

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

30 January 2014

12.00 - 1.22 pm

Present:

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

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

Mark Freeman: Cambridge Council for Voluntary Services;

Mike Hay: Cambridgeshire County Council, Adult Social Care;

County Councillor Joan Whitehead;

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

Elisabeth Locke, HealthWatch Cambridgeshire;

Graham Saint: Strategy Officer, Cambridge City Council;

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

Kate Parker: Cambridgeshire County Council, Public Health;

Rachel Talbot: Cambridge and District Citizens Advice Bureau

Tony Males: CATCH;

Toni Birkin: Committee Manager.

FOR THE INFORMATION OF THE COUNCIL

14/1/CLHP Apologies

Apologies were received from Antoinette Jackson, Rachel Harmer, Geraldine Linehan and Jez Reeve.

14/2/CLHP Public Questions

There were no public questions.

14/3/CLHP Minutes and Matters Arising

The minutes of the meeting of the 24th October 2013 were agreed as a correct record.

14/4/CLHP Presentation from Citizens Advice Bureau

The Partnership received a presentation from Rachel Talbot of the Cambridge and District Citizens Advice Bureau (CAB). Rachel was keen to promote closer

working between CAB and local GPs and referred to evidence that referrals from GPs to qualified advice givers both saved GP time and improved outcomes for individuals.

The presentation covered the following points:

- i. There was a significant distinction between sign-posting, information giving and offering qualified advice. The advice could help resolve the problem.
- ii. Debt and employment issues often caused stress and lead to poor health.
- iii. GPs were often treating the symptoms of stress and closer working with CAB could help reduce the causes of a patient's anxiety.
- iv. Derby GPs were able to 'prescribe' advice and this could provide a role model for a local pilot.
- v. Debt related issues remained the top issues that the CAB was asked to assist with.
- vi. The CAB was looking to map of advice services in Cambridge to help clarify how different providers could work together.

The Partnership made the following comments in response to the presentation:

- i. A large number of people could improve the quality of their lives by claiming the benefits they were entitled to.
- ii. GPs would find it helpful to receive direction about good practice in completing medical information to support benefit claims.
- iii. The Care and Support Bill was expected to offer new guidance on mapping what advice services are provided in any given area.
- iv. Changes to benefit claim forms, in particular those relating to children with disabilities, were noted as a problem.
- v. It would be useful to develop a local map of advice services in partnership to avoid duplicating work.

Jas Lally suggested a workshop to consider the following two issues:

Advice service mapping.

How to add clarity to the definitions of Information Services, Signposting, Advice and Advocacy.

Exploring how the Cambridge CAB could work more closely with local GPs.

This would be followed by a cascading of the lessons learnt, and if requires a follow up session between GP's and the CAB.

Action: Jas Lally to arrange workshop/s**14/5/CLHP Update from the Health and Wellbeing Board**

The Executive Councillor for Community Wellbeing updated the partnership on the recent Health and Wellbeing Board. The partnership noted the key issues from the meeting as follows:

- i. The continued failure to recognise the population growth of Cambridge and Cambridgeshire and the pressure this placed on health and social care services. This led to an inequality with other parts of the country who were receiving more resources per person.
- ii. Primary care issues, in particular, increased pressure for GP service to be available for longer.
- iii. Better Care Funding and its associated focus on prevention and keeping people away from acute and adult care services.

The Partnership agreed that a coordinated approach to lobbying central government, involving NHS England, City Councillors and County Councillors, was needed to address the financial inequalities noted above. Cambridge Ahead, a new partnership involving the Universities and leading companies in Cambridge had offered its support.

14/6/CLHP Better Care Fund

In the absence of Simon Willson, Jas Lally gave the Partnership an oral update on the progress of outlining the use of the Better Care Fund (Integration Transformation Fund) taking into account the government's guidance. A considerable amount of work had been done on this matter and 108 submissions had been received. Events were taking place which would capture ideas and help define proposals.

Timeframes were agreed to be tight as a follow up meeting of the Board to consider and evaluate initial proposals was planned for the 13th February 2014.

Liz Robins confirmed that funding conditions would include better information sharing and the need for improved access to GPs. She stated that a lot of work

was being done to pull out the key themes and to establishing a strategic overview.

Themes had been identified as:

Home;
Needing Help; and,
In Hospital.

The Partnership made the following comments:

- i. Crisis management appeared to be assuming priority over preventative work, the fund should not be used to plug any short-term gaps caused by cuts in services but look to the longer-term.
- ii. Barriers between agencies were being broken down in the process of preparing proposals.
- iii. Work would continue after this initial outline stage, with the aim of being open and inclusive about the more detailed stage to follow.
- iv. Concerns were raised that small independent service providers would not be aware that they needed to respond to the consultation and might find themselves without funding in the future because their work had not been recognised.

14/7/CLHP Progress on Outstanding Action from the Last Meeting

Action One: Liz Robin

Clarifications from Drug and Alcohol Service regarding selection of lead agency for individual client.

Liz Robin confirmed this matter had been followed up with the Drug and Alcohol Service. Their approach was to call a multi-agency meeting, often limited to one or two agencies, at which a lead agency was agreed according to the client's most pressing need. She confirmed that from April, the drug and alcohol services would be combined into a single agency.

The Partnership suggested the MEANS approach could be considered or something similar to ECINS.

The Partnership agreed that while appointing a lead agency for troubled families work was a good idea, it would be hard to establish a methodology to appoint that agency.

Graham Saint / Alan Carter

Investigate feasibility of workshop to discuss Health and Housing links.

Graham Saint reported that this suggestion had come out of a sub-regional event that some members had attended. It seemed, from discussions in the Partnership at this meeting that a smaller meeting between local housing leads and local GPs might help improve local links between housing and health.

Jas Lally agreed to arrange a meeting between local housing leads and local GPs to talk about improving local links between housing and health services.

Action: Jas Lally to arrange a meeting.

14/8/CLHP Date of Next Meeting

The partnership noted the later start time and the date of the next meeting as 1.00pm on 27th March 2014.

The meeting ended at 1.22 pm

CHAIR