

## HEALTH & WELLBEING PARTNERSHIP

### Meeting Date: Wednesday, 30 March 2016 at 4.30pm

PRESENT:	Councillor S Brunskill – Chairman	Hayley Simms
	Councillor B Hilton	Janette Finch
		Colin Hirst

	AGENDA ITEM	ACTION
1	<p><u>Welcome and Introductions</u></p> <p>All present introduced themselves and explained their roles. It was agreed that there had been a long interval since the last meeting, and that there had been developments in the meantime. Colin explained the position with regard to demands that had arisen for staff time and resources.</p>	
2	<p><u>Apologies</u></p> <p>Received from Councillors M Fenton and M Robinson and Phil Mileham and Sandra Fox.</p>	
3	<p><u>Minutes</u></p> <p>The minutes of the meeting held on 19 October 2015 were approved as a true record. There were no matters arising.</p>	
4	<p><u>Purpose of the Working Group and Confirmation of Terms of Reference</u></p> <p>The Terms of Reference had been prepared in 2013, and reviewed subsequently, and were still considered to be relevant. Colin drew attention to possible forthcoming changes, including Combined Authorities and Care Funding. However, agreement was still to be achieved at the Lancashire Chief Executives' Group meeting.</p>	
5	<p><u>Feedback from Councillor Bridget Hilton</u></p> <p>(a) Lancashire Health and Wellbeing Board</p> <p>Bridget reported on three meetings. The structure of the Board had changed. It was now chaired by the Leader of Lancashire County Council, and increased membership included representatives for vulnerable adults, the Police, the Faith Sector, GPs and providers. A huge contribution had been made by Gary Hall, the Chief Executive of Chorley Borough Council.</p> <p>Better Care Funding issues included delays in discharge due to a lack of infrastructure and housing problems – a small sub-group had been set up with Blackburn with Darwen and Blackpool Unitary Authorities. Meetings were being arranged for providers, commissioners and district councils, but it was identified that Ribble Valley has a particular difficulty with cross-border involvement. Reports showed some progress, but targets on successful discharge were still not being met. There were difficulties in sharing data. A reduction of £24,000 in Better Care Funding had an impact on acute hospitals.</p> <p>Bridget reported on the action plan for 2016/17 for the Lancashire Health and Wellbeing Board and produced an agenda item from 22 February 2016 meeting of the Board for circulation.</p>	SB

	<p>This explained the requirements for a 5 year Sustainability and Transformation Plan (STP), which would be an umbrella plan throughout the county and South Cumbria, covering a number of specific delivery plans, some on different geographical footprints. There would also be a 1 year operational plan for 2016/17, organisation based but consistent with the emerging STP, and forming year 1 of the 5 year plan. This was supported by the CCG's.</p> <p>There had been discussion with regard to Combined Authorities, which GP's had felt would assist with funding. Colin identified differences to the Manchester Model, requiring a careful approach. If the health budget were to be part of the Combined Authority, care would have to be taken about inheritance of the debt. Further, there could be inequalities across the county, and an instance where a reablement package could not take place in a remote rural location was identified, with the outcome of a return to hospital.</p> <p>b) Lancashire County Council Health Scrutiny Committee</p> <p>The Director of Public Health had reported that public health funding across Lancashire had been reduced by £4m, meaning that they could only perform statutory functions. This meant that there were no checks with regard to venereal disease, and school nurses no longer gave medication (a move resisted by teachers). There was disappointment with Central Government emphasis on hospitals and not prevention.</p> <p>c) Calderstones NHS Trust</p> <p>The Care Quality Commission had now rated Calderstones as 'good' across the board. Amalgamation with MerseyCare NHS Trust was planned for 1 July 2016. There has been some impact on staff already, with some having moved to MerseyCare and some being given incentives to stay within the organisation. MerseyCare was a larger organisation, providing for service users with mental health issues as well as learning disabilities.</p> <p>Some service users at Calderstones had already been discharged to locations close to their homes. The Calderstones houses in Whalley were being improved, with a number having been made available to victims of the flooding in Whalley.</p>	
6	<p><u>Feedback from Hayley Simms</u></p> <p>a) Integrated Neighbourhood Team</p> <p>Hayley introduced Janette Finch, who has been in post as the Integrated Neighbourhood Team Co-ordinator since November 2015. Janette explained her background in physiotherapy. She had established links with her counterparts in East Lancashire and beyond. She had become part of the multi-disciplinary team meetings, of which are core group met regularly including the Voluntary Sector Wellbeing Service and Age UK. From a more restrictive patient list, there were now no people excluded from the scheme. Integrated care plans for complex patients through GP records meant that information was available to hospitals, and</p>	

	<p>that the patient only needed to tell their story once. The Integrated Discharge Service from hospital was attempting to get early Social Services support, including crisis teams for 96 hours (maximum 7 days). Janette attended the ward round at Clitheroe hospital, enabling her to signpost patients or to identify patients with issues on discharge. Analysis so far was down to practice level, but cannot yet establish particular rural issues. The EMIS system assisted with co-ordinated support.</p> <p>b) CCG Issues</p> <p>Hayley reported on a number of issues:</p> <ul style="list-style-type: none"> <li>• The over 75 service in Ribblesdale had been devolved to GP's who received funding for over 75s with complex needs. There was a community matron and practice base support for over 75s. Extended appointments were also being trialled (15 minutes with GPs and 30 minutes with practice nurses or health care assistants).</li> <li>• A structured education programme across East Lancashire was to be introduced for the Enhanced Diabetes Service, from July 2016.</li> <li>• Discussions were taking place to review treatment room provision across Ribblesdale.</li> <li>• Pendleside Medical Practice and the Castle Medical Group had been classified as outstanding by the Care Quality Commission.</li> <li>• Dr Ian Whyte was to step down as Clinical Head on his retirement in August 2016.</li> </ul>	
7	<p><u>Clitheroe Health Village</u></p> <p>This issue was still the subject of review. The current challenge is the new emphasis from NHS Property Services, who wish to make an application for housing on the old hospital site, going to appeal if necessary, to assess the value of the site. Their objectives appeared to differ from the health delivery side of the National Health Service. The local preference was still to use the site for a range of health uses from supported units to independent living. An application has been submitted to extend the car parking at Clitheroe hospital.</p>	
8	<p><u>Dementia Alliance</u></p> <p>Colin was unable to provide an update, as Dilys Day had been absent from the office due to illness.</p>	
9	<p><u>Date and Time of Next Meeting</u></p> <p>This was proposed for Monday, 16 May 2016 at 4.30pm, subject to availability of the room.</p>	
	<p>The meeting closed at 6.10pm</p>	