

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 17th July, 2018 at 10.00 am in Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Mrs Susie Charles, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, LCC
John Readman, Interim Executive Director of Education and Children's Services
Councillor Bridget Hilton, East Lancashire Health and Wellbeing Partnership and Central District Councillor
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Cllr Viv Willder, Fylde Coast District Council Rep
Mark Youlton, East Lancashire CCG
Councillor Margaret France, Central HWBP
Adrian Leather, Third Sector Representative
Greg Mitten, Interim Chair of West Lancashire HWBP
Tammy Bradley, Housing Providers
David Russel, Lancashire Fire and Rescue Service
Dr Tom Marland, Fylde and Wyre CCG and Fylde and Wyre Health Partnership
Helen Curtis, NHS Chorley and South Ribble CCG & NHS Greater Preston CCG

Apologies

Louise Taylor	Executive Director of Adult Services and Health and Wellbeing
Stephen Young	Director of Growth, Environment, Transport and Community Services, LCC
Karen Partington	Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Dr Alex Gaw	Morecambe Bay Clinical Commissioning Group (CCG)
Graham Urwin	NHS England, Lancashire and Greater Manchester
Dr John Caine	West Lancashire CCG
Jacqui Thompson	North Lancashire HWB Partnership
Chief Inspector Ian Sewart	Lancashire Constabulary
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust
Councillor L Pate	East Lancashire District Council Rep

1. Appointment of Chair

Resolved: That in accordance with the Terms of Reference, County Councillor Shaun Turner, as the Cabinet Member for Health and Wellbeing, was appointed as Chair for the remainder of the 2018/19 municipal year.

2. Appointment of Deputy Chair

Resolved: That the Clinical Commissioning Groups nominate a Deputy Chair for the municipal year 2018/19 and that the Board be updated of the appointment at the next meeting.

3. Membership and Terms of Reference of the Lancashire Health and Wellbeing Board

Resolved: i) That the Board noted the current membership and Terms of Reference for the 2018/19 municipal year, as set out in the report and at Appendix 'A'.
ii) To appoint a Deputy Chair for the year 2018/2019 municipal year at the next meeting of the Board in September from Health as discussed at Item 2.

4. Welcome, introductions and apologies

All were welcomed to the meeting and round table introductions took place.

Apologies were noted as above.

New members were noted as follows:

Stephen Young, Director of Growth, Environment, Transport and Community Services, Lancashire County Council
Tammy Bradley, Progress Housing, representing Housing Providers
Councillor Lian Pate for Councillor Tony Harrison, East Lancashire District Council
David Russel, Lancashire Fire and Rescue Service

Replacements were as follows:

Dr Tom Marland for Jennifer Aldridge, Fylde and Wyre Clinical Commissioning Group and Fylde and Wyre Health and Wellbeing Partnership
Helen Curtis for Dr Goran Bangi and Dr Sumantra Mukerji, Chorley and South Ribble Clinical Commissioning Group and Great Preston Clinical Commissioning Group

5. Disclosure of Pecuniary and Non-Pecuniary Interests

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

6. Minutes of the Last Meeting held on 20 March 2018

Resolved: That the Board agreed the minutes of the last meeting.

7. Action Sheet and Forward Plan

Updates on actions from the 20 March 2018 meeting were received.

New membership had already been reported to the Board at Item 4.

The Board were still awaiting the query on how many people the 3,479 delayed days affected. As Paul Robinson was on leave, this information would be shared at the next Board meeting.

With regards the specific Better Care Fund planning session, this would be discussed further when the new guidance had been issued.

If there were any items for the forward plan, these should be sent to Sam Gorton, email sam.gorton@lancashire.gov.uk who would then bring them to the Chair's attention for consideration.

8. Better Care Fund and Delayed Transfers of Care Update

The year 2017/18 saw considerable activity and change across the Lancashire Better Care Fund (BCF). The performance against metrics was good for both reablement and reducing the numbers of permanent admissions to residential and nursing homes. It was also so for the number of non-elective admissions that were slightly below the target.

The main area of focus for the year was the level of Delayed Transfers of Care (DToC) across hospitals in Lancashire and the split of responsibility for these across health and social care. There was an overall reduction during the year that saw a convergence towards the revised and highly challenging targets. The greater reduction was seen in social care attributable delays.

There was a high level of cooperation and challenge across the whole health and social care system that has resulted in improved Delayed Transfers of Care performance and a continuing improvement in collaborative working that includes the voluntary sector and district councils.

The level of funding via the Better Care Fund increased overall and was then supplemented by the Improved Better Care Fund (iBCF). This required and ultimately enabled better joint working and decision making across health and social care and targeting of new and enhanced services at shared priorities.

Such was the challenge around Delayed Transfers of Care that national resources were allocated to provide currently ongoing Delayed Transfers of Care diagnostic work that has presented its findings and is now shaping up how the improvement themes will be applied.

As there is a two year Better Care Fund and an Improved Better Fund plan in place there is no need for further detailed planning at present. The NHS plan and social care green paper due in Autumn will provide detail of the nature and purpose of the Better Care Fund beyond 2019/20 although it has been indicated that there will be an increased emphasis

on integration and the Better Care Fund will be at the centre of this. A report will be provided to the board when the information becomes available.

The Disabled Facilities Grant funding at Wyre District Council had been used in innovative ways and this had been shared with other Districts.

It was reported that, notwithstanding progress made, parts of the Better Care Fund resources are non-recurrent and ending in two years' time. It was noted that there were schemes funded by the local authority and the NHS that were not included in the Better Care Fund but were intended to achieve same outcomes as the Better Care Fund. The Board agreed to scope and review the overall health and care budget that fund these schemes to inform planning beyond the Better Care Fund period.

Resolved: That the Health and Wellbeing Board:

- i) Noted the Better Care Fund annual summary provided at Appendix 'A'.
- ii) Requested a further report on the outcomes of the Delayed Transfers of Care diagnostic work once this is completed.
- iii) Requested a report on future planning requirements for the Better Care Fund once this was known.
- iv) Organise a workshop to scope and review the total system budget and develop an integration plan beyond 2019/20.

9. Fylde and Wyre Local Delivery Plan

The Board received an update on the Fylde Coast Local Delivery plan and not the Wyre Local Delivery Plan. Peter Tinson, NHS Fylde and Wyre Clinical Commissioning Group presented the attached PowerPoint presentation to the Board.

Within the Fylde Coast, 11 neighbourhoods had been in operation for over four years. The Clinical Commissioning Group was working closely with Lancashire County Council and Dr Sakthi Karunanithi in planning for neighbourhood level integration.

Links were being made with Lancashire County Council's proposed priorities on neighbourhood level integrated care systems, improving delayed transfers of care, improving stroke outcomes, addressing variation in diabetes care and reducing suicides.

Excellent progress was being made already within the Integrated Care Plan system across clinical and non-clinical areas.

Clinical Senate had been established to drive vision forward and brings together a range of professionals to share best practice including GPs, Consultants, Nurses, Therapists and Public Health practitioners which would provide leadership, guidance and input.

Delayed Transfers of Care have significantly reduced since last year and were beneath the 3.5% target.

Peter Tinson was thanked for his presentation.

10. Prevention and Population Health Plan and Neighbourhood Working

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council presented the report and PowerPoint to the Board that were attached to the agenda.

At the Lancashire Health and Wellbeing Board (HWBB) workshop held on the 15 May 2018, it was agreed that the single next focus for integration (alongside the existing activity on hospital flow and Delayed Transfers of Care (DTOC) was the whole system approach to health and care at neighbourhood level.

A task and finish group comprising of the Cabinet Member for Health and Wellbeing and officers from the NHS and local government met on the 29 June 20218. The working title for this programme of work was 'Total Neighbourhoods'. The task and finish group discussed the offer and ask from the County Council to progress this work and agreed two key activities.

They included:

1. 'Operational alignment' of NHS, district council and Voluntary, Community and Faith Sector services at neighbourhood level, starting with public health and preventative services and then to consider adult social care and other relevant services of the County Council as the programme develops.
2. 'Strategic design' work to further develop integrated care including pooled budgets, joint commissioning, risk and gain share agreements and regulation.

Discussion ensued around the Neighbourhood Operating model and looking at this on an integrated care system level which was aligned to the Council's footprint. Each neighbourhood could be unique and it includes services for all ages and not just physical health.

The Board agreed that they would stand to make some huge gains with neighbourhood working and that this had to be a whole system approach to keep people safe and well in their own homes and communities. The Board needed to align itself operationally and be innovative.

Lancashire Adult Learning could offer support with this, and the Board were informed that they had been invited to present at the next meeting in September 2018.

The active ageing proposal being developed by the Voluntary, Community and Faith sector will also support this.

Some work was already being done in certain neighbourhoods so would look to them to design and lead as first wave of neighbourhoods starting in Autumn 2018 with a view to scale up and spread the neighbourhood level integration of services during 2019/20 and the year after.

It was requested that Lancashire's Health and Wellbeing Board asks the five Health and Wellbeing Partnerships to develop plans to support the neighbourhood level working in

their respective areas. It was noted that this will also support the priorities of Lancashire and South Cumbria Integrated Care System.

Resolved: That the Health and Wellbeing Board agreed to:

- i) Support the 'offer' and 'ask' from the County Council to integrate services at the neighbourhood level.
- ii) Support a detailed design of this programme with NHS, districts and partner organisations to invite first wave of neighbourhoods, starting in Autumn 2018.
- iii) Endorse the implementation of this programme via Lancashire and South Cumbria Integrated System and its associated Integrated Care Partnerships
- iv) Support the ongoing discussions between local authorities to develop an alliance of Health and Wellbeing Boards across Lancashire and South Cumbria.
- v) Receive regular progress reports to provide ongoing support to this programme.
- vi) Receive a report on the Acting Ageing Alliance at a subsequent meeting.

11. Special Educational Needs and Disabilities Improvement Plan

Lancashire local area Special Educational Needs and Disabilities services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effective the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified areas of significant concern and required a written statement of action to be developed to address these.

The Lancashire SEND Partnership had produced a written statement of action and this had been accepted and signed off by Ofsted and CQC. Actions had been organised into working groups and delivery had commenced. Activity on these actions was monitored by the Department for Education (DfE) and NHS England. An initial monitoring visit had been held and feedback received had been positive. The next monitoring visit is on 25 July 2018.

Key achievements of the working groups to date were listed in the report.

As part of this work a series of parent/carers engagement events were taking place across the county.

It is hugely important that partners and commissioners were involved with SEND Services, so that the required outcomes were achieved.

Resolved: That the Health and Wellbeing Board:

- (i) Noted the detail of the written statement of action.
- (ii) Noted the progress of delivery on the written statement of action.
- (iii) Will receive an update to the next Board meeting.

12. Transforming Care - In Patient Provision

Rachel Snow Miller and Sharon Walkden, Midlands and Lancashire Commissioning Support Unit, Andrew Simpson, NHS England and Ian Crabtree, Lancashire County Council gave an update of the current status, progress and upcoming plans for specialist Learning Disability and Autism inpatient provision within the Lancashire and South Cumbria Transforming Care Programme.

Updates were provided on Medium Secure Units (MSU) and Low Secure Units (LSU) provision including the determined location of the MSU and the options for future provision of the LSU.

The paper also outlined plans for the future model of care for non-secure, Clinical Commissioning Group commissioned beds and the upcoming consultation process.

The current provision of CCG commissioned beds was through the Enhanced Support Service (ESS) based on the Mersey Care Foundation Trust (MCFT) Whalley site (Calderstones). This was supplemented by a number of spot-purchased, out of area beds from independent providers. At the start of the Transforming Care Partnership programme in 2016/17 Lancashire and South Cumbria were required to discharge 61 patients from Specialised Commissioning (SC) Beds and 46 patients from CCG commissioned beds. Any patients who were admitted to ESS/out of area beds in the meantime were also added to the numbers counted.

Papers detailing transformational proposals and project timelines, in line with national requirements were presented and approved at the Collaborative Commissioning Board (CCB) and the Joint Committee of Clinical Commissioning Groups (JCCCG) in November 2017. The initial plan approved a two staged approach that incorporated an interim solution and the development of a long-term, permanent model.

Interim Solution - It was proposed that during 2018-19, care would be delivered through the optimisation of the existing ESS service on the MCFT Whalley Site. This would enable patients from out of area placements to return to Lancashire and South Cumbria and help retain a highly skilled learning disability workforce.

Permanent Model – was developed by clinical experts within the North West Learning Disability and Autism Operational Delivery Network (ODN). Their proposed model satisfies the Building the Right Support (BRS) target for the Lancashire and South Cumbria footprint. The model incorporates:

- Provision of 14-16 beds in a specialist in patient unit (a mix of rehabilitation and Assessment and Treatment beds) co-located / in close proximity to a hospital site and on a bus route and close to amenities/community.
- 10 step-up / step-down placements (homes not beds). It was proposed that these placements were Care Quality Commission registered as Domiciliary Care and **not** as hospital beds. These placements would offer short term placements with a clear pathway into supported living once appropriate.

In addition there would be a need for a number of individual tenancies for service users who would be provided with the necessary packages of support in their own homes. Initially it was suggested that 10 such tenancies would be required.

Based on this approach the total model would take up to 2021 to deliver. It was now clear that this time line would not be acceptable to NHS England and that all learning disability patients must be relocated from the Whalley site by July 2019. On that basis it was now recommended that the Transforming Care Partnership move directly to implement the permanent model without an interim solution with the ambition to move all patients off the site at Whalley by April 2020.

A plan for public, patient and stakeholder consultation on the model of care was in development, this would comply with NHS England's Four Tests for Service Change:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- A clear clinical evidence base; and
- Support for proposals from clinical commissioners.

For the consultation a six step process would be undertaken, underpinned by engagement and involvement with patients and carers, public, clinicians, staff and stakeholders.

The Board also noted the higher mortality rate for people with learning disability compared to the general population. The Learning Disabilities Mortality Review (LeDeR) programme was aimed at making improvements to the lives of people with learning disabilities. Reviews were being carried out with a view to improve the standard and quality of care for people with learning disabilities. It was really important in supporting individuals, parents and families with complex difficulties and will support the Total Neighbourhoods programme discussed earlier.

Resolved: That the Health and Wellbeing Board:

- i) Noted the update for Secure Inpatient Services.
- ii) Noted the update for the CCG Commissioned Inpatient Service.
- iii) Noted the update on the CCG commissioned beds consultation process.
- iv) Would receive a further update in relation to life expectancy and health and wellbeing outcomes for people with learning and disabilities and their carers.

13. Clinical Commissioning Groups (CCGs) Annual Report 2017/18

Consultation had taken place on the Clinical Commissioning Group (CCG) Annual Reports 2017/18, as part of the statutory requirement outlined in guidance. Reports from four CCGs had been received.

Resolved: That the Health and Wellbeing Board:

- i) Acknowledged the receipt of CCG Annual Reports, as per the Boards request.

- ii) Noted the contribution and continued delivery of the joint Lancashire Health and Wellbeing strategy priorities.

14. Urgent Business

There were no matters of urgent business received.

15. Date of Next Meeting

The next scheduled meeting of the Board will be held at 10am on Tuesday, 18 September 2018 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston