

**Strategic Commissioning Group  
Draft Notes and Actions  
21 May 2015, 3.00 – 5.00pm  
Rm 2 D, Bickerstaffe House**

|                     |  |
|---------------------|--|
| <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 (vice-Chair)</p> <p>Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust</p> <p>Val Raynor, Head of Commissioning, Blackpool Council</p> <p>Dr Arif Rajpura, Director of Public Health, Blackpool Council</p> <p>Lennox Beattie (representing Mark Towers, Director of Governance and Regulatory Services)</p> <p>Karen Smith, Director of Adult Services</p> <p>Judith Mills, Public Health Specialist, Blackpool Council</p> <p>Jane Cass, Head of Public Health, NHS England</p> <p>Liz Petch, Public Health Specialist, Blackpool Council</p> |
| <b>Also present</b> | <p>Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council</p> <p>Scott Butterfield, Corporate Development, Policy and Research Manager, Blackpool Council</p> <p>Jayne Bentley, Care Bill Implementation Project Lead, Blackpool Council</p> <p>Jeannie Harrop, Commissioning Manager, Blackpool CCG</p> <p>Superintendent Nikki Evans, Lancashire Constabulary</p> <p>Detective Inspector Ian Sewart, Lancashire Constabulary</p> <p>Superintendent Andrea Barrow, Lancashire Constabulary</p>  |
| <b>Apologies</b>    | <p>Dr Amanda Doyle (OBE), Chief Clinical Officer, Blackpool CCG</p> <p>Andy Roach, Director of Integration and Transformation, Blackpool CCG</p> <p>Gary Raphael, Chief Finance Officer, Blackpool CCG</p> <p>Helen Lammond-Smith, Head of Commissioning, Blackpool CCG</p> <p>Lynn Donkin, Public Health Specialist, Blackpool Council</p> <p>Mark Towers, Director of Governance and Regulatory Services, Blackpool Council</p> <p>Merle Davies, Director, Centre for Early Childhood Development</p> <p>Steve Thompson, Director of Resources, Blackpool Council</p>  |

|           |  |
|-----------|--|
| <b>1.</b> | <p><b>Welcome and apologies.</b></p> <p>Del welcomed everyone to the meeting and apologies were given.</p> |
|-----------|--|

|    |   |
|----|---|
| 2. | <p><b>Notes and actions from previous meeting.</b></p> <p>The minutes were agreed as correct.</p> <p><b>Actions from previous meeting:</b></p> <p><b>Item 7:</b> Del Curtis advised that a Public Sector Reform Board had been set up, chaired by the Council’s Chief Executive, Neil Jack. It comprised of CCG, health, police and local authority and was looking at developing a ‘public sector offer’. The PSRB would work with the HWB but had a wider remit than the Board. It was a working board, working with the Public Sector Transformation Network to look at all governance across the public sector; also mapping public sector spend.</p> <p>Del would provide further updates.</p> <p><b>Item 11:</b> Final amendments were being made to the section 75 agreement.</p> <p><b>Item 13:</b> The SCG away day was planned in place of the SCG meeting on 1 July; the meeting would be rescheduled.</p>   |
| 3. | <p><b>The Care Act</b></p> <p>Jayne Bentley presented a paper on the Care Act, which aims to bring existing legislation together, consolidate best practice and introduce reforms to the way that care and support is accessed and funded. There is also a focus on integration between health services and other council departments.</p> <p>Jayne advised that she had attended meetings across the council for example the Blackpool Safeguarding Adults Board, but needed to access community health teams to influence the prevention agenda and inform of the development of a universal advice service.</p> <p>Val Raynor advised that was a definite need to engage with neighbourhood teams and other colleagues across relevant organisations.</p> <p>David Bonson advised that there are monthly gatherings with neighbourhood leads. Jeannie Harrop is the lead for south and central areas.</p> <p>Karen Smith stated that there is a need to consider statutory requirements at leads meetings and what it means for organisations financially.</p> <p>Val asked if work needed to be done with police, and Andrea Barrow agreed this would be a good way forward</p> <p><b>Action: Contact details for team meetings to be sent to Jayne so she can attend to inform of the Care Act implementation.</b></p> |
| 4. | <p><b>Early Action Bid</b></p> <p>Superintendent Andrea Barrow in conjunction with Superintendent Nikki Evans and Detective Inspector Ian Sewart presented the Early Action bid. They are the leads in each division, their role is to develop an approach to early action across police and bring together work across Lancashire. The aim is to develop a consistent approach based on best practice across the Lancashire area.</p>  |

A funding bid was submitted to Police Innovation Fund, for £3.4 million. The bid was for a series of initiatives upscaling the early action agenda, working with the DPH, as an enabler to progress integration.

The bid includes:

Mental health response service – already in progress with CCG, involves three mental health nurses taking calls and three working with police up until 2am, already in operation so now extending programme; it was piloted here on a small scale, with some positive impact. Looked at West Midlands’ model and took positives, now have linked with LCFT, and adapted work that’s done with the Harbour and made it into a place of safety suite. The project is being evaluated from day one to see how effective it is working, which is key.

There is also a mental health co-ordinator to do work around mental health response and dementia.

The third part is for ambulance workers to be part of early action teams, targeting and signposting repeat ambulance service users, high intensive users

Other programmes include mobile data for police officers, linked to the B4me site; the Avert programme for female offenders who commit low level offences – they must engage with the women’s centre for low level offending prevention, also upscaling and trialling a similar scheme for men who commit low level offences.

There is also money to scope a shared ICT system (£30K); to scope out what’s possible and if it is doable.

Gun and gang intervention funding (joint with BwD).

£100K for quantitative and qualitative evaluation, to map the journey, working with UCLAN to develop the methodology. Some things can be done on a pan-Lancs footprint – evaluation might be one. An initial meeting has taken place to discuss.

In terms of governance an oversight group looks at the pan-Lancs aspect, Supt Barrow asked where does the bid fit locally? And does it fit with our existing structures?

A lengthy discussion followed:

It was suggested that all of the relevant partners are here so this would be good place for it to sit; the SCG has direct links to the HWB and we are trying to get one place where all of these connected bids and programmes come; we need to tie this with the locality work.

Supt Barrow asked what happens after two years with regards to community step down, stating that the projects need continuity, and must create personal and community resilience.

David Bonson said the same issues exist for health services, suggesting one co-ordinator for community resilience.

Val Raynor suggested it is also about infrastructure particularly in relation to the third sector.

David advised that at a recent Healthier Lancashire meeting, it had been identified that the training and support of volunteers required funding, and that we needed a better way of working with them.

Andrea Barrow asked if it would be possible to recruit people across sectors as volunteers.

Ian Sewart advised that there is an ICT system that tasks and manages volunteers across the

sector, the police want to introduce this across the public sector in Lancs; it is cheap to integrate and can combine all volunteer efforts into one combined community step-down.

Judith Mills commented that it is partly about but then also about new people with issues.

David Bonson advised that work ongoing with mental health teams to remove artificial barriers.

Del welcomed the system approach to volunteering, commenting that Blackpool does not have a hugely resilient base of volunteers; it needs co-ordinating and they need upskilling, all key projects need to be considered together, in a common pool.

Arif Rajpura agreed and referred back to the question of what do we want public sector Blackpool to do; it also needs paid professionals in the health model with generic skills, talking about similar sorts of roles, and talking about it in Better Start and HeadStart.

Scott Butterfield advised of a Public Health Talent Management Group who are a group of people across Lancashire taking part in a development course who are looking for a project to implement. He offered their support in this.

Supt. Nikki Evans stated it was about taking silos away, and capturing skills to add value – how do we put people in the right places to address the issues we want to address? The more effectively we do that better it will be, we could get to a place where you can advertise a skill needed and people will volunteer to do it.

Karen Smith commented that that was the role of volunteer bureau although it brokers to other voluntary organisations rather than the public sector.

Arif said we have just described asset based community development.

Andrea Barrow advised that the next oversight meeting was in a few weeks, some proposals were in development, and she would bring them back to the next SCG meeting.

Karen asked if the group would think of how this dovetails to the neighbourhood models.

Del state that all projects have an underlying reliance on a pool of people but we haven't got that pool of people sorted yet.

Andrea advised that the oversight group looks at the model and integrated teams; the model is about bringing people in. For example mental health nurses would sit on a multi-agency panel, and develop programmes of interventions for people.

Arif stated that some of this already operated within Moya's team (Early Help)

Nikki Evans stated that we need to get the step up/down processes right, unpicking issues and providing most appropriate services. How do we rationalise the number of meetings about same people?

David suggested that the SCG had had the same discussions, which would feed into the away day.

There was a question of where the operational issues would sit and it was agreed that the SCG would take ownership.

Judith Mills would draft a paper about rationalising the number of similar panels, Del advised that it also needed to pick up volunteering, perhaps as a task and finish group.

|   |   |
|---|---|
|   | <p><b>Action: Andrea Barrow to send the Early Action bid to Venessa Beckett for circulation.</b></p> <p><b>Action: Andrea Barrow to report back to next SCG meeting on proposals regarding volunteering.</b></p> <p><b>Action: Judith Mills to produce a report on rationalising panels and creating a co-ordinated model for volunteering.</b></p> <p><b>Action: The membership of the SCG would be considered at the away day.</b></p>  |
| 5 | <p><b>Intermediate Care Review</b></p> <p>Jeannie Harrop introduced the intermediate care review which is intended to ensure that patients end up in the right place with the right care. Finance and Operational subgroups are in place, the former needs to produce an action plan in September. The review is linked into pathway work around dementia and stroke.</p> <p>There are gaps and fragmentation in intermediate care, the review will look at co-ordination and if patients are in the right place, look at pulling them out of hospital to give care at home where necessary.</p> <p>Financial implications may include redesign and reemployment of services – hence the massive scoping exercise and will look at duplication and inefficiencies. The review will need to look at coordination as part of the model.</p> <p>The review needs to fit in with new models of care; involvement with neighbourhoods/ extensive care is needed. The review will make sure we reduce the length of stay in hospital and get the right wrap around services – this is what the report will recommend. Make sure we’ve capacity to do it too. Very aware of adult equipment budget.</p> <p>David commented that the work has a big scope.</p> <p>The work needs to be completed by September, and must be carefully managed.</p> <p><b>Action: Intermediate care Review as a standing item at each meeting until complete.</b></p> |
| 6 | <p><b>Vanguard</b></p> <p>David Bonson talked through the bid for the Fylde Coast Multi Speciality Community Provider. He advised that the new models of care team recently visited from London, their feedback was very positive, as highlighted in the letter they sent.</p> <p>The bid as described in the document is beginning to develop and discussions have begun at the health centres in Lytham and Moor Park.</p> <p>The new models of care team will support the CCG to get the bid through NHS England, and the CCG will keep bringing it back here to receive feedback and update progress.</p> <p>The extensivist model and enhanced primary care model were discussed with the team; this model of care will include every aspect. Differences between Blackpool and Fylde and Wyre were recognised – these are apparent to us and so the solutions are different even though they are both about neighbourhood models; this is what needs to be described as well as the governance arrangements.</p> <p>David referred to the diagram: the Vanguard programme board has full delegated</p>  |

|   |   |
|---|---|
|   | <p>responsibility and accountability. The Vanguard steering group is responsible for operational delivery. The diagram is for the Fylde Coast, we need to replicate this for Blackpool. Mapping of groups has begun.</p> <p>Potential questions include; Do we need project type people? Part of the bids might include a co-ordination role across Blackpool. Things are beginning to move quicker. It seems that for the new government this is the answer – more out of hospital care.</p> <p>Judith Mills asked how long can the funding be taken over? David answered this year and possibly next year.</p> <p><b>Action: Vanguard to be standing item at each meeting</b></p> <p><b>Action: Governance to be discussed at SCG away day</b></p>  |
| 7 | <p><b>Better Care Fund Quarterly Reporting</b></p> <p>David Bonson updated on the Better Care Fund, it's still there and being performance managed, no sense it will be stopped centrally, will have s75 agreement in place soon, and agreed it will fund some existing projects such as the extensivist model, then the element of reporting will be attached.</p> <p>In relation to the template sent from NHS England, the CCG do not hold this information; the local authority is completing the template to return to NHS England before the deadline of 29 May. It will be circulated to the HWB once it has been submitted due to timescales.</p> <p>Wendy Swift questioned where the monitoring will take place?</p> <p>David advised that the CCG had been told to plan for 3.5% reduction, but have to submit 1.6% increase. The monitoring will be done by NHS England.</p> <p><b>Action: Completed BCF quarterly reporting template to be circulated to HWB.</b></p>   |
| 8 | <p><b>Commissioning Mapping</b></p> <p>Val Raynor presented the report and an additional paper outlining the different phases identified within the process of mapping commissioned contracts. The purpose is to map all contracts across social care, public health and the CCG to see if any lead commissioning can be carried out. The work runs alongside the commissioners joint network meeting, and how to take forward the market and JSNA.</p> <p>Phase 1 has involved establishing a database of contracts, which commissioners are responsible for updating.</p> <p>Phase 2 will involve looking at identified themes i.e. intermediate care is purple. Those without a colour are things that are commissioned individually.</p> <p>Val also raised the issue of the police and how their procurement and commissioning processes might be aligned with our own; and advised that this is the first step in the process. Some areas can have a lead, some areas can come together e.g. advice and information.</p> <p>Val advised that it is a huge piece of work, with some quick wins but not as many as originally anticipated.</p> <p>Del asked about timescales for phase 2 – it is expected to completed in August 2015</p> <p>David pointed out that the themes are useful to see where things can be aligned.</p> |

|                  |  |
|------------------|--|
|                  | <p>Val pointed out the need to tease out standalone contracts, Del advised that some are particular solutions at a point in time and that circumstances can change.</p> <p>Val said that BCF will start to join resources together, while David added that it is a good starting point to get to how Blackpool commissions care, demonstrating that we need some consistencies.</p>  |
| <p><b>10</b></p> | <p><b>JSNA</b></p> <p>Liz presented the report advising that the website domain had been moved, and was currently being built. At the end of June to beginning of July, editing, review and transfer info onto new site would take place. The website would have a new structure taking on a life course approach. There have been difficulties getting some info from the CSU.</p> <p>A workplan is in place, we need to think about what we want on website in terms of breadth or depth, currently have depth, however are getting lots of requests for information from voluntary organisations.</p> <p>David suggested we concentrate on the priorities of the HWB. Scott agreed, referring to the separate question about how we go about taking forward the new priorities and developing the strategy.</p> <p>The website is due to go live in December.</p> <p><b>Action: Liz to report back to the SCG as the website develops</b></p>   |
| <p><b>9</b></p>  | <p><b>HWB 1:1's summary and recommendations</b></p> <p>Venessa Beckett presented the report summarising the feedback from one to ones with members of the HWB.</p> <p>The main findings were that the Board</p> <ul style="list-style-type: none"> <li>• Needs a greater role in shaping discussions – reports should have recommendations rather than being ‘for information’ or ‘to note’</li> <li>• The board needs to add value; refocus work on making key decisions and discussing plans/strategies applicable to most/all partners</li> <li>• Board needs to set the public agenda and conversation on the health system. Need to shape a plan for Blackpool’s health and wellbeing generally, not just the existing public health focus through the HWB strategy.</li> <li>• Need a revised Health and Wellbeing Strategy based around the new priorities, to inform the forward plan.</li> </ul> <p>A number of recommendations were shared including:</p> <ol style="list-style-type: none"> <li>1. Discussions to take place with the new chair to feed back these recommendations on how the Board could operate more effectively in future.</li> <li>2. Introduce a new structure to the Board meetings with a two-part agenda: Part A for the formal business – ratification and approval of reports, and Part B (not open to the public) to have thematic discussions to identify common approaches to collective issues.</li> </ol> <p><b>Action: Venessa to circulate the report to the SCG for further comment prior to sharing with</b></p> |

|  |   |
|--|---|
|  | <b>the Chair of the Board.</b>  |
|  | <b>DATES OF FUTURE MEETINGS</b> <ul style="list-style-type: none"><li>• Next meeting to be arranged</li><li>• 1 July 2015, 1.30 – 5pm away day, venue tbc</li></ul> |
|  | <b>AOB</b><br><b>Action: Venessa to look at consistent timings for future meetings</b>  |

DRAFT