

Lancashire County Council

Lancashire Health and Wellbeing Board

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

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 - 8)

4. Resubmission of the Better Care Fund Plan (Pages 9 - 10)
Appendix A to follow

5. 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.

6. Date of Next Meeting

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

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Thursday, 16th October, 2014 at 2.00 pm 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 Tony Martin, Cabinet Member for Adult and Community Services (LCC)
Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire
Louise Taylor, Interim Executive Director for Children and Young People (LCC)
Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)
Dr Gora Bangi, Chorley and South Ribble CCG
Dr Peter Benett, Fylde and Wyre Clinical Commissioning Group (CCG)
Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)
Councillor Tony Harrison, Burnley Borough Council
Councillor Cheryl Little, Fylde Coast District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair Third Sector Lancashire

1. Apologies

Apologies for absence were received from County Councillor M Tomlinson, County Councillor D Whipp, Stephen Gross, Richard Jones, Gail Stanley, Councillor B Hilton and Professor Heather Tierney-Moore.

J Thompson attended in place of Dr David Wrigley.

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 meeting held on the 1st September 2014

Resolved: That the Minutes of the meeting held on the 1 September 2014 are confirmed as an accurate record and signed by the Chair.

The Chair also provided an update for the Board regarding the Better Care Fund. He informed members that there had been a revised deadline for the resubmission of the Plan of 17 October, after which we would await further feedback.

Members were also reminded that the LGA Peer Review was imminent and that the LGA would be shortly contacting individual members of the Board to provide their comments via a short questionnaire.

4. NHSE Funding Transfer to Social Care

For the 2014/15 financial year, NHS England will transfer £1,100 million from the Mandate to local authorities. £200m of this total is the first part of the Better Care Fund, intended to help local authorities and clinical commissioning groups prepare for the implementation of the full Better Care Fund pooled budget in 2015/16. For the avoidance of doubt, the 2014/15 element of the Better Care Fund does not have to be held in a pooled budget.

The amount to be paid to Lancashire County Council from the Area Team is £25,291,529. This includes a payment in relation to integration of £4,598,000. The payment is to be made via an agreement under Section 256 of the 2006 NHS Act. NHS England will enter into an agreement with Lancashire County Council and this will be administered by the NHS England Area Team (and not Clinical Commissioning Groups).

Resolved: That the Board agree to the transfer of £25,291,529 from NHS England to Lancashire County Council.

5. Lancashire Safeguarding Children's Board Update

A report was presented which provided an update to the Lancashire Health & Wellbeing Board on the following issues:

- Statutory Guidance stipulating that the Health and Wellbeing Board (H&WBB) and Local Safeguarding Children Board (LSCB) must work together in the pursuit of safeguarding and promoting the welfare of children and young people. The H&WBB and LSCB recently agreed a protocol to ensure consideration and discussion of respective annual reports. The report presented the 2013-14 LSCB Annual Report and sought a response from the H&WBB
- Concerns about equitable access to support for children and young people in respect of emotional health and well-being have been a recurrent subject of discussion at the LSCB. This dates back to the last Ofsted inspection and concerns have also arisen in more recent Serious Case Reviews and other audit processes. As a result the LSCB asked for assurance from the commissioners and providers of Child and Adolescent Mental Health Services (CAMHS) and received reports at its July 2014 meeting. These reports did not provide sufficient assurance and the LSCB has therefore referred this to the H&WBB for further action.
- Events in other parts of the country have led to an increased level of national concern about the way services respond to children and young people at risk of Child Sexual Exploitation (CSE). Lancashire has a strong record on CSE with multi-agency teams in place and working to an agreed LSCB Strategy to ensure appropriate responses. This is not a recent development and services have been embedded here for a number of years. The Annual Report details current

arrangements and together with information provided to elected members during September 2014 provides assurance that a sufficient and comprehensive service is in place

Members raised a number of comments and questions and the main points arising are summarised below:

- It was clarified to the Board that an annual report goes out each year to pull out areas of key concern whilst also looking over the positive points – this year's annual report was reported to be different, as a significantly higher number of issues had been raised.
- The LSCB is currently reviewing strategic and operational activities for robustness
- Awareness raising training amongst staff is ongoing across the county
- In response to a concern regarding the links with the third sector the Board were informed that voluntary sector groups are well represented, The Children's Society and Street Safe were given as some of the examples.
- A Board member representing a CCG wanted to raise the point that everyone should do all they can to enable opportunities for children to be heard and to continually make them aware that they can speak out at any time.
- How do we reach the workforce so that all staff understand that if they are aware of an issue that they have a responsibility to do something about it. It was felt that if staff were able to be more responsive it may encourage more issues to be raised. More information is available at the following website. [Lancashire Safeguarding Children Board](#)
- Members were encouraged by the progress made and felt that the work being done should be applauded.
- It was suggested that the issue of CSE should be taken into account when commissioning services – even when there doesn't appear to be any obvious links.

It was resolved that:

The Lancashire Health and Wellbeing Board :

- i. Noted and commented on the LSCB Annual Report
- ii. Requested a 'checklist' to be developed and used to consider and/or demonstrate the issue of CSE when commissioning services and contracts.

6. Children and Young People's Emotional Health and Wellbeing

A report was presented that stated in 2015, it is estimated that 45,101 children and young people in Lancashire will have an emotional health need which will require interventions from comprehensive Child and Adolescent Mental Health Services. While it is evidenced nationally that 25%-50% of mental illness during adulthood could be prevented with effective intervention during this period, fewer than 25% of children and young people with mental health needs are in contact with appropriate services.

Evidence, along with national policy and guidance, suggests that in order to have an impact, improving the emotional health and wellbeing of children and young people needs to be everybody's business. Joint commissioning arrangements, therefore, which ensure clear roles and accountabilities across all partner agencies responsible for universal,

targeted and specialist services are imperative, if we are to achieve positive outcomes for Children and Young People (CYP) in Lancashire.

In completing the 'understand' phase (needs analysis, consultation, review of evidence and provision mapping) to inform the development of a joint commissioning strategy going forward, a number of key issues and areas for improvement have been identified in relation to the current partnership and commissioning arrangements. These include:

- Limited strategic governance arrangements
- Lack of a coordinated approach around promotion and prevention to capitalise on the role of universal services
- Inequity of provision/ lack of capacity in targeted and specialist services
- Joint commissioning arrangements which are neither robust, nor sustainable due to funding pressures and procurement regulations.

Equally concerns have been raised by Lancashire Safeguarding Children's Board and from the findings of recent serious case reviews which support the case for change. In response to the above, a number of joint outcomes, and proposals to meet them, have emerged, which when agreed could form the basis of a three year action plan. It is also suggested that a whole system review of the current commissioning arrangements should be considered as part of the developed plan.

Members raised a number of comments and questions and the main points are summarised below:

- Very often the services that are being provided are good but accessing them can be problematic and hand-offs between child and adult services are an issue as some people fall between the gap. The CCGs have identified this as an issue as commissioning of these services is fragmented. All were in agreement that it needs a radical approach to do it differently.
- Part of the problem is the overall availability of mental health services – the danger is that a way forward is identified but find that there are insufficient resources to do it.
- It was felt that as CCGs had already started the process to review current commissioned provision any Task Group formed would need to build on what's been done to date
- It was suggested that the CCGs be asked to contribute towards the project management support of a task group

It was resolved that:

- i. The Health and Wellbeing Board strategically leads a joined up approach across partners and provides the mechanism for us to hold each other to account.
- ii. A task and finish group is established which:
 - Is chaired by Dr Ann Bowman, with project management support provided by the local authority and/or the CCGs
 - The Chair of the task group writes to each CCG requesting a contribution towards project management support.
 - Reviews current commissioned provision and develop future possible models for consideration by the Board in April 2015, whilst taking account of the work already done by the CCGs

- Following agreement by the Board, work to jointly implement the chosen model by April 2016
- In addition to the redesign, oversees the implementation of an action plan which captures all partnership actions to support the achievement of the eight outcomes detailed in the report.
- Provides quarterly monitoring updates to the Board and biannual progress updates to the Overview and Scrutiny Committee.

7. Screening and Immunisation Programmes Update

The report provided an initial overview of immunisation and screening programmes locally and proposed an assurance process for the Lancashire Health and Wellbeing Board.

National immunisation and screening programmes exist to provide good protection against infectious diseases and promote early diagnosis of a number of serious conditions. Their effectiveness and cost effectiveness depends on the existence of a systematic approach, strict adherence to quality markers, and co-ordinated multidisciplinary working.

Effective delivery of screening and immunisation programmes will contribute to the stated goals with the Lancashire Health and Wellbeing Strategy, across Starting Well, Living Well and Ageing Well Programmes. It is therefore important for the Lancashire Health and Wellbeing Board to seek regular assurance on the local performance and safe delivery of these national programmes.

A discussion took place and the main points were:

- There are various commissioner and providers of the services and various mechanisms regarding assurance.
- This is a fundamental service that needs to be in the communities
- It was suggested that the subject be kept on the agenda of the Board as a standard item and CC Ali felt that the report should also be forwarded to the HWB partnerships for information.
- One Board member asked about Ebola immunisation. Dr Karunanithi responded that the emergency preparedness work to deal with an incident in Lancashire is being addressed and that there is no currently available vaccine for Ebola. He also advised that seasonal flu probably posed a greater risk to individuals. He informed the Board that if the situation changed he would provide them with an update

It was resolved that:

The Lancashire Health and Wellbeing Board would:

- i. note the local arrangements in place to monitor the performance, quality and safety of screening and immunisation programmes.
- ii. seek quarterly assurance from NHS England and Public Health England on the performance of all screening and immunisation programmes for its residents. The assurance report should include:
 - a. information on uptake and coverage, highlighting particular risks and issues of local relevance
 - b. a summary of any serious incidents and their impact on the local population
 - c. a programme of activities aimed at improving uptake and coverage locally

- iii. seek an annual report from NHS England and Public Health England on the performance of all screening and immunisation programmes for its residents

8. Update from the Joint Officer Group

Mike Leaf, Director of Health Improvement and the Interim Chair of the Joint officer Group and presented a series of reports for noting and discussion.

8. Starting Well, Living Well and Ageing Well Progress Report

The report provided an update to the Health & Wellbeing Board of the progress of the actions in the 3 programmes of work within the Health & wellbeing Strategy. The actions were agreed and approved at the Board meeting on 16th July.

The 3 programmes are:

- Starting Well
- Living Well
- Ageing Well

This report described:

- A summary of progress provided by each Programme Lead
- Key risks identified
- Next steps

Members were informed that, from a Lancashire perspective, infant mortality and emergency re-admissions within 30 days for females were now significantly worse than before, and it was suggested that the issues were brought back to the Board for further discussion.

The Board also felt that these issues need to be owned and embedded in the local partnerships. It was suggested rather than just looking in further detail at 'red' targets that the Board also keep abreast of the trends of some targets

It was resolved that:

The Health & Wellbeing Board:

- i. note the progress of each programme
- ii. note the key risks identified by the programme leads
- iii. note the outcomes framework dashboard for monitoring the implementation of health and wellbeing strategy
- iv. consider the issues of infant mortality and emergency re-admissions within 30 days for females in more detail at the next meeting.

8. Six Shifts JSNA Update

The provided report updated the board on the production of a JSNA, as identified in the Health & Wellbeing Strategy – the report described the background, work undertaken so far, the position of lead officers within each shift and engagement events.

Members discussed the possibility of moving resources from treatment to prevention, and to do so by providing accessible services which would improve the current services within Primary and Secondary care. Furthermore, the board was asked to note the progress of

the JSNA for Six Shifts and the success of the engagement and consultation event on 15th September.

It was resolved that the report be noted

8. Health Behaviours JSNA Update

The report provided a progress update on the Health Behaviours JSNA. The work forms part of the JSNA bespoke analyses work programme 2013/14 agreed by the Health and Wellbeing Board in October 2013. The project is on target with no concerns over delivery

It was resolved that the report be noted

8. Pharmaceutical Needs Assessment

The draft Lancashire Pharmaceutical Needs Assessment (PNA) was presented which outlines present and future needs of citizens for pharmacy services.

The main findings of the assessment as set out in the draft are:

- That there is adequate service provision of pharmacies for the residents of Lancashire
- That the PNA does not identify the need for any additional pharmacies in Lancashire

The purpose of the report is to update the Health and Wellbeing Board (HWB) on the work that is progressing locally in relation to the PNA and to invite the Board to comment on the draft attached to this report and approve the consultation of the Lancashire PNA.

The purpose of the pharmaceutical needs assessment is to identify local needs, and address where pharmacy provision is needed most. The main findings of the assessment showed that adequate service is provided to pharmacies for Lancashire residents, and that the PNA doesn't identify a need for additional pharmacies in the county.

The board was asked to consider the draft PNA for approval, to agree that the council should start a statutory 60 days consultation of the draft – which would begin on 20th October – and to delegate responsibility to the chair of the board for approval of publishing the PNA before 1st April 2015. However members felt that the extremely tight timescale did not allow sufficient opportunity for them to provide their feedback and comments as it is such a large document and agreed that a summary of the content and implications would be preferable and that a concise version should be produced for the formal consultation. It was requested that the Joint Officer Group be asked to revise the document.

It was resolved that

The Lancashire Health & Wellbeing Board

- i. Ask the Joint Officer Group to amend the draft document and produce a concise version prior to formal consultation
- ii. Delegate responsibility to the HWB chair to approve the publishing of the PNA before 1st of April 2015, after amendments made based on the consultation.

9. Healthier Lancashire

At the request of the Chair the presentation due to be provided by NHS England on the Healthier Lancashire Programme was postponed.

He had some concerns that the Board were being rushed into making decisions and suggested that as this is a pan Lancashire issue that officers from NHS England meet with the 3 Chairs of the Health & Wellbeing Boards across Lancashire to discuss a practical way forward.

It was resolved that a meeting be set up between the 3 HWB Chairs and NHS England at the earliest convenience.

10. Urgent Business

None noted

11. Date of Next Meeting

The next meeting of the Health & Wellbeing Board will take place at 2pm on 29th January 2015, in Cabinet Room C – The Duke of Lancaster room

I Young
County Secretary and Solicitor

Lancashire County Council
County Hall
Preston

Agenda Item 4

Lancashire Health & Wellbeing Board

Meeting to be held on 7th January 2015

Electoral Division affected: All

Resubmission of the Better Care Fund Plan (Appendix A refers)

Contact for further information:

Steve Gross, 01772 534286, Adult Services, Health & Wellbeing,

Steve.gross@lancashire.gov.uk, or

Aidan Murphy, 01772 540547, Adult Services, Health & Wellbeing;

Aidan.murphy@lancashire.gov.uk

Executive Summary

A special meeting of the Lancashire Health & Wellbeing Board has been arranged to formally 'sign-off' the resubmission of the Better Care Fund (BCF) Plan. A copy of the latest version is attached at Appendix A

Recommendation

That the Lancashire Health & Wellbeing Board sign off the final Better Care Fund Plan

Background and Advice

The Lancashire Better Care Fund (BCF) Plan submitted on 19th September received a "not approved" rating from the National Consistent Assurance Review (NCAR) team.

This rating required the Lancashire Health & Wellbeing Board to submit a revised plan on January 9th 2015.

It is a requirement of NCAR that Health & Wellbeing Board's sign-off the plan prior to submission.

As part of the revising and rewriting of the plan, the BCF Steering Group has continued to engage with the Health & Wellbeing Board to ensure that the Board is kept abreast of the status of the plan.

As the next scheduled meeting of the Board is not until after the plan is due to be submitted, a special meeting of the Board has been arranged at the request of the Chair and Deputy Chair.

At this meeting, a presentation will be given to continue the Steering Group's engagement with the Board and to provide to the Board with further detail of the submission process and future role of the Board in respect of the BCF plan. A copy of the latest version is attached at Appendix A

Consultations

n/a

Implications:

This item has the following implications, as indicated:

Risk management

n/a

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

Paper	Date	Contact/Directorate/Tel
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Reason for inclusion in Part II, if appropriate