

## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 28th January, 2014 at 2.00 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

### **Present:**

#### **Chair**

County Councillor A Ali, Cabinet Member for Health And Wellbeing (LCC)

#### **Committee Members**

County Councillor M Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)

County Councillor D Whipp, Lancashire County Council

Dr A Bowman, Greater Preston Clinical Commissioning Group (CCG)

Dr S Karunanithi, Director of Public Health, Public Health Lancashire

Mr S Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)

Ms L Taylor, Interim Executive Director for Children and Young People (LCC)

Dr S Frampton, West Lancashire Clinical Commissioning Group (CCG)

Dr P Benett, Fylde and Wyre Clinical Commissioning Group (CCG)

Dr M Ions, East Lancashire Clinical Commissioning Group (CCG)

Dr D Wrigley, Lancashire North Clinical Commissioning Group (CCG)

Mr R Jones, Director NHS England – Lancashire

Councillor J Cooper, Pennine Lancashire District Councils

Councillor B Hilton, Central Lancashire District Councils

Councillor C Little, Fylde Coast District Councils

Canon M Wedgeworth, Chair Third Sector Lancashire

### **1. Appointment of the Director of Public Health**

**Resolved:** The appointment in October, 2013 of Dr Sakthi Karunanithi as the County Councils Director of Public Health and his consequent membership of the Board was noted.

### **2. Apologies**

Apologies for absence were received from Dr G Bangi (Chorley and South Ribble CCG), Mrs G Stanley (Chairperson of Healthwatch) Mrs K Partington, - Chief Executive of Lancashire Teaching Hospitals Foundation Trust and Professor H Tierney-Moore, - Chief Executive of Lancashire Care Foundation Trust.

### **3. Disclosure of Pecuniary and Non-Pecuniary Interests**

County Councillor Whipp declared a non pecuniary interest in connection with item 5 on the agenda as he was a member of Pendle Borough Council which had a statutory duty to provide funding via the Disabled Facilities Grant which would in the future be included within the Better Care Fund.

#### **4. Minutes of the last Meeting.**

**Resolved:** That the Minutes of the meeting held on the 15<sup>th</sup> October, 2014 are confirmed as an accurate record and signed by the Chair.

#### **5. Better Care Fund Templates**

Mr Mansfield, Chief Operating Officer from the East Lancashire CCG, gave a brief presentation regarding the background to the Better Care Fund, including the necessary governance arrangements and the timescales involved in considering and approving submissions to NHS England.

It was noted that for 2014/15 a further £214m would transfer from the NHS to adult social care in addition to the £859m transfer which was already planned. For 2015/16 the Better Care Fund was estimated as being £1.9bn and would comprise of £130m Carer's Break Funding, £300m CCG reablement funding, £354m capital funding (including £220m Disabled Facilities Grant) and £1.1bn of funding transferred from health to adult social care.

The Chair recognised the considerable amount of work which had been undertaken within a short timescale in order to prepare the templates presented in the report and invited the members of the Board to make comments on the templates so that they could be further developed ahead of the initial deadline for submission.

When considering the report members of the Board made the following general comments regarding the Better Care Fund (BCF).

- It was recognised that the BCF presented an opportunity to transform services and build a more integrated health and social care system which would be flexible and built around the needs of the individual.
- It was suggested that at present the BCF was focussed on acute hospitals and adults with serious medical conditions and in the future consideration would need to be given to both the wider population and the integration of wellbeing services.
- The Voluntary Community Faith Sector was recognised as having an important role in the delivery of services, through in the future such organisations would be faced with challenges and would need to be prepared to rationalise and find innovative ways of working.
- There was some concern regarding cross boundary working in those parts of the County where residents travelled outside Lancashire to a neighbouring authority in order to access health care. It was suggested that more work needed to be done to ensure there was effective communication and data sharing between CCGs and hospitals in those situations and that this should be reflected with the CCG templates.
- It was noted that some templates referred to the extended scope of the Disabled Facilities Grant in relation to aids and adaptations and it was suggested that consideration be given as to how the Grant would be distributed across Lancashire in order to ensure that District Councils received an appropriate level of funding.

- Several members of the Board acknowledged that the BCF did not represent new funding but was instead a reallocation of existing funding from acute health services to community services and that as a result great care would need to be taken to ensure that resources were used as efficiently and effectively as possible.
- It was suggested that care needed to be taken to ensure appropriate community services were in place so that there were no significant gaps in service provision following the transfer of funding from health services via the BCF.
- The need to ensure that GPs and other front line practitioners were fully engaged was discussed and it was noted that in each CCG new arrangements were being developed in conjunction with clinicians and representatives of other agencies. It was also recognised that increasingly GPs were signposting the public to other service providers and that this role would continue to develop in the future.
- A suggestion was made that consideration be given to the administration and governance of the BCF being resourced from within the Fund rather than by allocations from partners. It was noted that the Health and Wellbeing Board could consider possible additional funding beyond the national mandate and enhance the BCF or develop a separate Wellbeing Fund.
- Performance measurement was discussed and it was reported that in the future NHS England would want to negotiate with individual CCGs and the Health and Wellbeing Board in order to set targets that would be both realistic and achievable but also challenging.

The following additional comments were made in relation to the content of specific templates.

#### **A. Greater Preston CCG and Chorley and South Ribble CCG**

It was noted that a Clinical Senate had been established, with representatives from the two CCGs, Lancashire Teaching Hospital Foundation Trust, the Lancashire Care Foundation Trust and the County Council in order to develop collaborative working and risk sharing through effective partnership arrangements.

It was recognised that the value of community assets had initially been underestimated and that role of the VCFS in providing services which would help to keep people safe and well within their own homes would be vital in the future.

#### **B. Lancashire North**

It was reported that in March 2014 the CCG and Lancashire LINK would be holding a second event to explore how communication and engagement with partner organisations working in health and social care could be improved which would inform future developments.

With regard to the cross boundary issue it was reported that the CCG had developed a good relationship with providers in Cumbria.

#### **C. West Lancashire**

It was noted that whilst much of the content of the individual templates was similar in terms of what was to be delivered the West Lancashire CCG template was a good example of how information could be presented in a clear, easy to read format and it was suggested that each CCG look at the other templates in order to identify examples of best practice when finalising their 'first cut' templates.

#### **D. Wyre and Fylde**

An updated version of the CCG template was circulated at the meeting and it was suggested that the content be discussed further at the next Fylde and Wyre partnership in order that a 'first cut' template could be finalised ahead of the 14<sup>th</sup> February 2014 deadline.

#### **E. East Lancashire**

It was reported that as many people in East Lancashire travelled to Airedale Hospital in West Yorkshire for health care it was important to ensure there was effective communication and data sharing between the CCG and hospital. In response the Chair reported that he had been involved in a recent meeting with representatives from Airedale Hospital where this issue had been highlighted. It was also noted that the CCG was engaged in discussions with other agencies in Blackburn and Rochdale in relation to the improved integration of services.

It was recognised that IT systems used by different providers may not be compatible and so further work would need to be done in order to identify ways in which organisations could better integrate so that communications and data sharing can be improved.

#### **Resolved:**

1. That the comments of the Board as set out above be taken into account by the Clinical Commissioning Groups (CCGs) when finalising their 'first cut' templates.
2. That the content of the Fylde and Wyre CCG template be presented to the next meeting of the Fylde and Wyre Partnership for discussion in order that a 'first cut' template can be finalised.
3. That the Chair and Deputy Chair are given delegated authority to formally sign off the final versions of the 'first cut' templates from each CCG on behalf of the Board by the 14<sup>th</sup> February 2014 deadline and also in relation to any further amendments which may need to be made before the templates are submitted to NHS England by the 4<sup>th</sup> April 2014.
4. That an update regarding the submission of the templates be presented to the next meeting of the Board.

#### **6. 2014/15 Programme of Meetings for the Board.**

**Resolved:** That the following programme of meetings for the Board, as approved by the full County Council on 12<sup>th</sup> December, 2013 is noted, with all meetings to be held at 2.00pm in Cabinet Room C – The Duke of Lancaster Room at County Hall, Preston.

16<sup>th</sup> July 2014.  
16<sup>th</sup> October 2014.  
29<sup>th</sup> January 2015.  
29<sup>th</sup> April 2015.

**7. Urgent Business**

There were no items of urgent business for discussion at the meeting.

**8. Date of Next Meeting**

It was noted that the next scheduled meeting of the Board would be held at 2.00pm on the 29<sup>th</sup> April, 2014 in Cabinet Room 'D' – the Henry Bollingbroke Room at County Hall, Preston.

I M Fisher  
County Secretary and Solicitor

Lancashire County Council  
County Hall  
Preston