

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Thursday, 16th July, 2015 at 2.00 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Jennifer Mein, Leader of the County Council

Committee Members

County Councillor Azhar Ali, Cabinet Member for Health And Wellbeing (LCC)
County Councillor Tony Martin, Cabinet Member for Adult and Community Services (LCC)
County Councillor Matthew Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)
County Councillor David Whipp, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire
Louise Taylor, Corporate Director Operations and Delivery (LCC)
Bob Stott, Director of Children's Services
Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)
Councillor Tony Harrison, Burnley Borough Council
Councillor Bridget Hilton, Central Lancashire District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair Third Sector Lancashire
Professor Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust
Dr Alex Gaw, Lancashire North Clinical Commissioning Group (CCG)
Ishwer Tailor, Board Member of Healthwatch Lancashire
Jane Booth, Lancashire Safeguarding Children's Board

1. Welcome, introductions and apologies

Members were welcomed to the meeting and introductions made.

The Board was informed that since the last meeting, and because there had not been a Full Council prior to this meeting, the revised terms of reference and changes to membership had been approved at the Urgency Committee held on 7 July 2015. It was therefore noted that CC Jennifer Mein, Leader of the County Council would be the new Chair of the Health & Wellbeing Board.

Apologies were received from:

- Tony Pounder, Director of Adult Services
- Dr Simon Frampton, West Lancashire CCG
- Dr Gora Bangi, Chorley South Ribble CCG
- Dr Tony Naughton, Fylde & Wyre CCG
- Dr Dinesh Patel, Greater Preston CCG

Mr Ishwer Tailor replaced Gail Stanley for Healthwatch

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None noted

3. Minutes of the Last Meeting

The minutes of the Board meeting held on 5 June were agreed as a correct record

4. Action Sheet

Chris Calvert, Partnership Officer introduced this item.

The Action Sheet provided the Board with progress against previous recommendations and decisions of the Board

Whilst no significant comments were made by members Bob Stott, Director of Children's Services suggested that Board consider how to engage with PULSE

It was resolved that the Action Sheet be noted

5. Lancashire Teaching Hospitals - Monitor Outcome and Preston Masterplan

Dr Mark Pugh, Consultant Anaesthetist Medical Director provided the Board with a review of their clinical services and hospital estate, to make sure they can respond to the challenges they are facing and continue to provide the highest standards of care, and effective services whilst ensuring they are viable for the future.

The purpose of the presentation was to provide the Board with:-

- An overview of the case for change in their clinical services
- What will affect the new models of care that they are developing
- What they are proposing to do to meet these challenges – the process moving forward

Dr Pugh highlighted a number of key points:

- The NHS is facing the biggest challenge in its history.
- The population is ageing - The number of over 85 year olds will increase by 106% by 2032.
- This has significant implications for the NHS because older people use health services more than other age groups.
- Nearly two thirds of people admitted to hospital are aged over 65.
- Since 2006 the number of people aged 85 years and older admitted to hospital, as an emergency, has increased by 48%.
- On average, at Royal Preston Hospital 24% of patients are now over the age of 80, and 43% of medical patients are elderly.
- At Chorley and South Ribble Hospital 46% of patients are now over the age of 80, and 55.5% of medical patients are elderly.

- Elderly medical patients tend to stay in hospital for longer than young people, in fact three times longer.
- Because the elderly population is projected to increase, hospitals will get busier and busier if we don't do something differently.
- People are now living for longer with chronic conditions such as diabetes, heart disease and respiratory illness - which is great news and shows how much treatment and care has improved in the past decade or so.
- Whilst the total number of people with one long term condition is not expected to change very much, the number of people with three or more chronic illness is predicted to rise by 1m by 2018.
- People with several chronic conditions generally need a lot of health and social care support, visit hospital regularly, and often stay in hospital for a long period, so with the predicted rise in people with one or more chronic illness we can expect hospitals to get busier.
- Our lifestyles are becoming less healthy.
 - One in five of us smoke.
 - One in three drink too much alcohol.
 - And two in three are overweight.
 - Unhealthy lifestyle choices are causing an increase in largely preventable conditions such as type 2 diabetes, heart and liver disease, and certain cancers, all of which means more people need more care.
- Together these factors – an ageing population, people living for longer with chronic conditions, and our increasingly unhealthy lifestyles – has created a significant increase in demand for healthcare, and more people than ever before are being admitted to hospital.

Following the presentation a discussion took place and the main points were:

- Whilst the Board acknowledged the challenges faced by Lancashire Teaching Hospitals many members felt that the whole system needed to be considered as the issues raised effected more than just one provider. It was suggested that to consider the whole system the work of Healthier Lancashire is critical
- In response to a question relating to working jointly with other providers Dr Pugh stated that the Trust were investigating what services could be delivered collaboratively and were also engaging with the Local Medical Committee.
- As there was a consensus that the solution lies outside the hospitals it was acknowledged that the Board needed to be strong to help the Trust develop a wider clinical strategy across the county. It is important that the Board help ensure a local governance system.
- In reference to specialised services it was acknowledged by Dr Pugh that those could be hosted elsewhere in neighbouring Trusts and reminded the Board that at this stage nothing was off the table
- Dr Ions informed the Board that Healthier Lancashire were investigating and discussing many of the themes being identified and to ensure that duplication is avoided suggested that Healthier Lancashire report back to the

Board in September/October. The report would be an overview of the main gaps in the whole system with a particular focus on areas that need to be prioritised at a Lancashire level rather than a CCG level

- It was suggested that a task and finish group be established to look at the issues identified within the report due from Healthier Lancashire to determine what action the Board needs to take. Members felt that the task group membership should be agreed in preparation for the next Board meeting so that it can commence as soon as possible once the report from Healthier Lancashire has been received.
- It was also suggested that the Your Hospital, Your Health review needs to be overseen by the local Health & Wellbeing Partnership so that the local position will be known in addition to the pan Lancashire position.

A copy of the presentation is appended to the minutes.

Dr Pugh also provided the Board with a brief summary of the Trust's financial position following the recent investigation by Monitor. A financial manager has been provided by Monitor to assist the Trust to identify a more ambitious savings target. A recovery package is being worked through prior to seeking approval from the Trust's Board and Monitor.

It was resolved that:

- i. The Central Lancashire Health & Wellbeing Partnership provides local system governance to connect primary care, hospitals, public health, voluntary sector and local authorities.
- ii. Where relevant issues, such as workforce, be addressed at a Lancashire level
- iii. A Task & Finish Group be established to review the findings of the Healthier Lancashire report to determine the actions of the Board.
- iv. The Trust provide the Board with periodic updates in respect of the financial position.

Presentation

6. Transforming Care for People with Learning Disabilities

Ian Crabtree and Sharon Martin presented the Board with a summary of issues associated with the Transforming Care agenda which included:-

- An update on progress pan Lancashire.
- Information on Lancashire's inclusion in a National "Fast Track" programme, which is a strategically led collaboration of CCGs, local authorities and NHS England specialised commissioners, where the transformation needed can be planned and implemented at a greater speed.

Ian reported that it is was approximately 2 years since the Board had last received an update and drew members attention to the current situation in Lancashire and the recent inclusion in the Fast Track programme. A shared action plan and vision

was to be developed by early September and the Transforming Care Board had been established with its first meeting to be held on 17 July. The action plan developed by the Transforming Care Board would be reported back to the Collaborative Commissioning Board for agreement and sign-off after which the Health & Wellbeing Board would be asked to sign off the action plan. Ian suggested that if the Board does not meet again prior to the requirement for sign-off the Chair be asked to agree the action plan on behalf of the Board.

A brief discussion took place and the main points were:

- In response to a concern regarding nurses in special schools it was clarified that this area was not included within the Fast Track programme, however officers assured the Board that a separate piece of work is being undertaken to look at staffing as part of a whole workforce review
- One member asked if Lancashire has community placements. Ian stated that the Fast Track programme comes with some funding (approximately £1m) and it is the intention to develop community resources as they are quite patchy across the county.
- The Board were informed that Jan Ledward had been identified as the senior responsible officer to lead the Fast Track process and had already written to NHS England setting out Lancashire's requirements for a bespoke package of support. It was suggested that the Board support this approach.
- It was acknowledged that even though the Board were talking about relatively small numbers of people their outcomes were very poor in terms of life expectancy, employment and receipt of health checks. In addition tremendous pressure was being placed on providers such as Calderstones to make changes happen quickly but caution needs to be taken to ensure that service users are managed safely.

It was resolved that:

- i. The Health and Wellbeing Board note the progress made in developing the Transforming Care agenda in Lancashire and agree to provide future support and challenge that will enable effective engagement in the fast track programme
- ii. The Chair be asked on behalf of the Board to sign-off the action plan

7. Public Health In Year Budget Reductions

Sakthi Karunanithi presented the Board with a report that identified how the in-year reductions of Lancashire County Council's public health budget will have implications for services across the health system. There is a need to ensure that the impact of these cuts is minimised and the development of a place based public health system across Lancashire is a priority.

At the meeting of the Health and Wellbeing Board on the 5 June 2015 an item was raised under urgent business that alerted the Board to a government announcement of in year cuts to the public health budget. The Department of Health had announced an overall reduction of £200 million to this budget which it is estimated will equate to £4 million for Lancashire County Council.

He updated members on further information that had been made available since the last meeting. He explained that the current fragmented systems need to be unified and as commissioning responsibilities lie with both NHS England and CCGs there is a need for discussions to take place about how to re-unify the Public Health system within those commissioning responsibilities and that as this is a pan Lancashire issue Blackpool and Blackburn with Darwen should also be included. He stated that reductions in funding had not been confirmed but once known work can be undertaken to look at the impact.

It was resolved that the Health & Wellbeing Board:

- i. agree to the development of discussion and activity between Lancashire County Council, NHS England and Public Health England to enable a more joined up public health system.
- ii. invite Blackburn with Darwen and Blackpool to engage in this work

8. Spotlight on North Lancashire

Andrew Bennett and Hilary Fordham from Lancashire North CCG provided the Board with a presentation on the local health and care strategy, Better Care Together (BCT)

A copy of the presentation is appended to the minutes

Following the presentation a discussion took place and the main points were:

- In response to the question of who were the North Lancashire Medical Services it was explained that it was a federation of all of the 12 GP practices in the Lancashire North CCG area who came together as a network to represent GPs at scale.
- The Board were assured that integration referred to with the presentation also included social care
- It was clarified that any references to workforce reduction related to hospital based workforce and not the total workforce
- It was explained that the Vanguard status achieved would enable Better Care Together to progress more quickly
- It was acknowledged that within the BCT area there were 3 distinct and very different communities (Lancashire North, South Lakes and Barrow) and the work undertaken with Millom had sparked the conversation about how we work with very localised communities, in terms of how we utilise the assets of a community to improve the health of the population.
- It was agreed that better engagement would be required regarding how the public would be informed and consulted on alternatives uses for hospital sites.
- In response to the request for a nominated County Councillor to sit on the local Health & Wellbeing Partnership the Chair indicated that she would ensure that Partnership be provided with a representative as soon as possible.

- It was suggested that each local Health & Wellbeing Partnership should include a County Councillor in its membership.
- Members felt it would be useful for the Board to receive a further update on the progress of Better Care Together in due course. Sakthi suggested that he liaise with officers from Lancashire North CCG to agree what further information should be presented to the Board and that they report back in approximately 12 months time.

It was resolved that:

- The presentation and comments be noted
- A further update on Better Care Together be presented to the Board in 12 months.
- The Chair of the Board progress the nomination of a County Councillor for the North Lancashire Health & Wellbeing Partnership

Presentation

9. #hello, my name is... - Board Endorse and Promote

Louise Taylor introduced the report and provided the Board with background on the campaign and asked the Board members to support it within their own organisations. A link to the website can be found at [Hello My Name Is...](#)

Many members endorsed the campaign and stated how their organisations had already signed up to it and that it was being embraced by all staff.

It was resolved that:

- The Health & Wellbeing Board endorse the campaign #hello my name is
- Individual organisations consider how they will promote the campaign internally

10. Urgent Business

Two items of urgent business was brought to the attention of the Board, they were:

- CC Ali raised the issue of Child and Adolescent Mental Health (CAMHs) – The Future in Mind report which recommends that the HWBB oversees and signs off the development of CCG transformation plans for CAMHs. Louise Taylor responded that the findings and recommendations of the above report would be factored into a model which would be presented to the October Board meeting.
- Young Carers – Cllr Hennessey flagged an issue in a West Lancashire school where the attendance and behaviour of a pupil had dipped significantly. It was established that he had been caring for his mum, for some time, who had been unwell. The issue for the HWBB is how, when

GPs become aware of a long term illness for parents, they are able to ascertain how care will be provided and that it is not through children.

It was resolved that:

- i. In relation to CAMHS, a transformation plan would be presented to the Board in October
- ii. In relation to young carers, Sakthi will take the issue to the West Lancashire HWB Partnership for further discussion and report back the learning to a future Health & Wellbeing Board meeting

11. Date of Next Meeting

The date of the next meeting was agreed as Thursday 29 October, 2.00pm in Cabinet Room C, County Hall, Preston

The Board were informed that as per their revised terms of reference the Board would aim to meet every 2 months therefore officers would be contacting them to arrange the additional meetings.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston



Your Hospitals Your Health

Minute Annex

Dr Mark Pugh
Consultant Anaesthetist
Medical Director



Your Hospitals Your Health

Excellent care with compassion

Your Hospitals Your Health

A review of our clinical services and hospital estate, to make sure we

- can respond to the challenges we are facing
- can continue to provide the highest standards of care, and effective services
- are viable for the future



Your Hospitals Your Health

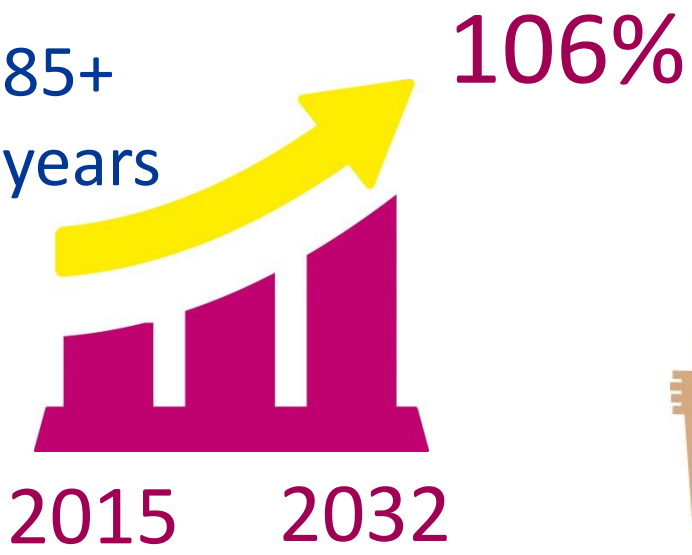
Purpose of Presentation

To provide;

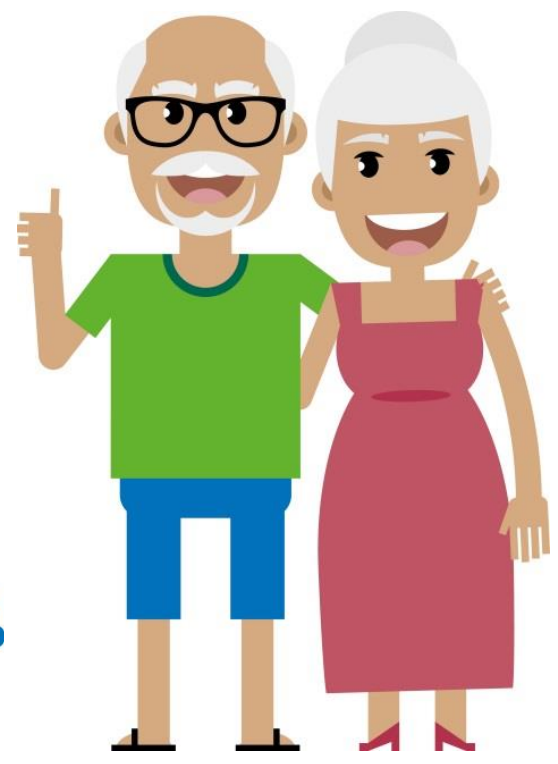
- An overview of the case for change in our clinical services
- What will affect the new models of care that we are developing
- What we are proposing to do to meet these challenges – the process moving forward



Your Hospitals Your Health



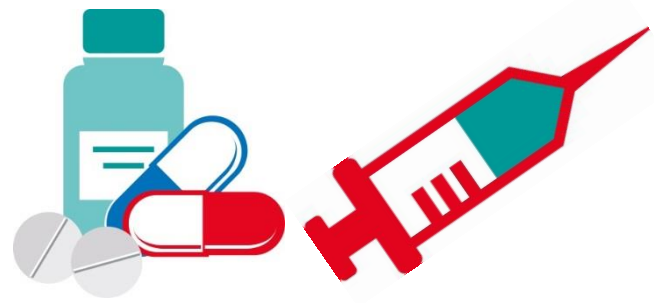
2 in 3 patients in hospital are aged 65+



24% Preston patients
46% Chorley patients
aged 80+

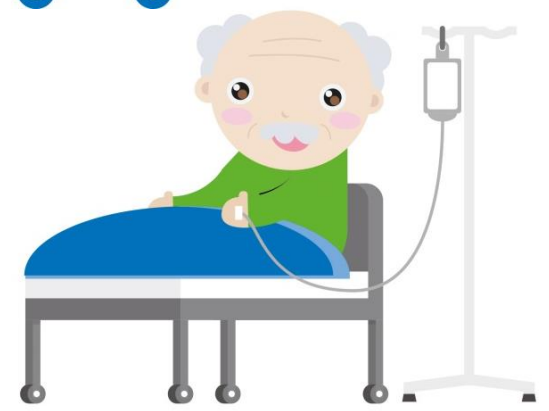


Increasing long term conditions



1m

3+ long term conditions



2018

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Unhealthy lifestyles

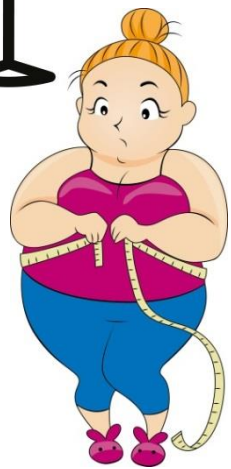
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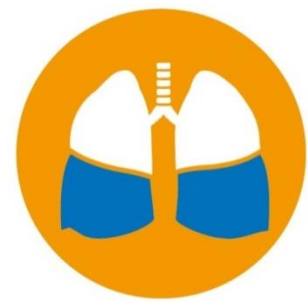


1 in 3



2 in 3

Excellent care with compassion



Your Hospitals Your Health

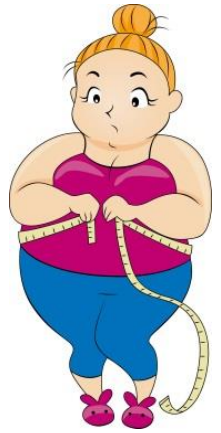
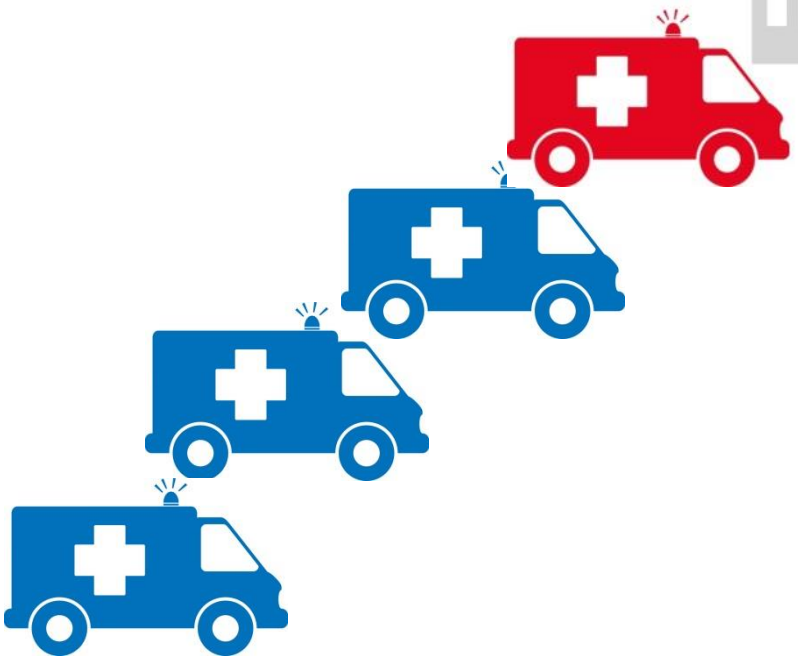
Increasing demand



ageing population



long term conditions



unhealthy lifestyles

Care Quality Commission

- Too many patients in hospital beds
 - Patients have to wait for a bed
 - Patients are in the wrong beds
 - Poor experience (wrong ward, have to move)
 - Staff are stretched
 - Planned procedures have to be postponed
- Patients stay too long
 - Not enough of the right support in the community



Your Hospitals Your Health

Health service pressures

- Across the whole health economy – primary care, community care, acute care
- Workforce pressures and gaps
- 250 care home beds have closed since April 2014
- 3% increase in emergency admissions forecast for 2014/15
- Emergency Department attendances have increased by 6% increase in attendance A&E Royal Preston Hospital
3% decrease Chorley and South Ribble Hospital since 2011
- System not conducive to ambulatory care



Your Hospitals Your Health

Patient flow

- High bed occupancy (95%+) and escalation
- Inpatient moves and outliers
- 200+ patients not acutely unwell, but can't be discharged
- No stroke rehab in the community

Consequently :

- Major operations cancelled - lack of critical care beds
- Targets and waiting times – 18 weeks, 4 hour A&E
- Impact on quality and experience



Your Hospitals Your Health

Standards for new models of care

- Mortality and outcomes standards (royal colleges, NICE, CQC, Francis, Keogh) e.g.
 - mortality rate for emergency laparotomy surgery varies between 3.6% and 41.7% (Association of Anaesthetists Sep 2014)
 - Admission to a stroke unit within 4 hours of admission varies between 22% and 85% by CCG (Health and Social Care Information Centre Dec 2014)
- Standards are almost always :
 - Seniority of clinical staff 24-7
 - Access to facilities and services within set times



Your Hospitals Your Health

Evidence based models of care

- Clinical commissioning groups' 5 year strategy
- Changing demography - increasing older population, impact of additional housing - City Deal
- Changes in demand for services
- Impact of advancements in technology
- Commissioner intentions
- Possible changes in service provision at other hospitals
- Workforce supply - staffing and skill shortages
- Physical capacity requirements
- Feedback from CCG patient survey, governors membership, CQC



Your Hospitals Your Health

What are we proposing to do to meet these challenges?

- Develop a unifying clinical strategy
- Undertake activity modelling to size the facilities required
- Develop a long list of options for how this could be delivered
- Define criteria to assess the long list and develop a short list
- Undertake public consultation for feedback on the short list



Your Hospitals Your Health

Business Case Process



Data driven modelling

Clinical Plans

These are:

1. The Services we will provide described as:-
 - a. Which services we will provide over next 5-10 yrs
 - b. How we will go about providing them:
 - Models of care*
 - Standards*
 - Change*
 - c. What we need to deliver new plans
 - Staff and teams*
 - Money*
 - Building and equipment*

Your Hospitals Your Health

Public engagement & consultation

- Why are we changing
- Principles of service
- Options for change

Masterplan

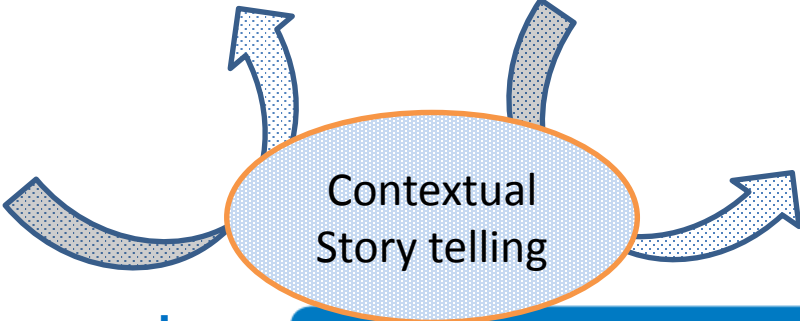
Facilities to deliver the service from

Estate & building options

Future estate development plans

Support plans

IT/Technology
Facilities management
Transport



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Taking this forward

- As we move through this process, we are taking on board feedback from a range of stakeholders and would welcome input from the Health and Wellbeing Board
- We would like to bring updates back to the Health and Wellbeing Board on a regular basis as we move towards public consultation



Your Hospitals Your Health

Thank you



Your Hospitals Your Health

Excellent care with compassion

Better Care Together – Introduction and Update

Lancashire Health and Wellbeing Board
16th July 2015

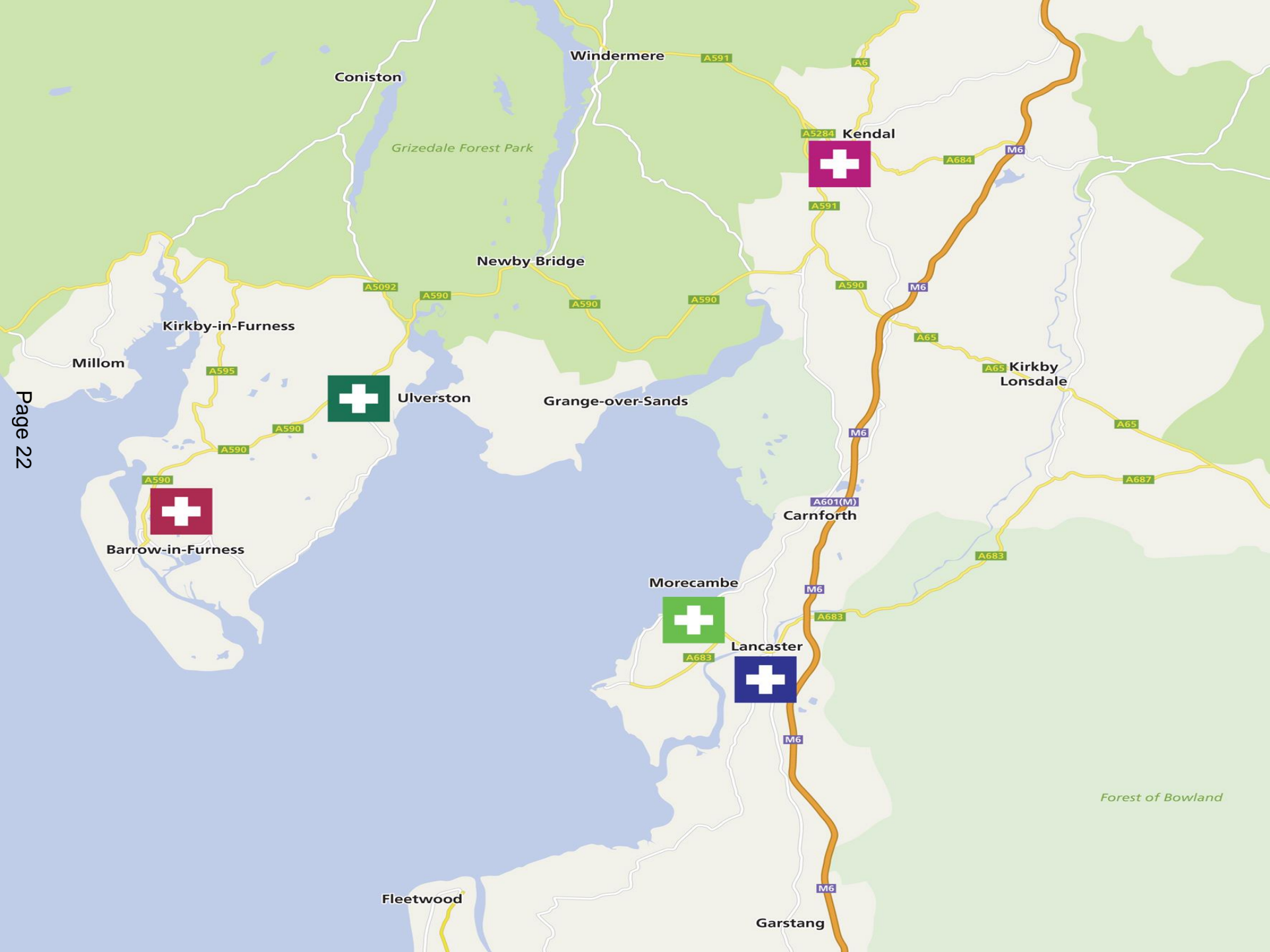
Alex Gaw – Clinical Chair
Andrew Bennett – Chief Officer
Hilary Fordham - Chief Commissioning Officer

Today



- Introduction to Lancashire North CCG
- Update on Better Care Together (BCT) in Morecambe Bay
 - Strategy
 - New Care Models (Vanguard)
 - Local Health and Wellbeing Partnership
 - Better Care Fund
- BCT and the Health and Wellbeing Board

- Established in April 2013
- Responsibility for commissioning services for 160,000 residents
- Covers the localities of Lancaster, Morecambe, Carnforth and Garstang
- 12 member practices
- Budget £200m pa
- Mixed range of demographic and health challenges
- **Part of Morecambe Bay: key partner in local health and care strategy Better Care Together**



Better Care Together



- Development of a strategy began in 2012/3
- Aims to tackle our 3 key challenges:
 - Improving the sustainability of our services to meet the current and future health needs of our local communities
 - Improving the quality, safety and experience of patients using local health and care services
 - Reducing the financial deficit in the system
- Strategy presented to NHS E and Monitor – Oct 2014
- Implementation over 5 years

Partners signed up



North Lancashire Medical Services (GP Federation)

South Cumbria Primary Care Collaborative (GP Federation)

BCT Clinical Model



- **Integration of services** across primary, community, mental health, social and secondary care
- **Co-production of care with patients and communities**, with a strong focus on self-management, care planning and health improvement to keep people fit, well and independent for longer
- **A radically new out of hospital model, with the development of 12 multidisciplinary, integrated care teams** working in 12 natural communities, supporting those with long term conditions, frail older people and others at risk of admission
- **Urgent care rapid response teams and a care coordination centre** to form the bridge between community and hospital urgent care, helping patients move seamlessly and as quickly as clinically necessary in and out of hospital (e.g. for diagnostics or short term acute care) drastically reducing hospital admissions and mortality
- **Integrated children's services** working to the same model as adults services and integrated with the locality-based clinical teams
- **Smaller and safer hospitals**, still providing core essential services where needed (such as accident and emergency and maternity services).
- **Primary care working at scale**
- **Integrated pathways of care across the system**, with acute consultants working in the community supporting with education and skills enhancement and advice for complex cases; radically different ways of undertaking outpatient follow ups (such as patient initiated follow up); and referral management processes that support primary and community clinicians to improve decision making (e.g. through enhanced advice and guidance arrangements).

Expected outcomes



- Fewer beds, emergency admissions, A&E attendances, outpatients
- Reduction and redistribution of workforce
- Improved patient experience e.g end to end pathways, fewer patient journeys, improved self management
- Reduction in financial deficit - £18m quantified
- Improved health and wellbeing of our localities

New Care Models (Vanguard) and Better Care Together



- Publication of “The Five Year Forward View” in Oct 2014
- Wide consensus about the need for change: promoting wellbeing and the prevention of ill-health, service integration through new care models, building common platform e.g. information sharing, workforce development
- Better Care Together one of 9 communities testing Primary and Acute Care Systems (PACS) new care model – (hybrid)
- Vanguard – opportunity for support to accelerate implementation of BCT (i.e. it is not a separate initiative)
- Challenge from the national team – “how radical can you be?”

Our 'Vanguard' New Care Model



So our New Care Model Vision is:

- **A whole system approach** with elements of PACS, MCP and small hospitals combined in an integrated model with a 'system leadership team' of clinicians and managers
- **Large scale** encompassing a population of 365,000, and covering a complex geography
- **Needs driven, with a population health focus and where new care models will be built alongside mobilised communities that take responsibility for their health and well-being**
- Designed to work within a **radically different financial system, based on a capitated budget** and a payment system which incentivises doing the right thing for patients and emphasises people remaining fit, well and independent at home
- Built on a **common platform** of integrated IT, use of digital technology, consistent approach to workforce, estates and service improvement
- ***An Accountable Care System to take responsibility for the whole health and care needs of our population working to a single set of objectives under a single delegated capitated budget***

Vanguard next steps



- Receive national resources to accelerate delivery
- Develop MoU between partners to define how we'll work together
- Talk with communities about their health
- Work with other Vanguards on approaches to measurement and evaluation

Health and Wellbeing Partnership



- Healthwatch
- Lancaster City Council – Councillor/Officer
- Third sector reps including CVS, Citizens Advice
- Public Health- *concerns about capacity*
- Divisional Police
- Divisional Fire and Rescue
- CCG – GP/Chief Officer/Manager
- *Would welcome a County Councillor*

2 Year Delivery Plan



Better Care Fund



- Direction is consistent with BCT clinical model
 - Uses resources to integrate services
 - Builds on existing relationships
 - Designed to improve patient/carer/family experience
- Outcome measures are as used for BCT
- Need to share learning and evidence across Lancashire
- Clear governance in place for reporting progress to HWB – BCT Out of Hospital group

BCT and the HWB Board



- Health and Wellbeing is a fundamental part of the BCT Strategy
- Our work confirms the Board's emphasis on outcomes and effective relationships between organisations
- We need to agree what we mean by State as well as Place
- What would you want to know about the health and wellbeing of Morecambe Bay in 12 months time?

Any questions?