Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Monday, 24 October 2016, 10.00 am,
Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

SUPPLEMENTARY AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. CQC Report and Action Plan	Information	To discuss the report and the action plan.	Sakthi Karunanithi	(Pages 1 - 12)	10.55am-11.10am
12. Development of the Pan Lancashire Health and Wellbeing Board	Information	To receive an update and discuss the report.	Clare Platt	(Pages 13 - 22)	11.50am-12.05pm

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Lancashire Health and Wellbeing Board
Meeting to be held on 24 October 2016

Review of Health Services for Children Looked After and Safeguarding in Lancashire

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Appendix 'A' refers

Executive Summary

During June 2016 the Care Quality Commission (CQC) conducted a review of the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

The report, published in August 2016, records the findings of the review of health services in safeguarding and looked after children services in Lancashire. As a consequence of the review, relevant local agencies have worked together to develop the action plan (Appendix A).

Recommendations

- That the Board notes and endorses the action plan from Lancashire County Council (Appendix A).
- Note that the action plans from NHS organisations included in the CQC review will be presented to the Board once they have been signed off by the individual organisations.

Background

During June 2016 the Care Quality Commission (CQC) conducted a review of the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

The CQC considered:

- the role of healthcare providers and commissioners.
- the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.

Lancashire County Council

- the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.
- whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004, including the statutory guidance 'Working Together to Safeguard Children 2015'.

The report, published in August 2016, records the findings of the review of health services in safeguarding and looked after children services in Lancashire. It focuses on the experiences and outcomes for children within the geographical boundaries of the local authority area and reports on the performance of health providers serving the area including Lancashire's six Clinical Commissioning Groups (CCGs) and the NHS England North Area Team.

Where the findings relate to children and families in local authority areas other than Lancashire, cross-boundary arrangements were considered and commented on. Arrangements for the health-related needs and risks for children placed out of area were also included.

As a consequence of the review, relevant local agencies have worked together to develop the action plan (Appendix A).

Members of the Health and Wellbeing Board are requested to consider and endorse the action plan.

List of background papers

Identified and linked in the report.

Appendix A

Action plan to address the issues raised by CQC that relate to LCC

Recommendations	Issue raised with Director of Public Health / Reference in the report	Actions: By whom	LCC actions	Assurance process	Timeline (I = indicative, A = Agreed)
1.2 Ensure the timely production of an annual health report for looked after children and updating of the joint strategic needs assessment to strengthen the local area's focus on the health needs and inequalities experienced by children looked after and care leavers.	5.2.6 Commissioners and providers submitted safeguarding children and adults reports to their individual Trust Boards at least annually. The inclusion of patient stories in a number of Trust reports helped build a shared understanding of the complexity of safeguarding work and of the Trust's performance in addressing challenges and delivering the required quality standards and outcomes. However, the area had not yet prepared a separate Looked After Children Annual Health report as required by regulation; and an up-to-date analysis of the needs of looked after children and care leavers was not available to inform the local joint strategic needs assessment.	Lancashire CCG's LCC to support through the JSNA process	Support through JSNA process This needs to be linked with the CLA governance internally – need to find out what this is.	Health and Wellbeing board	Qtr 2, 2017 (I)
	1.24 School nurses provided emotional health support (at tier 2 CAMHS level) but this was not secured by a standard package of care, with some schools commissioning additional support. This had led to complexity in the management and governance of local care pathways, and risked promoting inequity in access to services. School nurses thought their practice would benefit from further training to help build their confidence and expertise in the use of relevant mental health assessment tools. They	Schools, providers of school nursing and CAMHS services	LCC Public Health to raise with School Nurse providers and also work with the schools forum to scope support through the high needs block? Role of WPEH?	LCC Contract review meeting	Qtr 2, 2017 (I)

	also welcomed plans in progress to improve access to consultation and supervision from CAMHS. *This was brought to the attention of Public Health Lancashire as the commissioner of school nursing services*				
	1.16 Transfer-in visits were well-managed by frontline community health professionals which evidenced learning from a recent serious case review. Families with children under 5 were routinely visited by the health visitor who carried out a full family needs assessment and a health check on the children. This helped connect families to local support services and ensured any existing or emerging health needs were identified and appropriately met. However, some teams and localities did not have sufficient capacity to deliver the full Healthy Child Programme (HCP) offer. Performance in meeting antenatal contact targets was the area where most improvement was needed. *These issues were brought to the attention of the Director of Public Health as the commissioner of health visiting services.*	Provider and LCC public health	LCC Public Health to work with providers to review capacity across localities to deliver the Healthy Child Programme	LCC contract review meeting	Qtr 2 2017 (I)
	1.18 Blackpool Teaching Hospital's health visiting service was additionally commissioned to deliver a weaning visit at home at 3-4 months. This helped promoted better outcomes in the high impact areas of healthy weight and diet. Although antenatal contacts were commissioned in line with government guidance, the care pathway required	Provider and LCC Public Health to review Care Pathway	Raise with provider and identify opportunities to improve identification of perinatal mental	LCC Contract review meetings.	Qtr 1 2017 (I)

	review to help refine local priorities. In one example seen, a mother with a history of depression and domestic abuse who was expecting her sixth baby had not been offered an antenatal contact. This was a missed opportunity to provide early intervention. *This was brought to the attention of Public Health Lancashire as the commissioner of health visiting services*		health issues systematically. Also seek the input of the strategic clinical network's input in the training of health visitors.		
	3.25 Think Family arrangements were well embedded in the work of Inspire. Children were clearly visible and were at the centre of risk assessment and care planning processes. Children on child protection plans were appropriately flagged with key details clearly recorded on their electronic case management system. The provider was able to search nationally within its database for the whereabouts of parents and current risks. Whole family interventions were also offered in conjunction with children's social care staff for example the M-PACT group (Moving Parents And Children Together) which aims to develop parents' understanding of their substance misuse and its impact on children. However, *the attendance of substance misuse professionals at child protection meetings and their use of the LSCB report template to support analysis of the impact of parental substance misuse on children was variable*.	LCC Public Health to raise with provider services	LCC Public Health to raise directly with all substance misuse providers. Audit process with providers and social care	LCC Contract review meetings.	Improved attendance by Qtr 3 2016 (A). Audit process to be agreed by Qtr 4 2016/17 (I).
	2.5 Lancashire had relatively high numbers of children and young people who were missing from school (estimated at 1,000). When individual	LCC Public Health to identify better	Discuss with Schools Improvement	0 – 25 programme board	Qtr 1, 2017 (I)

	missing children were brought to the attention of school nurses; they ensured the young person was safe and well. However, school nurses were not being proactively informed about these children. Further work was required to ensure all schools recognised the importance of sharing this data. *We brought to the attention of the Director of Public Health as the commissioner of school nursing services.*	mechanisms for information sharing between schools and school nurses.	Team		
5.1 Ensure effective partnership working with young person's substance misuse services to ensure prompt joined-up approaches to addressing the needs of young people who misuse substances and shared actions to reduce levels of presentation at emergency departments.	2.19 Young people supported by Young Addaction benefitted from regular access to a GP for holistic healthcare advice. Action had been taken to strengthen joint working in the light of learning from a recent serious case review. Cases sampled highlighted the important role Young Addaction played in supporting vulnerable young people who do not readily engage with health services including facilitating access to dentists and CASH services. Overall, with the exception of shared pathways with Royal Preston hospital; joint working arrangements with other acute Trusts and CAMHS services were relatively under-developed. *(**Recommendation 5.1**) This was also brought to the attention of the Director of Public Health as the commissioner of young person's substance misuse services.*	NHS providers	LCC Contract review meeting with Addaction to establish which NHS providers have established pathways – September onwards.	LCC contract review meeting	Jan 2017 (I) for pathways to be in place.
8.1 Ensure additional training for frontline staff to help them achieve high levels of confidence and expertise in the use of CSE risk assessment tools, tailored to their specific roles and levels of contact.	1.25 School nurses had received online training for child sexual exploitation (CSE) and had good links with the specialist CSE nurses working in the multi-disciplinary locality teams. However, safeguarding	NHS Providers	LCC Public Health to raise the issue with providers and monitor implementation	LCC Contract review meetings	March 2017 (A), part of LCFT's action plan.

	practice and professional confidence in the recognition of and support for young people at risk of CSE was not fully embedded. This was an area to strengthen in enabling improved identification and support for young people whose needs fell below the levels of risk managed by the CSE specialist nurses. *This was brought to the attention of Public Health Lancashire as the commissioner of school nursing services. (**Recommendation 8.1**)*		of action plan		BTH Action complete (A), Blackpool Teaching Hospitals (BTH) action plan.
16.1 Develop clear systems and care pathways for sharing information, flagging and tracking of risks to young people using their integrated sexual health services.	2.7 Different service providers were responsible for the delivery of sexual health services in Lancashire, with some recent changes to contractual arrangements. Lancashire Care in partnership with Brook took the lead in young person's contraception and sexual health provision. Providers had different ICT systems which did not support efficient sharing of information or effective tracking of young people who may be at risk of CSE. 'All age' sexual health services held a register of young people about whom there were concerns, but did not receive feedback from the multi-agency sexual exploitation (MASE) meetings to help maintain an up-to-date record of risks to young people using its services. *These issues were brought to the attention of the Director of Public Health as the commissioner for integrated sexual health services. (**Recommendation 16.1**)*	NHS Provider Action plan	LCC Public Health to raise the issue with providers and monitor implementation of action plan	Contract review meeting	Dec 2016 (A), part of LCFT's action plan. Action complete (A) BTH's action plan.
16.2 Strengthen the child's voice, analysis and recording of concerns including for young people	2.9 However, we found recording of the voice of the child, analysis of levels of concern and follow up of the outcomes of referrals to children's social	NHS Provider action plan	LCC Public Health to raise the issue with providers	LCC contract review	March 17 (A), part of LCFT's action plan.

over the age 16.	care were not well-evidenced in records seen. This included variable practice in the quality of checks made, recognition of the vulnerability of some young people, including those aged 16-18 years, and those with emotional and mental health needs. Whilst checks for Fraser competence were evidenced on genito-urinary medicine (GUM) records, further enquiry about risks of CSE was limited. *These issues were brought to the attention of the Director of Public Health as the commissioner for integrated sexual health services. (**Recommendation 16.2**)*		and monitor implementation of action plan	meeting	Feb 17 (A), part of BTH's action plan.
16.3 Promote clear and consistent approaches to identifying, recording and reporting incidences of female genital mutilation (FGM)	3.14 Lancashire Teaching Hospitals had effectively implemented FGM procedures with appropriate incident reporting within the Trust and information sharing with children's social care which enabled improved awareness and monitoring of incidence. However, we found routine enquiries were not made about FGM in either sexual health or GUM services. GUM staff recorded this only if there had been a physical examination. In East Lancashire Hospitals Trust, one of the cases we tracked denoted the need for greater vigilance when pregnant women attended. Action was required to promote a clear and consistent approach to identifying, recording and reporting FGM. *(**Recommendation 16.3**) These issues were also brought to the attention of the Director of Public Health as the commissioner of sexual health services.*	NHS Provider	LCC public health to raise the issue with providers and monitor implementation of change.	LCC contract review meeting	Awareness and recording of FGM Nov 2016 (A). Bespoke Training package (LCFT) by March 17 (A) BTH Action complete (A) BTH's action plan.
17.1	3.21 Health visiting plans to support delivery of the	NHS Provider	LCC public health	LCC	LCFT April 17

Ensure their health visiting and school nursing teams provide SMART outcome-focussed protection plans and analysis within routine recording to clearly evidence the impact of their work to strengthen parental capacity and keep children and young people safe.	child protection plan however were not sufficiently SMART; were often activity-based in focus and did not clearly demonstrate the impact of their interventions. Routine case recording of ongoing contact by community health professionals whilst detailed and descriptive, also did not clearly evidence the impact of their work for the child and the risks to them from lack of parental adherence to the protection plan. *(**Recommendation 17.1**) These issues were also brought to the attention of the Director of Public Health as the commissioner of health visiting and school nursing services.*	action plan	to raise the issue with providers and monitor implementation	Contract review meeting	(A), LCFT's action plan. BTH Feb-17 (A), BTH's action plan.
17.3 Strengthen quality assurance by frontline health professionals involved in undertaking LAC health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.	5.2.7 A number of actions had been delivered, with others in progress, to strengthen quality assurance of local statutory health arrangements for children looked after and care leavers. This included the provision of training to frontline staff undertaking assessments and developing health care plans. Front line health professionals were required to self-audit their work prior to submission with a further review by the LAC health team prior to sign-off. However, further work was needed to strengthen quality assurance of the work by frontline practitioners and their managers. For example, in one case, we found the frontline practitioner had not effectively challenged the quality of her work. Gaps in practice against the quality standards had not been effectively picked up in the sign-off process by the LAC health team. Our review of LAC health records indicated the need for tighter management oversight, reflection on risks to children and on the outcomes achieved.	NHS provider action plan	LCC to seek assurance from NHS providers and commissioners that LAC health assessments are of sufficient quality	0 -25 Programme Board	Quality assure November 16 (A) LCFT action plan. BTH Feb-17 (A), BTH's action plan.

	*(**Recommendation 17.3**)* *This was also brought to the attention of the Director of Public Health as the commissioner of health visiting and school nursing services.*				
22.2 Ensure children looked after care records provide a complete picture of previous assessments and care plans in line with the required standards of record-keeping to support the development of a comprehensive health history for young people leaving care.	4.9 Good practice was generally seen in the quality of review health assessment work undertaken by health visitors and school nurses. Children and young people had good access to dental services, an area for improvement highlighted in our previous inspection report. School nurses offered young people a choice of venue and sought to actively involve them in building their awareness and understanding of their health needs. However, previous assessments and health care plans were missing or were not easy to locate on some Lancashire Care case records we sampled. ***(Recommendation 22.2)***	NHS Provider Action plan	LCC public health to raise the issue with providers and monitor implementation	Contract review meeting	March 2017 (A) LCFT's action plan.
22.3 Ensure records of actions discussed in supervision are routinely recorded on the case records of children and young people to provide assurance about the effectiveness and impact of work to address risks and support improved outcomes.	5.3.3 All LAC specialist nurse teams were trained to an appropriate level against the intercollegiate safeguarding competencies. They reported good access to single and multi- agency safeguarding training. The named nurse in Lancashire Care offered one to one supervision to all LAC specialist nurses on a monthly basis. However, records of actions discussed in supervision were not available on the children's cases we tracked. This meant that the Trust lacked assurance about the effectiveness and impact of supervision in helping address risk and support improved outcomes for young people looked after. ***(Recommendation 22.3)***	NHS Provider action plan	LCC public health to raise the issue with providers and monitor implementation	Contract review meeting	March 2017 (A). LCFT's action plan
26.1	3.1	Provider	LCC public health	Contract	GMW actions

Strengthen their links with the local MASH (multi-agency safeguarding hub) to support shared work in reducing the number of repeat referrals with aspects of concerning behaviour in relation to domestic abuse, mental health and substance misuse.	Lancashire's multi-agency safeguarding hub (MASH) promoted a rigorous, co-ordinated approach to the gathering of intelligence about serious concerns being investigated by Lancashire Constabulary. Health professionals within the MASH provided a timely and comprehensive response to requests for further information. We saw examples of effective multi-agency collaboration, including with another local authority where young people were missing from home. MASH work with adult substance misuse and adult mental health services however could be strengthened to promote clear shared strategies for managing shared responses to re-referrals that included aspects of concerning behaviour in relation to domestic abuse, substance misuse and mental health. *(**Recommendation 26.1**)*	action plans: GMW & CGL (Inspire)	to raise the issue with providers and monitor implementation	review meeting	complete December 2016 (A). GMW's action plan. Inspire actions complete by end of Qtr 4, 2016-17 (A). Inspires action plan
26.2 Ensure adult mental health actively engage in all aspects of child protection work to ensure good and regular sharing of information about concerns and changes in parental capacity to effectively support and protect children.	3.19 Overall, partnership working between child health and adult mental health and substance misuse professionals was variable. Community child health professionals reported they would welcome more frequent information-sharing and strengthening of joint approaches to ensure shared direction and holistic support for families who were reluctant to engage. *(**Recommendation 26.2**)* *These issues were also brought to the attention of the Director of Public Health as the commissioner of adult substance misuse services.*	Provider action plans: GMW & CGL (Inspire)	LCC public health to raise the issue with providers and monitor implementation	Contract review meeting	GMW Actions complete by December 2016 (A). GMW's action plan. Inspire actions complete by end of Qtr 4, 2016-17 (A). Inspire action plan
27 Ensure referrals made to children's social care are	3.5 Children's details and risks to their safety were	Provider action plan:	LCC public health to raise the issue	Contract review	Action complete Dec

effectively managed to provide a clear audit trail of actions taken and strengthening of management oversight of levels of activity	well-recorded on the Discover team's casework (Greater Manchester West Mental Health Trust). The Discover team used a web form to make referrals to children's social care. However, the ICT system used by the Trust did not retain a copy of the referral. This hindered organisational capacity to audit the level and quality of this work**.** ***(Recommendation 27.1)***	GMW	with providers and monitor implementation	meeting	2016 (A). GMW's action plan.

Lancashire Health and Wellbeing Board
Meeting to be held on 24 October 2016

Development of a Pan Lancashire Health and Wellbeing Board

Contact for further information:
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Appendix 'A' refers

Executive Summary

Earlier in the year Lancashire Leaders agreed that work should be undertaken to move to a new model of health and wellbeing board governance, in the form of a single Health and Wellbeing Board (HWB) for Lancashire, with five local area health and wellbeing partnerships (LHWPs), reflecting the local health economies. Members of the Health and Wellbeing Board participated in a summit during July 2016. Subsequently The Pan-Lancashire Health and Wellbeing Board Governance paper (Appendix A) has been developed for consideration.

Recommendation

Members of the Board are requested to consider and comment upon the report.

Background

At their meeting on 23rd May 2016, Lancashire Leaders agreed that work should be undertaken to move to a new model of health and wellbeing board governance, in the form of a single Health and Wellbeing Board (HWB) for Lancashire, with five local area health and wellbeing partnerships, reflecting the local health economies.

The first step to implementing the new governance model is for the upper tier authorities, who currently hold the statutory HWB duties, to develop a joint framework for delivering their statutory responsibilities. The framework will be subject to legal appraisal, to ensure its lawfulness and reported back to Lancashire Leaders later in the year. If agreed the framework will be enacted, and reviewed after twelve months for its effectiveness, with any proposals for change being brought back to the Lancashire Leaders.

In order to engage with existing HWB members, a health and wellbeing summit was held on 26th July, which allowed members to explore and propose how their statutory responsibilities could be jointly delivered. The comments and feedback received from the Summit have been considered by an Executive Officer Group, with senior representatives from the three upper-tier authorities, and recommendations for the developing framework are outlined within this report. They have also been reported to Lancashire Chief Executive and Leader forums.

The Pan-Lancashire Health and Wellbeing Board Governance paper (Appendix A) is due to be considered at the Lancashire Leaders meeting on 17 October 2016. The Leaders are being asked to:

Lancashire County Council

a) Note the contents of the report
b) Note the recommendations arising from the Health and Wellbeing Board Summit, that are being taken forward for further discussion with legal officers
c) Discuss and provide comments on the recommendations as required
d) Agree to terms of reference for the pan-Lancashire HWBB and the local area HWB partnerships being brought to their November meeting

Members of the Health and Wellbeing Board are requested to consider and comment upon the report.

List of background papers

Identified and linked in the report.

Pan-Lancashire Health and Wellbeing Board Governance

Recommendations following the pan-Lancashire Health and Wellbeing Board Summit

1. Purpose

To update Lancashire Leaders in regards to the development of the new pan-Lancashire model for health and wellbeing board governance, including key recommendations emerging from the Health and Wellbeing Board Summit held on 26th July.

2. Recommendations

Leaders are asked to:

a) Note the contents of this report
b) Note the recommendations arising from the Health and Wellbeing Board Summit, that are being taken forward for further discussion with legal officers
c) Discuss and provide comments on the recommendations as required
d) Agree to terms of reference for the pan-Lancashire HWBB and the local area HWB partnerships being brought to their November meeting

3. Background

At their meeting on 23rd May, Lancashire Leaders agreed that work should be undertaken to move to a new model of health and wellbeing board governance, in the form of a single Health and Wellbeing Board for Lancashire, with five local area health and wellbeing partnerships (LHWBPs), reflecting the local health economies.

The first step to implementing the new governance model is for the upper tier authorities, who currently hold the statutory HWB duties, to develop a joint framework for delivering their statutory responsibilities. The framework will be subject to legal appraisal, to ensure its lawfulness and reported back to Lancashire Leaders later in the year. If agreed the framework will be enacted, and reviewed after twelve months for its effectiveness, with any proposals for change being brought back to the Lancashire Leaders.

In order to engage with existing HWBB members, a health and wellbeing summit was held on 26th July, which allowed members to explore and propose how their statutory responsibilities could be jointly delivered. The comments and feedback received from the Summit have been considered by an Executive Officer Group, with senior representatives from the three upper-tier authorities, and recommendations for the developing framework are outlined within this report.

4. Health and Wellbeing Board Summit

The summit was held on 26th July, with 64 delegates attending from across the HWBB's. Delegates were given an overview of the changing landscape for health and wellbeing and the future governance model that had been agreed through Lancashire Leaders. They were reminded of the statutory role and responsibilities of HWBBs and were then asked to offer their opinion about how these duties could be delivered through the new model and were particularly asked to consider:

- Governance and democratic influence

- Promoting integration
- Joint strategic needs assessments and health and wellbeing strategies
- Membership

The comments made during the Summit have been collated and analysed by officers supporting this work. The key themes from each of these discussions are highlighted within this report along with the recommendations for implementation from the Executive Officer Group.

5. Governance and democratic influence

Key themes emerging from feedback

- There is a need to make both levels operate effectively, take meaningful decisions and have productive discussions
- Decision making processes need to be robust and transparent
- Groups need to take into account what is "local" i.e. what does it actually feel like to live/work/visit the local areas
- Public and community engagement and empowerment is key
- There needs to be an agreed terms of reference which clarified decision making

Recommendations of the Executive Officer Group

The Executive Officer Group recommend that:

- Terms of reference be developed for the pan-Lancashire HWBB and the five LHWBPs
- That a Memorandum of Understanding or list of key principles be drafted for agreement between pan-Lancashire HWBB and the LHWBPs – setting out expectations; ways of working and roles within the decision making process. This would allow for consistency of implementation, but also some local discretion. These principles should link to the principles of the Lancashire and South Cumbria Change Programme
- Chairs/vice chairs from the LHWBPs should give updates on behalf of their group to the pan-Lancashire HWBB, and will be expected to report back to their groups on key issues emerging from the pan-Lancashire Board
- The Board and partnerships operate a named deputy system, to ensure decisions can be taken in the absence of formal members

6. Promoting integration, including Better Care Fund (BCF)

Key themes emerging from feedback

- There should be a common set of goals and ambitions for integration across both levels – some comments suggests a third level, being that of neighbourhood/community level integration
- There is a need for a pan-Lancashire strategic framework but local influence to develop local delivery
- A feeling that the HWBB could "rise above" organisation boundaries and encourage what is right for people and the area - there is a need to be outcome focused, rather than organisational focused
- There was lots of reference to pooled budgets, but the post-it notes didn't state at what level or what this would look like
- Feedback from facilitators suggested there was a sense that pooled budgets should go beyond the BCF

- There is a need to think about how we share resources; expertise; workforce; estates and IT

Recommendations of the Executive Officer Group

The Executive Officer Group recommend that:

- The statutory duty for promoting integration should sit with the pan-Lancashire HWBB on the proviso that the pan-Lancashire HWBB set out ambitions and principles for integration, which are then implemented across all levels of delivery, including at locality and neighbourhood level where relevant– this would be developed through full engagement with all areas

Better Care Fund Considerations

The BCF wasn't particularly referenced within the comments collated from the HWBB Summit, however it is recognised that this is a key matter for consideration in the new model.

The NHS England guidance on the BCF has been considered, and currently the guidance highlights that it is the responsibility of the social care authority, in conjunction with the relevant CCG to identify proposals for the delivery and expenditure of the BCF. It is the responsibility of the relevant HWBB to sign off these proposals. As such the decision with regards to whether BCF should be pooled at a Lancashire level, or otherwise, does not fall within the remit of these discussions, rather it is the mechanism for signing off the three statutory BCF plans that needs to be considered at this time and within the new governance model.

Discussions currently being undertaken as part of the Lancashire and South Cumbria Change Programme are identifying what, if any, changes will be made to the current mechanisms for the management of BCF. There is also the sense that as the current nationally mandated model for BCF does not particularly complement the Sustainability and Transformation agenda, the future planning guidance may bring forward changes for implementation.

In considering these matters and the feedback from the HWBB Summit the following recommendations are made:

- That the development and sign off for BCF plans for 2017/18 be conducted under the currently statutory HWBB arrangements, i.e. three plans signed off by three existing statutory HWBBs, unless Government guidance emerges to the contrary
- That when developing the plans for 2017/18, the relevant social care authorities and CCGs do so in the context of the Lancashire and South Cumbria Change Programme and recognise the direction of HWBB governance for the pan-Lancashire area
- That the Lancashire Leaders agree to review the framework for signing off BCF plans for 2018 onwards, when agreements have been reached with regards to the operation of BCF within the Lancashire and South Cumbria Change Programme and the national direction of travel is confirmed

7. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Key themes emerging from feedback

- There were generally three options put forward by groups, which are summarised as:
    1. A single JSNA/JHWS for Lancashire
    2. Five JSNA's/JHWS one for each LHWBP

3. Replicate the current Lancashire model, which pulls out the overarching priorities for Lancashire, and is based on data from each area CCG (and as such includes BwD & Blackpool)

- Engagement and consultation in JSNA/JHWS is critical and should be undertaken at each level – what is important to local people isn't always the same as what is important to organisations, we should take this opportunity to consider how we address this

Recommendations of the Executive Officer Group

The Executive Officer Group recommend the adoption of option 3, i.e. replicate the current pan-Lancashire JSNA/JHWS but include chapters for each of the five local areas, to highlight local priorities and issues for delivery.

This would require the statutory duty for developing a JSNA/JHWS be delegated to the pan-Lancashire HWBB, by the upper tier authorities, but in doing so there will be clear stipulations that local area needs and priorities be adequately reflected through appendices or chapters.

The rationale for this is:

- This work is already developed through the Lancashire and South Cumbria public health intelligence network, which includes representatives from BwD and Blackpool
- The Lancashire and South Cumbria intelligence group can jointly agree what JSNA programme would be, they could lead across patch, with key topics/areas of focus being planned with engagement from all three statutory bodies
- This will allow the identification of key pan-Lancashire issues, that would benefit from a coordinated approach, whilst recognising there are local distinctions which can be identified for delivery at the local footprint level

8. Membership

Key themes emerging from feedback

- Core Membership for the pan-Lancashire HWBB should be as small as possible
- A core membership should be prescribed for the LHWBPs, with the flexibility to co-opt other members as locally relevant
- A balance of elected member, public and VCFS representation was needed
- Feedback from facilitators was the providers should be represented at the local area partnership level, rather than on the pan-Lancashire HWBB

Recommendations of Executive Officer Group

Comments were quite prescriptive in terms of membership for both levels. These details have been considered by the Executive Officer Group, with recommendations outlined below for consideration by the Lancashire Leaders.

Pan-Lancashire HWBB

It is recommended that the pan-Lancashire HWBB reflect the statutory membership for HWBB's and local good practice, which would see membership as follows:

Leadership:

- Chair – a councillor from one of the current statutory HWB authorities
- Vice-chair – a CCG representative

Membership statutory:

- Three councillors – one from each of the current statutory HWB authorities (one of whom will chair the Board)
- Five councillors - who will also be the chairs the LWHBPs (one of whom could be vice-chair)
- Five CCG representatives - (one of whom could be vice-chair)
- One director of adult services – as nominated by the three Directors of Adult Social Services (Blackpool; Blackburn and Lancashire)
- One director of children's services - as nominated by the three Directors of Children's Services (Blackpool; Blackburn and Lancashire)
- One director of public health - as nominated by the three Directors of Public Health (Blackpool; Blackburn and Lancashire)
- One representative of the Local Healthwatch organisation

Membership non-statutory:

- One representative from NHS England
- One representative from Public Health England
- The Police and Crime Commissioner for Lancashire
- Chief officer Lancashire Constabulary
- Chair or Chief officer Lancashire Fire and Rescue Authority
- Chair of Combined Authority
- VCFS representative from pan-Lancashire infrastructure

Local Health and Wellbeing Partnership

Leadership:

- Chair – a councillor
- Vice-chair – a CCG representative

Membership

- A representative from each district council
- A representative from each CCG relevant to the area
- A representative from Lancashire County Council
- The relevant Divisional Commander of Lancashire Constabulary
- The relevant Chief Officer of Lancashire Fire and Rescue Service
- One or more VCFS representatives
- A Healthwatch representative
- Children's services; adult services and public health departmental representatives
- A representative from the relevant HWBB for Cumbria would sit on the Morecambe Bay LHWBP to ensure linkages between the two groups
- Local provider representatives, e.g. Lancashire Care Foundation Trust, hospital trusts, etc

The co-option of other members, including any lay members, will be at the discretion of each Partnership.

9. Terms of reference

Subject to agreement by the Lancashire Leaders, terms of reference will now be developed, in conjunction with legal representatives, to formalise the recommendations outlined above. The draft terms of reference will be presented to the Lancashire Leaders for agreement in November, prior to them being formally taken to Cabinets/Executive Boards in December and January.

10. Timescales for implementation

Given that commissioning cycles have commenced and engagement with existing HWBB's in regards to CCG commissioning priorities usually takes place around September/October, the Executive Officer Group recommend that the new model for HWBB governance be implemented following the Annual Council (of the upper tier authorities) for the new municipal year, normally (May 2017).

The following path to implementation is recommended.

August to October 2016	• Approach endorsed by Lancashire Chief Executives and Lancashire Leaders • Legal framework, including terms of reference developed around the recommendations
November to January 2016	• Terms of reference endorsed by Lancashire Chief Executives and Lancashire Leaders • Council (upper tier) approval through Cabinet/Executive and Full Council • Engagement with statutory HWBBs • Statutory boards build relationships with local area partnerships, potentially through joint meetings/workshops to begin to identify membership; ways of working; key priorities
January to March 2017	• Operate in shadow format, via a committees in common approach, with members agreed and in place • Finalising of terms of reference for each group • Communications on ways of working from 1st April 2017 • Existing statutory HWBBs will meet, including signing off Better Care Fund Plans for 2017/18, in March 2017 (subject to national timescales)
1st April 2017 – June 2017	• Annual Council meetings in May 2017, formally transfer statutory powers from existing three HWBBs • Inaugural meetings of new HWBB and LHWBP's • Formal agreement of chair and vice-chair • Adoption of terms of reference

11. Next steps

Legal advice on all of these recommendations and options will continue to be received. The recommendations highlighted above are presented to the Lancashire Leaders for consideration at their meeting on 17th October, by way of an update of the development of the new governance arrangements.

Statutory organisation provisional timelines for pan-Lancashire HWBB development approval

Lancashire Chief Executives

- Overview of proposals, for approval to progress, to 15th September meeting

Lancashire Leaders

- Final framework (for endorsement prior to governing body approval) to 17th October meeting

Blackburn with Darwen Borough Council

Health & Wellbeing Board Policy Development Session	Exec Board	Heath & Wellbeing Board update	Council Forum
19th July Verbal discussion	8th December	27th September overview of proposals	26th January

Blackpool Borough Council

Health & Wellbeing Board	Executive	Heath & Wellbeing Board update	Council Forum
7th September Verbal update	5th December	19th October	25th January

Lancashire County Council

Initial Cabinet paper	Cabinet	Heath & Wellbeing Board update	Council Forum
14th April 2016	8th December	24th October	9th February