

Adults and Health Committee Agenda Plan, Training Plan, Appointments to Outside Bodies and Internal Advisory Groups and Panels.

To: Adults and Health Committee

Meeting Date: 14 July 2022

From: Tamar Oviatt- Ham - Democratic Services Officer

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Outcome: To review the Committee's agenda plan and training plan, and appointments to Outside Bodies and Internal Advisory Groups and Panels.

It is important that the Council is represented on a wide range of outside bodies to enable it to provide clear leadership to the community in partnership with citizens, businesses and other organisations.

Recommendation: It is recommended that the Adults and Health Committee:

- (i) review its agenda plan attached at Appendix 1;
- (ii) review its training plan attached at Appendix 2;
- (iii) review the appointments to outside bodies as detailed in Appendix 3;
- (iv) review the appointments to Internal Advisory Groups and Panels as detailed in Appendix 4;

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1. Background

- 1.1 The Adults and Health Committee reviews its agenda plan at every meeting.
- 1.2 The training plan for the Committee has been updated to reflect recent training.
- 1.3 The Adults and Health Committee at its meeting on 24 June 2021 reviewed and agreed its appointments to Outside Bodies and Internal Advisory Groups and Panels. It also agreed to delegate, on a permanent basis between meetings, the appointment of representatives to any vacancies on outside bodies, groups, and panels, within the remit of the Adults and Health Committee, to the Executive Director for People and Communities, in consultation with the Chair and Vice Chair of Adults and Health Committee and the Director of Public Health.

2. Appointments

- 2.1 The Committee is invited to review its appointments to outside bodies where appointments are required set out in Appendix 3.
- 2.2 The internal advisory groups and panels for review are set out in Appendix 4 to this report.

3. Alignment with corporate priorities

- 3.1 There are no significant implications for the following priorities:

Environment and Sustainability
Health and Care
Places and Communities
Children and Young People
Transport

4. Significant Implications

- 4.1 There are no significant implications within these categories

Resource Implications
Procurement/Contractual/Council Contract Procedure Rules Implications
Statutory, Legal and Risk Implications
Equality and Diversity Implications
Engagement and Communications Implications
Localism and Local Member Involvement

Public Health Implications
Environment and Climate Change Implications on Priority Areas

5. Source documents

- 5.1 [Membership of Outside Bodies and Internal Advisory Groups and Panels](#)

Adults and Health Policy and Service Committee Agenda Plan

Published 1 July 2022

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
14/07/22	Suicide Prevention Strategy	J Atri	Not applicable	01/07/22	06/07/22
	Additional funding for Drug and Alcohol Services	V Thomas	2022/063		
	Extension of Section 75 Agreement for Sexual and Reproductive Health Services	V Thomas	2022/080		
	Procurement of Tier 3 Weight Management Services	V Thomas	2022/088		
	Finance Monitoring Report – May 2022/23	J Hartley	2022/081		
	Covid 19 Update and Lessons Learnt	J Atri	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Finance Monitoring Report – Year End 2021/22	J Hartley	Not applicable		
	Annual Customer Services Report	D McQuade	Not applicable		
	Performance Report	T Barden	Not applicable		
	Scrutiny Items				
	Health and Wellbeing Board Update	J Atri	Not applicable		
	Cambridge Children's Hospital Project	N Bostock, A White and R Heuschkel	Not applicable		
	North Place ICP	R Murphy	Not applicable		
15/09/22 Reserve Date				02/09/22	07/09/22
05/10/22	Healthy Weight Strategy	V Thomas	2022/030	23/09/22	27/09/22
	Work and Health Strategy	V Thomas	2022/031		
	Public Health Mental Health Strategy	K Hartley	2022/032		
	Cardiovascular Disease Prevention Strategy	V Thomas	2022/072		
	Re-commissioning of Adult and Young People's Drug and Alcohol Services	V Thomas	2022/066		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Cambridgeshire and Peterborough Foundation Trust (CPFT) Section 75 Agreement – Occupational Therapy Service	D Mackay	2022/040		
	Mental Health Section 75 – Annual Update	L Sparks	Not applicable		
	Adult Social Care Vision	T Hornsby	Not applicable		
	Adult Social Care Reforms	D McQuade	Not applicable		
	Fair Costing for Care and Sustainability	W Patten	Not applicable		
	Business Planning	C Black	Not applicable		
	CPFT Annual Report	C Black	Not applicable		
	Annual Safeguarding Board Report	J Procter	Not applicable		
	Public Health Report	J Atri	Not applicable		
	Risk Register	D Revens	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
15/12/22	Place Based Homecare Model in East Cambridgeshire (Care Together)	R Miller/ S Torrance	2022/016	02/12/22	07/12/22
	Public Health Report - TBC	J Atri	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Adults Self Assessment	D McQuade	Not applicable		
12/01/23 Reserve Date				TBC	04/01/23
09/03/23	Independent Living Services	K Russell-Surtees	2023/005	24/02/21	01/03/23
	Public Health Report - TBC	J Atri	Not applicable		
	Adults Social Care Service User Survey Feedback	D McQuade	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
27/04/23 Reserve Date				14/04/23	19/04/23

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Adults and Health Committee Training Plan 2021/22

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 28 October 10:00 - 11:00 Virtual Teams meeting	1 hour	Public Health and the COVID-19 pandemic – roles and responsibilities Local Outbreak Management Plan	Deputy Director of Public Health (CCC) and consultant leads Cell leads / Surveillance	This will be an interactive session in relation to Outbreak Management In addition, in this session you have the opportunity to talk to staff involved in outbreak control including the contact centre staff who provide support to those self-isolating	PH session: Hold in PH & Members' Diary Minimum attendance of 4 members	Cancelled due to lack of bookings
Friday 29 October 15:00 - 16:00 Virtual Teams meeting	1 hour	Introduction to Children and Young People's Public Health Commissioning	Public Health Consultant lead – Children and Young People – Raj Lakshman	Virtual	PH session: Hold in PH & Members' Diary Children's Committee to be invited	Cllr Bryony Goodliffe Cllr Philippa Slatter Cllr Edna Murphy Cllr Hay

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 11 November 10:00 - 12:00 Virtual Teams meeting	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	Virtual introduction into public health commissioning	PH session: Hold in PH & Members' Diary Maximum attendance of 3 Members, can be arranged on request	Cancelled, lack of bookings
Thursday 11 November 9.00 – 10.00	1 hour	Overview of Transfers of Care, the role of the Transfers of Care Team and an overview of Brokerage: <ul style="list-style-type: none"> - What is 'discharge to assess'? - How the service works - how many people we support and some case examples? 	Head of Transfers of Care, Head of Brokerage, Contracts & Quality Improvement	Virtual Teams meeting	ASC Session: Minimum attendance of 4 Members	Cancelled, lack of bookings
Wednesday 17 November 13:00 to 14:00	1 hour	Overview of Public Mental Health and Mental Health Services and the role of Social Care including an overview of	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early	Virtual	PH Session: Minimum attendance of 4 members	Cllr Edna Murphy

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
		commissioning related to Mental Health. Some examples of the current people we support	Intervention and Mental Health Public Health Consultant lead for Mental Health			
Thursday 18 November 10:00 to 11:00	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Health Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	Holds in the PH and Members' Diary	Cancelled – only one member booked on
Thursday 18 November 11.00 – 12.00	1 hour	An overview of Adult Social Care Finance to include Charging policy and Direct Payments	Strategic Finance Manager, Head of Adults Operational Finance, Public Health	Virtual	Finance Session Minimum attendance of 4 Members	Cancelled, lack of bookings

<p>Monday 22 November</p> <p>Amundsen House 9.30 – 12.00</p> <p>Scott House 13.00 – 16.00</p>	<p>1 day or 2 half days</p>	<p>Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services.</p> <p>At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology.</p> <p>In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.</p>	<p>Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams</p>	<p>Amundsen House & Scott House</p>	<p>ASC Session:</p> <p>Maximum attendance of 4 Members & can be arranged on request</p>	<p>Attended by</p> <p>Cllr Susan Van De Ven Cllr Adela Costello Cllr Philippa Slatter</p>
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Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November Amundsen House 9.30 – 12.00 Scott House 1pm – 4.30pm		As above				Cancelled, lack of bookings
Thursday 10 March 9.30am – 12.00pm & 1pm – 4.00pm		As above		Virtual		Cllr Graham Wilson Cllr Anne Hay
Monday 20th June 10am – 12pm & 1pm – 3pm		As above		Amundsen House & Scott House		Cllr Richard Howitt Cllr Susan van de Ven Cllr Claire Daunton (am only) Cllr Graham Wilson

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 25 November 10:00 - 11:00	1 hour	Introduction Public Health and Prevention Primary Prevention Healthy Aging and Falls Prevention Mental Health	Deputy Director of Public Health (CCC) Public Health Consultant leads Adults & Social Care, Mental Health. Team Manager (Health in All Policies) Senior Public Health Manager Partnerships	Virtual	PH Session: Hold in PH & Members' Diary	Cancelled due to lack of bookings
Thursday 25 November 14.30 – 16.00	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC) Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)	Virtual Interactive	PH session: Emmeline Watkins With Tiya Balaji Minimum attendance of 4 members	Cancelled due to lack of bookings

Tuesday 30 November	1 hour	Introduction to Integrated Care Systems	Jan Thomas (CCG appointed to CEO ICS)	Virtual	PH session:	Cllr Michael Atkins T Cllr Lynne Ayres A Cllr Gerri Bird T Cllr Ray Bisby A Cllr Sandra Bond A Cllr Shazia Bashir A Cllr Alex Bulat T Cllr Simon Bywater T Cllr Sam Clark T Cllr Adela Costello A Cllr Piers Coutts T Cllr Steve Criswell T Cllr Douglas Dew T Cllr Corinne Garvie A Cllr Jenny Gawthorpe Wood T Cllr Bryony Goodliffe T Anne Hay Cllr T Cllr Peter Hillier A Mark Howell Cllr A Cllr Richard Howitt T Cllr Elisa Meschini T Cllr Edna Murphy T Cllr Lucy Nethsingha T Cllr Lucinda Robinson A Cllr Brian Rush A Cllr Oliver Sainsbury A Cllr Tom Sanderson T Cllr Philippa Slatter A Cllr Ambrose Smith A Cllr Simone Taylor A Cllr Bryan Tyler A Cllr Susan van de Ven T
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Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
						Cllr Graham Wilson A
On request November	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit (JCU) PH Commissioning Team Leads	In this session, you will start at Scott House prior to visiting the Drug and Alcohol Service or Lifestyle services	PH Session: Maximum of 4 members to be arranged on request	
November Date to be confirmed External session	TBC	Introduction to Scrutiny	Director of Public Health Head of Public Health Business Programmes	Virtual	Dem services Minimum attendance of 4 members	
November Date to be confirmed External Session	TBC	Introduction to the Integrated Care System	Partners from the ICS /NHS will be leading this session for members of scrutiny committees across Cambridgeshire & Peterborough	Virtual	Externally Lead Minimum attendance of 4 members	

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
On request	1 hour + visit	Adult Safeguarding and Making Safeguarding Personal. An overview of how Safeguarding works and the role of the Multi Agency Safeguarding Hub (MASH)	Assistant Director of Safeguarding, Quality & Practice	Virtual or Stanton House and could include a visit to the MASH in God-Manchester	ASC Session: Maximum attendance of 4 Members, to be arranged on request	
On request Monday 1 November 11.00 – 13.00 **New date** Thursday 3 March 2pm – 4pm	90 mins	Overview of the Learning Disability Partnership (LDP) including an overview of commissioning related to Learning Disability including: <ul style="list-style-type: none"> - Adults & Autism - 0-25 Young Adults Team - Preparation for Adulthood - Housing and Accommodation - Day Opportunities- in house provision and external - Carers Direct Payments and Personal Health Budgets	Head of Learning Disability Partnership, Head of Commissioning Adults Social Care, Mental Health and Learning Disabilities, Senior Commissioner LDP	Scott House or Virtual, this could also include a visit to one of our In-House Provider settings	ASC Session: Maximum attendance of 4 Members, to be arranged on request	Cllr Graham Wilson Cllr Bryony Goodliffe Cllr Anne Hay

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:

<https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible

ABBREVIATION/TERM	NAME	DESCRIPTION
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.
Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget

ABBREVIATION/TERM	NAME	DESCRIPTION
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBREVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population

ABBREVIATION/TERM	DESCRIPTION
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previously was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality

ABBREVIATION/TERM	DESCRIPTION
Health disparities	Differences in morbidity and mortality due to various causes experienced by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.
Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such conditions as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.

ABBREVIATION/TERM	DESCRIPTION
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.
Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

ABBREVIATION/TERM	DESCRIPTION
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.
Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services

ABBREVIATION/TERM	DESCRIPTION
	https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAlaIqobChMlr_P53PKW8QIV_4FQBh1GmgBYEAAAYASAAEgl2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk
EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.

ABBREVIATION/TERM	DESCRIPTION
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Cambridgeshire County Council

Appointments to Outside Bodies: Policy and Service Committees

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
Cambridge Cancer Research Hospital Engagement Board	TBC	2	Councillor Lorna Dupre (LD) Councillor Susan van de Ven (LD)	TBC	Other Public Body representative	Adults and Health
Cambridge Children's Hospital Liaison Group	TBC	2	Councillor Susan van de Ven (LD) Councillor Alex Bulat (L)	TBC	Other Public Body representative	Adults and Health
Cambridge University Hospitals NHS Foundation Trust Council of Governors The Board of Governors represents patients, public and staff. The majority of the Governors are elected by the membership. Governors provide a direct link to the local community and represent the interests of members and the wider public in the stewardship and development of the Trust.	4	1	Councillor G Bird (L)	Martin Whelan Assistant Trust Secretary 01223 348567 martin.whelan@addenbrookes.nhs.uk	Other Public Body representative	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
<p>Cambridgeshire and Peterborough NHS Foundation Trust</p> <p>Provides mental health and specialist learning disability services across Cambridgeshire and Peterborough. Also provides some specialist services on a regional and national basis. Partners are Cambridgeshire County Council, Peterborough City Council, NHS Cambridgeshire and NHS Peterborough.</p>	4	1	Councillor C Daunton (LD)	<p>Louisa Bullivant Corporate Governance Manager</p> <p>01223 219477 Ext 19477</p> <p>louisa.bullivant@cpft.nhs.uk</p>	Partner Governor on the Council of Governors	Adults and Health

Name of Body	Meetings per Annum	Reps Appointed	Representative(s)	Contact Details	Guidance Classification	Committee to Approve
<p>North West Anglia NHS Foundation Trust Council of Governors</p> <p>The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust runs three busy hospitals – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Governors are the 'voice' of members of partner organisations in the running of the hospitals, so that hospital services always reflect the needs and expectations of local people.</p>	TBC	1	Councillor T Sanderson (Ind)	<p>Jane Pigg Company Secretary North West Anglia Foundation Trust</p> <p>01733 677926 (direct dial)</p> <p>jane.pigg@pbh-tr.nhs.uk</p> <p>PA Jackie Bingley 01733 677953 (Weds) 01480 418755 (rest of week)</p>	Other Public Bodies [Partner Governor]	Adults and Health
<p>Royal Papworth Hospital NHS Foundation Trust Council of Governors</p> <p>NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. The County Council is represented on the Council as a nominated Governor.</p>	4	1	Councillor P Slatter (LD)	<p>Anna Jarvis Trust Secretary Chief Executive's Office</p> <p>anna.jarvis4@nhs.net</p> <p>Direct Line 01480 364555</p>	Other Public Bodies	Adults and Health

Appointments to Internal Advisory Groups and Panels

Appendix 4

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
<p>Adults Safeguarding Board</p> <p>Under the terms of the Care Act 2014, each Local Authority must set up a Safeguarding Adult Board (SAB), with core membership from the Local Authority, police and the National Health Service (specifically the local Clinical Commissioning Group/s). The Cambs and P'boro Board sits below the Executive Safeguarding Partnership Board. The Board is responsible for progressing the Executive Safeguarding Partnerships Board's business priorities through the business plan.</p>	4	1	Councillor R Howitt (L)	<p>Sam Cook</p> <p>safeguardingboards@cambridgeshire.gov.uk</p>	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.	4	4	Councillor G Bird (L) Councillor R Howitt (L) Councillor P Slatter (LD) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Cambridgeshire Community Services NHS Foundation Trust Quarterly Liaison Group		5	District Councillor Garvie Councillor B Goodliffe (L) Councillor M King (LD) Councillor S Van de Ven (LD) Vacancy	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
<p>Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group</p> <p>The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.</p>	4	4	<p>Councillor C Daunton (LD)</p> <p>Councillor S van de Ven (LD)</p> <p>Vacancy</p> <p>Vacancy</p>	<p>Kate Parker Head of Public Health Business Programmes</p> <p>Kate.Parker@cambridgeshire.gov.uk</p> <p>01480 379561</p>	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function.	4	5	Councillor R Howitt (L) Councillor S van de Ven (LD) Vacancy Vacancy Vacancy	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health

Name of Body	Meetings per Annum	Representatives Appointed	Representative(s)	Contact Details	Committee to Approve
North West Anglia NHS Foundation Trust (Hinchingsbrooke Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	3	Councillor T Sanderson (Ind) Councillor P Slatter (LD) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health
Royal Papworth Hospital Trust Liaison Group		4	Councillor R Howitt (L)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Adults and Health