

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 24th January, 2023 at 2.00 pm in St Mary's Community Centre, Broadfield Walk, Broadfield Drive, Leyland, PR25 1PD

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board
County Councillor Alan Cullens BEM, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Jacqui Old CBE, Education and Children's Services, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
Councillor Viv Willder, Fylde Coast, Lancashire Leaders Group
Councillor Matthew Brown, Central, Lancashire Leaders Group
Chris Sinnott, Lancashire Chief Executive Group
Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

David Blacklock, Healthwatch

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked the staff at St Mary's Community Centre for hosting the Board meeting and thanked officers from the Public Health team and Democratic Services for arranging the meeting.

Apologies were noted as above.

Janet Malone, Head of Community Events was invited to give a brief overview of what St Mary's Community Centre provides for the Community, which includes a food bank that feeds over 90 families most weeks, a furniture scheme, monthly community lunches, chat lounges, mums and toddlers group, pensioners group and a widows group, which are just a few that take place regularly at the Centre. The

Board noted that the Centre was one of the Warm Spaces in Leyland funded by Lancashire County Council.

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 15 November 2022

Resolved: That the Board agreed the minutes of the meeting held on 15 November 2022.

There were no matters arising from them.

4. Health and Wellbeing Board and Integrated Care System - National Guidance

Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council discussed with the Board the recently published national guidance for health and Wellbeing Boards in the context of a changed NHS landscape; and identified some initial implications for further consideration as detailed further in the [report](#) attached to this agenda. As the guidance develops further, a better understanding will be learnt of the Boards responsibilities going forwards.

Sarah James, Lancashire and South Cumbria Integrated Care Board informed the Board that the Integrated Care Strategy has been developed up through the Integrated Care Partnership and is drawn from the Joint Strategic Needs Assessment, it fully lines up with the Health and Wellbeing Boards taking into wider considerations across Lancashire and South Cumbria and will be presented to this Board in March 2023 as well as a briefing on the wider context. There will also be a whole system plan which will set out a 10-year vision for what the Integrated Care Board expects from the NHS and its wider partners to work towards in Lancashire and South Cumbria. It will incorporate what the NHS will do to respond to the Integrated Care Strategy, what it will do to respond to wider national challenges as well as setting out a three-year financial framework. The Plan, which will have been responded to by the Strategy, will be presented to the Health and Wellbeing Board meeting in May 2023 where sign-off and endorsement will be requested.

The Board noted that Items 4 and 5 ran in conjunction with each other and the Chair requested that both presentations be received before discussions commenced for both items.

Following both presentations, the following points/comments were raised:

- The Health and Wellbeing Board will need to maintain oversight of the Board itself of which the guidance helps clarify that there is a role for this forum which strategic and not entirely delivery, which is filled by the Place Based Partnership Board and there needs to be a longer-term view of the strategy in terms of the Health and Wellbeing Board.



- The Board were asked to note the newly emerging themes and to commit to explore what the next steps for the Board should be with regards to the:
 - Joint Capital Plans
 - Care Quality Commission (CQC)
- It was confirmed that the membership of the Board would be reviewed on a regular basis, however, at present, it was felt that no changes were required.
- With regards to the workshops, it was noted that invites had been sent to County and District Councils, local community groups, colleges, Fire Service, hospices, NHS colleagues (Acute providers, community services, GPs and other providers) as well as others who have registered an interest. Further work that is wanting to be built on is around residents' voices and people with lived experience, however currently the workshops are more aimed at professionals.
- Details of the workshops will be forwarded on to members of the Health and Wellbeing Board following this meeting.
- In terms of data throughout the life course, ie Start Well, Live Well, Age Well and Die Well there will be a broad range of indicators from district level, down to ward level indicating where there are 'hot spots'.
- Maintaining relationships between wider partners is crucial in delivering key priorities and unexpected issues within public health and in response to them, build on the infrastructures that already exist.
- It is also the responsibility of Boards such as the Health and Wellbeing Board and system leaders to agree where improvements are required and to address the key priorities.
- Respond to trends with maybe resilience forums as was seen with the COVID pandemic and worked well.
- It was noted that North Lancashire and South Cumbria are reflected in terms of representation on all Boards, including the Health and Wellbeing Board, Integrated Care Partnerships and Integrated Care Boards.

Resolved: That the Health and Wellbeing Board:

- (i) Considered whether the membership of the Health and Wellbeing Board requires amendment in the context of a changed NHS landscape.
- (ii) Considered the opportunities for future governance further to the introduction of the Place Based Partnership.
- (iii) Endorsed collaboration with the Integrated Care Partnership on strategy development.
- (iv) Endorsed the development of an annual timeline to facilitate collaboration, including participation in the Integrated Care Board's forward plan and annual report development/review, and system wide NHS capital resource use planning.
- (v) Investigated further the potential role of the Board in relation to the Care Quality Commission reviews of the integrated care system.



5. Place Based Partnership Update

Sarah James, Lancashire and South Cumbria Integrated Care Board provided an update to the Health and Wellbeing Board on the Lancashire Place Based Partnership for information. It included the progress made since November 2022, the establishment of the Interim Place Based Partnership Board and the next steps.

Following the discussion that was held at the last Health and Wellbeing Board meeting in November 2022 where an initial idea was presented to the Board on how the Integrated Care Board is looking to align some of the governance rather than duplicate it and the Board endorsed that an options appraisal be done around the consideration of the Health and Wellbeing Board becoming the focal point of the Place Based Partnership Board for Lancashire and South Cumbria. The [report](#) provides further information:

- Progress made since the last update (November 2022)
- Interim Lancashire Place Based Partnership Board
- Working with the Other Place Based Partnerships
- Next Steps

The Board noted the workshops that were currently planned in localities in Lancashire (Centra, North and East) in January and February 2023, with wider partners, to review, iterate and generate shared ownership of the proposal and were encouraged to attend.

Following the presentation, details of the discussion that took place are noted at Item 4.

Resolved: That the Health and Wellbeing Board noted the update on the development of the Lancashire Place Based Partnership.

6. Health and Wellbeing Board Key Priorities - Progress Update

Ruksana Sardar-Akram (Best Start in Life), Aidan Kirkpatrick (Healthy Hearts) and Fiona Inston (Happier Minds), Public Health, Lancashire County Council provided an update on the work to address the three key Health and Wellbeing Board priorities and updated on the associated milestones and performance.

Best Start in Life

Ruksana Sardar-Akram, Public Health and Mel Foster, Education Improvement, Lancashire County Council provided an update on work that has been happening since the initial [report](#) that was presented to the Board on 10 May 2022.

The priorities for Best Start in Life are:

- i) Infant Mortality
- ii) School Readiness



iii) Adolescent Mental Health

Further detailed information can be found in the [report](#).

The Board noted the Performance Review ([Appendix 'A'](#)) for Best Start in Life and were informed that some areas had shown improvement since the last report and other outcomes are still poor. There is a reduction in Infant Mortality which is the lowest it has been for 15 years, and Lancashire is currently in comparison to the national average. Local variations are also detailed in the performance review and whilst some districts are well above the national average, others are still poor, and work continues to improve these district outcomes.

Mel Foster, Education Improvement, Lancashire County Council gave a brief update on the 2-year-old offer, even though the offer is for 2, 3 and 4 year olds, 2-year-olds are Lancashire's most vulnerable children. Therefore over the past 12 months, there has been targeted work on this age group, which has resulted in a positive news story seeing a 14% increase in uptake from Spring 2021 to Spring 2022 (data only published annually in Spring). Lancashire is above the England average and in line with the North West average for the first time. Lancashire's growth was also higher even though it is in line with the North West, the growth was actually higher which is really positive. There are still a number of priority areas that need continued focus on including Pendle which has the lowest district take up and has been for some time, however, there was success still in that area as there was a further 21% take up from the previous year from 60% to 81%. The other areas that remain a priority are Preston, Hyndburn, Rossendale and Burnley. There is a multi-agency approach to targeting these areas and work is being carried out closely with internal colleagues in Children and Family Wellbeing Service and Children's Social Care to ensure those vulnerable groups and those known to Children's Social Care are accessing those places. Again an increase has been seen in children look after, children in need and children on child protection plans accessing places, however there is still more work to do in those areas. Close work is also being undertaken with health colleagues and other wider partners on the school setting infrastructure which again is a multi-agency approach to improving outcomes. The detailed analysis of the School Readiness (Early Years Placement Uptake) was attached to the agenda at [Appendix 'B'](#).

The Board were asked to note the key milestones that were alluded to in the data as attached at [Appendix 'A'](#) – Best Start in Life.

In terms of next steps, it is about looking at some of the inequalities, performance data and looking at what the targets might be.

Following the presentation, the following comments/issues were raised:

- The Board noted that there was now a Strategic Best Start in Life Group, which is a multi-agency group that brings key partners together so ensure that everybody is working towards the same outcomes and they the data is understood in terms of where the gaps are to pinpoint where the inequalities are and to prioritise them.



- In terms of the data for School Readiness in Lancashire, on average 69.2% of children are ready for school when they start, however at Ward level, in some Wards only one in two children are ready for school, therefore there is still a long way to go in ensuring that every child in Lancashire is ready for school by the time they take up their placement.
- The Health and Wellbeing Board can support the ambitions as set out in the data in terms of School Readiness and as the Early Years Services that are commissioned by Lancashire County Council and the Speech and Language Service, NHS are due for review, it is those opportunities that the Best Start in Life Board are pursuing.
- It was noted that in the East, close partnership working with the Department for Work and Pensions is enabling targeted work with Universal Credit families that have got young children and ensuring that services that work with those families are aware of what the 2, 3 and 4 year old offer is.
- Close work is also happening with the voluntary sector and the same kind of approach as the one with the Department for Work and Pensions is also being rolled out with those agencies and the Voluntary Sector and getting those professionals trained, so that they can have engaging conversations with those families.
- It is about breaking down some of the barriers with families that might not be accessing the offer, such as they see childcare as something that working families need.
- There needs to be clearer pathways to the right support and accessing the right services.
- Further opportunities to link in more with the NHS particularly around speech and language services and other NHS services to understand what the inequalities are from a health perspective and working together with public health to look at that intelligence and prioritise what is going to be key to moving forwards.
- School readiness is often affected by parents' drug and alcohol issues and this target should also be included in Best Start in Life.
- A key aspect is how services work with families as well as children and young people.
- Another priority was adolescent mental health – James Fleet and Jacqui Old CBE agreed to discuss this outside of the meeting.
- There is an opportunity for the Health and Wellbeing Board to commit to having one system that is easy for a family to be able to navigate across public sectors.

Healthy Hearts

Aidan Kirkpatrick and Alison Moore, Public Health Lancashire County Council and Jeannie Hayhurst, NHS provided an update on work that has been happening since the initial [report](#) that was presented to the Board on 8 March 2022.

The Board were reminded of the Healthy Hearts programme which has been developed to encompass the following seven thematic workstreams:

- i) Tobacco
- ii) Alcohol
- iii) Physical Activity



- iv) Supporting Healthy Weight
- v) Food Diet and Nutrition
- vi) Health in All Policies Approach
- vii) Cardiovascular Risk Modification

Further detailed information can be found in the [report](#).

In terms of the some of the key activities over the past nine months it has been essential to ensure that there is a very solid foundation upon which to build on with regards to the healthy hearts approach. The existing service offer has been scoped out as well as the evidence being robustly reviewed, and a gap analysis has been carried out to ensure that the program is designed to deliver in line with what the evidence base says.

In terms of the performance review, further detailed information, key milestones and ambitions for each of the seven delivery platforms can be found in [Appendix 'A'](#) – Healthy Hearts.

The Board noted that in the past week Lancashire has been awarded £50 million as part of the Levelling Up Fund specifically to support investment within East Lancashire to ensure that there is a complimentary offer not only around public transport, but also about developing cycling and walking opportunities.

Jeannie Hayhurst, Cardiovascular Prevention, NHS give a brief outline on the metrics in the Healthy Hearts Performance Review ([Appendix 'A'](#)), Cardiovascular Disease Risk Modification, which reflect the ambitions of the NHS long term plan that was released in 2019 and set out some 10 year ambitions in the attempt to try and reduce the number of heart attacks and strokes. The main focus of the measurements within this section are to try and increase detection of the three main risk factors for heart attack and stroke and also improve the management of those three main risk factors. They focus on atrial fibrillation; high blood pressure and high cholesterol and the measures look at how well the Service is doing in terms of identifying atrial fibrillation, treating people who have got a Defibrillation with anticoagulants in order to prevent them having a stroke. As outlined in the Performance Data it shows that Service is doing well in the first area, atrial fibrillation and the ambition is to achieve a target of 85% of patients identified with this condition by 2029, with the figure currently at 84% across the area. In terms of treating these patients with anticoagulants, the target is 90% and currently the figure is at 88.7%, again which is good news in that area.

The second area is high blood pressure, where there is still a lot more work to do with the target of identifying people with high blood pressure being set at 80% by 2029 and it is currently at 68% on average across Lancashire. There are two measures that are recorded and reported on locally with regards to this condition which are, i) how well patients are treated over 80 and ii) how well patients are treated under 80. Data shows that treatment for those over 80 is better than those under 80, so there is quite a long way to go in terms of improvements.

The third area that is reported on is cholesterol and the first metric that is measured is how well cholesterol is recorded in people who are aged between 40 and 74,



which obviously reflects the uptake of the NHS health checks across the patch and the second metric is recording how many people who are identified at high risk of having a heart attack or stroke, how well they are being treated in terms of giving them a statin and again there is a long way to go as targets are way behind currently being 21% with a target of 75% by 2029.

The final metric is the ambition to find more people with familial hypercholesterolemia which is a genetic condition and puts people at very, very high risk of heart attack at a young age. The national ambition is to recognise up to 25% of people with the condition by 2024. Progress data is currently not available on this; however it is something that is being worked on.

Following the presentation, the following comments/issues were raised:

- An area of concern for the Health and Wellbeing Board is with regards to the health checks and current data outlines only 21% of Lancashire's population have undertaken one, which is exceptionally low, however, it is expected that by the end of this financial year the number will be back to 50% of pre COVID levels. The big challenge however is the variation in coverage across Lancashire as some areas are already achieving 75% however other areas are performing very poorly and that is where crucial engagement with NHS colleagues to ensure that all practices are able to offer that service and if for any reason individual practices are struggling to deliver that service, maybe there is an argument for other models of delivery.
- Lancashire County Council have recently commissioned Choose Health who are delivering the health checks in the community, workplaces and places of worship and started delivering on that in Spring 2022 where there has been a steady increase in the number of checks that are being delivered.
- Significant progress has been made in terms of getting general practices back on track and there is much better communication now with Lancashire's 135 GPs.
- There has been a review of different models for the payment because at the moment it is completely payment by results. Work is ongoing on a Federated model over in West Lancashire working on a Primary Care Network model from Rossendale.
- Data needs to be joined up across the providers to highlight the inequalities in the different districts.
- Need to be more active in getting the public to take more ownership of their health and to come forward for health checks.
- Elected Members could encourage Local Authorities to have health checks in the work place on an annual basis.
- E-cigarettes and the use of these inside premises is still an issue and the under-age use of these is increasing. The Board noted that there is a workshop shortly at a system level to look at this issue.

Happier Minds

Fiona Inston Public Health Lancashire County Council provided an update on work that has been happening since the initial [report](#) that was presented to the Board on 19 July 2022.



The Board were reminded of the Happier Minds programme which is a partnership and system leadership approach to addressing five key strands of work:

- i) Emotional Health and Self-Care
- ii) Loneliness and Social Isolation
- iii) Dementia
- iv) Alcohol and Drug Use
- v) Self-Harm and Suicide

Further detailed information can be found in the [report](#).

The Board noted some of the key milestones in the Performance Review ([Appendix 'A'](#)) which focussed mainly on Self-Harm and Suicide and Alcohol and Drug Use. Research indicates that one in four young women and one in four young male, self-harmed. This data is hard to measure because the data will say that in 2021 over 2000 people have attended A&E in Lancashire, however, it does not indicate what the hidden element of self-harm it is. Feedback is received through Child and Adolescent Mental Health Services as well as schools and some work that is undertaken will be around parents understanding some of the signs and indications of self-harm and how they can support their child and be signposted to services. Links to self-harm can also be associated with suicide and again this is the leading cause of death in men under 50 and women under 35 and it is also linked to deprivation with men living in the most deprived areas are 10 times more likely to take their lives, and suffer from mental health, which is a theme that keeps coming through in data. Variations across the county based on the most recent figures show that the highest variation in suicide is 25 in Preston and the lowest is four in Ribble Valley.

A new National Strategy on Suicide to precede the 2016 version is awaited when the ambition was for suicides to reduce by 10% was produced for suicides by 10%. In 2021, nationally over 5000 died due to suicide. Generally over the last few years there was an ongoing increase regardless of the pandemic in suicide.

With regards to the Happier Minds programme the key is about what the actions Services can commit to together to start addressing and supporting Lancashire's communities across NHS and down into grassroots in communities.

With regards to alcohol and drug-use, currently 15% of people in Lancashire are dependent on drug and alcohol treatment services as alluded to previously and there is an ambition that those accessing treatment will increase over the next two years and that there will be additional funding too into detailed programmes. The other key aspect is around drug related deaths particularly in areas of deprivation. In 2020, there were eight recorded related deaths that happened in Burnley and two districts Rossendale and Ribble Valley recorded no deaths due to drugs. Nationally there has been a target to reduce 1000 preventable deaths due to related harm and in terms of the National Strategy what this means locally and going forwards is that there has been an appointment made within the Public Health team who is going to focus on drug related deaths (ie how it started and what lessons can be learned and how the learning can be taken forwards and influence change). There is also a focus around establishing a drug related panel and to hold a drug related death



conference in 2024 of which members of the Health and Wellbeing Board will be invited to.

Following the presentation, the following comments/issues were raised:

- Happier minds is the most challenging priority for the Board and there is still a lot of work to be done on it, however, further investment will help residents in Lancashire to address financial security, relationships and that 50% of those who have a dependent alcohol problem are actually known to the authority, the others are known through child protection, child abuse, crime and mental health.
- The Board will need to continue to oversee progress in this area.
- The challenge is around how to continue some of that good work that has been done and also recognising the positive aspects of what has been happening within the communities and to keep the momentum going.

In general it was agreed that a review of the Board's three main priorities be brought back to the Board in 12 months' time and in the meantime a conversation would take place outside of the meeting with regards to the challenges and barriers each area was facing.

Resolved: That the Health and Wellbeing Board considered the performance update and endorsed the areas identified as opportunities for collaboration and advocacy of the Board.

7. Lancashire Drug and Alcohol Partnership Update

Fiona Inston, Public Health, Lancashire County Council outlined to the Health and Wellbeing Board the progress made and next steps for the Lancashire Alcohol and Drug Partnership following the publication of the National Drug Strategy in 2021. Further detailed information can be found in the [report](#) attached to the agenda.

The Board noted that an Alcohol and Drug Partnership had been formed in Lancashire and first convened in July 2022. It is anticipated that the membership will engage and work with wider partners. It has also been agreed that the new partnership will report to the Health and Wellbeing Board.

The national strategy required that a Local Joint Needs Assessment ([Appendix 'A'](#)) be completed by November 2022 and the draft was presented at the Lancashire Alcohol and Drugs Partnership in November 2022 and was approved at the Partnership meeting on 14 December 2022.

The Board were provided with some highlights from the Joint Local Needs Assessment which includes that:

- There are 4500 adults in drug treatment services.
- There is a significant amount of unmet need for people using those services.
- The ambition is that by 2025 based on the baseline figures from 21 to 22, there will be an additional 2181 people through treatment services and that is the target that is being set nationally and to support some of the action additional funding



has been received c £15 million over the next three years to supplement the work that is done in drug and treatment services.

- The Family Needs Assessment worked in consultation with local partners where an action plan for delivery was formed which has 40 actions that are cross cutting across the three key priorities of the strategy.
- The plan is to update the Partnership Group around the key action points, including:
 - Workplaces and how they support employers with treatment services.
 - How to address some of the stigma.
 - Education around alcohol eg underage sales, working with the trade and Trading Standards, however most young people get their alcohol from their parents, so work needs to be carried out with the parents around that.
 - There are eight Community Alcohol Partnerships across the County, and the ambition is to have one in each district across Lancashire.
 - Discussions also need to take place with people who are not access treatment services to understand the barriers.
 - How to work with the prison and probation service?
 - How to influence the national policy for licensing?

Following the presentation, the following comments/issues were raised:

- The Joint Needs Assessment captures the 12 Lancashire Districts however there are references to other neighbouring Districts ie Blackpool.
- A query was raised as to how substance misuse was ascertained in terms of canisters. It was agreed that Fiona Inston would seek further clarification regarding this and reply to County Councillor Cullens outside of the meeting. A request was also made to highlight particular hotspots also.
- Visits are planned for Year 9 pupils to speak about drug and alcohol misuse as well as self-harm and if they are aware of services available to them.

Resolved: That the Health and Wellbeing Board endorsed the Lancashire Alcohol and Drugs Needs Assessment (Appendix 'A') and the steps being taken to implement the national drugs plan to cut crime and save lives.

8. Lancashire Better Care Fund Update

Paul Robinson, Midlands and Lancashire Commissioning Support Unit, NHS and Sue Lott, Adult Social Care, Lancashire County Council updated the Health and Wellbeing Board following the workshop to "reset" the Better Care Fund in Lancashire. Further detailed information can be found in the [report](#).

The Board were reminded that there was a spend of £174 million across Lancashire and within that it covers a minimum spend from the Integrated Care Board allocation of just under £70 million on NHS Commissioned Out of Hospital services and just under £40 million on Adult Social Care services spend.

The plan was approved nationally at the end of December 2022 and the approval letters sent shortly after that. There has been no reporting requirement other than to



the Health and Wellbeing Board at a national or regional level, however, it is expected that there will be an end of year reporting requirement, which will be presented to this Board when available.

The Board noted that a Section 75 agreement was required that covers the management of the Better Care Fund. This is an agreement under section 75 of the NHS Act 2006 and is the mechanism by which the funds across health and social care and manage the Better Care Fund itself. The pool itself is hosted by Lancashire County Council and ways are being explored as to how the tool can be better used in managing the money across health and social care. There is a slight delay in the sign off of the agreement due to the Adult Social Care Discharge Fund, however it will be signed of by 31 January 2023.

The report to the Board covers two aspects:

- i) Better Care Fund Reset
- ii) Adult Social Care Discharge Fund

In terms of the Better Care Fund reset, a workshop was held on 1 December 2022 and the outcomes/themes/next steps from the workshop are detailed further at [Appendix 'A'](#).

A steering group has been established and will meet monthly to oversee the programme of work and to focus initially on interim governance setting and the parameters of how to review the spend across the Better Care Fund. The Board will receive the framework at a future meeting.

With regards to the Adult Social Care – Discharge Support Fund as the Health and Wellbeing Board it has oversight and accountability for the spend within the plan. The fund was announced in September 2022 and formally confirmed towards the end of November 2022. The plan had to be submitted by 16 December 2022 and formally signed off by the Chair of the Health and Wellbeing Board, Chief Executives of the Integrated Care Board and the Local Authority and the Local Authority, Section 151 officer.

The support fund itself is a national £500 million fund and it is to be used to support timely and safe discharge from hospital into the community, reducing the number of people delayed in the hospital who are awaiting social care and includes those people on the mental health wards. It can also be used to boost adult social care and workforce capacity through staff recruitment, staff retention and where that will contribute to reducing delayed discharges. The funding is split with 60% of the fund directed through to the Integrated Care Boards and 40% through to Local Authorities. The total combined amount for Lancashire across the Local Authority and the Integrated Care Board is £9.7 million and the monies are to be spent by the end of March 2023.

There are a number of regulations associated with the funding which needs to be met alongside the requirements to provide fortnightly monitoring reports which set out the actual spend, the activity, how many discharges have been achieved and the



progress against each of the schemes and the impact that they are making. The first report was submitted on 6 January 2023 and the second one on 20 January 2023.

The Board were informed that all the funding has to be pooled into the Better Care Fund, hence the Health and Wellbeing Board's oversight of the plan. The Lancashire Plan ([Appendix 'B'](#)) focuses on continuing the many services that were stepped up to support the Discharge to Assess (D2A). Without the additional funding, those services were at risk of ceasing in November 2022 due to the short-term funding that was previously attached to them.

As the guidance stands currently, the monies cannot be carried over into next year it has to be spent by the end of March 2023, however formal confirmation is awaited to see if this timescale can be extended.

Some other elements of the plan include:

- Monies identify to facilitate overtime for existing staff, both to meet surges in demand around hospital discharge and hospital escalation pressures, plus extending the mental health discharge team to work across seven days.
- There is also some money for additional nurse capacity to increase nursing needs assessments directed towards the mental health wards to remove waits for people being delayed on those wards currently.
- A community intensive support team for mental health to enable people on mental health wards to be discharged earlier.
- Funding additional community equipment to ensure it is more widely available and to broaden the availability of certain small items that will support people being discharged from all hospitals.
- Monies to contribute to supporting the social care sector in terms of stability around workforce.

The Board will receive further updates on the progress of this scheme, however so far, the funding has facilitated care and support to approximately 1200 people who have been discharged from hospital over the last 5/6 weeks.

Following the presentation, the following comments were noted:

The Board needs to ensure that they are challenging that the Better Care Fund is being used for integration and to ensure services are being supported by the funding included the Boards three main priorities.

Resolved: That the Health and Wellbeing Board:

- (i) Noted the progress in the "reset" of the Lancashire Better Care Fund and next steps.
- (ii) Received further updates on reset activity beginning with outcomes of the financial review and recommendations for governance.



- (iii) Noted the approach to using the Adult Social Care Discharge Fund as set out in the plan and formally record Health and Wellbeing Board approval and Chair's sign-off.
- (iv) Received updates on the impact of the use of the Adult Social Care Discharge Fund.

9. Urgent Business

Prevention in Health and Social Care – Committees – UK Parliament

This item of Urgent Business had been received and agreed by the Chair, as the Government had recently launched an inquiry with a call for submissions until 8 February 2023 on the Prevention in Health and Social Care – Committees.

Resolved: That the Health and Wellbeing Board:

- (i) Noted that the inquiry had been launched on the Prevention in Health and Social Care – Committees.
- (ii) Agreed that Dr Sakthi Karunanithi draft a response with colleagues and share with members of the Health and Wellbeing Board before submitting it, by 8 February 2023. It was also noted that the response will also feed into a system wide one too nationally.

10. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on Tuesday, 7 March 2023, venue to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston

