

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

23 March 2017
12.00 - 1.30 pm

Present:

Cambridge City Councillors: Abbott and Johnson (Chair)

Mark Freeman: Cambridge Council for Voluntary Services

Kate parker: Head of Health Programmes

Rachel Talbot: CEO of Cambridge and District Citizens advice Bureau

Elizabeth Locke: Healthwatch Cambridge

Sharon Gray: NHS England

Katie Johnson: Specialty Registrar in Public Health

Officers Present

Suzanne McBride: Strategic Director

Yvonne O'Donnell: Environmental Health Manager

Graham Saint: Strategy Officer

Ari Henry: Community Development Officer (Engagement & Inclusion)

FOR THE INFORMATION OF THE COUNCIL

17/1/CLHP Apologies

Apologies were received from Councillor Whitehead and Liz Robins.

17/2/CLHP Public Questions

17/3/CLHP Minutes and Matters Arising

The minutes of the meeting of the 14th September 2017 were agreed and signed as a correct record.

17/4/CLHP Presentation: Update on the Pharmaceutical Needs Assessment (PNA) for Cambridgeshire (2017)

The Partnership received a presentation from Katie Johnson, Specialty Registrar in Public Health, regarding the key findings from the Cambridgeshire Pharmaceutical Needs Assessment as per the agenda.

The Partnership discussed the report and raised the following concerns:

- i. Partnership members had attended recent consultation events (to re-base the Out of Hours service) where it had been suggested that pharmacies would be encouraged to open for longer hours to compensate for the withdrawal of the service. Katie said she was not aware of this proposal.
- ii. Expressed the hope that predicted demographic changes and new settlements will be considered alongside existing needs in order to avoid future health inequalities. It was felt that services should be in place at an early point within new communities before the demand for them was fully manifest, to help people settle.
- iii. Suggested that imposing a national contract on Pharmacies was unfair and appreciated it might be difficult to predict what the local consequences for provision might be, once it had been implemented.
- iv. Confirmed that the existing practice of providing an establishment fee for new pharmacies would be replaced by a contract offering higher payment per item, which might assist smaller pharmacies.
- v. Appreciated that PNA would be revisited if some pharmacies become unviable and signal that they might close. The Partnership asked to be informed of any concerns about local provision.
- vi. Susanne McBride confirmed that planners considered existing provision when new communities were planned. If there was no provision locally, additional support could be investigated to help a pharmacy until demand picked up with the growth of the community.

17/5/CLHP Update on the Work of Cambridgeshire's Health Committee

Kate Parker, Head of Public Health Business Programmes at Cambridgeshire County Council, updated the Partnership on the work of the Cambridgeshire Health Committee.

Kate Parker explained that although the Cambridgeshire Health Committee had no decision making powers, it had dual functions- a statutory duty to scrutinise the National Health Service and a remit to comment on wider Public Health matters.

The Committee had considered a number of matters including a proposal to move the Out of Hours service from its current location in Chesterton to the Addenbrooke's Hospital site. The Council had received a public petition asking for the consultation to be re-run because it had not considered the impacts of

the proposed change on a range of groups of people in line with the Equality Duty.

The following concerns regarding relocating the service had been raised at the Committee:

- i. It would disadvantage the local community because they would have difficulty getting to the new site because public transport was so limited.
- ii. The proposed move did not consider the original reason for the location of the service, which was to be accessible to the most deprived communities in Cambridge. The consultation process, was inadequate because very little effort was made to consider the impacts of the change across each of the groups of people with “protected characteristics”.
- iii. Insufficient mitigations had been offered for communities affected by the changes.

It was said that Cambridgeshire Health Committee had been split when considering the proposal, with only a narrow voting in favour (with caveats) of the change.

The Partnership raised the following concerns regarding the decision:

- i. The consultation process had been inadequate.
- ii. The Equality Impact Assessment had been limited and special need groups, such as Traveller communities, had not been consulted, with potential disadvantages to women not considered.
- iv. The consultation did not present sufficient and good information to allow local people to reach an informed view.
- v. Awareness of the consultation was limited in the local community and engagement with community groups had been minimal.

The Partnership asked what room there was to appeal against the decision to support the proposed change. It was said that there was limited opportunity for the Health Committee to do much more than raise concerns about the process because the change was probably not sufficient to warrant a referral to the Secretary of State, who could ask the CCG to reconsider a proposal. The Partnership asked to be kept informed about what mitigation the CCG would come forward with to ensure local people weren't too disadvantaged by the change.

The Partnership agreed that their concerns should be formally fed back to the Cambridgeshire Health Committee. Councillor Johnson undertook to write to the Chair of the Committee outlining the Partnerships concerns.

The Cambridgeshire Health Committee also considered air quality and its effect on public health. Yvonne O'Donnell gave an update on the City Council's contribution.

- i. Improving air quality is a priority for Cambridge City Council.
- ii. Emissions from busses and taxis in the City Centre are a major problem.
- iii. The City had been successful in being awarded a grant to install fast charging points for electric taxis.
- iv. Once suitable infrastructure was in place, policy decisions would follow to encourage the taxi trade to convert to cleaner vehicles.
- v. Discussions were on-going to encourage South Cambridgeshire district council to adopt a similar policy.

17/6/CLHP Update on the work of the Health and Wellbeing Board

Kate Parker updated the Partnership on agenda items to be considered at the next Health and Wellbeing Board. In addition to the formal meeting the HWB would also be holding a workshop to look at the relationship between Local Health Partnerships and the emerging Area Executive Partnerships of the CCG. Representatives from the Local Health Partnerships would be invited to attend. Councillor Johnson said that he would be attending.

17/7/CLHP Update on the work of the Public Health Reference Group

Yvonne O'Donnell gave an update on the work streams of the Public Health Reference Group such as:

- i. The Let's Get Moving Cambridgeshire initiative had been put in place to help coordinate physical activity programmes and had achieved some success already.
- ii. The roll-out of the Healthy Workplace initiative was underway in each of the Cambridgeshire district councils.
- iii. Links were being established to tie our local "food" work with the Healthy Weight Strategy.
- iv. The use of Health Impact Assessments was going to be promoted within the Council.

The Partnership agreed that joint working to improve public health was the way forward and that this would include a diverse range of partners who may not initially appear to have the same interests.

17/8/CLHP Progress Report on the Advice on Prescription project, led by Cambridge Citizens Advice Bureau

Rachel Talbot updated the Partnership on the Advice on Prescription project led by Cambridge Citizens Advice Bureau.

This project had been very successful and further funding had been secured to enable it to expand.

The Partnership made the following comments:

- i. Welcomed the news that GP's had reported that the service was having a significant positive impact on patients, with a corresponding reduction in GP appointments for those individuals.
- ii. The location of the Arbury drop-in service, opposite the North Area Housing Office, was particularly welcomed.
- iii. The impact of debt on mental wellbeing was noted.
- iv. Further work was needed with health professionals to make them aware that the service was available and could be extended further.
- v. Taking services out into the community was seen as key to the future development of Cambridge CAB as local people often didn't want to travel to receive advice – they needed it at the right time.

The Partnership requested further information on Social Prescribing and suggested this as a future agenda item.

17/9/CLHP Next Meeting

The next meeting of the Partnership would be on 29th June 2017. This was likely to involve a networking event shortly thereafter, where refreshments will be available.

The meeting ended at 1.30 pm

CHAIR