

Shadow Health and Wellbeing Board

Tuesday, 29th May, 2012 in Rowan Room - Woodlands, at 2.00 pm

Agenda

TEA, COFFEE AND BISCUITS

Available from 1.45pm

- 1. Welcome from the Chair and overview of the agenda**
- 2. Apologies for absence**
- 3. Minutes of the meeting held on 9 May 2012** (Pages 1 - 10)
To approve the minutes of the meeting held on 9 May 2012.
- 4. Strategy and Interventions - How they will be delivered**
Presentation
- 5. Strategy Consultation Progress and Feedback** (Pages 11 - 12)
Report attached
- 6. HealthWatch Update** (Pages 13 - 16)
Report attached.
- 7. Lancashire Children and Young People's Trusts - Links with the Shadow Health and Wellbeing Board** (Pages 17 - 20)
Report attached.
- 8. Any Other Urgent Business**

9. Programme of Meetings 2012 and Date of Next Meeting

Date of Meetings
10 July 2012, Cabinet Room 'D', County Hall, Preston
4 September 2012, Rowan Room, Woodlands, Chorley
18 October 2012**, Rowan Room, Woodlands, Chorley
16 November 2012***, Rowan Room, Woodlands, Chorley

All meetings are a 2pm start, with tea, coffee and biscuits available from 1.45pm.

Board members are asked to note that the next meeting will be held on 10 July 2012, Cabinet Room 'D', County Hall, Preston.

Agenda Item 3

Shadow Health and Wellbeing Board

Minutes of the Meeting held on Wednesday, 9th May, 2012 at 2.00 pm in Cabinet Room 'C' - County Hall, Preston

Present:

Chair

County Councillor Mrs Valerie Wilson, Cabinet Member for Health and Wellbeing (LCC)

Committee Members

County Councillor Mike Calvert, Cabinet Member for Adult and Community Services (LCC)
County Councillor Mrs Susie Charles, Cabinet Member for Children and Schools (LCC)
Helen Denton, Executive Director for Children and Young People (LCC)
Dr Peter Williams, East Lancashire Clinical Commissioning Group (CCG)
Dr Robert Bennett, Chorley and South Ribble Clinical Commissioning Group (CCG)
Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
Janet Soo-Chung, Chief Executive of Lancashire PCT Cluster Board
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair of Third Sector Lancashire
Walter D Park, Chair of Lancashire LINK

Observers

Ian Roberts, Greengage Consulting

Officers

Deborah Harkins, Lancashire County Council
Habib Patel, Lancashire County Council

Apologies

Dr David Wrigley, Lancaster Clinical Commissioning Group (CCG)
Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)
Dr Tony Naughton, Fylde and Wyre Clinical Commissioning Group (CCG)
Peter Kenyon, Chair of Lancashire PCT Cluster Board
Councillor Margaret Lishman, East Lancashire District Councils

1. Welcome from the Chair and overview of the agenda - 2.00pm

The Chair, County Councillor Valerie Wilson, welcomed all the meeting and outlined the agenda for the meeting.

2. Apologies for Absence - 2.10pm

Apologies were noted.

3. Minutes of the meeting held on 8 March 2012 - 2.15pm

The minutes of the meeting held on 8 March 2012 were agreed as an accurate record.

4. Strategy Task Group Meeting Update Report - 2.20pm

Members of the Strategy Task Group jointly gave a presentation on the work undertaken so far.

Habib Patel, Lancashire County Council, opened the presentation and explained that the purpose of the strategy was to:

Work together

- Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.
- Learn the lessons arising from this collaboration to strengthen future working together

.... get results

- Deliver improvements in 'priority outcomes' in Lancashire.
- Deliver 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together.

Habib explained that the Task Group had looked at what the current Health and Wellbeing strategy is in 2012 and what the goals and aspirations are for how the strategy will look in 2020. In order to achieve the goals and aspirations set for 2020 a number of priority shifts and priority outcomes (detailed in the circulated report) would be implemented.

Lorraine Norris, Chief Executive, Preston City Council explained that "Priority Shifts" is about the way we work and the goal is to promote greater individual health care.

The Task Group supported the view expressed by the shadow Health and Wellbeing Board that the strategy must emphasise the delivery of 'concrete' interventions (services, sets of services, pathways) where partners will get significant and demonstrable results and through which the Board can test out and learn from new ways of working.

The Task Group had a view that these "interventions" are those which we cannot allow ourselves to fail. It was described as we have a moral duty to get these interventions right for the people of Lancashire.

Suggested Interventions

- Identify those who are at risk of admission into hospital and provide appropriate intervention
- Holistic support to those vulnerable families (from first pregnancy)
- Early response to domestic violence
- Support for carers (of dementia patients)
- Address loneliness in older people
- Affordable warmth to those who need it most
- Alcohol liaison nurses
- Healthy Weight – environmental measures
- Tackling smoking in pregnancy
- Self-care – encourage people to take control of their own health & wellbeing

Habib also outlined the proposed timetable for implementation of the strategy and that by the next meeting on 29th May 2012 the aim is to complete initial engagement with Clinical Commissioning Group representatives, District Councils, Third Sector, Children and Young People's Trust and other partners. With a proposal to present the draft strategy to the Board at the 10th July 2012 meeting.

Members of the Task Group presented a number of suggested interventions (circulated at Appendix 'A' to the report) as follows:

Smoking in Pregnancy

Helen Denton, Executive Director for Children and Young People, Lancashire County Council, introduced this suggested intervention and explained that smoking cigarettes in pregnancy is one of the major causes of adverse outcomes for babies, increasing risk of babies being born prematurely, too small, and dying before they can be born at all or in their first year of life. By choosing this area as a focus for intervention we would not only be supporting the mother during the pregnancy but also improving the long term life chances of the new born baby. Rates of smoking in pregnancy in Lancashire are unacceptably high. There is more that partners can do together to support pregnant women quit including; sharing information, offering support every time we see a pregnant women who smokes, providing incentives for women who successfully quit and making intensive stop smoking support available.

Loneliness in older people

Steve Gross, Director of Commissioning, Adult and Community Services Directorate, Lancashire County Council introduced this suggested intervention and highlighted that social support and good social relations make an important contribution to health and wellbeing. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. There are too many older people in Lancashire that are isolated and do not have enough access to these supportive social relationships. By choosing this as an area for intervention we can provide older people with the emotional and practical resources they need to live fulfilled lives and be resilient to challenges they face. We will work better together to share information to identify older people at risk of loneliness and use community assets approaches to do what we can to mobilise communities to connect with older people to prevent loneliness.

Affordable Warmth

Steve Gross also introduced this suggested intervention and reported that the task group agreed that if people living with long terms conditions are able to keep their homes warm during the winter this will reduce the risk of exacerbating long term conditions (particularly cardio vascular and respiratory diseases). It is unacceptable that each winter older people in Lancashire die or are admitted to hospital with ill health caused by poor housing conditions and poverty. CCGs, district councils and the County Council can work better together to ensure that people who are vulnerable to fuel poverty have access to affordable warmth interventions (such as insulation and benefits advice) through an affordable warmth referral scheme. As well as reducing preventable deaths and demand for health services, this will also allow us to work with partners on the wider determinants of health by addressing living conditions.

Early response to domestic violence

Helen Denton introduced this suggested intervention and highlighted that domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.

Support for carers (Dementia)

Steve Gross introduced this suggested intervention and explained that carers are an essential source of support for thousands of people in Lancashire, supporting people to stay in their own homes and maintain some independence. However, carers can become socially isolated and their own health and wellbeing can suffer. Caring for someone with dementia can place real strain on relationships. Dementia will naturally affect family and friends as well as the person diagnosed. Becoming a carer in this situation may feel like a huge responsibility, with the well-being of someone else resting more on the carer.

Prevalence of depression among carers of people with dementia has been estimated at between 40 and 60% (Redinbaugh) compared to only 8% among non-carers of similar age. There is more that partners in Lancashire can do together to support carers by joining up the services we each commission and provide and using assets approaches to enable carers stay healthy, maintain their social networks and have breaks from caring responsibilities when needed.

Alcohol liaison nurses

Lorraine Norris, Chief Executive, Preston City Council introduced this suggested intervention and report that the task group agreed that alcohol misuse is associated with poor outcomes in pregnancy and childhood, mental health and wellbeing and contributes

to long term conditions. It also places a significant burden on public services. There is more that partners can do together in Lancashire to reduce the impact that alcohol has on our communities. There is good evidence that alcohol liaison nurses based within hospital settings can reduce the number of alcohol related hospital admissions and free up healthcare resources for other interventions. Alcohol liaison nurses work within hospitals to identify people who are admitted due to alcohol misuse and support them get the right alcohol intervention as quickly as possible to reduce their length of stay and reduce the likelihood of them being admitted again. There are alcohol liaison nurse services in place within hospitals in Lancashire, however there is a view that capacity of the services need to be increased.

Identify those who are at risk of admission into hospital and provide appropriate intervention

Steve Gross introduced this suggested intervention and highlighted that admissions that are unplanned represent around 65 per cent of hospital bed days in England. In many cases these admissions could have been prevented with more effective management of long term conditions by the patient, carer or within primary care, with responsive and effective social care and through building resilience within communities. There is more that partners in Lancashire can do by working better together to identify those at risk of admission and delivering joined up support to reduce the likelihood of hospitalisation. General practice and social care data can be used to identify an individual's level of risk of admission. There are currently programmes in place in Lancashire that use this approach to prevent admissions for long term conditions through community matrons and active case management approaches. However there is potential to prevent even more admissions by lowering the level of risk at which intervention is made and integrating health, social care and third sector services.

Self-care – encouraging people to take control of their own health & wellbeing

Lorraine Norris introduced this suggested intervention and highlighted that self care means finding the information and treatment you need for minor illnesses yourself and having the confidence to look after your own health. Intervening to increase self care allows people to take more responsibility for their health and wellbeing. However to support this we need to ensure that easy to understand information is available. Self care doesn't mean people get less help from public services, it means we empower people to find the information they need themselves via technology, support networks, community groups and so on.

By working better together we can deliver programmes to support people to understand their own and their family's health and become familiar with what to do about common illnesses (this is often called health literacy). We can provide the information they need through our services such as websites, libraries, council offices, schools and GP surgeries. We can also work to mobilise community assets such as social networks for self care so that people have a friend or neighbour to support them with self care.

Healthy Weight – environmental measures

Lorraine Norris introduced this suggested intervention and explained that the prevalence of overweight and obesity are increasing in both children and adults in England and in Lancashire. Evidence indicates that environmental factors such as the design of a built

environment that is not conducive to physical activity and concentrations of calorie dense high fat food shops and take-aways create an environment that works against healthy weight. By working better together there is more that we can do in Lancashire to intervene for an environment that promotes healthy weight . In particular, the planning and regulatory roles of local authorities can be used to reduce concentrations of fast food outlets; especially near schools and to create the conditions that encourage people to walk, cycle and play outside.

Joined up support for vulnerable families (first pregnancy)

Helen Denton introduced this suggested intervention and explained that it is evident that working with the most vulnerable families in a holistic manner has a major impact on the health and wellbeing of that family. Many initiatives are currently being piloted across the country and in Lancashire on early intervention before crisis point. This interventions is to provide support to a vulnerable family at first pregnancy, as this will allow the family to be supported when required the most, but will also have a profound impact on the health & wellbeing of the child.

Resolved: The Shadow Health and Wellbeing Board noted the report and presentations and agreed that the suggested interventions put forward by the Task Group be included in the Health and Wellbeing Strategy.

5. What is the leadership role of Board Members of the Health & Wellbeing Board - facilitated discussion - 2.40pm

Ian Roberts facilitated a discussion regarding the leadership role of Board Members and asked groups to consider how the Board Members could use their roles within their respective authorities and organisations to strengthen the Health and Wellbeing Strategy and achieve the objectives that will be set out in the Strategy. Each group discussed the subject and feedback the following:

Things all Groups liked

- Deliverable Interventions.
- The priority outcomes seem more or less right.
- Life course approach – something for everyone.
- Inter-related interventions.
- Early intervention.
- Narrow the gap in healthy life expectancy.
- Long term objectives are to be made clear.
- Four priorities – a good size and manageable.

Recommendations from all Groups

- Engage provider organisations in the Strategy and delivery.
- Identify the levers in the system to bring about the shifts.
- Provide opportunities to learn from good practice and up-scale across the County.
- Disseminate our priorities widely.
- Reflect these priorities in our own strategic and commissioning plans.

- Focus on loneliness in old age to be made sharper – possibly get Help Direct in every GP's surgery across the County by the end of the year.
- Partners need to take ownership of the Strategy and also sign off the Strategy.
- Alcohol intervention – recommend specific projects be used to target this specifically.
- Engage provider organisations – include them in the commissioning plans.
- Provide opportunities wherever you live – ensure all residents of the County receive the same level of services.
- For each priority the Board needs to map existing services and how the existing services can be developed around each priority.
- Arrange workshops on the strategy for the Third Sector.
- All Board members should go back to the various Boards and Committees that they sit on and take the recommendations forward.
- District Council members should go back to their District Leaders and discuss support for the Strategy.
- "Train the Trainers" – create a "champion" within each organisation.

Following the feedback from each group Habib Patel explained the next steps for the Board and for developing the Health and Wellbeing Strategy. A further Task Group meeting would be arranged to refine the Strategy. Habib highlighted the following proposed actions and timeline:

<i>What?</i>	<i>When?</i>
<ul style="list-style-type: none"> • Prepare a summary of the emerging strategy <ul style="list-style-type: none"> - Refine the interventions following discussion with key partners and experts 	9 th May Board
<ul style="list-style-type: none"> • Prepare a concise document showing the proposed programme of work for the Health and Wellbeing Board <ul style="list-style-type: none"> - Prepare a consultation timeline 	
<ul style="list-style-type: none"> • Complete initial engagement with CCG reps, District Councils, Third Sector CYP Trust etc. 	29 th May Board
<ul style="list-style-type: none"> • Prepare the narrative for the strategy as a whole 	
<ul style="list-style-type: none"> • Prepare the detailed outcomes, objectives and measures of success 	
<ul style="list-style-type: none"> • Clarify the detail of the proposed interventions 	
<ul style="list-style-type: none"> • Prepare concise summary of the evidence-base of the strategy 	
<ul style="list-style-type: none"> • Prepare vignettes to demonstrate the imperative for the interventions 	
<ul style="list-style-type: none"> • Complete additional consultation on interventions 	10 th July Board
<ul style="list-style-type: none"> • Prepare draft strategy for submission to the Board 	
<ul style="list-style-type: none"> • Complete in-depth engagement with partners on the strategy and proposed interventions and secure partner support for implementation of the broader strategy and identified interventions 	Sept

Resolved: The Shadow Health and Wellbeing Board noted the comments from all Group and agreed that the Task Group further develop the recommendations of the Board.

6. Update on NHS Reform and progress implementing the Health & Social Care Act - 3.20pm

Janet Soo-Chung presented the report and explained that the Health and Social Care Act was passed on 27 March 2012. The Key legislative changes of the act are:

- Clinically led commissioning
- Provider regulation to support innovative services
- A greater voice for patients
- A new focus for Public Health
- Greater accountability locally and nationally
- Streamlined arms-length bodies

Janet stated that there are eight CCG's that cover Lancashire, with six within the Lancashire County Council footprint. The Act is moving through the authorisation process, there are four phases to the authorisation process, phase one is to be completed in June, with the final phase to be completed in January 2013 with the new Health and Social Care system to be in place by 1 April 2013.

The content of authorisation is built around six domains and has been developed through a wide range of stakeholder involvement including patients, carers, clinicians and partner organisations.

The six domains are:

Domain 1: A strong clinical and multi-professional focus which brings real added value

Domain 2: Meaningful engagement with patients, carers and their communities

Domain 3: Clear and credible plans which continue to deliver the QIPP (Quality, Innovation, Productivity & Prevention) challenge within financial resources

Domain 4: Proper constitutional arrangements with the capacity and capability to deliver all their duties and responsibilities

Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS National Commissioning Board as well as appropriate commissioning support

Domain 6: Great leaders who individually and collectively make a difference

In order to become a statutory organisation in their own right and to assume full accountability each CCG has to go through a nationally managed authorisation process between now and March 2013.

The NHS Commissioning Board

Janet explained that the Board will be organised into nine national Directorates, four slim sub-national regions and a national network of local offices. This means that the local

office for Lancashire will sit within the North of England region and is similar to the current configuration of the PCT Cluster (NHS Lancashire) and SHA North. The bulk of the staff employed by the NHSCB will be based in the local office and their key functions will include oversight of the CCGs, be members of local Health and Well Being Boards and the direct commissioning of primary care services, specialised NHS services, military health services, offender health services and a range of public health services. It was noted that Richard Barker has been appointed as Regional Director for North of England.

Commissioning Support

Janet also explained that a key feature of both the eight CCGs and the NHSCB local office is that the staffing structures will be kept to a minimum and they will be expected to acquire additional services from Commissioning Support Organisations. These CSOs whilst initially hosted by the NHSCB are expected to be outsourced by 2016. The Lancashire and Cumbria joint venture is developing well and robustly and will offer services in areas such as contract management, service redesign, analytical support and other professional services.

The Lancashire and Cumbria unit has already successfully passed the first checkpoint and is well regarded on a national level. It is required to go through a similar authorisation process to CCGs designed to test its marketing strategy, business plan, commercial acumen and ability to deliver high quality services locally on a sustainable basis. The success of this operation is critical to the viability of CCGs as the CSO will provide much of the information and analysis to enable the CCGs to challenge local providers and meet their aspirations on outcomes and against national targets.

In responding to questions from fellow Board members, Janet confirmed that existing staff will transfer to the new setup, it is anticipated that that the new setup will see a 50% reduction in management costs.

Every GP practice in the country will come under a CCG National Commissioning Board and the structures are well advanced.

Board members emphasised the need to be clear about roles and responsibilities.

Resolved: The Shadow Health and Wellbeing Board noted the report and update regarding the NHS reform.

7. Public Health Update from Lancashire County Council - 3.40pm

Debs Harkins presented the report (circulated) and explained that an estimated baseline for the public health grant has been published by the Department of Health and is based on public health spending during 2010/11. The estimated baseline for Lancashire is £45,891,000 which equates to £37 per person. The DOH are currently developing A needs-based allocation formula for the public health ring-fenced grant is currently under development and is expected to be published for consultation after the local elections with an allocation formula published along with the actual allocations in December 2012.

In February 2012 a formal consultation was launched on 'Delivering the public health reforms in Lancashire'. This set out: proposals for the functions to be undertaken by the local public health service within Lancashire County Council, including the mandatory services above; a timetable for the implementation of the public health reforms; and a draft Human Resources Framework. The consultation closed on the 22 March 2012. A paper setting out proposals in response to the consultation and a process and timescale for developing a structure for the public health workforce is being considered by the County Council's Management Team and NHS Lancashire Executive Team. It proposes that shadow arrangements are put in place from the end of October 2012.

The Director of Public Health in the County Council will have chief officer status and within Lancashire County Council it has been agreed that the DPH will be an Executive Director reporting to the Chief Executive. Recruitment to the Lancashire DPH post is underway and it is hoped that interviews will take place no later than the end of June.

Resolved: The Shadow Health and Wellbeing Board agreed to note the report and update on Public Health Transition.

8. Any Other Urgent Business - 4.00pm

None.

9. Programme of Meetings 2012 and Date of Next Meeting - 4.05pm

Resolved: The Shadow Health and Wellbeing Board noted the programme of meetings for 2012 and noted that the next meeting would be held on Tuesday 29 May 2012 at 2pm, in the Rowan Room at Woodlands Conference Centre, Chorley.

Andy Milroy
Principal Executive Support Officer

Lancashire County Council
County Hall
Preston

Health and Wellbeing Strategy Engagement

Background

At the last Health and Wellbeing Board meeting (9th May 2012) it was decided that all the Board members as part of their leadership role would engage partners in the development of the strategy.

An engagement paper was written which was agreed to be distributed by the Board members to partners, stakeholder etc The Strategy engagement paper outlined:

- The purpose of the strategy and how the Board would work to deliver outcomes
- Shifts in the way partners would work
- Priority health and wellbeing outcomes in Lancashire
- Interventions

The engagement paper also proposed two questions for stakeholders to comment on:

- What recommendations would you make to strengthen the emerging strategy?
- What contribution can your organisation/partnership make in the delivery of the strategy?

Progress to date

Board members have been sharing and distributing the paper with stakeholders, below is a list of key stakeholders who have either been contacted for comment or will be contacted in the coming weeks.

Michael Wedgeworth	Has sent the Health and Wellbeing engagement paper to organisations on the Third Sector Lancashire mailing list. Michael Wedgeworth has agreed to collate their responses and provide an overview of the comments.
Councillor Cheryl Little	Circulated to councillors in the Fylde Coast Fylde Alcohol partnership Health & Wellbeing Leads
Cllr Valerie Wilson Cllr Susie Charles Cllr Mike Calvert	Briefing seminar – All Lancashire Elected Members LCC Cabinet
Dr Anne Bowman	CCG Greater Preston
Dr Peter Williams	CCG and forums in East Lancashire
Dr Robert Bennett	CCG South Ribble & Chorley
Lorraine Norris	Lancashire Chief Executives (Local Government) Preston's various strategic partnerships

Helen Denton	Children's Trust and related partnerships Children's Safeguarding Board Lancashire Fire & Rescue Service Lancashire Constabulary
Janet Soo Chung Peter Kenyon	CCG Chairs CCG Leads Cluster Directors Cluster Board
Richard Jones Lorraine Norris	Lancashire Leaders (leaders of councils) Lancashire Economic Partnership

Board members will have circulated the strategy engagement paper to other stakeholder for comments also. These may not have been captured in the table above.

Recommendations

- For Board members to continue to engage partners with the development of the Health and Wellbeing strategy.
- To note and send out the strategy engagement paper to any obvious partners who have not been covered to date
- To inform Habib Patel habib.patel@lancashire.gov.uk on circulation of engagement paper to key stakeholders

HEALTHWATCH

BACKGROUND

HealthWatch will be the new consumer champion for both health and adult social care. It will exist in two distinct forms – HealthWatch England, at national level from October 2012 and Local HealthWatch by April 2013.

HealthWatch England

What is it?

- HealthWatch England will be launched in October 2012
- HealthWatch England will be a national body that enables the collective views of the people who use NHS and adult social care services to influence national policy, advice and guidance
- It will be a statutory committee of the Care Quality Commission (CQC) with a Chair who will be a non-executive director of the CQC
- HealthWatch England will have its own identity within the CQC, but be able to use the CQC's expertise and infrastructure
- HealthWatch England will be funded as part of the Department of Health's grant in aid to the CQC

What will it do?

- HealthWatch England will provide leadership, guidance and support to Local HealthWatch organisations
- HealthWatch England will provide advice to the Secretary of State, NHS Commissioning Board, Monitor and the English local authorities and they must have regard to that advice
- HealthWatch England will be able to escalate concerns about health and social care services raised by Local HealthWatch to the CQC
- There will be a requirement for the CQC to respond to advice from HealthWatch England
- HealthWatch England will have a strong principle of continuous dialogue with Local HealthWatch, keeping communication lines open and transparent. This will facilitate HealthWatch England's responsibility to provide national leadership and support
- The Secretary of State for Health will be required to consult HealthWatch England on the mandate for the NHS Commissioning Board
- HealthWatch England will be required to make an annual report to Parliament

Local Lancashire HealthWatch

What is it?

- A Local HealthWatch will be an independent organisation, able to employ its own staff and volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public
- The aim of Local HealthWatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality
- The duty to involve the public in the planning and development of health services, as set out in section 242 of the NHS Act.
- Local HealthWatch will be established in April 2013. Until then Local Involvement Networks (LINKs) will continue to operate as usual

What will it do?

- Local HealthWatch will have a seat on the new health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that Local HealthWatch has a role in promoting public health, health improvements and in tackling health inequalities
- Local HealthWatch will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved
- Local HealthWatch will be able to alert HealthWatch England to concerns about specific care providers
- Local HealthWatch will provide people with information about what to do when things go wrong; this includes either signposting people to, or providing, advocacy for people who want to complain about NHS services
- Some signposting is currently provided by Primary Care Trusts (PCTs), as part of their Patient Advice and Liaison Services (PALS) responsibilities. Local HealthWatch will provide, or signpost people to, information about local health and care services and how to access them
- Local HealthWatch will provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services
- Local HealthWatch can help Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs
- Local HealthWatch will have to be inclusive and reflect the diversity of the community it serves. There is an explicit requirement in the Health & Social

Care Bill that Local HealthWatch membership must be representative of local people and different users of services including carers

Local HealthWatch and Local Involment Networks (LINKs)

- Local HealthWatch will evolve from existing LINKs but with additional functions and powers
- Local HealthWatch will build on the good practice of LINKs, establishing relationships with local authorities, Clinical Commissioning Groups (CCGs), patient representative groups, the local voluntary and community sector and service providers to ensure it is inclusive and truly representative of the community it serves

LANCASHIRE HEALTHWATCH

Lancashire County Council has a responsibility to ensure that Lancashire has its own Local HealthWatch by 1st April 2013.

As no Local HealthWatch structure is currently in place, Lancashire County Council are seeking a Host organisation to maintain the work of the current Local Involvement Network (LINK) and build an organisation called Local Lancashire HealthWatch which will operate within the County Council footprint. The contract will be awarded to the organisation who most convincingly demonstrates how it will work with citizens, representing the twelve districts of Lancashire through Community HealthWatch Gateways.

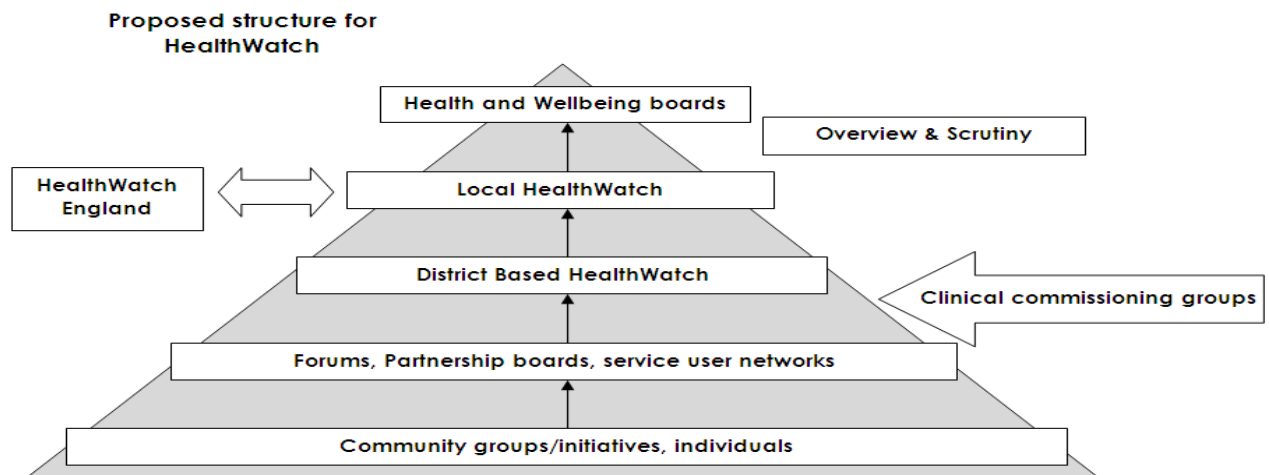
What needs to happen in Lancashire?

Local HealthWatch will have to be inclusive and reflect the diversity of Lancashire. There is an explicit requirement in the Health & Social Care Bill that Local HealthWatch membership must be representative of local people and different users of services including carers. The intention is to utilise existing infrastructures and methods of engagement with local communities.

The vision for Lancashire

Local HealthWatch board representatives should reflect local issues by being comprised of one or more district based HealthWatch groups (Community HealthWatch Gateways). These groups would hold regular meetings and be open and known to individuals and organisations operating within these localities. Nominations for the board should therefore be elected and drawn from representatives from existing local communities and / or patient / service user groups across the County.

The proposed reporting structure is as follows:



Contract start date and funding for Lancashire HealthWatch

The contract awarded will start no later than 1st July 2012 and a Lancashire Health Watch to be up and running by the 1st April 2013. Lancashire County Council as the top tier authority is responsible for commissioning Lancashire HealthWatch and have therefore made £60,000 available for the building an effective and inclusive Lancashire HealthWatch. The final figure for the running of a Lancashire HealthWatch will not be known till later in the year.

RECOMMENDATION

The Shadow Health and Wellbeing Board members are asked to note the progress being made on developing a Lancashire HealthWatch.



STRENGTHENING THE RELATIONSHIP WITH THE HEALTH AND WELLBEING BOARD

Purpose

To provide an overview of the Lancashire Children and Young People's Trust and to outline recommendations that will support an effective and robust relationship between this partnership and the Health and Wellbeing Board.

What is a Children and Young People's Trust?

A local partnership which brings together the organisations responsible for services for children, young people and families

Context for the Lancashire CYP Trust

- 280,000 children and young people (0-19yrs)
- Estimated 80,000 children's workforce
- 2011/2012 CYP budget for Lancashire £1,244 million – LCC, schools, police and health
- 1 overarching CYP Trust supported by 12 District CYP Trusts
- 633 schools, 162,000 pupils, 14% eligible for free school meals, 4% statement for special educational needs, 9% with a first language that is not English
- 1334 CYP in the care of the local authority

Who are our partners?

- Borough/District Councils
- Children's Centres
- Colleges
- Health – commissioners and providers
- Lancashire Constabulary
- Lancashire County Council
- Lancashire Fire and Rescue Service
- Schools – primary, secondary and special
- Voluntary Community and Faith Sector

Strategies that underpin the work of the CYP Trust

There are many strategies that guide and direct our work with children and young people in Lancashire and whether these sit within individual sectors or organisations or cover a cross section of partners they will each provide a part of the context for how we want to improve outcomes. However, as partners working together within our CYP Trust arrangements, there are three key documents that articulate our aspirations for collaborative working. These are:

Lancashire Children and Young People's Plan (CYPP) 2011-2014 – this details what we want to achieve and the outcomes we want to improve for children and young people through working in partnership. It is informed through a significant and robust evidence base through data, information and intelligence including the CYP Joint Strategic Needs Assessment and consultation with 3500 children and young people. The two specific health priorities within the CYPP are:

- Lancashire babies are born healthy and have the best possible physical and emotional start in life.
- Children and young people's health and wellbeing is improved through healthy lifestyle choices.

Transforming Service Delivery – the vision for how we want to improve our services for children and young people. The principles ***shared locations; shared information; shared ownership; shared pathways; shared delivery/commissioning*** have been agreed and endorsed by all partners through the Lancashire CYP Trust and decisions about planning, commissioning and delivery of services for children and young people should be underpinned by these.

CYP Trust Strategic Action Plan – the overarching priorities for the CYP Trust that will embed the principles within the Transforming Service Delivery vision and deliver the priorities and outcomes of the CYPP.

Priorities for the work of the CYP Trust – 'Working Together'

At a meeting of the Lancashire CYP Trust Board in December 2011 there was agreement to four priorities that would form the basis of a strategic action plan. These priorities will drive our partnership approach across County and District Trust structures and provide a focus in delivering our Children and Young People's Plan. The priorities are:

- Continuum of Need
- Transforming Service Delivery
- Early Support
- Complex Families

These priorities will be developed within a framework of new ways of working that fundamentally changes and improves our whole approach to working with children, young people and families. Working **with** families as opposed to **doing to**, helping them to improve their situation and take greater control over changing their circumstances and improving outcomes for their children.

Where are we now?

- Although it is no longer a statutory requirement to maintain our Trust arrangements, in Lancashire all partners have strongly committed to working in partnership in this way and have ensured resources and capacity to enable this.
- 77% of the measures in the Children and Young People's Plan have shown an improvement on performance in the same period last year. There is still some outstanding health data that has not yet been published and will be available for inclusion when progress is next reported.
- Feedback from the recent Ofsted inspection of safeguarding and looked after children services highlighted a number of strengths of the Lancashire CYP Trust including 'outstanding strategic multi agency leadership with clear priorities and aspirations and a shared focus on improving outcomes for children and young people'.
- The Safeguarding Peer Review in July 2011 identified as a strength an 'embedded culture of partnership and multi agency working at county and district level, driven through fit for purpose children's trust arrangements'.

Recommendations

The following recommendations are proposed to build on the existing work of the CYP Trust; to strengthen the relationship between the Trust and the Health and Wellbeing Board and to reduce the risk of duplication in how we deliver services to children and young people.

- The CYP Health and Wellbeing Priority Group is established as a sub group of both the Trust and the Health and Wellbeing Board with a remit to promote, improve and champion the health and wellbeing of CYP (see appendix 1)
- The Director of Public Health to chair the CYP Health and Wellbeing Board Priority Group to ensure an appropriate flow of discussion, decision and information between the Priority Group and the HWB Board
- To establish a children and young people's version Health and Wellbeing Board whose membership will consist of children and young people from across Lancashire. This group will ensure and enable the voice, participation and engagement of children and young people in strategic decision making about health and wellbeing.
- A protocol will be drafted to formally outline the relationship and responsibilities between the CYP Trust and the Health and Wellbeing Board and building on the above recommendations. This will be presented for discussion and agreement at a future meeting.

Appendix 1 - Lancashire Children and Young People's Trust Model

