

Lancashire Health and Wellbeing Board
Thursday, 16 July 2015, 2.00 pm,
Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

AGENDA

Open to Press and Public

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm - 2.05pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		2.05pm - 2.10pm
3. Minutes of the Last Meeting	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 10)	2.10pm - 2.15pm
4. Action Sheet	Information	The Board receive an update on actions agreed at the last meeting.	Clare Platt	(Pages 11 - 12)	2.15pm - 2.20pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
5. Lancashire Teaching Hospitals - Monitor Outcome and Preston Masterplan <ul style="list-style-type: none"> • Your Hospitals, Your Health Consultation • Monitor investigation 	Action	<p>The Board understand and engage in the Your Hospitals, Your Health consultation.</p> <p>The Board consider the outcome of the Monitor investigation and any response or action from the HWBB or individual partners.</p>	<p>Mark Pugh/ Sarah James</p> <p>Paul Havey</p>	(Verbal Report)	2.20pm - 2.50pm
6. Transforming Care for People with Learning Disabilities	Information	The Board is updated on progress in Lancashire since 2013 / Winterbourne and receives information on the Fast Track programme that Lancashire is now part of and the next steps to develop this.	Ian Crabtree/ Sharon Martin	(Pages 13 - 16)	2.50pm - 3.10pm
7. Public Health In Year Budget Reductions	Action	The Board agree a response to mitigate the impact of in year reductions to the public health budget.	Sakthi Karunanithi	(Pages 17 - 20)	3.10pm - 3.20pm
8. Spotlight on North Lancashire	Action	The Board understands the challenges, opportunities and developments in North Lancashire and considers how the Board can support these.	Andrew Bennett	(Verbal Report)	3.20pm - 4.00pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. #hello, my name is... - Board Endorse and Promote	Action	The Board endorses the #hello, my name is... campaign and agrees to promote this across Lancashire through their organisations.	Louise Taylor	(Pages 21 - 22)	4.00pm - 4.10pm
10. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		4.10pm - 4.15pm
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2.00pm on Thursday, 29 October 2015 in The Duke of Lancaster Room, (formerly Cabinet Room C) at County Hall, Preston.	Chair		4.15pm

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Friday, 5th June, 2015 at 1.00 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

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

Committee Members

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 of Operations and Delivery (LCC)

Bob Stott, Director of Children's Services

Tony Pounder, Director of Adult Services

Dr Gora Bangi, Chorley and South Ribble CCG

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

1. Welcome, introductions and apologies

Apologies were received from:

- Dr Tony Naughton (FWCCG)
- Dr Dinesh Patel (GPCCG)
- Dr Alex Gaw (LNCCG) – Andrew Bennett had been due to attend on behalf of Dr Gaw but subsequently provided his apologies

Replacements

- Dr Vasudev replaced Gail Stanley (Healthwatch)
- Carole Spencer replaced Karen Partington (Lancashire Teaching Hospitals Trust)
- Dr Bipi Biswas replaced Dr Simon Frampton (WLCCG)

The Board were informed of a number of new members as follows:

- Dr Dinesh Patel (Greater Preston CCG)
- Dr Tony Naughton (Fylde & Wyre CCG)
- Jane Higgs (NHS England)

The Board was asked to note that Dr Tony Naughton has been appointed as the Deputy Chair. CC Ali took the opportunity to ask the Board to formally thank Dr Ann Bowman for all her hard work in her capacity as the previous Deputy Chair.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None noted

3. Minutes of the Last Meeting.

The minutes of the meeting held on 29 January were agreed as a correct record

4. #lifesupsanddowns - Children and Young People's Wellbeing Promotion Video

Prior to the showing of a short video Bob Stott, Director of Children's Services provided members with a brief introduction. He explained that on Saturday 26 April, 50 children and young people from PULSE (Lancashire's Children and Young People's Health and Wellbeing Board) performed a flashmob in the Fishergate Shopping Centre, Preston.

The flashmob launched PULSE's emotional health and wellbeing campaign which aims to raise awareness of the emotional health and wellbeing issues faced by children and young people and reminding them that there are little things they can do to help improve their mood.

The campaign promotes the following five ways to wellbeing, under the umbrella of 'Coping with life's ups and downs':

- Take Time Out
- Keep Connected
- Try Something New
- Give
- Be Active

The video is the story how the flashmob came about and the impact it has created.

It was resolved that

- i. The Board welcomed the engaging way that emotional health & wellbeing issues had been addressed by the children and members asked for a copy of the video so that could share it amongst their individual organisations. It was agreed that Richard Cooke would provide members with a link to the video.
- ii. The Board consider future opportunities to engage with PULSE

5. Health and Wellbeing Board - Refreshed Governance and Approach

Richard Cooke presented this item.

There is a strong commitment from partners to ensure that the Health and Wellbeing Board (HWBB) is an effective forum to deliver improved health and wellbeing outcomes through collaboration. Through the engagement of Board members in a recent workshop a number of areas of focus have been identified that would enhance the approach and effectiveness of the Board. The thinking around these areas was further developed through a one off meeting of partners, which, supported by examples of good practice in other authorities, has informed a refreshed approach in Lancashire.

A number of proposals were identified which related to the following areas:

- Clarity of purpose
- Meetings
- Strategy
- Synergy and coherence
- Evidence
- Communication
- Strategic fit

A revised Terms of Reference was also presented for consideration by the Board. The main proposed changes referred to:

- Outcomes – a clearer focus on health and wellbeing outcomes for the people of Lancashire
- Membership – that the leader of the County Council would become Chair of the Board and other additional members would include the five chairs of the local Health and Wellbeing Partnership, the Constabulary Chief Constable and the independent chair of the Lancashire Safeguarding Children Board.
- Meeting Arrangements – hold meetings bi-monthly with alternate meetings being delivered as a workshop with a thematic focus. The Quorum of the meeting would a quarter of the membership (8) with at least one Cabinet Member

Richard explained that following a frank discussion it was recognised that there were lots of challenges but also opportunities. There was a passion and strong commitment which had resulted in a number of key themes. He stated that there was a danger that the focus of the Board would be on the differences between the organisations represented but a better starting point would be to focus on the similarities.

A discussion took place and the main points were:

- CC Martin agreed with overall thrust of the proposals and wondered whether the Board should consider including a representative from the Lancashire Care Association (LCA) be added to the membership. LCA represent over 350 care homes across the county
- The trigger for this review was on the back of the Better Care Fund (BCF), the initial difficulties encountered in developing this work and the now positive engagement and collaboration across organisations.
- Cllr Harrison expressed concerns of resourcing the new ways of working and was keen to develop links with other strategic partners. Can LCC also review the other partnerships? They all need looking at.
- Mike Wedgeworth felt that any changes should be considered changes (rather than just for the sake of it) and wondered about linking in with Healthier Lancashire.

Maybe the Board should also be looking to what is happening in Greater Manchester – we need to get our act together (all of Lancashire). He expressed caution on the number of members.

- Dr Biswas stated that at his CCG a number of issues had been highlighted as areas requiring further clarity and they included how the Board would provide effective challenge, particularly in light of an increased membership; reaching out to GPs to increase their involvement; including a CCG representative when determining a quorum and responsibility of BCF reporting
- Dr Ions welcomed the refresh of the Terms of Reference and was keen to see the Board becoming more proactive and felt it was essential that the local health partnership were included in the membership of the Board
- Cllr Hilton felt that it should be made clear to the Board what had been achieved against performance targets and that a summary sheet of the resolutions of the Board should be provided to members as soon as possible after each meeting
- It was acknowledged that any changes to the terms of reference and format of reports needed to be subject to compliance with the County Council's constitution and required formal approval from Full Council.

It was resolved that

- i. the Board agreed the proposals presented
- ii. the Board agree the new Terms of Reference and subsequent comments from members for further consideration by officers prior to formal approval by Full Council
- iii. a summary sheet of resolutions be produced for each meeting and circulated to members at the earliest opportunity

6. Better Care Fund

The report was presented by Mark Youlton.

The purpose of this quarterly report is to inform the Lancashire Health and Wellbeing Board on the progress of the delivery of the Lancashire Better Care Fund (BCF) Plan. This report is in support of the national reporting template (Appendix A) which the Health and Wellbeing Board is required to receive, approve and submit to the Department of Health. This submission relates to the first national template completed for Quarter 4 2014/15. In June 2013 the Department for Communities and Local Government announced £3.8 billion worth of pooled budgets between health and social care, starting from April 2015. This is a multi-year fund and was launched as a financial incentive for councils and local NHS organisations to jointly plan and deliver services so that integrated care becomes the norm by 2018. While it was recognised that many places were already working collaboratively and redesigning services to meet the needs of users and communities, faster and more widespread change was required to help to meet the increasing demand for care services into the future.

The BCF is intended to provide a means for joint investment in integrated care, which ought to reduce the pressure on social care and hospitals by providing treatment before a crisis. CCGs are expected to make significant efficiencies to generate the money to invest in the BCF, and there is a risk that if BCF plans do not deliver the anticipated results (e.g. reductions in residential care admissions or reductions in emergency hospital admissions)

additional resources will be needed to meet the demand (e.g. funding care packages or extra staff for A&E).

In January 2015, the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million which is hosted and managed through a Section 75 agreement by Lancashire County Council who also contribute to the BCF through the Section 256. The Lancashire BCF covers 21 schemes focussed on community based integrated services aimed at reducing non-elective activity (NEL) by 3.1%.

A discussion took place and the main points were:

- Significant rise in activity during the last quarter of 2014/15 which impacted on all services. Affected every BCF in the country in terms of performance target achievements and level of savings to be made.
- Challenge to see how to get back on track. Important to acknowledge that it doesn't detract from the overall outcomes of BCF
- Government task force may have an impact. A number of offers still being made centrally – there is an offer of support to us through a critical review. Mark stated he would welcome some external scrutiny and challenge. Will express an interest to NHSE for an external challenge
- The role of the two vanguards in the County? Challenge is to how the reporting of those is connected (or not) to the reporting around the BCF
- Overall confusion regarding how the vanguards align with BCF – often similar approach but possibly working with a different set of partners.

It was resolved that the report be noted and an expression of interest be forwarded to NHSE requesting an external review

7. Children and Young People's Emotional Health and Wellbeing Services

The report was presented by Shirley Waters and Carl Ashworth

The report is a high level review of all Children & Young People's Emotional Wellbeing and Mental Health Services (C&YP EWMH), 0 – 25 years, in Lancashire. It was built on the recent service reviews conducted by local authorities and CCGs. The findings of this first phase have highlighted that there are pockets of excellence throughout Lancashire which could be developed, shared and implemented in some or all CCGs. Commissioning and services are fragmented leading to inequalities from one commissioned area to another with several providers delivering services in different ways depending on where the service user lives. CCGs are developing specific areas of provision without cognisance of activity in other areas. .

As presented in the update report to the January HWB meeting the Commissioning Support Unit was tasked with undertaking the review and taking a fresh look at the services across the pan-Lancashire system. The review was conducted in collaboration with CCGs, Local Authorities in addition to the three Health and Wellbeing Boards, Strategic Clinical Network and in cognisance of local and national drivers for change

The Programme Board for the C&YP's EWMH submitted phase one, a whole system review, to the Collaborative Commissioning Board in April 2015 and was agreed with the caveat requiring a description of a system leader which was submitted in May and also agreed.

A discussion took place and the main points were:

- It was clarified that specialised commissioning was also included in the review
- A member queried the engagement of schools in developing the review – wants easy access to services. Officers responded that the review group will look at the pathway including access points.
- Regarding the difference in provision of service, it was felt that there needs to be a balance depending on the community but a standardised approach to quality.
- It was acknowledged that this was an important piece of work as many mental health problems begin in childhood however concerns were expressed that there has been the awareness of the issues for sometime and we are no nearer a resolution..
- It was felt that we don't want a uniform service but the expectation is to be a minimum level of service instead – how do we address these underfunded areas of service. Officers responded that it's not just about spend, it's about the quality of the service and the different models of care and best practice models of care
- It was clarified that Lancashire Mind were consulted in the production of this report. It important that they are seen as key players. Shirley Waters added that the 3rd sector would be represented on the review board
- Members expressed concerns that a further review was due to be undertaken as they felt that they know what the problems are. If it's about investment we should look at using existing resources smarter. Shirley stated it wasn't another review, more a 'what can be done about it' and feels confident that there is now relevant representation to make things happen
- Focusing on service delivery models rather than reviewing what's already being (or not being) done
- One member felt that the Board needs to take a stronger line in terms of outcomes and timescales – it's about public accountability and improving outcomes
- The Board requested that officers come back to the Board in September with recommendations that need to be agreed and signed off.
- The Chair asked for a plan and timeline/actions to be presented to the September Board prior to the implementation of the services (possibly also present it to the Health Scrutiny Committee)

It was resolved that

- i. The report be noted
- ii. A report be presented to a meeting of the Board in September identifying a set of recommendations to begin implementation of a new model, including a plan of the milestones and actions to be taken

8. Joint Strategic Needs Assessment - Health Behaviours

The report was presented by Mike Leaf.

This work formed part of the JSNA bespoke analysis work programme 2013/14, agreed by the Health and Wellbeing Board in October 2013. The input of the Joint Officer Group into the work programme has been instrumental in the production of this JSNA. Following input from the HWB the health behaviours JSNA was undertaken to identify the prevalence of multiple health-enabling and health-compromising behaviours of Lancashire's residents. It has also provided an understanding of the relationship between these behaviours and their impact on the health of people in Lancashire.

Following extensive analysis (including the survey findings) and engagement with partners a final report has been produced

A discussion between members and the main points were:

- It was suggested that in the past the JSNA hasn't been embedded into the strategic plans of partners and members were asked to consider that work on prevention should take on board the JSNA data. This could be put into an action plan for the Board to agree
- General concerns were expressed regarding topics such as alcohol and also obesity and whilst some issues can be addressed locally, many are national issues

It was resolved that a report be presented to the Board that demonstrates how evidence from this JSNA is informing plans, strategies and priorities

9. Joint Strategic Needs Assessment - Six Shifts

This report was presented by Mike Leaf.

Through its Health and Wellbeing Strategy, the Lancashire Health and Wellbeing Board identified a number of important shifts in the way partners across Lancashire work together. These shifts in behaviour would fundamentally challenge the way that the wider health economy currently works and would improve health and wellbeing within the resources that will be available to us. The six shifts are:

1. Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
2. Build and utilise the assets, skills and resources of our citizens and communities
3. Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
4. Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
5. Make joint working the default option
6. Work to narrow the gap in health and wellbeing and its determinants

After extensive engagement with partners, a full report has been produced

Members made a number of comments and the main points were:

- Can't argue against any of the six shifts but the issue is how do we get movement on them and develop an action plan to produce a range of outcomes
- Many of the initiatives are already being integrated into other programmes (such as Better Care Fund) and we must not lose sight of that and don't try to produce something duplicated or in isolation

- Referring to the refocus of the Board, it was suggested that the Board needs to see impact information. Base line information and progress against it to identify what areas need to be addressed and need further action/support.
- Members were reminded that overall this has been going on over the last 3 years and therefore the Board should agree that we need to move it forward
- It was felt that this is a good example of where the local health partnerships can be engaged with the challenge and respond to actions

It was resolved that the report be noted, shared with the local health partnerships and used to inform future priorities

10. Urgent Business

Sakthi informed the Board of a very recent announcement by the DoH stating that a £3b reduction would be made which included £200m cut to ring fenced Public Health (PH) funding – the rationale was based on redirecting the funding to front line NHS services. The reduction equates to approximately £4m per year of PH spending in Lancashire and will be made in year.

He wanted the Board to be aware that this reduction to local authority PH funding will have a significant impact on all partners e.g. CAMHS. A&E departments. Often, in situations such as this there are hidden impacts as we will not see the consequences of less people being screened for sexually transmitted diseases, or less children immunised until much later

In the Five Year View there is a strong emphasis on prevention and partners so there appears to be a mismatch between achieving the overall vision and practical delivery of services

He explained that a consultation has begun and suggested that the Board have a discussion to determine what it will mean for the future of Public Health and he can then facilitate a response to be provided on behalf of the Board.

CC Ali also offered to write to the Secretary of State on behalf on the Board

Mike Ions acknowledged the potential impacts on the NHS, and informed members that there is soft evidence of the effect of local authority cuts in social care that have already impacted on NHS partners. CC Ali suggested that Mike provide Sakthi with information on this soft evidence

It was resolved that

- a co-ordinated response to the consultation be provided on behalf of the Board
- That any soft evidence on the impact of local authority cuts should be forwarded to Sakthi Karunanithi

11. Date of Next Meeting

The date of the next meeting of the Health & Wellbeing Board is Thursday 16 July at 2.00pm in Cabinet Room C, County Hall, Preston.

12. Pharmaceutical Needs Assessment

Pharmaceutical Needs Assessment (PNA)

It was noted that a Transaction of Urgent Business to approve the PNA had been undertaken on behalf of the Board. The Chair and Deputy Chair of the Board were consulted prior to approval granted by the Executive Director of Adult & Community Services

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire Health and Wellbeing Board
List of Actions from Friday, 5 June 2015

Item	Decisions/Actions Agreed	Lead	Progress
#lifesupsanddowns - Children and Young People's Wellbeing Promotion Video	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> to receive a copy of the video so they could share it amongst their individual organisations.; that Richard Cooke would provide members with a link to the video; the Board consider future opportunities to engage with PULSE. 	<p>All Ruchard Cooke All</p>	<p>Video link shared though the health and wellbeing board e bulletin on 7 July 2015</p>
Health and Wellbeing Board - Refreshed Governance and Approach	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> to the proposals presented; to the new Terms of Reference and subsequent comments from members for further consideration by officers prior to formal approval by Full Council. 	<p>All All</p>	<p>The proposals and new terms of reference were agreed on behalf of the Urgency Committee on 7 July 2015</p>
B etter Care Fund	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> the report be noted and an expression of interest be forwarded to NHSE requesting an external review. 	<p>Mark Youlton</p>	<p>Work has progressed to establish what the external review would entail and a meeting with NHSE on 16 July 2015 to firm this up</p>
Children and Young People's Emotional Health and Wellbeing Services	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> The report be noted. A report be presented to a meeting of the Board in September identifying a set of recommendations to begin implementation of a new model, including a plan of the milestones and actions to be taken. 	<p>All Shirley Waters / Carl Ashworth</p>	<p>A set of recommendations will be brought to the meeting of the Board in September 2015 (date to be arranged)</p>

Item	Decisions/Actions Agreed	Lead	Progress
Joint Strategic Needs Assessment - Health Behaviours	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> • a report be presented back to the Board that demonstrates how evidence from this JSNA is informing plans, strategies and priorities. 	Mike Leaf	A report will be brought back to the Board in early 2016
Joint Strategic Needs Assessment - Six Shifts	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> • the report be noted, shared with the local health partnerships and used to inform future priorities. 	All	The report was shared though the health and wellbeing board e bulltein on 7 July 2015
Urgent Business	<p>The Health and Wellbeing Board agreed:</p> <ul style="list-style-type: none"> • a co-ordinated response to the consultation be provided on behalf of the Board; • that any soft evidence on the impact of local authority cuts should be forwarded to Sakthi Karunanithi. 	Richard Cooke All	A letter was sent from the Chair of Board and is included on the agenda for the meeting on 16 July 2015

Agenda Item 6

Lancashire Health and Wellbeing Board

Meeting to be held on 16th July 2015

Transforming Care for people with a learning disability – Response to Winterbourne View

Contact for further information:

Jan Ledward Chief Officer Chorley, South Ribble and Greater Preston CCG

jan.ledward@chorleysouthribbleccg.nhs.uk 01772 214385

Ian Crabtree Head of Service Policy, Information and Commissioning (Age Well)

ian.crabtree@lancashire.gov.uk 07773390254

Executive Summary

The report provides the board with a summary of issues associated with the Transforming Care agenda, an update on progress Pan Lancashire on the agenda, and informs members of Lancashire's inclusion in a National "Fast Track" programme, 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.

Recommendation/s

The Health and Wellbeing Board is recommended to 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.

Background

Summary of key findings from Winterbourne - following the Panorama programme broadcast in May 2011 which exposed the abuse at Winterbourne View, the DH published a report and action plan titled 'Transforming Care'. The report focuses on the care and support experienced by all children, young people and adults with learning disabilities or autism who may also have mental health conditions or behave in ways that are described as challenging.

Issues highlighted in the Winterbourne report include the very high number of recorded physical interventions, evidence of poor quality healthcare, routine healthcare needs not being attended to and families and other visitors not allowed access to the wards or individual patients' bedrooms. Individuals also had limited access to advocacy and complaints were not dealt with. The review found widespread failings in service design, failure of commissioning, and failure to transform services in line with established good practice.

Winterbourne View - The Bubb report (Winterbourne View – Time for Change, November 2014) reinforced and escalated previous policy drivers and requirements in relation to how people with a learning disability are supported. It emphasised a lack of progress and failures to meet the expectations and pace within the National and Local Action Plans on Winterbourne/ Transforming Care. The report is directive about how commissioners need to respond to the agenda, specifying the need for 'one shared plan', 'one lead commissioner' and ultimately, 'one pooled budget'.

National issues are reflected locally in Lancashire and there have been previous papers to both explore and highlight the issues through partnership arrangements with the aim of mobilising partners into action

The current situation in Lancashire - a review in May 2015 of progress towards responding to the Transforming Care agenda was undertaken by Lancashire County Council (LCC) following a request from Collaborative Commissioning Board CCB for LCC to provide programme management support for the piece of work. This highlighted a number of strategic issues limiting progress including:

- The lack of 'one shared plan'
- No identified 'lead commissioner'
- No agreed, co-produced Vision for achieving change on the agenda
- Unclear governance arrangements
- Lack of clarity around the status and structure of current pooled budget arrangements.

[A link to Collaborative Commissioning Board - Learning Disabilities Proposal](#)

Fast Track - Transforming Care for people with a learning disability - Lancashire's inclusion in this programme ([link to Fast Track information](#)) provides the impetus and identified strategic leadership, for the necessary collaboration across CCGs, local authorities, NHS England specialised commissioners, providers and stakeholders to plan for and drive the transformation required for the LD community. Prior to the Fast Track development agreement had been gained

- for Programme Office Support from LCC to support the development of a new strategic action plan – a project mandate and project brief is partially prepared which will need updating in light of the Fast Track
- for Higher Level support from Adult Social Care LCC– an Area Operations Manager and a Principle Social Worker will be identified to work closely together to lead on the Transforming Care agenda from a Social Work perspective
- for support with capacity to develop the Transforming Care action plan for Lancashire from CSU Service Redesign
- for agreement from the LD Commissioners Network to develop a Pan Lancashire Shared Vision & Action Plan

The following priorities have been included in the letter to NHS England detailing Lancashire's requirements for a bespoke package of support from the Fast Track programme. Jan Ledward, Chief Operating Officer for Preston/Chorley & South Ribble CCG has been identified as SRO to lead the process and has submitted the response in line with the proposals agreed as

1. Project management
 - Support the development of an agreed Strategic Vision
 - Project support to provide structure, identify priorities and produce robust plan
 - Process mapping develop systems and consistency of approach
 - Centralise or streamline meetings to reduce duplication and effort
2. Clinical leadership.
3. Social work leadership - Operational involvement (expertise) and joint working from LD Health Teams and Social Work.
4. Carer and user involvement and engagement.
5. Legal advice.
6. Market management – intelligence, engagement & modelling new models of care.
7. Personal Health Budget advice and support/advocacy.

Governance – through the following link the governance framework for the LD transformation programme for Lancashire can be accessed [Governance Framework](#)

List of background papers

Winterbourne View Review *Concordat: Programme of Action* – Department of Health 2012

Transforming care: A National Response to Winterbourne View Hospital - Department of Health Dec 2012

Winterbourne View – Time for Change, Transforming Care and Commissioning Group, 2014

Transforming Care for People with Learning Disabilities - Next Steps – Progress report from the Transforming Care Delivery Board 2015

Lancashire Health and Wellbeing Board

Meeting to be held on 16 July 2015

Public Health in year budget reductions

Contact for further information:

Sakthi Karunanithi, Lancashire County Council, 01254 536287,

sakthi.karunanithi@lancashire.gov.uk

Executive Summary

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.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- Agree 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.
- To invite Blackburn with Darwen and Blackpool to engage in this work

Background

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.

It is clear that this level of in year reduction will have a significant effect on the services that Lancashire County Council is able to commission and that this then will necessarily impact on other services provided through the health system. This will ensure that rather than preventing ill health the focus will move back to managing ill health.

Within the Health and Wellbeing Board discussion, the Chair agreed to write to Jeremy Hunt to outline the concerns raised. This letter (attached as appendix A) also expressed a desire to begin a dialogue in order to minimise the impact of cuts on frontline services and build a more joined up public health system. With this in mind the letter was also copied to Duncan Selbie (chief executive of Public Health England) and Simon Stevens (chief executive of NHS England). To date there has been a limited response with only NHS England replying that this is not a matter for them.

List of background papers - none

Rt Hon Mr Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS

Phone: (01772) 534191
Email: Azhar.ali@lancashire.gov.uk
Your ref:
Our ref: AA/jm
Date: 19 June 2015

Dear Mr Hunt

I am writing on behalf of the County Council and Lancashire's Health and Wellbeing Board to express our disappointment and dismay regarding the recent announcement of proposals to reduce the in-year local government public health grant allocation to Lancashire County Council.

At a time when the Government is committed to the NHS Five Year Forward View and keeping prevention and early help at the centre, to cut the public health budget demonstrates short-termism and risks derailing the ambition of supporting the most vulnerable in our communities.

May I also point out that a reduction in-year of 7.4% is likely to have an effect on the frontline NHS services like NHS Health Checks, Sexual Health and School Nursing services which are mandated by the Government and it is against your Party Manifesto to protect NHS services? It is also likely to further undermine our specialist public health capacity to support the NHS commissioners.

I understand the Government's need to reduce public sector spending and as Lancashire Health and Care system we are keen to discuss alternative proposals that will minimise the impact on frontline services and help build a more joined up public health system in Lancashire. We would advise you to adopt a more considered approach that includes full integration of public health services across NHS England, Public Health England and Local Authorities in Lancashire.

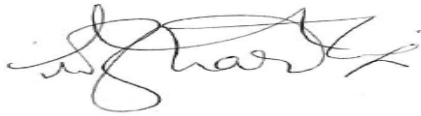
Please could I urge you to drop this proposal and consult with us in detail before rushing with implementing the in-year reduction of our budgets that puts improving the health outcomes for our residents at jeopardy?

Continued...../1/

County Councillor Azhar Ali
Cabinet Member for Health & Wellbeing
PO Box 100 County Hall Preston PR1 0LD

I would welcome the opportunity of meeting you to discuss how best we can deliver these cuts in Lancashire and look forward to hearing from you as soon as possible.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Azhar Ali', written in a cursive style.

County Councillor Azhar Ali
Cabinet Member for Health & Wellbeing

CC:

Jane Ellison MP, jane.ellison.mp@parliament.uk

Duncan Selbie Chief Executive, Public Health England Duncan.selbie@phe.gov.uk

Simon Stevens Chief Executive NHS England england.contactus@nhs.net

All Lancashire MP's (all political parties).

County Councillor Azhar Ali
Cabinet Member for Health & Wellbeing
PO Box 100 County Hall Preston PR1 0LD

Lancashire Health and Wellbeing Board

Meeting to be held on 16 July 2015

Hello, my name is

Contact for further information:

Louise Taylor, Lancashire County Council, 01772 531646, louise.taylor@lancashire.gov.uk

Executive Summary

Delivering services that are personable and compassionate should be an underpinning principle for how we work with the people of Lancashire. Most practitioners work in this way but there are many times when the demands of work mean that that simple introductions between patient and professional are missed and this can then set the tone for the remainder of the interaction.

#hello, my name is, is a campaign to remind health and care practitioners of the importance of how we engage with people and a commitment that every interaction starts on a personal and interactive footing.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- Endorse the campaign #hello, my name is
- Individual organisations consider how they will promote the campaign internally

Background

The '#hello my name is' campaign was started by Dr Kate Granger in the UK. In 2013, Kate was diagnosed with cancer and suddenly found herself as the one in the hospital bed, not next it. What she observed as a patient shocked her, especially the number of healthcare professionals who failed to introduce themselves before performing any care. Dismayed that we had forgotten such a basic, yet crucial step, in developing relationships with our patients, she wrote a blog article simply called #Hellomynameis and launched one of the most prolific social media campaigns we have seen in healthcare to date.

So far over 90 NHS organisations and hundreds of thousands of workers have committed to the campaign and to begin every interaction with every patient simply by introducing themselves, what their role is and how they will be supporting them.

Further details about the campaign, its progress and supporters can be found at <http://www.hellomynameis.org.uk>

List of background papers – none

