children need extra support. The strategy looked at the areas that were needed to support these young people and over the next 3 years would focus on 5 key areas. These were:

- i. Looked After Children fulfil their educational potential
- i. Care Leavers successfully gain employment
- ii. Looked After Children have good health and wellbeing
- iii. Looked After Children and care leavers are well equipped to be parents
- iv. Cambridgeshire Looked After Children and young people placed outside of the county are not disadvantaged

Members were advised that at present 90% of children had health assessments within twenty days of being placed into care. The service was aware of the possible increased demand that could arise from migrant children but at present there was no extra capacity in the service at to respond.

Members discussed how Cambridge City had agreed to become one of the first cities in the UK to offer sanctuary to refugees from Syria. There could be an increase in unaccompanied children, so it was hoped that this service could be extended to support these children. No plans were in place at present for doing so.

**15/34/CLHP Updates**

Health and Wellbeing Board (HWB)

The Committee had before them the latest newsletter from the Cambridgeshire Health and Wellbeing Board, with the date of the next Board meeting scheduled for 19 November 2015. The meeting would begin with a personal story, which would be the context for the remainder of the meeting.

Members were advised that Sir Graham Bright, Police and Crime Commissioner, (Cambridgeshire) had been invited to attend the meeting to reflect on priority four of the strategy.

Also on the agenda would be Prevention Work for the Health System Transformation Programme, a quarterly report on the Better Care Fund and the Planning intentions for Cambridgeshire and Peterborough 2016/17.

**15/35/CLHP Ongoing Work**

Jane Belman, Cambridge Citizen Advice Bureau, provided an updated on the East Barnwell GP Surgery Outreach Advice Project and began by thanking East Barnwell GP Surgery for supporting the project.

Since the last meeting clients had been advised on reviewing their gas and electric bills as part of the Energy Best Deal initiative and were now working with a stop smoking group in the surgery. A total of 21 clients had disclosed mental health issues.

Members heard that there was currently an issue with low vaccination rates in the communities covered by the practice, especially amongst families from Eastern Europe and communities with a high turnover.

It was hoped that a similar project model could be extended to the Nuffield Road Health Centre. No decision has been taken by the City Council, as yet, to continue funding the East Barnwell GP Outreach project. The City Council will look at the evaluation of the project and take into account any additional support the practice might make, before taking a decision.

So far the rolling evaluation was carried out by Cambridge CAB appeared to show substantial savings to the NHS. One difficulty was that the Health Centre did not capture these savings, which did not translate into additional income. The practice would look to see if it could contribute to this service.

**15/36/CLHP      Date of Next Meeting**

As the date of the next meeting scheduled for 10 March 2016, the Chair suggested an additional meeting should be arranged due to the length of time in between meetings and suggested 28 January 2016.

***Committee Manager's note: The date of 28 January 2016 and has been superseded and the additional meeting scheduled for 11 February 2016, 2.30pm.***

The meeting ended at 1.50 pm

**CHAIR**

## HEALTH AND WELLBEING STRATEGY – PRIORITY 3 UPDATE

To: Health and Wellbeing Board

Date: 14 January 2015

From: Val Thomas, Public Health, Cambridgeshire County Council  
Richard Cassidy, Fenland District Council  
Iain Green, South Cambridgeshire District Council  
Liz Knox, East Cambridgeshire District Council  
Yvonne O'Donnell, Cambridge City Council  
Jane Wisely, Huntingdonshire District Council  
Elaine Matthews, ETE, Cambridgeshire County Council  
Phil Clark, ETE, Cambridgeshire County Council  
Kate Day, ETE, Cambridgeshire County Council  
Lisa Faulkner, CFA, Cambridgeshire County Council  
Jo Keegan, CFA, Cambridgeshire County Council  
Angelique Mavrodaris, Public Health, Cambridgeshire County Council  
Kirsteen Watson, Public Health, Cambridgeshire County Council  
Julie Farrow, CVS  
Ruth McCallum, Care Network

### 1.0 PURPOSE

The purpose of this report is to update members on progress with the Health & Wellbeing (HWB) Strategy Priority 3:

“Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices”

### 2.0 BACKGROUND

Background information is provided in the associated HWB themed meeting template, which is attached as **Appendix A** to this paper.

### 3.0 SUPPORTING PARAGRAPHS

#### 3.1 Aims set out in Priority 3

**The key areas of focus set out in Priority 3 are as follows**

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke

- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems. (this is being addressed through priority 4)
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

### 3.2 Introduction

Our lifestyles influence the way our health develops over our lifetime. Local research in East Anglia has shown that people with four key ‘healthy’ behaviours – not smoking, taking regular exercise, eating 5 fruit and vegetables a day and drinking alcohol within recommended limits, stay healthy for longer and live on average 14 years more than people with none of these behaviours.

Detailed evidence on the impact of preventive lifestyle interventions on reducing development of serious illnesses such as diabetes, heart disease, stroke and cancer, and the cost effectiveness of these interventions in delivering savings for the NHS, is provided in Agenda Item 6 ‘Health System Transformation Prevention Strategy’.

**Appendix B** provides a summary of the most recent information on lifestyle behaviours in Cambridgeshire and its districts, and on some of the trends in recent years.

People’s health behaviours are extremely complex and eliciting change, calls for multi-component interventions within and often across a wide range of organisations and partnerships. This paper provides an overview of the following activities.

- Strategic aims and objectives along with delivery highlights that illustrate where local organisations are working collaboratively in partnership to meet the Priority 3 objectives.
- Specific policy and commissioning activities undertaken by individual organisations that support the delivery of Priority 3.
- Embedding healthy lifestyles and associated interventions into emerging ‘Prevention Strategies, their supporting action plans and commissioning.

Critical to Priority 3 is the wide range of partnerships that play a role in addressing healthy lifestyles and behaviours.

- Local District Council Health and Wellbeing Partnerships
- Cambridgeshire and Peterborough Public Health Reference Group
- Cambridgeshire and Peterborough Health System Transformation Group (Prevention Strategy)
- Children and Young People Area Partnerships
- Children and Young People’s Joint Commissioning Unit
- Older People Partnerships
- Voluntary Sector Activities
- Drug and Alcohol Commissioning Group

## **4. DISTRICT HEALTH AND WELL BEING PARTNERSHIPS**

4.1 Each of the District and City local authorities has their own local Health and Wellbeing Partnership. Although these are long standing partnerships they were refreshed with the launch of the Health and Wellbeing Board. Each has a Health and Wellbeing Plan which reflects the Cambridgeshire Health and Wellbeing Strategy and local needs. The Plans focus on the added value of a partnership approach to deliver their objectives. Currently delivery is based on collaborative working with alignment of strategies and objectives across organisations with longer term objectives of joint commissioning.

### **4.2 Cambridge City Health and Wellbeing Partnership**

The promotion of physical activity is the main lifestyle focus of the Cambridge City Health and Wellbeing Partnership Plan, including targeted interventions to promote physical activity amongst older people, women and girls, adults and children with disabilities, mental health and homeless service users. Examples of specific projects are falls prevention classes, "For the Girls" leisure centre programme, and a sports club for children with disabilities. There has been an increase in both provision and activity in the various schemes that has included the establishment of working links between partners and the following planned developments.

- Further develop the exercise referral programme and increase the number of referrals with better engagement of health professionals. This is being achieved through increasing the range of exercise opportunities included in the scheme by working more effectively with their commissioned leisure service providers, regular communications and new partners such as the University. Activity and completion rates have both improved.
- Expanding and developing a targeted swimming programme for BME communities, women, families and children and older people through promotion, free swimming facilities and new facilities. However uptake of many of the projects included in this Programme has been sporadic.

### **4.3 East Cambridgeshire Health and Wellbeing Partnership**

The East Cambridgeshire Health and Wellbeing Partnership has in recent years focused on inequalities in health. It initiated and completed a number of projects in Littleport. Projects included social marketing research which led to a number of projects that focused upon young mums (Buggy Walks), Health Walks and increasing gym membership and other community physical activity initiatives. A new action plan is being developed that will focus upon the following priorities

- In support of increasing physical activity levels the "Local Plan" addresses the need to create an environment that supports and encourages people to be physically active. Improving facilities at the Ely Country Park and exploring options for a further country park in the North Ely development area are being considered.
- The District Council is actively working with the three community leisure trusts to implement an agreed District wide Sports Facility Strategy and Action Plan. A new district leisure centre has also been agreed.
- There is a focus on promoting the health and lifestyle of older people which includes actively working with housing providers and the establishment of an East Cambridgeshire Dementia Alliance.

#### 4.4 Fenland Health and Wellbeing Partnership

The Fenland Health and Wellbeing Partnership has focused consistently upon a number of priority areas and supported a range of interventions to improve lifestyles in the District. Recently Fenland District Council has released its first Health and Wellbeing Strategy which reflects these priorities.

<http://www.fenland.gov.uk/CHttpHandler.ashx?id=12208&p=0>). It also pulls together all the strategic objectives and programmes that impact on the health and wellbeing including lifestyles. The themes of health inequalities and enabling older people to be healthy and to live independently are embedded into the following priorities

- Working across organisations more effectively to deliver the health and wellbeing agenda which would include data sharing and in the longer term joint commissioning.
- Addressing Coronary Heart Disease (CHD) and associated unhealthy lifestyles. Fenland has overall a higher prevalence of unhealthy lifestyles and in some areas rates of CHD are significantly higher than other areas. The partnership is providing added value through supporting ongoing work in areas such as Stop Smoking Services, NHS Health Checks, and Workplace Health Programme. It has developed along with the Community Safety Partnership an alcohol programme in Wisbech which has specific objectives around supporting lifestyle change. The Fenland Leisure Services has a commitment to increasing physical activity opportunities in the community and engaging more people in becoming active. National funding has been secured for the Active Fenland Project which is supported by Sport England. The focus is on providing opportunities for targeted groups to take part in specific sporting activities.

#### 4.5 Huntingdonshire Health and Wellbeing Partnership

The Huntingdonshire Health and Wellbeing Partnership has wide ranging representation from many partners and has strong links with the local Children and Young People's Partnership and Community Safety Partnership. It has recently refreshed its strategic objectives and is in the process of developing a new action plan. The Partnership has supported ongoing work around lifestyles focusing on physical activity programmes and other work targeting obesity and can evidence increased engagement in projects. The strategic targets are as follows.

- Reducing Excess Weight (including Obesity) in Children and Adults
- Improving Mental Health in Children and Adults
- Supporting Older People to live independently, safely and well.

#### 4.6 South Cambridgeshire Local Health Partnership

South Cambridgeshire Local Health Partnership aims to prevent ill health in all age groups and tackle the wider determinants of health by delivering outcomes for the health and wellbeing of South Cambridgeshire residents. The partnership brings together organisations such as the NHS, local authorities and voluntary sector with GPs. Each of the priorities will be underpinned by the partnership continuing to find **better ways of working together**, but specifically includes: Building relationships between all the partners, but in particular working with the voluntary sector and GP practices; closer working between GP practices and Children and Young People Locality Teams/schools.



The priorities for the LHP are:

- Ageing well, which includes elements of prevention and support to help people remain independent and live longer in their own homes. (Areas of focus include: tackling loneliness, depression and social isolation; supporting rural transport provision; warmer homes; supporting carers; hospital admissions and early discharge)
- Mental health, which includes a focus on the mental health of all residents, as well as joining up services before people reach “crisis point”.
- New housing growth, which includes learning from previous developments and ensuring access to green space. (Areas of focus include: Influence new developments, particularly in relation to preventing mental ill health; supporting independent living and providing key worker housing; Support the creation of social infrastructure through the planning process)
- Access to services by young people and families. (Areas of focus include: Supporting the work of the Together for Families project)
- Health outcomes for Gypsies and Travellers.

## **5. PUBLIC HEALTH REFERENCE GROUP (PHRG)**

The PHRG was established to oversee and develop public health initiatives across the County. It is co-chaired by the Chief Executive of Fenland District Council and the Director of Public Health. Following a review of the evidence to consider impact and cost effectiveness two high level priorities were agreed for joint action to be taken forward in the first six to nine months.

- Actions to promote physical activity and healthy diet at a population level – which will help to reduce the health burden of obesity, amongst other benefits.
- Community engagement on health issues, using an asset based approach.

A Task and Finish Group was established which further reviewed the evidence for these priority areas and developed an action plan which includes consideration of evaluation, for the delivery of some key actions. The key projects are work with early years providers to improve diet for children under five , community led physical activity programmes, workplace health programmes, a collaborative cross district physical activity programme. Evaluation is considered to be an integral element. This action plan is currently underway and planning has started for the next phase which is the production of a medium term Obesity Strategy focusing upon the two high level priorities. Funding for the work of the PHRG is mainly from non-recurring public health reserves. Establishing sustainable interventions with a focus on community engagement, together with sound evaluation, are central to this work.

## **6. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH SYSTEM TRANSFORMATION – PREVENTION STRATEGY**

The System Transformation work being led by C&PCCG currently includes the development of a Prevention Strategy. The key aim is to identify short to medium term savings for the NHS associated with well evidenced prevention interventions. A Prevention Strategy and an implementation plan have been produced. Lifestyle interventions were identified through modelling as making a contribution to savings, in both the short and medium term. Further detail is given in agenda item 4.3.

## **7. CHILDREN AND YOUNG PEOPLE**

The health and wellbeing of Children and Young People is primarily addressed through Priority 1. The following is a summary of key lifestyle activity targeting children and young people.

### **7.1 Children and Young People's Area Partnerships**

The three Children and Young People's Area Partnerships have in the past focused upon lifestyle issues, and currently these issues are followed up through the Area Partnerships working closely with the local Health and Wellbeing Partnerships. The main health issue being addressed by the Area Partnerships is currently mental health - building self-esteem and building resilience which are linked to the adoption and maintenance of a healthy lifestyle in young people.

### **7.2 Cambridgeshire and Peterborough Children and Young People's Joint Commissioning Unit**

Strategic oversight of the 0-19 commissioned services is the responsibility of the Cambridgeshire Children's Health Joint Commissioning Board (CHJCB) which aims to ensure a link with other 0-5 services and GP services to improve outcomes for children and families, particularly the most vulnerable. These aligned commissioning arrangements were set up to reduce the risk of fragmenting the commissioning of services for children and young people. There are specific lifestyle objectives that reflect the objectives in 0-19 Healthy Child Programme and through the commissioning process can be embedded into midwifery, health visiting and school nursing. Advice and support on lifestyles to children and families focuses upon various aspects of lifestyles management and healthy behaviours including offering information, signposting, support and appropriate guidance on: breastfeeding, diet, physical activity, (obesity prevention and management), mental health, smoking advice and cessation, drug and alcohol misuse, sexual health and contraceptive advice.

Cambridgeshire County Council's Children's Services provide a range of interventions through their under 5s services in nurseries, children's centres and young people's services providing advice and also supporting families to develop the skills to support a healthy lifestyle. There is specific targeted lifestyle work with children and young people most at risk for example Looked After Children. This work is overseen by Cambridgeshire County Council Children's Committee.

## **8. OLDER PEOPLE**

The health and wellbeing of Older People is primarily addressed through Priority 2. The current attention across the system on prevention for older people has a focus upon facilitating healthy lifestyles that will help people to stay active and independent as they age.

### **8.1 Cambridgeshire Executive Partnership Board (CEPB)**

The CEPB has wide range of partners and oversees work on the health and wellbeing of older people across the county. The linked Healthy Ageing and Prevention Strategy is currently in development and it will build on the joint Older People's Strategy:

- To enable the development of a co-ordinated preventative approach and facilitate the integration and join-up of partners in prevention across organisations.
- To develop preventative community-based services and capacity to support and enable older people to enjoy long and healthy lives, to feel safe within their homes and as part of their communities.
- To improve strategic commissioning, planning and delivery of preventative interventions.
- To complement and facilitate delivery of the Information and Communication agenda, to ensure the implementation of preventative health promotion messaging and the provision of early high quality advice to support healthy ageing.

## **9. DRUG AND ALCOHOL COMMISSIONING GROUP**

Services to address drug and alcohol misuse were recently described in the Priority 4 update to the Health and Wellbeing Board. In summary in Cambridgeshire alcohol and illegal drug misuse is addressed through a network of partnerships that work to three strategic priorities (2015-18) that were agreed by the overarching Cambridgeshire Drug and Alcohol Team (DAAT) Executive Board. The first priority is the “Prevention and protection from harm”

Interventions to promote healthy alcohol consumption and avoidance of harmful drinking of alcohol include a programme of population wide and targeted campaigns that provide information about the harms associated with alcohol. There is a concerted effort to increase knowledge and understanding about the growing misuse and harmful impact of Novel Psychoactive Substances (NPS) through a local strategy and action plan. Identification and Brief Advice (IBA) training is provided to a wide range of organisations and businesses focusing upon those that work with high risk individuals and communities.

Historically drugs and alcohol work has been funded through pooled budgets and shared resourcing from members of the partnership. Currently the majority of the funding for specific drug and alcohol services comes from the Public Health Grant held by the Local Authority with small contributions from Cambridgeshire County Council Adult Social Care, Office of the Police and Crime Commissioner (PCC), and Cambridge City Council.

## **10 VOLUNTARY SECTOR HEALTHY LIFESTYLE PROGRAMMES**

Cambridgeshire’s active voluntary sector is increasingly involved in promoting or providing healthy lifestyle interventions across the life course. The current focus on the need to maintain the health and wellbeing of older people has stimulated a rapidly growing development of programmes for this target group. Examples include the work of Care Network through its community development work that promotes the independence of older people, supporting them to take responsibility for their own health through lifestyle change . Age UK has similar objectives and offers initiatives such as cooking programmes for older people.

## **11. ENGAGING INDIVIDUALS AND COMMUNITIES TO TAKE RESPONSIBILITY FOR THEIR HEALTH**

11.1 There is some evidence that community resilience and engagement can have a positive effect on health. It supports individuals and communities to take responsibility for their health and engage in health improvement activities. It is reflected in the strategies and action plans across a wide range of statutory and voluntary organisations in Cambridgeshire and the following provides examples of projects have been initiated.

- Cambridgeshire County Council Health Committee has allocated £500,000 non-recurrent Public Health funding for a Healthy Fenland Fund. This will be accessed over the next five years by Fenland communities to implement initiatives that will support healthy lifestyles and improve health and wellbeing. Following a procurement exercise, the voluntary organisation Care Network has been contracted to oversee the fund and to also employ community engagement workers to help strengthen communities, and support them in accessing the Healthy Fenland Fund.
- Cambridgeshire County Council has a number of community engagement projects that have been developing and evolving over several years. For example projects like the Community Navigators and Timebanking involve community members engaging and supporting communities to maximise their health and wellbeing.
- The Kickash Programme is a young person led (peer) smoking prevention programme. It has been developed by Cambridgeshire County Council Public Health and PSHE. Young people in Year 10 are recruited to work as Kick Ash mentors to promote their 'proud to be smokefree' message. The Kick Ash mentors lead activities in their own schools and their partner primary schools. Young mentors also play a role in combating Illicit tobacco working alongside Cambridgeshire County Council Trading Standards (along with the Police, Her Majesty Revenue and Customs (HMRC)). Young people and disadvantaged communities are often the target of this cheap tobacco. Through another initiative there has been recent success where partnership work has resulted in the removal of a large quantity of illicit tobacco and cigarettes from shops in Wisbech.

11.2 Cambridgeshire County Council has recently produced its Community Resilience Strategy. The Strategy is intended to articulate and drive the way the Local Authority works with local communities, proposing a fundamental shift in the way that service provision and local communities interact; essentially repositioning the Council as part of the wider community, with a real focus on building the capacity of local people to help meet local needs together. The Strategy is one of the identified mechanisms (enablers) for the delivery of the Cambridgeshire County Councils "New Operating Model" which includes as one of its seven priority outcomes "People lead a healthy lifestyle". Further detail is provided in agenda item 4.5.

## **12. CAMBRIDGESHIRE COUNTY COUNCIL PUBLIC HEALTH COMMISSIONING**

Cambridgeshire County Council's Health Committee which oversees Public Health is supporting the commissioning of services designed to support healthy lifestyles and behaviour change amongst the whole population and targeted groups.

## 12.1 The Integrated Healthy Lifestyle Service

This Service was commissioned and launched in June 2015. It brought together a number of existing behaviour change and weight management services to produce an evidence based integrated service that will improve the experience of the patient/client through having one access point and easy referral to and between services. This increases cost effectiveness and has brought services to the north of the county that had hitherto only been provided in the south of the County. It includes the following services.

- Health Trainer Services: These support people for up to a year to make changes to their lifestyle along with referral to other specialist lifestyle services. Additional investment has expanded this service from provision in the 20% most deprived areas, to cover the rest of the county
- Weight Management Services: Tiers 2 and 3 Adult weight management services  
Children's Weight Management Services
- National Child Weight Measurement Programme – Mandatory programme of annual height and weight measurement of reception and year 6 children in maintained schools. There is a pathway from this Programme to the Children's Weight Management Service.
- Outreach NHS Health Checks. This mandatory cardio-vascular risk assessment programme that involves referral to lifestyle services has primarily been provided by GP practices. The Lifestyle Service is commissioned to provide outreach NHS Health Checks targeting hard to reach high risk groups and workplaces.
- Behavioural Change Training: This is an evidenced based approach to enabling people to make lifestyle changes known as "Making Every Contact Count". Training is offered to frontline staff to equip them with skills to raise health and lifestyle issues and motivate individuals to address their behaviours.
- A Specialist Falls Prevention Health Trainer Service targets older people to support them to adopt evidence based physical activity interventions that help protect against falls.

## 12.2 The Integrated Sexual Health Service

This Service was commissioned in September 2014 and through extensive service redesign is meeting its overall aims.

- Improving the equity of sexual health services across the county and reducing health inequalities between the north and south of the county.
- Increasing the access to integrated services for service users to enable patients to have both their contraceptive and sexual health needs addressed in one location.
- Modernising service delivery in line with models of good practice.

Cambridgeshire Community Services are commissioned to provide the service. It has subcontracted the Terence Higgins Trust to focus on promotion of healthy sexual health behaviours and this work is targeting young people especially in Fenland, which historically has had a higher teenage pregnancy rate. Dhiverse is commissioned to promote sexual health and wellbeing for a range of at risk groups.

## 12.3 Workplace Health Programme

There is evidence that workplace health programmes are effective and cost effective through supporting the adoption of healthy lifestyles. Historically this Programme has been

run with some external support by Public Health Staff. Additional investment has been allocated and an external voluntary organisation has been commissioned to take this work forward. An example of a successful workplace programme was the adoption by Cambridgeshire County Council of a Smoke Free Policy and its subsequent implementation

#### **12.4 GP Public Health Services**

Stop Smoking Services, NHS Health Checks, Contraception Services and Chlamydia Screening have for several years been commissioned from GPs. These services have in recent years faced considerable challenges as GP practices have received additional demands for their services. Concerted efforts are being made to improve these services which will be supported by the CCG's Prevention Strategy. In addition Public Health has invested in an NHS Health Checks modernisation programme that will improve the patient experience and data collection.

#### **12.5 Promoting Healthy Eating in Schools**

For the past three years the Food for Life Programme has been commissioned to work in schools in areas where there are high rates of childhood obesity to help them develop healthy eating policies, increase knowledge of children and families of healthy eating including the opportunity to learn about growing healthy foods. This Programme has evaluated well nationally.

#### **12.6 Health Promotion Resource Library**

The Health Promotion Resource Library provides a range of resources about healthy lifestyles to professionals and the general public. Historically this had been commissioned by Public Health from Hinchingsbrooke Hospital. This Service was decommissioned in 2014 and is now provided by Cambridgeshire County Council Library service. This means that the Service has become countywide and greatly increases access to professionals and the public and has enabled closer planning and co-ordination of lifestyle campaigns

#### **12.7 Public Health Programmes Team**

The Public Health Team includes the Public Health Programmes Team which provides healthy lifestyles services including Stop Smoking Services, the multi-agency Gypsy and Traveller Health Team, mental health promotion and other health promoting campaigns. CAMQUIT is the core local Stop Smoking Service which help smokers quit and supports and trains other providers of Stop Smoking Services. The Team has been innovative in addressing a fall in the number of smokers accessing the Service which has been seen locally and nationally and attributed to the impact of e- cigarettes. Social Marketing was commissioned to help plan services and campaigns, and mobile services in Fenland, additional outreach in the community and additional workplace services have all been implemented.

### **13. PROMOTING PHYSICAL ACTIVITY AND SUPPORTIVE ENVIRONMENTS**

There is strong evidence that an environment which affords opportunities for people to be physically active that are safe, accessible, affordable and enjoyable make a key contribution to lifestyle change. Local authority Planning, Housing and Transport Strategy services play an important role in shaping the environment. There is also a growing evidence base about the role of the natural environment and a number of initiatives are

being taken forward through the Natural Cambridgeshire Partnership. This work will be covered in more detail at the March meeting of the Health and Wellbeing Board covering Priority 5.

### 13.1 Travel for Work Cambridgeshire Partnership

The Travel for Work Cambridgeshire Partnership ( partners are the District Councils, Chamber of Commerce, Addenbrookes Hospital Trust, Cambridgeshire & Peterborough Clinical Commissioning Group and the University) works with over 160 employers to promote sustainable and active travel and have established some innovative projects

- Through external funding grants are being awarded to support the purchase of bike shelters and pool bikes, and have supported/delivered 20 workplace events and workshops to promote walking and cycling, use of public transport and car sharing.
- Personal travel planning (PtP) guidance has been provided to 5000 residents in target communities. PtP has been proven to achieve modal shift through increasing active travel and reducing car use i.e. improving air quality and mental wellbeing. The recently completed Travel survey, for which 11,000 employees responded, showed (in the main part) a notable modal shift to more active travel modes for the majority of participating employers. Reports are currently being sent out to participating employers, highlighting what further measures might be delivered to their employees.'

### 13.2 The Cambridgeshire and Peterborough Sports Partnership

This Partnership is led by the voluntary organisation Living Sport. An example of its work is the Cambridgeshire County Councils 'Stepping Stone' Programme. This has assisted nearly 130 disabled people and those with a long term health need to take part in over 2000 activity sessions in 23 different sports including golf, paddle boarding, boxing, archery, shooting and trampolining. This is underpinned by £50k funding from Sport England.

## 14.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

14.1 This is an update on Priority 3 of the HWB strategy.

## 15.0 IMPLICATIONS

15.1 This is an update paper for members, so there are no new proposals contained within it.

## 16.0 RECOMMENDATION/DECISION REQUIRED

16.1 Members are asked to note this update.

Source Documents	Location
Please see Appendix for background information and source documents.	

## Appendix A: Health and Wellbeing Board themed meeting template

	<p><b>Meeting theme:</b></p> <p><b>Priority 3 Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices</b></p>	
	<p><b>Focus areas:</b></p> <ul style="list-style-type: none"> <li>● Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing</li> <li>● Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.</li> <li>● Reduce the numbers of people who smoke</li> <li>● Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.</li> <li>● Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.</li> <li>● Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.</li> </ul>	
1.	<p><b>Overarching partnership delivering against this priority and how this links to the Health and Wellbeing Board</b></p>	<p>There are a number of partnerships that oversee different healthy lifestyle initiatives. The overarching partnerships are the Health and Well Being Board and The Public Health Reference Group. The five local Health and Well Being Partnerships are linked to the Health and Well being Board by elected members from each of the District and City Authorities.</p> <p><b>Public Health Reference Group</b></p> <p>The Cambridgeshire Public Health Reference Group (PHRG) provides whole system leadership and multi-agency co-ordination for public health initiatives in Cambridgeshire. It focussed on improving outcomes for residents and reducing health inequalities. It is co-chaired by the Chief Executive of Fenland District Council and the Director of Public Health.</p>



	<p><b>District and City Health and Well Being Partnerships</b></p> <p>The District and City Councils host and sponsor the local Health and Well Being partnerships.</p> <p><b>Remit and Governance</b></p> <p>Each Partnership has its own governance structure and Terms of Reference. The key themes being:</p> <ul style="list-style-type: none"><li>• To provide a forum for the wider engagement of parties interested in health and well being, including health inequalities so that they may jointly evolve solutions to protect and improve the health and wellbeing of residents</li><li>• To provide leadership and strategic direction to local strategic partner organisations to enable them to contribute to improving health and well-being</li><li>• To provide local information, to the Cambridgeshire Health and Wellbeing Board and Districts' Forum, related to health and well-being and advise on the impact of any relevant policy changes, service changes, proposals and/or identified need.</li><li>• To consider existing issues or those likely to arise, that may require interventions to protect the health of people determinant of health, improve public health or affect change to services impacting on health/care services.</li></ul> <p><b>Membership of the Partnerships</b></p> <p>They have representation from a range of partners. The representation mix of members will vary between each partnership which reflects local circumstances.</p> <ul style="list-style-type: none"><li>• <b>District and City Council Elected Members</b></li><li>• <b>District and City Council officers ( Leisure, Community,</b></li></ul>
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		<p><b>Environmental Health, Housing, Migrant Workers)</b></p> <ul style="list-style-type: none"> <li>• <b>Cambridgeshire Health and Well-Being Board</b></li> <li>• <b>Cambridgeshire County Council Adult( Children, Families and Adults – Social Care, Adult Learning, Public Health)</b></li> <li>• <b>Cambridgeshire and Peterborough Clinical Commissioning Group and Local GP Commissioning Groups</b></li> <li>• <b>GP Patient Representation Groups</b></li> <li>• <b>Hinchingsbrooke Health Care NHS Trust</b></li> <li>• <b>Cambridge University Hospitals Foundation Trust</b></li> <li>• <b>Older People Services</b></li> <li>• <b>HealthWatch Cambridgeshire</b></li> <li>• <b>Community Voluntary Service</b></li> <li>• <b>Age UK</b></li> <li>• <b>Housing Associations</b></li> </ul> <p><b>Alcohol and Drugs Partnership</b></p> <p>The Drug and Alcohol Action Team (DAAT) is the multi-agency strategic partnership working to implement National and local Drug and Alcohol priorities. The functions of the DAAT sit within the ‘Cambridgeshire Safer Communities Partnership Team’ which is hosted within Cambridgeshire County Council.</p> <p>The DAAT Partnership Board leads on strategic development and oversight of prevention and treatment interventions and related commissioning.</p>
2.	<b>Recent Relevant Joint Strategic Needs Assessments (JSNAs)</b>	<p>Children and Young People 2010  <a href="http://www.cambridgeshireinsight.org.uk/currentreports/children-and-young-people">http://www.cambridgeshireinsight.org.uk/currentreports/children-and-young-people</a></p> <p>Prevention of Ill health in Adults of Working Age JSNA 2011  <a href="http://www.cambridgeshireinsight.org.uk/currentreports/jsna-prevention-ill-health-adults-working-age-2">http://www.cambridgeshireinsight.org.uk/currentreports/jsna-prevention-ill-health-adults-working-age-2</a></p>

		<p>Physical and Learning Disability throughout the Life Course  <a href="http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/physical-and-learning-disability-through-life">http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/physical-and-learning-disability-through-life</a></p> <p>Prevention of Ill Health in Older People 2013  <a href="http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013">http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013</a></p> <p>Transport and Health 2014/15  <a href="http://www.cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15">http://www.cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15</a></p> <p>Primary Prevention of Ill Health in Older People 2014  <a href="http://www.cambridgeshireinsight.org.uk/primary-prevention-ill-health-older-people2014">http://www.cambridgeshireinsight.org.uk/primary-prevention-ill-health-older-people2014</a></p> <p>Long Term Conditions Across the Life Course  <a href="http://www.cambridgeshireinsight.org.uk/JSNA/LTCs-across-the-lifecourse-2015">http://www.cambridgeshireinsight.org.uk/JSNA/LTCs-across-the-lifecourse-2015</a></p>
3	<p><b>a) Integrated partnership strategy or strategies in the health and care system delivering on this priority</b></p>	<p>The Health System Transformation ‘Prevention’ Strategy includes a focus on multi-agency lifestyle and behaviour change interventions which make savings for the NHS, It has potential to be broadened to cover a wider range of health and wellbeing outcomes relevant to all HWB Board partner agencies.</p> <p>A joint medium term obesity prevention strategy is under development by the Public Health Reference Group.</p> <p>Partnership Strategies overseen by the Children and Young People’s Joint Commissioning Unit ( includes Cambridgeshire and Peterborough Clinical</p>

		Commissioning Group, Cambridgeshire County Council and Peterborough City Council) and for older people, the People's Cambridgeshire Executive Partnership Board (CEPB) are also key to delivering priority 3 and these partnership arrangements are addressed through the reporting of Priority 1 and 2.
4.	<b>Joint commissioning and Section 75 arrangements</b>	<p>Sexual Health: A Section 75 has been established between NHS England and Cambridgeshire County Council to enable the new Integrated Sexual health Service to continue to provide HIV services, which includes lifestyle advice (HIV is a Long Term Condition) to the more vulnerable groups living with HIV.</p> <p>Children and Older People's Services include Section 75 agreement which will be picked up in Priority 1 and 2 updates</p>
5.	<b>Alignment of NHS Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) commissioning plans with this priority</b>	<p><b>CCG Prevention Strategy</b></p> <p>The Health System Prevention Strategy and its priorities provides a new opportunity for the CCG to build preventive initiatives into commissioning plans. The CCG is planning further work on obesity services, in particular tier 4 obesity services for which responsibility is due to transfer from NHS England to CCGs. The CCG Mental Health Commissioning Strategy has a lifestyle focus amongst its objectives.</p> <p>The CCG has recently introduced a 'Stop before your Op' policy to promote smoking cessation before elective surgery.</p>

## Appendix B: Lifestyle and Health Behaviours in Cambridgeshire

Trend in lifestyles - December 2015

	Significantly worse than England
	Not significantly different to England
	Significantly better than England

Lifestyle indicator	Ref	Year	Cambridge shire	Districts					England	Deprivation	
				Cambridge City	East Cambridge shire	Fenland	Huntingdon shire	South Cambridge shire		20% most deprived	80% rest of county
Childhood obesity - Reception	1	2012/13	7.5%	7.4%	8.3%	9.4%	7.1%	6.4%	9.3%	10.8%	6.5%
	1	2013/14	8.1%	8.0%	8.9%	9.0%	8.8%	6.2%	9.5%	10.6%	7.3%
	2	2014/15	7.3%	6.1%	7.0%	9.6%	7.9%	6.2%	9.1%	9.6%	6.6%
Childhood obesity - Year 6	1	2012/13	15.8%	16.6%	15.6%	18.9%	17.1%	12.0%	18.9%	19.4%	14.8%
	1	2013/14	16.2%	16.1%	17.1%	20.2%	15.3%	14.3%	19.1%	19.9%	15.2%
	2	2014/15	15.0%	14.2%	14.6%	18.8%	15.4%	12.9%	19.1%	18.8%	13.7%
Excess weight in adults	1	2012/14	63.6%	48.3%	68.0%	73.1%	67.3%	63.6%	64.6%	-	-
Adult obesity	1	2012/14	22.4%	14.7%	23.7%	31.5%	24.9%	19.4%	24.0%	-	-
Healthy eating ('5-a-day')	1	2014	58.6%	61.4%	59.4%	47.7%	57.7%	64.0%	53.5%	-	-
Physically active adults	1	2012	60.3%	64.7%	56.5%	50.5%	62.2%	62.7%	56.0%	-	-
		2013	60.2%	66.9%	57.6%	51.1%	60.1%	61.7%	56.0%	-	-
		2014	64.5%	76.8%	58.0%	52.1%	62.8%	67.3%	57.0%	-	-
Physically inactive adults	1	2012	22.8%	17.0%	29.2%	30.6%	21.6%	20.3%	28.5%	-	-
		2013	24.6%	17.9%	26.9%	33.0%	24.4%	23.9%	28.3%	-	-
		2014	19.9%	12.6%	24.1%	32.2%	17.4%	18.8%	27.7%	-	-
Smoking prevalence	1	2012	17.9%	11.5%	17.3%	29.5%	18.2%	15.9%	19.5%	-	-
		2013	13.5%	9.5%	18.1%	21.9%	11.6%	11.4%	18.4%	-	-
		2014	15.5%	17.6%	14.9%	21.2%	14.4%	11.7%	18.0%	-	-
Alcohol-related hospital admissions* (age-standardised rate per 100,000)	1	2012/13	595	664	591	599	590	572	653	-	-
		2013/14	589	684	515	641	620	518	637	-	-
		2014/15	620	725	577	677	604	568	645	-	-

\* Alcohol-related hospital admission episodes (narrow definition)

### Source

1. Public Health Outcomes Framework, Fingertips, PHE
2. National Child Measurement Programme, HSCIC

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## East Barnwell GP Practice

The Outreach at East Barnwell has been running since May 2015, following a slow start it has become a busy and effective service that has seen some extremely positive outcomes for patients. We have seen 64 patients who have attended 83 appointments at the Service. Clients usually attend with multiple issues and we have recorded 128 advice subjects' areas for those patients, they can be broken down into the following areas:

<b>Issue</b>	<b>Total</b>
Housing	24
Debt	24
Benefits	35
Family and Relationships	11
Health and Community	12
Financial Capability	11
Consumer	3
Charitable Support	3
Employment	6
Education	1
Energy	3
Other	2
<b>Total</b>	<b>138</b>

This shows an average of 2.20 Advice areas per client who are attending the Service.

## Referrals recorded

Appointments are made by referral in the following ways:

GP = 36  
Self-Referrals = 10  
Reception = 3  
Nurse = 1  
Flu Clinic = 2 self-referrals

N.B Not all clients identified a referral process when presenting at the first appointments of the project.

Once the client has made contact with the Service and has been seen by an Adviser they can be referred for more specialist advice on debt and benefits if required.

For example, our Benefits Appeals Specialist has taken on two Social Security Appeals from clients who have attended the Service. In these cases it has been noted in medical evidence from the GP that the stresses of issues have a detrimental effect on the client's health and increase their time in the Practice.

Our involvement, support and where necessary representation on these issues helps improve a client's well-being, particularly mental well-being by taking the stress of dealing with the issues away. This in turn can decrease a client's reliance on GP support and decrease the frequency of appointments.

From these issues we can see below an extremely positive financial impact in the locality of the project. Again, these are mainly in the areas of debts being written off and clients

applying and being awarded benefits they are entitled too and undergoing Financial Education to help them manage household budgets.

Advice Area	Outcome	Number of Outcomes	Total £ amount recorded
Benefits & tax credits	Benefit / tax credit gain - a new award or increase	20	£77,134.20
	Benefit / tax credit maintained	2	£0
	Overpayment reduced/written off	1	£1119.05
	Improved health / capacity to manage	5	£0
Consumer goods & services	Improved health / capacity to manage	1	£0
Debt	Bankruptcy	1	£48,000
	Debts repaid	1	£475
	DRO - debt relief order	5	£30,626
	Financial situation stabilised / debts under control	1	£0
	Not recorded/not applicable	1	£0
Financial services & capability	Better deal with same supplier	1	£320
	Change to banking arrangements	1	£191
Health & community care	Able to access / engage in community activities	1	£0
	Free or reduced charges/costs	2	£90
	Health charges reduced or eliminated	1	£65
	Improved health / capacity to manage	3	£0
Housing	Improved health / capacity to manage	4	£0
	Other (non-financial)	2	£0
Other	Charitable payment	1	£150
	Improved health / capacity to manage	1	£0
	Non-financial	2	£0
	Personal Injury Compensation	1	£2250
Relationships & family	Improved health / capacity to manage	2	£0
<b>Total</b>		<b>60</b>	<b>£160,420.25</b>

This equates to an average income gain to each client of £2506.56. Although this is not a direct saving to the GP Practice, by clients making claims to entitled benefits and having debt issues solved it has a positive impact on them both individually and in the community.

The increased income and support clients potentially receive has a positive impact on their health and well-being which in turn decreases the reliance of the GP Practice support and pressure on available appointments.

We believe we deliver an invaluable service which has a positive impact on both the GP Practice staff and patients. As a newly developed project we have learnt a great deal in the first 7 months of the project and the service has evolved greatly since the start.

We are constantly reviewing all aspects of the Service including the referral process, marketing and how we can continue to ease the pressure on the staff at the Practice.

We would like to continue the Service at East Barnwell in order to build on the extremely positive work both ourselves and the Practice have done so far and extend to other GP



surgeries across the City. We have attached a budget sheet for this and also if the project was extended to other Practices in the locality.

### **CASE STUDIES from Wendy Eyles, Caseworker at East Barnwell**

#### **CASE STUDY 1**

A retired couple came for advice at East Barnwell Health Centre. Mrs A has mental health issues, and is awaiting a psychiatric appointment. Mr A has recently been diagnosed with Alzheimer's. Neither of them receives disability benefits or support from care workers. They are local authority tenants. Both receive State Pensions and Mr A receives a small private pension from his previous employer.

They came to East Barnwell Health Centre with various issues apart from their health problems which needed addressing:

- 1) Debt – priority and non-priority – Priority debts are debts that relate to housing, rent, utilities etc.
- 2) Benefit Applications – Attendance Allowance, Housing Benefit and Council Tax Reduction
- 3) Financial capability – clients need help with money management and will benefit from Financial Education
- 4) Garden – the garden is overgrown. Clients a large tree cut down and the lawn replaced with shingle for easy maintenance
- 5) NHS costs

#### **DEBTS**

Clients have debts of approx. £12,000 so would be eligible for a Debt Relief Order (DRO) (debts are below £20,000). They have no assets and are not homeowners. Mrs A is able to understand the implications of a DRO but Mr A is not be able to comprehend them because of his Alzheimer's and because of the legal requirements we are unable to apply for a DRO for him. As some of the debts are in joint names we will look at applying for a DRO for Mrs A and requesting debt write offs for Mr A. I will help the clients to open a new basic bank account.

#### **BENEFITS**

Mr A has recently been diagnosed with Alzheimer's. I completed an application for Attendance Allowance on his behalf. I will also help Mrs A claim Carers Allowance and look to see if she is entitled to Attendance Allowance due to her mental health problems.

Clients need help updating their Housing Benefit and Council Tax Reduction awards. I contacted Mr A's former employer to obtain a P60 for company pension details. The information will be forwarded to the Housing Benefit department to evidence his situation and entitlement.

#### **FINANCIAL CAPABILITY**

Clients needed help with budgeting to avoid further debt. I contacted their internet/telephone/satellite provider and negotiated a reduction of £27.00pm. Clients now want help to switch provider for further savings. I also spoke to Cambridge Water and arranged to clear the balance of their water bill in four instalments.

## **GARDEN**

The clients cannot manage the garden; as a result it has become very overgrown. I provided Mrs A with a list of organisations who may be able to assist. A local gardener has agreed to remove the tree free of charge. He is now in touch with the local authority to see if they will pay him to tidy up the rest of the garden and replace the lawn with shingle for easy maintenance. Mrs A is very happy that the tree is going to be cut down as it is overgrown and affecting daylight into their property.

## **NHS COSTS**

Mr A lost an NHS hearing aid at home and was going to be charged £65 for a replacement. I rang the hospital audiology department who agreed to waive the fee on this occasion because of his memory loss. I have talked to Mrs A about keeping the hearing aid in a box when not in use so it can be found easily.

I will advise Mrs A on support she can access from the Alzheimer's Society to help manage Mr A's condition.

## **CASE STUDY 2**

Miss B is separated from partner and has three children under 14. She lives in local authority housing with debts of approx. £50,000. Her middle child is autistic and she has struggled to find respite care to enable her to spend quality time with the other children. She accrued non-priority debts during a difficult relationship with her former partner. She is in receipt of benefits.

- 1) Debt – catalogues and credit cards £50,000
- 2) Family – raising her three children alone and no contact with former partner. She says she is getting little support from the local school for her son's autism. He is very active in the evenings and when he gets angry he smashes household items

## **DEBT**

Miss B is unable to clear debts of nearly £50,000. After discussing various debt options she felt bankruptcy was the best way forward. I therefore produced a financial statement to reflect client's current position and helped to her complete a bankruptcy petition. As part of this process I had to advise the client on potential Court fees and costs associated with bankruptcy.

I also advised client to change bank account. Client has now arranged for her benefits to be paid into a basic bank account to help her manage the household budget more effectively.

## **FAMILY**

Miss A's middle child is autistic and very demanding of her attention, which she feels is to the detriment of the two siblings. She asked about respite services which would enable her to spend quality time with the other children. I provided her with details of the National Autistic Society with information about home and community support which gave her the tools/information to set up support for her and her son.

<http://www.autism.org.uk/get-involved/why-support-us/contact-us.aspx>

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