SOUTH LAKES HEALTH AND WELLBEING FORUM HELD ON TUESDAY 27TH JANUARY 2015 2PM AT ENTERPRISE HOUSE, SHAP ROAD, KENDAL

PRESENT:

Angela White (Chairperson)	Cumbria CVS
Helen Bailey	Senior Commissioner, Cumbria CCG
Simon Blyth	Partnerships & Communities Officer, SLDC
Roz Bradshaw	Commissioning Manager, Cumbria CCG
Rachel Earnshaw	Public Protection Officer, SLDC
David Fletcher	Elected member, CCC
Claire Gould	Policy and Partnership Manager, SLDC
Brenda Gray	Elected member, CCC
Sandip Mahajan	Scrutiny Officer, SLDC
Dr Jim Hacking	GP Lead, Cumbria CCG
Janette Jenkinson	Parish Councillor CALC
Karen Johnson	Area Manager, SLDC
Jane Mathieson	Consultant in Public Health, CCC
Angela Robinson	Commissioning Officer, CCG
Simon Rowley	AD Neighbourhood Services, SLDC
Katherine Taylor	Public Health Improvement Specialist, CCC
Graham Vincent	Elected member, SLDC
Mark Wilson	Elected member, SLDC

		ACTION
1.	**Welcome & Introduction** Following introductions HB welcomed everyone and explained that this was the second meeting of the South Lakes Health and Wellbeing Forum.	
2.	**Apologies were received from** Jim Lawson and Jozi Brown.	
3.	**Notes from the meeting held on the 18th of June 2014.** The minutes were agreed as a correct record.	
4.	**Health & Wellbeing in South Lakeland** HB explained that the South Lakes Health and Wellbeing Forum is basically a forum for us all to work collaboratively at the Health and Wellbeing agenda. It was recognised that the forum faces significant challenges especially with the increasing number of elderly residents. The first meeting of the South Lakes Health & Wellbeing Forum was held on the 18th of June 2014 where the group identified 3 main priorities to focus on which were as follows:	

	• Reduce Health Inequalities • Improve Mental Health • Maintain Independent Living	
5.	**Terms of Reference** HB outlined the purpose of the forum which is to have oversight of the achievement of health and wellbeing outcomes in the locality, ensuring: • Seamless care • Improved health and well-being • Reduced health inequalities • Efficient use of available resources • An approach which builds community assets for health and wellbeing In keeping with the aims of the Forum, members will be expected to agree strategic direction, and commit to actions to deliver agreed work programmes. Task and Finish groups will be set up as required to drive specific work streams or initiatives as determined by the Forum. It was agreed that we need to change some of the current representation on the draft terms of reference and that we should invite Sarah Allison from Healthwatch. The context also needs to be defined. Once the terms of reference have been updated CG would organise putting them onto the website but would ensure that any names have been removed. ***Action: HB/AR to update Terms of Reference. CG to organise putting the Terms of Reference onto the website with removal of names.***	**HB/AR/CG**
6.	**Formal Election of Chairperson and Vice-Chairperson** Following a discussion by the group it was agreed that Angela White from Cumbria CVS should be the Chairperson and Graham Vincent from South Lakeland District Council should be the Vice-Chairperson of the South Lakes Health and Wellbeing Board to which they kindly accepted.	
7.	**Organisational Update** 7.1 Cumbria County Council – Cumbria Health & Wellbeing System JM informed the group that there is now a revised Cumbria Health and Wellbeing System consisting of 4 main elements of engagement which are: *Health and Wellbeing Board which is constituted as a Committee of the Council. The purpose of this group is to be the strategic, direction setting body for the health and wellbeing system bringing together health and social care with the public health work in a coherent approach and monitoring performance.* *Cumbria Public Health Alliance firmly places the 6 District Health Forums at the heart of delivering on the prevention agenda and ensures that local priorities are influencing the agreed Joint Health and Wellbeing Strategy.* *Health and Care Alliance purpose will continue to be leadership around health and wellbeing system integration and acute service review. The Chair of the Health and Care Alliance will sit on the Health and Wellbeing Board.*	

	<u>Local Health Forums</u> will continue to be driven by Local District Council, County Council and CCG representatives. Their remit is to implement and drive the public health agenda at community level. JM explained that Peter Thornton is currently on the Cumbria Public Health Alliance and he is also on the Health and Wellbeing Board. Each district council has a seat on the Cumbria PHA. It was agreed that the Terms of Reference would be circulated to the group to establish who should sit on the Cumbria Public Health Alliance. JJ felt that we may also need to decide who should sit on the Cumbria wide group from CALC. ***Action: AR to circulate Cumbria Public Health Alliance Terms of Reference to the group.***	**AR**
	<u>7.2 Third Sector – work with Joint Strategic Needs Assessment</u> Unfortunately Jozi Brown was unable to attend today so it was agreed Jozi would feedback at the next meeting. ***Action: AR to ensure this item is put on the next agenda.***	**AR**
	<u>7.3 South Lakeland District Council – LAP, Overview & Scrutiny</u> SR reported that the Local Area Partnership (LAP) had recently held a health event in November. The LAP consists of county, district and parish councillors and meetings are held quarterly. At the health event the key issues identified were: withdrawal of health services from rural areas; difficulty to access health centres; travel times; lake district (tourists etc causing problems); ambulance response times; increasing dementia and on-going support. The LAP would also like to link into the South Lakes Health & Wellbeing Forum. There was also talk at the LAP about using community halls for one stop health clinics (ie flu injections). CG stated that any suggestions from the LAP should be incorporated into our Forum action plan especially rural transport issues. RB informed the group that members from SL Locality attended the LAP to explain about the Primary Care Communities being developed and the Case Manager and Care Navigator roles to support the PCCs around the older population. Two of the Care Navigators are already up and running. JH explained that nationally they need to identify the frail and complex cases at risk of admission. The PCCs will be piloting slightly different versions of CM/CN roles which will be evaluated to establish the most effective system to take forward. DF reported that the Overview & Scrutiny Committee had four main core areas that they were looking at which were: mapping of all resources (identified partnership organisations); working with communities (how communities work); transport services; increase awareness of services. Also proposed was a health and co-ordination action group. SM explained that at the OSC it was agreed for the four actions to go through this forum to ensure no duplication. CG added that there needs to be task and finish groups to sit underneath. AW said that we need to also look at how to facilitate third sector groups to get involved. ***Action: CG to ensure LAP suggestions are incorporated into our action plan.***	**CG**
	<u>7.4 Cumbria Clinical Commissioning Group – Better Care Together</u> JH explained that Better Care Together has a website which gives more information. BCT is the overarching piece of work to collaborate all different agencies. With the changes in our population and society we need to ensure that we offer the right type of	

	healthcare. He added that the health service needs to try to live within its means and that we have also had trouble recruiting staff in our area. Also need to look at getting the right balance between local services and specialist services. The four key areas that BCT are looking at are: Maternity Services; Planned Care; Unscheduled Care; Out of Hospital. Maternity is very challenging especially seen as we provide services across three sites. JH added that the real savings will be made by keeping people out of hospital which is why we are investing in CM and CN roles. The CCG is still waiting for the outcome from NHS England and Monitor with regard to additional funding.	
8.	**Forum Action Plan** AW felt that personally she would like to see transport as a separate priority on the action plan. JH added that transport should not just be around getting to appointments and it is important to consider transport as a social activity to help wellbeing. JJ felt it was important to consider ways for enabling doctors/nurses to provide services in village halls (ie flu jabs etc). JH added that some surgeries are already doing similar types of things but there is a limit to what the NHS can provide and it is about doing things at the right scale and at a sensible scale. JM stated that as a group we need to be clear about what is within our control and what we can achieve. HB enquired whether mental health would focus on young or old (dementia). CG stated that younger mental health is already being addressed in other forums so this group should concentrate on older people. KJ said the CCC could take the lead on Reduce Health Inequalities and feedback to the group. JM added that KT was writing the health inequalities chapter of the JSNA and could steer this group on the priorities and actions. CG explained that they would need support from public health for Maintaining Independent Living. She added that she would map out and include transport within this priority. JJ explained that carers want to see co-ordinated mental health services. SM suggested adding library services. The main additional actions identified were: • Mapping of Resources • Transport • Older People Mental Health (Co-ordinated MH Services) • Library Services It was agreed that any additional comments should be emailed to Helen.Bailey@cumbriaccg.nhs.uk or Angela.Robinson@cumbriaccg.nhs.uk ***Action: HB/CG/KJ to update action plan and ensure that it includes anything else from JB as she was not present at the meeting.*** ***CG to complete mapping exercise to establish short term/longer term actions for task and finish groups.***	**HB/CG/KJ** **CG**
9.	**Date and Time of Next Meeting** It was agreed that the best day for everyone would be the fourth Tuesday of the month and that it would be best to wait until after the general election for the next meeting. A date will be circulated asap. ***Action: AR to circulate date and time of next meeting once arranged.***	**AR**