

## **SHADOW HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 11<sup>th</sup> October 2012

**Time:** 2.00-4.10pm

**Place:** Kreis Viersen Room, Shire Hall, Cambridge

**Present:** J Bawden (substituting for Dr M Modha and S Bremner), M Bowmer, D Cave, Councillor S Ellington (Vice-Chairman), M Hewins, A Loades, Dr D Roberts, Dr L Robin and Councillor S Tierney

**Apologies:** S Bremner, Dr N Modha

**Officers:** M Hill, M Soper, Claire Bruin

### **57. INTRODUCTIONS AND APOLOGIES**

Introductions were made and apologies noted.

The Chairman extended a special welcome to John Wilderspin, the National Director for Health and Wellbeing Board Implementation, from the Department of Health.

### **58. MINUTES – 11<sup>th</sup> JULY 2012**

The minutes of the meeting held on 11<sup>th</sup> July 2012 were approved as a correct record and signed by the Chairman.

Councillor Ellington advised that the South Cambridgeshire Local Health Partnership would be publishing meeting dates when these had been finalised, as they were being adjusted to fit in with the Shadow Health & Well Being Board meetings.

It was agreed that a separate actions list should be produced with the minutes **(attached at Appendix 1)**.

### **59. AREAS FOR IMMEDIATE ACTION - UPDATE**

The Board received an update on progress against the four areas for immediate action. The four areas had been identified at its first Board meeting in October 2011. During discussion, the Board identified the need to:

a) Domestic Abuse

- consider the presentation on the Domestic Violence and Sexual Abuse Strategy Action Plan later in the meeting;

b) Preventing Serious Illness and Hospital Admissions in Winter

- note the submission of a bid to the Department of Health's (DoH) 2012/13 Warms Homes Healthy People project by a multi-agency group led by the Public Health team. The Board had received the in-house evaluation report of

- the 2011/12 bid at their last meeting. The 2012/13 submission had been based on the previous bid, but strengthened to include the learning from that process.
- write to the DoH, acknowledging that the bidding process had started earlier than last year, but suggesting that the process should start even earlier in future years. **ACTION: Service Director for Adult Social Care to write to the DoH highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process.**
- c) Addressing Inequalities
- note that the Health Inequalities Task and Finish Group was looking at the impending changes to the Welfare Benefits system, and was developing an Action Plan;
  - receive a report on the action plan at the next meeting. **ACTION: Task and Finish Group to report to the January Board meeting on the action plan, with the understanding that any actions that could be taken forward before that meeting should be undertaken;**
  - develop an Action Plan template.
- d) Road Safety
- note the Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) was receiving quarterly updates from the Casualty Reduction Working group, and was due to meet again shortly;
  - review the effectiveness of the CPRSP;
  - receive an update on casualty reduction at the January Board meeting; check whether the CPRSP meetings were being held in public.

A member asked about the implications for the CPRSP in relation to increased traffic in the villages adjacent to the A14 in the construction phase of the A14 improvements. The Chairman advised that measures would be put in place to prevent rat running in adjacent villages.

It was agreed to:

- (a) note the progress made against the four areas for immediate action;
- (b) agree that the Areas for Immediate Action become part of the mainstream activity for the Board where it was felt that there was added value in the Board being involved. This work would be taken forward through action planning for delivery of the Health and Wellbeing Strategy.

## 60. CAMBRIDGESHIRE DOMESTIC ABUSE AND SEXUAL VIOLENCE PARTNERSHIP ACTION PLAN

The Board considered a report on the Cambridgeshire Domestic Abuse and Sexual Violence Partnership Action Plan. The Board had previously endorsed the Partnership's 2012-2015 Strategy at their April meeting. The background to the Strategy, including issues involved and the costs of domestic abuse to services within the county were outlined. The main focus of the Action Plan was prevention and early

intervention, but additional resources and commitment to future funding needed to be identified to support this work. The Domestic Abuse Partnership Manager advised that there were year on year increases in reported domestic abuse cases in the county, and therefore demand for services was increasing– it was clear that the preventative work needed to be more effective if domestic abuse was to be eradicated.

During discussion, the Board identified the need to:

- note funding issues from the District authorities towards core funding, with only East Cambridgeshire District Council and Cambridge City Council so far having confirmed their annual contributions to the pooled budget;
- accelerate the process for evaluating the Independent Domestic Violence Advisor post, so that a commitment could be made by partners to continue the existing temporary funding and ideally increase the funding so that more Advisors could be appointed;
- present to the Clinical Commissioning Group's (CCG) Governing Body to gain their financial support;
- establish the partnership business case i.e. evidence that reducing domestic abuse reduced costs for partners, to ensure buy-in by all partners and in turn ensure that the required resources were made available.

It was agreed to endorse the Cambridgeshire Domestic Abuse and Sexual Violence Partnership Action Plan, noting the risks identified in the report.

## **61. THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

The Board received a report on the findings of the public consultation on the draft Cambridgeshire Health and Wellbeing Strategy, plus a draft Strategy for approval, which had been reviewed to reflect the comments raised in the consultation, where appropriate. The key changes to the draft Strategy were highlighted, and the Board was reminded that the Strategy would become their statutory responsibility in April 2013. The Board recorded their special thanks to Dr Kirsteen Macleod who had been key in to pulling the Strategy together.

During discussion, the Board identified the need to:

- consider the identified priorities for individuals or groups with particular needs, e.g. military/ex-military personnel, gypsy and traveller communities;
- identify where existing partnerships were working on priorities, and where there were gaps in current work, or where resources could be used more effectively;
- note that from a Clinical Commissioning Group perspective, having a pre-consultation had been very helpful;
- agree future communications of the Strategy. It was suggested that whilst that the general process of the strategy and consultation could be shared, publicising the detail widely whilst the action plans were being developed may not be appropriate. However, it was agreed that it was important to share the Strategy with partners locally e.g. Hospital Boards, so that their planning processes could be mindful of the priorities in the Strategy. It was further agreed that the Strategy should be shared nationally e.g. with the LGA, given Cambridgeshire's lead in this area;
- ensure that every care home should have a copy of the final Strategy;

- ensure that the action plan allocated responsibilities appropriately between partners, CCG and the County Council.

It was agreed to:

- i) note the findings of the public consultation on the draft Cambridgeshire Health & Wellbeing Strategy;
- ii) approve the revised Cambridgeshire Health and Wellbeing Strategy attached at Annex A to the report; and
- iii) support the next steps outlined under section 5 of the report.

## **62. DEVELOPMENT OF HEALTHWATCH CAMBRIDGESHIRE AND ITS RELATIONSHIP WITH THE HEALTH AND WELLBEING BOARD**

The Board received a report from the President of Cambridgeshire LINK on the proposals for the future working of Healthwatch Cambridgeshire (HWC) and the Health and Wellbeing Board. HWC would commence on 1<sup>st</sup> April 2013, and would retain some of the LINK functions, plus some additional ones. However, there were a number of areas, such as domestic abuse and housing, which were strictly outside HWC's remit. The Board noted how HWC was currently being established and developed, and how it was proposed that they could work with HWC in the most effective way. Particular issues relating to the types of data being shared with HWC were discussed, including commercially sensitive data, and it was noted that the intention was to share anonymised data. There was also a discussion on the valuable role of LINK/HWC on the Health and Wellbeing Board, acting as a direct advocate of the public, and other avenues for the public to raise health and social care concerns at an early stage.

It was agreed:

- that there should be a single repository to hold data and be accessible to all parties;
- future work programmes would be shared;
- officers would take these proposals forward in collaboration with Healthwatch Cambridgeshire.

## **63. SAFER HOMES SCHEME**

The Board considered a report on the work of the various Safer Homes/Handyperson schemes in Cambridgeshire, which formed a key part of the prevention work to prevent older people falling, and to alert the Board to the risks posed to the sustainability of these schemes.

During discussion, the Board identified the need to:

- note the positive outcomes of the Safer Homes/Handyperson schemes for the health and wellbeing of older people in Cambridgeshire, and the potential problems due reductions in funding;
- consider using volunteers/'informal wardens' to undertake some of the work done through these schemes;
- ensure that such schemes were easy to access and were not overly bureaucratic;

- distinguish whether it was the cost or “trusted provider” aspect of these schemes which attracted older people;
- recognise that a proportion older people were financially comfortable, and possibly adjust the pricing structure accordingly.

It was agreed to:

- note the important link between Housing and Health and both the positive contribution to the Handperson/Safer Homes schemes make to the prevention agenda across Cambridgeshire, and the opportunity to work together to address shared challenges;
- commission the Local Health Partnership Network and District Councils Health & Wellbeing Lead Members Forum to establish a “task and finish” group comprising of officers from all the District/City Councils, the Cambridgeshire & Peterborough Clinical Commissioning Group and the Cambridgeshire Supporting People Commissioning Body, to explore possible future funding and procurement options and delivery models to enable this highly successful service to continue;
- receive an options paper from the Task and Finish group at their meeting in January 2013.

#### **64. HOW WE CAN MEET OUR DUTY TO WORK IN PARTNERSHIP**

The Board received a report on the Police Authority’s strategic plans to ensure that the Police and Crime Commissioner has the information and infrastructure necessary to create a Police and Crime Plan. The County Council’s Research Manager (Information Systems & Crime) gave a presentation (**attached as Appendix 2**) on behalf of the Chief Executive of Cambridgeshire Policy Authority, which set out the Victim and Offender Needs Assessment (VONA), which could be used as an evidence based for the overlapping agendas of the Police and Crime Plan and the Draft Health and Wellbeing Strategy. The Chairman commented that the most significant way these overlapping agendas could be co-ordinated would be through a close working relationship between the Leader of the County Council and the Police & Crime Commissioner.

Board members commented that the VONA was a very good piece of work, and made comments and observations around the significant shared agenda, including the need for partnership working in areas such as deprivation, juvenile crime, early interventions and parenting capacity.

It was agreed to receive a report back to a future meeting detailing how the Board could best work with the Police & Crime Commissioner at a tactical level, including an action plan.

#### **65. NEXT TOPICS FOR STRATEGIC NEEDS ASSESSMENT (2012-2013)**

The Director of Public Health presented a report on potential topics for the next phase of the Joint Strategic Needs Assessment (JSNA), within the context of the joint Health and Wellbeing Strategy. The report outlined the topic based JSNAs that had focused on different client groups since 2007.

The Board considered additional topics suggested by stakeholders, and agreed the following four topics as those of the highest priority to Board members:

- Armed Forces
- Housing and health
- Children & Young People – chapters on disability & mental health
- Prevention of ill health for Older People

## **66. FORWARD AGENDA PLAN**

The Board agreed its current forward agenda plan subject to the following amendments:

- add a report back on Safer Homes Options to the January meeting;
- add a report on the Health Inequalities Task and Finish Group's action plan relating to the Welfare Benefits system to the January meeting;
- add a report on the CCG and commissioning intentions to the January meeting;
- add a report on working with the Police & Crime Commissioner (including an action plan) to a future meeting;
- review the March 2013 date

**ACTION: Clerk/Director of Public Health to review the forward agenda plan to reflect the above changes.**

## **67. DATE OF NEXT MEETING**

The Board noted that the next meeting would take place on Thursday, 16<sup>th</sup> January 2013, 1400hrs – 1600hrs in the Kreis Viersen Room, Shire Hall, Cambridge.

## **AGREED ACTIONS**

### **Minute 59 (c)**

- **Service Director for Adult Social Care** to write to the DoH highlighting the Board's concerns on the late start to the Warm Homes Healthy People bidding process.

### **Minute 59 (d)**

- **Executive Director - Children and Young People's Services and Adult Social Care** to review the effectiveness of Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) and advise the Board;
- **Service Director for Adult Social Care** to arrange for an update to be provided from the CPRSP Casualty Reduction Working group;
- **Service Director for Adult Social Care** to check whether CPRSP meetings were being held in public and advise the Board by email.

### **Minute 60**

- **Councillors Ellington and Tierney** to investigate further the funding issues from the District authorities towards core funding;
- **Domestic Abuse Partnership Manager** to arrange to present to the Clinical Commissioning Group's Governing Body, to gain their financial support;
- **Executive Director - Children and Young People's Services and Adult Social Care** to follow up with named Members and officers on establishing the partnership business case i.e. evidence that reducing domestic abuse reduced costs for partners, to ensure buy-in by all partners and in turn ensure that the required resources were made available.

### **Minute 61**

- **Director of Public Health** to take back internal communications issues from the Cambridgeshire Health & Wellbeing Strategy to the officer group, and pick up wider communications issues with the communications team;