



Lancashire Health and Wellbeing Board
Tuesday, 20 March 2018, 10.00 am,
Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		10.00am
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		
3. Minutes of the Last Meeting held on 25 January 2018	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Amendments to Terms of Reference	Information	To note that membership will now include a representative from the following: Lancashire Fire and Rescue Service, housing providers' and the County Council's Executive Director of Growth, Environment, Transport and Community Services. An approach will be made to obtain nominations in due course.	Chair		
5. Forward Plan and Action Sheet	Update	To note the action updates from the previous meeting and the forward plan.	Chair	(Pages 9 - 12)	
6. Joint Strategic Needs Assessment Work Programme 2017/18 and 2018/19	Update	To receive an update report on the current and proposed JSNA projects and intelligence links to the Health and Wellbeing Strategy.	Mike Walker	(Pages 13 - 16)	10.10am
7. Pharmaceutical Needs Assessment 2018	Information	The Board to note the report.	Mike Walker	(Pages 17 - 20)	10.30am
8. West Lancashire Local Delivery Plan	Update	To receive an update report from West Lancashire on the Local Delivery Plan.	Paul Kingan/Kathryn Kavanagh	(Verbal Report)	11.00am
9. Better Care Fund (BCF) Performance and Finance Update	Discussion	To receive an update report on the BCF Quarter 3 performance including the DToC Performance update, DToC Check and Challenge progress, Better Care Support Team DToC diagnostic support through Newton Europe and BCF planning for 2018/19.	Paul Robinson	(Pages 21 - 26)	11.30am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
10. Special Educational Needs and Disabilities Improvement Plan	Update	For the Board to receive a summary of County partnership response to date and next steps.	John Readman	(Verbal Report)	12.10pm
11. Urgent Business	Action	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.	Chair		12.15pm
12. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 10.00am on Tuesday, 15 May 2018 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.	Chair		12.20pm

L Sales
Director for Corporate Services

County Hall
Preston

New members were noted as follows:

Sheralee Tuner-Birchall for Mike Wedgeworth, Healthwatch, Lancashire.
Superintendent Andrea Barrow for Detective Chief Constable Sunita Gamblin, Lancashire Constabulary.

Replacements were as follows:

Victoria Gibson for Jane Booth, Lancashire Safeguarding Adult and Children Boards.
Steve Winterson for Heather Tierney-Moore and Dee Roach, Lancashire Care NHS Foundation Trust.
Dr Tony Naughton for Jennifer Aldridge, Fylde and Wyre Clinical Commissioning Group (CCG) and Fylde and Wyre Health and Wellbeing Partnership.
Denis Gizzi for Dr Sumantra Mukerji and Dr Gora Bangi, NHS Greater Preston CCG and Chorley and South Ribble CCG.
Dr Andy Knox for Jacqui Thompson, North Lancashire Health and Wellbeing Partnership.
Anthony Gardner for Dr Alex Gaw, Morecambe Bay CCG.

John Readman was welcomed to the meeting as the Interim Executive Director of Education and Children's Services who was in attendance as an Observer on this occasion.

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 Last Meeting held on 14 November 2017

Resolved: That the Board agreed the minutes of the last meeting.

4. Membership Update

Resolved: That the Board agreed the Amended Terms of Reference and noted that the Executive Director of Adult Services and Health and Wellbeing and Executive Director of Education and Children's Services have been appointed to the Board and that the Director for Adult Services and Director for Children's Services will substitute when required for the Executive Directors. These changes reflect Lancashire County Council's new Senior Management structure.

Discussion took place regarding broadening the representation on the Board to include Lancashire Fire and Rescue Service (LFRS), Housing Providers, Lancashire Enterprise Partnership (LEP).

Resolved: i) That members of the Board consider additional representatives appropriate to the HWBB outside of the meeting, and report back at the next meeting on 20 March 2018.

- ii) That additional representation was agreed to include Lancashire Fire and Rescue Service, Housing Providers and the County Council's Executive Director of Growth, Environment, Transport and Community Services.

5. Forward Plan and Action Sheet

Resolved: That BCF Planning for next year and an update from the BCF Steering Group meeting on 26 January 2018 be added to the Forward Plan for 20 March 2018 meeting.

On the action sheet, Clare Platt confirmed that there was a date in the diary to meet with all Leads to discuss the way forward on the Lancashire Health and Wellbeing Strategy workstreams.

6. Better Care Fund Performance and Finance Update

Paul Robinson, NHS Midlands and Lancashire Commissioning Support Unit was welcomed to the meeting to present an update report including progress against iBCF schemes, allocation of slippage monies and Delayed Transfers of Care performance.

i) Improved Better Care Fund (iBCF) slippage allocation

Following an approach endorsed by the Health and Wellbeing Board, the Chair, County Councillor Shaun Turner led a process of proposal, scrutiny, review and approval of allocation of iBCF slippage monies in December 2017. The allocations and process followed were set out in a letter to the board on 22 December 2017 as attached at Appendix A in the agenda pack. The agreed process was that the money was to be divided into two equal tranches:

Tranche 1 - £1.4m was allocated based proportionately on population.

Tranche 2 - £1.4m was made available subject to a bidding process.

Mobilisation of activity begun soon afterwards and detail of spend, activity and impact will be reported back to the board in March 2018.

ii) Delayed Transfers of Care (DToC) performance update

Data for DToC performance is now available for October and November 2017 with targets not currently being met.

However, there is an acknowledgement by the Secretaries of State for Communities and Local Government and Health that there has been improvement against DToC in Lancashire, highlighted in a letter to the Leader of Lancashire County Council, removing the likelihood of reduction in 2018/19 iBCF allocations.

DToC performance data by hospital provider highlights variations in DToC identification and recording practice. This is being looked at through shared scrutiny and learning with a report to be presented to a future Health and Wellbeing Board meeting.

iii) Better Care Fund (BCF) and iBCF Governance

The BCF Steering Group is to review governance arrangements at its meeting on 26 January 2018 and is seeking input from all partners individually, and collectively through the Health and Wellbeing Board. Its conclusions and recommendations will be brought to the HWBB for consideration at the meeting on 20 March 2018.

BCF funding is supporting the Voluntary, Community and Faith Sector (VCFS) with £100,000 funding to support alignment of resources and support the acute patients to return to the community through the Active Age Alliance. There are 88 organisations involved and around 140 individuals. A business case is being developed and this will be presented to the BCF Steering Group for consideration. An update to the Board will be provided in due course.

Resolved: That the Health and Wellbeing Board:

- i) Confirm the decisions made by County Councillor Turner, on its behalf, for allocation of iBCF slippage monies.
- ii) Note the performance of DToC for October and November 2017 against the trajectory set for those months.
- iii) Note the decision set out in the letter of 5 December 2017, from the Secretaries of State for Communities and Local Government and Health, not to review Lancashire iBCF allocations for 2018/19.
- iv) Provide observations, comments and guidance for the BCF Steering Group to help it produce proposals for revised governance arrangements for the BCF and iBCF in Lancashire.

7. Delayed Transfers of Care (DToC) in Lancashire

Louise Taylor presented the attached presentation to the Board which detailed key themes emerging from the Check and Challenge Day.

As of 24 January 2018 there were 36 individuals delayed which is good progress, however system pressures are still slowing things down. There needs to be consistency in applying the eight points on the High Impact Change Model.

The eight points on the High Impact Change Model which has been set out Nationally are as follows:

- i) Early discharge planning
- ii) Systems to monitor patients flow
- iii) Multi-disciplinary agency discharge teams
- iv) Home first/discharge to assess
- v) Seven-day services
- vi) Trusted assessors
- vii) Focus on choice
- viii) Enhancing health in care homes

Members of the Board confirmed that the Check and Challenge Day was a very useful exercise and invaluable in setting out the scene on how things are going to be done differently and what needs to be transferred to other workstreams. How different partners are measuring the High Impact Change Model needs to be aligned and shared going forward.

8. Morecambe Bay Local Delivery Plan

Dr Andy Knox, newly appointed Director of Population Health and Engagement in Morecambe Bay presented the attached presentation.

Dr Knox reported that there was fantastic partnership working with both Cumbria and Lancashire County Councils.

Research shows that People in Morecambe die 15 years earlier than people in the wide Bay and once this information is shared with people in Morecambe, they action to do things to improve this and stop it happening and work with professionals to bring about positive changes.

The next steps is the total neighbourhood approach to health improvement.

Dr Knox is attending the Pan Lancashire Headteachers conference and will be covering four areas – Mental Health, Healthy Eating, Adversity and Movement/Exercise.

Resolved: That Amanda Hatton and the Virtual Schools Headteacher be invited to the Conference.

Dr Knox was thanked for his presentation.

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

Gill Simpson and Dawn Howarth from the Children and Young People's Emotional Wellbeing and Mental Health (CYPEWMH) Transformation Team and Dave Carr, LCC were welcomed to the meeting and presented the attached presentation.

The programme is now in its second year of delivery against the Pan-Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme which has resulted in a number of key objectives which enable children and young people to benefit from enhanced services and greater access to support. The Programme Board has consulted on shared priorities for the future and a refreshed Transformation Plan will be published by the end of January 2018.

Alongside this activity, Clinical Commissioning Group (CCG) commissioning leads have been working with the provider organisations to define the scope of the redesign project for Child and Adolescent Mental Health Services (CAMHS) across Lancashire and South Cumbria. The aims of the project are to further improve access to CAMHS and reduce variation in service offer and investment.

A new Commissioning Development Framework, sponsored by senior leaders in each CCG, NHS England (Lancashire and South Cumbria) and the Commissioning Support Unit, has been developed during the autumn to set out how commissioning arrangements can evolve in the light of the Five Year Forward View. The work undertaken on the CAMHS Redesign Project to date provides an early illustration of how some of the legacy challenges of variable investment and inconsistent service delivery can start to be addressed by such an approach. Engagement will continue with Partners to determine whether there is an appetite for the Commissioning Development Framework to be applied to the wider system for children and young people's emotional wellbeing and mental health, bringing together the collective resources of health Partners and Local Government across the Sustainable Transformation Partnership (STP).

The Board noted some of the highlights of the programme which included:

- Lancashire Active Healthy Minds Programme targeted at schools to build resilience through sport.
- Dedicated place of safety for Lancashire wide children and young people in September 2017.
- Implemented a new community dedicated all age "eating disorder" service.

The green paper is out for consultation until March, then hope the white paper will be published in Summer 2018 and hopefully this will ease the pressure on teachers dealing with mental health issues and stress.

Variability of provision needs to be identified from the Health and Wellbeing Board and the Safeguarding Boards.

Resolved: That the Health and Wellbeing Board agreed to:

- i) Note the report and accompanying presentation.
- ii) Consider the potential opportunities for more collective commissioning by all Partners across the system for children and young people's emotional wellbeing and mental health, bringing together the collective resources of health Partners and Local Government across the STP.

10. Special Educational Needs and Disabilities (SEND) Services

Amanda Hatton, Director of Children's Services updated the Board on the recent Lancashire Local Area Special Educational Needs and/or Disabilities (SEND) Inspection which happened in November 2017. Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Lancashire, to judge how effectively the special educational needs and disability (SEND) reforms have been implemented, as set out in the Children and Families Act 2014. The final report has now been received and was attached as Appendix A in the agenda pack for reference.

The local area strategic partnership, including school leaders, will be working with Ofsted, CQC and the Department for Education (DfE) to deliver a SEND action plan to address the issues identified by the inspectors.

A list of the main issues that will be being worked on and actions agreed to help achieve the improvements were detailed in the report in the agenda pack.

The Board noted that it was good to see that some issues were improving prior to the Inspectors arrival which had been picked up in-house.

CC Driver stated that his Members see this as a high priority and resources will be made to ensure improvements are made.

Resolved: That the Health and Wellbeing Board agreed to:

- i) Note the detail of the Ofsted/CQC report.
- ii) Receive an update, including draft action plan, to a future meeting of the Board.

11. Urgent Business

There were no matters of urgent business received.

12. Date of Next Meeting

The next scheduled meeting of the Board will be held at 10.00am on 20 March 2018 in Committee Room C – Duke of Lancaster Room, County Hall, Preston.

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Lancashire Health and Wellbeing Board

Forward Planner 2017/2018

Date of Meeting	Topic	Summary	Owner
May 2018	Care Home Collaborative Working	Board to receive an update on the event.	Lisa Slack/Louise Taylor
May 2018	BCF update	Better Care Fund Q4 performance update	Paul Robinson
May 2018	LDP update	Board to receive Local Delivery Plan from Fylde and Wyre	Peter Tinson
May 2018	Population Health Plan	To receive an update on the plan including: Tobacco Dementia Strategy Physical Activity	Dr Sakthi Karunanithi
May 2018	Local Delivery Consultation	To receive an update on Transforming Care and details on the full clinical review regarding the model of care for people with learning disabilities and autism that will be considered by a wide group of stakeholders as part of a formal public consultation and how this will be carried out.	Sharon Martin
May 2018	Special Educational Needs and Disabilities Improvement Plan	To receive the Written Statement of Action.	John Readman

Date of Meeting	Topic	Summary	Owner
May 2018	Free Swimming for School Children	Board to look at the impact of the free swimming projects in Fleetwood and Pendle and evaluate its success in terms of encouraging children to be more active and whether this could be further expanded and the impact and effectiveness can then be fully considered ahead of committing more funding to this initiative.	Dr Sakthi Karunanithi
May 2018	Delayed Transfers of Care	To receive a performance update.	Louise Taylor

Lancashire Health and Wellbeing Board

Actions, January 2018

Action topic	Summary	Owner
Representation on the Board	Board members were asked to think about the need for additional representation and bring this back for discussion at the next Board meeting on the 20 th March.	HWBB members
iBCF slippage allocation	The detail around spend, activity and impact of the mobilisation process to be presented at the next Board meeting on the 20 th March.	Paul Robinson
DToC performance	A report on DToC performance to be presented at a future Board meeting which will detail the potential variation in DToC identification and recording practice.	Paul Robinson
BCF and iBCF governance	Conclusions and recommendations of the review of the governance arrangements to be brought to the next Board meeting on March 20 th .	Paul Robinson
CYPEWMH Commissioning Development Framework Programme	Identify the current variability of provision. Consider the potential opportunities for more collective commissioning across the system.	HWBB and LSCB HWBB members
SEND	An update and draft action plan to be presented at the next Board meeting on 20 th March.	Amanda Hatton

Agenda Item 6

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 March 2018

Joint Strategic Needs Assessment work programme 2017/18 and 2018/19

Contact for further information:

Mike Walker, Information, Intelligence, Quality and Performance Manager, Lancashire County Council, 01772 533445, mike.walker@lancashire.gov.uk

Executive Summary

Every year the Health and Wellbeing Board (HWB) approves the annual work programme for Lancashire's Joint Strategic Needs Assessment (JSNA). In June 2017, the HWB agreed the continued development of the neighbourhood intelligence platform to support the Lancashire and South Cumbria STP, and to develop the JSNA service with a range of partners in the county.

This paper updates the HWB on the progress of the agreed actions and the next steps. It also recommends a programme of work for the JSNA team for 2018/19 proposed by the JSNA Leadership Group.

Recommendations

The Health and Wellbeing Board is recommended to:

- i) Receive the main outputs from the 2017/18 work programme.
- ii) Receive the details of additional work undertaken during 2017/18.
- iii) Comment on and approve the JSNA plans for the 2018/19 as recommended by the JSNA Leadership Group
 - support the ongoing development of population health analytics at the neighbourhood level to build system-wide business intelligence capacity across the STP
 - undertake special education needs and disabilities (SEND) JSNA
 - undertake eye health JSNA

Background

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs, through the Health and Wellbeing Board. The responsibility falls on the Health and Wellbeing Board as a whole. Every year, the JSNA work programme is proposed by the JSNA Leadership Group and agreed by the HWB. The JSNA team leads two or three major thematic JSNA projects per year, which are delivered in partnership with other teams and organisations. These projects provide a depth of knowledge on particular topics that supplements the breadth of knowledge provided by the JSNA intelligence web pages. The outputs and findings are presented to the JSNA Leadership Group and HWB by the JSNA.

The 2017/18 project outputs and findings were presented to the JSNA Leadership Group and these are now being presented to the HWB for comment and sign-off prior to publication. The JSNA Leadership Group has produced recommendations for the 2018/19 JSNA work programme, which the HWB is asked to comment on and approve.

Findings and outputs from 2017/18 projects

As reported to the HWB last year, the JSNA manager is currently on maternity leave until May 2018 with her responsibilities being picked up by the county council's Business Intelligence team. Ongoing support continues to be provided by the Business Intelligence team to deliver the JSNA. The HWB agreed that no specific thematic projects be undertaken and that instead, the JSNA provides a responsive, flexible service to support the health and wellbeing intelligence needs of the emerging Lancashire and South Cumbria STP and its commissioning neighbourhoods.

Neighbourhood intelligence

This [tool](#) provides intelligence on health, wellbeing and the wider determinants of health at neighbourhood level for service planning purposes. It is an interactive online intelligence tool providing JSNA data and intelligence for Lancashire's neighbourhood areas. The HWB agreed that the tool would continue to be developed, to support partners and to include partnership data. We have worked with a number of partners to develop the tool, so that it supports service planning and commissioning decisions. The tool now includes additional data to cover the whole STP footprint for the mortality and health and wellbeing dashboards. Other added dashboards include social mobility and additional affordable housing, and a multi-agency outcomes framework to support early action.

Air quality needs assessment

An interactive dashboard is being developed to bring together environmental indicators with health data and Quality and Outcomes Framework (QOF) prevalence.

Working age population (WAP) JSNA

An interactive dashboard has been developed based on the data from last year's WAP JSNA. It will be regularly updated with the most recent data.

Workplace health strategy

An interactive dashboard is being developed to visualise workplace health indicators for the county council. This approach is transferable to other organisations.

Other

Every year, the JSNA provides input, advice and support, data or intelligence provision to partners alongside the agreed work programme. In 2017/18, an interactive dashboard on mortality was developed for the Fylde coast vanguard area. A GP neighbourhood tool is being developed that will support the work of neighbourhood teams and underpin the broader JSNA offer.

Recommendations for the 2018/19 JSNA work programme

Support STP-wide population health analytics at the neighbourhood level

The developing STP-level accountable care system and the accountable care partnerships still need to be supported with JSNA data and for their strategic data to be shared across partners, to provide a single evidence base. Partnership collaboration remains crucial to share not only data, but also topic, sector and system intelligence expertise. It is clear that

there are still further opportunities to develop system-wide business intelligence capacity and to deliver intelligence at an appropriate neighbourhood level.

The JSNA will continue to work in partnership with organisations such as NHS Midlands and Lancashire Commissioning Support Unit (CSU), CCGs, NHS England, providers and local authorities. This will include further development of the Neighbourhood Intelligence tool and bespoke dashboards where required.

Special educational needs and disabilities (SEND) JSNA

A thematic SEND JSNA was completed in 2013, which forms part of the [SEND analysis](#) on Lancashire Insight. The thematic report contains detailed analyses and prioritised recommendations for action. Whilst some of the recommendations are still relevant, it is now timely to update the detailed data and analyses of the SEND JSNA, and for this to underpin a set of revised prioritised recommendations to reflect the current situation for SEND in Lancashire. The county council's SEND service is supportive of this JSNA.

Eye health JSNA

The JSNA has previously supported partners to develop an approach to delivering analysis on eye health and visual impairment across Lancashire. The Lancashire Insight website has prevalence estimates for visual impairment. However, there is an opportunity to conduct more in-depth analysis with key partners in this area to develop a robust evidence base, a better understanding of the local implications of visual impairment and produce a set of prioritised recommendations. The analysis would be across the STP footprint, with reporting at a local level to support commissioning, and underpinned by engagement with those living with visual impairment. The Lancashire and South Cumbria Local Eye Health Network is supportive of this JSNA.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Legal

It is a requirement under the Local Government and Public Involvement in Health Act 2007 that the authority must undertake a Joint Strategic Needs Assessment. Section 196 of the Health and Social Care Act 2012 makes the completion of this assessment a function of the Health and Wellbeing Board. As it is a requirement that the authority undertake the assessment failure to carry this out could result in legal action being taken against the authority.

Financial

There are no financial implications resulting from the proposed programme of work for 2018/19 and the programme will be delivered within existing resources. However, failing to incorporate assessments of population need into the commissioning and service planning processes could lead to resources being provided where they are not needed and not

providing value for money. Conversely, provision of services that are unsuitable or inadequate for the needs of the population could lead to worsening of population health that will require more intensive resources being needed in the future. This could also have knock-on effects on non-health services.

Equality and Cohesion

Failure to incorporate assessments of population need into the commissioning and service planning processes could cause health inequality gaps to widen, worsening the health, wellbeing and lives of some of the most vulnerable groups and individuals.

List of background papers

N/A

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 March 2018

Pharmaceutical Needs Assessment 2018

Contact for further information:

Mike Walker, Information, Intelligence, Quality and Performance Manager, Lancashire County Council, 01772 533445, mike.walker@lancashire.gov.uk

Executive Summary

The three Health and Wellbeing Boards (HWBs) across pan-Lancashire have a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area. This is referred to as a pharmaceutical needs assessment (PNA) and needs to be published before 1 April 2018.

This paper outlines the PNA process in pan-Lancashire, summarises the findings and recommendations, provides links to the draft PNA 2018 documents and seeks the approval of the HWB to publish the PNA 2018.

Recommendations

The Health and Wellbeing Board is recommended to:

- i) Receive the Pharmaceutical Needs Assessment 2018.
- ii) Note the finding that there is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire.
- iii) Note the recommendations from the PNA 2018.
- iv) Approve the PNA for publication by 31 March 2018.

Background

For 2018, the PNA in Lancashire has been developed as a single set of documents covering the area of the three HWBs, managed by a steering group of Blackburn with Darwen, Blackpool and Lancashire council officers, and staff from NHS England, clinical commissioning groups and Community Pharmacy Lancashire.

The PNA describes the needs of the citizens of the pan-Lancashire area for pharmacy services. The PNA includes information on:

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring HWB areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to provide local public health services and join the healthy living pharmacy scheme

The PNA is used to support NHS England–North (Lancashire and South Cumbria) in making decisions to approve/reject applications to join the pharmaceutical list (also known as market entry), as well as applications to change existing pharmaceutical services. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed or challenged via the courts, it is important that PNAs, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, PNAs are updated every three years.

The draft [full PNA 2018 report](#) and appendices are published for reference.

Findings

- There are 26 pharmaceutical service providers per 100,000 registered population in pan-Lancashire, with the England average being 21.
- There is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire.
- Across the pan-Lancashire area there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20 minute drive.
- The majority of citizens are aware of the different services available at the pharmacy, although most people are only able to mention a few of them.

Further findings can be found in the draft [PNA executive summary](#).

Recommendations

- 1) The pan-Lancashire area is well provided for by pharmaceutical services and there is no need for additional pharmaceutical contracts. However, additional services negotiated with Community Pharmacy Lancashire (CPL) from existing pharmacies would benefit the population.
- 2) The range of services pharmacies provide may not be fully known to citizens. There is an opportunity for all pharmacies and social and healthcare agencies to publicise and promote pharmacy services.
- 3) The extended opening hours of community pharmacies are valued and these extended hours should be maintained. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services.
- 4) Commissioners are recommended to commission services in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In conclusion, this PNA identifies that it should be the basis for all future pharmacy commissioning intentions, pharmacies provide a wide range of services above core contracts and there was no identified need for additional pharmacies.

Consultations

A 60-day public consultation was undertaken to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback was gathered and logged and all necessary changes made to the PNA document.

Implications:

This item has the following implications, as indicated:

Risk management

Legal

Section 126 of the NHS Act 2006 placed an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the act also described the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

In 2012, the Health and Social Care Act was produced and superseded the NHS Act 2006. The 2012 act established HWBs and transferred the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in regulations 3-9 schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The 2012 act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to joint strategic needs assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

Financial

There are no financial implications resulting from PNA 2018.

Equality and Cohesion

An equality assessment was completed as part of the PNA process and can be found [here](#).

List of background papers

N/A

Lancashire Health and Wellbeing Board

Meeting to be held on 20 March 2018

Lancashire Better Care Fund 2017/19 update

Contact for further information:

Mark Youlton, East Lancashire Clinical Commissioning Group, 01282 644684

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Executive Summary

The purpose of this report is to inform the Lancashire Health and Wellbeing Board of:

1. BCF Quarter 3 2017/18 report

Non-elective admissions exceed target by 4.3%

The Q3 performance position for **Permanent admissions to residential and nursing care homes** is 31 admissions over target (2%).

The effectiveness of reablement continues to be demonstrated with increasing numbers of users 1304, with 1140 of those still at home after 91 days.

2. Delayed Transfers of Care (DToC) performance update

There were 7.4% less recorded delayed days than in the same period last year. However, this is 50% above the target set centrally. Some improvement against that target can be seen between November and December. During the quarter the balance between NHS and Social Care attributable delays has shifted slightly to Social Care attributable delays being the greater.

The latest available data, January 2018, shows a continuation of the overall improvement.

3. DToC support

An offer from the national Better Care Support Team of support been accepted by the BCF steering group. This is in the form of DToC diagnostic support to be provided by Newton Europe that will add to that commissioned by Lancashire County Council and connect with that already undertaken in Pennine Lancashire and Fylde Coast.

4. DToC Check and Challenge...next steps

The System Wide and High Impact Change Model specific challenges, ideas and actions that came from the DToC Check and Challenge session are forming the basis of an action plan that will connect the delivery through BCF, A&E delivery boards and the Urgent and Emergency Care Network.

5. BCF and iBCF planning 2018/19 and beyond

In the immediate future planning will mainly focus on shaping the use of iBCF with the BCF plan remaining closely to its present form.

In the longer term BCF remains central to policy on driving integration and shaping delivery of NHS and social care services. The planning process especially beyond 2018/19 requires the direction of the Health and Wellbeing Board.

Recommendations

The Health and Wellbeing Board is recommended to:

- i) Note the performance against the BCF metrics as referenced in 1 & 2 above.
- ii) Note the DToC support offer.
- iii) Approve the approach to coordinate the DToC support with all other DToC work and confirm the planned outputs and outcomes as set out to the board in the presentation.
- iv) Review and confirm the actions set out in the Check and Challenge action plan as presented to the board.
- v) Agree the approach to be taken to BCF and iBCF planning and provide challenge direction, knowledge and leadership to this.

2017/18 Quarter 3 BCF report

NHS England required that the quarterly report be submitted on the 19 January 2018. This timescale did not allow for full and validated data to be submitted, this was acknowledged by NHSE and estimated data for December was required and provided.

This report provides a complete and validated BCF performance position for Q3.

BCF performance metrics

Non-elective admissions

The total number of non-elective admissions in Q3 was 41,302. This represents a variance of +4.3% against the BCF target of 39,580 and a variance of +3.8% against the same quarter in 2016/17 (39,791).

Non-elective admissions have been higher than target for all of 2017/18 but did remain below 2016/17 levels until October 2017.

Permanent admissions to residential and nursing care homes

Lancashire	Permanent admissions to residential and nursing care homes (age 65+)	Permanent admissions per 100,000 population 65+
2016/17 Actual	1,795	742.3
2017/18 Plan target	1,795	734.2
2017/18 Q1 (Jul-16 to Jun-17)	1,892	782.4
2017/18 Q2 (Oct-16 to Sep-17)	1,883	778.7
2017/18 Q3 (Jan-17 to Dec-17)	1,826	755.1

NB Quarterly data is based on a rolling 12 month period up to and including that quarter.

The Q3 figure of 1826 admissions for the rolling year is a slight improvement on the Q2 figure of 1883 but has not achieved the BCF target of 1795. This must be considered against the background of much increased social care assessment activity.

The Effectiveness of Reablement Services

Q3 figures show a further improvement in that 1304 people were offered these services for the period compared with Q2 figures of 1214 people. This exceeds the 2017/18 Better Care Fund target of 1000.

Lancashire outcome figures for Q3 monitor the whereabouts of these individuals and indicate 1140 (87.4%) were still at home after 91 days. This compares favourably with the 2016/17 national average of 82.5% and with the Lancashire 2017/18 Better Care Fund target of 84.0%.

Delayed Transfers of Care (DToC)

In Q3 there were 13,159, all cause, delayed days recorded. This is 7.1% below the level experienced for the same period in 2016/17 (14,172) but 50.0% above the target set centrally (8,750) for the quarter.

The table below shows the breakdown of the delays across health and social care.

Lancashire DToC					
Month	NHS Days	Social Days	Care	NHS Social and Care Days	Total Days
Oct-17	2472	1872		365	4709
Oct% of total	52	40		8	
Nov-17	2216	1936		395	4547
Nov% of total	49	42		9	
Dec-17	1661	1811		431	3903
Dec% of total	43	46		11	
Q3	6349	5619		1191	13159
Q3 % of total	48	43		9	

For the quarter 48% of delays were attributable to the NHS, 43% to Social care and nine jointly attributable.

During the quarter the balance between NHS and Social care attributable delays shifted to a position for December where social care attributable delays were the greater.

The following table presents the data against the centrally defined targets. As can be seen the required trajectory is extremely challenging although there is identifiable improvement between November and December that is continues into January.

Trajectory	Lancashire DToC									
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
NHS attributed delayed days	1826.0	1718.9	1611.8	1624.3	1276.9	1319.1	1318.8	1191.6	1318.3	
Social Care attributed delayed days	2,436.0	2,436.0	2,436.0	2,436.0	747.8	772.8	772.8	698.0	772.8	
Jointly attributed delayed days	237.4	223.5	209.5	211.2	177.9	183.8	183.8	166.0	183.8	
Total Delayed Days	4499.4	4378.4	4257.4	4271.4	2202.6	2275.6	2275.3	2055.5	2274.8	
Actual	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
NHS attributed delayed days	1911.0	1780.0	1922.0	2472.0	2216.0	1661.0	1557.0			
Social Care attributed delayed days	2,824.0	2,306.0	2,218.0	1,872.0	1,936.0	1,811.0	1,634.0			
Jointly attributed delayed days	162.0	297.0	371.0	365.0	395.0	431.0	288.0			
Total Delayed Days	4897.0	4383.0	4511.0	4709.0	4547.0	3903.0	3479.0			
% variation	8.84	0.11	5.96	10.24	106.44	71.51	52.90			

DToC support

Members of the board will recall that previous reports have referred to letters from the secretaries of state for Communities and Local Government and Health expressing concern at the level of DToC in Lancashire the potential for review of the approach being taken and possible reduction of iBCF monies.

That path has not been followed and instead an offer of support to the Lancashire Health and Social Care system has come from the national Better Care Support Team. This is in the form of DToC diagnostic support that has been commissioned from Newton Europe. This is in addition to work commissioned by Lancashire County Council using iBCF and will add to work previously carried out by Newton Europe in Pennine Lancashire and the Fylde Coast.

A presentation of the latest outline/ scope/ plan of the work will be provided to the board.

DToC check and challenge

The Board received a verbal report from the DToC check and challenge session, held on 8 January 2018, at its January meeting.

The outputs from that session in the form of *System Wide* and *High Impact Change Model* specific *challenges*, *ideas* and *actions* are being reviewed in terms of status, progress and planned action.

The BCF steering group has picked up the ownership of this work and is keen that it generates coordinated activity across the BCF, A&E delivery boards and the Urgent and Emergency Care Network.

The latest version of the action plan will be presented to the board.

BCF and iBCF planning 2018/19 and beyond

The planning process undertaken in mid-2017 produced a two year BCF plan as required from all Health and Wellbeing Board areas.

Following the announcement of the iBCF allocations further planning was undertaken to make the best use of this funding and subsequently slippage identified. Previous reports to the board provide detail of this.

As yet only the *Integration and Better Care Fund planning requirements for 2017-19* document, originally produced in July 2017, has been reissued as an annex to *Technical Guidance for Refreshing NHS Plans 2018/19*.

Better Care Fund Operational Guidance is awaited.

The BCF steering group has considered the approach to be taken into 2018/19 and beyond and recommends;

1. That the focus for immediate planning will be on shaping iBCF schemes for 2018/19 based on the learning of this year, including that through the Check and Challenge session, and making more effective use of resources in a more integrated manner.
2. For most part the BCF plan will remain the same with its schemes to continue. Some reshaping may be necessary to reflect changing circumstances and opportunities. This will be based closely on ongoing review of effectiveness of these schemes.
3. The year 2018/19 will be used to shape a more radical use of the whole of BCF into 2019/20.

Some of the key questions that will drive that planning include:

- How do we build the focus on using the BCF to integrate?
- How can we be more ambitious in using the BCF?
- What other joint spend could be included and better managed through the BCF? e.g. SEND
- What has been shown to work?
- What do we think works and how do we prove it?
- Where can we gain by rationalising where we have duplication and overlaps in services?
- How do we make the best use of all resources available not just health and social care. i.e. continue to enable and grow the input and commitment from partners in the voluntary sector and district councils? And beyond?

The Health and Wellbeing Board is asked to direct and influence the discussion and debate that is needed to take the BCF to the next stage.

Nationally the BCF remains central to policy on driving integration and addressing the key issues around managing and maintaining delivery of services through the NHS and social care. It does therefore confirm the boards role in shaping this until at least 2020.

