

## **Lancashire Health and Wellbeing Board**

### **Minutes of the Meeting held on Tuesday, 9th March, 2021 at 2.00 pm in Teams Virtual Meeting - Teams**

#### **Present:**

#### **Chair**

County Councillor Shaun Turner, Lancashire County Council

#### **Committee Members**

County Councillor Graham Gooch, Lancashire County Council  
County Councillor Geoff Driver CBE, Lancashire County Council  
County Councillor Phillippa Williamson, Lancashire County Council  
Dr Sakthi Karunanithi, Public Health, Lancashire County Council  
Sarah Callaghan, Lancashire County Council  
Dr Julie Higgins, East Lancashire CCG  
Paul Hegarty, Lancashire and South Cumbria NHS Foundation Trust  
Councillor Jackie Oakes, East Lancashire, Lancashire Leaders Group  
Councillor Bridget Hilton, Central Lancashire, Lancashire Leaders Group  
Councillor Jayne Nixon, Fylde Coast, Lancashire Leaders Group  
Councillor Margaret France, Central Health and Wellbeing Partnership  
Greg Mitten, West Lancashire Health and Wellbeing Partnership  
Adrian Leather, Third Sector  
Tammy Bradley, Housing Providers  
DCFO Steve Healey, Lancashire Fire and Rescue Service  
Clare Platt, Lancashire County Council  
Sam Gorton, Lancashire County Council

#### **Apologies**

Denis Gizzi	Chorley and South Ribble CCG and Greater Preston CCG
Louise Taylor	Adult Services and Health and Wellbeing, Lancashire County Council
Dr Geoff Jolliffe	Morecambe Bay CCG
Dr Adam Janjua	Fylde and Wyre CCG
Dr Peter Gregory	West Lancashire CCG
Gary Hall	Lancashire Chief Executive Group
Stephen Ashley	LCSAP, LASB
David Blacklock	Healthwatch

#### **1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

- Sarah Callaghan for Edwina Grant OBE, Lancashire County Council
- Paul Hegarty for Caroline Donovan, Lancashire and South Cumbria NHS Foundation Trust
- DCFO Steve Healey for ACFO Ben Norman, Lancashire Fire and Rescue Service

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance.

## **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

There were no disclosures of interest in relation to items appearing on the agenda.

## **3. Minutes of the Last Meeting held on 19 January 2021**

**Resolved:** That the Board agreed the minutes of the meeting held on 19 January 2021.

## **4. Action Sheet and Forward Plan**

**Resolved:** That the action sheet and forward plan was noted by the Board.

Any future items for the forward plan should be submitted to Sam Gorton, Clerk to the Board, email [sam.gorton@lancashire.gov.uk](mailto:sam.gorton@lancashire.gov.uk).

## **5. COVID-19 Vaccinations**

Jane Scattergood, Covid-19 Vaccination Director for Lancashire and South Cumbria, outlined the current position on the progress of the vaccination programme to date. A presentation was circulated to the Board, with further details on the following areas contained within it:

- Covid-19 Vaccination sites across Lancashire County Council locality
- Timeline for delivery of cohorts and conclusion of the programme
- Vaccination summary for health and social care staff
- Vaccination summary for care homes
- Cohort 2 80+ - detailed by area/district in Lancashire
- Cohort 3 75+ detailed by area/district in Lancashire
- Cohort 4 70+ and Clinically Extremely Vulnerable detailed by area/district in Lancashire

The timeline for delivery of cohorts and conclusion of the programme of the Joint Committee on Vaccination and Immunisation 1-9 cohorts which were determined by SAGE (Scientific Advisory Group for Emergencies) and would reduce the incidents of serious illness and hospitalisation and death by 98% was outlined. The national target is 15 April 2021 to complete first doses and a local ambition has been set for 31 March 2021. The vaccine supply has been constrained and remains constrained, however, there is a clear message that there will be lots of vaccinations available from 15 March 2021 onwards. The Prime Minister set a national target of conclusion of completion of the whole adult

population (16-50 year olds) by the end of July 2021, however it is uncertain currently as to whether this is for one or both doses of the vaccination.

The vaccination uptake for Health and Social Care staff was reported to be better in Lancashire than nationally. In terms of the flu vaccine uptake it is normally around 50-60% of NHS staff and 30% of Social Care staff, therefore the figures detailed in the presentation, showed an increase in uptake in terms of the Covid-19 vaccine, however, there is still more work to do on this in terms of protecting critical workforce and more importantly, the workforce these people serve.

Older adult care homes have 100% coverage of offer across Lancashire and there are a handful of individuals in care homes who have either declined or are too unwell to receive the vaccination at this point. The Board also noted that every Learning Disability Care Home, as well as Mental Health Care Homes, have a planned visit for the vaccination programme in place.

Vaccination numbers across Lancashire are well in excess of 90% of vaccine uptake in Cohort 2 – 80+ and Cohort 3 – 75+ with an offer of 100% to all residents in those cohorts. Cohort 4 – 70+ and clinically extremely vulnerable uptake again is in excess of 90%.

Abdul Razaq, Interim Consultant in Public Health, Lancashire County Council continued with the presentation including:

- National latest – ONS (Office for National Statistics) Coronavirus and vaccine hesitancy, 13 January 2021 to 7 February 2021
- COVID vaccination health inclusion groups
- Addressing low COVID vaccine uptake
- Current Lancashire activities

The Board noted that the main reasons of vaccine hesitancy, which are fuelled by social media and negative aspects is primarily around side effects, long term effects on health and how well the vaccine actually works. All of these points can be addressed in terms of communication messages which have been strong and robust by Healthier Lancashire and Lancashire County Council.

The vulnerable populations who are likely to require further support from the NHS and the broader community to improve uptake have been identified. Work is ongoing with these groups, to direct them either to Primary Care Networks, vaccination sites or provide an outreach model through Lancashire and South Cumbria NHS Trust.

In terms of addressing low COVID vaccine uptake, as the data improves, it allows to target interventions. Ministry of Housing, Communities and Local Government (MHCLG) Community Champions Funding of approximately £2m has been received by Blackburn with Darwen Council, Blackpool Council and six Lancashire District Councils. Some programmes of work are focussing on ethnic minority communities, disabilities and also underserved populations and there are multiple projects underway through Community Champions Community Connectors, working alongside grassroots organisations to support the message around safety and allay some of those fears.

Following the presentation, Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council thanked and congratulated Jane Scattergood and NHS colleagues and also local authority volunteers and residents who have enthusiastically come forward for vaccinations, which is approximately 92-95% in the cohorts 1-4. The uptake in lower aged groups, particularly the frontline workforce needs more encouragement, including contractual levers to keep people safe and prevent transmission of the virus. To get herd immunity, there needs to be between 85-90% of the total Lancashire population to have immune response. Therefore, what is done now, is what really matters and will support the release from lockdown successfully. The Board were encouraged to speak and champion the vaccines and promote the uptake of them and also advocate for Lancashire to have the supplies needed.

The Board thanked Jane Scattergood and her team for all their efforts on the vaccination programme and local authorities also and their colleagues in the rollout of vaccines.

**Resolved:** That the Board noted the update on the progress of the vaccination programme in Lancashire, to date.

## **6. Health Inequalities**

Dr Julie Higgins, Joint Chief Officer Blackburn with Darwen/East Lancashire Clinical Commissioning Group (CCG) and Integrated Care System (ICS) Lead for Health Inequalities provided the Board with an overview of the national and regional requirements, along with key actions the Integrated Care System (ICS) is proposing to take to reduce health inequalities. The report also seeks to provide the Health and Wellbeing Board with an opportunity to offer views in relation to the actions and consider how best the Integrated Care System (ICS) and Health and Wellbeing Board could work jointly to take forward work on this critical issue.

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, reminded the Board, in terms of health inequalities, a few key markers that the Health and Wellbeing Board are held accountable for:

- i) Average life expectancy at birth (males 78.5 years and females 82.3 years)
- ii) Average healthy life expectancy at birth (males 60.4 years and females 64.6 years)

Therefore, on average currently, there are approximately 20 years of ill-health and disability in both males and females and there are parts of Lancashire where the healthy life expectancy is just above 50 years of age. This is incredibly important as a marker, not just from a health and care perspective, also for a wider society perspective and this has been seen during the COVID pandemic. The role of the Health and Wellbeing Board is a unique one in being able to bring partners who can influence a range of sectors across the life course, education to work and health and care service. There is a long way to go, however this is the first step in, and the role of the Board in addressing these inequalities is even more significant when coming out of the current pandemic.

Dr Julie Higgins, reported that the COVID experience has been really difficult and this is due to health inequalities, however through the pandemic, it has moved it further up the agenda of the NHS. A proposition has been accepted by the Integrated Care System (ICS) Board to set up a Health Inequalities Commission.

Detailed further in the presentation were:

- Tackling health inequalities – making sense of the asks
- Summary of health inequalities required actions
- Feedback from NHSEI (NHS England and NHS Improvement) on Lancashire and South Cumbria Integrated Care System (ICS) action on health inequalities (phase 3 planning)
- COVID-19 Horizons
- Addressing health inequalities through COVID-19 Horizons
- Embedding action and assurance on health inequalities at every layer and through every strategy
- Key actions for the Integrated Care System (ICS)

The Integrated Care System (ICS) has agreed to undertake key actions over the short and medium term to embed a focus on addressing health inequalities throughout everything it does. The actions, summarised below, are set out in the enclosed Appendix A.

- In the short term, all organisations/systems will assure themselves they are undertaking the requirements of the Phase 3 guidance and North West Community Risk Reduction Framework and look to identify areas for improvement or where support is required.
- Support the continued development of population health management across the system, underpinned by a Community Call to Action approach to mobilise community assets.
- Utilise a Maturity Matrix baseline assessment to understand.
- Begin the development of a health inequalities action plan that embeds a focus on addressing inequalities throughout all processes and strategies.
- Begin work with local government and Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector partners to scope and develop a health inequalities commission for Lancashire.

Undertaking these actions will ensure a response to the NHS national and regional requirements to respond to health inequalities and also ensure this becomes a key area of focus for service changes moving forward.

Following the presentation, it was noted that this area of work is around community development and how it mobilises what is currently being done and engage with the community connectors, to move this area of work forward.

**Resolved:** That the Health and Wellbeing Board:

- i) Noted the proposed approach by the Lancashire and South Cumbria Integrated Care System to develop a cohesive and robust plan for mobilising health and care organisations to address health inequalities in Lancashire and South Cumbria.
- ii) Considered and provided feedback on how best this work can align with the work of the Health and Wellbeing Board.

- iii) Supported, in principle, the commitment to develop a health inequalities commission for Lancashire and South Cumbria, to be undertaken jointly with local authorities in the area.
- iv) Noted that Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council would be the lead officer for the Health and Wellbeing Board to work with Dr Julie Higgins, Joint Chief Officer Blackburn with Darwen/East Lancashire Clinical Commissioning Group (CCG) and Integrated Care System (ICS) Lead for Health Inequalities in consolidating and developing the plan into an action plan.

## **7. Lancashire COVID-19 Outbreak Management Update**

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, provided a brief overview of the current COVID-19 situation in Lancashire. The overall infections rates were reducing significantly, which was due to a combination of vaccinations and people following the guidelines that are in place across Lancashire. Variation is showing between the districts and that is a risk that was highlighted to the Board. The number of people in hospitals and deaths were reducing, as well as the severity of the illness and outbreaks in the care sector. The epidemic has moved to the 30-34 age group across Lancashire and is more pronounced in some districts, ie Preston, South Ribble and East Lancashire. The agenda therefore, going forwards is one of how the current trajectory is maintained overall, by continuing to focus on getting the basics right (hands, face, space) and continuing to encourage people to come forwards for testing and follow advice on tracing and removing barriers for self-isolation, where there is more support in terms of financial aid to self-isolate and vaccinations. It is anticipated that restrictions will continue and will be lifted as per the Central Government's plan, however, there is a risk in Lancashire, if after schools return, and the adult population continues to see higher levels of infections, whether the national policy will change from being the whole of the country following the same guidelines/restrictions, to once again, more localised rules.

The Contain Framework plan is currently being refreshed, and the purpose of that is to be ready to respond to any variants of concern (of which Lancashire does not have any currently), and to continue to identify outbreaks early and manage them in time, which is a partnership endeavour between District Councils, County Councils, NHS as well as the business and community sectors in terms of continuing the messaging.

The role of the partnerships is to encourage everyone to receive the vaccinations and to improve the vaccine hesitancy across the County, with different messages and mediums.

There is a fundamental challenge with this, which is timely testing and tracing activities and there are different incentives in place to encourage people to come forward for testing and where it is necessary, local discretionary payments as well as care support through working mainly with District Councils.

**Resolved:** That the Board noted the update on the current COVID-19 pandemic in Lancashire.

## **8. Lancashire Health and Wellbeing Board - SEND Sub-Committee**

Sarah Callaghan, Director of Education and Skills, Lancashire County Council, outlined the minutes from the Health and Wellbeing Board SEND Sub-Committee which met on the 3 February 2021 to discuss the Accelerated Progress Plan (APP) which includes the progress made by officers since the previous meeting of the Sub-Committee held on 24 September 2020. Further details of the minutes from the meetings can be found [here](#).

Following the inspection carried out by Ofsted and the Care Quality Commission (CQC) in February and March 2020, the report concluded that of the initial twelve areas of concern, seven had made sufficient progress and no longer required monitoring.

It was noted from the most recent meeting of the Sub-Committee, that good progress was being made in each of the five areas of improvement detailed in the Accelerated Progress Plan (APP) which the SEND Sub-Committee scrutinise and challenge at its' meetings.

Until now, the service has been undergoing check-point meetings with the NHS and the Department for Education (DfE) which have gone really well and the next meeting on 24 March 2021 will be a monitoring visit, where it will be demonstrated, the evidence and impact against each of the five areas within the Accelerated Progress Plan (APP).

**Resolved:** That the Health and Wellbeing Board noted the report of the Lancashire Health and Wellbeing Board – SEND Sub-Committee.

## **9. Urgent Business**

There were no items of urgent business received.

## **10. Date of Next Meeting**

The next scheduled meeting of the Board will be held on Tuesday, 15 June 2021 at 2pm. Format to be confirmed.

L Sales  
Director of Corporate Services

County Hall  
Preston