

## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 20th November, 2018 at 10.00 am in Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston**

### **Present:**

#### **Chair**

County Councillor Shaun Turner, Lancashire County Council

#### **Committee Members**

County Councillor Graham Gooch, Lancashire County Council  
County Councillor Mrs Susie Charles, Lancashire County Council  
Dr Sakthi Karunanithi, Lancashire County Council  
Louise Taylor, Lancashire County Council  
John Readman, Lancashire County Council  
Councillor Bridget Hilton, Central District Council  
Councillor Barbara Ashworth, East Lancashire District Council  
Councillor Margaret France, Central HWBP  
Greg Mitten, Interim Chair of West Lancashire HWBP  
Adrian Leather, Third Sector Representative  
Tammy Bradley, Housing Providers  
David Russel, Lancashire Fire and Rescue Service  
Dr Tom Marland, Fylde and Wyre CCG  
Alex Walker, East Lancashire CCG  
Professor Max Marshall, Lancashire Care NHS Foundation Trust  
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG  
Sam Gorton, Lancashire County Council  
Julia Westway, Morecambe Bay CCG

### **Apologies**

County Councillor Geoff Driver	Lancashire County Council
CBE	
Cllr Viv Willder	Fylde Coast District Council
Jacqui Thompson	North Lancashire HWB Partnership
Clare Platt	Health Equity, Welfare & Partnerships

### **1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements were as follows:

Alex Walker for Mark Youlton, East Lancashire CCG  
Professor Max Marshall for Professor Heather Tierney-Moore, Lancashire Care NHS Foundation Trust  
Dr Tom Marland for Peter Tinson, Fylde and Wyre CCG  
Julia Westway for Dr Geoff Jolliffe, Morecambe Bay CCG

## **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 18 September 2019**

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

## **4. Action Sheet and Forward Plan**

Updates on actions from 18 September 2018 were received.

**Mental Health and Wellbeing – Time to Change Hub** – The application for a Time to Change Hub had been submitted and the outcome was due mid-December 2018.

All other actions had been added to the forward plan.

Since the circulation of the agenda papers, the forward plan had been revised.

**Resolved:** Sam Gorton to circulate a copy of the revised forward plan for comments to the Board.

If there were any other items for the forward plan, these should be sent to Sam Gorton, email [sam.gorton@lancashire.gov.uk](mailto:sam.gorton@lancashire.gov.uk) who would bring them to the Chair's attention for consideration.

## **5. Adult Services and Health and Wellbeing Update**

Louise Taylor, Executive Director of Adult Services and Health and Wellbeing presented the attached PowerPoint.

The Care, Support and Wellbeing of Adults in Lancashire Vision, which was recently approved by Lancashire County Council's Cabinet, set out how the county council, together with its partners, would help people to live as independently and healthily as possible. The document recognised the need to keep pace with people's changing needs and expectations, whilst addressing the increasing demands upon public services at a time of significant financial pressure.

The Vision also signalled how services would be designed and delivered in the future, acknowledging that partners, the NHS in particular, had a key role to play in preventing and reducing long term physical and mental health conditions, and addressing the significant variations in health outcomes within the Lancashire population.

The Housing with Care Strategy which was also approved by Lancashire County Council's Cabinet, outlined the county council's intentions in relation to the development of housing with care and support for older adults and younger adults with disabilities. It would be used to engage with a wider audience as part of a collaborative approach to developing a range of high quality housing with care and support schemes across Lancashire by 2025 for both older adults and younger adults with disabilities.

The Care, Support and Wellbeing of Adults in Lancashire, and the Housing with Care Strategy documents were attached to the agenda and are currently being consulted upon. The documents set out in context what we are doing for adults in Lancashire and what was planned going forward and also recognised that there was a lack of suitable modern housing to support adults with care and support needs across Lancashire, which meant that some people moved into residential care prematurely or some people received care and support in housing that was not ideal. It would also be used to engage with a wider audience as part of a collaborative approach developing housing with care and support across Lancashire.

Schemes that were working already were:

- Reablement
- Home First
- Telecare
- Night time support/falls lifting service – starting to see a big difference with this service
- Trusted Assessors – asking home care providers what it felt like to work alongside the county council, trialling providers to do reviews, which would release social workers to carry out other duties and avoid the individual telling their story more than once
- Shared Lives would hopefully be extended
- Passport to Independence where the reablement strategy had been highly effective alongside more efficient ways of working.

The presentation also emphasised what would be done differently and what needed to be done together – the system is health and care, an equal partnership.

Specific areas for collaboration were as follows and would be reported on at future Health and Wellbeing Board meetings:

- Market Position Statement
- Better Care Fund
- Fee Uplifts
- Home response/falls lifting service
- Extra Care Housing
- Additional funding for winter pressures
- Intermediate care
- Workforce/apprenticeships

Colleagues around the table offered further support from Housing and Lancashire Fire and Rescue and would speak to Louise Taylor outside the meeting.

The Board raised that there needed to be one common language which had to be repeated again and again so it became a common language ie people instead of patient, wellbeing instead of sickness.

Louise Taylor confirmed that the presentation would be shown to Integrated Care Partnerships across the County and would see if the presentation could be filmed and then made available on line.

The Board agreed that this area had to be owned by all partners and stakeholders across Lancashire and needed to do more to bring it together under one workstream and own it collectively.

**Resolved:** That the Health and Wellbeing Board received a presentation from Louise Taylor, the Executive Director for Adults and Health and Wellbeing, who outlined the key elements of each of the documents, highlighted the main issues and discussed the next steps.

## **6. Children's Services Update**

### **Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme**

Dave Carr, Head of Service, Policy, Information and Commissioning and Gillian Simpson, NHS Midlands and Lancashire Commissioning Support Unit were welcomed to the meeting for another update on the Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme.

This was the third year of delivery against the pan Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme which had resulted in the delivery of a number of key objectives which enabled children and young people to benefit from enhanced services and greater access to support. There had been significant engagement to inform the redesign of NHS funded Child and Adolescent Mental Health Services (CAMHS) and a core design developed for the future delivery of CAMHS services across the Lancashire and South Cumbria footprint. During the coming weeks, dialogue was expected to progress with NHS Providers and Clinical Commissioning Groups (CCGs) to agree a timeline for the further development of costed proposals, subsequent evaluation and implementation.

This report provided an update relating to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme including an overview of achievements during the past year and progress in the redesign of community Child and Adolescent Mental Health Services (CAMHS).

The last update to the Lancashire Health and Wellbeing Board, in January 2018, highlighted good progress in delivery against the 26 objectives in the pan Lancashire Transformation Programme. The work had continued during 2018.

Key achievements included:

- Consulting with schools to inform the development of a Resilience Framework which would provide a common understanding of what was meant by resilience, the activities which could build resilience and provide opportunities to share good practice.
- Continued funding for the Lancashire Sports Trust to support young people in building resilience.
- Defining a "complementary offer" of non-clinical support to children, young people and their families.
- Increasing access to Youth Mental Health First Aid (YMHFA) Training, delivered through the new network of Primary Mental Health Workers across Lancashire and complementing YMHFA training commissioned by the County Council.
- Engagement with children, young people and stakeholders and the first stages of development of a new "Digital" offer for professionals, children, young people and their families.
- Progressing the redesign of NHS funded CAMHS services. NHS CAMHS provider organisations had worked collaboratively with voluntary community and faith sector providers and with Clinical Commissioning Groups to co-produce a core model for CAMHS services across Lancashire and South Cumbria through a process of engagement and co-production with children, young people, families and wider stakeholders. Work was now progressing to establish the potential impact on funding and to agree timescales for the production of a final costed proposal, evaluation and potential implementation.
- Securing interim community services to support "children with behaviours that challenge", pending the CAMHS redesign.
- Opening the Specialist In-patient Mother and Baby Unit in October 2018.

There were a number of challenges which create pressure in the system and acted as a catalyst for the transformation programme to propose to the need to increase the scale and pace of change.

These were:

### **National Access Target**

At least 35% of children and young people with a diagnosable mental health condition to receive treatment from an NHS-funded community mental health service, or for those already hitting 35%, an additional 7% was required. This meant we still had 65% not in an NHS funded service.

Lancashire County Council re-invested £1.1m in early help. Whilst this was positive in terms of supporting children and young people with the aim of providing support earlier and hopefully preventing CYP needing to access CAMHS, it did leave a £1.1m gap in CAMHS funding. CCGs used Transformation funding to fill that gap but this was not sustainable and an ongoing solution was needed.

## **Variations**

There were significant variations in investment, in age range and in the services offered for Children and Young People with Emotional, Wellbeing and Mental Health across the Sustainable and Transformation Plan footprint.

Since the publication of the original Lancashire Transformation Plan in 2016, the programme had been clearly committed to redesigning, developing and commissioning services in line with the THRIVE model. THRIVE offered an opportunity to fundamentally change the way that services were conceptualised and delivered, moving away from the tiered approach to one that was integrated, person centred, goal focussed and evidence informed. THRIVE had been shown to reduce waiting times and improve experience of care. It was the nationally recognised model of choice and had been widely researched and evidence based and is central to the redesign.

The local performance for 2018/19 full year for the access target for Children and Young People Mental Health Services was broken down by each Clinical Commissioning Group area. All areas included within the Lancashire transformation plan area had achieved the target.

An issue was raised with regards performance on waiting times for CAMHS for each of the Clinical Commissioning Groups and requested a more in depth analysis on this. Gillian Simpson agreed to feed this information back at a future meeting when the Transformation Programme was due to return for an update.

As needs are higher than resources available, variation needs to be analysed and also access across the County too, as one area may need less resources than another area and the balancing of needs of the service needs looking into. The Board agreed that this should be raised through the Integrated Care System and feedback at a future meeting. It was also noted that for the following reports it would be useful to have sight of the impact of the other projects in the programme and what the outcomes are. An additional recommendation was also made.

**Resolved:** That the Health and Wellbeing:

- i) Noted the report and accompanying presentation.
- ii) Request that Clinical Commissioning Groups through the Integrated Care System look further at the issues around how we collectively fund and deliver mental health provision for children and young people in a more equitable way and bring other elements with the next update.

## **Lancashire Special Educational Needs and Disabilities (SEND) Partnership – Update on the Implementation of the Written Statement of Action**

Sian Rees, Improvement Partner SEND, Lancashire County Council updated the Board on the Lancashire local area SEND services which were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the

Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a written statement of action, setting out the immediate priorities for action; the progress on implementing these actions are monitored by the Department for Education (DfE) and NHS England (NHSE).

Since the last Health and Wellbeing Board update in September 2018, work had continued to progress the actions set out in the written statement of action and these are detailed in paragraphs 2.1 and 2.2 in the report. Since the agenda circulation, the draft strategy and provision have been revised and will be presented to the SEND Partnership Board on 26 November 2018. Once they have agreed the amendments, Sian will circulate to the Health and Wellbeing Board.

This is the third update to the Health and Wellbeing Board.

John Readman informed the Board that the Clinical Commissioning Groups involvement had been really strong and that Mark Youlton who represented them had brought strength to the SEND Partnership Board and the Integrated Care System (ICS) were discussing Mark's replacement when he leaves shortly. Edwina Grant will also be replacing John Readman, Interim Director of Children's Services when she commences at Lancashire County Council in December 2018 as the new Executive Director on the Health and Wellbeing Board as well as the SEND Partnership Board.

The Chair expressed its thanks to John and Mark as well as the SEND Team for their work on this.

**Resolved:** That the Health and Wellbeing Board

- i) Noted the progress of delivery on the written statement of action;
- ii) Received an update on progress at the January Board meeting
- iii) Noted the likely changes to the external monitoring process in 2019 as described in paragraph 4.

## **7. Urgent Business**

An issue was raised with regards the continued rail disruption across Lancashire and citizens unable to make hospital/GP appointments, commute to and from work especially in rural areas which is now causing health problems due to the stress this is causing.

**Resolved:** That the Health and Wellbeing Board noted this issue and would discuss at a future meeting.

**8. Date of Next Meeting**

The next scheduled meeting of the Board will be held at 10am on Tuesday, 29 January 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston



## Lancashire Health and Wellbeing Board

### Forward Planner

Date of Meeting	Topic	Summary	Owner
January 2019	Children's Services Update	To receive an update on: <ul style="list-style-type: none"> <li>Children's Services Ofsted Improvement plan</li> <li>Special Educational Needs and Disabilities (SEND Improvement Plan)</li> </ul>	Edwina Grant Sian Rees
January 2019	Motor Neurone Disease Association Charter	To request that the Council adopt the MND Charter.	Julie Compton
January 2019	Better Care Fund Progress	To receive an update and feedback on Better Care Fund spending proposals for 2019/20 onwards.	BCF Steering Group (CP to raise with Tony Pounder)
January 2019	Prevention and Population Health Plan and Neighbourhood Working in the Integrated Care System	To receive update and provide ongoing support to this programme. Receive an update from the Director of Public Health and the Health Living Pharmacy Campaign.	Dr Sakthi Karunanithi
March 2019	Lancashire Volunteer Partnership	To receive an update and explore a social action network for Lancashire.	Ian Sewart
March 2019	Data Sharing	To develop a data sharing agreement between Primary Care/Hospitals/Local Authorities for planning purposes.	Dr Sakthi Karunanithi
March 2019	Transforming Care – In Patient Provision	To receive a further update in relation to life expectancy and health and wellbeing outcomes for people with learning and disabilities and their carers.	Rachel Snow-Miller
March 2019	Lancashire Safeguarding Boards Annual Report 2017/18	Receive a report detailing proposals for future joint working further to key issues identified in the Lancashire Safeguarding Adults and Lancashire Safeguarding Children's Boards.	Louise Taylor Edwina Grant
March 2019	Residential and Nursing Home Markets	To receive a report on the capacity, quality and challenges.	Lisa Slack Louise Taylor
March 2019	Digital Health Board	To receive the strategy.	Amanda Thornton Declan Hadley

Date of Meeting	Topic	Summary	Owner
July 2019	Central Lancashire Integrated Care Partnership Development and Future of Acute Services	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	Dr Gerry Skailes Sarah James
TBC	Review Morecambe Bay Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC
TBC	Review Fylde Coast Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC
TBC	Review West Lancashire Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership Plan.	TBC

# **Care, Support and Wellbeing of Adults in Lancashire**

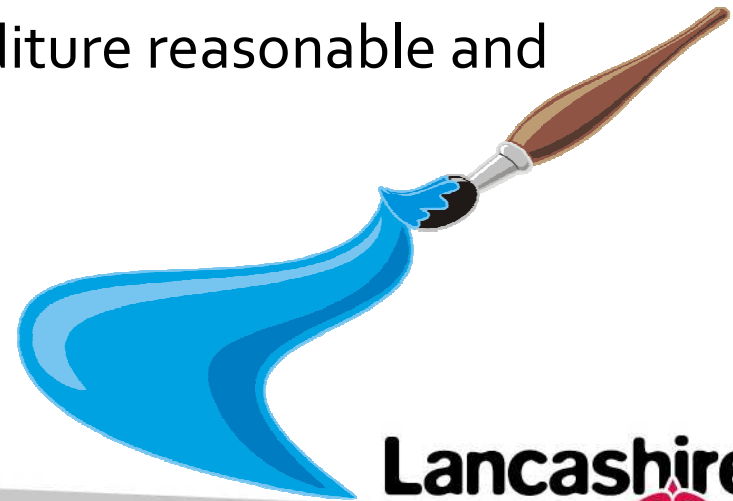
## **Presentation for Health and Wellbeing Board**

**Louise Taylor, Executive Director for  
Adult Services and Health and  
Wellbeing, Lancashire County Council**

**November 2018**

# What is the picture we are painting?

- Keeping people safe, well and connected
- Keeping people independent and living at home, or close to home
- Keeping response, plans and expenditure reasonable and proportionate



# Context - High Level Budget Analysis

- The county council has to find £135m savings over the next 2 years to balance the books, general reserves will be depleted at that point;
- If we cannot balance our books, unlike health, government will not fund the deficit;
- LCC has already taken c£350m out of the base budget over the last 5 years;
- Central government is aiming to phase out general revenue support grant from 2020/21;
- Our income in the future will be from specific grants, locally collected business rates, and income from charges;
- Local authorities cannot generate 'profits' through charging;
- Local authorities can only increase council tax each year by a certain amount, currently 1.99%, without a local referendum;
- Local authorities have been able to increase council tax for adult social care by 2% pa over the last 3 years. In Lancashire this has generated an additional c£7m pa, this has nowhere near covered the ASC 'gap', which is c£90m pa.

# Context - High Level Budget Analysis

- LCC Adult Social Care gross budget for 2018/19 is £555M, net budget £347M;
- Adult Social Care currently makes up 41% of LCCs gross revenue budget, 45% of LCCs net revenue budget;
- Adult Social Care has been targeted with between £49m and £61m additional savings. This is in addition to the £63m already taken out of the Adults budget between 2018/19-2021/22;
- The 2018/19 total County Council budget is supported by reserves totalling £42m. £19m of this reserves is supporting Adult Social Care services in 18/19;
- Public Health grant is reducing year on year, and is likely to be un-ringfenced within 2 years;
- Extra £5.5m for adult social care to fund additional winter pressures, and some additional funding in the Chancellor's budget;
- Will not address the inherent funding gap. Health withdrawing funding on the back of these announcements will compound the pressure.

# Evidence shows

- Heavy reliance on Bed Based Services for all population groups;
- Comparatively high use of care homes in the NW and Lancashire (but much better than 5 years ago);
- There is growth in the use of residential care beds, but a reduction in nursing beds, the reverse of what we need;
- Large residential homes tend to score lower quality than smaller homes, and nursing homes tend to score lower quality than residential;
- Near average use of direct payments – England average is 28%, we're at 26%, but top local authority performers are nearer 45 to 50%;
- High % of adults going on to receive long term support;
- Low % referred to universal services – LCC at less than 10% whereas best authorities are at 70%;
- High % spend on LD&A unit costs on the current model of supported living;
- Very high % spend on MH residential care;
- High numbers of people with MH receiving a funded service from LCC;
- Lancashire's population is ageing;
- Population health in Lancashire is varied, and in some parts, amongst the worst in the UK, and declining;
- Many health related conditions are avoidable or reversible.

## We know ....

- Our information and advice offer is poor;
- Community and neighbourhood working is relatively under developed;
- More Older People and those with Physical Disabilities receive long-term services;
- Mental Health customers are far more likely to receive a residential based service than other comparator councils;
- Culture of risk aversion/ over dependency not enabling e.g. high spend on night time support, single and small tenancies for LD&A;
- Many customers still receive homecare rather than an offer which will help them regain or support independence;
- Admissions to care homes are too high and quality is still too variable despite recent improvements;
- Our Extra Care remains small scale and patchy;
- We do not systematically identify or get agreement to joint funding from Health and subsequently can struggle to collect any agreed Health funding;
- We struggle to distinguish demand from need.



# Why do we, as a system, need to change?

- As a system our current approach is putting undue pressure on all our staff, who are faced with increasing backlogs and increasing expectations from people wanting services;
- The county council is funding some services that arguably should be paid for by health, and vice versa, our respective staff teams are wasting time and energy in arguing over funding;
- As a system we are placing people into long term residential based accommodation, which would not be their first choice, but is often seen as the safest and most expedient option for hospital staff, who are themselves under pressure to make a speedy discharge;
- Our staff can demonstrate that reablement is a safe alternative to long term residential placement;
- We know that the packages/services we put in place are often inadvertently reducing and sometimes removing people's ability to look after themselves and/or recover from a period of ill health;
- As a system we can no longer afford to provide long term/high cost packages of care and support;
- As a system we need to focus far more on prevention and wellbeing;
- As a system we are not always listening enough to our skilled and knowledgeable providers, partners, developers, customers and staff;
- Others are changing, we need to keep pace.

# What our staff are telling us

- Jointly provided services would make so much more sense to staff and the public;
- There are examples from other countries (Ireland, NZ), and other parts of the UK (Lincolnshire), where integrated systems work, so why can't we make it work;
- Members of the public do not care who provides care and support services, they do not want to be passed around our systems and repeat their story;
- If our staff could jointly use the same systems, or at least share information, it would save time and frustration, and improve the customer experience;
- Our staff spend a lot of time arguing with each other over funding. This is divisive, wastes time, and the person needing care is stuck in the middle;
- Health professionals often recommend a residential based solution as the 'safest' option, without upfront discussion with social care staff. This can then be difficult to row back from, is likely to cost more, and be dis-abling for the person;
- Some social care staff are afraid of being blamed if something 'goes wrong';
- Hospital referrals for Reablement are not always appropriate eg end of life;
- Co-location of teams and joint training would be greatly beneficial;
- We have lost some of our local presence and knowledge.

# Building on what works

- Reablement
- Home First
- Telecare
- Night time support / falls lifting service
- Trusted Assessors
- Shared Lives
- Passport to Independence

# What we will do differently

- Based on best available evidence and legitimate challenge from external colleagues eg John Jackson LGA, John Bolton's '6 Steps to Managing Demand';
- Nothing radical – has been done elsewhere, however not all at once and at such scale;
- Accelerate existing activities e.g. Remodelling, Direct Payments, Telecare;
- Shift emphasis from bed based to community;
- Engage purposely with the NHS regarding joint funding and joint working arrangements;
- Review in house provision – strategic purpose, cost / benefits and other ownership and operating models;
- New models of support in LD&A and Mental Health;
- Additional external support from NW ADASS for Market Position Statement, and LGA for Housing with Care, and a Peer Review of the 'Front Door'.

# What we must do together?

- NHS England state that 30% of people in a hospital bed could receive more appropriate care in an alternative setting;
- If we continue with the current model of care we jointly know:
  - we can't afford it;
  - we can't staff it;
  - it's wrong anyway;
  - it doesn't always deliver the best outcomes.
- We need a profound system shift to:
  - improve prevention;
  - avoid referrals and admissions;
  - discharge earlier and more appropriately;
  - manage in primary and community care.
- ***The system is health and care, an equal partnership.***

# Specific areas for collaboration?

- Market Position Statement
- BCF
- Fee uplifts
- Home response / falls lifting service
- Extra Care Housing
- Additional funding for winter pressures
- Intermediate Care
- Workforce / apprenticeships

# 3 key things to agree?

- **Can we work together as a system to agree our approach to:**
  - 1) **market management** – what needs stimulation/development, what we might want to change /diversify eg housing with care and support to reduce reliance on residential admissions and keep people at home;
  - 2) **funding issues** – what can we jointly fund, what can fund via pooled budgets, what should be health funded, what should be LA funded;
  - 3) **prevention** – what can we do better together in our neighbourhoods, are we clear on the joint impact of disinvestment in preventative services, have we got the focus right, do we focus too much on acute pressure/discharge issues/providing services after the event, should we focus more on reducing and preventing admission/improving our community services.

**Does this make sense?**  
**Is any of this a surprise to you?**  
**Have we got any of this wrong?**

**Thank You**