

HEALTH & WELLBEING PARTNERSHIP

Meeting Date: Monday, 5 December 2016 at 4.30pm

PRESENT:	Councillor B Hilton – Chairman	Phil Mileham
	Councillor S Brunskill	Kirsty Hamer
	Councillor M Fenton	Colin Hirst
	Councillor M Robinson	Joseph Hildred
		Mark Beveridge

	AGENDA ITEM	ACTION
1	<p><u>Welcome and Introductions</u></p> <p>All present introduced themselves and explained their roles.</p>	
2	<p><u>Apologies</u></p> <p>There were no apologies. The Chairman remarked on her disappointment at the lack of apologies from those Members unable to attend.</p>	
3	<p><u>Minutes</u></p> <p>The minutes of the meeting held on 16 May 2016 were approved as a true record. There were no matters arising.</p>	
4	<p><u>Matters Arising</u></p> <p>Bridget reported on the transfer of services at Calderstones Hospital, which is now the Whalley site of MerseyCare NHS Foundation Trust. The ongoing policy of the Department of Health is to close long term learning disability hospitals with residents/service users returning home where possible. There was discussion about the possible housing issues and demands that could arise in the Ribble Valley for local service users, or for others who had no other home base to which to return.</p> <p>There was further discussion about the future of the site, if services were to be relocated. Colin reported on the commercial approach taken by NHS Estates. It was reported that the Chief Executive of the Board of MerseyCare NHS Trust was keen to meet the Leader and Chief Executive of Ribble Valley Borough Council to consider the future of the facility.</p> <p>Kirsty remarked on the need to consider Continuing Health Care Provision for service users.</p>	
4	<p><u>Children's' Services in the Ribble Valley</u></p> <p>Mark Beveridge, the Head of Cultural and Leisure Services at Ribble Valley Borough Council and Safeguarding Lead for the Council, gave a presentation on the District Council's involvement in the children's services.</p> <p>LCC are the main authority for Social Services and for protection of children and young people from harm caused by neglect or abuse. The District Council can come into contact with children or young people in their housing or leisure provision capacity, and very occasionally refer safeguarding issues to Social Services.</p> <p>Mark chaired the Hyndburn, Ribble Valley and Rossendale Children's</p>	

	<p>Partnership Board, which was one of five boards across the county which feed into the countywide Young People's Board. The county board had District Council representation as well as a number of other agencies, and experienced some difficulty due to the regular changes of county staff involved.</p> <p>At the local level, there was a misconception that Ribble Valley had relatively few problems, but there were significant issues with regard to substance abuse (both drugs and alcohol) and isolation. The fact that Ribble Valley Borough Council did not make many referrals may reflect the relative lack of contact with children in the provision of district services.</p> <p>Mark reported that the local board does not receive information on the number of cases in each district, as there was a risk that the subject or the victim might be identified.</p> <p>Concern was expressed about the lack of information available, and the risk that there were hidden issues.</p> <p>Stella raised the possibility that Ribble Valley Borough Council establish its own safeguarding strategy across all Committees.</p> <p>It was agreed to invite Sue Moore of Lancashire Care NHS Foundation Trust to the next meeting, to give a presentation on children's services in the Ribble Valley, and to profile what is happening with children's services generally.</p>	SB
5	<p><u>The Ribblesdale Community Partnership – Plans to develop a multi-specialty community provider</u></p> <p>Phil gave a presentation on the evolving initiative to try to arrange for all providers to coordinate.</p> <p>Currently, East Lancashire CCG is charged with organising services across East Lancashire, largely for adults, but drawing on hospital trusts, Lancashire Care NHS Foundation Trust (children and mental health issues) and district and county councils.</p> <p>Work was taking place to establish a Ribblesdale Community Partnership, working with GPs, hospital trusts and mental health services, for all to meet and avoid there being barriers in the provision of care.</p> <p>The Ribblesdale locality, with its population of 38,000 comprised of the practices in Clitheroe, Whalley and Slaidburn, is an ideal size and the CCG was keen to establish this area as a pilot. At this stage, the participants were a group of willing partners, but not an accountable organisation and were not yet at the stage of pooling budgets or entering into formal agreements. As 'a partnership board' they would be a strategy group incorporating hospitals, Lancashire Care NHS Foundation Trust, Social Services, the CVS, Ribble Valley Borough Council and GPs. Although not currently part of the scheme, consideration could be given to the incorporation of children's services within the remit of the partnership.</p> <p>It was agreed that Phil and Kirsty be invited to Health and Housing Committee of Ribble Valley Borough Council to make a presentation on the partnership.</p>	SB

	<p>Bridget put forward the idea that there should be Community Health Champions in the Ribble Valley. These could be Ward Councillors, or interested members of the community. Maureen suggested that there should be a role definition, supported by examples of those who might benefit, and Bridget agreed to produce this.</p>	BH
6	<p><u>Health and Wellbeing Board Update</u></p> <p>Bridget reported that there was to be one Pan Lancashire Board (including Blackburn with Darwen, Blackpool and South Cumbria) which was fed into from five partnerships: Ribble Valley was in the Pennine Partnership. The Chair of each partnership was to be on the Pan Lancashire Board.</p> <p>She reported on the financial issues facing Lancashire County Council, who were using reserves and who had had £4m taken from their public health budget. Mary remarked on the consequences of the lack of social care provision – this created difficulty in arranging discharge from hospital which led to bed blocking, that could feed back to ambulances being delayed awaiting beds for emergency admissions.</p> <p>Bridget identified the financial gap which could arise by 2021, with the ageing British population and fewer young people contributing to the economy. There was a shortfall of clinicians with one third of doctors scheduled to retire within 3-5 years. In general, Lancashire was not perceived as a good place for doctors to work.</p>	
7	<p><u>Lancashire Health Scrutiny Committee Update</u></p> <p>Bridget reported on the closure of Chorley accident and emergency department, due to recruitment problems and not financial issues. This had caused problems for neighbouring A&E departments. The current proposal was to reopen Chorley on a limited basis.</p> <p>She also reported on an initiative over three CCGs to stop prescribing various items for various conditions. This included paracetamol, head lice treatment and gluten free food. This initiative could save £850,000 per year over the three CCGs.</p>	
8	<p><u>Ribble Valley Borough Council Audit of Services – Pennine Lancashire District Offer</u></p> <p>Colin reported that, in general, Ribble Valley was in a fortunate position with the establishment of the Ribblesdale Community Partnership pilot. Throughout Pennine Lancashire, there were reviews what district councils could offer.</p> <p>With this in mind, Joseph had been auditing what Ribble Valley Borough Council currently do which is linked to public health. He circulated a draft of a Health Audit, incorporating an action plan. It was stressed that this was a work in progress, which would later feed into a delivery plan.</p> <p>Bridget reiterated the need for early intervention and prevention programmes.</p> <p>Phil remarked that the Living Well Ageing Well Action Plan had been updated 12 months previously, and could be considered as part of this piece of work.</p>	

	<p>Colin remarked that, unfortunately, Lancashire County Council is often a missing element in bringing forward the audit as officers are often unable to attend and their resource is getting more stretched.</p> <p>There were five sections in the audit, representing the different aspects of being healthy and well. These features were economic wellbeing, mental wellbeing, physical wellbeing, personal wellbeing and community wellbeing. In respect of each feature, Joseph was analysing how the Council services could contribute to the desired outcome, and the impact of the Council's work.</p> <p>The work will be reported to Health and Housing Committee as soon as possible.</p>	
9	<p><u>Date of Future Meetings</u></p> <p>The next three meetings were agreed to take at:</p> <p>4.30pm on Monday, 30 January 2017 4.30pm on Monday, 27 March 2017 4.30pm on Monday, 22 May 2017</p>	
	<p>The meeting closed at 6.20pm</p>	

HEALTH & WELLBEING PARTNERSHIP

Meeting Date: Monday, 30 January 2017 at 4.30pm

PRESENT:	Councillor B Hilton – Chairman	Colin Hirst
	Councillor S Brunskill	Joseph Hildred
	Councillor P Elms	
	Councillor M Fenton	
	Councillor S Hore	
	Councillor K Hind	
	Councillor M Robinson	

	AGENDA ITEM	ACTION
1	<p><u>Welcome</u></p> <p>The Chairman welcomed those present to the meeting.</p>	
2	<p><u>Apologies</u></p> <p>Apologies were received from Kirsty Hamer, Chris Lee, Phil Mileham and Marshal Scott.</p>	
3	<p><u>Minutes</u></p> <p>The minutes of the meeting held on 5 December 2016 were approved as a true record. Members were advised that a representative of Lancashire Care NHS Foundation Trust was to be invited to the meeting on 27 March 2017 to give a presentation on Children’s Services. Colin reported that it was intended that the Public Health Audit should be reported to the March meeting of the Health and Housing Committee, and that this links into the Pennine Lancashire Social Movement for Health.</p>	
4	<p><u>Lancashire Health and Wellbeing Board Update</u></p> <p>Bridget reported on developments regarding better care funding. Currently Ribble Valley are accessing this well through the Disabled Facility Grants Scheme. Colin reported that Chorley Borough Council are revisiting their policies and approach to Disabled Facility Grants. Ribble Valley current receive infrequent referrals from Occupational Therapists, possibly due to the impact of means testing. Chorley are considering possible approaches to avoid or reduce the impact of means testing. Colin would report on any developments to Health to Housing Committee.</p> <p>Bridget reported that she was to attend a meeting with the Leader, several Directors and the Solicitors for Lancashire County Council to consider how the Pan Lancashire Health and Wellbeing Board should be set up, and how it should communicate with District Councils. This would be a board consisting of 50/60 people from Lancashire County Council, Blackpool, Blackburn with Darwen, South Cumbria and all the Lancashire District Councils. This would be comprised within the Sustainability and Transformation Plan which would be the blueprint for organisation of the NHS.</p>	
5	<p><u>Lancashire Health Scrutiny Committee Update</u></p> <p>Bridget reported that the Sustainability and Transformation Plan (STP) will have 5 footprints, with Ribble Valley being in the Pennine Lancashire footprint. Each would have its own Local Delivery Plan (LDP) within the</p>	

STP. It was hoped that these would be in place by May 2017. Currently the East Lancashire Health and Wellbeing Partnership is chaired by Bridget, but Blackburn with Darwen on becoming part of Pennine Lancashire, may seek to chair.

There was discussion of rural issues that arise, as well as those affecting urban areas, and the importance of promoting means of addressing rural issues.

Under the current proposal, those Ribble Valley residents who fall in the Blackburn CCG area would be incorporated within Pennine Lancashire. However, Longridge residents and others in the Central Lancashire CCG area (about 11,000 residents in total) would be outside Pennine Lancashire.

Bridget reported on the presentation to the Health Scrutiny Committee meeting on 10 January 2017, which included a presentation informing the Committee with regard to the development of the LDP with particular reference to the Pennine Lancashire area. Three major gaps had been identified in the system of care, being health and wellbeing, care and quality and finance and efficiency. In addition, 8 priority work streams had been identified which were:

- a) prevention;
- b) primary care transformation;
- c) regulated care sector;
- d) urgent and emergency care;
- e) acute and specialised care;
- f) children and young people's mental health;
- g) learning disabilities; and
- h) mental health transformation.

The Scrutiny Committee had been informed that the Pennine Lancashire LDP would focus around "Me and My Family" and provision of more care in the community.

Members discussed particular issues that arise for sections of the community who are not able to or who have not registered with a general practitioner for primary health care. Members also felt that wider engagement in this respect could be achieved by Ribble Valley Councillors becoming "Health Champions" or "Wellbeing Champions". Comments were also made on the increase in demand for services and expectations of residents, and the need for Government to educate people on what was achievable.

Bridget considered that the STP provided building blocks, although the reality of the scheme may take 5 years to achieve. Consideration needed to be given to integration into an action plan focussing on health care and not hospital care, with the possibility of pooled budgets and community infrastructure for health and social care.

Consideration had also been given at the Health Scrutiny Committee as to how the combined authority arrangements might fit in with the STP.

Budget reported on the problems for accident and emergency facilities in Chorley, which were still not available 24 hours a day. Problems were not financial but arose in recruiting suitable and sufficient staff.

There was discussion of whether Ribble Valley could promote Lancashire

	<p>as an attractive place to live and work.</p> <p>There was further discussion on NHS issues, including the need to educate future generations on what could be reasonably expected.</p>	
6	<p><u>Consultation on Calderstones Hospital</u></p> <p>Health and Housing Committee had endorsed consideration by this Partnership of the consultation document issued by NHS England on the options for the closure of Calderstones – now part of MerseyCare NHS Trust. The Partnership was to formulate a response on the part of the Council for submission by the Chief Executive in consultation with the Chair of Health and Housing Committee. The response was due by the end of February 2017.</p> <p>Members considered the options advanced and the current views on the provision of care for people with learning disabilities. They took the view that it was appropriate to agree the preferred option of NHS England for complete closure of the Whalley site.</p> <p>There was discussion on the use of the site with expression of the desirability of use for health or social care – possibly a dementia village. The Head of Regeneration and Housing would draw together response reflecting the discussion and circulate prior to submission.</p>	
7	<p><u>Pennine Lancashire Social Movement for Health</u></p> <p>Colin reported on this initiative. A number of the issues were already being addressed in the Ribble Valley by the Luncheon Clubs, Healthy Lifestyles Team and the Village Hall network. This initiative had been instigated by the Pennine Lancashire Transformation and Prevention Group. In practice, Ribble Valley are already carrying out much of this work. Colin would arrange for circulation of the paper.</p>	
8	<p><u>Health Champions</u></p> <p>Bridget reported on a presentation by The King's Fund in 2016, whereby acting as Health Champions would be an enhanced role for Councillors. Colin considered whether this initiative could link into other items on agendas.</p> <p>There was discussion about the desirability for there to be more specific information of the role with examples of the actions that could be supported and promoted by Ward Councillors.</p> <p>It was considered that development of the process could be advanced by workshops, to be organised by Colin and Joseph.</p>	
	<p>The meeting closed at 5.45pm</p>	