

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Thursday, 29th January, 2015 at 2.00 pm in Reception Room, Fylde Town Hall, St Annes, FY8 1LW

Present:

Chair

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

Committee Members

Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire
Stephen Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)
Dr Gora Bangi, Chorley and South Ribble CCG
Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)
Gail Stanley, Chairperson of Healthwatch
Councillor Tony Harrison, Burnley Borough Council
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde Coast District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Mike Maguire, West Lancashire CCG
Dr Alex Gaw, Lancashire North CCG

1. Apologies

Apologies were received from County Councillor Tony Martin, County Councillor Matthew Tomlinson, County Councillor David Whipp, Louise Taylor, Dr Ann Bowman, Michael Wedgeworth and Heather Tierney-Moore

Mike Maguire replaced Dr Simon Frampton.

With effect from 29 January Dr Alex Gaw will permanently replace Dr David Wrigley as the representative for Lancashire North CCG

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None noted

3. Minutes of the Last Meeting.

The minutes of the last meeting were agreed as correct. Cllr Hilton asked if a decision sheet of the actions agreed by the Board could be produced and circulated for each meeting.

4. Better Care Fund and Board Governance update

Steve Gross provided the Board with a verbal update and informed members that last week a teleconference had taken place with NCAR to go through the process to deal with issues arising from the resubmission of the BCF plan. The teleconference went extremely well and only a few points were raised which included only 3 minor issues that needed more detail, they were 7 day working arrangements, data sharing and information relating to the metrics supplied. These issues were easy and quick to respond to and resolve. A decision is expected in early February and members will be informed at the earliest opportunity.

He also explained to the Board about some of the actions that need to take place before the end of March which included the Section 75 hosting arrangements, external and internal communications, governance arrangements and what the Board actually want to be reported back. He suggested that the current Steering Group and Programme Managers Groups be maintained to facilitate these actions.

With regard to the governance of the Board there is still work to be done around responsibilities for implementation and monitoring and the relationship between the Board and the strategic partnerships. The workshop event that had been held at Deepdale started this process and clarification was sought in terms of how the Board would like this work to progress. The detail needs to be worked through but considerations include alignment with CCG governance, avoiding duplication, building on existing plans but also ensuring the needs of the Board are met. He suggested that a half day workshop be planned to address these concerns after which a set of proposals for the way forward can be presented to the Board.

A discussion took place and the main points were:

- Who is the accountable body for BCF? – ultimately it will be the CCGs and the County Council but the Board will need to play a key role in terms of challenging and monitoring the plan
- It was acknowledged that now is also a good opportunity to review the Health & Wellbeing Strategy as it is approximately 14 months since it was developed and is a chance to 'take stock' and consider its linkages to the priorities of the partner organisations and how effective the Board links to the local partnerships.
- It was suggested that the CCGs need to consider developing a joint approach to the overall monitoring of the Strategy as each has slightly different priorities and systems. There are lots of individual schemes and as there are different priorities for different CCGs this will present challenges as to how best the fund should be deployed. CCG plans in the future will have to estimate the impact of BCF.
- There was general consensus around the need for much greater collaboration and integration and the creation of ambitious and innovative ways of sharing risks and benefits. A future role for the Board will be to consider what other services/functions are included within the BCF plan
- Consideration also needs to be given to how the Board can influence issues relating to housing and the local economy. Working with housing providers and the Lancashire Enterprise Partnership could help facilitate this.

Resolved:

- i. That the Steering Group and Programme Managers Groups be maintained
- ii. A half day governance workshop be arranged which will address system leadership

5. Child and Adolescent Mental Health Services update

Les Martin from the Lancashire CSU provided the Board with a verbal update on the progress of a Steering Group which is chaired by Dr Ann Bowman undertaking a review of CAMHS. He informed members that the Steering Group including the participation of all 3 HWBs in the county and were taking account of national drivers as part of the review. Phase 1 of the review looked at the background and context including access to and commissioning of services to enable them to make recommendations to improve the service. Lancashire County Council had already produced a CAMHS strategy which identified 8 outcomes. The Steering Group will produce a report for presentation and discussion with the CCGs with a focus on 'what we do now to improve access to services' and they are linking in with the work of West Lancashire CCG who have a national lead for engagement. The report will suggest ways on how to deliver integrated support with a single point of access and the group have looked at what is currently being done in Liverpool and Birmingham.

A discussion took place and the main points were:

- One area that needs to be addressed is the development of a single and clear referral system as there is significant confusion amongst different groups (e.g. parents, schools etc.) on how young people are referred.
- It was suggested that a representative from a Pupil Referral Unit should also be on the Steering Group
- A single referral pathway is available on the Children's Trust website (need link)
- There needs to be better integration between inpatient facilities and community based provision and members were informed that Blackpool have examples of good practice of this
- The Steering Group are looking at services across the spectrum including the transition to adult services and there are a low number of beds for the population.
- Concerns were expressed about young people being admitted to paediatric wards and potentially bed blocking. Officers explained that there was no data to support this but committed to investigating the issue further
- Alternative options to hospitalisation and police cells being explored
- Winter pressures – managing to reduce admissions to hospital through early and quicker diagnosis. It was felt by members that the ones who slip through the net are the ones who end up in the criminal justice system and therefore the earlier they can receive help the better.
- Further progress will be reported back to the Board in due course

It was resolved that the Board would receive a further update on CAMHS in the future.

6. Domestic Abuse - Collaboration with Health Services

Since the Board had last discussed this topic a report had been presented to the Scrutiny Committee and NICE had recently published guidance. Sakthi informed members that the Scrutiny Committee has requested a follow meeting to which an NHS representative would be invited in approximately six months' time. It was noted that Peter Tinson was representing CCGs on this matter at the Lancashire Chief Executive's Group and an NHS specific action plan will be presented to that group. Members from the CCGs requested clarity around the funding for specific domestic abuse projects as the County Council have the responsibility for public health. A discussion took place and the main points were:

- The Department of Health funding for Domestic Abuse is in the form of a Public Health grant and that the grant is already being used to fund relevant elements of domestic abuse services.
- It was suggested that there is a need to share information between the services commissioned and to ensure seamless pathways
- Current funding streams will end for domestic abuse in 2015/16 and members felt it was important that a discussion takes place about funding for the future.
- Domestic abuse has an economic impact on the whole health and social care system and members were informed that Lancaster University has developed a model that can cost out the impact.
- It was agreed that we need effective collaborative commissioning and as work is taking place to look at commissioning contracts for the next 3 years it is an opportunity to get all the relevant partners and providers round the table
- It needs to be a joined up approach and it was acknowledged that NHS representation on this issue happened as a direct result of the intervention of the Scrutiny Committee. It's about understanding the role of the NHS in domestic abuse services.

It was resolved that the update be noted and that work continues with CCG colleagues to produce an action plan.

7. Accident & Emergency situation update

CC Ali asked individual members if they had any specific updates to provide to the Board on their current actions to manage patient flow. The following key points were discussed:

Lancashire Teaching Hospitals

- Currently have approximately 60-100 more beds than staff to support
- Working with Lancashire Care Foundation Trust and local CCGs to manage these patients. The Homeward Bound service, which is due to start mid-February, will look to identify patients who can move over to a level of care that doesn't require hospitalisation but still have some nursing needs.
- A recent audit identified 92 patients who didn't need to be there if there had been some relevant alternative provision
- A number of care homes in the area that had recently closed, following CQC inspections, added to the pressures.
- The Trust in partnership with Bolton University had launched its own School of Nursing. They would be trained on-site and guaranteed a job post qualification. The intake was 25 students twice a year.

Lancashire North CCG

- The situation has improved with better staffing levels.

East Lancashire CCG

- Performance dropped over the Christmas and New Year period and following a slight improvement, dropped again due to the cold weather. It was felt that this is a whole health economy issue rather than just down to the acute trust who are currently addressing their level of performance.

Greater Preston and Chorley, South Ribble CCGs

- Currently undertaking a piece of work looking at what is causing people to use A&E (as opposed to alternative provision) but have already identified that the over 80s are of most concern.

West Lancashire CCG

- There were 241 additional admissions during December – there were extra intermediate care beds in the community.
- Doing an analysis with GPs and North West Ambulance Service
- High levels of sickness amongst Trust staff due to the pressures of work and once things had quietened down they will undertake a review to determine if there are any lessons that can be learnt.

Lancashire County Council

- Huge demand on all aspects of the social care. Increased capacity had been created in the Deprivation of Liberties Service and the 'step up - step down' facilities
- Major recruitment problem within the independent sector as there are not enough nurses for the nursing homes.
- Acknowledged that the closure of care homes and subsequent relocation of those residents impacts on the whole system.

Other general comments from Board members included:

- Acknowledgement of the impact of changes within health and social care services as a result of financial challenges – infection control was given as an example.
- Impact of the Care Act has the potential to be significant and the level of expected funding is unlikely to address this fully. The County Council are still looking at inefficiencies within the system and one example is the introduction of a single approach to care home fee rates.
- The Board acknowledged that the whole system is under significant pressure.

It was resolved that the updates be noted

8. Urgent Business

None noted

9. Date of Next Meeting

The date of the next meeting of the Health & Wellbeing Board is Wednesday 29 April at 2.00pm in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

