1). Welcome, Minutes and Matters Arising

JH welcomed everyone to the meeting, including new Board member Sheila Hendrickson-Brown, Chief Officer at C3SC. JH invited members to introduce themselves. Apologies were received from AC, RH, RJ, SL and JW.

The minutes of 26th June were agreed as an accurate record.

Matters Arising

Feedback from the meeting with the Minister for Local Government & Communities (4th July)

JH thanked those who had attended the meeting with the Minister for Local Government and Communities. It was a useful meeting in which partners successfully conveyed the benefits of the approach taken in Cardiff. JM added that the Minister was particularly impressed with the neighbourhood management example and that the meeting couldn’t have gone better. She also said that the Minister appreciated the frustrations that were raised.
<table>
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<tr>
<th>Welfare Reform response task group: membership and ToR</th>
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<td>Following up on action from the previous meeting, SM reminded the Board that a decision had been taken to establish a task group to look at the impacts of Welfare Reform and develop responses across the public sector. SM offered to Chair the group, which Board members agreed. CH added that some nominations had been received but fire and third sector representation still needed to be confirmed.</td>
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| Action: | SM to Chair Welfare Reform Task Group. (SM) |

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<tr>
<th>Cardiff Employee Survey 2012</th>
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<td>CH reminded the Board that at a previous meeting members had agreed to support Cardiff University’s Business School ‘Employee Survey 2012’. In previous year’s the survey had only included private sector employees, but given the number of public sector employees in the city the efficacy of the survey could be vastly improved. CH had circulated an email with a link to the survey and a letter explaining why employees are being asked to participate, which she requested members cascade throughout their organisations.</td>
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| JH suggested that information from the 2011 Census be put on the agenda for the next meeting. |

| Action: | Board Members to provide nominations for the Welfare Reform Task Group. (ALL) |

| Action: | Members to cascade the Cardiff Employee Survey 2012 throughout their organisations. (ALL) |

| Action: | 2012 Census information to be put on the next agenda. (Secretariat) |

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<th>2). Effective Services for Vulnerable Groups</th>
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<tr>
<td>The 10,000 Safer Lives Project</td>
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<td>JH introduced the item on Effective Services for Vulnerable Groups (ESVG), which is a workstream under the Public Service Leadership Group, led by Andrew Goodall. Andrew had circulated a communiqué to all LSBs, updating them on progress. JH then passed over to SM to talk in more detail about the 10,000 Safer Lives Project, which had been developed under the workstream.</td>
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| 10,000 Safer Lives Project |
| SM explained that the project built on the work undertaken in RCT, drawing on the principles of the 1000 Lives Campaign used in health. Two outputs from the project are a set of minimum standards for organisations to observe and a set of ‘5 steps’ for frontline workers to consider when working with people affected by domestic violence. She said that all LSBs had been asked to consider how they are performing in relation to these and explore how they can communicate and implement them. |

| SH suggested that a formal audit would be useful she also said that the ‘5 steps’ would lend themselves to the ‘every contact counts’, which involves information sharing between front line workers. Members agreed that a formal audit should be carried out. SM suggested that, as Domestic Violence is already a workstream activity under the Safer and Cohesive Communities programme and it has broad, engaged stakeholders, they would be the ideal group to take this work forward. The Board agreed with this way forward. |

| Members also reiterated the importance of information sharing in relation to this agenda and AT referenced the joint referral unit, which involves frontlines workers sharing information on cases on routine basis. |

| Action: | Domestic Violence group to take forward a formal audit of how partners in Cardiff are performing. (SM) |
JM also added that this is an issue members need to consider in the context of their own organisations and that managers should be encouraged to ask the right questions.

**Co-occurring mental health and substance misuse - project proposal**

SH then gave an overview of a project which will be developed under the ESVG workstream and will be led by Cardiff and Vale’s substance misuse coordinator. The project will look at developing services for co-occurring mental health and substance misuse issues, arising from the consideration that we currently don’t deal with patients affected by dual diagnosis the best we can. The project brief has been put together from a very practical perspective, focusing on the key things that need to change to improve services. SH invited members to get in touch if there are any teams or individuals who would like to be involved.

**3). Programme Focus**

**Emotional, Mental Health and Well Being**

SH introduced the Emotional, Mental Health and Well Being programme, which has two workstreams; Children and Young People and Adult. She then handed over to Catherine Norton, Clinical Director in Child Health and workstream lead for Children and Young People.

CN began by describing the ‘lifetime model’, which she has developed to underpin her work. This is a view of mental and emotional health which looks at occurrences of the issues over the lifetime of an individual, appreciating that people can be particularly vulnerable at certain times and that anybody can experience a deterioration in their emotional well-being. She also added that in a study conducted by the World Health Organisation looking at ‘happiness’ the UK scores lower than other western countries.

Based on this, the stakeholders are extensive. CN has an existing multi-agency group, which she has proposed using as the delivery vehicle for the workstream, though it has a broader remit. A challenge will be encouraging the key people to talk to each other in this context, but child and adolescent mental health is connected to many other areas of work and should help to turn the curves for other services and issues. She gave the example that 1 in 10 young people have depression, which can result in the accumulation of risk factors, which in turn can impact on attainment, attendance and other areas of a young person’s life. As a result, the focus of the work will be looking at how young people can access and ‘flow through’ services and how they can be made more accessible.

JH asked whether intelligence showed if any specific groups should be targeted. SH replied that this was the case, crucially data highlights the multi-factorial nature of mental health issues, with experiences in school and within the family and community playing a major role.

SH then handed over to Ian Wile, Divisional Manager, Adult Mental Health and workstream lead for adult mental health. IW began by explaining that adult mental health services have been going through a long term development programme. The services have to adapt with population changes and there has been a focus on putting resources into community services and patient pathway services. Key staff are being recruited to take forward the redesigned services, which represents a big step forward. IW said the key things the workstream needs from the Board are ongoing support for a single patient record system and for the principle of integration of older people services across Cardiff and the Vale.

SH reiterated the importance of a single ICT platform. She said the Board needs to...
consider the lobbying role that it and individual members can play as waiting for an all-Wales solution is causing delays. It was agreed that JH would write a letter as Chairs of the CPB to the relevant person in Welsh Government. JM was asked to find out who the letter should be addressed to.

| Action: Letter to be drafted to WG expressing the urgency of making progress towards a shared ICT platform. (JH/ Secretariat) |

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<th>4). Neighbourhood Area Review</th>
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<td>JH then welcomed Tracey Thomas Operational Manager- HR People Services, Cardiff Council and Lynne Topham Locality Manager- Cardiff North/ West, Joint Chairs of Cardiff North Neighbourhood Management Team and Guy Marshall GP in Cardiff North and team member to the meeting. Cardiff North was the neighbourhood that attended the first CPB and is returning to update on progress and highlight the direction their work has taken.</td>
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TT began by explaining that the presentation would focus on how the team had taken some of the key strategic drivers and translated it into targeted activity at the neighbourhood level. However, before that she talked through some of the key issues outlined in the highlight report, including alcohol consumption, antisocial behaviour and unemployment. These represent some of the headline indicators for the neighbourhood which will be monitored on an ongoing basis.

She then went on to explain that the team had shaped their activity around specific priorities, one of which is health. The rest of the presentation focused on how the neighbourhood team was supporting the delivery of key health initiatives, but shaped around local need. TT started with the example of physical activity, where local intelligence suggested that progress needed to be made in relation to certain groups, such as teenage girls. One of the initiatives included supporting the Llanishen Olympic and National School Sports Week, which engaged approximately 1080 children between the ages of 10-14. Young people were given a positive message about sport and healthy lifestyles as well as being signposted to local activities and clubs.

LT went on describe the work that is being done in relation to improving the lives of older people in the neighbourhood and the opportunities for further joining-up the key strategic programmes and area working. This is particularly important in Cardiff North given that there is a large proportion of older people who make up the population. The team are currently supporting the local implementation of the city-wide ‘Wyn Campaign’, helping to identify gaps in provision, facilitating discussions and bringing new partners into play.

GM said that whilst Cardiff North is an affluent area it is possible to lose sight of the fact that there are particular problems. He went on to outline the high incidence of falls experienced by older people in their homes and the wider, long term impact that this has on an individual’s health and well being. The neighbourhood team can support work already being done through Health by promoting the use of the Falls Pathway within Primary Care, work with the Community Resource Team as a priority area and exploring opportunities to support the Falls Pathway with leisure and voluntary partners. He also described how immunisation rates are not high enough, with only one practice in the area hitting the required target. The result is that doctors are seeing new cases of preventable
In order to improve rates actions will include liaising with schools to get the right messages out, as well as working with Flying Start and Communities First. Additional opportunities include developing a Cardiff North smoking pathway, embedding ‘every contact counts’ and alcohol brief intervention training.

TT finished the presentation by saying that, whilst there is excellent joint working with health, the team has struggled to successfully engage with schools on an ongoing basis. TT plans to write to all headteachers in the area to make them aware of the potential benefits of linking in with the team, but also asked for the CPB to offer any support they could. JH said that he was happy to raise this with the heads on the occasions he meets with them. SH suggested that the School Health Improvement Leads would be a good contact for the team and she would put them in touch.

JH thanked the team for their presentation and said that it was extremely positive to see that the work has progressed since the last presentation. Their presentation showed a more sophisticated analysis of need and a fresh look at the issues.

**Action:** Put NM teams in touch with the School Health Improvement Leads. (SH)

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### 5). Serious Case Reviews

At this point JH and JM left the meeting. SM took over the Chair.

SM welcomed Sally Jenkins Assistant Director- Children’s Services, Barnardo’s Cymru and Chair of the Serious Case Review (SCR) sub-group of the Local Safeguarding Children Board (LSCB) and Chris Mullane Detective Inspector, South Wales Police, and member of the sub-group, to the meeting.

SJ began by explaining that the SCR sub-group has carried out four reviews in August 2011 and the purpose of their presentation was to fulfil an outstanding recommendation from two of the reviews to present the outcomes to the CPB. SJ explained the circumstances under which a review must be carried out and their purpose, which is to identify learning and how it should taken forward, identify examples of good practice and improve interagency working. She told the Board that the reviews had been published together so that they could be looked at as a whole and the cross-cutting themes drawn out. In the case of these particular reviews agencies were not perceived to be at fault. SJ then gave an overview of the four cases.

SJ then took the Board through the key recommendations, updating on how they had been taken forward. One example where there has been improvement is child protection conferences, where multi-agency attendance at the initial conference is good and agencies contribute to the review conference through reports. Other recommendations that have been acted on include improvements in road safety, the development of a self-harm policy and protocol and developing a third sector network.

Members then discussed the escalation of ‘risky behaviours’ in young people and how finding a way of managing risky behaviour is an ongoing challenge. Progress has been made with the establishment of a sexual exploitation group but further work is needed to strengthen the links with alcohol services for young people.

The LSCB developed action plans in response to the recommendations from each of the four reviews and progress is being monitored by the LSCB through the SCR sub-group.

**Action:** Develop a link between LSCB
takes actions back to their own organisation to implement. However, it was recognised by the Board that this mechanism isn’t sufficient to take forward multi-agency delivery of the solutions identified. SM proposed that a reporting line back to the CPB be developed as there is a clear opportunity for any recommendations to be implemented through the partnership structure. All were in agreement with this as a way forward.

SM thanks SJ and CM for their presentation.

6). Horizon Scanning and Any Other Business

Families First update
SM gave an update on the Families First position, explaining that the dialogue phase had begun and was an opportunity to discuss the bids in more detail. Some agencies had expressed concerns about the process and SM emphasised that it is important to remember that this is a new process and it is important to keep coming back to why it has been changed and remember the outcomes we are trying to achieve.

SH appreciated this but said we need to keep the process under review. One specific concern is the bill for legal advice, which has resulted from the way the contracts have been developed. She also felt that the subcontracting model didn’t feel collaborative in nature and partners should aim to develop a more cooperative model. SH was also concerned that there should be more service specific expertise in the dialogue meetings. SM said she would feed that back to the team.

PG asked if delays with the process would impact on continuity of service for citizens. SM said that that was a risk which the council were preparing for.

SHB suggested that, as a new officer in post, it would be useful for her to speak to Rachel Jones to gain a better understanding of the process to ensure she is giving the right information to the third sector.

AW asked if an electronic copy of the briefing could be forwarded.

Big Lottery ‘Community Voice’ bid
SHB gave an overview of the Community Voice Big Lottery bid. The bid has progressed to the second phase, the first phase was previously supported by the CPB. The application has been developed by C3SC and VCVS with the intention of providing a voice to under-represented and unheard groups with regards to influencing healthcare planning and commissioning. The bid will total £1.5m over four years. SHB asked if the Board were happy to support the second phase of the application with a letter, which was agreed.

Scrutiny update
CH informed the Board that the Scrutiny Panel had had their first meeting on 5th July. They had agreed to take a thematic approach to allow them to cover the breadth of activity within a limited amount of time. Three themes had been chosen;

- Engagement with citizens
- The use of business intelligence
- The makeup of the CPB.

The Chair of the Panel would be present at a future meeting to provide the Board with more detail.

Action: Sheila Hendrickson-Brown to meet with Rachel Jones to discuss the Families First process.

Action: Forward an electronic copy of the briefing. (Secretariat)

Action: Letter of support to be drafted from the CPB for the Community Voice bid. (Chair/ Secretariat)

7). Programme Performance
(Previously item 4- moved to accommodate attendees as meeting overrunning)

SM briefly outlined the highlight reports for the Families and Young People and Safer and
Cohesive Communities programmes, saying that there are currently no actions required from the Board in relation to these areas of work.

SM then thanked everyone for their contributions and closed the meeting.

8). Date of Next Meeting

The next CPB meeting will be held at 10.30am-12.30pm on 21st September in Conference Room, Wales Probation Trust