

HEALTH & WELLBEING PARTNERSHIP

Meeting Date: Monday, 2 October 2017 at 4.00pm

PRESENT:	Councillor B Hilton – Chairman	Colin Hirst
	Councillor S Bibby	Joseph Hildred
	Councillor S Brunskill	
	Councillor M Fenton	
	Phil Mileham	

	AGENDA ITEM	ACTION
1	<p><u>Apologies</u></p> <p>Apologies were received from Councillors R Newmark and M Robinson, Marshal Scott, Dianne Hartley (LCC) and K Hamer.</p>	
2	<p><u>Minutes</u></p> <p>The minutes of the meeting held 6 July 2017 were approved as a true record.</p>	
3	<p><u>Matters Arising</u></p> <p>a) It was agreed that the draft Lancashire Health and Wellbeing Strategy be distributed to Members electronically.</p> <p>b) Joseph produced and distributed copies of the booklet produced for the Health and Wellbeing Showcase and wider events on healthy living in the Ribble Valley, identifying how the Council supports health and wellbeing in the community. There was discussion on inclusion of certain emergency contact details (noting that there can be different approaches in different CCGs), appropriate publicity and distribution, and the font size for future print runs.</p>	
4	<p><u>Update on the Lancashire Health and Wellbeing Board</u></p> <p>Bridget reported on the meeting of the Lancashire Health and Wellbeing Board held in early September 2017, at which a number of high powered issues had been considered.</p> <p>She reported specifically on the improvement in better care funding which had been increased in 2017 to £122m and £235m in 2018. This in turn had increased the amounts available to district Councils for disabled facility grants. She explained the impact of delayed discharge from hospital and the penalties that could arise. Issues had arisen in the past due to a shortage of occupational therapists, but it was hoped that this situation may improve following the recruitment of four occupational therapists for Hyndburn and Ribble Valley. The increase in funding was for three years, ending in 2020.</p> <p>Lancashire County Council had introduced intensive care teams, who can visit patients for up to 3/4 times daily following discharge from hospital for a period of up to five days. Bridget reported that these teams had been appointed and were in place across Lancashire.</p>	

	<p>Bridget further reported on the preparation of the Lancashire County Council Adult Social Care Winter Plan to reflect the services in place and the social care planning and response to winter pressures.</p> <p>Bridget also requested that a summary, prepared by SAKTHI of the poor health outcomes in Lancashire as at August 2017, be circulated.</p>	
5	<p><u>Update on the Lancashire County Council Health Scrutiny Committee</u></p> <p>Bridget reported the most recent meeting had concentrated on the sustainability transformation plans. The STP Board was not in fact a statutory body but the organisations within it were statutory. A refresh of the STP was to take place, without providers being on the board, for which non-executive directors were sought. This would be led by Dr Amanda Doyle. This would not conflict with the Health and Wellbeing Board.</p> <p>Issues to be addressed included life expectancy, the impact of poverty on health, recruitment problems in the NHS, financial resources and the nature of demands attempting to change the focus from the NHS to self-sustaining care.</p>	
6	<p><u>Feedback on Lancashire County Council's Childrens Services Scrutiny Committee</u></p> <p>Stella reported, that due to changes at LCC, local children's partnerships were to be dissolved. Further clarification was to be sought from Mark Beveridge who chairs the Board for Hyndburn, Ribble Valley and Rossendale. Stella outlined the agenda items from the two meetings of the Scrutiny Committee that she had attended, and explained that the system does not seem to be cohesive. At local level, issues included a lack of formal arrangements for contact by LCC with young people (it had been reported that in one area the traffic warden was the main point of contact), and a downturn in the voluntary sector (possibly with the enhancement of CRB/DBS requirements). Use of community centres need to be enhanced. Youth Council input had highlighted concerns regarding mental health, sexual health issues, a lack of places for young people to go (eg youth clubs) and the cost for young people being a barrier to access to youth provision.</p>	
7	<p><u>Update on Older Peoples Champions Work</u></p> <p>Sue reported on the focus on addressing loneliness and isolation for all ages, with young people being encouraged to meet and support older people and the establishment of meeting places for older people. There had been an initiative by the late Jo Cox MP, with her friends and colleagues promoting the ongoing work through a parliamentary commission.</p> <p>Sue also highlighted the work of Silverline, the service set up as a follow up to Childline – to provide support for older people. Help and company could be available through 30 minute regular telephone chats on a weekly basis and through a penpal scheme.</p> <p>Sue also briefly reported on networking with schools, churches and supermarkets in relation to dementia. Champions were needed to deliver appropriate sessions.</p>	

8	<p><u>Primary Care Home Model and Update on a Ribblesdale Community Partnership</u></p> <p>Phil reported on the progress of a Ribblesdale Community Partnership in the 9 or so months since it was established. A core group had been formed, and the partnership was gathering momentum. Issues which had been identified for addresses locally included problems of dementia and loneliness and the frail elderly. There was a large gap in relation to mental health provision, and Lancashire Care Foundation Trust were invited to the next meeting. Locally, sexual health services had been withdrawn and Inspire were no longer in Clitheroe for drugs and alcohol support.</p> <p>The partnership had received a presentation from Paul Gott on the Community Navigator Service, which had similarities with the CVS, but provided support and signposting.</p> <p>A public and staff survey had been conducted. Although there was a low response rate, results had been helpful in identifying the public perception of a lack of local services. It was intended to extend the survey by a Vox Pop in the town centre.</p> <p>The Primary Care Home model was a national model to encourage groups of GP practices to work in collaboration as a network, in developing projects and training rather than working in isolation.</p>	
8	<p><u>Other Business</u></p> <ul style="list-style-type: none"> • Local Delivery Plan – Joseph reported that this could be the natural success of the Health Audit, and he and Colin would liaise on this. • It was suggested that Paul Gott (of the Community Navigator Service) present to a future meeting. • Arising out of the Lancashire County Council winter plan, there was discussion of employers paying for their staff to receive flu vaccinations. • There was consideration of a health workshop to inform Councillors – possibly in the New Year – and the possibility that SAKTHI might present at such an event. 	
9	<p><u>Date of Next Meeting</u></p> <p>The dates of future meetings, likely to be in late November 2017, January 2018 and February/March 2018 will be circulated.</p>	
	<p>The meeting closed at 6.08pm.</p>	