



To: Executive Councillor for Community Development and Health: Councillor Mike Pitt

Report by: JAS LALLY

Relevant scrutiny committee: Community Services Scrutiny Committee 28/6/2012

Wards affected: All Wards

DEVELOPING A LOCAL HEALTH PARTNERSHIP FOR CAMBRIDGE AND CONTRIBUTING TO THE CAMBRIDGESHIRE HEALTH AND WELL-BEING STRATEGY

Not a Key Decision

1. Executive summary

- 1.1 Members of Community Services Scrutiny Committee were provided on 12 January 2012 with a paper outlining the developing Cambridgeshire Shadow Health and Wellbeing Board, other local commissioning arrangements and the emerging Cambridge Local Health Partnership. These were being put in place in response to the Health and Social Care Act 2012 (“the Act”) and form a part of the wider reforms to the NHS.
- 1.2 This report shows the progress with the establishment of these local bodies and sets out some of the Council’s own contributions to improving health in Cambridge. It also highlights the consultation about the draft Health and Wellbeing Strategy for Cambridgeshire, prepared by Cambridgeshire’s Shadow Health and Wellbeing Board, which will guide local commissioning decisions in the future, and invites members to consider what the priorities for Cambridge should be, taking into account the evidence provided by the Joint Strategic Needs Assessment, and to support the preparation of the Council’s own response, informed by the views of the Cambridge Local Health Partnership and others.

2. Recommendations

The Executive Councillor is recommended:

- 2.1 To note the findings of the JSNA, Phase 6, Summary Report 2012 (3.6).
- 2.2 To agree to prepare and return a Council response to the draft Health and Wellbeing Strategy, during its consultation period, and for the Executive Councillor to sign this off, after consultation with the opposition spokesperson (3.10).
- 2.3 To agree a terms of reference to guide the Cambridge Local Health Partnership (3.15).

3. Background

Cambridgeshire's Shadow Health and Wellbeing Board

- 3.1 Cambridgeshire's Shadow Health and Wellbeing Board ("the Shadow Board") met for the first time on 14 October 2011 and since met a further three times. The target date for the Shadow Board to become a statutory body is 1 April 2013. The Shadow Board will:
 - Prepare a Joint Health and Wellbeing Strategy for Cambridgeshire based on an "enriched" and "inclusive" **Joint Strategic Needs Assessment (JSNA)** of the wider health and wellbeing needs of the people of Cambridgeshire
 - Promote joint commissioning and integrated provision between health, public health and social care
 - Consider local Clinical Commissioning Groups commissioning plans and ensure they are in line with the Joint Health and Wellbeing Strategy
 - Carry out a duty to involve users and the public in commissioning decisions

Commissioning Groups and Commissioning Plans

- 3.2 At about the same time as the Shadow Board was being set up a Commissioning Senate of GPs was established for Cambridgeshire. Since then a shadow Clinical Commissioning Group (CCG) has been established across both Cambridgeshire and Peterborough. This is a sub-committee of the Cambridgeshire and Peterborough Cluster PCT Board. It has assumed delegated responsibility for leading the

commissioning of the majority of NHS services and it will take decisions that cannot be taken appropriately at locality commissioning level. The Cluster PCT Board retains oversight of commissioning and statutory accountability until April 2013 when the statutory function should transfer to the CCG. Every GP practice will have to be a member of a CCG.

- 3.3 Local Commissioning Groups (LCGs) are smaller groups of GP practices with a focus on more local issues than the CCG. There will be 8 LCGs within the Cambridgeshire and Peterborough CCG. CATCH is the largest LCG and covers parts of Cambridge and South Cambridgeshire. It comprises of 28 practices with a patient population of 217,783. The other LCG that covers parts of Cambridge City (including practices in the north and north east) is Cam Health, which comprises of 9 practices with a patient population of 83,215.
- 3.4 A briefing was held a few months ago about the emerging Local Commissioning Plans of the LCGs covering Cambridge and their local priorities. Since then, Local Commissioning Group plans have been substantially refined and reviewed. Further briefings are being arranged in order to ensure that there is a good degree of understanding of the development of clinical commissioning. Where relevant, the LCG plans complement and echo the priorities in the draft Health and Wellbeing Strategy and will be informed by the needs outlined in the Joint Strategic Needs Assessment, together with other locally identified priorities.

Joint Strategic Needs Assessment

- 3.5 The Shadow Health and Wellbeing Board has already discussed the Cambridgeshire JSNA work to date, which identifies the following issues for Cambridgeshire:
- Focussing on a positive start in life for children
 - Planning for the significant forecast growth in the number of older people
 - Recognising the major impact on health of common lifestyle behaviours
 - Promoting individual and community resilience and mental health, including mitigating the effects of economic downturn
 - Addressing inequalities, and the health needs of marginalised or vulnerable groups in the county.
- 3.6 For Cambridge the JSNA, Phase 6 Summary Report 2012, finds the health of the Cambridge population to be generally similar to, or better than the England average. This Summary Report is attached as

Appendix 1. The views of members are sought on whether the following issues, identified in the JSNA, are important for Cambridge:

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

3.7 NHS Cambridgeshire Public Health Information Team provided a more specific briefing about demographic information and health priorities for Cambridge for the seminar held on Dec 11th 2011 (see 3.13). The briefing draws from data in the JSNA and also the district profile produced by the Department of Health. (An updated district profile is due to be published by DH on 26 June 2012). To a large extent this paper reflects the issues identified in 3.6 above. Other points that it draws out for Cambridge are:

- Cambridge City has the highest concentration of the working age population (16-64 years) at 73% of its total population compared to 65% on average in Cambridgeshire
- There is a noticeably higher proportion of people aged 15-34 years due to the large student population
- In terms of ethnicity, Cambridge City is the most diverse district in Cambridgeshire with 7.2% of people in the 'Other White' group compared with 4.2% in Cambridgeshire and 3.1% in the 'Chinese or Other Ethnic group' compared with 1.1% in Cambridgeshire
- While life expectancy for men and women in Cambridge has improved, the rate of increase has not been as that seen in either England or in Cambridgeshire as a whole. Reasons for this are being explored by examining the mortality experience of both men and women in more detail but to date, reasons for this remain unclear.
- In terms of income deprivation affecting children, Cambridge is the most deprived district in Cambridgeshire and is in the second most deprived quintile nationally. In 8 wards in Abbey, East Chesterton and Kings Hedges, more than 40% of children aged 0-15 years live in families in receipt of benefits.

Consultation about a draft Health and Wellbeing Strategy for Cambridgeshire

3.8 The timeline for the production of Health and Wellbeing Strategy for Cambridgeshire has been agreed. It involves:

- The finalisation of the JSNA Phase 6 Summary Report – this was approved at the Shadow Board meeting on 11 April 2012
- A planned stakeholder event later in May to discuss priorities with Local Health Partnerships and the wider Health and Wellbeing Network – this took place on 2 May 2012
- A draft Joint Health and Wellbeing Strategy approved for consultation at a special meeting of the Shadow Board on 18 June – this should be released on 18 June
- A 90 day public consultation period for the Strategy, running from 18 June to 17 September 2012
- The final approval of the final Strategy at the October Shadow Board meeting.

3.9 At the time of writing this report the consultation draft of the Joint Health and Wellbeing Strategy is not available. Its framework is expected to set out the purpose of the strategy – to allow readers to make an informed comment on the proposed themes and priorities for the final strategy – what it is thought that the needs of people in Cambridgeshire presently are and how new ways of working could lead to the outcomes that are sought – the improvement in health of Cambridgeshire’s population. As the release date of the draft is the same day as the publication of the Community Services agenda, members of the committee will receive a copy of the document with their agenda.

Making our response

3.10 It will be important that the Council and its local partners and others with a stake in the health and wellbeing of the population – probably all sections of the population - contribute their views about the evidence presented and the priorities selected, based on their knowledge of the different communities in Cambridge. The document is important because it will provide guidance for local commissioning decisions. The main duty to consult, however, rests with the Shadow Health and Wellbeing Board.

3.11 The Council provides a range of services that contribute to improving the health of local people. Highlighting our services to commissioners is a key task as our work with vulnerable communities, especially those living on low incomes, is often preventative and “upstream” and

can be lost when there is an emphasis on acute and reactive care. Some of our contributing services are shown in **Appendix 2**. The Council has the opportunity to shape the document through the Cambridge Local Health Partnership.

Cambridge Local Health Partnership

- 3.12 The Shadow Board sees itself as being the centre of a wider network of local stakeholder “hubs” across Cambridgeshire. These “hubs” will be the **Local Health Partnerships**, which will build on the former local Improving Health Partnerships and be based on each of the five district council boundaries.
- 3.13 The Council arranged a seminar at the end of last year to bring our services to the attention of Local GP Commissioning Groups, to raise awareness of what we contribute towards improving health and to gain a shared understanding of how we could forge a new Local Health Partnership for Cambridge. The good news was that local GP’s recognised the contribution our services make to improving the health of the local population and wanted to work closely with us. There was a stated preference at the seminar to form a reasonably small Local Health Partnership that could focus on a few local priorities, where it could make a difference.
- 3.14 Informal meetings have taken place (23 January 2012 and 11 June), involving representatives from the local GP Commissioning Groups, Public Health, the local community and voluntary sector and the Council to discuss how the Cambridge Health Partnership should be constituted, what its purpose should be, who should be involved and what might form the basis of its early work.
- 3.15 Draft terms of reference for the partnership have been produced and these are presented in **Appendix 3**. The Cambridge Local Health Partnership has yet to hold a formal meeting. It is likely that the first meeting will involve exploring the priorities in the Local Commissioning Groups’ Commissioning Plans and start to identify where joint action could be taken across Council services and with others to bring about improvements. The intention is to set up a small number of task and finish groups to progress some very focused actions and to oversee the delivery of projects that utilise existing services, perhaps delivered in a different way.
- 3.16 It is expected that the Cambridge Local Health Partnership will provide a joint view about the public health priorities for Cambridge, in response to the draft Health and Wellbeing Strategy provided for consultation. This will be incorporated into the Council’s response.

4. Implications

(a) Financial Implications

The Health and Wellbeing Strategy will help guide the commissioning of local health and social care services, including those improving public health. The Council has the opportunity through the Local Health Partnership to work more collaboratively and in focused way to achieve better outcomes.

(b) Staffing Implications (if not covered in Consultations Section)

No staffing implications.

(c) Equal Opportunities Implications

The Council can, as part of its response to the draft Health and Wellbeing Strategy, draw attention to the needs of vulnerable groups of people living in Cambridge. Cambridgeshire County Council, as the lead body, will have the duty to prepare an Equality Impact Assessment.

(d) Environmental Implications

It is likely that the bodies delivering services, initially, will be using the same assets, perhaps deployed in different ways.

- Nil: to indicate that the proposal has no climate change impact.

(e) Consultation

The Council will be looking to encourage the groups it has contact with to respond to the consultation about the draft Health and Wellbeing Strategy.

(f) Community Safety

Some of the priority areas in the draft strategy are likely to be centred on preventing violence within family settings, especially harm to children. The Cambridge Community Safety Partnership will be invited to contribute towards the Council's response to the consultation draft of the Health and Wellbeing Strategy and to link to the new partnership.

5. Background papers

These background papers were used in the preparation of this report:

Reports to the Shadow Cambridgeshire Health and Wellbeing Board can be found here:

<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Committee.aspx?committeeID=55>

The Cambridgeshire JSNA reports can be found here:

www.cambridgeshirejsna.org.uk

National Health profiles for Cambridgeshire Districts can be found here:

<http://www.cambridgeshirejsna.org.uk/other-assessments/cambshealthprofiles>

and Cambridgeshire County Council's District reports at:

<http://www.cambridgeshirejsna.org.uk/other-assessments/cambridgeshire-districtdemographic-reports>

Information reports for GP led Local Commissioning Groups were produced as part of the JSNA Phase 5 and can be found on the JSNA website at:

<http://www.cambridgeshirejsna.org.uk/healthprofiles>

A guide to the Health and Social Care Act 2012 can be found here:

<http://www.dh.gov.uk/health/2012/03/royalassent/>

Briefing prepared for Cambridge City Seminar – NHS and Local Government Working Together December 2011 produced by NHS

Cambridgeshire Public Health Information Team, November 2011 phi-team@cambridgeshire.nhs.uk

6. Appendices

1. JSNA, Phase 6 Summary Report 2012
2. Table showing Council services that contribute to improving health in Cambridge
3. Paper showing proposed Terms of Reference for the Cambridge Local Health Partnership

7. Inspection of papers

To inspect the background papers or if you have a query on the report please contact:

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