Lancashire County Council

Lancashire Health and Wellbeing Board

Thursday, 29th January, 2015 at 2.00 pm in the Reception Room, Fylde Town Hall, St Annes, FY8 1LW

Agenda

Part I (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Last Meeting.**	(Pages 1 - 4)
4.	**Better Care Fund and Board Governance update** Verbal update	
5.	**Child and Adolescent Mental Health Services update** Verbal update	
6.	**Domestic Abuse - Collaboration with Health Services**	(Pages 5 - 12)
7.	**Accident & Emergency situation update** Verbal update	
8.	**Urgent Business** An item of Urgent Business may only be considered under this heading where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	

Lancashire County Council

9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on Wednesday 29 April in Cabinet Room C at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Wednesday, 7th January, 2015 at 11.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

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

Committee Members

County Councillor David Whipp, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire
Stephen Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)
Louise Taylor, Interim Executive Director for Children and Young People (LCC)
Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
Dr Gora Bangi, Chorley and South Ribble CCG
Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)
Councillor Tony Harrison, Burnley Borough Council
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde Coast District Councils
Michael Wedgeworth, Chair Third Sector Lancashire
Karen Partington, Provider (Clinical State) - Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Professor Heather Tierney-Moore, Provider (Clinical State) - Chief Executive of Lancashire Care Foundation Trust
Gill Brown, Healthwatch
Dr John Caine, West Lancashire CCG
Andrew Bennett, Lancashire North CCG

Dr John Caine replaced Dr Simon Frampton
Andrew Bennett replaced Dr David Wrigley
Gill Brown replaced Gail Stanley

1. Apologies

Apologies were received from CC T Martin, CC M Tomlinson, Dr Peter Bennet and Richard Jones

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None noted

3. Minutes of the Last Meeting.

The minutes of the meeting held on 16 October 2014 were agreed as a correct record

4. Resubmission of the Better Care Fund Plan

CC Ali provided the Board with a brief introduction and explained that the previous submission in September had not been approved by NHS England (NHSE) following the NCAR process and that a Steering Group was formed to produce a resubmission with support from Carnall Farrar Consultants and John Bewick from NHSE

The revised version is to be submitted on Friday 9 January for the approval process.

The consultants, Carnall Farrar, have supported the Lancashire BCF Steering Group to develop a resubmission and the presentation identified some of the key reflections of that process:

- The BCF plan is a reflection of the current ongoing work.
- Lancashire is a complex area and that produces challenges to articulate the specific areas of work within, 6 CCGs, Healthier Lancashire, BCF and work of Lancashire County Council and District Authorities.
- The Steering Group have risen well to the challenge. There isn't a single county/district footprint in the country that have managed to produce an excellent BCF plan at the first attempt.
- Carnall Farrar provided senior leadership and drive.
- The plan is robust and has a strong analytical foundation – the model that has been created puts us in a good position.
- Good engagement over a short period of time and particularly over the busy time at Christmas.
- Everyone needs to sign up to the plan.
- Good workshop on governance prior to resubmission which looked at ways forward
- Critical thing was to make a rapid difference to the plan, and it was important to demonstrate that the resubmission was done quickly to prove we could work together effectively and efficiently.
- The plan is a complete rewrite taking on boards the comments by NCAR and looking at best practice
- Going through the process in a systematic way has been really useful and will help with future plans and revisions/updates to existing ones
- Major difference between the previous version and the resubmission was the disaggregation of the number of schemes. Half of the review comments related to the ability to actually carry out what is to be delivered.
- Key is reducing non-elective admission to hospital – now have stronger level of ambition.

- It's helpful for us to do this now and as we can factor in the recent increased level of activity.
- It's about bottom up modelling and being realistic about what the actual schemes can deliver. Delivering things can that improve the health and wellbeing for the population e.g., dementia care and admission to residential/nursing homes.

A discussion took place and the main points were:

- Relating to admissions targets and the impact of cross border migration – how is this dealt with in terms of practicality of data collection. The teams who collect the data for hospitals will know where the patient flows comes from, the risks are that the non-elective targets are mis-attributed but the statisticians should take account of this.
- A bigger risk, and this is on the risk register, is if we are relying on neighbouring authorities to deliver some of our targets and they don't meet them then we have no course of addressing this. The relationship with neighbouring HWBs is key to address how this type of issue would be dealt with. With the emerging governance there is an opportunity for the 3 to work together.
- How will local decisions be maintained and what will the impact of political changes within individual areas make? – is this a concern shared by the CCGs? CC Ali responded that it is difficult to predict what impact changes (if any) would have and we can only deal with the current situation. Most of the activities within the BCF are topics that would be supported by whichever political party was in control and should not impact on individual authorities policies.
- Members reflected that there is already a tried and tested mechanism in place for the HWB and the Steering group to address future governance arrangements – the Plan contains proposals for how this can be taken forward into the next phase
- Next steps should be to continue with Steering Group and Programme leads
- A resubmission discussion phone conference with NCAR will take place after Friday – by end of January we should know whether it has been approved.
- What is the difference between a governance process and the management responsibilities of the individual organisations and implementation? The response was that the individual organisations/partners will have their own management processes to deliver their responsibilities but there will be a need to identify a programme management structure to monitor the implementation of the plans at a health economy level..
- To ensure appropriate escalation of concerns and find the right balance between the total plan and the roles of the individual delivery partners will require shared intelligence of how different systems within different organisations function as its crucial for effective delivery that partners are inter-dependant
- The Steering Group were thanked for their work developing the resubmission and in particular their efforts in ensuring that those who do not have a clinical background were fully engaged.
- It was acknowledged that we also need to share the plan with the wider public and consideration should be given to ensure all communication was 'jargon' free and fully promoted
- John Bewick (NHSE) echoed many of the sentiments already expressed and felt that the now we were in a position of being more knowledgeable of the challenges and being able to address them. The challenge to the Board is to see how partners can work together better in the future.

- Strong governance is key going forward to hold the BCF plan to account and it was suggested the BCF Steering Group stays in place with support from Carnall Farrar and NHSE to develop governance structures and that an update will be reported to each future Board meeting
- It was also suggested that the Board and its partnerships need to be reviewed and developed further to make them more effective.

A copy of the PowerPoint presentation and the BCF Plan resubmission (pending approval from NHSE) is appended to the minutes

Resolved

i. The Lancashire BCF Plan resubmission be approved
ii. A draft governance structure be presented at the next Board meeting
iii. A communications plan be developed

5. Urgent Business

None noted

6. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on 29 January 2015 in Cabinet Room D at County Hall, Preston.

BCF Plan resubmission (subject to NHSE approval)

I Young
County Secretary and Solicitor

Lancashire County Council
County Hall
Preston

Health & Wellbeing Board
Meeting to be held on 29 January 2015

Electoral Division affected: All

Domestic Abuse – Collaboration with Health Services

Contact for further information:
Clare Platt, Adult Services, Health and Wellbeing (Public Health),
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Helene Cooper, Community Safety & Justice Coordinator,
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Executive Summary

This report provides an update to the Lancashire Health & Wellbeing Board on the following issues:

- To provide an update on a report to Scrutiny Committee about the partnership response to domestic abuse, particularly concentrating on working with NHS organisations.
- Further work and next steps to promote health responses to the NICE guidance

Recommendation

The Board is recommended to

i. Note the discussions at the working group and the update to the Scrutiny Committee
ii. Specifically consider the actions needed to increase early intervention and disclosures of domestic abuse by NHS organisations

Background and Advice

Domestic Abuse is a major cause of health inequalities affecting women. Health and social care organisations play an important role in tackling domestic abuse. There is a vast amount of evidence for the impact of intervention in domestic abuse cases, particularly in reducing harm.

1. Members received a report entitled 'Partnership Response to Domestic Abuse' at the Scrutiny Committee meeting of 13 June 2014. As a consequence the Committee resolved (inter alia) that:

Lancashire County Council

- A further report by the Director of Public Health, specifically on the work of health bodies in relation to domestic abuse be presented to the committee in around 6 months.

Update

2. Work is ongoing with health bodies, specifically representatives of the Clinical Commissioning Groups (CCGs), to improve the development, delivery and consideration of domestic abuse in mainstream service provision.

3. The National Institute for Health and Care Excellence (NICE) has produced public health guidance (ph 50) 'Domestic Violence and Abuse: How Health Services, Social Care and the Organisations They Work With can Respond Effectively' which has been used as the basis for discussion with health colleagues.

4. The guidance is targeted at health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse. It identifies the following recommendations:

    - Plan services based on an assessment of need and service mapping
    - Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
    - Develop an integrated commissioning strategy
    - Commission integrated care pathways
    - Create an environment for disclosing domestic violence and abuse
    - Ensure trained staff ask people about domestic violence and abuse
    - Adopt clear protocols and methods for information sharing
    - Tailor support to meet people's needs
    - Help people who find it difficult to access services
    - Identify and, where necessary, refer children and young people affected by domestic violence and abuse
    - Provide specialist domestic violence and abuse services for children and young people
    - Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
    - Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
    - Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
    - Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
    - GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
    - Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse

5. Many of the health bodies are already working to improve their response to domestic abuse, utilising the NICE guidance as the benchmark. For example Lancashire Care Foundation Trust (LCFT) is working on the following issues currently:

    - Embedding routine enquiry across adult services (already embedded in 0-19yr service)
    - Ensuring a risk assessment approach is utilised if disclosure of domestic abuse is made, followed by appropriate referral on to further support
    - Improving the availability of information and sign-posting within LCFT health premises
    - Generally reviewing and updating of policies and procedures to reflect NICE recommendations

6. A workshop has also been held with representatives of the CCGs to consider the guidance in terms of current provision, and to identify where improvements can be made. Notes of the workshop are attached at Appendix A. The Director of Public Health has reported the outcomes of the workshop to the Scrutiny Committee.

7. The key areas for further development / improvement are considered to be:

    - Effective partnership working – strategic and operationally
    - Integrated care pathways
    - Workforce development – across all agencies
    - Sustainability of domestic abuse services

Next Steps

8. An ongoing engagement with health services is planned in order to agree a mutual action plan, as the basis of future joint working.

9. The CCGs in Lancashire have agreed representation at the Lancashire Chief Executives Group, which has adopted the statutory function of Community Safety Strategy Group for the county. This forum provides strategic direction for community safety, including domestic abuse issues.

10. Health and social care settings are where the majority of victims first come into contact with people who can help. As part of the Lancashire 12 commissioning strategy, significant work is being done to promote awareness, and especially to encourage front line professionals in the identification and understanding of domestic abuse, especially given their key role in providing victims a safe environment to disclose in. Further work is needed on targeted interventions in health settings, for example, piloting the IRIS (Identification and Referral to Improve Safety) project, a general practice based domestic abuse training, support and referral programme.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management implications arising from this report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

Appendix A

Domestic Violence and Abuse Workshop

23rd October 2014

Workshop Notes

Attendance

Representatives from:
Lancashire County Council Public Health
Lancashire County Council Community Safety
Lancashire County Council Prevention and Early Help
Lancashire Safeguarding Children Board
Lancashire Safeguarding Adults Board
University of Central Lancashire
NHS England
Public Health England
Blackburn with Darwen Council
Blackpool Council
Fylde & Wyre Clinical Commissioning Group
East Lancashire Clinical Commissioning Group

Welcome – Dr Sakthi Karunanithi

Dr Sakthi Karunanithi welcomed attendees and set the context for the workshop. Following a presentation from the Lancashire Community Safety Strategy Group, Lancashire County Council's Scrutiny Committee had requested feedback on the work of health bodies in relation to domestic abuse. The purpose of the workshop is a starting point for this work to enable us to identify what can be improved in relation to domestic abuse. He stated that by the end of the workshop we want to:

- Achieve a common understanding of the guidance
- Identify what it means for us and our organisations
- Identify key actions needed going forward

Overview of NICE Guidance – Professor Nicky Stanley

Professor Nicky Stanley (UCLAN and member of the NICE Guidance Programme Development Group) gave an overview of the NICE Guidance (Domestic Violence and Abuse: how health services, social care and the organisations they work with can respond effectively) and highlighted that this is 'a call to arms' particularly for the health services. Key points in the presentation included; considering how different professions define consent to share information, the role of primary prevention and the importance of workforce training to support implementation of the guidance. Professor Stanley gave details of the PEACH (preventing domestic abuse for children) study and the Strength to Change Campaign (targeting male perpetrators of domestic abuse). In addition information was provided about the Connect Centre for International Research on Interpersonal Violence and Harm.

Lancashire Context – Helene Cooper

Helene gave an overview of the domestic abuse joint strategic needs assessment and highlighted the fact that under reporting is an issue which can skew the perspective of need. She provided attendees with information about the local commission.

Comments/questions from the group:

- How much do we spend per head on the victims? What would an excellent service look like and how much would it cost?
- We are on the right journey to meet the NICE Guidance but the funding is temporary.
- Older adults – perpetrators may be classed as carer under stress.
- Also issues where victims of domestic abuse then become carers.
- Public Health England priorities around violence are: domestic abuse, elder abuse, and the impact of adverse childhood experiences.

Workshops

Two groups considered the NICE recommendations and assessed the current position against them. A summary of the workshop discussions is identified below:

Recommendation 1: Plan services based on an assessment of need and service mapping
Health Safeguarding Group (nurses) looking at guidance. Local Health & Wellbeing Partnerships e.g. WL looking at pathways. Governance arrangement mapping to clarify and maximise opportunity to influence. DA in health visitor specs to look at the whole family and not just CYP. Gaps in provision e.g. CYP/APT are adult mental health services routinely asking about CYP with family. Better understand epidemiology to identify where the tipping point is in likelihood of becoming perpetrator/victim. What is a healthy relationship? Solihull training. Not always about specialist services.
Recommendation 2: Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
Pan Lancashire – Lancashire, Blackpool, Blackburn with Darwen. Theme for Health & Wellbeing Board; Lancashire Safeguarding Children Board; Children & Young People Plan; Community Safety Partnerships; and Supporting People Boards. Development of shared outcomes: self-care, prevention and early help, golden threads, reflect local action. Build joint working into criminal justice partners e.g. police, probation.
Recommendation 3: Develop an integrated commissioning strategy
Empower service users to access universal services rather than build reliance on specialist service. Break dependency culture. Design interventions to build resilience, self-care and self-management e.g. picking up the pieces. Abilities for partners to see outcomes, expected gaps or performance issues by exception. Development of performance dashboard. Need to improve strategic sign-up to commissioning strategy and delivery against shared outcomes.
Recommendation 4: Commission integrated care pathways
Joint working and development with third sector in-line with commission. Link social

marketing to services to improve take-up, plan in tandem (raising expectations and manage demand creatively) Understand what every agency does along the pathway Not always universal access therefore look at the range of provision. Review pathways for vulnerable groups. Routine engagement with universal services, share learning from good practice.
Recommendation 5: Create an environment for disclosing domestic violence and abuse
Partnership campaign materials in different languages available e.g. football World Cup campaign. Been too reliant on services to do this - need to work together and influence. Need to utilise what is already available Adults - care assessment / planning, often with service user and carer together - how does someone decline? Need to be left alone with health professionals to disclose. Training need re getting people alone - antenatal, A&E etc. Need to circulate better the information about services available e.g. to GPs, dentists, pharmacies - need a single number. No health reps currently on strategic leads group - need all relevant agencies there. Need to identify who has responsibility for different parts of the pathway. Role of HWBB to be clarified. Emphasis continues on high risk victims rather than prevention. Safeguarding training currently inconsistent - need to specifically understand DA as part of that LCC - staff support scheme and training in place. DA employers charter under development Could cover at induction for staff - across all sectors.
Recommendation 6: Ensure trained staff ask people about domestic violence and abuse
MARAC - lead professional role – all need to understand DA relevant to their role NHS East Lancs - good practice questions Need to audit across professionals & sectors. All midwives 'have' to ask the question Independent Domestic Violence Advisor (IDVA) involvement needed as part of referral pathway.
Recommendation 7: Adopt clear protocols and methods for information sharing
Improve confidence of front line staff to ask the question and use pathways. Address cultural issues in organisations.
Recommendation 8: Tailor support to meet people's needs
Risk management needed in terms of data v domestic abuse outcomes. General information sharing so people know what's in place. Evaluation monitoring quarterly - Co-ordinated Action Against Domestic Abuse (CAADA) monitoring/evaluation built into commission. Workforce development delivery via MARAC training Community based programmes and peer support available Some gaps in service and ongoing funding challenges. Need to look at commissioned contracts and ensure links are in place to relevant services. Need services to work together better - joint training
Recommendation 9: Help people who find it difficult to access services
Use social media and explicit messages. Utilise social marketing to challenge perceptions and raise awareness. Better links to local information on web - make searching easier. Build on community assets to challenge behaviour and support families. Better understand how people make choices to access or not access services - insight consultation. What are the barriers that turn potential service users away?

Recommendation 10: Identify and, where necessary, refer children and young people affected by domestic violence and abuse
Importance of role of ante-natal and midwifery services
Recommendation 11: Provide specialist domestic violence and abuse services for children and young people
Include DA elements in Early Support and Child and Adolescent Mental Health Services (CAMHS) provision. Improve access to psychological therapies. Raise political awareness.
Recommendation 12: Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
Training - workforce development issue Commissioning issue - working towards CAADA leading lights Future funding may be insufficient to ensure on-going compliance with guidance. Clarify role of NHS England and CCGs in this wider DA agenda Fragmented workforce development. On-going service status is unsure – funding uncertainty. Need to commission services together better. Need to screen for other needs at same time e.g. sexual health referrals
Recommendation 13: Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
MARAC and mental health service co-ordination poor / patchy. Involvement of mental health colleagues tends to be retrospective
Recommendation 14: Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
(Initially concentrating on victims – adult & children/young people).
Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
Lancashire Safeguarding Board – opportunity to provide training Social work degree - little DA training. GP training - little coverage of DA. Need the training to be bespoke to role, relevant and compelling
Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
Needs improvement - NHS England role? Need to invest in prevention.
Recommendation 17: Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
More important once in role, but essential.