

**Strategic Commissioning Group  
Notes and Actions  
19 October 2016, 9.30 – 11.30am  
Conference Room 3E, Bickerstaffe House**

<b>Present</b>	<p>Delyth Curtis, Director of People (Director of Children’s Services), Blackpool Council  Dr Arif Rajpura, Director of Public Health, Blackpool Council  Karen Smith, Director of Adult Services, Blackpool Council  Val Raynor, Head of Commissioning, Blackpool Council  Merle Davies, Director Better Start, NSPCC  Judith Mills, Public Health Specialist, Blackpool Council  Helen Lammond-Smith, Head of Commissioning, Blackpool CCG</p>
<b>Also present</b>	<p>Venessa Beckett, Corporate Development Officer, Blackpool Council  Jayne Bentley, Care Bill Implementation and Better Care Fund Project Lead, Blackpool Council  Laura Watts, Accountant, Blackpool Council  Andrew Foot, Head of Housing, Blackpool Council  Chrissie Chesters, Commissioning Manager, Blackpool Council  Les Marshall, Head of Adult Social Care, Blackpool Council  Gill Nixon-Smith, Adult Social Care Service Manager, Blackpool Council  Jeannie Harrop, Commissioning Manager, BCCG  Ian Ellwood, Blackpool Teaching Hospital Trust</p>
<b>Apologies</b>	<p>David Bonson, Chief Operating Officer, Blackpool CCG  Pauline Wigglesworth, HeadStart Programme Lead, Blackpool Council  Steve Thompson, Director of Resources, Blackpool Council  Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG  Lynn Donkin, Public Health Specialist, Blackpool Council  Liz Petch, Public Health Specialist, Blackpool Council  Nikki Evans, Superintendent, Lancs Constabulary</p>

<b>1.</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>Del welcomed everyone to the meeting and apologies were noted.</p>
<b>2.</b>	<p><b>Minutes and actions from the last meeting (July)</b></p> <p><b>Evaluation</b></p> <p>A group has been established to focus on developing a joined up approach to evaluation across the various transformational projects across Blackpool. The group will meet after the JSNA Strategic Group and will involve reps from all three Big Lottery programmes.</p> <p><b>Early Action Commissioning Review</b></p> <p>The CCG have undertaken lots of work around the shortage of mental health beds highlighted by the early action team. Commissioners have met with police regarding the service directory and</p>

	<p>establishing pathways. One of issues identified is not enough outreach, LCFT are enhancing this offer. There is an identified gap in services for people who sit below thresholds. Helen Lammond-Smith advised that East Lancashire are developing a vulnerable adult service to support people who present in crisis but are not unwell enough to be admitted to hospital.</p> <p><b>Fire as health asset</b></p> <p>Evaluation of the programme needs to be set up.</p> <p><b>Health visiting</b></p> <p>Public health had met with Better Start and the hospital trust, a transition plan to look at staffing was in development, it had been agreed to develop an enhanced health visiting model, and there would be a small funding gap although few staff would be affected. Better Start would be working with health visitors to design the programme, a communications plan would be needed and consideration given regarding how the new service would interact with other services.</p> <p><b>Two deferred items would be added to the next agenda:</b></p> <ul style="list-style-type: none"> <li>• <b>Integrating health and care services for children</b></li> <li>• <b>Intermediate Care update</b></li> </ul>
3.	<p><b>Domestic abuse</b></p> <p>Chrissie Chesters attended to present a report which updated the current position regarding work on domestic abuse: a strategy has been developed and a partnership board established which is developing an integrated public service model to co-ordinate work, pool budgets and challenge performance in this area.</p> <p>Preparation for JTAI (inspection) is underway; the inspection would conduct deep dives into 7 cases, focusing on particular points in these children’s journeys and their experiences of living with domestic abuse. A mock inspection found problems with getting sufficient information to give to inspectors.</p> <p>Domestic abuse cases are not reducing, currently 80+ children are in MARAC; it should be exception cases. An inspection could occur between September and March and any concerns found could trigger a full inspection of all children’s social care.</p> <p>A number of evidence reviews are ongoing; we are working with the Tavistock Centre to understand the particular issue in Blackpool regarding dysfunctional relationships; and we are trying to identify examples of good practice in this area.</p>
4.	<p><b>Housing Plan for the Ageing Population</b></p> <p>Andrew Foot presented an update on the Housing Plan for the Ageing Population; this is a high level plan looking at the housing issues of the ageing population, how services work together, and improving the housing offer. Housing services can contribute to meeting some of needs of acute health and social care services.</p> <p>A detailed action plan is in development with further work to be done around the commissioned contract for the extra care schemes; work is also underway to explore how the new prevention and</p>

	<p>welfare visits can support existing Council services.</p> <p>In light of ongoing budget discussions it was agreed that the stakeholder consultation would be paused until the budget decisions had been made. It was also suggested that the CCG would be interested in the strategy as it fits with their neighbourhood work, and consideration would be given to the timings of the democratic process.</p> <p>Andy also updated on a new pilot initiative that is being developed in conjunction with Fulfilling Lives based on the 'Housing First' model used in the US. Historically services have tended to work with people with the most complex needs by getting them into hostel accommodation then moving onto more independent accommodation. Many people don't want to be in a hostel and the environment is not suitable to support recovery from drug/alcohol issues or ill mental health. The Housing First model places people in a tenancy and brings whatever services they need. It has not yet been agreed who will provide the housing. Fulfilling Lives have agreed through their board to fund two workers.</p> <p><a href="http://england.shelter.org.uk/_data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf">http://england.shelter.org.uk/_data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf</a></p> <p><a href="http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services">http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services</a></p> <p>A successful model has been implemented in Preston with people sharing tenancies and taking part in meaningful activity to foster a sense of purpose.</p> <p>Karen Smith advised of a similar theme emerging for vulnerable adults with mental health problems; people are supported with accommodation and given support then as soon as they are settled we ask them to move elsewhere, uprooting them and removing stability and community connections that have been established.</p>
<p><b>5.</b></p>	<p><b>Better Care Fund</b></p> <p>Jayne Bentley advised that the 2016/17 BCF submission had been approved on 26 July. A monitoring group has been set up to review the schemes in the BCF in terms of function and value for money, which will enable effective monitoring against the national performance framework. The group are trying to work BCF outcomes into contracts to evaluate if the schemes are delivering what they are meant to. Some of the schemes have income pressures but others are OK, although a general overspend is forecast.</p> <p>A six month update is on the agenda at the January HWB.</p>
<p><b>6.</b></p>	<p><b>Delayed Transfers of Care</b></p> <p>A presentation on delayed transfers of care (DTOC) was given by health, Council and commissioners which described the complex and dynamic nature of the issue. There are regional and seasonal variations in the figures, which can also be unreliable due to issues with reporting; however the seasonal peak of Christmas/New Year 2015/16 lasted until August.</p> <p>A lengthy discussion followed; Karen Smith advised that it is important that we understand the local</p>

	<p>picture and have an accurate picture of the issues.</p> <p>A number of reasons were given for DTOC; from a hospital perspective the increasing complexity of cases is a contributory factor along with delays in social care assessments, discharge planning not starting soon enough and needs being assessed in the wrong environment.</p> <p>Further issues were identified as people from outside of the local area choosing to stay in Blackpool and in relation to the complexity of need, around 80% of people attract a higher rate of care package and have other health related needs included with the care package. There are also workforce issues in that providers cannot recruit the appropriate skills for the hourly rate they can afford to pay. Commissioners are working with providers to address capacity and make more beds available for high end need.</p> <p>It was highlighted that we need a Blackpool solution to the issue, not an organisational solution, to prevent the issue of ‘who should pay for beds’ from being an issue – from the patient’s perspective the transition should be seamless.</p> <p>The group commented that the discussion had been very useful and the issues raised would be explored further.</p>
	<p><b>Next meeting:</b></p> <p>4 January 2017</p> <p>9.30-12.00pm</p> <p>3A Bickerstaffe House</p>