

Shadow Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 10th July, 2012 at 2.00 pm in Cabinet Room 'D' - County Hall, Preston

Present:

Chair

County Councillor Mrs Val Wilson, Cabinet Member for Health and Wellbeing (LCC)

Committee Members

County Councillor Mike Calvert, Cabinet Member for Adult and Community Services (LCC)
Richard Jones, Executive Director for Adult and Community Services (LCC)
Dr Peter Williams, East Lancashire Clinical Commissioning Group (CCG)
Dr David Wrigley, Lancaster 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 Board
Councillor Julie Cooper, East Lancashire District Councils
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair of Third Sector Lancashire
Walter D Park, Chair of Lancashire LINK

Officers

Deborah Harkins, Lancashire County Council
Habib Patel, Lancashire County Council

Apologies

County Councillor Mrs Susie Charles, Cabinet Member for Children and Schools (LCC)
Helen Denton, Executive Director for Children and Young People (LCC)
Maggi Morris, Director of Public Health (LCC / PCT)
Dr Robert Bennett, Chorley and South Ribble Clinical Commissioning Group (CCG)
Dr Tony Naughton, Fylde and Wyre Clinical Commissioning Group (CCG)
Janet Soo-Chung, Chief Executive of Lancashire PCT Cluster Board
Ian Roberts, Greengage Consulting

1. Welcome from the Chair and overview of the agenda

The Chair, County Councillor Valerie Wilson, welcomed all to the meeting and in particular the guests attending to assist with presenting the Intervention items. County Councillor Wilson also provided an overview of the agenda.

2. Apologies for absence

Apologies were noted.

3. Minutes of the meeting held on 29 May 2012

Resolved: The minutes of the meeting held on 29 May 2012 were agreed as an accurate record.

4. Overview of the Interventions

Habib Patel, Lancashire County Council, opened the presentation by explaining that the Board has been working to a tight timescale but has a bit more time to work on the chosen Interventions. The intention is to agree which Interventions the Board will target with the aim of presenting firm proposals to the September 2012 Board meeting. Habib thanked Board members for their hard work so far on each of the Interventions.

Habib drew the Board's attention to the 10 documents circulated in the agenda papers which give an overview of the work done on each Intervention to date.

Resolved: The Shadow Health and Wellbeing Board noted the presentation and documents circulated with the agenda.

5. Progress on the Three Interventions

Alcohol Liaison Intervention (Board Members County Councillor Mike Calvert and Dr David Wrigley)

Steve Owen, Lead Officer for the Alcohol Liaison Intervention gave a presentation on progress to date on this particular Intervention and what is working well / not well.

The current situation in Lancashire is that there are three distinct projects which follow a best fit model as resources allow. Models are based on local priorities – i.e. reducing alcohol related admission rates and unscheduled care. There is a good evidence base for interventions and some evidence of emerging partnerships between hospital and community services.

Steve explained that the outcomes for Alcohol Liaison had been split into short, medium and long term goals as follows:

Short 1year	<ul style="list-style-type: none">• Contracts agreed with providers based on the identified target groups for local projects.• Equitable access to liaison services.• Robust data collection and monitoring systems for evaluation.• Clinical pathways agreed between hospital, GP and community.• Increased clinician awareness of alcohol impacts and skills in Identification and Brief Advice.
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Medium 3-5years	<ul style="list-style-type: none"> • Reduce alcohol specific re-admissions and A&E representations within 30 days. • Reduce bed usage associated with acute alcohol withdrawal. • Improve quality of care for people admitted to hospital for alcohol specific and alcohol related conditions. • Reduce alcohol associated demand and cost burden to NHS and partners.
Long 2020	<ul style="list-style-type: none"> • Reduction in the rate of increase of alcohol related hospital admissions. • Improvement in Lancashire Alcohol Profiles for England (LAPE) across Lancashire 12 districts. • Positive outcomes over the longer term on other conditions associated with alcohol including mental health, cancer and CVD.

Steve also highlighted some of the shifts or changes required to ensure the Intervention is effectively implemented as follows:

How must partners work to ensure that the ‘priority shifts’ are applied and the intervention is effectively implemented?	
<ul style="list-style-type: none"> • Partners need to commit to engagement and contribute to implementing alcohol liaison as a priority objective. • Partners need to commit resources • Partners need to ‘buy in’ to evidence of the benefits of alcohol liaison as an intervention to improve health and reduce demand for services. • Partners need to communicate openly regarding barriers to achieving objectives. • Partners need to commit to integrated pathways between hospital, community and primary care. • Partners need to commit to workforce training and adopting screening for alcohol related issues. • Influence of HWB/CCG’s to promote planning priorities. 	
Who needs to be involved to develop, commission and deliver the intervention?	
<ul style="list-style-type: none"> • Public Health Lancashire • CCG’s • Acute Trust • Primary care services 	<ul style="list-style-type: none"> • Community treatment services • Service users • Leverage from HWB
What are the ‘milestones’ for the Task Group in the year ahead?	
<ul style="list-style-type: none"> • Resubmit alcohol liaison business case to funding groups and explore potential for ‘invest to save’ resource shift with providers. • Engage all key stakeholders in planning alcohol liaison services. • Develop locality implementation plans. 	

Board members welcomed the presentation and commented that early intervention to educate people on a healthy lifestyle was important to intervention success, and also commented on some of the wider interventions related to alcohol such as enforcement of alcohol licensing.

Loneliness in Older People Intervention (Board Members Michael Wedgeworth and Dr Peter Williams)

Habib Patel began the presentation by highlighting the current situation in Lancashire and the strengths and weaknesses as follows:

Strengths

- Third Sector working with older people in communities.
- Different befriending models.
- Local community groups supporting older people.
- Help Direct – statutory organisations funding older people services.
- Varied choice and provision.
- Lots of good practice and innovation across the county

Weaknesses

- Sharing information between agencies - referral
- Sharing information between intervention service providers
- Duplication and gaps of services
- Not enough good practice sharing across the county
- Not being able to find small amount of resources to get on with projects (sustainability)
- Being clear about what is happening in local areas for lonely older people - for frontline staff to refer
- Lack of holistic approach to health & wellbeing (including loneliness)
- Inconsistent approach to integrating interventions to address loneliness into care pathways

Habib report the desired outcomes for this Intervention as follows:

- Identifying lonely older people by raising awareness amongst all agencies who are involved with older people, identify those who may be vulnerable to loneliness.
- A simple but effective referral process that has capacity and can be monitored and measured for success.
- Local services which meet the need of older people, without them needing to travel far and therefore accessible on the door step or in the home.

Finally, Habib reported to the Board the suggested workstreams for this Intervention and suggestions for how to take this Intervention forward as follows:

- Awareness plan for those at risk and for those who know others are at risk.
- Consider Help Direct as first point of call, identify the grit in referral process.
- Bring together a range of evidence (JSNA) to support us in identifying who/where.
- Effective local directory.

- Need to link referral with outcome.

Board members welcomed the presentation and provided feedback, it was suggested that one possible workstream would be to support to use of Help Direct advisors in GP surgeries.

Joined up Support for Vulnerable Families (First Pregnancy)

Gail Porter, Project Director (Total Family), Lancashire County Council gave a presentation on the work of done on the Support for Vulnerable Families Intervention. Gail explained that there are a wide range of existing strategic commitments with specific action plans in place but highlighted a number of areas that the Intervention could seek to strengthen:

- Consistency of provision and supply of data across geographies varies.
- Awareness and use of established guidance.
- No shared definition of 'vulnerable family'.
- Individuals who do not access any midwifery or antenatal services.
- Progress with Health Visitor Implementation plan.
- Workforce development and engagement of Higher Education providers (HEIs).
- Intensive workstream to support developments in UH Morecambe Bay.

Gail also highlighted a number of "priority shifts" which could build and utilise the assets, skills and resources of our citizens and communities:

- reduce reliance on services;
- increase resilience of families;
- develop community capacity to support families.

Gail explained that another "priority shift" is to shift resources towards prevention and reduce demand on acute services:

- knowledge – who, where, how;
- Understanding – why;
- Delivery – targeted and coordinated;
- Sustainability - what works.

Gail also summarised the programme of work as follows:

Knowing	Understanding	Delivering	Sustaining
Improve the flow of data regarding early notification and live births	Health and social needs - strengthen the pathways for both.	Patient walkthrough using Working Together Family cohort	Role of specialist midwives versus mainstream role

Women who do not access midwifery services by 12 weeks – how many, where and why?	Coordination across (the many) existing programmes of work	Academic involvement to examine lead professional role	Community capacity building i.e. parenting champions
	Opportunities presented by the Health Visitor expansion programme		Academic institutions regarding future workforce planning requirements.

The Board welcomed the presentation and provided feedback.

Resolved: The Shadow Health and Wellbeing Board noted the presentations and it was agreed that further presentations of the remaining seven Interventions would be arranged as soon as possible.

6. Health and Wellbeing Strategy Narrative Draft

Habib Patel presented the report (circulated). The Board provided comments and feedback on the progress to date on the narrative and it was suggested that a small group be formed to review the narrative.

Resolved: The Shadow Health and Wellbeing Board noted the report and agreed to that a small group be formed to review the narrative.

7. Engagement Feedback and comments to date on Strategy

Habib Patel presented the report (circulated) on the Engagement Feedback and comments received to date on the Strategy.

Michael Wedgeworth, Third Sector Lancashire, was invited to comment on the work done by Third Sector Lancashire on collating responses from the Third Sector to the strategy.

Michael reported back on a number of suggested recommendations received from the Third Sector organisations (document circulated) which included addressing inequalities, need for clarity around the role of the Voluntary, Community and Faith Sectors within the Health and Wellbeing Strategy, the need for two way communication and other suggested recommendations.

Resolved: The Shadow Health and Wellbeing Board noted the report and presentation.

8. Role of the Shadow Health and Wellbeing Board in the authorisation of CCG Commissioning Plans

Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG), presented the Commissioning Plan (circulated). Dr Bowman explained that the Plan had been written before the Health and Wellbeing Strategy so reference to the Health and Wellbeing Strategy will be included in future editions of the Plan.

Dr Bowman explained that the Shadow Health and Wellbeing Board will play a significant role in informing CCGs of health and social care need, working with CCGs to develop their strategic thinking and shape their developing plans for the future. The Shadow Health and Wellbeing Board plays a part in the authorisation process, key areas were highlighted as follows:

- Taking part in a 360 degree survey on each CCG within its footprint
- Receiving and commenting on the vision and key priorities of each CCG within its footprint.
- Working with CCGs, using refreshed JSNA ,to develop joint health and wellbeing strategy, to enable integrated commissioning where it is most useful on an on-going basis
- Ensuring that Quality, Innovation, Productivity and Prevention (QIPP)is integrated within all plans on an on-going basis

The key questions within the 360 degree survey that will be asked of the Shadow Health and Wellbeing Board were circulated at Appendix 2.

Vision and key Priorities of each of the six CCGs within Lancashire's Shadow Health and Wellbeing Board were circulated at Appendix 3.

A copy of Greater Preston's Clear and Credible Plan (CCP) was circulated at Appendix 4.

Resolved: The Shadow Health and Wellbeing Board noted the presentation and noted their role in the future authorisation of CCG Commissioning Plans.

9. Any Other Urgent Business

It was noted that with regard to the HealthWatch item discussed at the previous Board meeting that a contract had now been awarded to a provider. The timescales are to be determined between now and November of how HealthWatch will be implemented.

10. Programme of Meetings 2012 and Date of Next Meeting

The programme of meetings was noted and it was noted that the next Shadow Health and Wellbeing Board meeting would be held on 4 September 2012 at 2pm in the Rowan Room, Woodlands Conference Centre, Chorley.

Andy Milroy
Principal Executive Support Officer

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