

## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 29th January, 2019 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  
County Councillor Geoff Driver CBE, Lancashire County Council  
Dr Sakthi Karunanithi, Director of Public Health, LCC  
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing  
Edwina Grant OBE, Executive Director of Education and Children's Services  
Dr Julie Higgins, East Lancashire CCG  
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils  
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board  
Councillor Bridget Hilton, Central District Council  
Cllr Viv Willder, Fylde Coast District Council  
Councillor Margaret France, Central HWBP  
Adrian Leather, Third Sector Representative  
Philomena Cunningham, Housing Providers  
David Russel, Lancashire Fire and Rescue Service  
Peter Tinson, Fylde and Wyre CCG  
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG  
David Blacklock, Healthwatch  
Jerry Hawker, Morecambe Bay CCG  
Samantha Gorton, Lancashire County Council

#### **Apologies**

Dr John Caine	West Lancashire CCG
Karen Partington	Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Councillor Barbara Ashworth	East Lancashire District Council
Jacqui Thompson	North Lancashire HWB Partnership
Greg Mitten	Interim Chair of West Lancashire HWBP
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust

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

The Chair welcomed all to the meeting.

Apologies were noted as above.

New members of the Board were as follows:

Edwina Grant OBE replacing John Readman, Lancashire County Council  
Dr Julie Higgins replacing Mark Youlton, East Lancashire CCG  
David Blacklock, Healthwatch Lancashire replacing Sheralee Turner-Birchall

Replacements were as follows:

Philomena Cunningham for Tammy Bradley, Housing Providers  
Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG and Dr Gora Bangi, Chorley and South Ribble CCG  
Jerry Hawker 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**

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

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

**Resolved:** That the Board noted the actions from the last meeting that had been included on the forward plan, along with other items for the Board's consideration at future meetings also detailed on the plan.

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

Edwina Grant OBE, Executive Director of Education and Children's Services was welcomed to her first meeting as a member of the Board to present the following reports:

### **Children's Services Getting to Good Plan**

The Ofsted re-inspection of Children's Services in June 2018 noted significant improvements, with an overall effectiveness judgement of requires improvement to be good and good for our adoption service. However, there is still more to do to ensure that all children receive a consistently good service. The Lancashire Getting to Good Plan sets out the actions required to address the 11 recommendations in the report, further improving the quality of practice and outcomes for children.

There was a new Governance Section within the plan which includes the Lancashire Health and Wellbeing Board, Corporate Parenting Board, Children's Services Scrutiny and Education Scrutiny and each of these Boards/Committees will scrutinise areas relevant to them and be guided on this by Edwina.

Following on from a previous meeting in September 2018, the Board were still awaiting the outcomes on the key issues from the Lancashire Safeguarding Boards Annual Report

2017/18 and what the Adults and Childrens Boards were doing regarding those issues. Jane Booth confirmed that this would be presented at the next meeting in March 2019.

**Resolved:** That the Health and Wellbeing Board noted the Lancashire Getting to Good Plan and considered how the Board could contribute to the achievement of outcomes in the plan.

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

Since the report to the last Health and Wellbeing Board meeting in November 2018, work had continued to progress the actions set out in the written statement of action.

This was the fourth update to the Health and Wellbeing Board.

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

- (i) Noted the progress of delivery on the written statement of action;
- (ii) Will receive an update on the Improvement Plan and progress at the March 2019 Board meeting;
- (iii) Noted the changes to the external monitoring process in 2019 as described in paragraph 3 of the report.

## **6. NHS Long Term Plan**

Dr Amanda Doyle OBE, Integrated Care System Lead, Chief Clinical Officer, NHS Blackpool and Fylde and Wyre Clinical Commissioning Groups (CCGs) presented the report and the attached PowerPoint to the Board highlighting key elements from the NHS Long Term Plan.

The government announced a five year funding settlement for the NHS in June 2018; an additional £20.5 billion a year in real terms by 2023/2024. In response to this, the NHS Long Term Plan had been developed and was published in January 2019.

The purpose of the discussion today was to apprise the Health and Wellbeing Board of the content of the plan and to discuss how the Board accelerated greater collaboration and enhanced system working to deliver the ambitions outlined within the plan.

Discussion ensued around the NHS Long Term Plan and even though the budget was enormous it was still not enough to do what the NHS wanted and needed to do, still leaving a significant gap in funding. Managing demand and increasing focus on prevention would help to support the long term plan. They are looking at changing the model of care to enable 85 year olds and above to live well in their own homes and work closely with the Local Authority in doing so with reablement services and personalised care as people are living longer and this was increasing annually.

The Health and Wellbeing Board welcomed the NHS Long Term Plan, however to improve the health and wellbeing in Lancashire, the role of the Board needed to strengthen as the key statutory lever as well as supporting the NHS to deliver the plan. This was the Board's opportunity to work with the NHS and wider public services as well as Lancashire Leaders.

Deprivation in Lancashire is evident and with the Government removing funds to support it, this would have an impact in most districts which will cause issues delivering prevention services. Working in partnership on prevention was crucial. It was really important to align the efforts of all services. There was a very systematic approach to spend funds out of hospital instead of increasing hospitals.

The next step as an Integrated Care System was to produce a five year local plan.

The Health and Wellbeing Board needs to align all the services and be accountable for the plan and agree and sign up to it.

**Resolved:** That the Health and Wellbeing Board noted the contents and key deliverables of the plan and discussed next steps in implementation.

## **7. Better Care Fund Progress**

Paul Robinson, NHS Midlands and Lancashire Commissioning Support updated the Board on the Better Care Fund progress.

### **Better Care Fund Metrics**

1. Reablement - performance continued to be better than target with 88.2% of people being at home 91 days after discharge from hospital and an increase in the number of those using the service.
2. Permanent admissions to residential and Nursing Care - for the full year up to the end of Q2 performance had improved slightly and remained better than plan. However, Lancashire still had a high rate of admission to permanent residential and nursing home care for older people.
3. Non-elective admissions - from a position of being above plan in Q3 2017/2018 actual had decreased gently to being better (below) plan in Q2 2018/2019.
4. Delayed Transfers of Care - performance had been better (below) target. However, this disguised that Delayed Transfers of Care increased in September to above plan and were continuing to do so.

### **The Future of the Better Care Fund/Integration**

The NHS Long Term plans confirmed the continuation of the Better Care Fund into 2019/2020 but with a national review of it underway. The review outcome and planning framework were promised soon.

Alongside this review and the anticipated new framework, planning of a Lancashire wide review was underway that would reset the Better Care Fund in a context of integrated care system proposals for the integration of health and social care.

In developing further the Better Care Fund there were plans to hold a workshop in March around integration which would explore lots of factors in the care system and link in with whatever was coming out of the NHS Long Term Plan and not just focus on what was in-scope from the Better Care Fund. The Board would like to see the workshop on integration to be more transformational than transactional when we review the future

arrangements for the Better Care Fund. Paul Robinson would inform the Board of the date when this had been arranged.

### **Active Ageing Pilot**

The Better Care Fund Steering Group had considered the proposal and recommended that this was not supported at this time. Should the funding position become clearer, with increased flexibility the proposal could be reconsidered at the request of the Health and Wellbeing Board.

### **Chair of Better Care Fund Steering Group**

Since Mark Youlton's retirement from the NHS and stepping down from the Health and Wellbeing Board and role of Chair of the Better Care Fund Steering Group, Tony Pounder as the Deputy Chair had taken on the role of Interim Chair of the Better Care Fund Steering Group, probably until the end of March 2019.

The Better Care Fund Steering Group would agree a nomination to the role of permanent Chair in due course and seek the approval of the Chair of the Health and Wellbeing Board to confirm the nomination, with the intention of picking up the role from April 2019. Dr Julie Higgins agreed to continue Mark's role as Chair of the Better Care Fund Steering Group. There was also a suggestion at changing the name to possibly Integrating Working Group which might influence who was sat around the table. The group need to look at doing something completely different now with the five year plan, aligning all the bids for the system, integrate and embed them.

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

- i) Noted the performance against the Better Care Fund metrics.
- ii) Noted the national indications of continuation of the Better Care Fund subject to a review and new planning framework.
- iii) Noted the local plans to review the Lancashire Better Care Fund in a broader context of integration
- iv) Required a detailed report on Better Care Fund and integration once both reviews were complete and full planning frameworks and guidance were available.
- v) Agreed to the recommendation of the Better Care Fund Steering Group not to support a pilot of the Active Ageing Alliance pilot.
- vi) Agreed to the Better Care Fund Steering Group identifying a nominee for the position of Chair of that group and for the confirmation of that nomination to be ratified by the Chair of the Health and Wellbeing Board.
- vii) Noted that Louise Taylor, Executive Director for Adult Services and Health and Wellbeing would report on the propositions from the joint session held with Lancashire, Blackburn, Blackpool, Cumbria and care providers at a future meeting.

## **8. Proposals for 2019/20 Joint Strategic Needs Assessment Work Plan**

Gemma Jones, Joint Strategic Needs Assessment Manager and Hayley Sumner, Business Intelligence Officer, Joint Strategic Needs Assessment Team, Lancashire County Council updated the Board on the proposals for the 2019/20 Joint Strategic Needs Assessment Work Plan and sought approval from the Board to carry out three major projects. They were: support for population health management, health inequalities and children and young people. The Board were also requested to consider nominating Board sponsors for each of the three projects.

It was noted that one of the next plans following these three projects should be an older peoples plan.

Also with regards accessing information, a relaunch of the Neighbourhood Dashboard would be useful so all partners were aware of it and how to access it.

**Resolved:** That the Health and Wellbeing Board approved the three proposed projects for the 2019/20 joint strategic needs assessment project year.

## **9. Motor Neurone Disease Association Charter**

Sue Muller, Regional Care Development Adviser, Lancashire and Cumbria, Motor Neurone Disease Association introduced the other presenters and the background to the Charter to the Health and Wellbeing Board. The Board received a presentation by someone affected by the disease and nurses that supported them.

It was clarified that the request was for the Health and Wellbeing Board and not Lancashire County Council to endorse the charter.

County Councillor Gooch expressed concern that the County Council could not endorse the full charter as it required other partners to act as well.

**Resolved:** That the Health and Wellbeing Board adopted the Motor Neurone Disease Charter.

## **10. Urgent Business**

### **Lancashire Safeguarding Adults Board Self-Neglect Framework**

Jane Booth, Independent Chair, Lancashire Safeguarding Adults Board informed the Health and Wellbeing Board that the Framework was due to be launched on 20 March 2019 and wanted to share this with members of this Board.

The purpose of the framework was to provide a process guide for all Lancashire Safeguarding Adults Board partner agencies on how to respond when concerns of self-neglect had been identified.

**Resolved:** That Sam Gorton, Clerk, would attach the Framework to the minutes for members to peruse the document.

## **National Initiative - Fit and Fed**

Adrian Leather, Chief Executive, Active Lancashire informed the Board of a National Initiative he would like to apply for on behalf of the Health and Wellbeing Board.

Fit and Fed or Holiday Hunger is aimed at deprived young people in the Country and as Lancashire had the third highest number of young people on free school meals in the Country this initiative would be most welcome.

**Resolved:** That the Health and Wellbeing Board supported Adrian Leather in submitting an application for the National Initiative – Fit and Fed.

### **11. Date of Next Meeting**

The next scheduled meeting of the Board would be held at 10am on Tuesday, 19 March 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston





# Healthier Lancashire & South Cumbria

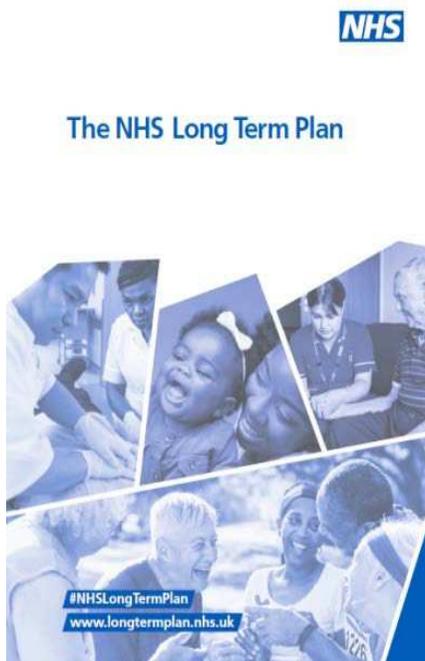


## NHS Long Term Plan

Amanda Doyle OBE

Integrated Care System Lead

Chief Clinical Officer, NHS Blackpool and Fylde and  
Wyre CCGs



- Five year funding settlement announced in June 2018 - £20.5bn a year by 2023/24;
- Reinforces the importance of organisations working together to join up services, including neighbourhoods;
- Stronger action to reduce health inequalities – supported by targeted funding;
- Increased investment in primary and community care, which will expand neighbourhood teams to support strong population health management;
- Key priority areas; cancer, mental health, learning disability and autism, diabetes, stroke and children’s health.

## The role of Integrated Care Systems

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- ICSs are central to the delivery of the Long Term Plan;
- As ICSs develop, greater collaborative responsibility will be supported and encouraged ('Duty to Collaborate');
- Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. Will typically involve a single CCG for each ICS area;
- CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.

## Every ICS will have:

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- A Partnership Board, drawn from commissioners, Trusts, primary care networks, local authorities, the voluntary and community sector and other partners;
- A non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies;
- Sufficient clinical and management capacity drawn from across constituent organisations to enable implementation of agreed system-wide changes;
- Full engagement with primary care, including through a named accountable Clinical Director of each primary care network;

## Every ICS will have:

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- A greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;
- All providers within an ICS contributing to ICS goals, performance and wider objectives in relation to stronger and active collaboration, the use of NHS resources and population health;
- Clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.

## New Service Models

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- Increased investment in out of hospital and primary and community services;
- Redesign and reduce pressure on emergency hospital services;
- Renewed NHS prevention programme;
- Strengthened neighbourhoods (aligned to Primary Care Networks) with:
  - a strong focus on population health management working in partnership with local authorities;
  - direct links to local care homes, underpinned by supporting professional teams;
- Urgent community response and recovery support services;
- Increased focus on personalised care.



## Urgent and Emergency Care

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- Expand and reform urgent and emergency care services to improve access;
  - 24/7 multidisciplinary clinical assessment service (CAS), integrated with NHS 111, ambulance dispatch and GP out of hours services from 2019/20.
- By 2023, CAS will act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care;
- Every acute hospital with a major A&E department will:
  - move to a comprehensive model of same day emergency care;
  - provide an acute frailty service for at least 70 hours a week;
  - Further reduce DTOC, in partnership with local authorities.

## Digital Technology

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- Over the next five years, every patient will have a new right to choose telephone or online consultation;
- The digital NHS 'front door' will be through the NHS App – which will provide advice, check symptoms and connect people with healthcare professionals;
- Redesign of outpatients using technology, e.g. digital appointments, to reduce need for face to face appointments;
- Empower people and services through use of digital tools (with core mandated standards).

## Prevention and Health Inequalities

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- New commitments for action that the NHS itself will take to improve prevention – to complement local government and in which will be supported by funding for health inequalities (over £1bn by 2023/2024);
- Priorities:
  - Smoking, high blood pressure, obesity, and alcohol and drug use;
  - Air pollution and lack of exercise.
- All local health systems will be expected to set out how they will reduce health inequalities;
- More focus on supporting people with learning disabilities and/or autism and ensure more people with mental health problems receive physical health checks;
- More support for carers.

- Clinical Review of Standards – Spring 2019 with implementation from October 2019;
- Continued focus on:
  - Cancer;
  - Cardiovascular disease and stroke;
  - Diabetes;
  - Respiratory disease;
  - Adult mental health, learning disability and autism (including tackling causes of preventable deaths and reducing waits for specialist services);
  - Multi-morbidity and healthy ageing including dementia;
  - Children’s health (including ensuring children and young people have the best start in life).

- Commitment to increase NHS workforce, training and recruitment of staff;
- Thousands more clinical placements for undergraduate nurses, hundreds more medical school places, more routes into the NHS, eg, apprenticeships;
- Growing nursing training, as well as allied health professionals and the medical workforce, supported by a new state-backed GP indemnity scheme;
- Focus on improving culture to make the NHS a better place to work so staff stay in the NHS;
- A new approach to leadership and talent management;
- Encourage opportunities for volunteering, particularly in deprived areas.

- Test 1: The NHS (including providers) will return to financial balance;
- Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year;
- Test 3: The NHS will reduce the growth in demand for care through better integration and prevention;
- Test 4: The NHS will reduce unjustified variation in performance;
- Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation.

## Engaging people – NHS Assembly

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- Will be established in in early 2019 bringing together a range of organisations and individuals at regular intervals, to advise the boards of NHS England and NHS Improvement as part of the ‘guiding coalition’ to implement this Long Term Plan;
- The Assembly membership will be drawn from, among others, national clinical, patient and staff organisations; the Voluntary, Community and Social Enterprise sector; the NHS Arm’s Length Bodies; and frontline leaders from ICSs, STPs, Trusts, CCGs and Local Authorities.

## ■ ■ Influencing the shape of local communities

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- Looking beyond healthcare provision, the NHS has a wider role to play in influencing the shape of local communities;
- In spring 2019, *Putting Health into Place* guidelines will be set out for how local communities should plan and design a healthy built environment;
- This will cover approximately 70,000 homes over the next five years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing;
- Further proposals for social care and health integration - adult social care green paper.



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