

GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE

To: Health and Wellbeing Board

Meeting Date: 31 January 2019

From: Mike Hill, Director of Health & Environmental Services and Housing
Suzanne Hemingway, Director of Health & Environmental Services

Recommendations: The Health and Wellbeing Board is asked to:

a) consider the content of the report and raise any comments

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1. PURPOSE

To provide Cambridgeshire Health and Wellbeing Board members with an update of the Living Well Area Partnerships. This paper focuses on the Greater Cambridge partnership, which includes Cambridge City Council and South Cambridgeshire District Council (SCDC).

2. BACKGROUND

The group was formed in January 2018 to replace the Local Health Partnership with the aim of developing a more joined up approach between Health and Social Care, District and voluntary sector organisations. The inaugural meeting was held in February 2018; the group has continued to meet bi-monthly since. The meetings have been chaired primarily by Cath Mitchell, Clinical Commissioning Group (CCG) and deputised in her absence by either Suzanne Hemingway, Director of Health and Environmental Services Cambridge City Council or Mike Hill, Director of Health and Environmental Services and Housing SCDC.

Each meeting has been well attended with good representation from Council Officers, Primary Care, Public Health, the CCG, voluntary sector and patient representation.

Agenda items are agreed in advance between Cath Mitchell, Suzanne Hemingway and Mike Hill. Regular items feature at each meeting including updates from the Health & Wellbeing Board; Sustainability and Transformation Partnership (STP) and the Better Care Fund (BCF). Other agenda items have focused on local issues, for example local Joint Strategic Needs Assessment (JSNA); the challenges faced by primary care; the likely impacts of major developments across the district. Presentations from a range of third sector organisations have also been made to highlight services and look for opportunities for joined-up working between health, housing, social care and the voluntary sector.

3. SUCCESSES

- a. An improved understanding of the health and wellbeing needs of our local populations and the vital role the voluntary sector plays in supporting our most vulnerable residents.
- b. In response to the demand for re-ablement housing highlighted by the Better Care Fund (BCF) to address and improve Delayed Transfers of Care (DToc) experienced by Addenbrookes Hospital, SCDC have been meeting with the commissioning teams at Cambridgeshire County Council (CCC). The plan is to provide short term housing solutions for patients medically fit to leave hospital but unable to return home due to their home not being ready for their return. Sheltered Housing schemes have been identified. The practicalities i.e. contracts are currently being worked through by CCC and SCDC.

- c. Provision of neighbourhood working hubs at our Sheltered Housing Scheme Community Rooms (currently under utilised) have been offered to CCC to encourage more community based remote work environments enabling social care professionals and care workers the opportunity to base themselves closer to their communities. Discussions are ongoing with CCC.
- d. Public Health Campaign Promotions. The LWAP has provided a forum for public health colleagues to promote campaigns, for example Stay Well and Stay Strong for Longer, directly to Primary Care (via the Cambridge GP Network) and voluntary sector members to improve referral rates and raise profiles. SCDC have also set up a range of community-based events at Sheltered Housing Schemes to promote information on Strength and Balance, how to stay well in winter and fuel grants together with assistive technology gadgets as a result of these meetings.
- e. Voluntary sector organisations exploring opportunities for more joined up working, for example Citizen's Advice Bureau advice via mobile library service.

4. CHALLENGES

- a. Despite representation from the Cambridgeshire GP Federation, access to GPs continues to create a barrier to real joined up working between organisations.
- b. Currently there is no CCG representation following the departure of Cath Mitchell
- c. The meetings could be more solution focused with a "what next" approach to addressing the issues arising.
- d. There is real potential to make a collective impact but this hasn't been fully realised yet, but the group has only met 5 times this year.
- e. Greater sharing of pilot projects and innovation to inspire and keep fresh our approach to common issues.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- a. The Greater Cambridgeshire Living Well Partnership is relevant to priorities 1, 2, 3, 4, 5 and 6 of the Health and Wellbeing Strategy:
 - Priority 1: Ensure a positive start to life for children, young people and their families.
 - Priority 2: Support older people to be independent, safe and well.
 - Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
 - Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.

- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

6. SOURCES

Source Documents	Location
None	