

**CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

25 July 2013  
12.00 - 1.30 pm

**Present:**

Mark Freeman: Cambridge Council for Voluntary Services,  
Inger O'Meara: Senior Health Improvement Specialist, Cambridgeshire NHS,  
Councillor Sarah Brown: Executive Councillor for Community Wellbeing,  
Cambridge City Council,  
Councillor Catherine Smart (Executive Councillor for Housing, Cambridge City Council,  
Councillor Zoe Moghadas,  
County Councillor Joan Whitehead,  
Dr Liz Robin: Director of Public Health, Cambridgeshire County Council,  
Graham Saint: Strategy Officer, Cambridge City Council,  
Tom Dutton: Strategic Lead for Cambridgeshire Association to Commission Health,  
Jas Lally: Head of Refuse and Environment, Cambridge City Council,  
Alan Carter: Head of Strategic Housing,  
Helen Reed: Housing Strategy Manager,  
Geraldine Linehan: GP Representative of CATCH  
Wendy Quarry: JSNA Programme Manager  
Frances Swann: Manager, Temporary Housing and Housing Support  
Nigel Smith: Local Chief Officer for Cambridgeshire Association to Commission Health,  
Sandie Smith: Chief Executive, HealthWatch Cambridgeshire.

**FOR THE INFORMATION OF THE COUNCIL**

**13/19/CLHP Apologies**

Antoinette Jackson and Rachel Harmer.

**13/20/CLHP Election of Chair and Vice-Chair**

Cllr. Sarah Brown was elected as Chair. Cllr. Zoe Moghadas was elected as Vice Chair.

**13/21/CLHP Extension of the Partnership**

It was agreed that Elizabeth Locke, representing the local branch of HealthWatch, be provided with membership of the Partnership.

**13/22/CLHP      Public Questions (See Below)**

1. Kathryn Lawrence drew the attention of members to the health and social benefits that her programme of tailored dance activities could bring to vulnerable and elderly patients and that there was evidence she could provide to support this. Geraldine Linehan asked if this evidence could be sent to her at CATCH. It would then be assessed by the Group's lead for musculoskeletal care.
2. Richard Hoffman outlined the benefits of the adoption of the Mediterranean Diet, especially if used as part of follow-up treatments arising from Health Checks. A web-based tool was being developed to help tailor interventions to meet an individual's needs and monitor progress. Liz Robin said that Public Health were responsible for commissioning Health Checks, although treatment was a matter for local GPs. Richard was welcome to send further information to the Public Health team.

**13/23/CLHP      Minutes and Matters Arising**

The minutes were approved and progress updates noted.

**13/24/CLHP      Clinical Commissioning Plans for the Care of Older People**

Nigel Smith, Local Chief Officer for Cambridgeshire Association to Commission Health, gave a presentation about the developing clinical commissioning plans for elderly people. Nigel said that organisations had been invited to put forward propositions to deliver combined services with the aim of these services working towards the same outcomes. It had been recognised that Cambridge was a distinctly separate system within Cambridgeshire but the same premise of looking to put in place early interventions was going to be applied. It was expected that pre-qualification questionnaires would be sent to credible bidders shortly and time would be spent in working with them to get the right specifications.

Cllr. Catherine Smart felt that there was a danger that elderly people could be seen as a burden in any discussions about social care budgets, when in fact a large number had the energy and rigour to contribute positively to the local community. It seemed unclear where Sheltered Housing Schemes and other related housing services, which played a vital role in supporting older people to

continue to live in the community, rested within the procurement process. Nigel said that he would clarify this but thought that Arnold Fertig, lead commissioner, would be looking to align housing providers within the approach taken. It was emphasised that the provision of appropriate housing had a long lead-in and that this must be taken into account when specifying local housing support services and thinking about their viability.

Cllr. Joan Whitehead said that nursing homes played an important role in “filling the gaps”, allowing people to be placed and discharged earlier. It seemed that this sector and other independent care providers were struggling in Cambridge because of difficulties in recruiting staff (very often on low pay) in a City with such a high cost of living. It was uncertain how any procurement plan could address this.

### **13/25/CLHP      Update on the Work of The Health and Wellbeing Board (HWB)**

Liz Robin said that the Board had been enlarged and now incorporated representatives from each district council. Cllr. Tony Orgee had been appointed Chair and Sue Ellington Vice Chair. Appropriate representation within the Board from the voluntary and community sector, which reflected its diversity, was still being discussed.

The Board meeting on 11 July discussed progress with the county-wide Community Navigator project - it had been noted that Cambridge had a strong network – and the future work programme of the JSNA. It had been agreed that an early start would be made on the primary prevention for older people and older people’s mental health topics.

The Board also received a presentation about the CCG’s prospectus where it was noted that children’s mental health seemed to be an issue.

Reference was also made to the HWB’s earlier networking event, held in Girton, where the Police Commissioner described some of the areas for joint working between his office and the HWB’s network. One area of concern was the high number of women, recently released from prison, that went on to self-harm after their release.

### **13/26/CLHP      Messages for Cambridge from Recent Joint Strategic Needs Assessment Topics**

Wendy Quarry, JSNA Programme Manager, outlined some of the health and social care issues for Cambridge revealed by the JSNA topics.

One issue that provoked discussion was the high level of hospital admissions for alcohol misuse. It was said that that alcohol misuse in the City wasn't confined to people involved with Streetlife behaviours or young people binge drinking. In Cambridge the link with deprivation and alcohol misuse wasn't as clear, as with other parts of the country. It was said that there is a prevalence of older drinkers and steady, lower level consumption, which still harmful over the longer-term, associated with middle-class groups.

### **13/27/CLHP      Forward Plan**

The Partnership said that it would like to look at, for its next meeting:

1. Whether the Partnership can add value to the work of other partnerships and agencies tackling alcohol misuse and providing treatment in the City. This will involve taking an overview of how related services are commissioned and delivered and the current initiatives for addressing local issues, including street-drinking.
2. The housing needs of people with mental health issues – do they receive the same level of services.
3. Outcomes from the present Exercise Referral Scheme run by Cambridge City Council
4. Preparations for the assessment for the need for pharmaceutical services in Cambridgeshire, which will be published by the HWB 1 April 2015.

### **13/28/CLHP      Date of Next Meeting 24 October 2013**

The meeting ended at 1.30 pm

**CHAIR**