

## Shadow Health and Wellbeing Board

**Minutes of the Meeting held on Thursday 8 March 2012 at 1.30pm at Brockholes Nature Reserve, Samlesbury, Nr Preston.**

### Present:

County Councillor Valerie Wilson	Lancashire County Council (in the Chair)
County Councillor Mike Calvert	Lancashire County Council
County Councillor Susie Charles	Lancashire County Council
Richard Jones	Lancashire County Council
Helen Denton	Lancashire County Council
Maggi Morris	Director of Public Health (LCC / PCT)
Dr Peter Williams	East Lancashire Clinical Commissioning Group (CCG)
Dr David Wrigley	Lancaster CCG
Dr Robert Bennett	Chorley and South Ribble CCG
Dr Simon Frampton	West Lancashire CCG
Dr Tony Naughton	Fylde and Wyre CCG
Peter Kenyon	Lancashire PCT Cluster Board
Sally Parnaby	Lancashire PCT Cluster Board
Councillor Bridget Hilton	Central Lancashire District Councils
Councillor Margaret Lishman	East Lancashire District Councils
Councillor Cheryl Little	Fylde District Councils
Lorraine Norris	Preston City Council (representing Lancashire District Councils)
Canon Michael Wedgeworth	Third Sector Lancashire
Walter D Park	Lancashire Link
Ian Roberts (Observer)	Greengage Consulting
Habib Patel	Lancashire County Council
Deb Harkins	Lancashire County Council

Apologies for absence were received from Frank Atherton, Director of Public Health (LCC / PCT), Janet Soo Chung, Lancashire PCT Cluster, Dr John Caine, West Lancashire CCG whom was replaced by Dr Simon Frampton, and Dr Ann Bowman, Greater Preston CCG.

### **1. Welcome from the Chair and overview of the agenda**

County Councillor Valerie Wilson welcomed everyone to the meeting and in particular the CCG representatives who were attending for the first time. The Board received a brief introduction to the Brockholes venue which explained how the reserve came into being and aspirations for its future development.

## **Session 1 – The programme of work for the Shadow Health and Wellbeing Board**

Ian Roberts, Greengage Consulting, and Habib Patel, Lancashire County Council, gave a presentation outlining suggestions for areas that the Board can focus on. Ian talked about the objectives and plan for the initial Board meetings as follows:

- The programme of work for the Health and Wellbeing Board.
- Health and Wellbeing priorities.
- Delivering our priorities.
- How should the Board operate within the Lancashire health system?
- Housekeeping.

Habib explained the statutory role of the Health and Wellbeing Board including:

- Needs of the population (Joint Strategic Needs Assessment (JSNA)).
- Determine priorities (Strategy).
- Promote integration (commissioning, service delivery).
- Hold to account (performance manage).
- Voice on behalf of the people of Lancashire.

Habib posed some questions for the Board to consider regarding the Health and Wellbeing Strategy:

- What is the purpose of the board's strategy?
- How do we want the strategy to be delivered, County/CCG footprint/Locality?
- How do we get buy in from stakeholders on priorities and delivery?
- How do we performance manage the strategy?
- What is the role of the Board in delivering /monitoring the strategy?

Ian also explained that he had met with 14 out of 18 Board members to discuss their aspirations for the Board and provided feedback on the information gathered from this exercise so far.

Habib closed the session by setting out the timescales and programme for the future Board meetings and expressed an aspiration that the Health and Wellbeing Strategy be signed off at the 10<sup>th</sup> July 2012 Board meeting.

## **Session 2 – Health and wellbeing priorities in Lancashire**

Deb Harkins, Lancashire County Council, gave a presentation to explain what the priorities are for health and wellbeing in Lancashire and also to explain what the JSNA tells us.

Deb explained that the JSNA gives high level strategic analysis which is used to inform priority setting. Priorities include Health inequalities, children and young people, mental health and wellbeing, older people, alcohol, drugs and tobacco

Deb highlighted the priorities for addressing the determinants of health inequalities as follows:

- Reduce unemployment.
- Increase income and reduce child poverty.
- Strengthen communities.
- Develop skills and life long learning.
- Reduce alcohol consumption and tobacco use.
- Increase social support.

Key themes of the JSNA include

- Aging and changing population at risk.
- Impact of the economic climate.
- Maximise use of regulatory powers for health and wellbeing.
- Impact of poverty and social inclusion on health, wellbeing and determinants.
- Intergeneration and family issues.
- Pivotal role of primary care (particularly GPs and their teams).
- Ensure the best possible services are available to all when there is a crisis.
- Current and potential contribution of the third sector.
- Support people to be in control of their health, care and wellbeing.
- Natural environment is a key asset for health and wellbeing.
- Mobilise community assets and build community resilience.
- Importance of social relationships.
- Importance of wellbeing in affecting physical health, behaviour, social inclusion and prosperity.
- Identify those at high risk and intervene earlier – make every contact count!
- Risk taking behaviours – harm reduction and recovery.

Finally, Deb explained that the goal of the Health and Wellbeing Strategy was to narrow the gap in healthy life expectancy and finished her presentation with some suggestions for the priority outcomes for the Board as follows:

- Improve maternal and infant health.
- Improve mental health and wellbeing.
- Reduce incidence and survival of long term conditions and support people be in control of their health.

### **Session 3 – Delivering our health and wellbeing priorities and Session 4 – How Should the Board operate within the new Lancashire Health System**

For both of these sessions Ian Roberts facilitated a group discussion on what priorities the Board should focus on and discussion about how the Board sees itself fitting into the new Lancashire Health System.

Board members were split into three groups and were asked to group together suggestions for areas that the Board should focus on. The results were as follows:

#### **Group 1**

- Alcohol Abuse and implications, such as Teenage Pregnancy, mother and child health.

- Targeted Health checks including checks for dementia and target people living in rural areas.
- Principal of more focus on early intervention.
- Older people healthier living.
- Listen to the voice of the people.

## **Group 2**

- Emotional Health and Wellbeing – develop more practical pathways.
- How to develop priorities, evidence based.
- Public engagement.
- Balance between universal and targeted services, intensity to depend on level of need.
- Domestic violence.
- Governance and accountability.
- Drugs and alcohol abuse.
- Early family wellbeing.
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## **Group 3**

- Public engagement – people to take more responsibility.
- Bring priorities together, identify key priorities once all brought together.
- Resources limited, but let organisations lead where they have expertise.
- Avoid unintentional consequences.
- Alcohol abuse.
- End of life care.

Board members also made some suggestions for engagement, it was suggested that Third Sector Lancashire could be utilised along with the Youth Councils and social media to engage with children and young people.

## **National and local updated for the Board**

None noted.

## **Minutes of the Meeting held on 25 January 2012**

Were agreed as an accurate record.

## **Appointment of additional Clinical Commissioning Group Representatives**

The Board noted the appointment of representatives of the Preston, Fylde and Wyre and West Lancashire Clinical Commissioning Groups and the consequential amendment to the Shadow Board's terms of reference. It was also noted that Dr Simon Frampton has replaced Dr John Caine as the West Lancashire CCG representative.

I M Fisher  
County Secretary and Solicitor

County Hall,  
Preston