

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

14 September 2016

12.00 - 1.45 pm

In attendance: Cllr. Richard Johnson (City Council), Cllr. Margery Abbot (City Council), Cllr. Kevin Price (City Council), Cllr. Tim Moore (City Council), Elizabeth Locke (Healthwatch, Cambs), Sandie Smith (Healthwatch Cambs), Kate Parker (Public Health, County Council), Frances Swann (City Council), Sally Salisbury (Cambridge CAB), Adrian Lyne (Cambridgeshire County Council), Helen Mitchell (Operations Manager, Safeguarding), Carrie Holbrook (City Council), Yvonne O'Donnell (City Council) and Graham Saint (Cambridge City Council).

FOR THE INFORMATION OF THE COUNCIL**16/20/CLHP Apologies**

Apologies were received from Councillor Nethsinga, Mark Freeman and Liz Robins

16/21/CLHP Public Questions

There were no public questions.

16/22/CLHP Minutes and Matters Arising

The minutes of the meeting of the 30th June 2016 were agreed and signed as a correct record.

16/23/CLHP Presentation: Healthwatch Cambridgeshire's Annual Report

Sandie Smith of Healthwatch gave the Partnership an update on recent successes, which were as follows:

- i. A successful project with young people in Ely had resulted in a leaflet called 'Thriving'. This would be used in future work.
- ii. Young people's emotional wellbeing was a priority and work was on-going to see if on-line counselling would be useful.
- iii. Poor data collection from contact with gypsies and travellers was hampering the work of health teams.

- iv. Inconsistencies had been highlighted with contact with different access points in the Cambridgeshire and Peterborough CCG.
- v. The importance of listening to and bringing the user voice to discussions about health and social care was highlighted.

Sandie Smith gave the following responses to questions from the partnership:

- i. Social care was under pressure and ensuring the patient voice was heard was challenging.
- ii. Improved representation of service users was needed.
- iii. It was recognised that those most in need of services were often the less able to access them. Healthwatch monitors and assists those in need and will ensure that this remains a strategic priority for the organisation.
- iv. Levels of inequality in the NHS is monitored.
- v. Healthwatch works across health and social care organisational boundaries and has protocols in place with areas outside of Cambridgeshire.

16/24/CLHP Cambridgeshire's Safeguarding Boards

Helen Mitchell stated that her new job title was 'Operations Manager' and that she now only covered adult services.

She gave the Partnership an overview of the work of the Adult Safeguarding Boards as follow:

- i. The Care Act had required Safeguarding Boards to be in place.
- ii. The Boards covered a wide catchment area.
- iii. The public were represented on the Boards.
- iv. A Multi Agency Safeguarding Hub (MASH) had been established.
- v. The MASH triaged all referrals for immediate decisions on further action.
- vi. This had been useful as it screened out those referrals that were requests for service rather than safeguarding concerns.
- vii. Self-neglect was now recognised as a safeguarding concern.
- viii. Partnership work with Peterborough was on-going to improve cross-boundary working.

Frances Swann gave an update of safeguarding from the City Council's perspective.

Adults:

- i. The safeguarding policy had been updated.

- ii. There were two lead officers and designated safeguarding leads in all teams.
- iii. There had been 240 adult referrals in the last two years.
- iv. Triage had improved the referral process.
- v. There were some concerns regarding communication with the MASH.
- vi. Staff training, awareness and procurement policies were important elements of the strategy.
- vii. Prevention work had been highlighted as a way to address the rise in cases of self-neglect.
- viii. Financial abuse of older people continues to be an issue of concern.

Children:

- i. Lessons had be learnt from the Miles Bradbury Case.
- ii. The MASH received 70 to 80 referrals a month regarding children
- iii. Up to 70 percent of those referrals were not safeguarding. However, this was preferable to cases being missed.
- iv. The MASH received referrals from the emergency services and these help to establish patterns of behaviour.

The Partnership agreed that the joined up service was to be welcomed.

Councillor Moore suggested that self-neglect and social isolation led to poor health and should be addressed. Helen Mitchell said that this had been harder to address as there was no 'abuser' for services to pursue.

16/25/CLHP Public Health Reference Group

Carrie Holbrook, Senior Sports Development Officer, Cambridge City Council, outlined the City Council's present local Sports and Activity Action Plan and outlined the joint "Community Led Physical Activity Proposals" initiated by the Public Health Reference Group.

She outlined the following activities and priorities:

- i. Informal sports activities had a high uptake.
- ii. Training of local sports leaders was on-going.
- iii. Some doctors' surgeries in the north of Cambridge were able to refer people to a free twelve week exercise programme.
- iv. Promoting better use of open space such as 3,2,1 running routes.
- v. Looking to introduce activities targeted at girls.
- vi. Promoting family activities.
- vii. Would be targeting younger age groups in the near future.

In response to questions Carrie Holbrook stated that:

- i. There was currently not the infrastructure in place to support popular 'Park Run' events in Cambridge. There was a possibility that these could be offered in the future in partnership with Cambridge University. Impact on wildlife would be closely monitored.
- ii. Funding restrictions currently limit some activities to specific wards (Arbury and Abbey). However, it was hoped that these would be delivered to a wider area in the future.
- iii. Walking Champions, Walk to School Buses and other partnership opportunities could be part of the next round of funded activities.
- iv. Funding streams dictate what services could be offered in future and alternative funding sources such as the anti-poverty funding would be investigated.
- v. Disabled sports activities were previously provided in-house but were now offered through sports clubs.

16/26/CLHP Update on the Health and Wellbeing Board

Adrian Lyne, Policy and Projects Officer at Cambridgeshire County Council, provided an update on the work of the Health and Wellbeing Board and gave an outline of items due to be discussed at its next meeting on 15 September 2016.

Items on the agenda for the next meeting included: Sustainability and Transport, Better Care Funding and an overview of other Health and Wellbeing Board workstreams.

16/27/CLHP Cambridge Citizen's Advice Bureau Advice Outreach

Sally Salisbury, Deputy CEO of Cambridge CAB, provided a progress report for the Cambridge CAB Advice Outreach project, including the extension of the project to other local health centres.

She stated that the project had been very successful. Those who received advice from the trained CAB advisor had reported a one third drop in the need to see their doctor. Over 40 individuals had been referred to alternative services. Service users had reported reduced stress levels. The project was now being extended to further GP surgeries. A service for the Arbury area, to be delivered at the Meadows Centre, was under development. A similar project would also be offered in Trumpington Pavillion in the near future. It was hoped that services would eventually cover the City, however, funding remained uncertain.

16/28/CLHP Next Meeting of the Partnership

The meeting ended at 1.45 pm

CHAIR