

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 18th September, 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
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
Dr John Caine, West Lancashire CCG
Dr Tom Marland, Fylde and Wyre CCG
Mark Youlton, East Lancashire CCG
Karen Partington, Lancashire Teaching Hospitals Foundation Trust
Gary Hall, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, 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
Tammy Bradley, Housing Providers
Peter Tinson, Fylde and Wyre CCG
David Russel, Lancashire Fire and Rescue Service
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

County Councillor Geoff Driver	Lancashire County Council
CBE	
Stephen Young	Director of Growth, Environment, Transport and Community Services, LCC
Dr Geoff Jolliffe	Morecambe Bay CCG
Greg Mitten	West Lancashire HWBP
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust

1. Welcome, introductions and apologies

All were welcomed to the meeting and round table introductions took place.

Apologies were noted as above.

New members were noted as follows:

Peter Tinson, Fylde and Wyre Clinical Commissioning Group (CCG) for Jennifer Aldridge
Councillor Barbara Ashworth, East Lancashire District Council, for Councillor Lian Pate
Dr Geoff Jolliffe, Morecambe Bay CCG, for Dr Alex Gaw

Replacements were as follows:

Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG and Dr Gora Bangi, Chorley
and South Ribble 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 17 July 2018

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

4. Action Sheet and Forward Plan

Updates on actions from 17 July 2018 meeting were received.

Appointment of Deputy Chair – The appointment of Deputy Chair for the Board was received from the CCGs and it was confirmed that Denis Gizzi would undertake this role for the remainder of the municipal year 2018/2019.

Better Care Fund – With regards how many people the 3,479 delayed days affected, Paul Robinson reported that these were not measured now. The planning of the workshop to scope and review the total system budget and develop an integration plan beyond 2019/2020 had not begun as information was required from the Green Paper and the NHS Plan which had not been published yet.

Transforming Care – In Patient Provision – This had been included on the forward plan for a future meeting.

All other items on the action sheet were included on this agenda.

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

5. Review of Central Lancashire Plan - Improving Health Care and Wellbeing in Central Lancashire

Sarah James, Integrated Care Partnership Programme Director and Dr Geraldine Skailes, Medical Director were welcomed to the meeting to give an update on the Central Lancashire Integrated Care Partnership (ICP) and Acute Sustainability. They presented the attached PowerPoint to the Board.

The Central Lancashire Integrated Care Partnership Board was established in a Shadow form in April 2018 and the membership included acute provider, community and mental health provider, GPs, Commissioners (CCG), Lancashire County Council, District Councils and Voluntary, Community and Faith sectors. An initial recruitment was recently completed to appoint an Independent Chair and an Integrated Care Partnership Programme Director. The Our Health Our Care Change programme, which had been in place since 2016 was being built on. Focus to date had been on form – emerging models, benefits, the value proposition and design principles through which the ICP would operate, as well as the Blueprint which defined how the system would look in the future. Going forward, plans were in place to develop the big seven strategic platforms to deliver the change required in Central Lancashire,

As this work was ongoing, the Board asked that an update be brought to the Board early next year and that this was added to the Forward Plan.

Resolved: That a report be brought to a future meeting in the New Year and that this be added to the Forward Plan.

6. Review of Pennine Plan - Improving Health Care and Wellbeing in Pennine Lancashire

Mark Youlton presented the report which provided an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire had been developed and recommended the Pennine Plan for consideration and approval.

In December 2017, the Pennine Integrated Health and Care Partnership published a draft of the Pennine Plan to test proposals for change with a broad range of stakeholders, and to gather feedback and insight to inform more detailed service specifications and implementation plans. These had been used to shape the final version of the Pennine Plan, which was attached at Appendix A.

Collaboration between Health and Social Care agencies in Pennine Lancashire had a substantial history already. However, this was being given new impetus by emerging national policy developments regarding integration of health and social care services. There was also considerable local momentum in Pennine Lancashire to move progressively but decisively towards even closer and ultimately formal legal partnership arrangements.

Resolved: That the Health and Wellbeing Board:

- i) Approved the Pennine Plan as the blueprint for health and care transformation in Pennine Lancashire.
- ii) Sought assurance from the Pennine Partnership that in its delivery of the Pennine Plan it would also take account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.

- iii) Agreed any further requirements, aspirations or expectations that should be communicated on behalf of the Lancashire Health and Wellbeing Board in relation to the future development of the Pennine Partnership and the delivery of the Pennine Plan.

7. Lancashire Adult Learning - Opportunities for collaboration and partnership to support Health and Wellbeing strategies in Lancashire

Andy Parkin and Sarah Howarth were welcomed to the meeting and updated the Board on what Lancashire Adult Learning was and what it provided (see PowerPoint attached).

Lancashire Adult Learning is the second largest adult community learning provider in the country and provided exceptional learning opportunities across Lancashire. The primary objective of Lancashire Adult Learning was to deliver a wide range of high quality 'targeted' programmes, which focussed on the needs of disadvantaged people and those least likely to participate in learning. Those included people furthest away from the job market, on low incomes, and adults with low skills who lacked 'first rung' qualifications from 19+. The vast majority of the curriculum was unaccredited and had been developed in line with the three programmes of work in the Lancashire Health and Wellbeing Strategy, the seven health behaviours as identified in the Joint Strategic Needs Assessment. They also worked in partnership with Lancashire County Council's Public Health Team and the NHS where their aim was to support partners across Lancashire who were working to educate the public. They worked with partners to plan provision that responded to local needs and provided opportunities to engage learners who were disadvantaged and least likely to participate, including those in rural areas and people on low incomes with low skills. Their aim was to compliment the work that was going on in services around health and wellbeing and the approach was very flexible and designed their own outcomes according to individual's needs.

The Board were asked to keep Lancashire Adult Learning at the forefront of their mind and consider them as part of the system.

Resolved: That the Health and Wellbeing Board:

- i) Raised awareness of Lancashire Adult Learning and its curriculum offer within Lancashire County Council and Public Health in order to identify opportunities for collaboration and partnership.
- ii) Made recommendations to Clinical Commissioning Groups and locality managers to identify opportunities for Lancashire Adult Learning to support and contribute to health initiatives within districts and localities.
- iii) Supported Lancashire Adult Learning to ensure that the learning offer was directly linked to Lancashire's strategies to support adults.

8. Better Care Fund (BCF) and Active Ageing Alliance

The recent publication of the Integration and Better Care Fund (BCF) guidance 2017/19 had set out the continuing role for the BCF and confirmed the ongoing conditions and requirements that varied little from those set out at the creation of the current Lancashire BCF plan in September 2017.

The role of the Health and Wellbeing Board was reaffirmed as overseeing strategic direction and delivery of the BCF.

Whilst there was an option to revise three of the four national metrics the recommendation of the BCF steering group was that those remain as originally planned.

The fourth metric, Delayed Transfers of Care (DToC), (see attached PowerPoint and comparator document) was the subject of revised nationally imposed expectations which current performance trajectories showed Lancashire should be able to achieve in 2018/19. It was important to emphasise that this was only achievable because of the combined efforts across the Lancashire health and social care system that had resulted in significant improvement in performance and a drop of total delayed days from 4643 in June 2017 to 2758 in June 2018.

The guidance indicates a shift of emphasis towards impacting on and monitoring length of stays in hospital. For now, the BCF was expected to support reducing these through its efforts around DToC and the implementation of the High Impact Change Model although further requirements may be identified in coming months.

There was no requirement to create a revised BCF plan but any revisions had to be reported and must continue to meet the BCF/iBCF conditions. There had been a number of required changes identified in the Lancashire plan and those were set out in Appendix B.

Discussion ensued around the success of better working together across sectors and reducing delayed transfers of care figures, however the Board were reminded that the iBCF was non-recurrent and to ensure that the working targets were sustained, work that had been carried out by Newton Europe should be used to put schemes in place. This was something that the Better Care Fund Steering Group needed to take forward.

It was requested that the readmission rate figures were included in the report for future meetings. Paul Robinson agreed to ensure these were provided.

The Board agreed to include Residential Care on the forward plan as a future item as residential numbers were diminishing.

With regards winter plans, Central Lancashire's would be discussed at the A and E Delivery Board on 21 September 2018 and Lancashire County Council's Winter Plan was due to be presented to Cabinet on 11 October 2018.

Active Ageing Alliance

Adrian Leather, Active Ageing Alliance presented the Board with some background and Crispin Atkinson, Redhill Consultants presented the attached PowerPoint.

The Active Ageing Alliance was formed in 2016 from Voluntary, Community and Faith (VCF) sector organisations in Lancashire. A model had been developed of co-operative working based on a lead contractor and supply chain arrangement and would provide person centred support. The vision was a far greater role for the VCF sector in meeting the needs of people over 50 for non-medical support. It had a more efficient approach to

commissioning, procurement and supply of services through a lead contractor and co-ordinated supply chain.

59% of Lancashire are over the age of 50. Some of the benefits of the model were around person centred support and co-operative working which ensured investment, development and support for community assets.

It was noted that when developing the neighbourhood working models that the Active Ageing Alliance should be considered.

Resolved: That the Health and Wellbeing Board:

- i) Noted the guidance and its implications for the Lancashire BCF and Health and Wellbeing Board.
- ii) Approved the revisions to the BCF/iBCF plan, for 2018/19, as set out in Appendix B.
- iii) Approved the maintenance of the BCF metrics for Non Elective Admissions, Residential and Nursing Home Admissions and reablement at the original 2017/19 plan levels.
- iv) Noted the expected performance for Delayed Transfers of Care for 2018/19.
- v) Noted the success of joint working across health and social care in significantly improving DToC performance and enabling the expectations to be met.
- vi) Requested that the Better Care Fund Steering Group review the Active Ageing Alliance model, consider its inclusion as part of the wider Better Care Fund spending proposals for 2019/2020 onwards to be agreed at a future Health and Wellbeing Board meeting.
- vii) Requested that the readmission rate figures were included in the report for future meetings.
- viii) Agreed to include Residential Care on the forward plan as a future item.

9. Mental Health and Wellbeing - Time to Change Hub

Darren Bee, Time to Change Regional Co-ordinator was welcomed to the meeting and presented the attached PowerPoint to the Board on the proposed approach for developing a Time to Change Hub in Lancashire. Time to Change was a growing movement of people changing how everybody thinks and acts about mental health. Since 2007, Time to Change had been working to create major changes in national attitudes and behaviours, raising awareness and reducing the stigma associated with mental health. Its aim was to empower communities to lead and embed local change, and to do this had established 'Time to Change Hubs'. Mental health and wellbeing was identified in the Lancashire Health and Wellbeing Board Strategy as a priority for addressing health inequalities in Lancashire, especially for children and young people. Time to Change are currently running the In Your Corner [campaign](#).

A Time to Change Hub was a partnership of local organisations and people who were committed to ending mental health stigma and discrimination. Collectively and independently they initiate and run regular local activities to challenge mental health prejudice, coming together to align and maximise the impact of their combined activity. It

was a collaboration of the NHS, local employers, third sector partners, wider third sector, Local Authority, Emergency Services, Education Providers, local champions, with the Health and Wellbeing Board being the host.

It was noted that there was also another useful video that the NHS Trusts are encouraging staff to watch around [suicide](#) and this would link in with the Time to Change Hub.

Resolved: That the Health and Wellbeing Board:

- i) Endorsed an application and acknowledged the external funding stream associated with this, to become the Host for the Lancashire Time to Change Hub and support the Time to Change social movement to end the stigma and discrimination experienced by people with mental health problems
- ii) Agreed to oversee the local Hub Partnership and uphold the responsibilities of the Host as described
- iii) Nominated and endorsed the organisation proposed to fulfil the role of the Hub Co-ordinator
- iv) Delegated the responsibility for submitting the application to the Chair of Lancashire Health and Wellbeing Board, in consultation with the Director of Public Health and Wellbeing.

10. 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 Special Educational Needs and Disabilities services which were inspected by Ofsted and the Care Quality Commission in November 2017, to judge how effectively the special educational needs and disability 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 is monitored by the Department for Education and NHS England.

The Health and Wellbeing Board had requested regular updates on progress at their bi-monthly meetings; this was the second update to the Board.

With regards engagement and wider partners, Adrian Leather, Third Sector Representative agreed to link in with John Readman, Executive Director, Children and Young People and Sian Rees.

The Board noted the progress being made and congratulated the service 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 November Board meeting.

- iii) Noted that Adrian Leather, would link in with John Readman and Sian Rees with regards engagement and wider partners.

11. Lancashire Safeguarding Boards Annual Report 2017/18

Jane Booth, Independent Chair, Lancashire Safeguarding Adults and Lancashire Safeguarding Children Boards reported to the Health and Wellbeing Board prior to publication of the Lancashire Safeguarding Adults Board/Lancashire Safeguarding Children Board Annual Report, to allow for comment on the draft report before it was finalised. The draft Annual Report was attached at Appendix 'A'. Within this report, points of progress and highlights specifically for this group were noted as well as in the PowerPoint attached.

The Board noted that there were lots of positives as well as challenges. The Annual Report would be presented to the Police and Crime Commissioner and Chief Constable, Cabinet as well as the Health and Wellbeing Board. John Readman was the link for the Children Board and Louise Taylor, Executive Director for Adult Services and Health and Wellbeing was the link for the Adults Board. The Health and Wellbeing Board requested to know what each of the Boards were doing with regards the key issues detailed in the report and present the findings to a future meeting of the Board.

Resolved: That the Health and Wellbeing Board:

- i) Noted the contents of the report.
- ii) Commented on any key issues and consider the implications for the conduct of business.
- iii) Louise Taylor and John Readman to report back at a future meeting on the key issues from the report and what the Lancashire Safeguarding Adults Board and Lancashire Safeguarding Children Board were doing with regards those issues.

12. Role of Lancashire Fire and Rescue Service on the Board

Dave Russel, Assistant Chief Fire Officer, Lancashire Fire and Rescue Service gave a brief presentation (as attached) to the Board. Fire and Rescue Services and health and social care partners operated in the heart of local communities to increase safety, health and wellbeing of the people living and working there. They were concerned with prevention and early intervention. Most importantly, all were reaching out to the same people and families who find themselves at risk of accident or ill health.

On 1 October 2015 NHS England, the Chief Fire Officers Association, the Local Government Association, Public Health England and Age UK published a joint 'Consensus Statement' setting out a national commitment to improve health and wellbeing. The aim being, to support vulnerable people and those with complex needs to get the personalised, integrated care and support they needed to live full lives and sustain their independence for longer, thus reducing demand on fire, health and social care services. By working in partnership in the wider health and wellbeing context, Fire and Rescue Services were well placed, to help enhance and improve shared outcomes beyond what could be achieved in isolation.

The purpose of the report was to share Lancashire Fire and Rescue Service progress to date, and to explore further opportunities for the Service to work in partnership going forward.

Lancashire Fire and Rescue Service are wanting to compliment services who were targeting hard to reach groups and how this could be done.

Safe Well Visits that were carried out by Lancashire Fire and Rescue Service should be made through a partner referral, however this was not happening. The reason this should happen was so the fire officers that were carrying the visits out had the background on the household before entering, which would inform the visit being undertaken and could discuss issues/concerns and support the household.

The Board agreed that there should be better working together across partners and this would be taken forward.

Resolved: That the Health and Wellbeing Board:

- i) Noted the preventative work which Lancashire Fire and Rescue Service currently undertake.
- ii) Explored [where appropriate] opportunities for Lancashire Fire and Rescue, to undertake preventative work, in partnership, aimed at improving health and wellbeing outcomes across Lancashire.

13. Urgent Business

Flu Immunisations

The Chair reminded the Board that flu immunisations were now available and encouraged the Board to participate.

14. Date of Next Meeting

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

L Sales
Director of Corporate Services

County Hall
Preston