**Minutes of the Meeting held on at in**

**Present:**

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| **Chair** |
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| **Committee Members** |
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| County Councillor Mike Calvert, Cabinet Member for Adult and Community Services (LCC)County Councillor Mrs Susie Charles, Cabinet Member for Children and Schools (LCC)Richard Jones, Executive Director for Adult and Community Services (LCC)Helen Denton, Executive Director for Children and Young People (LCC)Maggi Morris, Director of Public Health (LCC / PCT)Dr Peter Williams, East Lancashire Clinical Commissioning Group (CCG)Dr David Wrigley, Lancaster Clinical Commissioning Group (CCG)Dr Robert Bennett, Chorley and South Ribble Clinical Commissioning Group (CCG)Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)Peter Kenyon, Chair of Lancashire PCT Cluster BoardSally Parnaby, Lancashire PCT Cluster BoardCouncillor Julie Cooper, East Lancashire District CouncilsCouncillor Bridget Hilton, Central Lancashire District CouncilsLorraine Norris, Lancashire District Councils (Preston City Council)Michael Wedgeworth, Chair of Third Sector LancashireWalter D Park, Chair of Lancashire LINk |
| **Observers** |
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| **Officers** |
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| Deborah Harkins, Lancashire County CouncilHabib Patel, Lancashire County Council |
| **Apologies** |
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| Dr Tony Naughton, Fylde and Wyre Clinical Commissioning Group (CCG)Councillor Cheryl Little, Fylde District Councils |
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| 1.
 | **Welcome from the Chair and overview of the agenda** |

The Chair, County Councillor Valerie Wilson, welcomed all the meeting and in particular welcomed Councillor Julie Cooper who has replaced Councillor Margaret Lishman as the East Lancashire District Councils representative. County Councillor Wilson also provided an overview of the agenda.

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 | **Apologies for absence** |

Apologies were noted.

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 | **Minutes of the meeting held on 9 May 2012** |

The minutes of the previous meeting held on 9 May 2012 were agreed as an accurate record.

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| 1.
 | **Strategy and Interventions - How they will be delivered** |

Habib Patel, Lancashire County Council, began the presentation by reminding the Board of the purpose of the Strategy:

**Work together...**

* Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing.
* Learn the lessons arising from this collaboration to strengthen future working together.

**... Get results**

* Deliver improvements in ‘priority outcomes’.
* Deliver early interventions i.e. specific areas for action that will help deliver the priority outcomes whilst ‘modelling’ desired shifts in the ways that partners work together.

Habib highlighted the four long term priority outcomes for the Health and Wellbeing Strategy 2012 – 2020:

* Maternal and child health
* Mental Health and Wellbeing
* Long term conditions
* Improve health and independence of older people

It was then explained that some Board members would take the lead role on certain key areas and a "Health and Wellbeing Interventions Leads" document was circulated. Board members confirmed they were happy with the suggested Board members for each intervention and it was agreed a final version would be circulated in due course.

Habib finished his presentation by outlining the timescales for approval of the Health and Wellbeing Strategy as follows:

* Draft Strategy sign off (10th July)
* Interventions (2nd September)
* Final Strategy and Interventions ( 18th Oct)
* Launch Strategy and intervention programme (16th Nov)

At this point Ian Roberts asked the Board in groups to consider any "concerns" they have and any "recommendations" for addressing those concerns. The Board then fed back the following results:

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| **Concerns** | **Recommendation** |
| Clinical Commissioning Group (CCG) Plans need to match with the Health and Wellbeing Strategy / Ensure dynamic processes in relationship between SHWB and CCG's | Involve CCG so that they be involved and take ownership of matching CCG Plans to Health and Wellbeing Strategy. |
| Duplication, Isolation and Buy In. | Ensure existing mechanisms are used to avoid duplication. Ensure communication between various groups and shared membership of groups. |
| Concern the Interventions become "too big" / Time commitment needed. | Clear idea of time required and timescales for completion. |
| Summer Holidays. | Work smarter – not everyone has to attend all meetings. |
| Lack of clarity of tasks. | Outcome measures and indicators |
| Lack of consistent approach. | Refer to framework to ensure consistent approach. |
| Overcomplication | Establish very clear narrative / goals. |
| "Re-inventing the wheel". | Share existing good practice. |
| Risk of "tribalism". | Whole systems approach. |
| Repeating failure. | Learn from mistakes. |
| Lack of evidence. | Ensure interventions evidence based. |
| Where does Public Health fit in. | New DPH sits on Health and Wellbeing Board. |
| "Alcohol liaison nurse" intervention too narrow. |  |
| What is the definition of Health and Wellbeing. | The Board to do further work on this. |
| Are the interventions deliverable in a meaningful way. | Set achievable goals. |

Board members discussed the establishment of CCG Plans and that the Board is currently carrying a Provider vacancy. It was agreed that Sally Parnaby would look into the Provider vacancy and how the Board engage with providers.

**Resolved:** The Shadow Health and Wellbeing Board noted the presentation and comments fed back by each group.

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| 1.
 | **Strategy Consultation Progress and Feedback** |

Habib Patel, Lancashire County Council, presented the report. Habib explained that at the last Shadow Health and Wellbeing Board meeting (9th May 2012) it was decided that all the Board members as part of their leadership role would engage partners in the development of the strategy.

An engagement paper was written which was agreed to be distributed by the Board members to partners, stakeholder etc The Strategy engagement paper outlined:

* The purpose of the strategy and how the Board would work to deliver outcomes
* Shifts in the way partners would work
* Priority health and wellbeing outcomes in Lancashire
* Interventions

The engagement paper also proposed two questions for stakeholders to comment on:

* What recommendations would you make to strengthen the emerging strategy?
* What contribution can your organisation/partnership make in the delivery of the strategy?

Habib highlighted the progress made to date as follows:

Board members have been sharing and distributing the paper with stakeholders, below is a list of key stakeholders who have either been contacted for comment or will be contacted in the coming weeks.

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| Michael Wedgeworth  | Has sent the Health and Wellbeing engagement paper to organisations on the Third Sector Lancashire mailing list. Michael Wedgeworth has agreed to collate their responses and provide an overview of the comments.  |
| Councillor Cheryl Little | Circulated to councillors in the Fylde CoastFylde Alcohol partnership Health & Wellbeing Leads |
| Cllr Valerie Wilson Cllr Susie CharlesCllr Mike Calvert  | Briefing seminar – All Lancashire Elected MembersLCC Cabinet  |
| Dr Anne Bowman  | CCG Greater Preston  |
| Dr Peter Williams  | CCG and forums in East Lancashire  |
| Dr Robert Bennett  | CCG South Ribble & Chorley  |
| Lorraine Norris  | Lancashire Chief Executives (Local Government)Preston's various strategic partnerships |
| Helen Denton  | Children's Trust and related partnerships Children's Safeguarding Board Lancashire Fire & Rescue ServiceLancashire Constabulary  |
| Janet Soo Chung Peter Kenyon  | CCG ChairsCCG Leads Cluster DirectorsCluster Board  |
| Richard Jones Lorraine Norris | Lancashire Leaders (leaders of councils) Lancashire Economic Partnership  |

It was noted that Board members have circulated the strategy engagement paper to other stakeholder for comments also. These may not have been captured in the table above.

**Resolved:**

The Shadow Health and Wellbeing Board agreed:

* For Board members to continue to engage partners with the development of the Health and Wellbeing strategy.
* To note and send out the strategy engagement paper to any obvious partners who have not been covered to date.
* To inform Habib Patel habib.patel@lancashire.gov.uk on circulation of engagement paper to key stakeholders.

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| 1.
 | **HealthWatch Update** |

Habib Patel, Lancashire County Council, presented the report and explained that HealthWatch will be a local independent organisation, able to employ its own staff and volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

Habib explained that Lancashire County Council has a responsibility to ensure that Lancashire has its own Local HealthWatch by 1st April 2013.

As no Local HealthWatch structure is currently in place, Lancashire County Council are seeking a Host organisation to maintain the work of the current Local Involvement Network (LINk) and build an organisation called Local Lancashire HealthWatch which will operate within the County Council footprint. The contract will be awarded to the organisation who most convincingly demonstrates how it will work with citizens, representing the twelve districts of Lancashire through Community HealthWatch Gateways.

The contract awarded will start no later than 1st July 2012 and a Lancashire Health Watch to be up and running by the 1st April 2013. Lancashire County Council as the top tier authority is responsible for commissioning Lancashire HealthWatch and have therefore made £60,000 available for the building an effective and inclusive Lancashire HealthWatch. The final figure for the running of a Lancashire HealthWatch will not be known till later in the year.

**Resolved:** The Shadow Health and Wellbeing Board noted the progress being made on developing a Lancashire HealthWatch.

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 | **Lancashire Children and Young People's Trusts - Links with the Shadow Health and Wellbeing Board** |

Mike Hart, Director for Resources, Planning and Business Services, Directorate for Children and Young People gave a presentation on Children's Trusts and links with the Shadow Health and Wellbeing Board.

Mike gave some background to the Children's Trusts and explained that they have been in operation for around 6 or 7 years, they were statutory but are not anymore. The Children's Trusts work to clear outcomes from OfSTED and to priorities set out in the Children and Young People's Plan, which was last refreshed around 18 months ago.

Mike explained that several partners are involved in the Trusts including:

* Borough Councils
* Children’s Centres
* Colleges
* Health – commissioners and providers
* Lancashire Constabulary
* Lancashire County Council
* Lancashire Fire and Rescue Service
* Schools – primary, secondary and special
* Voluntary Community and Faith Sector

The Children's Trusts have a number of health related priorities and central to that is "Working Together" to achieve healthy delivery, by sharing information across all the partners to benefit families and achieve long term intervention success.

The Children's Trusts achieve this by working **with** families as opposed to **doing to**, helping them to improve their situation and take greater control over changing their circumstances and improving outcomes for their children.

The Shadow Health and Wellbeing Board welcomed the presentation and discussed how the Children's Trusts could link to the Clinical Commissioning Groups (CCGs).

The following recommendations were set out in the report to the Board to build on the existing work of the CYP Trust; to strengthen the relationship between the Trust and the Health and Wellbeing Board and to reduce the risk of duplication in how we deliver services to children and young people.

* The CYP Health and Wellbeing Priority Group is established as a sub group of both the Trust and the Health and Wellbeing Board with a remit to promote, improve and champion the health and wellbeing of CYP (as set out at Appendix 1 to the report).
* The Director of Public Health to chair the CYP Health and Wellbeing Board Priority Group to ensure an appropriate flow of discussion, decision and information between the Priority Group and the HWB Board.
* To establish a children and young people's version Health and Wellbeing Board whose membership will consist of children and young people from across Lancashire. This group will ensure and enable the voice, participation and engagement of children and young people in strategic decision making about health and wellbeing.
* A protocol will be drafted to formally outline the relationship and responsibilities between the CYP Trust and the Health and Wellbeing Board and building on the above recommendations. This will be presented for discussion and agreement at a future meeting.

**Resolved:** The Board welcomed the report on the Children's Trusts and welcomed the work being done by the Children's Trusts regarding Health and Wellbeing priorities. The Board, agreed that whilst the Board was finalising the Health and Wellbeing Strategy, that at this time it would not wish to setup any sub groups, however the Board welcomed the recommendations as long term aspirations of the Board and welcomed a future report and discussion once the Health and Wellbeing Strategy is in place.

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 | **Any Other Urgent Business** |

None

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 | **Programme of Meetings 2012 and Date of Next Meeting** |

The programme of meetings for 2012 was noted and it was also noted that the next meeting would be held on 10 July 2012 at 2pm in Cabinet Room 'D', County Hall, Preston.

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|  | Andy MilroyPrincipal Executive Support Officer  |
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| Lancashire County CouncilCounty HallPreston |  |

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