

HEALTH & WELLBEING PARTNERSHIP

Meeting Date: Monday, 16 May 2016 at 4.30pm

PRESENT:	Councillor B Hilton – Chairman	David Rogers
	Councillor S Brunskill	Lisa Cunliffe
	Councillor M Fenton	Abigail Parkinson
	Councillor M Robinson	Sandra Fox
		Phil Mileham
		Colin Hirst

	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>Received from Councillors P Elms and Hayley Sims.</p>	
3	<p><u>Minutes</u></p> <p>The minutes of the meeting held on 30th March 2016 were approved as a true record. There were no matters arising.</p>	
4	<p><u>New Models of Primary Care</u></p> <p>David Rogers, the Head of Communications and Engagement, and Lisa Cunliffe, the Senior Primary Care Development Manager at East Lancs CCG, gave a presentation on proposals to add to primary care provision. A survey and a stakeholder event had been conducted, identifying priorities of access to appointments and service in primary care, access to information about services, and support for self-care and self-management. From this, a set of guiding principles had been established to inform development of delivery of services.</p> <p>A model had been established of hubs for the other four localities in the East Lancs CCG and details of these services were explained. Phil explained that the population in Ribblesdale (which is much smaller and widely spread than the other hubs) wanted to have affordable local care; that in general the need for urgency primary care appointments is not great; and that the focus would be on routine appointments with 111 cover still being available, along with the minor injury unit at Accrington Victoria.</p> <p>Colin identified the large numbers of Ribble Valley residents outside the Ribblesdale area, with 11,000 in Longridge under Central Lancashire and 8,000 in Blackburn. Phil reported that Blackburn with Darwen and Preston CCG's were proceeding at a different pace and in a different order to East Lancashire CCG's.</p> <p>Colin also raised the possibility of this presentation being made to the Parish Council Liaison Committee on 9 June 2016.</p>	SB

5	<p><u>Update from Phil Mileham</u></p> <p>Phil reported on further development of the Integrated Neighbourhood Teams, working with the hospitals in East Lancashire to create a Ribblesdale focussed scheme for community nurses, with district nurses looking at the needs of the patients as opposed to the demands of the hospitals. It would also tie-in with mental health services.</p> <p>The clinical lead of the Ribblesdale locality, Dr Ian Whyte, is to retire in August 2016, and his place will be taken on an interim basis by Dr Vanessa Warren.</p>	
6	<p><u>Update from Sandra Fox</u></p> <p>Sandra reported on the update on the award of primary public health contracts to various bodies:</p> <ul style="list-style-type: none"> • Active Lives and Healthy Weights was sub-contracted to Ribble Valley Borough Council through Pendle Leisure Trust. • Inspire would no longer be based in their premises off York Street, Clitheroe, but would make outreach appointments at various locations in Clitheroe. Concern was expressed at the loss of a distinct and discreet centre, and it was suggested that Inspire attend a future meeting of the partnership. • Young Peoples Substance Misuse would be delivered through Addaction. • Tobacco issues would be addressed by the Quit Squad at Lancashire Care NHS Foundation Trust. • Sexual Health Services would be countywide from Blackpool Teaching Hospital Trust. • Young Peoples Sexual Health Services would be delivered by Lancashire Care NHS Foundation Trust in conjunction with Brook. • Lancashire Wellbeing Service is a countywide scheme. <p>Sandra reported on a questionnaire, currently in circulation as consultation for the recommissioning of 0-19 Childrens' and Family Services.</p> <p>Dementia Awareness Week was ongoing. It was agreed to invite Dilys Day to give a 10 minute overview to update the next meeting of the partnership on the Dementia Alliance.</p>	<p>SB</p> <p>SB</p>
7	<p><u>Update from Abigail Parkinson</u></p> <p>Lancashire Wellbeing Service covered the 12 districts of Lancashire, with 3 sets of teams. Within the consortium, East Lancashire is overseen by the Richmond Fellowship, but assistance and guidance is also drawn from n/compass and Age Concern. The service is non-clinical and does not provide social care support or manage long-term conditions. They have a presence on Integrated Neighborhood Teams and Multi-Disciplinary Teams. They are flexible in their services, offering up to 6 individual sessions over 3 months, to work towards identified aims; they set up interest groups for particular conditions; and they offer support for people with mild to moderate mental health and other issues, based in a variety of locations. Service users have to be over 18 and there is no waiting list.</p>	

	Phil suggested a distribution of flyers, and a more regular presence at Clitheroe Health Centre.	
8	<p><u>Update from Bridge Hilton</u></p> <p>(a) <u>Calderstones</u></p> <p>Merseycare had now taken over the management of Calderstones, and the hospital was due to close in 2020, with the majority of service users being discharged to their home area. The number of discharges to the Ribble Valley was not yet known. 3 of the 8 discharges to date had been readmitted due to difficulties in adjustment. The Calderstones Board would cease to exist on the 1 July 2016. As Merseycare had only recently achieved Trust status, no council of Governors had yet been established.</p> <p>(b) <u>Lancashire Health and Wellbeing Board</u></p> <p>Bridget introduced two documents:</p> <ul style="list-style-type: none"> • The Better Care Fund Plan for 2016/17 was 400 pages long, and included the requirement for Better Care Fund partners to include and work with district councils. • The Sustainability and Transformation Plan for Lancashire and South Cumbria contemplated five local delivery plan footprints. Ribble Valley falls within the Pennine Lancashire footprint. The focus is on full integration of systems and delivery and particularly delivery of care “in place” meaning at home where possible. There would be 9 CCG’s across Lancashire and South Cumbria, and 11 system partnerships with responsibility for hospitals and ambulance services which would involve the top tier of Local Government (ie Lancashire County Council). There were similarities to the old Area Health Authorities. District Councils would need a Health Delivery Plan, as the Government wished for involvement of local people. <p>Lancashire County Council would put on 4 sessions for County and Borough Councillors, and Bridget encouraged Members to attend. There was a need for new housing to take health and social care needs into account, and Colin emphasised the massive gap currently between planning and health. Proposed governance would look at Health and Wellbeing responsibilities being part of the Combined Authority, possibly following the Manchester model. Bridget arranged to forward to Phil a copy of a letter from Jennifer Meins, the Leader of Lancashire County Council and Chair of the Health and Wellbeing Board, and provided copies of the proposed footprints and the Lancashire Health and Wellbeing Organisational Chart for distribution.</p> <p>(c) Bridget highlighted that this group should:</p> <ul style="list-style-type: none"> • review of its terms of reference; • review of its membership; 	

	<ul style="list-style-type: none">• preparation of a local delivery plan; and• meeting Commissioners, in particular with regard to cross-boundary issues. <p>She would liaise with Colin on the first two issues.</p>	
	The meeting closed at 6.20pm	