

**Strategic Commissioning Group  
Notes and Actions  
24 February 2016, 10 – 12pm  
Conference Room, Blackpool Stadium**

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

<b>1.</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>Del 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>Children’s Centre’s</b></p> <p>Helen updated on progress: a strategy group has been set up to look at national guidance on paediatrics, this is also picking up wider areas e.g. SEND to create get closer working teams. The children’s centres work is another element to this. BTH is looking combining nine areas into three teams who will work with children in the community so children’s centres would be ideal partners.</p> <p><b>Action:</b> Helen to take the Children’s Centre paper to the strategy group for discussion (the geographical footprint could be an issue) and update at next SCG.</p> <p><b>CVS infrastructure funding</b></p> <p>Del advised that a letter had been drafted advising CVS that while the Council, CCG and police could not offer funding from core budgets, there were other avenues that they could pursue if they aligned</p>

	<p>their business plan more closely with the objectives of existing and new projects e.g. HeadStart, FC Vanguard, Better Start and Early Action; and support could be provided to do this.</p>
<b>3.</b>	<p><b>SCG work plan</b></p> <p>Venessa presented the SCG work plan which summarised the work of the SCG since its review in July 2015 and looked forward at future items that would be discussed at the meeting; asking for contributions to the work plan for future items.</p> <p>Discussion of the work plan highlighted that while it was a good summary, it was a collection of ‘things’ and the group needs to have greater focus on discussing how we are working together and what the impact is.</p> <p>The SCG needs a stronger link with the Public Service Board and more time to discuss how the various work streams fit together.</p> <p>Suggestions for future pieces of work included mental health; and a separate piece of work to identify what support the public sector will need from the voluntary sector in the future to deliver emotional support, signposting, and health promotion; and how we can get to a point where that is clearly articulated, in order to develop and deliver a coherent and joined up approach to increasing community resilience and reducing isolation.</p>
<b>4.</b>	<p><b>Better Care Fund</b></p> <p>Jayne Bentley presented a refresh of the section 75 agreement for the Better Care Fund Submission for 2016-17. NHS England has sought to change the process, making it less bureaucratic. Planning guidance was published on 23 February and a draft submission was due the following week.</p> <p>Last year’s contributions from the CCG and LA are on appendix C; the CCG contribution is £1million less than originally anticipated due to the extensivist scheme costing less, there is no legal impact.</p> <p>Discussion followed and it was agreed that the SCG needed to give further consideration to the schemes included in the BCF submission and decide if they were to be included in the next submission.</p> <p>Karen highlighted the community contract elements, querying whether they could be brought into BCF to enable monitoring and management of outcomes.</p> <p>Further work was identified to ensure the correct figures were being used, and to clarify what is included and what is not. The SCG would hold responsibility for the BCF and a further meeting to discuss the issues would be arranged to include Mark Johnston, David Bonson, Pat Crawford, Jayne Bentley, Mark Golden, Del Curtis, Karen Smith and Helen Lammond-Smith (to pick up conversations around a Lancashire pooled budget for LD).</p> <p>Further discussion followed regarding how we need to make more use of evidence to make decisions about decommissioning projects/services that are not delivering outcomes. Some projects need longer to embed. If we have more collective spend in the BCF we can look more closely at those decisions.</p> <p>The BCF must be signed off by the HWB in April before submission to NHS England.</p> <p><b>Action: updated submission to be brought to next meeting for further discussion</b></p>
<b>5.</b>	<p><b>Healthier Lancashire</b></p> <p>Gary Raphael attended to present the item; he presented a diagram of proposed governance</p>

structures, explaining that the Joint Committee consisted of nine CCG's from across Lancashire and Cumbria and that HL would follow the same geographical footprint as the NHS STP.

Describing the governance structure diagram he advised that there is a proposed Joint Committee of CCG's including Cumbria as the STP footprint includes South Cumbria CCG. The Joint Committee makes legal decisions amongst other things. The STP footprint is decided by the locality and NHS England; lots of current workstreams include South Cumbria.

Del expressed concerns that while local authorities sit on the JC, they have no voting rights, which is important as the decisions may have a wider impact. Gary advised that it needs to be synchronised with the Combined Authority and that legally for the NHS, only CCG's can form Joint Committees, which presents a conflict when the national direction of travel is to integrate health and social care.

Further discussion took place regarding the role of the Programme Board and the notion of a joint Health and Wellbeing Board in terms of fit with the Joint Committee, especially regarding workstreams such as acute transformation, where decisions are political, and the buy in of the HWB will be crucial.

A key group is the Communications and Engagement Key group; this needs to involve HWB's and Overview and Scrutiny Committees.

There is a Care Professional Board, which will ensure that staff groups are kept informed, and a number of large workstreams some of which will need to be led by the LA e.g. prevention, and the care sector.

There are five local health and care economy boards, it needs to be agreed what will happen at the local economy level and what happens at HL level. The transformation funding will go through the STP footprint; there are some tensions between the STP process and HL.

There is still a lot of thinking to do; once the Joint Committee is established we can move into the next phase. The overall solution is to deliver better services and save £800m.

The STP includes some areas relating to children, for example mental health and child obesity - how will these be managed?

Further discussion followed around savings: part of the process is about understanding what can be taken out of the system in order to transition to more cost effective services; Blackpool, Fylde and Wyre's share is approx. £350 million of £800 million in total.

Comments expressed the view that the governance does not meet the objectives of the programme and it was advised that we have to work within the current legal framework.

Del advised that we need to look at the membership of some of the groups to ensure appropriate representation.

Further discussion took place around what will be included in the remit for the FC, for example LD and children's mental health and the need to define what we do at each level. The biggest priority for HL is to reconfigure the acute trusts, while for the LHCE it will be around scaling up some of the

	<p>good work.</p> <p>Gary advised that he will be writing to request funding from the local authority and other organisations.</p> <p><b>Action: Regular updates will be brought to the SCG and HWB</b></p>
<b>6.</b>	<p><b>Intermediate care</b></p> <p>Helen Lammond-Smith updated the group on the implementation of new intermediate care services. She advised that currently GP cover is being arranged for the facility at Arc and possibly Clifton. There is a shortfall in staffing around Occupational Therapy and physiotherapy but the new model is moving ahead.</p>
<b>7.</b>	<p><b>Sustainability and Transformation Plan</b></p> <p>Mark Johnston advised that there has been no decision made about how to take the STP forward other than what has already been described in earlier HL discussion.</p>
<b>8.</b>	<p><b>Vanguard – new models of care</b></p> <p>Mark advised that value proposition has been submitted to NHS England; however the enhanced primary care model will not be rolled out until the finances have been agreed.</p>
<b>9</b>	<p><b>Date of next meeting: 16 March 2016</b></p>