

**Strategic Commissioning Group  
Notes and Actions  
16 March 2016, 9.30 – 11.30am  
Conference Room 3A, Bickerstaffe House**

<b>Present</b>	<p>David Bonson, Chief Operating Officer, Blackpool CCG (Chair)</p> <p>Nikki Evans, Superintendent, Lancashire Constabulary</p> <p>Pauline Wigglesworth, HeadStart Programme Lead, Blackpool Council</p> <p>Helen Lammond-Smith, Head of Commissioning, Blackpool CCG</p> <p>Dr Arif Rajpura, Director of Public Health, Blackpool Council</p> <p>Judith Mills, Public Health Specialist, Blackpool Council</p> <p>Merle Davies, Director Better Start, NSPCC</p>
<b>Also present</b>	<p>Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council</p> <p>Jayne Bentley, Care Bill Implementation and Better Care Fund Project Lead, Blackpool Council</p> <p>Julie McGowan, Commissioning Manager, Blackpool Council (representing Val Raynor)</p> <p>Andrew Foot, Head of Housing, Blackpool Council</p> <p>Mark Golden, Finance Manager, Blackpool Council (representing Steve Thompson)</p> <p>Steve Morgan, Lancashire Fire and Rescue</p>
<b>Apologies</b>	<p>Delyth Curtis, Director of People (Director of Children's Services), Blackpool Council</p> <p>Karen Smith, Director of Adult Services, Blackpool Council</p> <p>Steve Thompson, Director of Resources, Blackpool Council</p> <p>Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG</p> <p>Val Raynor, Head of Commissioning, Blackpool Council</p> <p>Lynn Donkin, Public Health Specialist, Blackpool Council</p> <p>Liz Petch, Public Health Specialist, Blackpool Council</p> <p>Pat Crawford, Finance, Blackpool CCG</p> <p>Scott Butterfield, Corporate Development and Research Manager, Blackpool Council</p> <p>Tamasin Knight, Specialty Registrar in Public Health, Blackpool Council</p>

<b>1.</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>David welcomed everyone to the meeting, apologies were given and introductions made.</p>
<b>2.</b>	<p><b>Minutes and actions from the last meeting</b></p> <p><b>Intermediate care</b> – Helen advised that the implementation of the new model was all on track, the staffing was mostly in place with a few minor issues to iron out.</p> <p>Mark Golden asked for sight of the financial approvals and was advised the CCG were awaiting final documents.</p>

	<p><b>Children’s centres</b> – Helen advised that the visioning paper had been discussed at the BTH maternity pathways group, and shared with internal managers. The paper had been accepted and all parties were signed up to the proposals, which align with the delivery plan, and also the national maternity review which suggests having more services delivered in neighbourhoods. There was one concern regarding whether health partners would be charged rent to deliver services from Council buildings, as we need to make sure we work together as a health economy.</p> <p>The group felt that there was an opportunity to consider this in more depth and a future item would be scheduled around <b>how we get the most out of our collective estates</b>.</p>
3.	<p><b>Older People’s Housing and Support Strategy</b></p> <p>Andy Foot, Head of Housing presented the report, describing how the strategy would set out a plan for the future provision of housing for older people, enabling them to live independently and healthily. It should lead to an action plan that will help reduce the need for social care and acute health services, helping housing providers to understand what is needed and setting a clear framework that encourages appropriate investment.</p> <p>Work would be carried out over the next few months to understand demand for these types of housing, which has been weak for sheltered housing; this will help housing associations to understand potential areas to change types of housing. The impact would be to inform planning policy, part 2 of the Local Plan identifies particular sites for new housing including older people’s housing, and choices about adaptability and accessibility.</p> <p>A Steering Group has been set up; this met last week to agree a project plan to deliver the strategy in six months, with action plans to deliver change, depending on what the recommendations are. Given the strong links to health and social care, it is suggested that this group oversees the strategy and receives a further report in three months.</p> <p>Discussion followed regarding the age group covered (over 55’s) and the need to include some work on population projections. Arif commented on the importance of this work as a link between housing, care and support, and its importance with regards to preventing people from ending up in hospital.</p> <p>There was agreement that this is the right place to have the discussion, considering the issues involved around waiting lists for adaptations and social isolation; and the need to link with wider work around prevention.</p> <p>A separate question was asked regarding the new housing development at Wyndyke and how we can input regarding the types and location of services the residents will need to access. Judith is linked to this project.</p> <p><b>Action: update on the strategy’s development to be brought to the June meeting</b></p>
4.	<p><b>Healthier Lancashire /Sustainability and Transformation Plan</b></p> <p>David updated on developments since the last meeting. The governance diagram has been updated to include new HWB Partnership Board that will operate on the Local Health and Care Economy footprint.</p> <p>The Joint Committee will have delegated responsibility for making decisions on certain things, for example collective decisions outside the remit of one CCG. There will be a JC of</p>

	<p>health and JC of other statutory organisations to make formal and public decisions.</p> <p>The original diagram has been changed to make sure voices are heard and organisations represented, Fylde Coast working arrangements will begin to make some difference.</p> <p>Discussion followed and it was suggested that there is lots of work to do on the detail; the acute hospital work makes sense on a larger footprint however some of prevention work seems to work better locally. This is a good opportunity to get things lined up, the perception previously was that we can't do things because we don't join up, this gives permission to do so and the conversations are productive.</p> <p>It was suggested that we need to be mindful of the Big Lottery's investments in Blackpool when we talk about boundaries changing; they have put money into three key strategic programmes, they like Blackpool as it is small and they can see impact of their investment.</p> <p>This is about understanding what can be done better on a bigger footprint, and Fylde and Wyre will benefit from working closer with Blackpool. There were some concerns that working on a larger footprint will impact on the speed of decision making and this may become overly bureaucratic; also that our voice may be lost if we become part of Lancashire; and systems transformation will not work as well on a larger scale.</p> <p>David advised that the rules for HL are still evolving, however the transformation plans require formal sign off to access transformation funding for 2017. All CCG's are required to hold 1% non-recurrent funds to pool into Lancashire which will be released when there is financial balance; this is to incentivise people to work together. The centre is going to be looking to larger footprints to get system management.</p> <p>It was agreed to keep as a <b>standing agenda item</b> to maintain clarity, enable issues to be escalated, and monitor risk.</p>
5.	<p><b>Better Care Fund</b></p> <p>Jayne Bentley and Laura Watts presented an update on the Better Care Fund submission; following a separate meeting that had taken place the week before, the adult's community contract had been included and the CCG funding has been uplifted by 1.1%. The total pooled budget is £16 million.</p> <p>It was proposed that a quarterly monitoring report is brought to the SCG, where any potential changes can be discussed and more projects/services can be added during the year.</p> <p>Mark Golden added that it was important to have one place to monitor the schemes, and the CCG had suggested pooling the community contract, the Council element can be added along with intermediate care, in order to monitor over/underspend.</p> <p>David added that the BCF is now becoming a more meaningful contract as it has more support from across the partners.</p> <p>It was also suggested that Fylde Coast working might improve the BCF in future, and it would be good to include public health services as well to protect them from future cuts. Originally BCF was introduced to include services for adults to prevent them going into</p>

	<p>hospital and reduce readmission rates; the purpose is to integrate and transform these services. It fits with the enhanced primary care model and lots of other workstreams, children's services could also be included in the future.</p> <p><b>Action: Quarterly update reports to be scheduled on the SCG's forward plan.</b></p>
6.	<p><b>Public Service Integration – Fire as a Health Asset (slides attached)</b></p> <p>Steve Morgan attended to present the item; the fire service are currently scoping how they move their model of home fire safety checks into more holistic working with vulnerable people. They want to work with partners to develop a product without moving into a clinical environment but focusing on the built environment using the Marmot principles of upstream prevention, and focusing on reducing the risk of falls, social isolation and seasonal factors/winter pressures. The main question was can we develop a pilot to take forward?</p> <p>A discussion followed where a number of ideas were put forward. Connections were made to the neighbourhood models and vanguard and the benefits that could be gained from more joined up working were recognised; and an opportunity to look at the 'blue light' input.</p> <p>There is some nervousness within fire and rescue staff with regards to working with people with complex needs and it was suggested that some workforce development may be required, around brief intervention training for example. Key for the fire service is that they are well-placed to go into households and engage with people, they are immediately trusted and a well-known brand.</p> <p>When discussing how to develop a pilot project, the importance of working with communities to gain some qualitative data and for communities to co-design was raised. The fire service would be looking to align resources to the locality models.</p> <p>It was agreed that a further conversation with the wider locality team was required to establish what a pilot would look like and if there were any projects that would benefit immediately, as well as beginning discussions about how to join up pieces of work e.g. Jobs, Friends and Houses; Fulfilling Lives; transience.</p> <p><b>Action: David/Helen/Arif and Nikki to progress and update at a future meeting.</b></p>
7.	<p><b>New models of care</b></p> <p>David advised that the Value Proposition had been submitted to NHS England and there may be less funding available than originally asked for.</p>
8.	<p><b>Draft Health and Wellbeing Strategy</b></p> <p>Venessa advised that the document was still work in progress and would be circulated to the group for comment and additional information the following week.</p>

9	<p><b>AOB</b></p> <ol style="list-style-type: none"> <li>1. CVS: Arif raised the issue of CVS, commenting that we need a strong third sector to deliver certain aspects of the neighbourhood and locality work, and a CVS needs to pull this together.</li> </ol> <p>Referring to previous discussions about CVS, it was suggested that individual voluntary sector organisations are coming together to work with public sector to deliver what is required. Also work was ongoing as part of the Early Action project to develop public service volunteers, which would link with established third sector organisations.</p> <ol style="list-style-type: none"> <li>2. Fulfilling Lives: The evaluation of the first year of Fulfilling Lives had been published and had produced some good savings although some data was missing.</li> </ol> <p>Action: Add to agenda for the next meeting as part of a wider discussion on how the three BL programmes work together.</p> <ol style="list-style-type: none"> <li>3. Mental Health Café: Aldershot CCG have developed a mental health café, designed to be a safe haven café, open in the evenings. Early indications show there is a need for this type of service and that it is showing a reduction in admissions to hospital. Staff have skills in working with people with mental health issues. The pathway has been developed with the police.</li> </ol> <p>Public Health are currently exploring this idea, Camerado's (part of Fulfilling Lives) want to organise a pop-up café but Arif would like something longer term, based on a non-medical model. Pauline suggested that Stewart Lucas (CE Lancs Mind) may be interested.</p>
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