

**Bridgend Local Health Board
 Bridgend County Borough Council
 Abertawe Bro Morgannwg University Health Board
 Bridgend Association of Voluntary Organisations
 Bridgend Community Health Council**

**MINUTES OF THE HEALTH, SOCIAL CARE AND WELLBEING
 PARTNERSHIP BOARD**

Monday, 21st June 2010

Bridgend County Borough Council, Committee Rooms 2/3, Civic Offices

Present:

| | |
|-----------------------------|---|
| Cllr Mel Nott (Chair) | Bridgend County Borough Council |
| Cindy Marsh | Public Health Wales |
| Mark Shephard | Bridgend County Borough Council |
| Sue Cooper | Bridgend County Borough Council |
| Peter Mannion | Bridgend County Borough Council / ABMU Health Board |
| Roxanne Dacey | Bridgend Association of Voluntary Organisations |
| Jan Kearn | Voluntary Sector Representative |
| Trevor Guy | Bridgend County Borough Council |
| Dorothy Edwards | Bridgend County Borough Council/ABMU |
| Catherine Roberts | ABMU |
| Marie Amanoritsewor | ABMU |
| Heidi Bennett | Bridgend Association of Voluntary Organisations |
| Bethan Arrowsmith (Minutes) | Bridgend County Borough Council |

Apologies:

| | |
|------------------|---------------------------------|
| Dr Nina Williams | Public Health Wales |
| Louise Fradd | Bridgend County Borough Council |
| Hilary Anthony | Bridgend County Borough Council |
| Abigail Harris | Bridgend County Borough Council |

1. Welcome and Apologies

The Chair extended a welcome to all and apologies were accepted.

2. Minutes of the Meeting 9th November 2009

The minutes of the previous meeting held on the 22nd March 2010 were confirmed in terms of accuracy.

3. Matters Arising

The minutes were viewed for matters arising as follows:

Page 4 – Joint Working Special Grant

With regard to the imminent ending of the JWSG PM announced that work was ongoing with all of the services effected to identify how services would be continued or stopped post March 2011.

PM provided the group with an update regarding the services currently under threat due to the withdrawal of the Joint Working Special Grant and the Independence and Wellbeing Grant.

PM announced that the Disabled Children's Team had held a meeting on the previous Friday with relevant staff members. The posts of three members of staff were currently under threat due to the fact that their posts were funded by the Joint Working Special Grant. PM acknowledged the fact that urgent work needed to take place in this area as people did not want to lose this important service. Further work from the service was required to ensure the future of the service. PM announced that a further meeting would be held in two weeks' time and that specific tasks would be set.

PM reported that there had been significant work undertaken in progressing the Section 33 for CIIS and that a meeting had been held the previous week with regards to future funding. DE announced that the meeting had been held in order to provide an overview of what the various CIIS services delivered and to identify sources of funding. DE believed that the CIIS services provided a strong quality of support but that there were some tough choices ahead.

SC emphasised the fact that the existence of a Section 33 did not guarantee funding and that it was simply a process. SC acknowledged the fact that the Section 33 needed to be strengthened and that there was pressure to achieve by March 2011. DE stated that the CIIS services in Bridgend were funded substantially from a stream within Continuing Health Care and that there was uncertainty with regards to the future of this funding. DE acknowledged that there was a lot of work to do in quite a short space of time. DE stated that a plan was required but that it needed careful consideration.

PM informed those present that Mark Wilkinson was due to meet with Steve Wade regarding transition services. There was an awareness of the void that was ahead and a plan was being drawn up in order to meet this void. PM stated that there were two posts within transition services that the money paid for.

Page 6 – Final Version of Section 33 Agreement

PM stated that the reason that the Final Version of the Section 33 Agreement was not available at this meeting was partly due to the prior discussion on finances and also due to an issue regarding the status of staff. PM informed the group that these issues were still being resolved and was the reason for the agreement currently not being with the partnership board. A formal consultation with staff also needed to be held.

4. Feedback from LSB and Delivery Board:

SC stated that she would speak to Abigail with regards to this report as she was not in attendance at today's meeting.

Action.

5. Direction of Travel – Locality Integration

DE stated that the document contained within today's meeting pack represented some early thinking with regards to the development of integrated services. DE announced that there were lots of examples of integrated services within the Bridgend area and that the next step forward was to formalise this integration.

DE noted that a specific opportunity had arisen because ABMU had not yet completed its restructuring process and was currently working through its tiers of appointments. An Integrated Services Manager role had been identified and a paper had been created in order to make the case for that role. DE announced that some discussion had occurred with staff-side union colleagues and that they were content to proceed with the advertisement of the post. It was anticipated that the post would drive forward operational delivery.

DE had discussed the need to have a total framework/development plan with Abigail and to secure the opportunity for joint appointments. DE informed the group that the next stage in the process was to hold workshops with frontline Health and Social Care staff.

CR reported on a meeting held on Friday relating to the possibility of organising primary services into areas in order to drive the quality forward. CR stated that it had been a positive meeting and that further sessions would be held over the summer months. SC stated that from the Social Care perspective, work was already happening and that changes were being prepared for.

TG offered an observation on the fact that Health and Social Care were moving ahead on the locality area agenda just as Children's Services had. TG noted that within Children's Services, four areas had been considered – as opposed to the three within Adult Social Care. TG believed that these areas

had to relate in some way. TG stated that this would not be impossible but that it required discussion.

SC believed that GP's were key to this in terms of Primary Care and that they needed to take ownership of this area. Children's Services had yet to engage with Primary Care. TE informed the group that he had scheduled a meeting with DE in July.

DE announced that further to the meeting at the LSB on Friday, Jo Farrar would be facilitating a meeting between the Police, Health, Education and other agencies in order to gain a common viewpoint.

MS reported that the Strong Communities Group had met last Friday and that Satwant Pryce had been tasked to plot the relevant geographical areas. JK raised the issue of voluntary representation. PM stated that a meeting had been held in order to discuss the options and that the mapping work of BAVO had been acknowledged. This needed to be mapped against the identified options.

6. Feedback from HSCWB Workshop 14th June

PM reported that the workshop had aimed to launch the development of the next HSCWB strategy and had engaged a broad range of people. An outcome based accountability approach had been used in order to identify higher level outcomes and the identifiers for them. PM stated that the day had proved to be successful and had been organised by BAVO. 70/80 people had attended from across the public/Third Sectors and turn-out had been pleasing.

When asked to identify high level outcomes to be achieved through the strategy, three main areas had been identified:-

- Physical Health – healthy births, vaccines, healthy weight, no unplanned/unwanted pregnancies, healthy alcohol consumption, no dependency on tobacco/other substances, a physically active population, good dental health, a longer and improved quality of life, and greater independence for older people.
- Emotional Health – high self-esteem, no social isolation, no self-harm, no suicide, an inclusive society, good work-life balance, a society that talks about emotions and mental health, and the confidence to live independently.
- Safe and Healthy Environment – crime, disorder, food safety, road safety, traffic accidents, healthy environments, good and affordable housing, the opportunity to work, and a population that uses its green spaces.

Economically viable outcomes had related to access to leisure services and individuals did not want finance to be a barrier to these. HB acknowledged the

fact that this was currently a hot topic. HB stated that the area of safety appeared to be important as it had occurred on every list.

HB announced that it had been difficult to get people to think around outcome based accountability and that the presentation had been useful. PM noted that they had worked closely with the Children's and Young Peoples' Partnership and that Clare Lane had delivered the presentation. TG believed that there was a need to be careful with regards to outcome based accountability as it was important to ensure that the end product wasn't a description of utopia.

PM identified the next steps to be taken with regards to the Strategy. PM stated that lead officers for each outcome would be identified within the next few weeks in order to move things forward. Task and finish groups representative of each sector would be developed. Areas which could be worked on for the biggest impact needed to be identified.

PM announced that he was working with Corporate Planning to ensure that the process is tied into the work with InfoBase and the Fynnon performance management system. PM stated that he would provide an update on these developments.

With regards to the timescales for this, PM announced that a skeleton strategy would be in existence by the end of August. This would be looked at in focus groups with key stakeholders. It was hoped to have a formal strategy to consult on by October. Changes could be made in January and February – before the formal sign-off and publishing in March 2011. PM added that a webpage (<http://www.healthchallengebridgend.org>) was in existence for ongoing consultation. This provided another forum for individuals to help develop the strategy.

Action

7. Third Sector HSCWB Network

RD distributed an informational handout regarding the development of the regional HSCWB Third Sector Network. RD announced that as part of the NHS re-structure, a Third Sector non-officer had been appointed for all health boards. ABM had appointed Gaynor Richards. RD reported that the purpose of this role was to ensure that the views and experience of the Third Sector was taken into account.

RD announced that a meeting with Linda Davies (Partnership Development Manager) had been held in order to discuss ways in which the partnership could become more formalised. As part of this development, a regional HSCWB Network had been created. RD noted that the main aims of the HSCWB Network were listed on the document provided.

RD stated that the HSCWB Network met on a quarterly basis and were due to meet again in September. Good representation was required. Jo Davies had been invited to the May meeting and was taking things forward with a

workshop on Monday. This would consider how the Third Sector could tie in with ABM's priorities.

RD announced that mapping documents had been looked at and also the standardising of the SLA with the Third Sector. The Regional HSCWB Third Sector Network would be taking this to the NHS Advisory Board and had been recognised as an example of good practice. As the Network was relatively new, RD stated that it had only focused on Health thus far but that Social Care engagement was now needed.

8. Western Vale Consultation

CR announced that the papers regarding this had been distributed with the previous minutes. CR reported that a consultation with regards to the provision of health services in the Western Vale was being held. CR informed the group that many services are provided by ABMU in the Western Vale area would be reviewed. This has been the case for some time but there are risks if the situation is not resolved.

The other issue was the provision of services for Western Vale residents in the borough of Bridgend. The natural patient pathway for these was to the Princess of Wales hospital. CR noted that there were some projects happening around respiratory health and leisure centre services. This had produced good outcomes But 10% of attendees lived within the Western Vale. CR believed that it was important to be mindful without restricting services. CR stated that the healthcare pathway needed to make sense to patients. CR noted that a response had been prepared to the consultation. The closing date is 2nd July.

SC asked if there would be a consultation with residents. CR announced that the website listed the planned consultations and almost all of the events were in the Western Vale area. CR felt that it was our duty to involve residents in the consultation process. CR acknowledged that this issue had caused some problems with patients and therefore clarity was now a priority.

9. Highlight Report Healthy Lifestyles

PM announced that this was one of the standard highlight reports regarding the priorities of reducing performance use, improving emotional well-being/ mental health services, chronic conditions management, and healthy lifestyles. PM stated that the report considered healthy living and specifically physical activity, nutrition, and tobacco. There had been significant progress since the last report.

PM highlighted a few areas from the attached Sports Wales report. The report indicated that the 2008-2009 physical activity levels for Bridgend were very positive and that there had been an improvement in numbers.

On p.4 of the report, PM noted that there had been a 14 percentage point increase in sport/physical activity participation. PM stated that NPT had also achieved a significant increase. Some areas had yet to see an increase; therefore the results for Bridgend were pleasing. Whilst Bridgend had started from a low base, there was still a lot of work to do. However, Bridgend was moving in the right direction.

PM provided the group with some examples of what was happening within the Borough and distributed the 'School's Out' document. Play-schemes were now being remodelled as active camps. This built on the Change for Life national initiative and the positive messages of the 2012 Olympics. PM noted that this change of service model covertly added healthy messages. Children would receive awards for eating five fruit and vegetables a day and would receive diaries to monitor their food/drink intake. PM noted that the change of service model built on the priorities of the HSCWB. Small amounts of funding had been added from 'Change to Life' in order to help deliver the priorities from the Strategy.

HB asked if the 'School's Out' document was in the public domain. PM announced that it currently existed in draft form but would be available to the public shortly. PM acknowledged the good work happening in this area.

With regards to Item 3 ('Risks & Escalation'), PM stated that there were still question marks regarding the 'Access to Leisure' project and it's financing. There were also question marks over the Exercise Referral Scheme. This is currently funded from a WAG grant.

PM recognised the fact that more work was required with the Corporate Health Improvement Group as he believed that it was not yet strong enough. PM noted that work would take place this year.

MN enquired as to whether Item 4 ('Strategic & Political Milestone') should remain at red under the traffic light system. PM acknowledged the existence of the group but believed that something now needed to be achieved within this financial year. PM noted the possibility of changing it to amber. MN stated that at the time of the report, a delay had occurred which would have made a red light appropriate at that time. MN suggested reviewing the progress made and then changing the traffic light accordingly. MS believed the existence of the group suggested an amber light but did not feel that this issue was crucial.

HB informed those present that there were eleven organisations within the Third Sector which had achieved the bronze healthy workplace award and that a presentation was due to be held that week. HB cited it as a "lovely piece of partnership work".

MS commented on the appendices presented by PM on the increase in physical activity levels, and stated that BCBC could not take all of the credit for the increase in numbers as there were a range of factors involved. MS acknowledged the fact that the Borough was heading in the right direction.

10. Homeless and Vulnerable Groups Health Action Plan

MA noted that she had provided the group with an update in November '09. MA reminded those present that a legacy report had been produced which had been submitted to WAG. The report gave the status of the work being done with regards to the health improvement of vulnerable groups within Bridgend. The work was being undertaken with NPT and therefore a joint steering group had been created.

MA stated that the background for the work related to the standards developed by WAG following the recognition that some groups were more vulnerable than others. These groups included asylum seekers, refugees, EU migrants, and gypsies/travellers. MA reported that when she last visited, a health action plan was in the process of being developed. A workshop had been held in Bridgend which fed into a health needs assessment, but not many service-users had engaged. It had subsequently been realised that more work was required.

Thirteen priority areas had been identified as a result of the Needs Assessment. A task and finish group had been created to look at each area. From the health needs assessment that had taken place, the priority group for Bridgend that had been identified were the homeless. There were no gypsy/traveller sites in the Bridgend area.

MA stated that in the action plan, Priority 2 had been separated from Priority 4 as Priority 2 was more outward facing. With regards to Priority 7 ('Developing Population Based Approaches'), MA related the details of a pilot scheme in NPT which provided facilities for an outreach service offering health services to homeless people. MA provided the group with information regarding this scheme and noted that it was due to be evaluated within the next few weeks. MA stated that many homeless people did not engage with pilot schemes. MA suggested creative thinking was required in order to meet the needs of the homeless. MA stated that she would provide feedback to the group at a later date.

MA informed the group that in the early stages of this work, Swansea had been approached but well-developed services for homeless people were already in existence in Swansea and therefore they had declined involvement at that time. MA said that there was now a move to draw all action plans together.

SC believed that this situation was disappointing as other areas could learn from Swansea. DE announced that she had been working in Swansea at the time of the decision and that the authority had not been reluctant to work with other areas but had wanted to work in parallel. There had been concern regarding the possible watering down of resources. SC believed that best practice should be shared. DE believed that now was a good time to draw everything together. MN asked if a reluctance was still evident and MA

answered, “Not at all”. MA announced that plans were currently being drawn together as it was impossible to work in isolation.

PM acknowledged the fact that MA had done excellent work thus far. PM recognised the quality of Swansea’s services but wondered if there was a way in which to add small amounts of money to those already in existence in order to utilise the services in other areas. This would be more cost effective than replicating services. DE acknowledged the fact that Swansea’s clinical leadership was exceptional and that there was now a need to drive this agenda forward.

Action

13. Any Other Business

HB stated that in terms of the HSCWB Network, it appeared that the same would be developed in the area of mental health. HB would keep the group abreast of developments.

HB reminded the group that a walk was due to take place at Bryngarw House on the 27th June. This would allow individuals to raise funds for a charity of their choice.

Action

14. Date of Next Meeting

The next meeting will be held on September 22nd 2010 at 2:00pm – 4:00pm in Committee Rooms 2/3, Civic Offices, Bridgend.