

**MINUTES OF THE  
EAST LANCASHIRE HEALTH AND WELLBEING PARTNERSHIP**  
held at  
Walshaw House, Nelson  
Tuesday 29 September 2015 @ 2.30pm

<i><b>NAME</b></i>	<i><b>REPRESENTING</b></i>
Councillor Bridget Hilton – in the Chair	Ribble Valley BC
Lynne Braley	LCFT
Mick Cartledge	Burnley BC
Richard Cooke	LCC
Councillor Munsif Dad	Hyndburn BC
Gill Dickson	Pendle BC
Colin Hirst	Ribble Valley BC
Mike Ions	East Lancashire CCG
Derek Kettlewell	Calico
Aiden Kirkpartick	LCC
Nicky O’Conner	East Lancashire Hospitals Trust
Kirsty Slinger	ELCCG
Kelly Taylor	East Lancs CCG
Amanda Thornton	LCFT
Mike Walker	Hyndburn BC
Mike Wedgeworth	Healthwatch Lancashire
Councillor David Whalley	Pendle BC
Imelda Grady	Burnley BC

<b>1.</b>	<b>Apologies</b>
	Apologies were received from Councillors Barbara Ashworth and Tony Harrison
<b>2.</b>	<b>Minutes</b>
	The minutes of the meeting held on 28 <sup>th</sup> July 2015 were confirmed as a correct record.
<b>3.</b>	<b>Blackburn with Darwen Health and Wellbeing Board</b>
	Dominic Harrison, Director of Public Health, Blackburn gave a presentation

which highlighted the shared health and wellbeing challenges across Pennine Lancashire and asked members to consider if there was more that could be done by working together.

The presentation highlighted

- life expectancy figures in Pennine Lancashire showing most areas other than Ribble Valley to be 10 years behind the England average.
- Employment data for Pennine Lancs. showing more people out of work through ill health/disability rather than unemployment
- Healthy life expectancy (the number of years an individual can expect to spend in 'good' or 'very good' health) being lower in Blackburn with Darwen than the England average and similar in other East Lancs authorities
- The increased risk of individuals having health behaviours and conditions in adulthood if they had experienced four or more adverse childhood experiences and the need for early intervention/prevention
- Government cuts to local authority budgets and the impact on community resilience. The higher the cuts correlated with the worst health outcomes. There had been more cuts in public service investment from northern areas than southern areas

Dominic further reported on the imminent release of information from Healthier Lancashire which would likely show significant gaps in resources over the next 5 years.

Members recognised that there was a need to work collaboratively in order to meet and address the future challenges.

It was agreed to set up a time limited working group to establish what partners wanted to achieve and to be able to respond promptly to the forthcoming report from Healthier Lancashire.

**It was agreed;**

- (1) That a time limited Working Group be set up to establish what partners want to achieve.**
- (2) That the Group be led by Mick Cartledge and comprise Aiden Kirkpatrick, Dominic Harrison, Michelle Pilling, Colin Hirst, Derek Kettlewell and Lynne Braley.**
- (3) That the Working Group report back to the November meeting of the Partnership; (Mick Cartledge)**
- (4) That the Lancashire Health and Wellbeing Board be informed of this. (Richard Cooke)**

4.	<b>Mental Health Commissioning</b>
	<p><b>Wellbeing in later life – changing services to empower communities.</b></p> <p>Amanda Thornton, gave a presentation on living well in later life and commissioning services.</p> <p>She said that people were living longer and costing more to health services at a time when public spending on services was down. She said there was a need to provide better outcomes at a lower cost.</p> <p>Statistics showed that there were more people with dementia living in the community than in nursing/care homes and in general or specialist hospitals. Amanda said that this would require services that could respond to the community and the need for commissioning to be done differently.</p> <p>Amanda referred to the concept of advanced care rather than advanced ageing, where age would not be used to exclude someone from a service if it best met their specific needs. Specialist hospital services would provide 84 advanced care beds and community health services would provide for those living in the community. A wrap-around service for the community was needed which would provide rapid intervention, close the diagnosis gap and reduce waiting times.</p> <p>Decisions would need to be taken on what it would cost for community based mental health care provision and what monies would be made available.</p> <p><b>Children and Adolescents Mental Health (CAMHS) Transformation Plans</b></p> <p>Kelly Taylor gave an update on the 2015 National Guidance for CAMHS and on the progress on completion of the Transformation Plans including the Pan-Lancashire governance arrangements and system leadership.</p> <p>Kelly said that the successful implementation of the plan through a multi-agency approach would result in improved emotional well-being and mental health of all children and young people.</p> <p>She reported that the CAMHS Systems Board met monthly and that Transformation Planning meetings were held weekly. The Transformation Plan was due to be submitted on 16<sup>th</sup> October 2015.</p> <p>An overview was given of local partner input and it was hoped to establish a Pennine Lancs Group for implementation of the plan.</p> <p>Members felt that this was such a complex area and that it was difficult to absorb all the information. They asked that a summary sheet be provided at each meeting so that members could be kept up to speed with activities and responsibilities.</p> <p><b>It was agreed: That a summary sheet be provided at each meeting (Kelly</b></p>

	<b>Taylor)</b>
<b>5.</b>	<b>Active Lives and Health Weight Services</b>
	<p>Members received for information a copy of a presentation given at a recent Active Lives and Health Weight Services Stakeholder Information meeting.</p> <p>The presentation highlighted fragmented and inequitable intervention and prevention across Lancashire which had been inherited from the Primary Care Trusts.</p> <p>It was envisaged that the new service would provide targeted community support with an emphasis on family support. There were 5 tender options based on the CCG footprint and members were asked to consider the East Lancashire bid.</p> <p><b>It was agreed; That a report be brought back once the procurement process had been completed (Aiden Kirkpatrick)</b></p>
<b>6.</b>	<b>Better Care Fund</b>
	<b>It was agreed: That a report be brought to the next meeting (Mike Youlton)</b>
<b>7.</b>	<b>Lancashire Health and Wellbeing Board update</b>
	<p><b>Summary of 16<sup>th</sup> July meeting</b></p> <p>Richard Cooke presented a summary of the discussions that had taken place at the meeting of the Lancashire Health and Wellbeing Board on 16 July. He referred to the #hello, my name is campaign and asked partners to promote it within their organisations. Michelle Pilling offered to provide CCG support to partners should they wish to embed this initiative within their organisations.</p> <p>Richard Cooke also updated members on the £4m in-year budget reduction and the intention to work actively between LCC, NHS and Public Health England to enable a more joined up public health system and that Blackburn with Darwen would be invited to engage in this work.</p> <p>Members expressed concern about the impact of the reduction and how it would be absorbed.</p> <p><b>Dashboard outcomes</b></p> <p>Member received for information the dashboards for May and July for the Lancashire health and wellbeing outcomes.</p>

<b>8.</b>	<b>Transforming Lives update</b>
	<p>Aidan Kirkpatrick gave a position statement on the Transforming Lives initiative which was one of the East Lancashire schemes within the Better Care Fund.</p> <p>He referred to the challenges in collecting complex data across partner agencies and how the programme's effectiveness would be monitored and evaluated.</p> <p>Members felt that there was too much detail in the reports for this audience to absorb and understand and asked for a concise paper, setting out the headlines, to be made available prior to future meetings</p> <p><b>It was agreed: That a summary paper be brought to future meetings.</b></p> <p style="text-align: right;"><b>Aiden Kirkpatrick</b></p>
<b>9.</b>	<b>District updates</b>
	<p>Members had requested this item be placed on each agenda to enable the districts to bring forward any issues relevant to the partnership and to strengthen the interface between partners.</p> <p>Gill Dickson reported that Pendle had commissioned Infusion Research to assist in prioritising the focus of public health spend and said their services were available to other districts.</p>
<b>10.</b>	<b>Dates of future meetings</b>
	<p>The date of the next meeting was agreed as Tuesday 24<sup>th</sup> November 2015 at 2.30 pm in Meeting Room 3 at Walshaw House, Nelson.</p>