

Prevention and Wellbeing Partnership Board

MinutesWednesday 27 June 2012

Members in attendance:	
Stephen Archibald	Carers Bucks
Peter Bruford	Riverside
Liz Bubbear	ConnectionFS
Luisa Fletcher	Bromford Support
Dominic Games	Paradigm Housing
Steve Goldensmith	BCC
Anna Gordon	Aylesbury Vale District Council
Elaine Jewell	Wycombe District Council
Giulia Johnson	Age Concern
Cath Marriott	BCC
Stephanie Moffat	Aylesbury Vale District Council
Margaret Morgan-Owen	Alzheimers Society
Sally Morris	Thames Valley Probation
Paul Nanji	Chiltern District Council

No	Item
1	Welcome and Apologies
	Steve Goldensmith welcomed everyone to the meeting and provided a short overview of the Prevention Partnership Board (previously known as the Prevention and Wellbeing Partnership Board). He explained that the Board had decided to establish 3 sub-groups to consider the themes of Lifetime Housing, Lifetime Communities and Lifetime Health

and Wellbeing with a view to identifying priorities in each of the 3 key areas.

Apologies were received from Linda Barnes, Roy brooks, Luisa Fletcher, Mark Thompson and Lynn Trigwell. It was noted that Margaret Morgan-Owen was attending on behalf of Linda Barnes of the Alzheimers Society.

The objective of the meeting was to identify priorities in the area of health and wellbeing for individuals, with the primary focus being on those who are vulnerable but who are not eligible for services from Adult Social Care. In the area of Prevention it was important to identify what services worked well, who can benefit from existing and new services and ensure that joint working is effective, in order to deliver the maximum benefit when resources are limited.

2 Background to the formation of the Group

This item was considered under Item 1 above.

3 What are the immediate issues/concerns to prioritise for 2012-13?

There was a round table discussion about the issues faced by various client groups, with regards to Health and Wellbeing and the following points were noted:

- Welfare benefits changes were highlighted as a concern.
- Officers from the district councils reported that there were a range
 of activities taking place within communities already and rather
 than trying to create new projects it would be better to try to
 improve links and information for socially isolated people and in
 the process, increase support for these existing groups.
- A carer representative commented that she had found it incredibly difficult to find out about support services, partly because she was unsure what services might help her in caring for her husband and also she found the council websites were very hard to navigate. GPs and Adult Social Care had not been helpful in this regard – she found that the voluntary sector were more helpful in signposting.
- There was a discussion about how best to identify vulnerable people at an early stage so that relevant information can be provided. It was noted that for older people there were significant times of transition such as retirement or death of a partner, when signposting would be useful.
- It was suggested that GPs would be the obvious group to help with identifying vulnerable individuals and providing access to

information about services, but GPs are reluctant to hold information on every service available in their surgeries as it quickly becomes unmanageable. Steve Goldensmith reported that the Prevention Matters initiative was proposing to link GPs surgeries with a Community Link Worker, who would signpost individuals to relevant services. It was noted that Clinical Commissioning Group (CCG) representatives would also link in with the Prevention Partnership Board going forward.

- Sally Morris of Thames Valley Probation Service advised that exoffenders do not always register with GPs, especially if there were issues of substance misuse.
- It was recognised that as statutory agencies were restricting their services to critical levels, prevention work is even more important.
- Provision of advice on debt, benefits and money management would also be helpful. Housing support providers and district council representatives reported an increase in the number of people with debt issues. With benefit changes yet to be introduced, it was anticipated that this might increase and younger single people would be particularly affected by the changes to housing benefit.
- Support workers were concerned that some people, who would soon receive housing benefit, rather than it being paid directly to their landlord, would struggle with managing their money. It might also be difficult for clients to understand changes to other benefits such as Disability Living Allowance.
- Training for the workforce on the welfare reforms would also be very useful to ensure that clients were given consistent and accurate advice.
- It was reported that Probation had been making increased numbers of requests for food parcels for their clients and accommodation continued to be problematic.
- Social isolation was raised as a key concern. Many people had no family support and Sheila Bees of Wycombe District Council reported that when she had been door knocking recently she had found that a large proportion of people did not know their neighbours. Loneliness, fear of crime and a lack of confidence in mixing with the community could all contribute to social isolation. The geography of Bucks was not helpful in this respect – large estates and small rural villages can both be isolating in their own way.
- It was noted that single people could become a large disaffected group as they will be impacted hugely by changes to welfare benefits and the current poor job market. There was a suggestion that people who are 'alone' could be targeted for signposting to services.
- A number of active retired people had enquired about

- volunteering opportunities but did not always want to commit to regular weekly activities. This represented an opportunity which needed some managing. The Five Ways to Wellbeing was also promoting volunteering as a worthwhile, stimulating activity.
- The group were asked what local authorities and voluntary organisations needed to do to address these issues. Disseminating information more effectively, sharing best practice across organisations and trying to identify incidences occurring in individual's lives that might increase their risk of social isolation were suggested. Also it would be useful to undertake a mapping exercise of what services are available and what services would be useful additions.

In summing up, Steve Goldensmith outlined the following priorities for Health and Wellbeing:

- 1. Social Isolation
- 2. Access to information
- 3. Housing
- 4. Volunteering
- 5. Sustainability of services

It was suggested that it would be useful for the Prevention Partnership Board to receive presentations on the Prevention Matters initiative and the Welfare Reform changes.

4 What areas should be prioritised for the longer term?

It was suggested that Accommodation and avoiding duplication of resources could be considered as longer term priorities. Also as the feedback had been received that district and county council were not as helpful in assisting individuals in times of transition as they would expect, maybe there should be some consideration of how better to support the public and how to avoid a bureaucratic response in these situations. It was suggested that community based resource centres could be a solution, although it was recognised that this would have increased resource implications.

5 Dates of future meetings

Prevention Partnership Board

Wednesday 11th July at 2pm in Mezzanine Room 2, County Hall

Subsequently this date was changed to Wednesday 25th July at

10am in Mezzanine Room 2, County Hall

Chairman