

Lancashire Health and Wellbeing Board
Friday, 5 June 2015, 1.00 pm,
Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

AGENDA

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introductions and receive apologies.	Chair		1.00pm - 1.05pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	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.	Chair		1.05pm-1.10pm
3. Minutes of the Last Meeting.	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 6)	1.10pm-1.15pm
4. #lifesupsanddowns - Children and Young People's Wellbeing Promotion Video	Information/ Action	The Board is aware of the work children and young people have developed to promote wellbeing messages and agree how best these messages can be shared.	Bob Stott		1.15pm - 1.30pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
5. Health and Wellbeing Board - Refreshed Governance and Approach	Action	Agree new arrangements to develop the effectiveness of the Board moving forward.	Richard Cooke	(Pages 7 - 8)	1.30pm-2.00pm
6. Better Care Fund	Action	The Board are updated on the progress made, sign off the quarterly report and address key challenges that have been identified.	Mark Youlton	(Pages 9 - 12)	2.00pm-2.30pm
7. Children and Young People's Emotional Health and Wellbeing Services	Action	The Board understand the progress made in reviewing existing emotional health and wellbeing services and agree the next steps to support implementation of a new delivery model.	Shirley Waters	(Pages 13 - 16)	2.30pm-3.00pm
8. Joint Strategic Needs Assessment - Health Behaviours	Information/ Action	The Board understand the key theme from this piece of work and agree how it will inform future priorities and planning.	Mike Leaf	(Pages 17 - 18)	3.00pm-3.15pm
9. Joint Strategic Needs Assessment - Six Shifts	Information/ Action	The Board understand the key theme from this piece of work and agree how it will inform future priorities and planning.	Mike Leaf	(Pages 19 - 20)	3.15pm-3.25pm
10. Urgent Business	Action	To receive any other business.	Chair		3.25pm-3.30pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2.00pm on 16 July 2015 in the Duke of Lancaster Room (former Cabinet Room 'C'), County Hall, Preston, PR1 8RJ.	Chair		
INFORMATION ITEM					
12. Pharmaceutical Needs Assessment		Item for noting, please see link below to full PNA. PNA Report			

Agenda Item 3

Lancashire Health and Wellbeing Board

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

Present:

Chair

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

Committee Members

Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire
Stephen Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)
Dr Gora Bangi, Chorley and South Ribble CCG
Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)
Gail Stanley, Chairperson of Healthwatch
Councillor Tony Harrison, Burnley Borough Council
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde Coast District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Mike Maguire, West Lancashire CCG
Dr Alex Gaw, Lancashire North CCG

1. Apologies

Apologies were received from County Councillor Tony Martin, County Councillor Matthew Tomlinson, County Councillor David Whipp, Louise Taylor, Dr Ann Bowman, Michael Wedgeworth and Heather Tierney-Moore

Mike Maguire replaced Dr Simon Frampton.

With effect from 29 January Dr Alex Gaw will permanently replace Dr David Wrigley as the representative for Lancashire North CCG

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None noted

3. Minutes of the Last Meeting.

The minutes of the last meeting were agreed as correct. Cllr Hilton asked if a decision sheet of the actions agreed by the Board could be produced and circulated for each meeting.

4. Better Care Fund and Board Governance update

Steve Gross provided the Board with a verbal update and informed members that last week a teleconference had taken place with NCAR to go through the process to deal with issues arising from the resubmission of the BCF plan. The teleconference went extremely well and only a few points were raised which included only 3 minor issues that needed more detail, they were 7 day working arrangements, data sharing and information relating to the metrics supplied. These issues were easy and quick to respond to and resolve. A decision is expected in early February and members will be informed at the earliest opportunity.

He also explained to the Board about some of the actions that need to take place before the end of March which included the Section 75 hosting arrangements, external and internal communications, governance arrangements and what the Board actually want to be reported back. He suggested that the current Steering Group and Programme Managers Groups be maintained to facilitate these actions.

With regard to the governance of the Board there is still work to be done around responsibilities for implementation and monitoring and the relationship between the Board and the strategic partnerships. The workshop event that had been held at Deepdale started this process and clarification was sought in terms of how the Board would like this work to progress. The detail needs to be worked through but considerations include alignment with CCG governance, avoiding duplication, building on existing plans but also ensuring the needs of the Board are met. He suggested that a half day workshop be planned to address these concerns after which a set of proposals for the way forward can be presented to the Board.

A discussion took place and the main points were:

- Who is the accountable body for BCF? – ultimately it will be the CCGs and the County Council but the Board will need to play a key role in terms of challenging and monitoring the plan
- It was acknowledged that now is also a good opportunity to review the Health & Wellbeing Strategy as it is approximately 14 months since it was developed and is a chance to 'take stock' and consider its linkages to the priorities of the partner organisations and how effective the Board links to the local partnerships.
- It was suggested that the CCGs need to consider developing a joint approach to the overall monitoring of the Strategy as each has slightly different priorities and systems. There are lots of individual schemes and as there are different priorities for different CCGs this will present challenges as to how best the fund should be deployed. CCG plans in the future will have to estimate the impact of BCF.
- There was general consensus around the need for much greater collaboration and integration and the creation of ambitious and innovative ways of sharing risks and benefits. A future role for the Board will be to consider what other services/functions are included within the BCF plan
- Consideration also needs to be given to how the Board can influence issues relating to housing and the local economy. Working with housing providers and the Lancashire Enterprise Partnership could help facilitate this.

Resolved:

- i. That the Steering Group and Programme Managers Groups be maintained
- ii. A half day governance workshop be arranged which will address system leadership

5. Child and Adolescent Mental Health Services update

Les Martin from the Lancashire CSU provided the Board with a verbal update on the progress of a Steering Group which is chaired by Dr Ann Bowman undertaking a review of CAMHS. He informed members that the Steering Group including the participation of all 3 HWBs in the county and were taking account of national drivers as part of the review. Phase 1 of the review looked at the background and context including access to and commissioning of services to enable them to make recommendations to improve the service. Lancashire County Council had already produced a CAMHS strategy which identified 8 outcomes. The Steering Group will produce a report for presentation and discussion with the CCGs with a focus on 'what we do now to improve access to services' and they are linking in with the work of West Lancashire CCG who have a national lead for engagement. The report will suggest ways on how to deliver integrated support with a single point of access and the group have looked at what is currently being done in Liverpool and Birmingham.

A discussion took place and the main points were:

- One area that needs to be addressed is the development of a single and clear referral system as there is significant confusion amongst different groups (e.g. parents, schools etc.) on how young people are referred.
- It was suggested that a representative from a Pupil Referral Unit should also be on the Steering Group
- A single referral pathway is available on the Children's Trust website (need link)
- There needs to be better integration between inpatient facilities and community based provision and members were informed that Blackpool have examples of good practice of this
- The Steering Group are looking at services across the spectrum including the transition to adult services and there are a low number of beds for the population.
- Concerns were expressed about young people being admitted to paediatric wards and potentially bed blocking. Officers explained that there was no data to support this but committed to investigating the issue further
- Alternative options to hospitalisation and police cells being explored
- Winter pressures – managing to reduce admissions to hospital through early and quicker diagnosis. It was felt by members that the ones who slip through the net are the ones who end up in the criminal justice system and therefore the earlier they can receive help the better.
- Further progress will be reported back to the Board in due course

It was resolved that the Board would receive a further update on CAMHS in the future.

6. Domestic Abuse - Collaboration with Health Services

Since the Board had last discussed this topic a report had been presented to the Scrutiny Committee and NICE had recently published guidance. Sakthi informed members that the Scrutiny Committee has requested a follow meeting to which an NHS representative would be invited in approximately six months' time. It was noted that Peter Tinson was representing CCGs on this matter at the Lancashire Chief Executive's Group and an NHS specific action plan will be presented to that group. Members from the CCGs requested clarity around the funding for specific domestic abuse projects as the County Council have the responsibility for public health. A discussion took place and the main points were:

- The Department of Health funding for Domestic Abuse is in the form of a Public Health grant and that the grant is already being used to fund relevant elements of domestic abuse services.
- It was suggested that there is a need to share information between the services commissioned and to ensure seamless pathways
- Current funding streams will end for domestic abuse in 2015/16 and members felt it was important that a discussion takes place about funding for the future.
- Domestic abuse has an economic impact on the whole health and social care system and members were informed that Lancaster University has developed a model that can cost out the impact.
- It was agreed that we need effective collaborative commissioning and as work is taking place to look at commissioning contracts for the next 3 years it is an opportunity to get all the relevant partners and providers round the table
- It needs to be a joined up approach and it was acknowledged that NHS representation on this issue happened as a direct result of the intervention of the Scrutiny Committee. It's about understanding the role of the NHS in domestic abuse services.

It was resolved that the update be noted and that work continues with CCG colleagues to produce an action plan.

7. Accident & Emergency situation update

CC Ali asked individual members if they had any specific updates to provide to the Board on their current actions to manage patient flow. The following key points were discussed:

Lancashire Teaching Hospitals

- Currently have approximately 60-100 more beds than staff to support
- Working with Lancashire Care Foundation Trust and local CCGs to manage these patients. The Homeward Bound service, which is due to start mid-February, will look to identify patients who can move over to a level of care that doesn't require hospitalisation but still have some nursing needs.
- A recent audit identified 92 patients who didn't need to be there if there had been some relevant alternative provision
- A number of care homes in the area that had recently closed, following CQC inspections, added to the pressures.
- The Trust in partnership with Bolton University had launched its own School of Nursing. They would be trained on-site and guaranteed a job post qualification. The intake was 25 students twice a year.

Lancashire North CCG

- The situation has improved with better staffing levels.

East Lancashire CCG

- Performance dropped over the Christmas and New Year period and following a slight improvement, dropped again due to the cold weather. It was felt that this is a whole health economy issue rather than just down to the acute trust who are currently addressing their level of performance.

Greater Preston and Chorley, South Ribble CCGs

- Currently undertaking a piece of work looking at what is causing people to use A&E (as opposed to alternative provision) but have already identified that the over 80s are of most concern.

West Lancashire CCG

- There were 241 additional admissions during December – there were extra intermediate care beds in the community.
- Doing an analysis with GPs and North West Ambulance Service
- High levels of sickness amongst Trust staff due to the pressures of work and once things had quietened down they will undertake a review to determine if there are any lessons that can be learnt.

Lancashire County Council

- Huge demand on all aspects of the social care. Increased capacity had been created in the Deprivation of Liberties Service and the 'step up - step down' facilities
- Major recruitment problem within the independent sector as there are not enough nurses for the nursing homes.
- Acknowledged that the closure of care homes and subsequent relocation of those residents impacts on the whole system.

Other general comments from Board members included:

- Acknowledgement of the impact of changes within health and social care services as a result of financial challenges – infection control was given as an example.
- Impact of the Care Act has the potential to be significant and the level of expected funding is unlikely to address this fully. The County Council are still looking at inefficiencies within the system and one example is the introduction of a single approach to care home fee rates.
- The Board acknowledged that the whole system is under significant pressure.

It was resolved that the updates be noted

8. Urgent Business

None noted

9. Date of Next Meeting

The date of the next meeting of the Health & Wellbeing Board is Wednesday 29 April at 2.00pm in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire Health and Wellbeing Board Meeting to be held on 5 June 2015

Lancashire Health and Wellbeing Board – our future approach

Contact for further information:
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Executive Summary

There is a strong commitment from partners to ensure that the Health and Wellbeing Board (HWBB) is an effective forum to deliver improved health and wellbeing outcomes through collaboration. Through the engagement of Board members in a recent workshop a number of areas of focus have been identified that would enhance the approach and effectiveness of the Board. The thinking around these areas was further developed through a one off meeting of partners, which, supported by examples of good practice in other authorities, has informed a refreshed approach in Lancashire.

A full report that captures this context and details a set of proposals for consideration of the Board can be found through the following link [Health and Wellbeing Board - our future approach](#)

Recommendation/s

The Health and Wellbeing Board is recommended to:

1. Agree the proposals set out in this report
2. Agree the refreshed Terms of Reference for the Health and Wellbeing Board

Background

Below is a summary of the proposals that have been set out in the main paper:

Clarity of purpose

1. A refreshed terms of reference will be produced (See Appendix 1 – draft terms of reference)
2. Membership of the Board will be under continual review.
3. Support will be provided, for existing and any newly appointed Board members.

Meetings

1. Time will be built into agenda's to allow Board members to fully understand and discuss key issues
2. Papers will be concise and without jargon, with clear recommendations (See Appendix 2 – report template)

3. Meetings will be bi monthly, with every other meeting delivered as a workshop with a thematic focus

Strategy

1. Develop and agree a rolling two year multi agency action plan.
2. Develop a clear forward plan that frames meetings of the Health and Wellbeing Board around key themes.
3. Develop work and relationships to ensure a better coherence between the county and local health and wellbeing plans

Synergy and coherence

1. The Chairs of the local Health and Wellbeing Partnerships will be invited to sit on the Health and Wellbeing Board
2. Develop work and relationships to ensure a better coherence between the county and local health and wellbeing plans
3. Deliver an annual health and wellbeing conference to engage a wider audience in agreeing the priorities and approach of the Health and Wellbeing Board

Evidence

1. Develop a simple scorecard that provides the data and the narrative around key performance measures
2. Allow time within meetings to better understand the health and wellbeing of the people in Lancashire.
3. Embed a commitment to listen, and respond, to communities and ensure mechanisms are in place to do this.

Communication

1. After each Health and Wellbeing Board meeting a simple summary of key messages will be produced and shared.
2. To produce a regular e bulletin to provide a mechanism to share information, key messages and practice with the wider health and wellbeing workforce.
3. To develop a health and wellbeing board website.
4. To embed expectations that Board members are responsible for disseminating information, decisions and key messages from the Board through their organisation/sector

Strategic fit

1. Develop and agree a working protocol that describes the relationship and accountabilities between HWBB, Lancashire Safeguarding Children Board, Lancashire Adult Safeguarding Board, Children and Young People Trust Board and the Community Safety Partnership
2. Formalise the role of Healthier Lancashire in supporting the work of the HWBB
3. Produce a partnership planning cycle that highlights the key points in the year when priorities are developed and agreed
4. Agree to an annual joint meeting of the partnership board chairs to provide a space to build a shared understanding and promote coherent and aligned leadership.

Agenda Item 6

Lancashire Health and Wellbeing Board
Meeting to be held on 5 June 2015

Better Care Fund (BCF) Quarterly Report – Quarter Four

Contact for further information: Mark Youlton, East Lancashire Clinical Commissioning Group, 01282 644684 – mark.youlton@eastlancscg.nhs.uk

Executive Summary

The purpose of this quarterly report is to inform the Lancashire Health and Wellbeing Board on the progress of the delivery of the Lancashire Better Care Fund (BCF) Plan. This report is in support of the national reporting template (Appendix A) which the Health and Wellbeing Board is required to receive, approve and submit to the Department of Health. This submission relates to the first national template completed for Quarter 4 2014/15.

In June 2013 the Department for Communities and Local Government announced £3.8 billion worth of pooled budgets between health and social care, starting from April 2015. This is a multi-year fund and was launched as a financial incentive for councils and local NHS organisations to jointly plan and deliver services so that integrated care becomes the norm by 2018. While it was recognised that many places were already working collaboratively and redesigning services to meet the needs of users and communities, faster and more widespread change was required to help to meet the increasing demand for care services into the future.

The BCF is intended to provide a means for joint investment in integrated care, which ought to reduce the pressure on social care and hospitals by providing treatment before a crisis. CCGs are expected to make significant efficiencies to generate the money to invest in the BCF, and there is a risk that if BCF plans do not deliver the anticipated results (e.g. reductions in residential care admissions or reductions in emergency hospital admissions) resources will be needed to meet the demand (e.g. funding care packages or extra staff for A&E).

In January 2015 the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million which is hosted and managed through a Section 75 by Lancashire County Council who also contribute to the BCF through the Section 256. The Lancashire BCF covers 21 schemes focussed on community based integrated services aimed at reducing non-elective activity (NEL) by 3.1%.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- Receive this report and appendices from the BCF Steering Group
- Note the purpose of the report and that it covers Quarter One of the BCF Plan 2014/15 delivery
- Ratify the submission made on 28th May 2015 as contained at Appendix A (accessed through link at bottom of page 2)
- Confirm agreement that in the future the Board will take responsibility for receiving a quarterly report from the BCF Steering Group to sign off and submit to the Department of Health. Noting the schedule of dates for this included in Appendix A (accessed through link at bottom of page 2)
- Confirm that it will be happy to receive the final draft Steering Group Terms of Reference at the next Board meeting for sign off.

Background

This report has been co-ordinated by the BCF Steering Group from information provided by the local partnerships through the Programme Managers Group. While the schemes are described once these are being implemented in the local CCG areas across varying timescales and in ways appropriate to local circumstances. Further background detail is contained in Appendix B.

Since October 2014 Lancashire County Council and the Clinical Commissioning Groups have been supported by John Bewick, OBE from the National Team and Henry Wilson from Carnall Farrar LLP to establish robust governance arrangements and to look to setting up a dedicated Programme Management Office (PMO) for the BCF.

As with most parts of England, Lancashire's population is set to grow by 2% by 2021. However the population profile is significantly older compared to the England average, and the over 70 age group will increase by over 13% during that same time frame. CCGs already spend over 30% of their health budgets on the over 70s and this disproportionate rise will add to the growing pressures on the system.

Introduction:

In January 2015 the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million.

The BCF will help us take forward the integration agenda, focusing on those high impact changes that will be delivered through integrated service delivery and sustainable shifts in activity from acute hospitals to care and health interventions and support being delivered in the community. A focus on wellbeing, independence and resilience is a shared principle with all partners taking this person-centred approach to create seamless, integrated services and pathways. These changes are predicated on the need to provide targeted everyday support to people in their neighbourhoods to tackle the wider determinants of health and well-being including advice and information, housing, nutrition and loneliness. In addition the delivery of our plans needs to ensure we partner seamlessly with voluntary sector organisations, blending their advocacy, support and expertise into our long-term solutions.

Our 21 schemes therefore focus around four key themes:

- **Out of hospital care with integrated neighbourhood teams:** patient centred co-ordinated community and primary care, working in partnership with the social and voluntary sectors.
- **Reablement services:** keeping patients at home independently or through appropriate interventions delivered in the community setting.
- **Intermediate Care Services:** community based services 24x7, both step-up and step-down.
- **Supporting Carers:** Improving the quality of life for people with support needs and for their carers so they are supported to manage their own health and wellbeing wherever they can and for as long as possible. The patients benefitting from these changes to services in particular will include the Frail Elderly patients with long-term conditions and patients with complex needs.

Quarter Four BCF Submission on 28th May 2015:

On 28th May 2015 the Quarter Four 2014/15 BCF submission was made using the new national template. This was signed off by the Steering Group and due to on-going development of the Lancashire Health and Wellbeing Board; this submission could not be ratified by the Health and Wellbeing Board until its meeting on 5th June 2015.

For completeness the template submitted, along with further information on the BCF Plan content, can be accessed through the following link:

[Better Care Fund - appendix A and B](#)

Summary of Performance against BCF Plan Quarter 4:

Non-Elective Metric:

At Quarter 4 the performance of the BCF schemes against a plan of a reduction of total non - elective admissions in to hospital (general & acute), all age, per 100,000 population of 3.1% was showing an increase against the same metric of 5.7%.

The Board should be assured that all the 21 schemes have behind them a robust evidence base and are regarded as evidence best practice. All local partnerships have reported that in general they are on track against their local delivery plans and where they are seeing any potential for problems they have in place robust mitigations.

The schemes across the BCF footprint are at different stages of implementation and have not yet had the expected measurable impact on the agreed outcomes. However, this increase of non-elective activity (NEL) should be seen in the context of a national trend of significant increases in NELs over the last quarter and Lancashire has been no exception to this. It would seem that activity has increased at a faster and higher rate than the BCF plans had assumed. However, without the BCF schemes this position may have been worse.

This potential continued increase in activity is currently being mitigated by NHS commissioners through revised commissioning intentions and there is significant national analysis being undertaken to understand the current increases, but the BCF plans remain as agreed and approved.

National Conditions:

Against the six national conditions we are meeting these standards apart from 4i which asks 'whether the NHS Number is being used as the primary identifier for health and care services'. Again the Board should be assured that there are plans to meet this condition and approval has been given by the HSCIC for Lancashire County Council to have a direct N3 connection and this is now being scheduled. Once in place social care records will be able to be matched with the NHS batch service to obtain the NHS numbers which will then be used as the primary identifier. The timescale for this is around four months.

Financial Performance:

This has not been a metric for Q4 2014/15, but there will be a narrative against this for Quarter One 2015/16 and the performance against the Section 75 Agreement in place from 1st April 2015.

Governance Arrangements:

Work is currently on-going with Lancashire County Council's Legal Department to finalise the Steering Group Terms of Reference which will be presented to the Health and Wellbeing Board at its next meeting for discussion and sign off.

Lancashire Health and Wellbeing Board

Meeting to be held on 5th June 2015

The Children and Young People's Emotional Wellbeing and Mental Health (CYP's EWMH) System Redesign

Contact for further information:

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Midlands and Lancashire Commissioning Support Unit,

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Email Les.Martin@LancashireCSU.nhs.uk; Shirley.Waters@LancashireCSU.nhs.uk;

Executive Summary

The report is an overarching, high level review of **all**¹ Children & Young People's Emotional Wellbeing and Mental Health Services (C&YP EWMH), 0 – 25 years, in Lancashire. It was built on the recent service reviews conducted by local authorities and CCGs.

The findings of this first phase, the review, have highlighted that there are pockets of excellence throughout Lancashire which could be developed, shared and implemented in some or all CCGs. Commissioning and services are fragmented leading to inequalities from one commissioned area to another with several providers delivering services in different ways depending on where the service user lives. CCGs are developing specific areas of provision without cognisance of activity in other areas.

The lack of clinical and system leadership has '*left a vacuum which commissioners are trying to fill with partnership working*' (Ham & Murray 2015). Reconfigurations in health and social care have led to the loss of organisational memory leaving a demotivated workforce where iterations of best practice have been lost or failed to be implemented.

The Programme Board developed seven principles and outcomes which on publication of the DH's Taskforce 'Future in Mind' mirrored their principles and challenges.

- making every contact count
- improve access to effective support or signposting for C&YP and their carers
- seamless transition across care delivery, right treatment and support
- commission and deliver a seamless service across the Lancashire footprint
- standardised data set and shared access to records
- planned investment
- mental health is everyone's business

Recommendation/s

The Health and Wellbeing Board is recommended to

- take cognisance of the principles, recommendations and outcomes of the C&YP's EWMH review.

¹ A child or young person with special needs will be included in the same way that any other C&YP will require universal or specialist intervention for EWMH whilst being cognisant of the service lines they may be under

- support the establishment of a system board by encouraging the nominations to represent commissioners
- support the progression of the review to the next phase
- support the areas identified for inclusion in the next phase, as outlined above in the report

Background

As indicated in the update report to the January HWB meeting the CSU was tasked with undertaking a review and taking a fresh look at the services across the pan-Lancashire system.

The review was conducted in collaboration with CCGs, Local Authorities in addition to the three Health and Wellbeing Boards, Strategic Clinical Network and in cognisance of local and national drivers for change

The review has taken into account the 'Five Year View' with respect to the development of co-commissioned, integrated service with the proposed model

Lancashire HWB this approach was endorsed and agreed that the final report would be presented a future HWB, which is presented with this update.

The Programme Board for the C&YP's EWMH submitted phase one, a whole system review, pan-Lancashire to the Collaborative Commissioning Board in April 2015 and was agreed with the caveat requiring a description of a system leader which was submitted in May and also agreed.

Summary

Phase two, planning and implementation, has begun with the first meeting of the 'System Board' which will hold to account its members and the workstreams which will sit under the Board.

The following link provides access to the three supporting reports below:

1. CYP Emotional Wellbeing and Mental Health Pan-Lancashire Review Report
2. CAMHS Review – Health and Wellbeing Board verbal update
3. Children and Young People's Emotional Wellbeing and Mental Health - Systems Leadership Description

[CYP Emotional Wellbeing and Mental Health - supporting reports](#)

Lancashire Health and Wellbeing Board

Meeting to be held on 5 June 2015

Health Behaviours Joint Strategic Needs Assessment (JSNA) - final report

Contact for further information:

Mike Walker, Lancashire County Council, 01772 533445, mike.walker@lancashire.gov.uk

Mike Leaf, Lancashire County Council, 01772 534393, mike.leaf@lancashire.gov.uk

Executive summary

This work formed part of the JSNA bespoke analysis work programme 2013/14, agreed by the health and wellbeing board in October 2013. The input of the JOG into work programme has been instrumental in the production of this JSNA.

Following input from the HWB the health behaviours JSNA was undertaken to identify the prevalence of multiple health-enabling and health-compromising behaviours of Lancashire's residents. It has also provided an understanding of the relationship between these behaviours and their impact on the health of people in Lancashire.

Following extensive analysis (including the survey findings) and engagement with partners a final report has been produced. This full final report can be found using the following link [Health Behaviours JSNA Final Report](#)

Recommendations

The Health and Wellbeing Board is asked to:

1. review and approve the priorities from the JSNA report, which include:
 - Increase people's health-enabling behaviours and health literacy levels to reduce health-compromising behaviours.
 - Reduce harmful drinking among identified high-risk groups and promoting sensible drinking.
 - Enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.
 - Promote harm reduction and recovery services for substance users.
 - Support and develop work around substance misuse, dual diagnosis, and collaborative working between partner organisations.
 - Address and reduce levels of obesity in adults and children.
 - Increase knowledge, skills and abilities around healthy eating and nutrition.
 - Challenge societal attitudes towards mental health, develop opportunities for social inclusion, social capital and mentally healthier communities.
 - Increase physical activity levels among children, young people and adults by making physical activity more available/accessible.
 - Improve sexual health through increasing testing and screening rates and reduce rates of under-18 conceptions and abortions.
 - Reduce smoking rates in the adult population whilst preventing children and young people from smoking (including e-cigarette use).
2. Ensure that this JSNA informs future priorities and planning for the Health and Wellbeing Board and the plans of the individual organisations represented.

Background

Whether a person is healthy or not is a combination of many factors including the wider determinants of health and the availability of health enabling resources across the region. A deeper understanding of health behaviours has allowed us to identify the health behaviours across population groups, and the characteristics of people with different health behaviours. It has also allowed us to see emerging issues.

The JSNA has produced a number of evidence-based strategic recommendations which can be used by the HWB and other partners to underpin direction for action. This intelligence also links into the six shifts JSNA, which has enormous potential for moving to new ways of working across Lancashire, particularly where ever-limiting resources can be most effectively be deployed. Work is planned to develop integrated services to support healthy behaviours and the JSNA analysis on health behaviours will be able to influence the priorities for this work.

The project group for the health behaviours JSNA was incorporated from a wide range of partners from all sectors across Lancashire. They have worked together to produce detailed analysis, intelligence and recommendations around this work. The wider reference group met in February 2015 to discuss and prioritise the recommendations. Further input was sought and received from other stakeholders and relevant professionals. This was incorporated into the final set of recommendations (appendix one).

Alongside the final health behaviours report there is a full complement of literature review documents, the survey findings and a secondary data analysis report. All supporting documentation is available on the [health behaviours](#) JSNA webpage.

Agenda Item 9

Lancashire Health and Wellbeing Board

Meeting to be held on 5 June 2015

Six Shifts to Improve Health and Wellbeing – final report

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Executive Summary

Through its Health and Wellbeing Strategy, the Lancashire Health and Wellbeing Board identified a number of important shifts in the way partners across Lancashire work together. These shifts in behaviour would fundamentally challenge the way that the wider health economy currently works and would improve health and wellbeing within the resources that will be available to us. The six shifts are:

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- Build and utilise the assets, skills and resources of our citizens and communities
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
- Make joint working the default option
- Work to narrow the gap in health and wellbeing and its determinants

After extensive engagement with partners, a full report has been produced and can be accessed through the following link [Six Shifts to Improve Health and Wellbeing - final report](#)

Recommendations

The Health and Wellbeing Board is asked to:

- Agree that Board members will work to embed the six shifts in their respective organisations
- Agree that each organisation considers the six shifts as part of their business plans
- Agree that this evidence base informs future planning and priorities for the Health and Wellbeing Board

Background

The Board requested that a joint strategic needs assessment (JSNA) style approach was used to build an evidence base and identify activity that supports the development of the each of the six shifts. This work has been undertaken by a wide range of colleagues from the wider health economy, with the leads for each shift coming from various partner organisations.

A number of engagement events have been undertaken over the last year that has ensured widespread participation from stakeholders. This evidence and engagement, overseen by the Joint Officers Group has informed the content of this

report together with evidence provided through the NHS Five Year Forward View, Lancashire's Better Bare Fund Plan, Healthier Lancashire and the Marmot Review.

The Six Shifts – final report highlights the excellent work that is already being done and that contributes to making the six shifts a reality. It also shows how far we need to go to make this a Lancashire wide reality and that the continuing and active engagement of all partners is essential to the success of these shifts.