

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Monday, 24th October, 2016 at 10.00 am 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

Tony Pounder, Director of Adult Services

Councillor Bridget Hilton, Central Lancashire District Councils

Sarah Swindley, Third Sector Representative

Gary Hall, Lancashire District Councils

Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board

David Tilleray, Chair West Lancs HWB Partnership

Clare Platt, Health Equity, Welfare & Partnerships

Councillor Tony Harrison, East Lancs HWB Partnership

Mark Youlton, East Lancashire CCG

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

Apologies

County Councillor Jennifer Mein

Leader of the County Council

Louise Taylor

Corporate Director Operations and Delivery (LCC)

Bob Stott

Director of Children's Services

Michael Wedgeworth

Healthwatch Lancashire Interim Chair

Karen Partington

Chief Executive of Lancashire Teaching Hospitals
Foundation Trust

Dr Tony Naughton

Fylde & Wyre CCG

Dr Alex Gaw

Lancashire North Clinical Commissioning Group (CCG)

Graham Urwin

NHS England, Lancashire and Greater Manchester

Councillor Hasina Khan

Chorley Borough Council

Mark Bates

Assistant Chief Constable, Lancashire Constabulary

Dee Roach

Lancashire Care NHS Foundation Trust (on behalf of
Heather Tierney-Moore)

Dr John Caine

West Lancashire CCG

Cllr Viv Willder

Fylde Borough Council

1. Election of Chair for the Meeting

Clare Platt requested nominations for Chair for the meeting as County Councillor Jennifer Mein had presented her apologies. County Councillor Azhar Ali was nominated and seconded and subsequently took the chair for this meeting.

2. Welcome, introductions and apologies

Welcome and introductions were made.

Apologies were noted as above.

Replacements were as follows:

Jan Ledward for Dr Gora Banghi – Chorley and South Ribble CCG and Dr Dinesh Patel – Greater Preston CCG.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

4. Minutes of the Last Meeting

Resolved: That the Minutes of the meeting held on 2 September 2016 are confirmed as an accurate record.

5. Lancashire's Safeguarding Adult Board (LSAB) Annual Report

The Board were asked to consider the content of the Annual Report and identify any areas it may wish to comment on and any action it may wish to take.

Jane Booth highlighted to the Board that adult safeguarding is challenging and this is clear from the report as attached to the agenda. The demographic profile of the community will continue to include increasing numbers of people who fall into service user groups that are more vulnerable to risk of abuse or neglect (including self-neglect) because of their health or social care needs or issues of mental capacity, abuse and neglect. The challenge will be, at a time of reducing resources, making a proportionate response and delivering a personalised service.

It was noted that access to early help could help to reduce the number of safeguarding cases.

The LSAB has benefitted from the learning arising from the members' association with such pan-Lancashire and national activities as work concerning the Mental Capacity Act 2005 and Prevent, the Chair's North West network and the English network of Safeguarding Adult Board Chairs.

With regards to inspection risk, Adult Social Care is inspected regularly through the Care Quality Commission (CQC) and work is commencing on audits and looking at comparative data sets.

Resolved: That the Board considered the content of the Annual Report provided comment, with no further actions are identified.

6. Lancashire's Safeguarding Children Board (LSCB) Annual Report

The Board were asked to consider the content of the Annual Report and identify any areas it may wish to comment on and any action it may wish to take.

Jane Booth highlighted to the Board that the Annual Report provides information about services and their effectiveness. The LSCB shares the concerns set out in the Ofsted report. The LSCB is working as part of the Improvement Board to ensure an effective response and has seen evidence of plans to restructure services, reduce caseloads of social workers and improve quality assurance. However, these things will take time to show an impact and at the end of 2015-16 it was not possible to identify significant improvement in practice. In addition the LSCB is particularly concerned about the quality and availability of appropriate Child and Adolescent Mental Health services where the resource allocation is too low and progress towards improved services too slow.

The report sets out the priorities of the LSCB and the areas identified for future work.

It was raised as to whether there had been an increase or decrease in Serious Case Reviews (SCR) and Jane stated that there had been a significant increase in SCRs in the last 15 months where eight had been received, compared to a general figure of four or five a year. There was a query about the availability of this information by Districts are notified on an individual basis when a SCR does arise. However it was noted that the majority of SCRs were in the North, but this is not on trend.

Jane reported that there is a link in with the workstream around CAMHS and the report to the LSCB every three months. The findings are then reported back to executive forums. Jane is concerned that the whole system is not being considered.

It was noted that there appears to be a lack of early help in schools and some schools are unaware of what services are accessible. Jane commented that a piece of work is being carried out in Fylde and Wyre, looking at new ways of working.

The LSCB regularly reports to the Local Children's Partnership Boards and any concerns by district are raised there, together with child sexual exploitation (CSE) concerns. It was highlighted that CSE figures had increased, however this was felt to be good as it is high profile in the media and the local Authority is putting more time and resources into this area of work. The challenge however, is around on-line safeguarding and keeping up to date with technology. An on-line guide for schools has been published as this is the biggest concern for schools.

Resolved: That the Board considered the content of the Annual Report provided comment, with no further actions are identified.

7. Lancashire CYP Emotional Wellbeing and Mental Health Transformation

Dave Carr, Policy, Information and Commissioning (Start Well), Shirley Waters, NHS Commissioning Support Unit and Julia Westaway, Commissioning Manager, Lancashire North CCG gave the quarterly update on the Lancashire CYP Emotional Wellbeing and Mental Health Transformation.

The presentation attached gave an overview on what has happened in Year one and what is planned for the second year. The plan is on a Pan Lancashire footprint. It also gave tables with dates when it is intended that work will be completed by.

Going forward in year 2 there needs to be an approach that builds on the decision making principles and what has been described in year 1 and it also needs to help plan for sustainable and deliverable decisions.

The biggest target is the shift from local delivery plans to a Pan Lancashire approach requiring certainty from individual partners to commit.

There needs to be more work done around what services are available to schools and it was noted that there was a Schools Conference arranged for January 2017, where information will be shared and going forward will start to see the benefits and work with schools to help them understand and access what is available.

This is the current 'Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health' it contains timelines for the delivery of the plan [C&YP EWMH Transformation](#) which will be refreshed and republished early in the New Year.

There was also a request for the Governance diagram which is attached to the minutes.

It is envisaged that there is one route in to all services and that duplication is removed.

Resolved: that the Board be provided with the CAMHS scorecard and the timelines for certain workstreams and the Governance diagram, which are attached to these minutes.

8. CQC Report and Action Plan

The Board were asked to note and endorse the action plan from Lancashire County Council and also note that the action plan from NHS organisations be presented to the Board once they have been signed off.

Resolved: i) that the Board noted and endorsed the action plan from Lancashire County Council (Appendix 'A').

ii) that the Board noted 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.

9. Emergency Care Crisis - Chorley: report of the Health Scrutiny Committee

County Councillor Steven Holgate, Chair of the Health Scrutiny Committee was welcomed to the meeting and presented the Emergency Care Crisis report as attached to the agenda and requested that the Board produce a formal response to Recommendations 7 and 10 below:

Recommendation 7

That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire Health and Wellbeing Board be asked to take responsibility for the implementation and monitoring of this priority.

Recommendation 10

For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents. Partners must also demonstrate robust engagement with local residents on the proposed location of future services.

Resolved: that the Board produce a formal response to the relevant recommendations contained within the report by 22 November 2016.

10. Health and Care Integration

Sakthi Karunanithi informed the Board that the response to the STP from Lancashire, Blackpool and Blackburn with Darwen collectively was submitted on Friday 21 October 2016. All three Health and Wellbeing Boards had met on Wednesday 19 October to discuss the response. Copies of the report will be circulated when available.

Sakthi also presented Lancashire's Local Digital Roadmap (LDR) with the Board asked to endorse the strategic direction of the LDR.

Resolved: That the Board endorsed the strategic direction of the LDR.

11. Managing Demand

Following on from the evaluation of the Better Care Fund (BCF) which is working towards keeping people in their own home, specific activities need to happen at a district level. This is an ideal opportunity for LCC (Lancashire County Council) and CCGs (Clinical Commissioning Groups) to work together and approach the VCFS (Voluntary, Community and Faith Sector) for support and to be a part of the locality and integration and identify a joined up approach by joining resources at a community level.

It was considered that a list of Community Groups in each district needs to be widely available and shared. Sakthi commented that a Community Support Programme has always been in place however it now needs to join with Health services, this is being developed further but it needs to be lined up with all initiatives and maximised. GPs also need to be kept informed with regards voluntary schemes. CC Ali agreed to discuss this further with Sakthi outside of this meeting as there are a number of funding opportunities available for communities.

Resolved: that CC Ali will speak with Sakthi Karunanithi on connecting both LCC and the Health Service in working together in localities with voluntary groups.

12. Development of the Pan Lancashire Health and Wellbeing Board

Claire Platt updated the Board on the development of the Pan Lancashire Health and Wellbeing Board.

It was proposed that a small working group be formed to look at membership of the Pan Lancashire Health and Wellbeing Board from a Lancashire perspective and to ensure that everybody has a voice. The membership of the working group was agreed as follows:

Jan Ledward - CCG
Cllr Bridget Hilton – District
CC Mein – LCC
CC Martin – LCC
CC Tomlinson – LCC
CC Ali – LCC

It was also noted that here needs to be safeguarding on the Board.

Dr Alex Gaw, North Lancashire CCG, was unable to attend the meeting, however forwarded comments to be noted for this item as below:

'This CCG supports the proposed development of a pan Lancashire HWBB and endorses the approach to clarify the respective roles of the Boards and local HWB partnerships. I can see in the paper that there is a reference to a Morecambe Bay LHWBP to be established jointly with members from the Cumbria HWBB. Again, this makes a lot of sense given the proposed boundary change to create a Morecambe Bay CCG from 1st April and the ongoing STP process.

I would like to emphasise that the (new) CCG would like to use this opportunity to have further discussions both with colleagues in the Cumbria HWBB and the valued local partnerships which exist in South Lakes and Furness. This will enable all partners to agree an approach which enables us to involve locally communities fully in their health and wellbeing'.

Resolved: that the Board considered and commented on the report and that a small working group be convened to discuss further.

13. Urgent Business

There were no matters of urgent business received.

14. Date of Next Meeting

The next scheduled meeting of the Board will be held on Tuesday, 13 December 2016 at 10.00am in Cabinet Room 'D' – Henry Bollinbroke Room, County Hall, Preston, PR1 8RJ.

I Young
Director of Governance,
Finance and Public Services

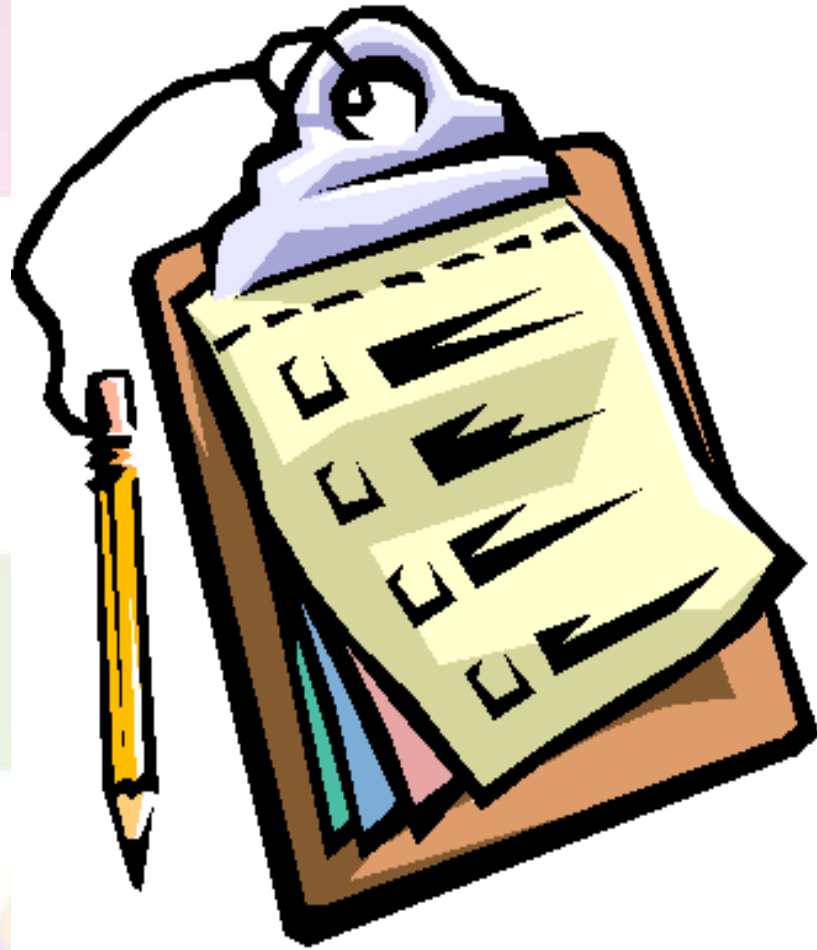
County Hall
Preston

Lancashire Children & Young People's Emotional Wellbeing & Mental Health Transformation Programme

Lancashire Health and Wellbeing Board

Reflecting on Year 1 and Looking Ahead to Year 2 'Our Business for the Future'

Agenda



- 1. Where we are up to?**
- 2. Why do we need review things now?**
- 3. What have we already achieved?**
- 4. Where have we got stuck?**
- 5. What do we need to do in year 2?**
- 6. How do we need to do it?**



Why are we reviewing things now?

1. **Nearing the end of Year 1**
 - Time to reflect
2. **Re-publication expectations**
 - **NHSE deadline to re-set specific targets by 31st October and republish the whole Transformation Plan by Jan 2017**
3. **Recent national policy and planning changes**
 - **Five Year Forward View for Mental Health: Implementation Plan**
 - **Prime Provider Models/ACs/ACOs**
 - **16/17-18/19 NHS Planning Guidance**
 - **Educational Excellence Everywhere/Counselling in Schools**
 - **HEE Workforce Initiatives**
4. **Local planning and organisational developments**
 - **STP and the Lancashire and Cumbria Change Programme (LD approach)**
 - **Partner organisations financial positions (LCC £1.1m reprioritisation of funding in Tier 2/3 services and the reduction of the PH Grant)**
5. **Programme Drivers**
 - **'Non-recurrent' decisions nearing their term**
 - **Commissioning cycle and December 2016 contract deadlines**
 - **Board member feedback**



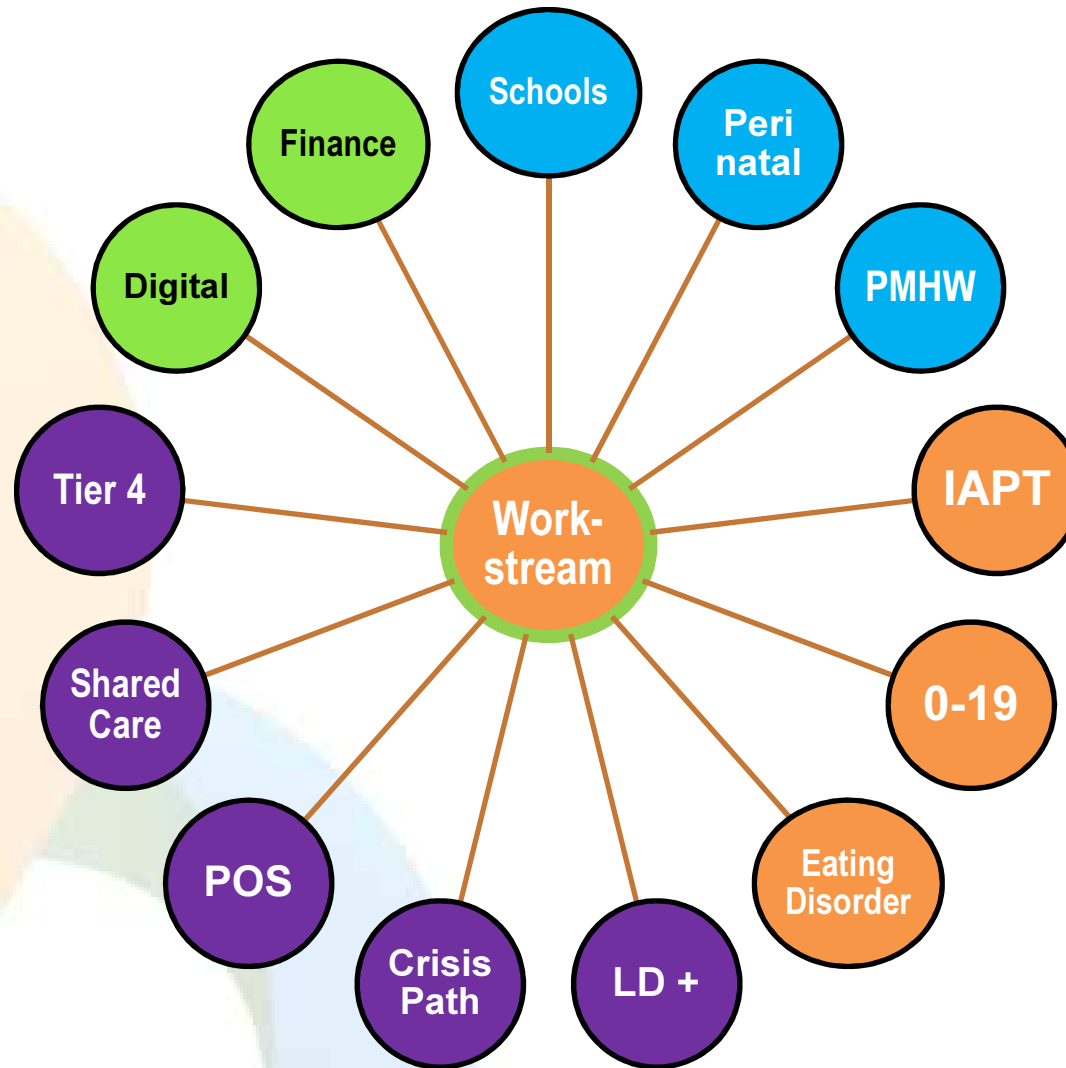
What have we already achieved?

Year 1 brief: 'mobilise the plan and galvanise the stakeholders'

- Plan was mobilised in January 2016
- Programme launch: Singing the BLEWSS in March
- By Spring: plan into action, formal and well attended Board, the work streams and the leads, the governance, reporting, aligning with Healthier Lancashire, orienting partners and instigating PMO processes
- By Summer: appointed a Finance lead, Clinical Lead, Comms Lead.
- Procured the ED Review, the OD support and now Digital Thrive
- Established the Clinical Reference Group
- Joined the national iTHRIVE community
- By Autumn: developed and had approved our 'Decision Making Principles'
- Agreed 16/17 investment schemes and 15% pool
- All year: submitted to national bids, delivered workshops, completed design work and shifted to delivery focus
- Continued Assurance: NHSE, CQC, Safeguarding, HWBB, LASHH, Youth Justice Board, local partnerships.
- Enabling support, stakeholder mediation and negotiation, leadership of all kinds.



What else have we already achieved?



What difference will any of this make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Resilience Programme in Secondary Schools</p> <p>Aiding the prevention of physical, social and emotional health issues through PE, physical activity and sport</p>	31.8.18	<p>Health and Wellbeing Gap:</p> <ul style="list-style-type: none"> Increasing participation, life skills, employability , attitudes , motivation and wellbeing (particularly in relation to happiness, purposefulness and life satisfaction and confidence). 	<p>Baselines for each school to be established and KPIs will then be developed.</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Submission of a funding bid for the development of a NICE and RCP compliant Specialist Perinatal Mental Health Community Service.</p> <p>A health economy based, 4 spoke service model providing a specialist multi disciplinary team working to shared set of Pan Lancashire standards and outcomes.</p>	<p>March 2020</p>	<p>Health and Wellbeing Gap:</p> <ul style="list-style-type: none"> The development of resilient children supported by positive parent and child attachment Early recovery and maintenance of mental well-being that enables women with serious or complex mental illness <p>Care and Quality Gap:</p> <ul style="list-style-type: none"> The ability for women to make informed choices through the provision of pre conception counselling A reduction in the risk of avoidable harm to women and infants due to mental health needs in the PN period. A reduction in the severity, duration, and the negative impact of mental illness in the PN period 	<p>National measure:</p> <p>To support at least 30,000 (Nationally) additional women to access evidence-based specialist peri-natal mental health treatment.</p> <p>Baselines and trajectories to be developed subject to the approval of the bid. Activity expected to be 495-600 women annually.</p>

What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
PMHW	March 2016	<p>Health and Wellbeing Gap:</p> <ul style="list-style-type: none"> - enabling people to access support earlier - reducing reliance on T3 and T4 CAMHS - appropriate use of services <p>Care and Quality Gap:</p> <ul style="list-style-type: none"> - Improve outcomes by improving access to support and reducing waiting times 	<p>Local measures:</p> <p>Increase in provision of single point of contact within CAMHS' schools; primary care etc</p> <p>Reduction in % inappropriate referrals to CAMHS</p> <p>Increase in the number of CYP with a diagnosed mental health condition enabled to access help.</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
IAPT Increased investment in staffing to enable increased access to support and treatment for CYP	1.4.17	Care and Quality Gap: Improve outcomes by improving access to support and reducing waiting times	National measures: By 2021, at least 35% of CYP with a diagnosable mental health condition receive treatment from an NHS funded community mental health service Local measures: Number of additional wte staff recruited Number of additional CYP treated.



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>0-19</p> <p>To progress work to extend community CAMHS up to 19th birthday to a point of readiness for re-commissioning.</p>	1.4.17	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • Compliance with national model CAMHS spec • Consistent level of service for CYP across pan-Lancs area • Reduced levels of inpatient admissions for CYP • Reduced demand for Adult MH services 	<p>2011 target to work with CAMHS that cover 60% of the 0-19 population by March 2015, which has been exceeded, achieving 68%. We are now working to achieve 100% coverage by 2018.</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
Eating Disorders Implementation of a dedicated community eating disorders service and an upstream offer for CYP and families with ED which supports self- help, access to information and advice.	1.4.17	<p>Health and Wellbeing Gap:</p> <ul style="list-style-type: none"> offering a dedicated specialist service offering NICE guideline compliant treatments improving access to information, advice and self-help through the development of an upstream offer <p>Care and Quality Gap:</p> <ul style="list-style-type: none"> improve access to ED support that is compliant with national commissioning guidance. 	<p>National measures: CYP (up to age 19) referred for assessment or treatment for an ED should receive NICE-approved treatment within 1 week for urgent cases and 4 weeks for every other case.</p> <p>Local baselines and trajectories being set</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>LD +</p> <p>Development of the LD Passport, progress on the implementation of CTR's for children, a Community Service Specification and 'gold standard' pathways for ASD etc.</p>	1.4.17	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> Improving provision of person centred information to increase staff awareness and improve the experience of hospital care Improving access to services for vulnerable children Reducing waiting times and postcode lottery 	<p>National measure relevant to NICE guidance and policy recommendations</p> <p>Local evaluation of the effectiveness of the passport</p> <p>Gap analysis of local specialist service provision</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Access to Crisis services</p> <ul style="list-style-type: none"> - Immediate triage - Out of hours CAMHS - Out of hours psychiatry - Specialist provision for the most complex – to prevent their admission & facilitate discharge 	1.4.17	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • Improve access so that young people can expect prompt advice and assessment irrespective of where they are across Lancashire • Improve availability of provision for the most complex young people who have the longest length of stay and prove most difficult to identify placements for 	<p>DGH Audit</p> <ul style="list-style-type: none"> • reduce time taken from attendance to discharge



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Place of Safety</p> <ul style="list-style-type: none"> - Develop a dedicated S136 facility for young people - Develop places for Crisis Assessment /de-escalation 	1.4.17	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • ensure appropriate provision of S136 facilities so that young people on a S136 do not have to go to A&E, adult S136 or police cells • ensure appropriate places for young people to be assessed across Lancashire 	<ul style="list-style-type: none"> • Crisis Care Concordat reporting of S136 removals • Patient/staff satisfaction measures



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
Shared Care Protocol	1.4.17	<p>Care and Quality Gap: The work will improve</p> <ul style="list-style-type: none"> shared understanding of the role of DGHs, CAMHS teams and social care when a young person attends A&E or is admitted to DGH Shared language regarding the problems and delays in the system improved ability to target measures to address these problems and delays 	<ul style="list-style-type: none"> DGH audit – delayed discharges STEIS icidents



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Tier 4 CAMHS</p> <p>Work collaboratively with NHSE commissioners to ensure Tier 4 CAMHS provision reflects patterns of demand and that pathways for access to and discharge from tier 4 are clearly defined and operate seamlessly.</p>	31.3.20	<p>Care and Quality Gap:</p> <p>The work will improve access to Tier 4 CAMHS services for CYP by ensuring that the level of provision locally reflects demand. It will also improve the quality of patient experience by developing a seamless pathway.</p>	<p>Local measures:</p> <ul style="list-style-type: none"> Tier 4 out of area placements Tier 4 admissions Tier 4 delayed admissions Tier 4 delayed discharges <p>Baselines are currently being established as part of this work in collaboration with NHSE.</p>



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
Digital THRIVE Development of a one-stop portal for CYP, families and professionals across Lancashire which will provide self-help materials in addition to clear information on the support available across Lancashire and monitoring of system performance	1.4.17	Health and Wellbeing Gap: <ul style="list-style-type: none"> enabling people to access support earlier reducing reliance on T3 and T4 CAMHS appropriate use of services system oversight 	Local measures: Reduction in % inappropriate referrals to CAMHS Increase in the number of CYP with a diagnosed mental health condition enabled to access help.



What difference will it make?

PROJECT/INITIATIVE	DELIVERY DATE	CONTRIBUTION TO TRIPLE AIM	EVIDENCING IMPACT
<p>Finance and Performance</p> <p>Monitoring investment and activity in line with standardised minimum data set requirements and local performance and outcomes measures</p>	20/21	<p>Finance and Efficiency Gap:</p> <ul style="list-style-type: none"> Increased investment in CYP mental health to reduce MH needs in adults. Performance and finance monitored to understand Value for money <p>Care and Quality Gap</p> <ul style="list-style-type: none"> Consistent use of ROMS and PROMS 	<p>Financial statements in place</p> <p>Performance monitoring of providers</p> <p>Timely returns to NHSE</p> <p>Longer term impact measured.</p>



What difference will it make?

No of additional clinicians (Whole Time Equivalent)

ED Clinicians (WTE)	Other clinicians (WTE)	Total Clinicians (WTE)
14.5	31.33	45.83

Number of additional children and young people (per annum) that are expected to be treated in 2016/17 above the baseline submitted for 14/15 in the original plan.

ED activity	Other activity	Total Activity
118.5	2542	2645



Feedback

More work to do on obtaining feedback and evaluating and progress, recent analysis:

- CAMHS patient experience surveys (Blackpool and East Lancs)
- High levels of satisfaction/happiness from both parents/carers and children/young people across most aspects of services
- The aspects which concerned a significant proportion of parents and carers related to attending appointments, including the waiting times to access the service and the lack of community venues plus the provision of information/progress reporting



Where have we focused in Year 1?

2016			
Year 1	Specify Outcomes	Design the Delivery Model	Action the Implementation
Pan Lancashire	x	x	x
Health Economy	x	x	x
CCG	x	x	x

Allocations

CCG Name	Eating Disorders and planning in 2016/17	Transformation plan allocation 16/17	Total
NHS Blackburn with Darwen CCG	£94,796	£376,000	£470,796
NHS Blackpool CCG	£106,867	£437,000	£543,867
NHS Chorley and South Ribble CCG	£98,793	£376,000	£474,793
NHS East Lancashire CCG	£214,568	£848,000	£1,062,568
NHS Fylde and Wyre CCG	£89,889	£344,000	£433,889
NHS Greater Preston CCG	£113,187	£450,000	£563,187
NHS Lancashire North CCG	£85,021	£335,000	£420,021
NHS West Lancashire CCG	£62,869	£238,000	£300,869
Totals	£865,990	£3,404,000	£4,269,990

16/17 Commissioning Intentions

15% Top slice: £510,600

Commissioning Intention	Workstream	Amount	Business Case Status
Resilience in schools Project	Resilience and early intervention	£72,000	Non rec business case agreed by Board- August
Backfill for IAPT Training	Access to services/ Workforce	£312,750	Business case to be agreed by Board- September
Provision of out of hours Psychosocial Assessments	Crisis	Approx. £96,350	Business case in development- To be considered in October
Positive Behavioural support Training for Learning Disability Teams	Care of Vulnerable	£1,500	Draft Business case produced- To be considered in October
Training Gap Analysis for those working with vulnerable groups	Care of Vulnerable	£28,000	Draft Business case produced- To be considered in October
Total		£510,600	

85% Local Spend

Work stream	Allocation	%
Resilience and Prevention	£955,521	33
Access	£387,378	13
Care of Vulnerable	£637,341	22
Crisis	£359,999	12
Workforce	£50,000	2
Accountability and Transparency	£224,643	8
EL Still to allocate (Was Tier 4)	£161,602	6
BWD Still to allocate (Was Tier 4)	£78,402	3
WL Still to allocate	£38,664	1
	£2,893,550	100

Length of Commitment

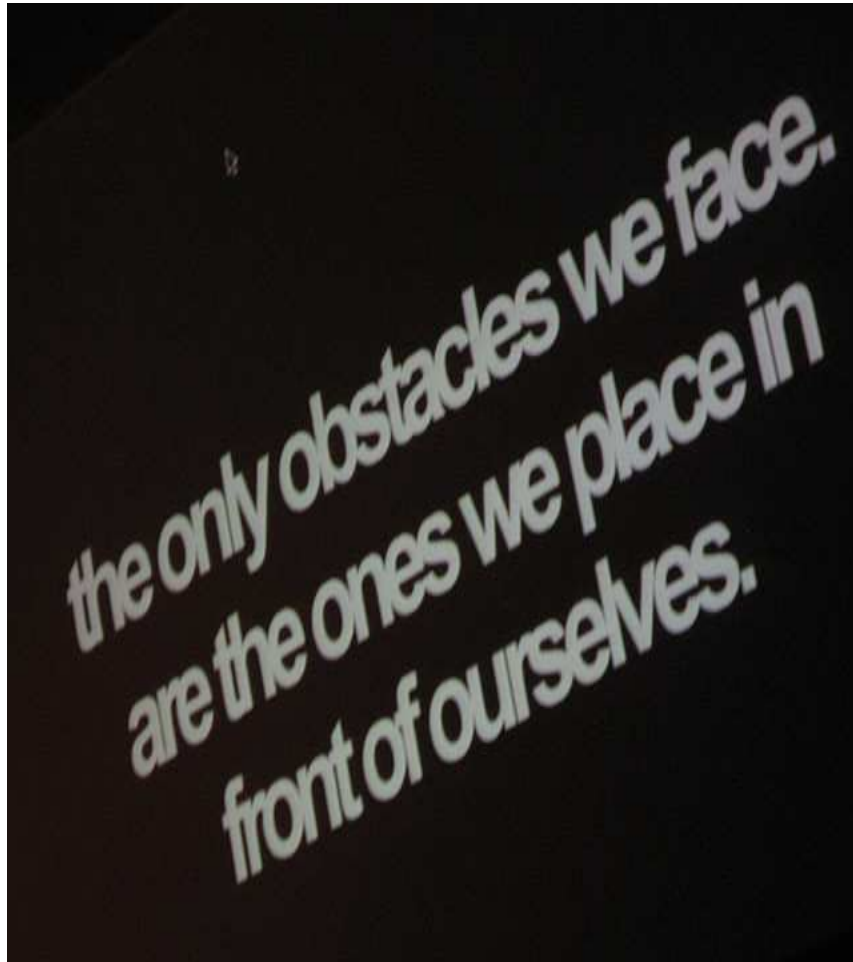
Status	Amount	Percentage
Non Recurrent up to March 17	£2,192,692	76
Non Rec up to March 18	£236,753	8
Non Rec 2 Years	£248,143	9
Non Rec up to March 21	£160,962 (£208,000 -2017 onwards)	6
Recurrent	£55,000	2
Totals	£2,893,500	100

Stock Take

- Achieved a lot!!
- Tons of work underway
- Leading with drive and determination
- Focusing on things that will materially change service delivery, experience and quality
- But.....



Where have we got stuck?



*the only obstacles we face,
are the ones we place in
front of ourselves.*

- Too much, too thin?
- Too long to agree?
- Too hard to track?
- Too much non recurrent?
- Too many expectations?
- Too little support for things that need large scale and fast pace?

So what do we need to do?

give
thoughtful
consideration

- Celebrate what we've achieved
- Be honest about the challenges we've experienced and created
- Take the chance to re-fresh, re-think, reflect
- Preserve what's right and change what's not to address the areas where we are stuck
- Be prepared for the year ahead
- Breathe life into our decision making principles
- Focus on the right collective action that will transform the system!!



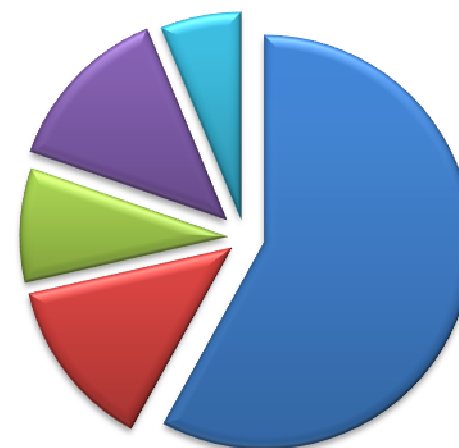
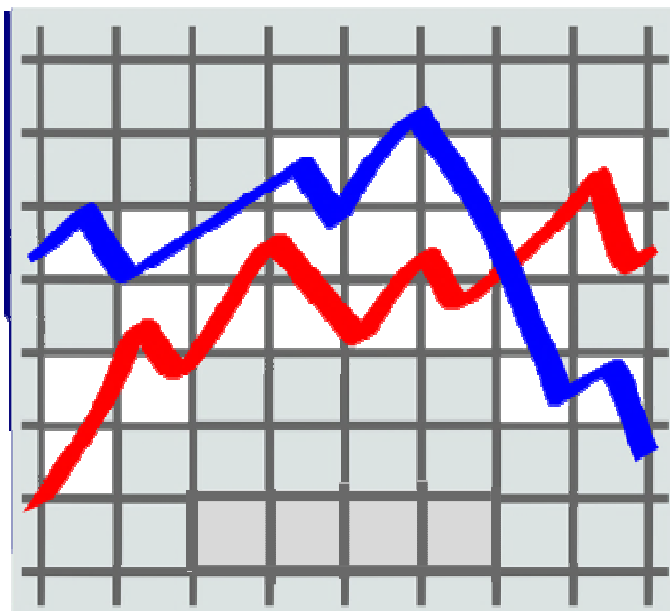
Year 2: Business Going Forward

- Need an approach to year 2 that builds on our **decision making principles** and what we have described in year 1
- It needs to help us plan for **sustainable** and **deliverable** decisions
- It needs:
 - Legs and longevity
 - Rigour and integrity
 - Fit with the right scale and pace that we are now working with
 - Become the business planning process that we apply each end of year
 - Not delay us or distract us from “doing the doing”

Where do we need to get to in Year 2?

2017			
Year 2	Specify Outcomes	Design the Delivery Model	Action the Implementation
Pan Lancashire and South Cumbria	X	X	X
Health Economy	x	x	x
CCG	x	x	x

Where do we need to get to in Year 2 Continued?



Budget

2016/17

- Reactionary and fluctuating investment pattern
- Small emphasis on aligned resources

2017/18

- Investment that fits long term intentions
- Greater emphasis on aligned resources

How do we get there?

What?	By Who?	By When?
1. Re-fresh the existing Transformation Plan (desktop exercise) i) Discharge the greens ii) Remove the duplicates iii) Re-fresh for national requirements iv) Cluster, group and SMARTen up the remaining deliverables v) Produce a draft TP 'mark 2'	SRD Programme Team	1 st Dec 2016
2. Finalise and prioritise the remaining deliverables and produce a final draft of the TP. 3. Agree the best form for delivery going forward (existing work streams?, different work streams?, projects?)	SRD Programme Team and Work Stream Leads	5 th Dec 2016
4. Consult on the final draft TP with children, young people and families (3 consultation questions)	Comms Leads	1 st Jan 2017
5. Final version re-freshed TP to Board and publication	SRD Programme Team	20 th Jan 2017
6. Launch of Year 2 (Singing the BLEWSS II)	All	17 th March 2017
7. Mobilisation of Year 2	All	From January

What do we get to?

What?	By Who?	By When?
8. Core (smaller) set of Pan Lancs key projects move forward supported by a greater commitment to a Pan Lancs pooled budget/aligned resource (a high level Financial Plan for CCB to approve supported by confirmed Operational Planning returns for CCGs)	Programme Team and Work Stream Leads	January 2017
9. Business cases for recurrent (pooled) funding	Programme Team and Work Stream Leads	Throughout the year
10. Re-shaping of system wide investment plans based on the total system oversight and re-alignment with partner priorities	Board	Throughout the year
11. Implementation of projects	Programme Team and Work Stream Leads	Throughout the year
12. Autumn Re-fresh	All	October 2017
13. Cycle repeat	All	2018

What will this mean?

- We build on the hard work of year 1
- But within 17/18 we'll be focusing on a smaller set of re-freshed TP deliverables
- They will be aligned to the new context that we are working in (South Cumbria and Pan Lancs, fast pace, national targets, total system)
- Some of our current work will be delegated/designated more clearly across the wider system of stakeholders
- Some work may be discontinued/postponed subject to SMART testing
- A much greater share of investment will be pooled next year
- We will be investing recurrently
- We can follow the same re-fresh process each year; this will become our strategic business planning process
- We will do this with stronger involvement from CYP and families

What this will not mean?

- A change to what we have agreed to invest in this year
- More of the same
- A quick fix for year 2
- A process aligned to traditional NHS planning timelines (though we have been signalling commissioning intentions for 17/18 now and would know more clearly that we can align to future business planning processes as we make longer term decisions)
- Any change to our ambitions for system transformation
- Any change to our commitment



Summary

The Board is asked to:

- Note the successes and challenges described
- Consider this presentation and the content
- Endorse the proposed re-fresh process
- Agree to this as a business planning process for moving forward
- Note the proposed governance and timetable



