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
Thursday 11 November 10:00 - 12:00	2 hours	Introduction to Health Improvement and Public Health Commissioning	Deputy Director of Public Health (CCC) Public Health Joint Commissioning Unit	Virtual introduction into public health commissioning	PH session: Hold in PH & Members' Diary	Cancelled, lack of bookings

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Virtual Teams meeting			(JCU) PH Commissioning Team Leads		Maximum attendance of 3 Members, can be arranged on request	
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: - 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 commissioning related to Mental Health. Some examples of the current people we support	Trust Professional Lead for Social Work, CPFT Senior Commissioner: Prevention, Early Intervention and Mental Health Public Health Consultant lead for Mental Health	Virtual	PH Session: Minimum attendance of 4 members	CIIr Edna Murphy

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
						Cancelled – only one
Thursday 18 November 10:00 to 11:00	1 hour	Introduction of Public Health Intelligence (PHI) – information for Public Health and Public Heath Inequalities	Deputy Director of Public Health (PCC) PHI lead and Team	Virtual Interactive	Holds in the PH and Members' Diary	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	Cancelled, lack of bookings
					Members	
Monday 22 November	1 day or 2 half days	Overview of the Adult Social Care Customer Journey including	Head of Prevention & Early intervention, Head of Assessment	Amundsen House & Scott House	ASC Session:	Attended by Cllr Susan Van De
Amundsen House 9.30 – 12.00		Prevention & Early Intervention Services and Long-Term Complex Services.	& Care Management, Social Work Teams		attendance of 4 Members & can be arranged on request	Ven Cllr Adela Costello Cllr Philippa Slatter
Scott House 13.00 – 16.00		At this session you will start the day at			·	
Thursday 25 November		Amundsen House and be introduced to our Prevention & Early				Cancelled, lack of bookings
Amundsen House 9.30 – 12.00		Intervention services, where many of our				

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
Scott House 1pm – 4.30pm **New date** Thursday 10 March 9.30am – 12.00pm & 1pm – 4.00pm		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. 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.		Virtual		
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	1 ½ hours	Introduction to Health Protection and Emergency Planning	Deputy Director of Public Health (PCC)	Virtual Interactive	PH session: Emmeline Watkins	Cancelled due to lack of bookings

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
14.30 – 16.00			Public Health Consultant lead TBC Senior Public Health Manager (Emergency Planning and Health Protection)		With Tiya Balaji Minimum attendance of 4 members	

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
						Cllr Graham Wilson A

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
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	твс	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	ТВС	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: - 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	
TBA		Care Together				

Suggested dates	Timing	Topic	Presenter	Location	Notes	Attendees
ТВА		Performance Monitoring	Tom Barden			

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	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				
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				

ABBREVIATION/TERM	NAME	DESCRIPTION
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty	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
	Safeguards (DOLS)	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
DD	Dharia I Dia 1984	no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as
OP	Older Deeple	independently as possible
Provider Services	Older People Provider Services	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
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

ABBERVIATION/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
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.

ABBERVIATION/TERM	DESCRIPTION
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 previous 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
Lealth disparities	measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience 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.

ABBERVIATION/TERM	DESCRIPTION
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 condition 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.
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 peoplewith 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).

ABBERVIATION/TERM	DESCRIPTION
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) healthy 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.
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
I	of dying. Rates usually are expressed using a standard denominator such 1,000 or
- Division of the control of the con	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
Di LE	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.

ABBERVIATION/TERM	DESCRIPTION
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 Cambr	dgeshire & Peterborough
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young- people/understanding- camhs/?gclid=EAlalQobChMlr P53PKW8QIV 4FQBh1GmgBYEAAYASAAEgI2Q 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/
СИН	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

ABBERVIATION/TERM	DESCRIPTION
НН	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.
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.