

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 5th September, 2017 at 10.00 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Geoff Driver CBE, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
County Councillor Shaun Turner, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health and Wellbeing, LCC
Louise Taylor, Corporate Director Operations and Delivery (LCC)
Tony Pounder, Director of Adult Services
Councillor Bridget Hilton, East Lancashire Health and Wellbeing Partnership and Central District Councillor
Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Jacqui Thompson, North Lancashire HWB Partnership
Cllr Viv Willder, Fylde Coast District Council Rep
Amanda Hatton, Director of Children's Services, LCC
Councillor Tony Harrison, East Lancashire District Council Rep
Councillor Margaret France, Central HWBP
Adrian Leather, Third Sector
Simon Burnett, West Lancashire Health and Wellbeing Partnership
Tim Almond, Morecambe Bay CCG
Jackie Hanson, East Lancs CCG
Supt Andrea Barrow, Lancashire Constabulary
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

Dr Gora Bangi	Chorley and South Ribble CCG
Dr Sumantra Mukerji	Greater Preston CCG
Michael Wedgeworth	Healthwatch Lancashire Chair
Graham Urwin	NHS England, Lancashire and Greater Manchester
Gary Hall	Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Dee Roach	Lancashire Care NHS Foundation Trust (on behalf of Heather Tierney-Moore)
Dr John Caine	West Lancashire CCG

1. Welcome, introductions and apologies

Due to the absence of County Councillor Vivien Taylor, CC Driver was appointed as Chair for the meeting.

Apologies were noted as above.

New member as follows:

DCC Sunita Gamblin replaces ACC Mark Bates, Lancashire Constabulary
Adrian Leather replaces Sarah Swindley, Third Sector

Replacements were as follows:

County Councillor Shaun Turner for County Councillor Vivien Taylor, Lancashire County Council
County Councillor Philippa Williamson for County Councillor Susie Charles, Lancashire County Council
Simon Burnett for David Tilleray, West Lancashire Health and Wellbeing Partnership
Tim Almond for Dr Alex Gaw, Lancashire North CCG
Jackie Hanson for Mark Youlton, East Lancs CCG
Supt Andrea Barrow for DCC Sunita Gamblin, Lancashire Constabulary

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Last Meetings held on 20 June 2017 and 7 August 2017

Resolved: That the Board agreed the minutes of the last meetings with the following amendment to 7 August 2017 Minute Item 3 i) removal of the word 'That'.

4. Forward Plan and Action Sheet

The Forward Plan is a working document and items will move by necessity. Additional items that need adding are:

Pharmaceutical Needs Assessment (PNA)
Child and Adolescent Mental Health Service (CAMHS)
Joint Strategic Needs Assessment (JSNA)
Health and Wellbeing Strategy
Lancashire Safeguarding Adult's Board (LSAB) - Annual Report - November 2017 meeting
Lancashire Safeguarding Children's Board (LSCB) - Annual Report - November 2017 meeting

Members of the Board were requested to send any future items for consideration at a Board meeting to Sam Gorton, email sam.gorton@lancashire.gov.uk.

5. Lancashire Health and Wellbeing Strategy

Progress on the refresh of the Lancashire Health and Wellbeing Strategy was considered by the Board.

Resolved: That:

- i) The Health and Wellbeing Board (HWBB) members share the draft Strategy with health and wellbeing partnership colleagues for comment.
- ii) The HWBB agrees the draft strategy and associated appendices as the basis of a workshop to be held on 16 October 2017 where the focus for the final strategy will be agreed.

6. Sustainability and Transformation Plan (STP)

Carl Ashworth, NHS Midlands and Lancashire Commissioning Support Unit on behalf of the Lancashire and South Cumbria STP presented an update to the Board on the proposed new STP Governance Arrangements – details attached.

Upper tier local authority representatives are represented on the STP Board, with County Councillor Vivien Taylor as the Lancashire County Council representative. The STP Board has a relationship with the Joint Committee of Clinical Commissioning Groups (JCCCG) in that the JCCCG is the means by which Lancashire and South Cumbria wide commissioning decisions will be made.

The HWBB noted that there is need to ensure a strong link between the STP Board and the HWBB.

Further to discussion, Carl confirmed that the Public Engagement Policy is a key workstream of the STP.

The HWBB felt a better understanding of the STP Governance Structure would be beneficial if a worked through example was provided and showed how it was followed through the structure.

Resolved: That the Health and Wellbeing Board agreed that a worked through example be provided to the HWBB at the Workshop on 16 October 2017.

7. Better Care Fund (BCF)

Paul Robinson, NHS Midlands and Lancashire Commissioning Support Unit, informed the HWBB of the development of the Lancashire Better Care Fund (BCF) Plan for 2017/18/19 and sought the Board's approval of the plan.

It is a two year plan covering 2017/18 and 2018/19 with some ability to review late in the first year. It covers three elements of funding - the core BCF, the new iBCF and the Disabled Facilities Grants monies.

The Lancashire BCF Plan is built upon a high level of involvement of a wide range of partners, and in particular health and social care. The plan again sees the growing influence and engagement with the Voluntary Sector and District Councils.

It has used approaches to support decision making that have required detailed analyses of 2016/17 BCF schemes and the potential of new areas of spend. Its spending plans reflect the decisions to retain the existing BCF schemes and to use the iBCF schemes to innovate, plug gaps and build upon existing success.

A key requirement within the BCF plan is to demonstrate the action to be taken to address the priority of reducing Delayed Transfers of Care. The plan describes how the BCF will act as an enabler within a wider system approach that will be led by the A&E delivery boards and coordinated through the Lancashire and South Cumbria Urgent Care Network.

The HWBB felt there was a need for better understanding and a flexible approach to what does and does not work.

There is a requirement to track and monitor benefits and outcomes. Hospitals are signing off the LDP Winter Plans. There is a need for clear metrics on a Lancashire footprint. Karen Partington, Lancashire Teaching Hospitals Foundation Trust, agreed to share work around this with Paul.

There is a need to align and learn quickly and be really clear on measured outcomes going forward. Guidance that will come through later in the year will encourage better alignment across boundaries.

Resolved: That the Health and Wellbeing Board agreed to:

- i) Endorse the approach taken in developing the Lancashire Better Care Fund plan 2017/18/19.
- ii) Approve the Lancashire Better Care Fund Plan 2017/18/19 and its submission to NHS England.
- iii) Agree a BCF reporting schedule to the board based upon that required by NHS England.
- iv) Request the BCF Steering Group strengthens performance management and evaluation of the schemes, so that their effectiveness is more clearly understood; and opportunities to move resources within and between schemes are identified, prior to any changes being agreed by the Board.
- v) Request the BCF Steering Group strengthen the risk and benefit sharing arrangements between the County Council and the Clinical Commissioning Groups (CCGs) under the Section 75 pooled budget arrangements.

8. Supporting Patients Choice to Avoid Long Hospital Stays

The Supporting Patients Choices to Avoid Long Hospital Stays Policy has been developed locally by NHS organisation and local authorities operating within the Lancashire and South Cumbria Sustainability and Transformation Partnership. It is based on a national framework issued by NHS England. The aim of the policy is to provide accurate and timely information to patients about their choices when leaving hospital, improve patient flow and increase capacity within hospital to meet growing demand.

To minimise delays and uncertainty about which organisation has funding responsibility for meeting the support needs of particular individuals in the context of this policy, a funding framework has also been developed by NHS and Local Authority partners within the Lancashire and South Cumbria Partnership.

Resolved: That the Health and Wellbeing Board agreed to endorse the collaborative policy framework, as detailed at Appendices 'A' and 'B' of the report; and supported its adoption across the footprint of the Lancashire and South Cumbria Sustainability and Transformation Partnership.

9. LCC Adult Social Care Winter Plan

The Lancashire County Council (LCC) Adult Social Care Winter Plan has been updated for 2017/18 to reflect the services in place and the social care planning and response to winter pressures.

The plan includes information about various enhanced responses over the winter period and the proposed service developments through the improved Better Care Fund (iBCF) funding that aim to improve the situation around delayed transfers of care, which typically increase through the winter period.

Whilst some of the funding for enhanced services are being met through the iBCF, there is however no formal designated resilience funding identified within these monies, and therefore further resilience discussions may need to take place with NHS partners around whole system planning.

The plan will be shared both internally in LCC and with each A&E Delivery Board across Lancashire for inclusion in the system wide winter planning and delivery reporting.

Resolved: That the Health and Wellbeing Board received and noted the LCC Adult Social Care Winter Plan.

10. Urgent Business

There were no matters of urgent business received.

11. Date of Next Meeting

The next scheduled meeting of the Board will be held at 10.00am on Tuesday, 14 November 2017 in Committee Room 'C' - Duke of Lancaster Room, County Hall, Preston.

The workshop will be held on Monday, 16 October 2017 at 1.00pm-4.30pm at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston



Proposed new STP Governance arrangements

1. STP Governance

NHS Trust Boards and CCG Governing Bodies in Lancashire and South Cumbria (L&SC) are asked to support proposals for a refreshed governance arrangement for the L&SC Sustainability and Transformation Partnership (STP).

The refresh is needed at this point since the Next Steps on the NHS Five Year Forward View published recently, requested all STPs to establish an STP Board which would enable effective, system wide, decision making and assurance, in order to implement and effectively manage transformation and delivery of the key national and local priorities.

The existing governance structure in Lancashire and South Cumbria had been established largely to oversee a large scale transformation programme and the drafting of the Sustainability and Transformation Plan, but, as STPs continue to develop, the arrangements need to enable the L&SC system to move to delivery of the transformation plan, as well as ensure a system wide focus on performance against key clinical priorities and financial control.

The proposed governance structure assumes:

- LDPs will play an active part in the development and delivery work of the policy work-streams
- Programme Management Group, comprising of STP Execs and SROs of work-streams and LDPs, will oversee the delivery of the overall STP programme plan and advise the STP Board on progress
- The recommendations of the work-streams can be passed en-route to the STP Board through a number of advisory groups for assurance of clinical priority (Care Professionals Board), economic priority (Finance and Investment Group), operational feasibility (Provider Board), commissioning feasibility (Collaborative Commissioning Board)
- The current Programme Board be re-established as a Partnership Board, offering the STP Board an opportunity to engage with a wider stakeholder group
- Local Delivery Partnerships work towards the establishment of Accountable (Integrated) Care systems

2. Accountable Care

Blackpool & the Fylde Coast are one of eight first wave Accountable Care Systems (ACS) recently announced by NHS England, but this will extend to the rest of Lancashire & South Cumbria when each local system is ready to meet the requirements set for an ACS. These requirements are detailed in an MOU between NHSE/I and Blackpool and the Fylde Coast ACS.

A further MOU is to be established between NHSE/I North and the STP, to describe what needs to be achieved in 2017/18 and the way in which support will be provided to make the fastest possible progress.

All L&SC partners need to agree how we will work together to achieve the expectations of the MOUs.

Proposed new STP Governance arrangements

Objectives of the national MOU with Blackpool and the Fylde Coast are:

- Make faster progress on reform of urgent and emergency care, primary care, mental health and cancer services
- Manage improvements within shared financial control total across CCG and provider partners
- Integrate services and funding within a single health system
- Act as strong leadership cohort

The draft MOU sets out the requirements against each of these objectives:

- ACSs will be judged by results against specific targets for improving services in the four priority areas (UEC, MH, primary care, cancer)
- A single control total combining CCG and provider deficits will be set – the MOU defines the rules around the expected delivery of the control total, as well as expecting rapid progress on system efficiencies
- The expectations around developing accountable care are laid out, including effective decision making and governance structure; developing a vertically integrated care system, whilst realising the benefits of horizontal integration for some services

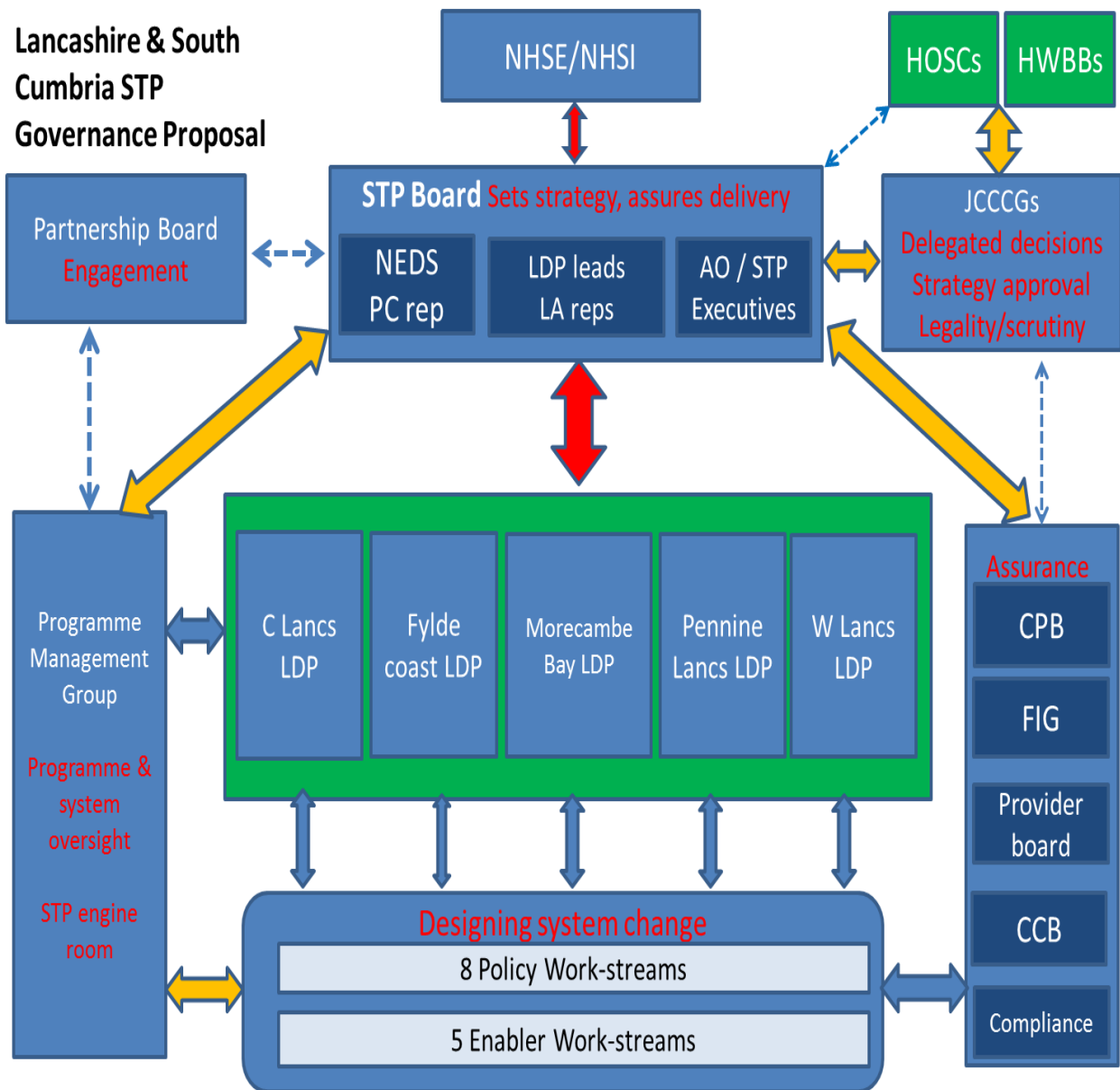
The MOU also sets out freedoms and flexibilities available to the shadow ACS on the understanding that the above objectives are achieved, including;

- Delegated decision rights for primary care and specialised services
- Streamlined regulation
- Ability to redeploy attributable NHSE/NHSI staff and funding

In parallel, there will also be a Memorandum of Understanding (MOU) covering the whole of Lancashire and South Cumbria, which will encompass a similar set of deliverables, to enable us to align our strategy effectively. This MOU will be established between NHSE/I and the STP Board.

The diagram shows the proposed new governance structure. Where formal, collective commissioning decisions are required, following the necessary development work in Local Delivery Partnerships (LDPs) and STP workstreams, they will be identified by the STP Board and referred to the Joint Committee of Clinical Commissioning Groups (JCCCGs), once CCGs have delegated the necessary decision-making powers.

Proposed new STP Governance arrangements



Whole system focused on sustainability; transformation; design of future state

Proposed new STP Governance arrangements

Group	Role	Reporting relationship
STP Board	Leadership and development of overarching strategy for L&SC Oversight and facilitation of delivery of sustainability, transformation and design of future state, including triple aims Owns MOU - delivery assurance	Direct to NHSE & NHSI through STP AO Direct to each LDP Board
JCCCGs	Commissioning strategy approval Scrutiny/assures legality of involvement and consultative processes Delegated decisions	CCG GBs L&SC Health & Well being Board(s)
Partnership Board	Statutory and voluntary stakeholder engagement Socialising work-stream outputs and processes	STP Board - advisory
Programme Management Group	Engine room for STP/ensures programme delivery Oversight of delivery in all STP work-streams LDP programme oversight	STP Board - advisory
Care Professionals Board (CPB)	Clinical assurance on work-stream outputs Assurance on clinical viability of plans	STP Board - advisory
Finance & Investment Group (FIG)	Economic assurance on work-stream outputs Assurance on financial viability of plans Assurance on estates strategy	STP Board - advisory
Provider Board	Assurance on operational feasibility of plans Leadership of collective Carter sustainability programmes	STP Board - advisory
Collaborative Commissioning Board	Oversight of collective QIPP sustainability programmes Oversight of clinical policy & meds management development Assurance on commissioning feasibility of plans	STP Board - advisory

Proposed new STP Governance arrangements

3. Role of the STP Board

The STP Board is not a statutory entity, but will be required to ensure delivery of the aims and objectives of the partnership. The STP Board can enable, coordinate and mandate deliverables – but it has no formal decision-making powers beyond what each statutory partner is able to bring to the Board, as they seek to align existing strategies and resources.

The STP Board will make recommendations on prioritisation of capital and revenue transformation funds, as well as being the single point for system-wide performance appraisal and management. NHSE/I will align their functions with the STP so that the existing regulator/organisational relationships can be developed on a system wide basis.

The composition of the STP Board is currently planned as follows:

- An executive lead from each of the LDPs/ACS (LDP heads)
- Up to five non-executive/lay members (NEDs) drawn from CCGs and FTs/NHS Trusts
- A councillor representative from each of the four upper tier local authorities (LA reps)
- The STP lead and other, interim, STP executives, including officers of NHSE and NHSI
- A primary care provider representative
- STP Medical Director
- Other officers and/or observers in attendance, as required

Members of the Board will be expected to lead and deliver the aims and objectives of the STP and use their respective experience and perspectives to ensure delivery as a whole system. They are not there to represent their respective organisations or indeed LDPs. The local authority and primary care members bring the perspective of their constituencies, but will nevertheless also be expected to promote the STP's aims.

Draft terms of reference are attached to be approved by the STP Board at its first meeting.

4. JCCCGs

The statutory basis of commissioning decisions and the formal requirements of large decisions requiring consultation must be discharged by commissioners. In L&SC the JCCCGs is the means by which L&SC-wide commissioning decisions will be made. The JCCCGs has a substantial interest in the adequacy and integrity of planning and related developmental processes that could lead to formal consultation and therefore has a legitimate and important role in scrutinising and assuring the work of the STP Board in relation to the commissioning part of the agenda.

With the advent of the STP Board there is a need to develop a strong and effective relationship between this and the JCCCGs over the next six months, as the STP Board becomes operational.

Proposed new STP Governance arrangements

5. Programme Management Group

This is a management group comprising of Senior Responsible Officers for the policy and enabling workstreams, LDP programme directors and STP executives. Its job is to ensure that the programme of work for the STP is delivered in line with the expectations of the STP Board. It will essentially be the 'engine room' of the STP.

6. Partnership Board (Previously the Programme Board)

The existing Programme Board will become a Partnership Board and will oversee transformation, whilst ensuring that a wide range of stakeholders and partners across the system are connected with developments and progress with delivery of STP/national priorities.

7. Statutory scrutiny and partnership arrangements

The current roles of the Overview and Scrutiny Committees and Health and Well-being Boards do not change. Both the STP Board and the JCCCGs are expected to have a strong relationship with these bodies.

It is proposed that these arrangements are reviewed during March 2018.

8. Next steps for Governing Bodies and Boards

Governing Bodies and Boards are asked to support the establishment of the STP Board for Lancashire and South Cumbria, in line with the explanatory information contained in this report. They are also asked to note that the other aspects of the governance arrangements already exist and the terms of reference for the various groups will need to be refined over time as and when the STP Board becomes fully operational.

9. Recommendations

All partners are asked to support a revised Governance structure for Lancashire and South Cumbria STP.

Proposed new STP Governance arrangements

Appendix 1 - Summary draft terms of reference for the STP Board

Scope

1. Leadership and oversight of arrangements to deliver the aims and objectives of the partnership- the triple aims of improvements in population health and well-being and improved services within the resources available to the partner organisations.
2. Enabler of effective whole system working among the partner organisations.
3. Jointly with NHSE and NHSI, support partners in the on-going delivery of the NHS Constitution standards and five year forward view (FYFV)

Aims

4. The aims of the Partnership are to:
 - Foster and enable effective collaborative working among partner organisations across L&SC to achieve the triple aims of improved population health and better services delivered within the available resources
 - Ensure that the legal, consultative and equality requirements associated with strategic change are effectively discharged with local stakeholders and populations
 - Act as the catalyst and coordinator for innovation and change across health and care services to better meet the needs of our population
 - Develop strategic plans and ensure coordination of clinical and managerial leadership activities
 - Be the focus of accountability processes in relation to whole health and social care system performance and financial management

Objectives

5. The objectives of the Partnership are to:
 - Improve the health of our population, with a strong focus on prevention and self-care
 - Improve the clinical and social effectiveness of services focused on patient outcomes, effective use of resources and value for money
 - Improve the efficiency of existing services so that resources can be released to fund service developments
 - To increase the proportion of health expenditure on services delivered outside of hospital to support people better to manage their long term conditions in a community setting
 - Develop proposals for and implement an Integrated (Health and Care) Strategic Commissioning (ISC) function
 - Facilitate and support the development, within Local Delivery Partnership areas (LDPs), of Accountable Care Systems that are able to deliver effective and efficient integrated care services and ensuring that, in the first instance, Blackpool and the Fylde Coast delivers in line with national requirements and timescales
 - Integrate performance assessment processes across commissioners and providers in health and care services to enable them to be held responsible for delivery of the sustainability and transformation agenda

Proposed new STP Governance arrangements

Responsibilities/powers

6. The STP Board has no statutory or formal regulatory powers, but it has been established to ensure that the collaborative working required to achieve the aims and objectives of the Sustainability and Transformation Partnership, is effectively discharged by all organisations. In particular, the STP Board will ensure that the performance aspects of the sustainability agenda are met, that LDPs implement their aspirations with respect to becoming Accountable Care Systems and that the Lancashire and South Cumbria-wide transformation programme is well-designed and effectively delivered.
7. Alignment of NHSE and NHSI functions with STP aims and objectives enables the development of whole system assessment processes led by the STP Board and involving Local Delivery Partnerships/Accountable Care Systems (LDPs/ACSs). The requirement placed on organisations within LDPs/ACS is that they begin the journey to join up provider and commissioning functions amenable to incorporation into ACSs and contribute to STP-wide workstream developments. They will ensure that local perspectives influence strategy and policy development, to reflect the full diversity of services across Lancashire and South Cumbria.
8. The STP Board will hold LDPs/ACS accountable for delivery of wider system responsibilities and in partnership with NHSE/I, will support delivery of existing responsibilities for which organisations are formally accountable.
9. The Board will approve the programme of work designed to achieve the aims and objectives of the Partnership and approve mitigation or other corrective action to ensure that milestones and objectives are achieved on time.
10. Ensure that the interface with the Joint Committee of CCGs is constructive and effective, recognising that the Joint Committee is responsible for and has the legal powers to make decisions on changes to services.
11. The Board will also consider and assess, on an on-going basis, the effectiveness of collaborative working in LDPs/ACS and STP overall and recommend action to achieve improvements, if required.
12. The Board will adopt escalation criteria/triggers being developed by NHSE and NHSI for those situations where it has become clear that formal intervention by NHSE or NHSI is required within an individual organisation.
13. The Board will ensure that the resources required for the whole programme of STP work are sufficient and are applied effectively to achieve the STP's aims and objectives.

Proposed new STP Governance arrangements

Meetings

14. The Board will meet on a monthly basis to consider progress in the implementation of the STP's aims and objectives and approve any mitigation measures and other action required to assure success, in line with the approved programme.
15. Information relating to the following main processes will inform the Board as and when it is necessary and available, having regard to the timetable and milestones of the STP programme:
- Development of Lancashire and South Cumbria-wide strategy and policy as currently planned within the policy and enabler workstreams
 - Development of options/option appraisal for proposals to implement STP strategy
 - Development of the programme of work to support a legally compliant public consultation process where it is required
 - Support proposals for FYFV delivery plans/assurance of the same
 - Delivery of NHS Constitution standards in each LDP/ACS
 - Delivery of performance and financial targets in each LDP/ACS
 - Assessment of strategic Risks, Assumptions, Issues and Dependencies (RAID) in relation to the effectiveness of collaborative/system working and development of proposals to mitigate them as part of the Board Assurance process
16. A Register of Interests will be maintained for the Board and any conflicts of interest managed at each and every meeting in relation to the agenda.

Membership

17. Membership comprises:
- The nationally appointed STP lead
 - An executive lead from each LDP/ACS
 - Up to five Non-Executives/Lay Members appointed from among the existing NHS organisations for their experience and knowledge
 - Local authority nominated councillor representatives from each of Lancashire County Council, Cumbria County Council, Blackburn w Darwen Council and Blackpool Council
 - STP executives, including officers from NHSE and NHSI who are part of the STP Executive Team
 - A Primary Care provider professional representative
 - STP Medical Director
 - Other officers in attendance as required
18. All members are expected to uphold and support the vision, aims and objectives of the Partnership and will bring perspectives from their organisations/LDPs, to ensure that Lancashire and South Cumbria-wide strategy and policy reflects the diversity of the region and can be implemented within each of the different parts of the STP.
19. The STP lead is responsible for the effectiveness of the STP Board.

Proposed new STP Governance arrangements

Quorum

20. The STP Board will be quorate when more than half of the membership is present including at least one from each of the following groups

- LDP leads
- Non-executive directors
- Local authority representatives
- STP executives
- Clinicians

21. Decisions will normally be agreed on a consensus basis, but where an individual believes that it is important for there to be a recorded vote and the chairman agrees, a majority decision should be taken by a vote of all the members of the Board present at the meeting.

Review of Terms of Reference

22. These terms of reference will be reviewed and if required amended in March 2018, in line with the developing national and local STP agenda.

Version draft v.02 2 August 2017