Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 9 March 2021, 2.00 pm,
Teams Virtual Meeting - Teams

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meeting held on 19 January 2021	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 6)	
4. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 7 - 10)	

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
5. COVID-19 Vaccinations	Update	To receive an update on COVID-19 vaccinations.	Jane Scattergood/ Abdul Razaq	(Verbal Report)	
6. Health Inequalities	Information	To discuss how the Health and Wellbeing Board can support health inequalities in terms of what the Board expects to do/achieve, how the Board will know it is on track and be clear on what success looks like.	Dr Julie Higgins	(Pages 11 - 24)	
7. Lancashire COVID-19 Outbreak Management Update	Information	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi	(Verbal Report)	
8. Lancashire Health and Wellbeing Board - SEND Sub-Committee	Update	To receive an update from the SEND Sub-Committee on the latest version of the Accelerated Progress Plan (APP).	Sarah Callaghan	(Pages 25 - 26)	
9. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
10. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 15 June 2021, via Microsoft Teams.	Chair		

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 19th January, 2021 at 2.00 pm in Teams Virtual Meeting - Teams

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
County Councillor Graham Gooch, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Sarah Callaghan, Education, Lancashire County Council
Stephen Young, Growth, Environment, Transport and Community Services, Lancashire County Council
Jerry Hawker, Morecambe Bay CCG
Dr Julie Higgins, East Lancashire CCG
Gary Doherty, West Lancs CCG, LTHFT
Sam Proffitt, Lancashire Care 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
Tammy Bradley, Housing Providers
Sue Stevenson, Healthwatch
Ben Norman, Lancashire Fire and Rescue Service
Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

County Councillor Geoff Driver CBE	Lancashire County Council
Dr Adam Janjua	Fylde and Wyre CCG
Gary Hall	Lancashire Chief Executive Group
Stephen Ashley	LCSAP, LASB
Adrian Leather	Third Sector

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.
- Jerry Hawker for Dr Geoff Jolliffe, Morecambe Bay Clinical Commissioning Group (CCG).
- Gary Doherty for Dr Peter Gregory, West Lancashire Clinical Commissioning Group (CCG) and Karen Partington, Lancashire Teaching Hospitals Foundation Trust.
- Sue Stevenson for David Blacklock, Healthwatch.

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 3 November 2020

Resolved: That the Board agreed the minutes of the meeting held on 3 November 2020.

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.

5. 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 18 December 2020 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.

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

6. National Consultation: Integrated Care System

Andrew Bennett, Executive Director of Commissioning, Integrated Care Service, Lancashire and South Cumbria presented the report and presentation attached to the agenda, which detailed Integrating care: Next steps to building strong and effective

integrated care systems across England, which was published by NHS England and Improvement in November 2020. The report also introduces the key messages from the consultation document and the Lancashire and South Cumbria Integrated Care System (ICS) response to the consultation which was submitted on 8 January 2021. The outcomes of that process are still awaited and discussion at this meeting, on potential changes are subject to the outcomes of the consultation and a process of legislation through parliament. The consultation is suggesting that there are further ways to strengthen and collaborate working arrangements. The purpose behind the reforms is directly relevant to Health and Wellbeing Boards with a reference to improving population health and health care, tackling unequal outcomes and access, enhancing productivity and value for money and enabling all the main organisations of the Health and Wellbeing Board to support social and economic development.

There were two options presented to support the continued development of integrated partnership models for health and care systems in England:

- Option 1: a statutory Integrated Care System (ICS) Board/Joint Committee with an Accountable Officer. In this option, there would be one aligned Clinical Commissioning Group (CCG) only per Integrated Care System (ICS) footprint, and new powers would allow that Clinical Commissioning Groups (CCGs) are able to delegate many of its population health functions to providers.

- Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the Integrated Care System (ICS).

Discussions ensued and it was noted that in response to the COVID-19 pandemic, the Local Authority has established up a Social Care Cell, which ostensibly is focusing its response to the vulnerable adult population. Throughout the pandemic there has been a great strength in partnership in a very difficult and challenging situation, emphasising the strength of a place-based approach and recognising the challenges faced a key priority will continue to be population health and wellbeing across all ages. There has also been a redesign of the Children and Families Wellbeing and Education Services on the Integrated Care Partnership footprint, so that the Local Authority can better collaborate with partners to both target and meet need.

It was also noted that more detailed guidance is expected that is referred to in the document which will be helpful and that the place-based approach across the NHS and Local Authorities has been a good starting point to build on going forward.

Dr Julie Higgins, East Lancashire CCG reported that she was leading on a piece of work on Health Inequalities on behalf of the Integrated Care System partners to make a difference.

It was confirmed that once the outcome of the national consultation is known and proposals are determined, then further discussion with the Health and Wellbeing Board will take place.

Resolved: That the Health and Wellbeing Board:

(i) Discussed the major proposals arising from the national consultation document Integrating Care: Next Steps set out in the presentation attached to the agenda.
(ii) Noted that a number of organisations and local Integrated Care Partnerships have made responses to the consultation process.
(iii) Noted the Lancashire and South Cumbria Integrated Care System response to the consultation in support of option 2: development of a statutory Integrated Care System body.

7. Lancashire COVID-19 Outbreak Management Update

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council outlined the current situation with regards the COVID-19 pandemic and paid tribute to all the staff working across the agencies, both frontline as well as people in leadership roles for their continued effort; and to all the families who have been affected by COVID-19, especially those who have lost loved ones.

The Board were presented with the heatmap for the three Upper Tier Local Authorities, Lancashire, Blackpool and Blackburn with Darwen. The rates are very high although the actual case numbers have started to show signs of decreasing in the last 4-5 days, therefore the impact of lockdown may be starting to show. A breakdown by district was also presented to the Board and East Lancashire remains of concern.

Hospital occupancy has not seen a similar decline and remain extremely busy, particularly critical care occupancy levels are increasing, especially in East Lancashire.

There are three main priorities:

i) Ongoing engagement with communities to support compliance with the rules and where necessary enforcement.
ii) Testing – finding the cases and supporting them to stay at home, utilising the district hubs.
iii) Vaccine programme support.

The pandemic has resulted in increasing demands for food support and support to the homeless, highlighting the need for temporary housing in particular.

The Board were also reminded that Lateral Flow/SMART testing is being rolled out, which repeats testing of individuals at least twice a week, particularly in workplaces and in community testing centres.

Work is ongoing to dispel myths around the vaccine and communities are being encouraged to take up the offer of the vaccine. Vaccination inequality is not a new public health issue, it remains an issue in relation to COVID-19.

The Board were informed that 70% of care homes had been offered the vaccine and by the end of January this will be 100%. There is still an issue however, with people who have learning difficulties, autism and other groups living in supported accommodation

getting timely access to the vaccine. The decisions made by the Joint Committee of Vaccination and Immunisation (JCVI) are generally based on age and clinical risk factors, and the prioritisation of other vulnerable groups continues to be advocated.

Resolved: That the Board noted the update received from Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council.

8. Urgent Business

There were no items of urgent business received.

9. Date of Next Meeting

The next scheduled meeting of the Board will be held on Tuesday, 9 March 2021 at 2pm, via Microsoft Teams.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Actions, 19 January2021

Action topic	Summary	Owner
Lancashire Health and Wellbeing Board - SEND Sub-Committee	The Board: • Noted the report of the Lancashire Health and Wellbeing Board – SEND Sub-Committee.	Health and Wellbeing Board members
National Consultation: Integrated Care System	The Board: • Discussed the major proposals arising from the national consultation document Integrating Care: Next Steps set out in the presentation attached to the agenda. • Noted that a number of organisations and local Integrated Care Partnerships have made responses to the consultation process. • Noted the Lancashire and South Cumbria Integrated Care System response to the consultation in support of option 2: development of a statutory Integrated Care System body.	Health and Wellbeing Board members
Lancashire COVID-19 Outbreak Management Update	The Board: • Noted the update provided by Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council.	Health and Wellbeing Board members

Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
June 2021	Lancashire Health and Wellbeing Board – SEND Sub-Committee **(Standing Item)**	To receive an update from the SEND Sub-Committee.	Sarah Callaghan
June 2021	Lancashire COVID-19 Outbreak Management Update **(Standing Item)**	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi

Joint HWBB Meetings – Pan Lancashire

TBC	ICP/ICS Strategy	To consider the strategy.	Amanda Doyle/Andrew Bennett
TBC	Commissioning Reform in Lancashire and South Cumbria – A Case for Change	To receive a report on the Commissioning Reform.	Louise Taylor

Appendix A

Lancashire Health and Wellbeing Board
Meeting to be held on 9 March 2021

Lancashire and South Cumbria Integrated Care System and Health Inequalities – Emerging Approaches

Contact for further information:
Dr Julie Higgins, Joint Chief Officer Blackburn with Darwen/East Lancashire Clinical Commissioning Group and ICS Lead for Health Inequalities, julie.higgins6@nhs.net

Executive Summary

The fact that Health Inequalities are present within Lancashire and South Cumbria is not a new concept, with areas of significant deprivation, poor housing, high levels of long-term conditions and poor mental health clearly recognised by all public sector partners. However, Covid-19 has highlighted and worsened the health inequalities that exist within society and in particular, the North West, like never before. There is clear recognition now that everyone must act to addresses these inequalities, to address the causes of ill health and prevent further detrimental outcomes.

Over the Summer of 2020, a number of regional and national guidance documents were published that, between them, set out clear expectations for how the NHS in particular should take steps to address inequalities.

Following publication of these, the Lancashire and South Cumbria Integrated Care System (ICS) has taken steps to ensure it is responding to these requirements and has also begun to consider how it can work differently to ensure that addressing inequalities becomes a key focus in everything it does.

This report is intended to provide the Health and Wellbeing Board with an overview of the national and regional requirements, along with key actions the Integrated Care System (ICS) is proposing to take to respond to these. The report also seeks to provide the Health and Wellbeing Board with an opportunity to offer their 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.

Recommendations

The Health and Wellbeing Board is recommended to:

i) Note 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) Consider and provide feedback on how best this work can align with the work of the Health and Wellbeing Board.
iii) Support, 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.

Lancashire County Council

Background

Whilst our health and care organisations remain under extreme pressure coordinating our COVID-19 responses and vaccination deployment, there are opportunities presented now that we cannot afford to miss, particularly in 'how' we design and deliver our responses, that could allow us to mitigate some of the pandemic impact and protect our most vulnerable people. With a focus to then build on our immediate responses, through the horizons of COVID-19 over coming months and years, we recognise that we must begin to build an infrastructure that is focused on population health and improving outcomes for all.

The outline proposals for legislative change for Integrated Care Systems (ICS), clearly outline a direction of travel for the System as vehicles for addressing health inequalities and improving health outcomes, with a particular proposal to introduce a “triple aim” duty on NHS organisations and this will become a key focus in future assurance frameworks. As a system we have received positive feedback from NHS England and NHS Improvement (NHSEI) on our approach to embedding action on health inequalities and we received a “green” rating as having made good progress on delivering against the Phase 3 Urgent Actions on Health Inequalities, but we have much still to do.

The economic shockwave that will ripple beyond the waves of the pandemic will, by all accounts, drive up poverty and deprivation to levels not seen in a generation. With no uncertainty, this will increase demands for health and care services, physical, mental and social, long after COVID-19 vaccines are deployed. We have an opportunity now to build on the common purpose we forged through our COVID-19 response, to take action with our local authorities, VCFSE partners and residents to support our communities through this shockwave.

We have collective power and resources as a health and care system, as a major employer and purchaser of goods and services, that can be harnessed to support a focus on economic recovery, sustainable employment opportunities and raising aspirations for our residents. We also have a collective voice, which can support our local authority leaders in lobbying Government for enhanced investment and support throughout our COVID-19 recovery. Our communities need and deserve, more than their “fair share”, if they are to survive this pandemic and turn the tide on the structural inequalities that have made them so vulnerable.

We have agreed, as an Integrated Care System (ICS) to undertake key actions over the short and medium term to embed a focus on addressing health inequalities throughout everything we do. 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 our 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 our 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.

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

List of background papers

- Embedding Action on Health Inequalities – Proposals for a Lancashire and South Cumbria Approach March 2021.
- Implementing phase 3 of the NHS response to the COVID-19 pandemic, 7th August 2020.
- NW Covid-19 Community Risk Reduction Framework; NHSEI; September 2020
- Beyond the data: Understanding the impact of COVID-19 on BAME groups; Public Health England, June 2020.

Embedding Action on Health Inequalities – Proposals for Lancashire and South Cumbria Approach

Dr Julie Higgins, Nominated ICS Lead for Health Inequalities

Lancashire Health and Wellbeing Board, March 2021

Tackling Health Inequalities – Making sense of the asks

Four key national/regional documents:

- National Phase 3 Guidance for Health – Urgent Actions on Inequalities
- NW Covid-19 Community Risk Reduction Framework
- PHE Beyond the data: Understanding the impact of COVID-19 on BAME groups
- NHSE/I Key Lines of Enquiry for Health Inequalities

A review of these frameworks confirms that six key areas for action emerge:

Summary of health inequalities required actions

Leadership and Accountability

- Named lead for HI on each Board/PCN
- Boards must publish action plan showing how board and senior staffing will match BAME composition of workforce/local community
- Boards should demonstrate use of PHM Intelligence in decision making on HI
- Regularly publishing outcome and risk data, details of actions take to address HI and details of how inequalities funding has been spent – by 31.03.21 for CCGs
- System plans should set out clinical/non-clinical interventions to address inequalities
- Demonstrate progress through an accountability/assurance framework and provide an account of all actions by 31.03.21
- Move to become "anchor institutions", making best use of the Social Value Act

Covid Mitigation and Protection

- Prioritise Covid testing & other protective interventions to individuals at risk
- Improve uptake of the flu vaccination in underrepresented 'at risk' groups
- Use culturally competent occupational risk assessment tools and support for staff
- Improve GP registration for those without proof of identity or address
- Co-produce and implement culturally competent Covid education and prevention campaigns
- Regularly update plans for protecting people at greatest risk during the pandemic

Population Health Management

- Ensure Covid recovery strategies actively reduce inequalities
- GPs, with analytical teams and system partners, should use capacity released through modified QOF for 2020/21 to develop priority lists for preventative support and LTC management
- Use pandemic learning to develop longer-term plans to address underlying causes of health inequality from 2021/22. Plans should be data driven, co-produced and built on an understanding of the needs of local inclusion health groups
- Prioritise fully funded, sustained and meaningful approaches to tackling ethnic inequalities
- Consider bolstering the primary care workforce, especially in deprived areas through Additional Roles and Reimbursement Scheme and help increase number of GPs in under-doctored areas

Coproduction and Culturally Competent Engagement

- Develop and support community participatory research to understand the social, cultural, structural, economic, religious and commercial determinants of Covid in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes
- Ensure information on risks and prevention is culturally competent and accessible to all
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes
- Engage, as default, with local authority and third sector partners

Health Inequalities Impact Assessment

- Equality Health Impact Assessments should be conducted for service changes & new care pathways
- As a priority 111 First; total triage in general practice; digitally enabled mental health and virtual outpatients should be tested for achieving a positive impact on health inequalities with reviews and actions published by 31.03.21
- For each, systems should assess empirically how the blend of different 'channels' of engagement has affected different population groups and put in place mitigations to address any issues

Data Recording and Monitoring

- All NHS organisations to review quality and accuracy of data on patient ethnicity and ensure data recorded for all patients by 31.12.20
- Retrospectively updating and completing the Covid Hospital Episode Surveillance System (CHESS) is essential
- Mandatory recording of ethnicity in all clinical databases across hospital, primary care, specialised commissioning and mental health/IAPT
- All NHS organisations must use this data to plan service provision and to monitor the impact on inequalities taking swift action to rectify inequalities which are identified

Feedback from NHSEI on Lancashire and South Cumbria ICS action on health inequalities (phase 3 planning)

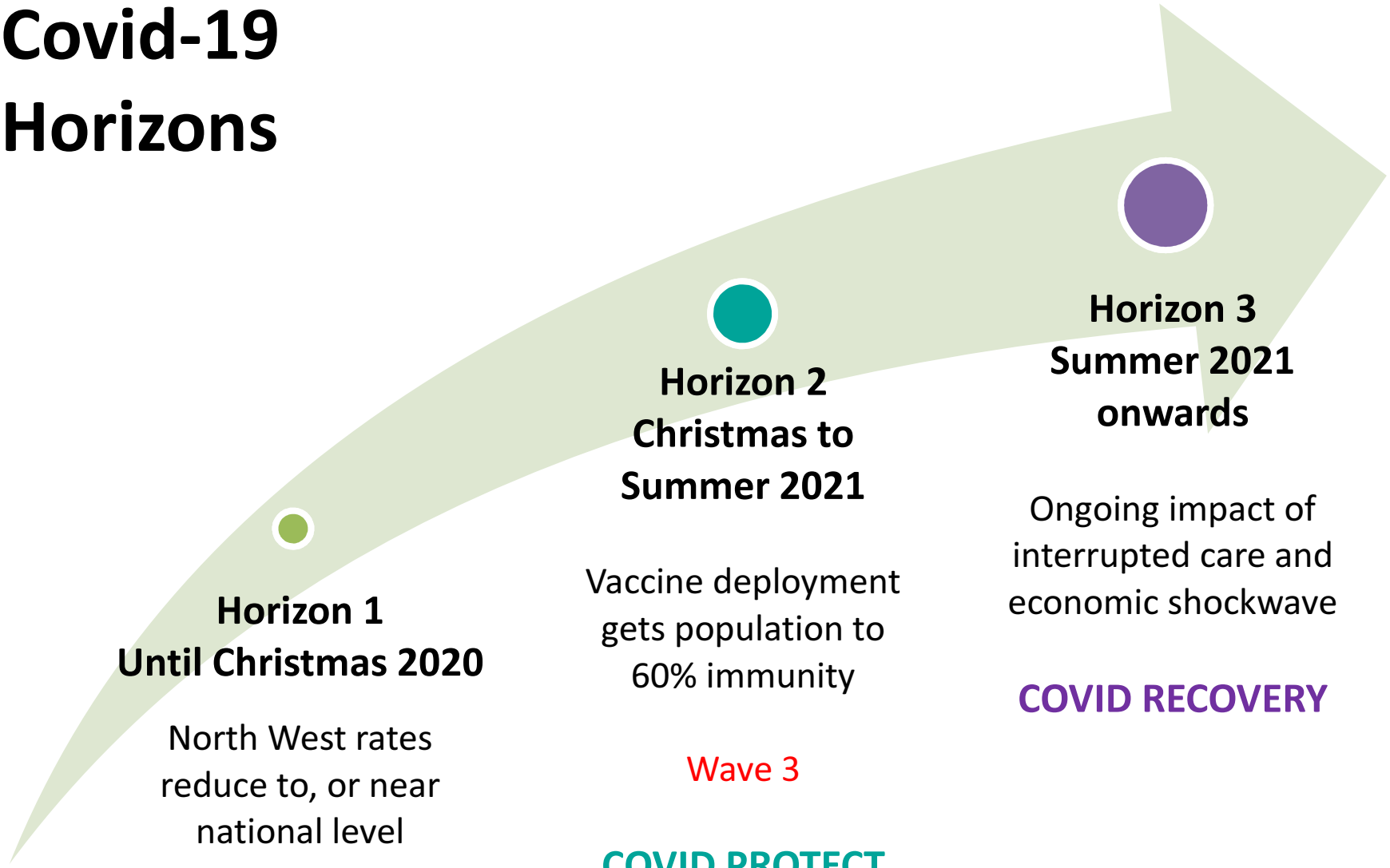
Strengths

- *ICS and partners recognise the areas where they need to improve and are developing their approaches to addressing health inequalities*
- *Good action plans are in place which will unfold and positively impact in the months ahead.*
- *Excellent winter plans are in place and risk stratification is being used across* primary care data sets
- *A systematic approach to addressing the NW Risk Reduction Framework incorporating all actions within the identified 5 priorities*
- *Use of data sets to target local interventions are in development*
- *Completing equality impact assessments*

Areas for Improvement

- *Strengthen collaborative leadership across the regions to address health inequalities*
- *Work in localities by using more place based and neighbourhood based approaches*
- *Equality impact assessments need to cover health inequalities*
- *Identify HI leads at practice level in primary care to target engagement and support*
- *Clarification on whether data sets are routinely collating equality data*
- *Strengthen narrative on long term conditions and by protected characteristics and deprivation*
- *More on digital exclusion and impact on widening inequalities*
- *Further develop more meaningful relationships that translate into more collaborative action on economic prosperity of communities, housing, climate change/environment - wider determinants*
- *More work required to identify mental and emotional wellbeing needs earlier*

Covid-19 Horizons



Horizon 1
Until Christmas 2020

North West rates reduce to, or near national level

COVID RESPONSE

Horizon 2
Christmas to Summer 2021

Vaccine deployment gets population to 60% immunity

Wave 3

COVID PROTECT

Horizon 3
Summer 2021 onwards

Ongoing impact of interrupted care and economic shockwave

COVID RECOVERY

Addressing health inequalities through Covid Horizons

Horizon 1

Until Christmas 2020

North West rates reduce to, or near national level

COVID RESPONSE

Cohort	**Targeted** Those with and at most risk of Covid-19
Issues faced	• High community transmission in deprived and BAME communities • Adverse impacts for people aged 65, BAME, learning disabilities • Low compliance with/understanding of guidance • Interrupted care impact from Wave 1 and Wave 2 • Inequalities and vulnerabilities will be exacerbated through service stand down and economic shock • Digital exclusion, particularly for deprived and elderly • Increasing demands on social care as families and carers struggle
Key actions	• Mobilise Covid responses targeted to most vulnerable, including integrated community care models • Use system levers to generate Covid responses, eg. capacity released through modified QOF • Ensure service changes (stepping up and down) are assessed for impact on health inequalities, vulnerable groups and digital inclusion (**NB mandated for 111 First; total triage in general practice; digitally enabled mental health and virtual outpatients**) • Workforce risk assessments and support enhanced for those at greater risk • Co-produce culturally competent engagement and communications to ensure messages reach target groups • Concerted effort to improve uptake of the flu vaccination in underrepresented 'at risk' groups • Deploy Call to Action to areas most at risk due to deprivation or high BAME population

Addressing health inequalities through Covid Horizons

Horizon 2

Christmas to Summer 2021

Vaccine deployment gets population to 60% immunity

Wave 3

COVID PROTECT

Cohort	**Enhanced** Those most at risk from Covid-19 plus those most at risk from interrupted care
Issues faced	• Managing transmission rates in deprived and BAME communities • Vaccine deployment to those least likely to engage and most at risk • Deconditioning of physical and mental health due to interrupted care and isolation • Family resilience undermined, food insecurity increased, likely continued increase in domestic abuse, children at risk and safeguarding concerns • Impact of Christmas gatherings likely to be felt at end January • On-going digital exclusion widening inequalities around accessibility
Key actions	• Vaccine deployment responsive to vulnerable and deprived groups, with community engagement to encourage uptake • Starting urgent review of LTC management, prioritising vulnerable groups eg. BAME, LD or over 65 with long term condition • Increased emphasis on tackling modifiable risk factors, particularly through Call to Action, consider also actions to support digital inclusion • Working with local authorities and VCFSE to wrap around wellbeing support as well as targeted work in primary care

Start now for longer term impact

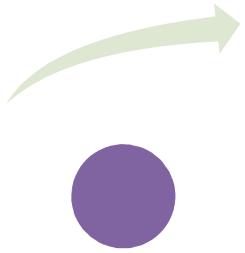
Embed Population Health Management

NHS Anchor Institution Model – grounded in ICPs with local authorities

Develop and publish health inequalities action plans by 31st March 2021 -

System reform must embed commitment to and articulate actions to deliver on health inequalities

Addressing health inequalities through Covid Horizons



Horizon 3

Summer 2021 onwards

Ongoing impact of interrupted care and economic shockwave

COVID RECOVERY

Cohort	**Whole population** A combination of targeted and universal provision to respond to inequalities
Issues faced	• Poor economic wellbeing and increasing food poverty • Mental wellbeing and resilience, incl. post traumatic stress for workforce and population and potential increase in alcoholism and substance addiction • Pre-pandemic child health, was poor and deteriorating - adverse trends in poverty, education, employment and mental health now exacerbated
Key actions	• Embed socially vulnerable children as a focus of PHM approach to ensure recovery planning supports children and families • Integrate on-going support models with local authority and VCFSE service delivery, particularly on employment support, debt management and food poverty support • Wholescale review of LTC management plans, particularly for those most vulnerable • Extending focus of PHM to strategic cohorts (anticipatory care, where PHM pilots started) • Fully embed assurance on addressing health inequalities and use this to identify areas for priority intervention • Sustained approach to and investment in, culturally competent engagement and embed community participatory research in all service planning • Resourcing and Investment Strategy is in place which ensures PHM data drives workforce profiling, deployment and investment

Embedding action and assurance on health inequalities at every layer and through every strategy

System

- National legislative proposals embedding delivery on health outcomes
- Health Inequalities within ICS System Assurance Framework progress to be monitored by ICS Board and System Leaders Executive
- Nominated leadership in place
- Population Health Management cell to oversee delivery
- ICS Anchor Institution Charter

Place

- Common ICP narrative - embodies role in improving health outcomes and reducing inequalities
- ICP maturity matrix to embed health inequalities role
- Self-assessment against Phase 3 actions
- Organisations working towards anchor status and collaborating on social value for the local economy

Neighbour hood

- Primary Care Networks to manage risk stratified population cohorts with local authority and VCFSE partners – joining up civic and community assets
- Ambition is for long term condition management to move to predictive model

Person

- Call to Action - social movement and behaviour change, focus on deprivation, BAME, LD, homelessness, etc
- Patient Activation
- Digital and health literacy

Key actions for the ICS

In the short term, all organisations/systems must 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.

The ICS will also continue to prioritise the continued development of the Population Health Management programme and Call to Action, as both of these approaches deliver on a number of the actions required.

In the longer term, to achieve real benefit from our work, a systematic approach will be needed that embeds a focus on addressing inequalities throughout all our processes, from project planning, inequalities impact assessments to funding formula and commissioning for improved outcomes.

In order to establish a catalyst for action on health inequalities, initial discussions have generated the concept of conducting a deep dive on inequalities during 2021, to understand the true impact Covid has had and ensure actions are taken by each part of our health, care and wider public sector infrastructure. The establishment of a L&SC Health Inequalities Commission, similar to Fairness Commissions conducted by some local authorities, would take an independent, cross-sector view on the tangible things that can and need to be done to drive improvement.

The scoping and planning for this commission will require a cross-organisational team to be established, including VCFSE, local authority and health organisations and discussions are currently being undertaken to identify dedicated resources to support this work.

The ICS will capture it's intentions in the form of health inequalities action plan, the establishment of a health inequalities Commission will be a key focus of the plan, with the recommendations forming part of the revised action plan by the end of the Summer.

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 9 March 2021

Lancashire Health and Wellbeing Board - SEND Sub-Committee

Contact for further information:
Sarah Callaghan, Director of Education and Skills, Lancashire County Council,
Tel: 01772 538840, sarah.callaghan@lancashire.gov.uk

Executive Summary

The minutes of the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub Committee from its meeting held on 3 February 2021 and the latest version of the Accelerated Progress Plan (APP) are available to view here.

Recommendations

The Health and Wellbeing Board is asked that the report of the Lancashire Health and Wellbeing Board – SEND Sub Committee, be noted.

Background

The Lancashire Health and Wellbeing Board – SEND Sub-Committee met virtually on Wednesday, 3 February 2021 to discuss the Accelerated Progress Plan (APP) including the progress made by officers since the previous meeting of the Sub Committee on 18 December 2020.

Resolved: That the Health and Wellbeing Board – SEND Sub-Committee at its' meeting on 3 February 2021, agreed that:

i) The current progress of and risks and challenges on the five areas of concern in the Accelerated Progress Plan (APP) were noted;
ii) With regard to Transitions in Health Care, more detailed information in relation to Transitions in Health Care would be drafted and disseminated to members of the Sub-Committee in the form of a diagram to explain the different groups and how they would connect at service provider level, along with a summary of the Ready, Steady, Go – Hello model and more detailed information of the numbers of children and young people per panel; and
iii) The YouTube video uploaded by the Local Offer Development Officer as a means of introduction would be forwarded to members of the Sub-Committee in order to see ways in which social media platforms raise awareness.

List of background papers

None

Lancashire County Council