CAMBRIDGE LOCAL HEALTH PARTNERSHIP 7 February 2013
12.00 - 1.35 pm

Present:

Antoinette Jackson (Chief Executive, Cambridge City Council),
Mark Freeman (Cambridge Council for Voluntary Services),
Rachel Harmer (GP Cam Health),
Carina O'Reilly (Councillor, Cambridge City Council),
Inger O'Meara (Health Improvement Specialist, Cambridgeshire NHS),
Mike Pitt (Executive Councillor, Cambridge City Council),
Catherine Smart (Executive Councillor, Cambridge City Council),
Liz Robin (Director of Public Health, Cambridgeshire County Council),
Graham Saint (Strategy Officer, Cambridge City Council),
Sandie Smith (Cambridgeshire County Council),
Toni Birkin (Committee Manager, Cambridge City Council).

Also Present: Ruth Roger, Healthwatch.

FOR THE INFORMATION OF THE COUNCIL

13/1/CLHP Apologies

Apologies were received from Tom Dutton, Jas Lally, County Councillor Paul Sales and Mike Hay.

13/2/CLHP Public Questions

Michael Cahn, Cambridge Cycling Campaign

Mr Cahn addressed the partnership and made the following comments:

- Cambridge Cycling Campaign would like to work with the Partnership to encourage active transport as a healthy option.
- Cambridge Cycling Campaign were planning a study trip to Germany to see how cycling is encouraged there; members of the Partnership were invited to join them on this trip.

- Improved infrastructure, such as the Chisholm Trail, providing safe cycle paths, away from traffic, would encourage healthy lifestyle choices.
- The images of cycling need to be turned around from that of a dangerous activity to a healthy choice.

The Partnership thanked Mr Cahn for his questions. The Chair said that the Partnership also wanted to improve the health of people in Cambridge and agreed that more people cycling would increase the proportion of physically active people here. The Partnership was presently looking at developing a few local actions that would bring about the biggest local health gains and contribute to Cambridgeshire's Health and Wellbeing Strategy. When it had got to the point where the Partnership had selected its priorities, based on evidence in the local health profiles, the Chair said it would look to involve wider partners to help deliver local actions. At present the Partnership is looking at housing and health issues.

13/3/CLHP Minutes and Matters Arising

The minutes of the meeting of the 29th November 2013 were agreed subject to the following minor correction:

> 12/22 CLHP Paragraph two, first sentence amended to read:
> The Partnership welcomed the inclusion of mental health as a high priority.

Matter arising:

a. Housing and Health Workshop.

- A draft shared Medical Information Form had been circulated for comment.
- It was agreed that presentations to a future GP governance day would also include a briefing on the under occupancy deductions (bedroom tax) as there were fears that GP caseloads would increase as patients look for GP to support their claims for exemptions.

b. Mental Health Reviews and Commissioning

- The update on Mental Health reviews was noted.
- The Partnership requested a briefing note on the commissioning responsibilities of the County Council. Concerns were raised that the whole person approach might be lost as commissioning of services was compartmentalised. For example: ensuring continuity at the transition point from young person to adult services.

13/4/CLHP Update on the work of the Shadow Health and Wellbeing Board (SHWB)

Liz Robin updated the Partnership on the progress of the Shadow Health and Wellbeing Board. The Board was in a period of transition and would become a statutory body on 1 April 2013.

Liz Robin stated that getting the communication between stakeholders right would be a key issue, post April. Mark said that whilst there had been good engagement with the consultation about the draft strategy, the Board should look to improve its general communication with its stakeholder network. After discussion it was felt that, whilst Cambridge Local Health Partnership was fortunate in having Liz Robin as it's link with the Board, the role of Board representative should be more clearly defined, with the expectation that the views of the local partnership be fed back into the Board by the representative. Liz Robin agreed to bring this view to the attention of the Board and said that the Officer Support Group was presently preparing draft responsibilities for Board representatives which would be considered in the near future.

Liz Robin also reported that the allocation of additional non-voting places on the Board for local authority representatives had been recently considered but rejected for the time being. Councillor Smart felt that the Board should first look to make its existing arrangements work rather than tamper with them at this early stage. Liz Robin said that Councillor Sue Ellington (South Cambs.) presently represented the district councils within the Board and was advised by a forum of district councillors.

Antoinette Jackson stated that the Partnership should set out its key messages to the Board in its minutes. To foster better communication it was suggested that the key messages should form part of a standing item in Health and Wellbeing Board's agenda. The Partnership agreed to set out its messages in this way.

Messages to Cambridgeshire Health and Wellbeing Board

The Board is asked to clarify the role of the Board representatives within the Cambridge Local Partnership to help better define how information is passed between the two bodies.

13/5/CLHP Update on Clinical Commissioning Plans

Liz Robin gave an update on the work to-date of the Clinical Commissioning Group (CLG), setting out some of its priority areas and outlining a short-list of potential indicators that had been offered for discussion.

Liz Robin said that the CLG priorities included:

1. Improving services for frail older people
2. Improving care for those at the end of their life
3. Improving care for those with coronary heart disease.

The Chair felt that the focus of the priorities did not reflect the needs of the City of Cambridge as identified by the strategic needs assessment and that mental health and alcohol abuse issues that were prevalent in Cambridge at other life stages should have been picked up.

Liz Robin outlined the local outcome indicators that the CLG had short-listed for discussion. These included

1. Emergency readmission
2. Maternal smoking at delivery
3. Dementia diagnosis rates
4. Antenatal assessment
5. Primary prevention of cardiovascular disease

Liz Robin stated that the final decision had not yet been made and there was time for the Partnership to submit comments and suggestions. The Chair asked if there was any evidence available that showed the extent of the problem within Cambridge. Liz Robin said that the data was based on hospital admissions and did not show a geographical distribution. However, she suggested that there were links deprivation, with more highly deprived areas having more problems.

The Partnership discussed the merit of widening the priorities so that they could pick up some of the wider determinants of health.
Liz Robin reminded the Partnership that there were financial rewards attached to achieving measurable results for the indicators and that is partly why they are so specific. If the priorities were too broad outcomes could not be clearly demonstrated, and therefore there would be no financial reward.

The Partnership agreed the initial comments below and would ask Nigel Smith, who will be giving a fuller presentation at the Partnership's next meeting, to

expand on the reasons why the CLG had prioritised the indicators and their relevance to Cambridge.

The Partnership agreed the following feedback on the indicators:

i. ‘Maternal smoking at delivery’ to be opened out to include all aspects of antenatal and postnatal provision. In particular a preference was given for access to services in the first three months as a measure above smoking at delivery.
ii. Primary prevention of cardiovascular disease should also consider the related risk factors of alcohol misuse.
iii. The Partnership would like their disappointment that mental health and dementia are not included in the indicators to be noted and to request that these are considered next year.

13/6/CLHP Preparation of the Health and Wellbeing Action Plan

The Partnership received an update on progress made to date on Cambridgeshire’s Health and Wellbeing Action Plan.

Liz Robin stated that there would be two stakeholder events to help develop the detail of the second year of the action plan, as the first year actions would be implemented shortly. The first, on the 15th February, would be for small group of key stakeholders (Jas Lally would be representing the Partnership). A second strategic stakeholder event would follow in July, which would be open to a wider audience.

A workshop was proposed with the aim of firming-up the Partnership’s priorities and identifying actions that can be taken forward. The Partnership to convene a small working group to plan the workshop and that this would be circulated by email to members for “sign-off”. Sandie Smith and Inger O’Meara volunteered to be a part of the working group. Jas Lally was nominated from the City Council.

13/7/CLHP Development of Healthwatch Cambridgeshire

The Partnership received a presentation from Ruth Roger, Chair of Healthwatch Cambridgeshire as detailed in the agenda. Ruth Roger was new to her post and the full team had not yet been recruited.

Ruth Roger said that Healthwatch Cambridgeshire would be going live on 1 April and would be the successor to Cambridgeshire LINks, although it will have a different role in representing the service users voice and would not be picking up the Patient Advice and Liaison Services work initially. LINks had left an excellent legacy. Healthwatch would mainly be looking to use social media to make contact with service users, alongside existing networks for user engagement. The Healthwatch England website was up and running and local website will follow shortly. Ruth Roger appreciated that some older people could have difficulty accessing these media and would also try to be open to different approaches with this group of people. Ruth Roger felt that it was essential that people running health services should look beyond their statistics and listen to patients and carers, especially when they say there is a problem.

Healthwatch England would be working closely with the Care Quality Commission. Volunteers would be used to carry out local inspections and the boundaries to this were presently being explored. Ruth Roger said that she wanted to make contact with all sections of the local community and acknowledge the diversity of Cambridge's communities. Antoinette Jackson said that she would arrange for Cambridge City Council's Diversity Forum to meet with her to discuss local issues.

The Chair extended an invitation to Ruth Roger, or a member of her team, to join the Partnership. Ruth Roger thanked the Chair for this offer but said that she was anxious for her team not to be spread too thinly at this point but would value keeping in touch with the Partnership and having the opportunity to attend in the future.

13/8/CLHP Forward Plan

Public Speaker Michael Cahn

Michael Cahn asked if he could give a presentation to the next Partnership meeting about active transport. After discussion, it was agreed that Michael Cahn would send some detail about what he would cover and the Chair would then decide if this falls within the Partnership's current aims, in consultation with partners.

Sandie Smith would circulate a briefing note on falls prevention and the Partnership may wish to look at this in the future.

The planned workshop would define the focus of the Partnership and offer guidance on future presentations they may wish to consider.

13/9/CLHP Date of Next Meeting

The next meeting will be on 18th April 2013.

The meeting ended at 1.35 pm

CHAIR