

**CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

3 July 2012  
12.00 - 1.35 pm

**Present:**

Mike Hay (Head of Quality and Transformation, Cambridgeshire County Council, Adult Social Care),  
Fay Haffenden (Consultant in Public Health),  
Rachel Harrison (Manager Camhealth Local Commissioning Group),  
Rachel Harmer (GP Cam Health),  
Antoinette Jackson (Chief Executive, Cambridge City Council),  
Jas Lally (Head of Refuse and Environment, Cambridge City Council),  
Geraldine Linehan (GP, NHSC),  
Mike Pitt (Executive Councillor, Cambridge City Council),  
Jez Reeve (Chief Executive, Cambridge Council for Voluntary Services),  
Graham Saint (Strategy Officer, Cambridge City Council)  
Wendy Quarry (JSNA Programme Manager, Cambridgeshire County Council),

**1 Election of Chair and Vice Chair**

Councillor Pitt volunteered to be Chair and this was seconded by Jez Reeve.

The partnership felt that the Vice Chair should come from the health sector. However, none of those present felt able to commit to this role and the present time. This would be reviewed at the next meeting.

**Resolved** (unanimously) that Councillor Pitt be Chair and Jas Lally be acting Vice Chair of the Cambridge Local Health Partnership.

**2 Apologies for Absence**

Apologies were received from Inger O'Meara Dr Liz Robin and County Councillor Paul Sales.

**3 Noting Terms of Reference**

The Partnership noted the Terms of Reference.

**4 Public Questions**

There were no public questions.

## **5 Shadow Health and Wellbeing Board Update - Feedback and forward look to next meeting on 11 July and beyond (Liz Robin)**

The partnership noted the Shadow Health and Wellbeing Board Forward Agenda Plan. It was agreed that all members would be linked into progress reports on the formation of Local Health Partnership. Jas Lally would arrange this.

**Action: Jas Lally**

The partnership discussed stakeholder consultations. Jas Lally would contact Tom Dutton to agree a way forward.

**Action: Jas Lally**

Papers from the Clinical Commissioning Group would be circulated with future agendas. Geraldine Linehan agreed to contact Tom Dutton and request that he produce an update document to this Partnership.

**Action: Geraldine Linehan**

The Partnership noted that the following items had been deferred: Victim and Offender Joint Health Needs Assessments and Safer Homes Scheme.

## **6 Draft Health and Wellbeing Strategy for Consultation**

The partnership noted that the consultation process on the Draft Cambridgeshire Health and Wellbeing Strategy 2012-17 had begun. The detailed information and broad ranging strategy was praised. Councillor Pitt suggested that the partnership formed a sub group to agree a formal response to the consultation. The following were agreed as sub group members: Jas Lally, Geraldine Linehan, Mike Hay, Rachel Harmer, Inger O'Meara and Jez Reeve (who would consult city voluntary groups and feed back to the sub group).

Jas Lally would arrange the sub group meeting. First thought on the consultation documents to be sent to him by the 27<sup>th</sup> July 2012. These would be collated and circulated.

**Action: Jas Lally**

The Partnership expressed the following initial views on the Draft Strategy:

- i. Key items were thought to be:
  - Supporting older people to healthy and well;
  - Adding value to existing services by better co-ordination; and
  - 'Doing things differently'.
- ii. City priorities were agreed to be:
  - Person centred approaches;
  - Flexibility;
  - Clarity on what resources were available in the community;
  - Gathering and sharing information; and
  - The inclusion of mental health.

Networks were agreed to be key to new ways of working and this was to be highlighted in the consultation responses. The sub group were asked to work on a response to section 4.3 of the consultation to improve the prominence given to partnership working. It was agreed that a city based sub group could add value. The September meeting would finalise the responses drafted by the sub group.

## **7                    Headline local priorities for partners**

Geraldine Linehan introduced the Clinical Commissioning – Areas of Focus for 2012-13 report and outlined the progress made on key issues. She clarified that the objective was to find out what people wanted and to agree the best way of delivering that. She stated that delivering what people wanted could deliver better care and need not cost more. For example: improved end of life care could avoid costly hospital admissions and provide more dignity for the dying.

Lessons could be learnt from other areas and it was hoped that a successful scheme, operating elsewhere, of rapid mental health assessment in accident and emergency departments could be implemented locally. Early intervention in this area had reduced repeat admissions and avoided escalating care needs.

Jas Lally outlined the linkages between the services provided by Cambridge City Council and the health strategy. Issues such as, housing, air quality, water pollution, community safety and many others, contributed to the wellbeing of local residents.

The Partnership considered ways to improve connectivity and build networks. Using Area Committees, the Tenant Sounding Board and resident surveys to access public opinions on health were considered. Antoinette Jackson recalled a piece of work, some years ago, which had approached a group of residents using a blank page approach and asking what they wanted to discuss. Health had been a key issue. It was suggested that GP's would welcome closer links with housing organisations and that patient care suffered as health staff did not know who to talk to in housing. Jas Lally agreed to produce a contact list of key housing personnel.

**Action: Jas Lally**

The Partnership agreed that the two key priorities were:

- i. Improving communication, including sharing consultations and sharing contact lists.
- ii. Personalising the care agenda.

The group felt that web information was available but was currently in multiple locations and was not reaching the target audience. New approaches were discussed such as piggy backing on to other events or using real issues in a case study approach to build a richer picture the current situation. South Cambs had employed communication navigators to good affect.

It was agreed that a snapshot of issues raised in an average day in a GP's surgery would be brought to this partnership to assess how much impact could be made using a network approach. Representatives of City Homes, Social Care Groups and Independent Living Services could also be invited.

**Action: Jas Lally**

The North Area Committee of the 26<sup>th</sup> July 2012 would be discussing health issues and feedback from that meeting would be reported to the next meeting.

## **8 Setting future dates - update on Modern.Gov**

The Partnership agreed that finding dates that would suit everyone might not be possible. Provisional dates would be circulated for the remainder of the municipal year and would be agreed at the September meeting.

A library of background papers would be established using the Modern Gov system. Partnership members would be notified when anything new was added. Report to be added to the library to be sent to Jas Lally.

Agenda items would include:

- i. Community Navigators
- ii. The Aging Well Report (Mike Hay)
- iii. Update on the Health and Wellbeing Board Strategy (Liz Robin)
- iv. Feedback from the Sub-Group
- v. Case Studies

The meeting ended at 1.35 pm

**CHAIR**