Shadow Health and Wellbeing Board

Minutes of the Meeting held on Wednesday, 9th May, 2012 at 2.00 pm in Cabinet Room 'C' - County Hall, Preston

Present:

Chair

County Councillor Mrs Valerie Wilson, Cabinet Member for Health and Wellbeing (LCC)

Committee Members

County Councillor Mike Calvert, Cabinet Member for Adult and Community Services (LCC)
County Councillor Mrs Susie Charles, Cabinet Member for Children and Schools (LCC)
Helen Denton, Executive Director for Children and Young People (LCC)
Dr Peter Williams, East Lancashire Clinical Commissioning Group (CCG)
Dr Robert Bennett, Chorley and South Ribble Clinical Commissioning Group (CCG)
Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
Janet Soo-Chung, Chief Executive of Lancashire PCT Cluster Board
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair of Third Sector Lancashire
Walter D Park, Chair of Lancashire LINk

Observers

Ian Roberts, Greengage Consulting

Officers

Deborah Harkins, Lancashire County Council
Habib Patel, Lancashire County Council

Apologies

Dr David Wrigley, Lancaster Clinical Commissioning Group (CCG)
Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)
Dr Tony Naughton, Fylde and Wyre Clinical Commissioning Group (CCG)
Peter Kenyon, Chair of Lancashire PCT Cluster Board
Councillor Margaret Lishman, East Lancashire District Councils

1. Welcome from the Chair and overview of the agenda - 2.00pm

The Chair, County Councillor Valerie Wilson, welcomed all the meeting and outlined the agenda for the meeting.

2. Apologies for Absence - 2.10pm

Apologies were noted.

3. Minutes of the meeting held on 8 March 2012 - 2.15pm

The minutes of the meeting held on 8 March 2012 were agreed as an accurate record.

4. Strategy Task Group Meeting Update Report - 2.20pm

Members of the Strategy Task Group jointly gave a presentation on the work undertaken so far.

Habib Patel, Lancashire County Council, opened the presentation and explained that the purpose of the strategy was to:

Work together …..

- Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.

- Learn the lessons arising from this collaboration to strengthen future working together

…. get results

- Deliver improvements in 'priority outcomes' in Lancashire.

- Deliver 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together.

Habib explained that the Task Group had looked at what the current Health and Wellbeing strategy is in 2012 and what the goals and aspirations are for how the strategy will look in 2020. In order to achieve the goals and aspirations set for 2020 a number of priority shifts and priority outcomes (detailed in the circulated report) would be implemented.

Lorraine Norris, Chief Executive, Preston City Council explained that "Priority Shifts" is about the way we work and the goal is to promote greater individual health care.

The Task Group supported the view expressed by the shadow Health and Wellbeing Board that the strategy must emphasise the delivery of 'concrete' interventions (services, sets of services, pathways) where partners will get significant and demonstrable results and through which the Board can test out and learn from new ways of working.

The Task Group had a view that these "interventions" are those which we cannot allow ourselves to fail. It was described as we have a moral duty to get these interventions right for the people of Lancashire.

Suggested Interventions

- Identify those who are at risk of admission into hospital and provide appropriate intervention
- Holistic support to those vulnerable families (from first pregnancy)
- Early response to domestic violence
- Support for carers (of dementia patients)
- Address loneliness in older people
- Affordable warmth to those who need it most
- Alcohol liaison nurses
- Healthy Weight – environmental measures
- Tackling smoking in pregnancy
- Self-care – encourage people to take control of their own health & wellbeing

Habib also outlined the proposed timetable for implementation of the strategy and that by the next meeting on 29th May 2012 the aim is to complete initial engagement with Clinical Commissioning Group representatives, District Councils, Third Sector, Children and Young People's Trust and other partners. With a proposal to present the draft strategy to the Board at the 10th July 2012 meeting.

Members of the Task Group presented a number of suggested interventions (circulated at Appendix 'A' to the report) as follows:

Smoking in Pregnancy

Helen Denton, Executive Director for Children and Young People, Lancashire County Council, introduced this suggested intervention and explained that smoking cigarettes in pregnancy is one of the major causes of adverse outcomes for babies, increasing risk of babies being born prematurely, too small, and dying before they can be born at all or in their first year of life. By choosing this area as a focus for intervention we would not only be supporting the mother during the pregnancy but also improving the long term life chances of the new born baby. Rates of smoking in pregnancy in Lancashire are unacceptably high. There is more that partners can do together to support pregnant women quit including; sharing information, offering support every time we see a pregnant women who smokes, providing incentives for women who successfully quit and making intensive stop smoking support available.

Loneliness in older people

Steve Gross, Director of Commissioning, Adult and Community Services Directorate, Lancashire County Council introduced this suggested intervention and highlighted that social support and good social relations make an important contribution to health and wellbeing. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. There are too many older people in Lancashire that are isolated and do not have enough access to these supportive social relationships. By choosing this as an area for intervention we can provide older people with the emotional and practical resources they need to live fulfilled lives and be resilient to challenges they face. We will work better together to share information to identify older people at risk of loneliness and use community assets approaches to do what we can to mobilise communities to connect with older people to prevent loneliness.

Affordable Warmth

Steve Gross also introduced this suggested intervention and reported that the task group agreed that if people living with long terms conditions are able to keep their homes warm during the winter this will reduce the risk of exacerbating long term conditions (particularly cardio vascular and respiratory diseases). It is unacceptable that each winter older people in Lancashire die or are admitted to hospital with ill health caused by poor housing conditions and poverty. CCGs, district councils and the County Council can work better together to ensure that people who are vulnerable to fuel poverty have access to affordable warmth interventions (such as insulation and benefits advice) through an affordable warmth referral scheme. As well as reducing preventable deaths and demand for health services, this will also allow us to work with partners on the wider determinants of health by addressing living conditions.

Early response to domestic violence

Helen Denton introduced this suggested intervention and highlighted that domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.

Support for carers (Dementia)

Steve Gross introduced this suggested intervention and explained that carers are an essential source of support for thousands of people in Lancashire, supporting people to stay in their own homes and maintain some independence. However, carers can become socially isolated and their own health and wellbeing can suffer. Caring for someone with dementia can place real strain on relationships. Dementia will naturally affect family and friends as well as the person diagnosed. Becoming a carer in this situation may feel like a huge responsibility, with the well-being of someone else resting more on the carer.

Prevalence of depression among carers of people with dementia has been estimated at between 40 and 60% (Redinbaugh) compared to only 8% among non-carers of similar age. There is more that partners in Lancashire can do together to support carers by joining up the services we each commission and provide and using assets approaches to enable carers stay healthy, maintain their social networks and have breaks from caring responsibilities when needed.

Alcohol liaison nurses

Lorraine Norris, Chief Executive, Preston City Council introduced this suggested intervention and report that the task group agreed that alcohol misuse is associated with poor outcomes in pregnancy and childhood, mental health and wellbeing and contributes

to long term conditions. It also places a significant burden on public services. There is more that partners can do together in Lancashire to reduce the impact that alcohol has on our communities. There is good evidence that alcohol liaison nurses based within hospital settings can reduce the number of alcohol related hospital admissions and free up healthcare resources for other interventions. Alcohol liaison nurses work within hospitals to identify people who are admitted due to alcohol misuse and support them get the right alcohol intervention as quickly as possible to reduce their length of stay and reduce the likelihood of them being admitted again. There are alcohol liaison nurse services in place within hospitals in Lancashire, however there is a view that capacity of the services need to be increased.

Identify those who are at risk of admission into hospital and provide appropriate intervention

Steve Gross introduced this suggested intervention and highlighted that admissions that are unplanned represent around 65 per cent of hospital bed days in England. In many cases these admissions could have been prevented with more effective management of long term conditions by the patient, carer or within primary care, with responsive and effective social care and through building resilience within communities. There is more that partners in Lancashire can so by working better together to identify those at risk of admission and delivering joined up support to reduce the likelihood of hospitalisation. General practice and social care data can be used to identify an individual's level of risk of admission. There are currently programmes in place in Lancashire that use this approach to prevent admissions for long term conditions through community matrons and active case management approaches. However there is potential to prevent even more admissions by lowering the level of risk at which intervention is made and integrating heath, social care and third sector services.

Self-care – encouraging people to take control of their own health & wellbeing

Lorraine Norris introduced this suggested intervention and highlighted that self care means finding the information and treatment you need for minor illnesses yourself and having the confidence to look after your own health. Intervening to increase self care allows people to take more responsibility for their health and wellbeing. However to support this we need to ensure that easy to understand information is available. Self care doesn’t mean people get less help from public services, it means we empower people to find the information they need themselves via technology, support networks, community groups and so on.

By working better together we can deliver programmes to support people to understand their own and their family's health and become familiar with what to do about common illnesses this is often called health literacy). We can provide the information they need through our services such as websites, libraries, council offices, schools and GP surgeries. We can also work to mobilise community assets such as social networks for self care so that people have a friend or neighbour to support them with self care.

Healthy Weight – environmental measures

Lorraine Norris introduced this suggested intervention and explained that the prevalence of overweight and obesity are increasing in both children and adults in England and in Lancashire. Evidence indicates that environmental factors such as the design of a built

environment that is not conducive to physical activity and concentrations of calorie dense high fat food shops and take-aways create an environment that works against healthy weight. By working better together there is more that we can do in Lancashire to intervene for an environment that promotes healthy weight . In particular, the planning and regulatory roles of local authorities can be used to reduce concentrations of fast food outlets; especially near schools and to create the conditions that encourage people to walk, cycle and play outside.

Joined up support for vulnerable families (first pregnancy)

Helen Denton introduced this suggested intervention and explained that it is evident that working with the most vulnerable families in a holistic manner has a major impact on the health and wellbeing of that family. Many initiatives are currently being piloted across the country and in Lancashire on early intervention before crisis point. This interventions is to provide support to a vulnerable family at first pregnancy, as this will allow the family to be supported when required the most, but will also have a profound impact on the health & wellbeing of the child.

Resolved: The Shadow Health and Wellbeing Board noted the report and presentations and agreed that the suggested interventions put forward by the Task Group be included in the Health and Wellbeing Strategy.

5. What is the leadership role of Board Members of the Health & Wellbeing Board - facilitated discussion - 2.40pm

Ian Roberts facilitated a discussion regarding the leadership role of Board Members and asked groups to consider how the Board Members could use their roles within their respective authorities and organisations to strengthen the Health and Wellbeing Strategy and achieve the objectives that will be set out in the Strategy. Each group discussed the subject and feedback the following:

Things all Groups liked

- Deliverable Interventions.
- The priority outcomes seem more or less right.
- Life course approach – something for everyone.
- Inter-related interventions.
- Early intervention.
- Narrow the gap in healthy life expectancy.
- Long term objectives are to be made clear.
- Four priorities – a good size and manageable.

Recommendations from all Groups

- Engage provider organisations in the Strategy and delivery.
- Identify the levers in the system to bring about the shifts.
- Provide opportunities to learn from good practice and up-scale across the County.
- Disseminate our priorities widely.
- Reflect these priorities in our own strategic and commissioning plans.

- Focus on loneliness in old age to be made sharper – possibly get Help Direct in every GP's surgery across the County by the end of the year.
- Partners need to take ownership of the Strategy and also sign off the Strategy.
- Alcohol intervention – recommend specific projects be used to target this specifically.
- Engage provider organisations – include them in the commissioning plans.
- Provide opportunities wherever you live – ensure all residents of the County receive the same level of services.
- For each priority the Board needs to map existing services and how the existing services can be developed around each priority.
- Arrange workshops on the strategy for the Third Sector.
- All Board members should go back to the various Boards and Committees that they sit on and take the recommendations forward.
- District Council members should go back to their District Leaders and discuss support for the Strategy.
- "Train the Trainers" – create a "champion" within each organisation.

Following the feedback from each group Habib Patel explained the next steps for the Board and for developing the Health and Wellbeing Strategy. A further Task Group meeting would be arranged to refine the Strategy. Habib highlighted the following proposed actions and timeline:

What?	*When?*
• Prepare a summary of the emerging strategy - Refine the interventions following discussion with key partners and experts	9th May Board
• Prepare a concise document showing the proposed programme of work for the Health and Wellbeing Board - Prepare a consultation timeline	
• Complete initial engagement with CCG reps, District Councils, Third Sector CYP Trust etc.	29th May Board
• Prepare the narrative for the strategy as a whole	
• Prepare the detailed outcomes, objectives and measures of success	
• Clarify the detail of the proposed interventions	
• Prepare concise summary of the evidence-base of the strategy	
• Prepare vignettes to demonstrate the imperative for the interventions	
• Complete additional consultation on interventions	10th July Board
• Prepare draft strategy for submission to the Board	
• Complete in-depth engagement with partners on the strategy and proposed interventions and secure partner support for implementation of the broader strategy and identified interventions	Sept

Resolved: The Shadow Health and Wellbeing Board noted the comments from all Group and agreed that the Task Group further develop the recommendations of the Board.

6. Update on NHS Reform and progress implementing the Health & Social Care Act - 3.20pm

Janet Soo-Chung presented the report and explained that the Health and Social Care Act was passed on 27 March 2012. The Key legislative changes of the act are:

- Clinically led commissioning
- Provider regulation to support innovative services
- A greater voice for patients
- A new focus for Public Health
- Greater accountability locally and nationally
- Streamlined arms-length bodies

Janet stated that there are eight CCG's that cover Lancashire, with six within the Lancashire County Council footprint. The Act is moving through the authorisation process, there are four phases to the authorisation process, phase one is to be completed in June, with the final phase to be completed in January 2013 with the new Health and Social Care system to be in place by 1 April 2013.

The content of authorisation is built around six domains and has been developed through a wide range of stakeholder involvement including patients, carers, clinicians and partner organisations.

The six domains are:

Domain 1: A strong clinical and multi-professional focus which brings real added value

Domain 2: Meaningful engagement with patients, carers and their communities

Domain 3: Clear and credible plans which continue to deliver the QIPP (Quality, Innovation, Productivity & Prevention) challenge within financial resources

Domain 4: Proper constitutional arrangements with the capacity and capability to deliver all their duties and responsibilities

Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS National Commissioning Board as well as appropriate commissioning support

Domain 6: Great leaders who individually and collectively make a difference

In order to become a statutory organisation in their own right and to assume full accountability each CCG has to go through a nationally managed authorisation process between now and March 2013.

The NHS Commissioning Board

Janet explained that the Board will be organised into nine national Directorates, four slim sub-national regions and a national network of local offices. This means that the local

office for Lancashire will sit within the North of England region and is similar to the current configuration of the PCT Cluster (NHS Lancashire) and SHA North. The bulk of the staff employed by the NHSCB will be based in the local office and their key functions will include oversight of the CCGs, be members of local Health and Well Being Boards and the direct commissioning of primary care services, specialised NHS services, military health services, offender health services and a range of public health services. It was noted that Richard Barker has been appointed as Regional Director for North of England.

Commissioning Support

Janet also explained that a key feature of both the eight CCGs and the NHSCB local office is that the staffing structures will be kept to a minimum and they will be expected to acquire additional services from Commissioning Support Organisations. These CSOs whilst initially hosted by the NHSCB are expected to be outsourced by 2016. The Lancashire and Cumbria joint venture is developing well and robustly and will offer services in areas such as contract management, service redesign, analytical support and other professional services.

The Lancashire and Cumbria unit has already successfully passed the first checkpoint and is well regarded on a national level. It is required to go through a similar authorisation process to CCGs designed to test its marketing strategy, business plan, commercial acumen and ability to deliver high quality services locally on a sustainable basis. The success of this operation is critical to the viability of CCGs as the CSO will provide much of the information and analysis to enable the CCGs to challenge local providers and meet their aspirations on outcomes and against national targets.

In responding to questions from fellow Board members, Janet confirmed that existing staff will transfer to the new setup, it is anticipated that that the new setup will see a 50% reduction in management costs.

Every GP practice in the country will come under a CCG National Commissioning Board and the structures are well advanced.

Board members emphasised the need to be clear about roles and responsibilities.

Resolved: The Shadow Health and Wellbeing Board noted the report and update regarding the NHS reform.

7. Public Health Update from Lancashire County Council - 3.40pm

Debs Harkins presented the report (circulated) and explained that an estimated baseline for the public health grant has been published by the Department of Health and is based on public health spending during 2010/11. The estimated baseline for Lancashire is £45,891,000 which equates to £37 per person. The DOH are currently developing A needs-based allocation formula for the public health ring-fenced grant is currently under development and is expected to be published for consultation after the local elections with an allocation formula published along with the actual allocations in December 2012.

In February 2012 a formal consultation was launched on 'Delivering the public health reforms in Lancashire'. This set out: proposals for the functions to be undertaken by the local public health service within Lancashire County Council, including the mandatory services above; a timetable for the implementation of the public health reforms; and a draft Human Resources Framework. The consultation closed on the 22 March 2012. A paper setting out proposals in response to the consultation and a process and timescale for developing a structure for the public health workforce is being considered by the County Council's Management Team and NHS Lancashire Executive Team. It proposes that shadow arrangements are put in place from the end of October 2012.

The Director of Public Health in the County Council will have chief officer status and within Lancashire County Council it has been agreed that the DPH will be an Executive Director reporting to the Chief Executive. Recruitment to the Lancashire DPH post is underway and it is hoped that interviews will take place no later than the end of June.

Resolved: The Shadow Health and Wellbeing Board agreed to note the report and update on Public Health Transition.

8. Any Other Urgent Business - 4.00pm

None.

9. Programme of Meetings 2012 and Date of Next Meeting - 4.05pm

Resolved: The Shadow Health and Wellbeing Board noted the programme of meetings for 2012 and noted that the next meeting would be held on Tuesday 29 May 2012 at 2pm, in the Rowan Room at Woodlands Conference Centre, Chorley.

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