

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

24 October 2013

12.30 - 2.35 pm

Present:

Antoinette Jackson: Chief Executive, Cambridge City Council;

Mark Freeman: Cambridge Council for Voluntary Services;

Councillor Sarah Brown: Executive Councillor for Community Wellbeing, Cambridge City Council;

Councillor Catherine Smart: Executive Councillor for Housing, Cambridge City Council;

Mike Hay;

Councillor Zoe Moghadas;

County Councillor Joan Whitehead;

Dr Liz Robin: Director of Public Health, Cambridgeshire County Council;

Elisabeth Locke, HealthWatch Cambridgeshire;

Dr Rachel Harmer;

Joseph Keegan, Alcohol Strategic Lead, Cambridgeshire Safer Communities Partnership;

Graham Saint: Strategy Officer, Cambridge City Council;

Jas Lally: Head of Refuse and Environment, Cambridge City Council,

Alan Carter: Head of Strategic Housing;

Carrie Holbrook: Sports Development Manager, Cambridge City Council

Lynda Kilkelly: Community Safety Manager, Cambridge City Council;

Des Kelly: Housing Related Support Lead, Cambridgeshire County Council;

and

David Greening: Housing Advice Service Manager, Cambridge City Council.

FOR THE INFORMATION OF THE COUNCIL**13/29/CLHP Apologies**

No apologies were recorded.

13/30/CLHP Public Questions

There were no public questions.

13/31/CLHP Minutes and Matters Arising

The minutes of the meeting of the 25th July 2013 were agreed as a correct record.

Alcohol and Street-Life issues in Cambridge

13/32/CLHP Street Life Issues

The Community Safety Manager of Cambridge City Council presented the findings of a recent review of Street-life issues. The reviewed highlighted that many problematic individuals exhibiting streetlife behaviour were often engaged by a large number of key workers, in one case as many as 11 key workers. This was thought to reflect their complex needs. However, it was becoming difficult for the Anti-social Behaviour service to intervene effectively because there was no one agency to help coordinate local interventions. It was suggested that coordination between agencies was weaker for individuals with medium levels of need, approaching crisis, rather than the group already categorised as chronically excluded. The Homelessness Implementation Strategy Group was aware of this gap and was looking at how to increase the level of support and coordination for these individuals.

The Partnership felt a great deal could be learnt from the lead agency approach used for multi-agency working with Chronically Excluded Adults and Troubled Families and that this could be extended to the group in question. The difficulty was in identifying the agency that could make this happen, for this category of people, on a case by case basis. The DAT promote the “lead agency” approach and it was thought they make it part of their service specifications.

Liz Robin agreed to seek clarification from the Drug and Alcohol Service about how lead agencies were established for their clients.

Action

Antoinette Jackson suggested that each agency involved with this client group should be approached seeking a commitment to a coordinated approach and that this could then be formalised at a later date. Mark Freeman suggested the Police and the voluntary sector should also be included in the discussions. Joseph Keegan agreed to explore what progress the Chronically Excluded Group had achieved and their methodology. He would feedback at the next meeting.

13/33/CLHP Accommodation for Single Homeless People

The Partnership received a report for the Housing Advice Service Manager of Cambridge City Council regarding availability of accommodation for single

homeless people in the City. He updated the Partnership on recent spikes in the numbers of rough sleepers and changes to hostel provision in the area. He stated that although the overall number of beds had reduced, the hostels now moved individuals on much faster, avoiding the long term occupation of a hostel space. There was evidence that showed that the longer a person stayed in a hostel the more dependent they become on the support it offered.

He stated that Cambridge City Council was a designated lead authority and was about to launch a Single Homelessness and Local Lettings Service for Cambridge and the wider sub region. The new service would also offer intensive move-on support to individuals for a limited period.

Rachel Harmer said that some clinicians had recently raised concerns about bed blocking at Jimmy's Cambridge. She stated that the number of emergency admissions from this group of people at Accident and Emergency departments had risen and that hostel beds were important for individuals in crisis and in need of a safe place to sleep. She suggested that if the reduction in the number of beds was a cost cutting move, it would simply shift the cost to other services, such as the Police. She said that Ruth Bastable at the Access Centre, as the key GP delivering services to the street-life community, was not aware of the new service being launched. The Housing Advice Service Manager apologised if Dr Bastable had not been fully informed but confirmed the Access Surgery Practice Manager had been on the mailing list for information about the new services.

The Housing Advice Service Manager said that one of the key aims of the new service will be to intervene at an early point to assist people back into mainstream housing before the homeless lifestyle became entrenched. For some this might mean support to move back to their home area, whilst for others, this might mean accepting that there were more housing opportunities in the wider sub-region beyond the City. Some members of the Partnership were concerned that this would reduce job opportunities and weaken links to informal support networks.

Partnership members reported lively discussions at a recent Sub-regional Housing Board, Health and Housing workshop, and it was suggested that the Partnership could support a similar local event. Careful scheduling would be needed to ensure that key people were able to attend. Partnership members would discuss this further outside the meeting. Alan Carter and Graham Saint would investigate the feasibility of a workshop.

Action

13/34/CLHP Alcohol Services

The Partnership received a report from the Alcohol Strategic Lead, Cambridgeshire Safer Communities Partnership Team outlining the recent preparation of specifications and re-tendering of alcohol services and how this would assist local coordination. He suggested that the contract would be awarded in November and that it was expected that the service would be in place by April of next year.

In response to a question from Rachel Harmer, it was confirmed that the contract would be closely monitored to ensure the social inclusion of service users.

13/35/CLHP Local Improving Health: Local Projects

The Partnership received a report from the Sports Development Manager of Cambridge City Council, Carrie Holbrook, regarding a new project aimed at improving participation in swimming. She also gave an update on the Cambridge Exercise Referral Scheme and Forever Active's local mobility and falls prevention work. As detailed in the report, the Officer highlighted risks to some of the services unless additional funding could be secured.

The Partnership welcomed the news that the project was seeking to promote swimming to non-swimming adults and children and the City Council was looking to expand provision through its recent leisure management contract with a provider to improve the availability of pools to schools. It was felt that the quality of instruction is important and this was something the project should take into account.

Carrie Holbrook pointed out that Exercise Referral programmes at sites outside the leisure management contract were at risk of closure because of funding uncertainties, especially those delivered from East Chesterton Sports Centre. No decision had yet been made on the extent of public health support for the programmes next year. Liz Robin said that thought would need to be given to how programmes that charged for participation could continue to be supported within the bounds of new regulations because NHS services must be free at their point of use. It was recognised that Cambridge had a good offer but there were also some issues about the equality of service provision across the County that had to be considered. The Public Health Team would clarify their position shortly.

Carrie Holbrook said that the Council would work with public health colleagues and others to resolve these issues as local people greatly benefit from the programmes. The service will shortly be preparing a draft Sport and Physical Activity strategy and would value the views of members regarding this. Carrie Holbrook would circulate draft the strategy to members for comment.

Action

The Partnership questioned how outcomes of falls prevention work carried out by the Forever Active Scheme could demonstrate results. It was suggested that there was good evidence to support the role that exercise and mobility training played in reducing falls. However, the work required to establish a direct link would be expensive. There had been a significant reduction in the number of hip fractures in 65s and over this year, although it was not understood, as yet, why this should be the case. It was said that the Sub-regional Housing Board will be looking in more depth at housing and falls in the home and would provide some guidance. Carrie Holbrook said that it was hoped that public health funding to the Forever Active Scheme would continue.

13/36/CLHP Housing Related Support (HRS) and Mental Health

The Partnership received a report from the Housing Related Support lead from Cambridgeshire County Council regarding the integration of formerly ring-fenced support services, into mainstream commissioning. The Officer explained his remit and reiterated the County Council's commitment to maintaining preventative services and to delivering coordinated services in the future.

Councillor Brown asked for clarification on the impact of consolidation of funding. The Officer confirmed that there had been some cuts to funding but that the aim was to ensure funding remained for key groups needing support.

Councillor Smart expressed her hopes that those with support needs in the community would receive a speedy response from services should they hit a crisis. She was concerned that left unsupported, both the individual and the wider community would suffer. Other members of the Partnership agreed that the links between the deteriorating mental health of individuals and an increase in their related anti-social behaviour, and consequent impacts on the quality of life of the wider community, were often underestimated.

13/37/CLHP Update On The Work Of The Health And Wellbeing Board

Councillor Brown, as the Partnerships representative on the Health and Wellbeing Board, gave the Partnership an update on the recent Board meeting. The minutes of the meeting would be published shortly. The Board had expressed its disappointment at the reduction in discretionary adult social care spending and the failure to adequately consult about the transfer of funds from the NHS to the County Council. Liz Robin apologised for the limited consultations about the transfers and said this was because of the tight timeframes.

The Partnership was informed that the next tranche of funding transfer would include Disabled Facilities Grant and Carers Support Grant. Guidance had recently been released and there would be very little time to engage with stakeholders before a response was required. A statement would be issued about the amount of funding involved.

Councillor Smart requested that the City Council's Housing Service be kept informed as the adaptation of homes, to facilitate independent living, was an important part of tenant's quality of life.

13/38/CLHP Messages From 2013 Health Profile For Cambridge

This item was deferred to the next meeting.

13/39/CLHP Forward Plan

The following issues were suggested for future meetings:

1. Presentation from Citizens Advice Bureau regarding ways of working that would allow GPs to direct people to advice services when this was more appropriate than a medical appointment. It was suggested that the debate is widened to distinguish between the sign posting provided by Community Navigators and from the role of Healthwatch as the patients representative.
2. A presentation from the Home Improvement Agency to update the Partnership on how the integrated service was performing was requested.
3. An update on Single Homelessness Service (Agenda item 4b) was requested.
4. A progress report on the Health and Wellbeing Board's Priority 6, showing how priorities for the Board were being delivered in partnership.

13/40/CLHP Date Of Next Meeting

The Committee noted the date of the next meeting: 30th January 2014 at 12.00 noon.

The meeting ended at 2.35 pm

CHAIR