

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 29th April, 2014 at 2.00 pm in Cabinet Room 'D' - The Henry Bolingbroke Room, County Hall, Preston

Present:

Chair

County Councillor A Ali, Cabinet Member for Health And Wellbeing (LCC)

Committee Members

County Councillor M Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)

County Councillor D Whipp, Lancashire County Council

Dr A Bowman, Greater Preston Clinical Commissioning Group (CCG)

Dr Si Karunanithi, Director of Public Health, Public Health Lancashire

Mr S Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)

Ms L Taylor, Interim Executive Director for Children and Young People (LCC)

Dr P Benett, Fylde and Wyre Clinical Commissioning Group (CCG)

Dr M Ions, East Lancashire CCG

Dr D Wrigley, Lancashire North Clinical Commissioning Group (CCG)

Mr R Jones, Director NHS England – Lancashire

Mrs G Stanley, Chairperson of Healthwatch

Councillor B Hilton, Central Lancashire District Councils

Councillor C Little, Fylde Coast District Councils

Ms L Norris, Lancashire District Councils (Preston City Council)

Mr A Leather, Third Sector Lancashire

Ms K Partington, Provider (Clinical State) - Chief Executive of Lancashire Teaching Hospitals Foundation Trust

Mr Leather, the Chief Executive Officer of the Lancashire Sports Partnership replaced Canon Wedgeworth for this meeting only.

1. Apologies

Apologies for absence were received from Dr G Bangi (Chorley and South Ribble CCG) Dr S Frampton (West Lancashire CCG), Councillor J Cooper (East Lancashire) and Ms S Tighe, the Network Director from Lancashire Care NHS Foundation, who was to have replaced Professor Tierney Moore at the meeting.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Last Meeting.

Resolved: That the Minutes of the meeting held on the 28th January, 2014 are confirmed as an accurate record and signed by the Chair.

4. Better Care Fund for Lancashire

It was reported that since the last meeting the Chair and Deputy Chair had approved on behalf of the Board the 'first cut' plans at CCG level which had subsequently been submitted to NHS England ahead of the 14th February 2014 deadline.

At that time the performance metrics and targets had not been agreed and so further discussions had taken place with partners on key performance indicators, targets for those metrics at both a CCG and County level, together with a draft performance management and governance framework, facilitated by the Joint Officers Group. It had also been clarified that the County Council and its CCG partners were required to submit one plan covering all of Lancashire and as a result the individual CCG plans had been amalgamated into a single overarching Lancashire plan which had been approved by the Chair and Deputy Chair under the urgent business procedure and submitted to NHS England by the 4th April 2014 deadline. A copy of the final BCF submission is set out in the Minute Book

In considering the report the Board recognised the significant amount of work which had been done in a short timescale in order that the Lancashire BCF submission could be made before the deadline. However, it was also acknowledged that further dialogue with NHS England would be required around certain areas within the BCF plans such as Section 75 agreements, risk sharing, hosting arrangements and performance management.

In response to comments regarding the timescale involved in preparing the submission and the change from five individual CCG plans to a single Lancashire plan the Chair reported that before approving the BCF submission he and the Deputy Chair had raised a number of concerns with NHS England about the process, including the complexity of agreeing plans for two tier local authorities as opposed to Unitary Authorities and in relation to accountability of performance. Having been given certain assurances as to how the process would develop and operate both he and the Deputy Chair had subsequently approved the BCF plan for Lancashire as set out in the report. It was also noted that further improvements to the plan would be made based on feedback received from NHS England.

Resolved:

1. That the Better Care Fund for Lancashire submission, as set out in the report presented, which was approved by the Chair and Deputy Chair of the Board under the authority delegated to them at the last meeting, is noted
2. That the potential performance and financial risks to partners referred to in the report and the approach being taken to mitigate those risks is noted

3. That the Board receives further updates on the implementation of the Better Care Fund plan.

5. Police Crime Commissioner Priorities and linkages with Health and Wellbeing

Mr Lock, Senior Strategic Advisor from the Office of the Police and Crime Commissioner, gave a presentation on the PCC priorities and how they linked into health and wellbeing.

Following the presentation it was suggested that in the future there should be greater sharing of data between the criminal justice system and health in order to better identify those in need and target resources. It was also suggested that efforts should be made to align resources in relation to early intervention in order to avoid duplication of effort and that the Board and PCC should work closely on national issues such as the proposed introduction of a minimum unit price for alcohol. The importance of the local knowledge of elected representatives in terms of identifying issues or areas of need was also noted.

It was suggested that more could be done to align the work of the PCC with health in areas such as the 'Through the Gate' Substance Misuse Services Project, where drug treatment and interventions in prisons combined with work in the community was intended to help people become free of their dependence on drugs, get work-ready and find somewhere to live once they left prison. Mr Jones suggested that further discussion take place between the PCC and NHS England with regard to existing activities in order to identify any areas where joint working could add value

In considering the presentation members of the Board recognised that there were already a number of models across Lancashire where the Police and other agencies worked in partnership. It was suggested that existing arrangements could be developed in the future to provide a closer relationship between the Police and health and that activities could be linked to the CCG neighbourhood footprint.

It was also suggested that improved coordination regarding campaigns would enable the PCC and health to maximise the impact of individual campaigns whilst avoiding unnecessary duplication.

Resolved:

1. That the presentation is noted.
2. That the comments of members of the Health and Wellbeing Board as specified above are taken into account regarding future working between the Police and Crime Commissioner and other agencies in relation to health.

6. Taking a Partnership Approach in Addressing Health Inequalities in Lancashire 2013 to 2020

Ms C Platt, Specialist in Public Health from the Adult Services, Health and Wellbeing Directorate informed the meeting that Lancashire was one of five other authorities that had

been selected to receive bespoke advice and support over a two year period due to the complexities of addressing health inequalities in a two tier area.

As part of that approach the first in a series of events had been held on the 13th March 2014, 'hosted' by the Health and Wellbeing Board to look at how different partners could work together in addressing health inequalities, utilising the Marmot objectives. The event was attended by a wide range of partners including, members of the Board, Joint Officers Group, District Councils, Lancashire County Council, registered social landlords and chairs of locality Health and Wellbeing Partnerships together with Mr M Grady from the Institute of Health Equity who gave the keynote speech about aligning strategy/action and provided an update on community budgeting.

Ms Platt reported that attendees had been invited to prioritise the actions identified in workshops at the event where partners could work together and the following key themes had been identified for consideration by the Board:

- To engage with the District Council Chief Executives and Leaders on health inequalities agenda; explore how we can communicate this with the public.
- To maximise the opportunities to address health inequalities by identifying specific projects with the registered social landlords.
- Encourage joining up of resources and activities at a neighbourhood level to improve outcomes
- As major employers, commit to provide opportunities for work start and apprenticeships as well as promote workplace health and embed social value principles in our commissioning plans and procurement strategies.
- Develop evidence base and share the learning from developing policies, programmes and activities aimed at reducing health inequalities.

In considering the key themes members of the Board recognised that they included a mixture of activities, some of which had already been initiated, was on-going or represented new initiatives.

During consideration of the report it was suggested that addressing health inequalities would help forge links between health and housing and build on existing plans for more integration between health and social care. As a major employer the County Council was also in a good position to work with partner organisations to make the most of the opportunities which the City Deal and European Funding presented. However, it was recognised that the challenge was to ensure that any initiatives which were developed across health and social care were sustainable.

There was agreement amongst the members of the Board that the key themes which had been identified were too general at this stage and so it was suggested that they should be referred to the Joint Officer group for further discussion in order that recommendations could be brought back to a future meeting of the Board for consideration.

Resolved: That the key themes identified at the health inequalities event on 13th March, 2014 as set out above, are referred to the Joint Officer Group for further discussion so that detailed recommendations can be presented to a future meeting for consideration.

7. Contribution of the Third Sector in Health and Wellbeing

A report was presented by the Chief executive officer of the Lancashire Sport partnership on behalf of the Third Sector in Lancashire which sought a commitment from the Board in relation to the continued working with voluntary, community and faith groups to ensure that they could contribute to local health and wellbeing economies.

Whilst recognising the valuable contribution which Third Sector organisations made in relation to health and social care services it was felt that at this stage the Board was not in a position to agree to all the recommendations set out in the report. It was noted that the County Councils Cabinet would consider a report on the development of a procurement strategy next week which would then be subject to a consultation process involving public, private and third sector organisations with the final strategy being presented to Cabinet in September for consideration and final approval.

It was suggested that the recommendations from One Lancashire be referred to the Joint Officer Group for consideration so that more detailed proposals could be brought to a future meeting of the Board. The role of the Joint Officer Group was discussed and it was agreed that details of the membership of the Group be circulated to the members of the Board and that in future papers for the Group would also be shared with the members of the Board for information.

Mrs Stanley referred to work currently being done by Healthwatch to collate the views of people within Lancashire regarding health/social care and suggested that One Lancashire take part in the process. It was also suggested that the two organisations should seek to work together in the future.

Resolved:

1. That the Health and Wellbeing Board reaffirms its commitment to work with Third Sector organisations in connection with the development of future health and social care services.
2. That recommendations 2, 3 and 4 as set out in the report presented are referred to the Joint Officer Group for further discussion so that a detailed report can be presented to a future meeting of the Board for consideration.
3. That members of the Board are provided with details of the membership of the Joint Officer Group and that in future papers for the Group are also shared with Board members for their information.

8. Improving outcomes for children and young people with Special Educational Needs and Disabilities (SEND): implications for health services and local authorities implementing the Children and Families Act (SEN) 2014

Ms Riley, Head of the Inclusion and Disability Support Service from the Children and Young Peoples Directorate, presented a detailed report on the implications of the Children and Families Act 2014 in relation to how the NHS will organise and deliver services to

children and young people who have a Special Education Need and/or Disability (SEND) between the ages of 0 and 25. She informed the meeting that in Lancashire there were currently 28,500 children and young people who had some form of SEND, 14,500 of whom required some form of additional service provision and 5,500 who had a Statement of Special Educational Needs.

The report highlighted the key reforms in the Children and Families Act 2014 and some of the key issues professionals in health services should be addressing as they prepare for the implementation of the reforms including.

- The new joint commissioning arrangements for local authority and health commissioners.
- Health services' role in the identification and assessment of children and young people with SEN and disability.
- What the introduction of Education Health and Care plans (EHC plans) for children and young people with SEN mean for health services.
- Complaints and redress.

With regard to the final point it was noted that the role of Healthwatch, working with local Parent Partnership Services, would be explored as part of the development of a system for mediation, complaints and redress.

In response to a query regarding personal budgets it was recognised that the current focus was on children and young people with lifelong or life limiting conditions and that the use of personal budgets would increasingly have an impact on existing block contracts for certain services.

In considering the report the Board acknowledged that many of the themes in the reforms related to personalisation and integration and that the County Council would continue to engage with carers and providers to develop services and build on the existing good practice.

Resolved: That the report is noted and the Board are kept informed of further developments regarding implementation of the Children and Families Act 2014.

9. Pharmaceutical Needs Assessment

Mr Leaf, the Director of Health Improvement from the Adult Services, Health and Wellbeing Directorate, presented a report on the above and informed the meeting that the Pharmaceutical Needs Assessment (PNA) aimed to establish the current provision of pharmaceutical services in the County, identify any inequalities in provision and consider the future provision of pharmaceutical services to meet the identified needs.

It was reported that from 1st April 2013, statutory responsibility for the PNA had transferred to the Health and Wellbeing Board which was required to make a revised assessment as soon as reasonably practicable and publish its findings by 1st April 2015.

It was noted that a small working group had been established by NHS England Lancashire to develop a pan Lancashire PNA and the Chair suggested that any member of the Board who wished to take part should contact Mr Leaf for further details.

Resolved:

1. That the responsibilities of the Board and the arrangements being made in relation to the development of the Lancashire Pharmaceutical Needs Assessment, as set out in the report presented, are noted.
2. That a further report on the findings of the Assessment be presented to the Board on the 16th October 2014.

10. Clinical Commissioning Group 5 year strategic plans

The Deputy Chair presented a brief report in connection with the above and informed the meeting that each CCG was required to develop strategic plans covering a five year period, with the first two years at operating plan level, for submission to NHS England.

As the deadline for plans to be submitted to NHS England was the 20th June, 2014 there was some concern regarding the limited timescale, though it was noted that a large element of the strategic planning process regarding the integration of adult health and social care services had already been done in relation to the Better Care Funding (BCF). It was also recognised that any plans submitted would give an indication of the direction of each CCG and that the plans would be developed within the framework of the Health and Wellbeing Strategy and aligned to the BCF submission over subsequent years.

Dr Bowman reported that each CCG was undertaking a review of their individual draft plans to highlight common themes and ambitions across Lancashire. Detailed plans, including more detail on the vision and transformational priorities across the CCGs and the implications of the plans at a County level, would then be presented to an informal meeting of Board members for consideration before being submitted to NHS England.

Resolved:

1. That the report is noted.
2. That detailed plans for each CCG are presented at the event hosted by the Health and Wellbeing Board on the 4th June, 2014 for consideration.
3. That as the next scheduled meeting of the Board is not until the 16th July 2014 the Chair and Deputy Chair are given delegated authority to approve final versions of the five CCG plans prior to the submission to NHS England ahead of the 20th June 2014 deadline.
4. That an update report be presented to the next meeting of the Board on the 16th July 2014.

11. Urgent Business

There were no items of urgent business for discussion at the meeting.

12. Date of Next Meeting

It was noted that the next scheduled meeting of the Board would be held at 2.00pm on the 16th July 2014 in Cabinet Room 'C' – The Duke of Lancaster Room at County hall, Preston.

I M Fisher
County Secretary and Solicitor

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County Hall
Preston