CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 31 January 2019

Time: 10.00-12. 30pm

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor Roger Hickford (Chairman)
Councillor Mark Howell
Councillor Linda Jones
Councillor Susan van de Ven
Wendi Ogle-Welbourn- Executive Director: People and Communities
Dr Liz Robin- Director of Public Health
Tom Kelly- Head of Finance
Kate Parker- Head of Programmes Team, Public Health

City and District Councils
Councillor Mike Cornwell- Fenland District Council

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jan Thomas- Accountable Officer (Vice-Chair)
Dr Sripat Pai- GP member

Healthwatch
Val Moore

NHS Providers
Tracy Dowling- Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
Keith Reynolds- North West Anglian Foundation Trust (NWAFT) (substituting for Caroline Walker)
Ian Walker- Cambridge University Hospitals NHS Foundation Trust
Matthew Winn- Chief Executive at Cambridgeshire Community Services NHS Trust

Hunts Forum
Julie Farrow- Chief Executive of the Hunts Forum of Voluntary Organisations

Also Present:
Councillor Lynda Harford

Apologies:
Jessica Bawden- CCG, Director of Corporate Affairs
Councillor Samantha Hoy- Cambridgeshire County Council
Chris Malyon- Section 151 Officer, Cambridgeshire County Council
Councillor Nicky Massey- Cambridge City Council
Caroline Walker- North West Anglia Foundation Trust (NWAFT)

114. NOTIFICATION OF THE CHAIRMAN

The Board noted that Cambridgeshire County Council had appointed Councillor Roger Hickford as Chairman for the rest of the municipal year 2018/19.

115. CHANGES IN MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board noted the following changes in membership: Caroline Walker had succeeded Stephen Graves as the Chief Executive of the North West Anglian Foundation Trust; Julie Farrow, Chief Executive of the Hunts Forum of Voluntary Organisations had been appointed a full member of Board; and Councillor Mark Howell had succeeded Councillor David Wells as a Cambridgeshire County Council representative.

116. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above and there were no declarations of interest.

117. MINUTES - 22ND NOVEMBER 2018

The minutes of the meeting on 22nd November 2018 were agreed as an accurate record and signed by the Chairman.

118. MINUTES ACTION LOG

The Action Log was reviewed and the following update was noted:

Minute 86: Better Care Fund Update - The Vice-Chair (The Accountable Officer for the CCG) reported that she would ask her Director of Corporate Affairs to progress this issue. It was noted that it would be considered at a future workshop on planning and growth. It would also be considered by the Integrated Commissioning Board as part of the work stream on housing. The Chairman reported that this action should now be marked as complete.

119. A PERSON'S STORY

Susie Willis from Care Network Cambridgeshire introduced herself and thanked members of the Board for allowing her the opportunity to share the stories of two residents in Cambridgeshire experiencing chronic loneliness.

The first experience shared with the Board was about a man named Barry; he was 89 years old and lived in a small village. He had lived in his home for 42 years; all his four children lived all round the world and the closest being a five-hour drive away. Sarah, his wife had died two years ago, she had experienced dementia and Barry had cared for her in their home for 10 years. Last year Barry had a stroke. It was noted that Barry had never thought about being lonely until Sarah was diagnosed with dementia. Barry had felt like he was the only person who could support her and vowed to keep her at home. Their four children had tried to support Barry and Sarah however, Barry always told them everything was fine, but did not say how hard it was to look after his wife as he felt his children had their own lives to manage. It was noted that this was Barry's first experience of loneliness, Barry and his wife's relationship started to change, Sarah would often question who Barry was and where

she was. Barry did not know whom to turn to for help, he felt like people would see him as weak, or as a failure if he spoke out. Barry carried these feelings for several months until he could not hide the truth anymore. He spoke to his children about his daily struggles, the emptiness of the house, his feeling of isolation, as they could no longer leave the house. With their support, Barry enrolled in the services of a care team and made sure that the company he chose would always send the same carers to the house. Once this new routine had started, Barry felt more comfortable leaving the house so he could recharge or complete some chores. The carers became friends, Barry no longer carried feelings of guilt, and he did not feel so lonely.

However, after Sarah's death the house felt empty again. Neither Sarah nor the carers were there. The grief of losing his wife consumed Barry, but he was determined to rebuild his life. He started meeting people and doing some hobbies, he previously had enjoyed. He could get into his car and drive anywhere he pleased. He was alone at times, but not so lonely. Then Barry had a stroke, it took a lot time and professional support to regain his strength in his arm and leg. He was in the house on his own, but this time he was not able to leave the house and get in his car. A care team would visit the house twice a day but did not stay for long and he rarely saw the same person twice. Again, Barry felt afraid to speak out and tell someone he was struggling and that he was lonely. It was noted that Barry felt it was more difficult for men to admit that they were feeling lonely, as they were not supposed to show weakness. He did not think that there was an answer for loneliness as we were all different, but he does feel it was important to recognise and express those emotions that men, particularly of a certain generation, are afraid to share.

The second experience Susie Willis shared with the Board was a woman called Sue. Sue was 91 years old had two children but had lived alone since separating from her husband two years ago. Following the breakdown of her marriage, she had moved into a new area, a town centre so she could travel and enjoy her life. Not long after this move, she had a fall, which knocked her confidence and reduced her mobility. Her family thought she could move into a care home, however, Sue wanted to remain at home after she was discharged from hospital. Sue went home; she did not want to bother her children. Luckily, a friend would drive to visit and take her for coffee, but this stopped after her friend became unwell and could no longer drive. It was noted that Sue did not have many local friends and many others had passed away. Sue stated, with tears in her eyes that thoughts of those around you dying makes you feel alone in your head, those who understood you, bonded with you, experienced life events with you had gone. Who else wants to know, who else wants to bother? Over the next 15months, Sue had two more falls. This resulted in lengthy stays in hospital. Once again, her family had questioned Sue's suitability to return home. Sue did return home and remembered numerous carers or health care professionals visiting her, but none of them would stop and talk to her or really get to know her. Sue had stated that loneliness changes your perspective on everything. Her garden used to be peaceful but now feels more like a prison. She purchased a mobility scooter but did not have the strength to move it. If Sue did go outside she was scared she would fall off as the scooter was unsteady on the uneven pavements. It was noted that Sue felt frustrated, as she believed she was not old inside her head. She would love to have company and someone to talk to her; it would be something to look forward to. Sue commented that old age is a lonely place and she would not mind if she did not make it to her 92nd birthday.

In discussion:

- The CPFT Chief Executive reported that the experiences Susie Willis had shared with the Board were not uncommon. She believed that as individuals got older they did experience feelings of isolation. She acknowledged that it was different for men and women. She was unsure of how to negate the feeling of loneliness and believed that it was partly due to societal values towards the treatment of older people that caused these feelings. She highlighted the link to suicide, which was relatively high for older people. The Chairman agreed and stated that close-knit communities were rare due to the rise in global travel and employment.

- An elected Member noted that a village in their Division had set up a Care Network Community Navigator Scheme and was holding a celebrating age event. However, setting up more groups like this did have a number of challenges such as funding.

- The Voluntary Sector representative stated that the experiences of Barry and Sue had been presented eloquently and asked Susie Willis whether she had seen an uptake in the number of people who identified as lonely. It was noted that it was more important to make individuals who were feeling lonely feel comfortable asking for help. Once this had been achieved then they would see an uptake in individuals identifying as lonely. It was acknowledged that they needed to be changes to societal values regarding the stigma around loneliness.

- An elected Member stated that it was very important to work with neighbourhoods to establish local networks and not just employ professional carers. It was suggested that Public Health could lead on this campaign in order to identify and help individuals who were suffering from loneliness. Attention was drawn to the many informal social networks in cities but not so many in rural communities. It was therefore important that officers were sensitive to the geography of loneliness.

- The Vice-Chair asked the Director of Public Health whether by using previously collected data, the Service could identify where people were at the most risk of experiencing loneliness. She reported that the Joint Strategic Needs Assessment (JNSA) needed to be more pro-active in identifying individuals who were suffering from loneliness. She noted that they had been strong links between loneliness and mental health issues. The Director of Public Health agreed that loneliness had become a common problem. It was noted that this issue would be pick up as part of the next item.

- The Fenland District Council (FDC) representative agreed that understanding the geography of loneliness was very important. He reported that a survey in Fenland had identified lots of informal voluntary work being carried out in villages to try to help negate the feeling of loneliness. He highlighted the importance of offering events and activities to isolated individuals.

- The Assistant Director of Strategy at the NWAFT suggested that the THINK communities initiative was made up of individuals, groups and charities working with people who did feel lonely and isolated. He suggested the Board could join up with this initiative and help identify what resources were there in order for people to take advantage of opportunities in their local communities.

120. CAMPAIGN TO END LONELINESS IN CAMBRIDGESHIRE

The Board received a report providing a brief on the launch of the Cambridgeshire and Peterborough campaign to end loneliness- '#50000reason' and to highlight the impact the campaign had made to date. It was noted that the '#50000reasons' campaign was launched prior to Christmas in order to make the general population more aware of the levels of loneliness amongst the older population at this time. The campaign was given its name as data analysis identified that fifty thousand individuals in Cambridgeshire and Peterborough, over the age of 65 might be at risk of experiencing loneliness. It was noted that there was a stigma surrounding loneliness and that this campaign was trying to not only change the perception of loneliness but also trying to understand how to address it.

The campaign had received £10,000 from the National Campaign to End Loneliness and had been promoted using traditional, social and digital media such as: TV, Radio, Facebook and Twitter. It was noted that the campaign was in its 'first peak' before Christmas and going forward onto the 'second peak' this year. It was proposed to use the momentum to continue to promote the message of the campaign and potentially reach out to cover issues of loneliness and isolation across all age groups. Members noted that 59% of young people between the ages of 16-24 had experienced loneliness. The effects of loneliness had different implications for different age groups. Going forward the campaign would involve the districts. The Board was to consider how it could support the campaign.

In discussion:

- An elected Member expressed concerns around the importance placed on social media as a tool to address loneliness, as it could also be the cause of it. Many people had no access to social media and others could be totally consumed by it. She stated that the report accurately portrayed the benefits and harmfulness of social media on loneliness. The Board was informed that the campaign was not directed at older people but rather at the general population who used social media. It was important to bear in mind that there would be a transition phase as future generations embraced and used technology.

- The Chairman stated that he assumed that most young people would have access to the internet; however, individuals could still feel isolated when using the internet. The Chief Executive of the CPFT followed this by stating that social media tended to show a distorted perception of individual's experiences.

- An elected Member highlighted the need for a clear strategy moving forward. She raised the need to identify what assets were already there in the community, and the Importance therefore of mapping community and organisational intervention in order to understand the scale of the problem. . Overall, she was satisfied with the campaign, as tackling loneliness was an important issue however, the report did not outline a clear strategy moving forward. It was acknowledged that a mapping exercise would be help address barriers.

- The representative from Healthwatch raised the need to understand the barriers for counteracting loneliness within communities. The report needed to take into account the factors that supported individuals in communities. By

doing this, the campaign would gain more momentum, recognition and understanding of loneliness as it progressed.

- The Voluntary Sector representative stated that the campaign did raise awareness of the issue amongst the general population but did not actually aim to reduce levels of loneliness. It was noted that communities in Cambridgeshire were rapidly changing therefore there needed to be a rolling programme.

- The Executive Director, People and Communities stated that the THINK communities initiative linked to the Sustainability and Transformation Partnership (STP) could take this issue forward. She agreed with the voluntary organisation representative that the campaign had to focus on promoting place based initiatives within the community.

- The FDC Member stated that the campaign should not forget about working with Parish Councils as there was work already being done to help negate the effects of loneliness by local people in communities.

- The Vice-Chair reminded the Board that younger people had also been experiencing big issues with loneliness and it was progressively getting worse.

  The Chief Executive of CPFT reported that CPFT had been promoting events where people could attend on their own. It was holding its first ever NHS park run to try to encourage individuals to have the confidence to attend on their own.

It was resolved unanimously to:

a) Note for information the brief on the local campaign to end loneliness- ‘*#5000reasons’*

b) Comment on the ‘*#5000reasons’* campaign impact

c) Provide comments to support the development of the send phase of the campaign

121. ADULTS POSITIVE CHALLENGE PROGRAMME

The Board considered a report outlining the conclusions of the recent self-assessment for Adult Social Care in Cambridgeshire. The Head of Integration, Adult and Safeguarding stated that there was a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. The self-assessment also referred to the Adult Positive Challenge Programme, which was underway across Cambridgeshire and Peterborough. Feedback was being sought from the HWB and key partners to assist the development of key goals.

In discussion:

- An elected Member found the report interesting, but raised concerns regarding the overlap of initiatives and the quantity of work that would need to be completed. She asked officers how they would know which initiatives would be effective. In response, it was noted that officers were performing an extensive

evaluation process in order to identify which initiative strands could be delivered with the resources they had.

- The same Elected Member also raised concerns regarding the future vision of the Adult Positive Challenge programme. She wanted to know whether local people would drive Health and Wellbeing in the future and was concerned about the interpretation of this vision going forward. The Head of Integration, Adult and Safeguarding clarified that individual's best recognised their own needs, which could be much cheaper to deliver. From their research, it had been established that individuals wanted independence rather than a home care package. It was noted that officers would make sure that users were given the right messages and conversation regarding prevention methods to minimise dependence on Council funded care and support and the health system.

- The Executive Director, People and Communities reminded the Board that the Council was financially challenged with reducing budgets and increasing demands. It was therefore important to do things differently by building on the assets of a community and working with District colleagues. The Chairman acknowledged the importance of identifying savings but there needed to also be a focus on outcomes.

- An elected Member raised concerns over the clarity of the 'Adult Social Care Outcomes Framework-2017/18' table in the report; it was suggested that this should be discussed outside of the meeting.

- An elected Member raised concerns regarding the impact of Brexit on the 20% of care staff who came from the European Union (EU). She asked whether there had been any changes in current employment rates and what precautions were being taken to help employees stay in the UK. The Board was informed that there had been a successful recruitment campaign in the Council's reablement service and officers were working with providers to help employees from the EU get UK residency. The Executive Director, People and Communities stated that employees from the EU were getting good levels of support and they had not seen an influx of EU workers leaving the care system. She added that she would provide the Board with a briefing from the Commissioning Team. **(Action required- Executive Director: People and Communities)**

- The Vice-Chair stated that given the financial pressures facing the Health Service she would need to evaluate the effectiveness of various fora comprising health representatives. She reported that she was looking at streamlining processes to identify which infrastructures were most effective and which ones could be made more efficient.

- An elected Member drew attention to partnerships detailed on and highlighted the fact that they were not cost free. There was therefore a need to clarify and simplify across the health and social care system. The Chairman, with agreement from the Board, stated that there was much more that could be done to improve the efficiency and productivity of organisations, through joined up working arrangements.

It was resolved unanimously to:

a) Note the findings of the recent self-assessment for Adult Social Care

b) Consider how the Board might engage with and support Adult Social Care in innovations and challenges described

122. UPDATE ON THE PROGRESS OF THE SUICIDE PREVENTION ACTION PLAN AND ZERO SUICIDE AMBITION

The Board considered a report providing a brief update on the progress of the work by all partners on the multi-agency Suicide Prevention Implementation Board. It was also asked to review partner organisations plans towards the zero suicide ambition. The Consultant in Public Health informed the Board that there were two sections within the report. The first part was the work performed on the Suicide Prevention Plan by the multi-agency partnership board, and the second the districts councils' work on suicide prevention. It was noted that the Suicide Prevention Implementation Board had made good progress throughout the last year with a small budget. Attention was drawn to the six priority areas for suicide prevention and the key work assigned to each. There was also an appendix detailing the work of HWB partners who were not members of the Suicide Prevention Implementation Board.

In discussion:

- The representative from FDC asked officers whether voluntary organisations would feed into the real time surveillance portal. The Board was informed that it would require greater data sharing agreements if Public Health wanted to share data with the community sector and voluntary groups. The same Member queried the role of the Samaritans in this process. The Board was informed that officers had visited the Samaritans. However, it was important to note that support from the Samaritans could be provided from anywhere in the country. It was also important to note that the Samaritans did not keep records.

- The representative for the voluntary organisations suggested that officers contact and share data with the voluntary sector and faith networks as they both had big roles in supporting individuals across Cambridgeshire.

- An elected Member raised concerns regarding the access to the MIND Sanctuaries across Cambridgeshire and enquired as to whether the amount of transport to these centres could be increased. The Board was informed that it would be difficult as the Sanctuaries were in rural areas of Cambridgeshire. It was important to note that they were not a 24/7 service. It was noted that a children and young person crisis service was being developed in order to try to help prevent a crisis from happening and the need for individuals to attend the Sanctuaries. The same Member commented that more accessible transport to these MIND Sanctuaries was vital

- The Chief Executive of the CPFT clarified that the Sanctuaries were open until 1.00am. She explained that the NHS long-term plan was proposing a substantive core service be put in place in order to improve these types of suicide prevention services.

- The Director of Public Health stated that since MIND Sanctuaries had been introduced, they had initially seen reduced levels of users in Accident and

Emergency. The Vice-Chair reported that that there had since been a 9% increase in A & E activity relating to suicide.

- The Chief Executive of the CPFT stated that the scheme of dialling 111 to get a mental health assessment over the phone was also effective and that MIND Sanctuaries were not the only option for individuals. She added that the level of support in Cambridgeshire and Peterborough was the best in the country and reminded the Board of further ambitions in the long-term plan.

- The representative from HealthWatch reported that stories from people who had been coming to HealthWatch demonstrated this there was a stretched capacity on the health system. They noted that these individuals were service seekers rather than users. These stories would be shared with the Chief Executive of CPFT and the Vice-Chair outside of the meeting.

- An elected Member thanked officers for presenting the paper and suggested its approach was practical and focused. Regarding the STOP suicide awareness raising campaign in May 2018, the Member was concerned that there were no signs of an evaluation report. Officers clarified that the evaluation process had been completed and would be circulated to the Board (**Action required- Consultant in Public Health (Cambridgeshire County Council)**

- An elected Member raised concerns regarding the report's appendix; Cambridge City was the only district to provide a full response. The Member suggested that there be a significant report from each district regarding their Suicide Prevention Action Plan.

- The Vice-Chair stated that the CCG funding allocations for 2019/20 moved it further away from its funding target. Additional funding did not mean additional staff. She could not guarantee that there would not be cuts to services this year.

- The Chairman with agreement from the Board stated that this funding issue needed to be discussed fully by the Health and Wellbeing Board.

It was resolved unanimously to:

a) Note and comment on the progress of the suicide prevention implementation plan

b) Comment on the commitment of Health and Wellbeing Board member organisations to the zero suicide ambition

c) Continue to support the implementation of the suicide prevention implementation plan through partnership and network links, awareness raising and developing a learning culture

123. GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE

The Board considered a report providing an update on the Living Well Area Partnership. The report focused on the Greater Cambridge partnership, which included Cambridge City Council and South Cambridgeshire District Council. It was

noted that it was important to get the right people in attendance, and the partnership had a good relationship with GPs.

In discussion:

- The Chairman queried the Partnership's interaction with GPs. It was noted that a representative had been nominated representative from the Cambridgeshire GP Federation who was keen on making the partnership work on a local level. However, it had struggled to get engagement with GPs previously and had no engagement with Secondary Care representatives

- The Vice-Chair raised concerns that there were multiple different organisations trying to develop a more joined up approach between Health and Social Care. She explained that it was difficult to resource all these organisations as they did not have a clear picture of which organisation was carrying out which task. She had serious concerns that the CCG could not support the amount of infrastructure at the present date.

- The Executive Director, People and Communities agreed with the Vice-Chair and stated that these partnership groups needed to be placed based and involve all districts. It was acknowledged that there needed to be locality-based forum, which considered different issues from the North and South Alliance. It was important to bear in mind the need to consider from a public health perspective housing and environmental health.

- The representative from FDC raised his concerns regarding the vast amount of meetings taking place around the county. He suggested that the meetings had lost focus and someone should come back to the HWB with a report regarding how to manage the current infrastructure.

It was resolved unanimously to:

Consider the content of the report and raise any comments

124. HUNTINGDONSHIRE LIVING WELL AREA PARTNERSHIP UPDATE

The Board considered a report providing an update on the Huntingdonshire Living Well Area Partnership. The Head of Leisure and Health, Huntingdonshire District Council, stated that the strength of the LWP originated from the connectivity to the people it supported. She echoed comments raised in the previous item suggesting that the LWP was a complex and confusing landscape at the current date. It was noted that the LWP scheme had many opportunities arising from it but did face challenges. It too had a GP that worked with the partnership but stated that it needed to seek further clarity of the role of the GP representative and their link into the wider Huntingdonshire GP network.

In discussion:

- The Chairman asked the Board how it could review the whole situation. The Executive Director, People and Communities suggested that a report be presented to the HWB.

- The Director of Public Health suggested that the LWPs could bring information back to the Joint HWB workshop in March. **(Action required- Head of Leisure and Health at Huntingdonshire District Council)**

- An Elected Member reported that she would strongly disagree with abandoning the LWP project. She suggested that the HWB would need to re-focus on the processes taking place in hospitals and in the CCG. She suggested that they would need the right level of engagement from senior officers to move the process forward.

It was resolved to:

Consider and comment on the content of the report

125. HEALTH AND WELLBEING STRATEGY - RENEWING THE HEALTH AND WELLBEING STRATEGY

The Board was asked to comment on the development of the next joint Health and Wellbeing Strategy (JHWS) for Cambridgeshire. The Director of Public Health informed the Board that the report was asking them to make the important decision on how they should progress with the Joint HWB strategy for 2019. The previous HWB strategy had been extended to the end of 2019 so it aligned with the ending of Peterborough's HWB strategy. The Director of Public Health stated that having a joint strategy would provide a strategic benefit to the two Boards. There were three options set in the report: Option A, a single Cambridgeshire HWB strategy; Option B, a Cambridgeshire and Peterborough HWB joint strategy; and option C, a mixed strategy where some elements of the strategy were joint and others were separate. She reported that Peterborough had considered this report already and expressed support for Option B, but stated that it should be sensitive to local needs and issues.

In discussion:

- The Vice-Chair stated that she was supportive of Option B as it provided a long-term plan with a larger footprint for the two boards across Cambridgeshire.

- An elected Member stated that she was also supportive of Option B, however the wording in the report should change from 'could' to 'should' regarding Option B and its relevance to local HWB needs (JSNA).

- An elected Member stated that option A was more straightforward and was surprised that this simplicity was not conveyed in the report. They asked officers why the report had not made a stronger case for Option A. The Executive Director, People and Communities clarified that Option B created more opportunities for achievable and effective place based working schemes.

- The Chief Executive from the CPFT supported Option B as it allowed resources to be brought together to produce one joint piece of work.

- The representative from the voluntary sector preferred Option A as Peterborough's HWB did not have a representative from the voluntary sector on its Board. The Chairman asked officers whether the role of the voluntary sector in Peterborough could be addressed if Option B was selected. The Executive

Director, People and Communities confirmed that she would address this issue. **(Action Required- Executive Director: People and Communities)**

- The Director of Public Health suggested to the Board that Option C was more complicated than option A and B. She understood the point's members of the Board had raised, however one joint strategy would increase connectivity and provide the districts with greater participation with the creation of placed based schemes.

- The representative from FDC stated that Fenland were already working closely with Peterborough so he supported Option B.

- The representative from the NWAFT stated he would like to see the Joint HWB strategy aligning with the STP strategy in order to instigate more joint working. The Director of Public Health confirmed that the workshop in March needed to discuss how the STP and HWB strategies would align.

- The representative from Healthwatch stated that integration needed to be a priority, so supported Option B.

- It was decided by the Board to agree on Option B with the understanding that the wording in the report should change from 'could' to 'should' regarding option B and its relevance to local HWB needs (JSNA)

It was resolved unanimously to:

> Agree on Option B with the understanding that the wording in section 3.4 in the report should change from 'could' to 'should'.

126. CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

The Board considered a report providing an update on its three agreed priorities for 2018/19. The Director of Public Health stated the report requested a steer from the Board on the policies they would like to explore further. She took the Board through the priorities set out in the report.

The Chairman, with agreement from the Director of Public Health, stated that the Board was being asked to prioritise which health inequalities and priorities they wanted to continue to work with in the future.

In discussion:

- The Vice-Chair stated that the Delayed Transfer of Care (DTOC) was a very relevant topic of discussion at the current date and significant amount of work was being put into that, which was yielding good results.

- An elected Member stated that supporting the healthier food environment was an important area of the HWB's agenda plan and an important area to link with. She reported that health inequality issues were all driven through the Social Value Act. All organisations within the Health and Social Care system should focus on reducing discrimination regarding employment rates amongst individuals with criminal records.

- The representative from the voluntary organisations stated that the Social Value Act had been in operation for a while and organisations were not using it to its full potential. She suggested that it could bring an economic benefit and be the catalyst for creating local support services.

- The representative from FDC reiterated the importance of the Social Value Act and highlighted the responsibilities of the Combined Authority in this area.

- The representative from Health watch stated that when the next set of joint priorities were formulated; they needed to include the access and isolation need in the Health and Social Care system.

- The representative from NWAFT raised concerns regarding how they could improve the vacancy rates in the health and social care system. He suggested that high levels of unemployment in the system did effect service. The Chairman agreed that the Board needed more information on the delivery and costs. He suggested the officers could bring the report back to the HWB as soon as possible and they could allocate more time to the item. **(Action required-Director of Public Health)**

It was resolved unanimously to:

a) Note and comment on progress against the Health and Wellbeing Board priorities for 2018/19 since the performance update provided in November 2018

b) Provide a steer on which policy options to address health inequalities should be priorities for further work by the Public Health Reference Group.

127. PROPOSAL TO ESTABLISH JOINT WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS.

The Board received a report detailing the decision made by full Council to establish joint working relationships between the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWB). The Head of Business Programmes Team explained that this report was to formalise the decision made by full Council on the 11th December 2018. The first joint meeting would be held on the 28th March 2019.

It was resolved to:

Note the approval of Council to agree the proposed changes to the Cambridgeshire Health and Wellbeing Board terms of reference and the establishment of a Joint Sub-Committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.

128. HEALTH AND WELLBEING BOARD AGENDA PLAN

The Board reviewed the Forward Agenda Plan and raised the following:

- The Director of Public Health informed the Board that a draft agenda for the Joint Cambridgeshire and Peterborough Health and Wellbeing Board would be circulated to Board members.

- The representative from the voluntary organisations stated that a Person's Story item had been organised for the meeting in March. However, the Director of Public Health stated reviewed in the light of the fact that Peterborough's HWB did not have such an item on its agendas.

- The Head of Business Programmes Team in Public Health informed the Board that provisional calendar invites for a Joint Health and Wellbeing Board Development Session on the 11th March 2019 had been sent. She asked Board members if they could prioritise this invitation, as it had been difficult to organise.

129. DATE OF NEXT MEETING

The Board will meet next on Thursday 28th March 2019 at 10.00am in the Council Chamber, Shire Hall, Cambridge

Chairman