

CAMBRIDGE LOCAL HEALTH PARTNERSHIP10 March 2016
11.00 am - 1.45 pm**Present:** Councillors Johnson (Chair) and Councillor Price

Cambridgeshire County Councillor Lucy Nesthingha

Kate Parker: Public Health, Cambridgeshire County Council

Liz Robin, Cambridgeshire County Council

Iain Green: Environmental Health Officer, Cambridgeshire County Council

Mark Freeman: Deputy Chief Executive, Cambridge CVVS

Graham Saint: Strategy Officers, Cambridge City Council

Yvonne O' Donnell: Environment Health Manager, Cambridge City Council

Frances Swan: Support Housing Manager, Cambridge City Council

Sharon Brown: New Neighbourhoods Development Manager, City Council

Sally Roden: Neighbourhood CD Manager, Cambridge City Council

Julian Adams: Growth Projects Officer, Cambridge City Council

Claire Tunnicliffe, Committee Manager, Cambridge City Council

FOR THE INFORMATION OF THE COUNCIL**16/45/CLHP Apologies**

Apologies were received from Antoinette Jackson, Joel Carre, Debbie Kaye, Rachel Talbot, Mark Hay and Dr Joyti Sharman.

16/46/CLHP Minutes and Matters Arising

The minutes of the meeting held on 11 February 2016 were approved as a correct record and signed by the Chair.

Kate Parker, Head of Public Health Programmes (Cambridgeshire County Council), provided an update on the termination of the CPCCG's Older People Adult Community Services contract. Members had been asked to note that Cambridgeshire County Council's Health Committee (which had the statutory duty for Health Scrutiny) would be discussing the termination of the contract with the NHS regulators that afternoon. This would be the third scrutiny meeting in this process. Minutes of that meeting would be available within due course.

16/47/CLHP Public Questions

There were no public questions.

16/48/CLHP Existing Community Development and Engagement Work to Help Prepare for and Welcome New Communities

Sally Roden, Neighbourhood Community Development Manager (Cambridge City Council), and Julian Adams, Growth Projects Officer (Cambridge City Council), gave a presentation on community development and engagement work to help people prepare for and welcome new communities, highlighting wellbeing needs that had become apparent and lessons that had been learnt from past experience.

Members were advised how important it was to bring forward community expansion early into a new development to support social cohesion. New developments needed to have a good range of open spaces and facilities. It was essential to encourage the use of cycling, walking and the use of public transport.

Community forums had been set up to cover the southern fringe of the City, the northwest quadrant and development to the East. The forums offered a platform for residents, local organisations, officers and developers to discuss the progress of a range of topics, such as construction timelines, transport, drainage, conservation and community opportunities. The forum was a way to inspire community involvement on a new development.

The role of the Community Development Officer was explained, who spent part of their time working to ensure that there was capacity in the existing community for new residents. This would allow involvement and support community engagement once the new development had been created.

The following areas of discussion took place:

- Recognition of 'new town blues' and the issue of isolation.
- Importance of Community Development Officers to engage with people as new communities was developed.
- The work of a Community Development Officer was not just directed to new developments, but also deprived areas of the City.
- Noted the importance of encouraging those in new communities to take part in the existing communities' activities to bring the two together.

- Acknowledged the successful partnership working with the Trumpington Resident Associations as outlined in the Trumpington Neighbourhood Team's last annual that had been attached to the agenda.
- Noted the funding streams available to provide sustainability to those new community groups in the longer term when S106 money had been used.
- Recognised that transport and parking were a particular issue for residents particularly in a high density area.

16/49/CLHP The New Housing Developments and the Built Environment JSNA

Iain Green, Senior Health Improvement Specialist (Cambridgeshire County Council) gave a presentation on the emerging findings in the Joint Strategic Needs Assessment (JSNA), developed through the Health and Wellbeing Board. This would look at lessons learnt from new developments, what made a successful community and what case studies could be used on a local level.

The JSNA reviewed the impact the built environment could have on the health and wellbeing of new communities', the health, care and wellbeing needs of the local population and the commissioning requirement to meet those needs. It also highlighted opportunities for future focus, developing the evidence base for the health and social care response to meet the priorities set.

The first JSNA took place in 2010 to look at Cambourne and the issues such as social cohesion, mental health and the built environment. The current JSNA had been split into five sections, demography, built environment (what makes a healthy environment), social cohesion, assets and services and the NHS Commissioning process.

The following areas of the findings from the JSNA were highlighted:

- The need to build additional parking spaces for the growing family who in the future would require extra spaces.
- Population forecast in Cambridge and the age split: increase in the older people's population and those in the 40 years to 49 years old.
- Inequality of those on low income.
- The escalation in house prices in Cambridge City compared to the rest of Cambridgeshire, which was also experiencing an increase.
- Importance of green open spaces and the positive impact this had on resident's mental health.

- Suicide prevention becoming important with the increase of high rise builds and the significance of design.
- Evidence showed the importance of social cohesion and community growth in the early stages of development. However it was noted that local data was required and work on the southern fringe community local forums for would be looked at further.
- Leisure services should be included in the development but traditionally came later in the build programme.
- Attendance to hospitals and use of emergency services, comparing the Cambridge average to new developments in Cambridgeshire. The new developments all showed a higher rate of admittance to hospital but there was no explanation for this. This was an important factor for The NHS when commissioning services.
- The need to identify at the start of the planning process, health contacts to assist in putting forward evidence on the health care services which were required on the development.

Members discussed the number of fast food units on new development sites, the link to unhealthy eating, the impact on resident's health and what could be done to reduce the number of units.

Sharon Brown, New Neighbourhoods Development Manager (Cambridge City Council), advised considering a planning application for fast food unit was a difficult issue; refusing an application was a policy based decision taken from Central Government guidelines. The Government's current approach was to look at the economy and what that businesses could do to activate the economy further, making the number of fast units difficult to control in planning terms. Feedback from community forums indicated that residents liked to see a hot food take away unit on the development.

However it was possible to look at the evidence through the JSNA and the City Council's draft obesity policy when determining future application for a fast food unit to determine if refusal was possible. But a balanced approached was required.

16/50/CLHP Planning for Healthy, Well Designed Neighbourhoods

Sharon Brown, New Neighbourhoods Development Manager, Cambridge City Council provided a presentation on how the design of the built environment could help residents lead to healthier lifestyles and remain independent for longer in life.

Members were provided with information which outlined the starting point when planning for a healthy, well designed neighbourhood. Policy documents such as the National Planning Policy Guidance and Local Plan Policy which highlighted sustainability objectives would be looked at and collaborative partnership working would be undertaken.

Members were informed it was absolutely critical to look at lessons learnt from new developments that had or were taking place in Cambridgeshire; this could include looking a design which had been successful in encouraging physical activity, ordination of buildings and provision of private amenity space.

Master planning was key and important to involve stakeholders at the early stages before development took place. Environmental impact which included the impact on health and the Cambridge Quality Panel was also imperative to master planning.

Early identification of infrastructure requirements were important to determine such things as open spaces, sports facilities, play areas, community facilities, ecology and biodiversity.

Planning for a development could take a number of years before the build programme had started.

Members agreed discussed how engagement should be as wide as possible during the master planning stages. 'Ticking of boxes' were not enough, it was crucial that the right people were involved from the start of the process, although this could be difficult.

16/51/CLHP Update on The Work of the Health and Wellbeing Board (HWB)

Members were advised that the agenda for the next meeting of the Health and Wellbeing Board had been published.

County Councillor Nethsingha informed Members that a special meeting of the Health and Wellbeing Board had been planned for to look at the function and structure of the Board.

Members were asked on their views on the proposal to create a more balanced Health and Well Being Board, reducing the number of local authority

representatives from ten to five while increasing representation from health care providers.

Councillor Johnson advised that Cambridge City Council were not opposed to a change in membership (as more providers should be involved) but would like councillor representation to reflect geographical (rural/urban) and political differences.

Cambridge City Council had not been made aware of the working group until notification had been received two day before the second meeting on 22 February 2016 so there had been little opportunity to put forward a considered view.

Members were informed that the Director of Public Health at Cambridgeshire County Council was keen for membership of the Board to be agreed before the new municipal year started, so that members can be appointed to the newly constituted Board at their first full council (equivalent). The Local Health Partnerships would increase in importance within the new Board's network.

16/52/CLHP Date of Next Meeting

The Chair advised that the next meeting of the Cambridge Local Health Partnership would take place on 30 June 2015, Committee Room 1, Guildhall, Cambridge.

The meeting ended at 1.45 pm

CHAIR