

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 3 September, 2024 at 2.15pm in The Pickett Room, YMCA St Annes, St Albans Road, Lytham St Annes, Lancashire, FY8 1XD

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

Asim Patel, Lancashire and South Cumbria Integrated Care Board
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Dave Carr, Policy, Commissioning and Children's Health, Lancashire County Council
Louise Taylor, Adult Services, Lancashire County Council and Health and Care Integration (Lancashire), NHS
Chris Sinnott, Lancashire Chief Executive Group
Councillor Christopher Dixon, Fylde Coast, Lancashire Leaders Group
Teri Stephenson, Voluntary, Community, Faith and Social Enterprise (VCFSE)
Councillor Margaret France, Central Lancashire Leaders Group
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

County Councillor Graham Gooch, Lancashire County Council
David Blacklock, Healthwatch
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked staff at YMCA St Annes for their support in hosting the meeting.

Apologies were noted as above.

The Board welcomed Teri Stephenson who had been appointed to the Board as VCFSE Representative and Councillor Margaret France who had been appointed to the Board temporarily as the Central Lancashire Leaders Group representative for this meeting only.

2. Introduction from YMCA Fylde Coast

Graham Oatridge, CEO, YMCA Fylde Coast, gave a brief overview of what the YMCA Fylde Coast provides in the community.

YMCA Fylde Coast is a registered charity who employ around 350 people and have a turnover of £8m. The vision is of communities where all young people can thrive and believe that the YMCA should work to provide the relationships and networks so that people can be healthy in mind, body and spirit as recognised determinants of health. The YMCA work with others to deliver joint priorities, transactional relationships as well as relational with other third sector agencies. YMCA Fylde Coast's current offer is around four key work areas which are: Health and Wellbeing, Housing, Outdoor Education and Youth and Community. The Emotional Health and Wellbeing programme is funded by Lancashire County Council and delivered via a network of partners which is aimed at 4-19 year olds with low level emotional health and wellbeing needs. With regards to the future, they are looking at how to have a greater impact in the community and how that can be achieved along with the support from partners.

Following the presentation, members were asked to :

- Follow YMCA Fylde Coast on Facebook and LinkedIn and repost information.
- Be an advocate and consider them in conversations.
- Help YMCA understand the Health and Wellbeing sectors requirements of third sector collaborators.
- Discreet 'proof of concept' of work.

Thanks were expressed to Graham Oatridge for his presentation and members were informed, if any further information was required, to contact Graham at graham.oatridge@fyldecoastymca.org.

Resolved: That the presentation be noted.

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 held on 15 July 2024

Resolved: That the Board agreed the minutes of the meeting held on 15 July 2024.

There were no matters arising from the minutes.

5. Better Care Fund

Jane Cass, Director of Partnerships and Collaboration/Deputy Chief Operating Officer, NHS Lancashire and South Cumbria Integrated Care Board provided a



[report](#) authored by Sue Lott, Countywide Head of Service for Urgent Care, Acute and Prisons, Lancashire County Council which contained the following:

- A summary of the 2024/25 Quarter 1 Better Care Fund submission (Appendix 'A' - confidential to members only).
- A summary of the Quarter 1 finance report (Appendix 'B' - confidential to members only).
- A brief update and progress on the three Lancashire Better Care Fund support projects.
- A brief update on the Lancashire and South Cumbria Integrated Care System Better Care Fund review project (Appendix 'C' - confidential to members only).
- Governance and role of the Better Care Fund Board.

The report shared with the Board the Better Care Fund Quarter 1 template, which was submitted by the deadline of the 29 August 2024. It was signed off by Asim Patel in his delegated role as Deputy Chair of the Health and Wellbeing Board, due to the submission date falling before the Board meeting. The Q1 template is set by the national team and focusses only on the Additional Discharge Fund.

The Board were informed that Lancashire had received confirmation that the 2024/25 Better Care Fund Plan has not been formally signed off yet in the Assurance process, due to the position between the two partners on the NHS additional £10m contribution to social care. The Better Care Fund national team has commissioned external facilitation, to support both parties to find a mutually agreeable solution.

Also detailed in the report were progress reports on the three Lancashire Better Care Fund support projects. The Demand and Capacity support piece was continuing and has unfortunately been slightly delayed due to other urgent priorities for the Council but is now back on track. The Discharge to Assess support piece has now concluded and final outputs are being collated.

The Board noted that data quality and access to data had been identified as a challenge in the outputs of all the support projects so far. A briefing paper is being prepared for the Lancashire Place Partnership Board pulling the various challenges and implications together, to enable a discussion on how this can be progressed and improved for Lancashire.

The Lancashire and South Cumbria Better Care Funds support project continued to progress, with initial desktop analysis taking place following the collation of significant volumes of information from each Health and Wellbeing Board area.

At the last Board, the intention was shared to further refine the Lancashire Better Care Fund Board. Discussions have been delayed slightly due to unavoidable absences of some key people and will take place during September; the Health and Wellbeing Board will receive a further update at its next meeting in November 2024.



Following the presentation, discussion ensued, and comments were provided as below:

- It is understood that data is collected in varying ways from the different Trusts which makes it difficult to make comparisons and therefore further work needs to be done, supported by the Integrated Care Board, to ensure consistency in terms of data collection within the NHS, which will then help to correlate it with Local Authority data and be able to match in terms of the final data set.
- Future reports to the Health and Wellbeing Board need to highlight benefits of the Better Care Fund ie measures of success around the schemes.
- With regards to the Urgent and Emergency Care Strategy, this is something that the Better Care Fund is used for and again, this needs to be highlighted in reports.
- Asim Patel, Director of Digital, Lancashire and South Cumbria Integrated Care Board offered to bring the different partners together with regards to the data issues to discuss this further.
- With regards to data, it is imperative that the same language is used when working on the data.
- It was requested that the Third Sector be included in conversations with other partners around data collection.

Resolved: That the Health and Wellbeing Board:

- (i) Formally ratified the 2024/25 Better Care Fund Quarter 1 submission, and its sign-off on behalf of the Board by Asim Patel in his delegated capacity as Deputy Chair of the Board.
- (ii) Noted the Q1 Finance report and raised questions and/or observations.
- (iii) Noted the progress updates from the various Better Care Fund support projects and shared any questions and/or observations.
- (iv) Considered what feedback the Board wanted in respect of the outputs of the 2nd Lancashire Better Care Fund support project, the Discharge to Assess Diagnostic.
- (v) Requested an update on the NHS contribution of £10m, to the Better Care Fund in 2024/25.

6. Urgent and Emergency Care 5-Year Strategy

Craig Frost, Associate Director Urgent and Emergency Care, NHS Lancashire and South Cumbria Integrated Care Board provided the [report](#) which presents the Lancashire and South Cumbria Integrated Care System's Urgent and Emergency Care 5-year draft strategy, as set out at [Appendix 'A'](#).

The Board were informed that the purpose of the strategy was to guide how urgent and emergency care services are transformed over the next five years to enable people to easily access the right care and support which meets their needs. It describes the challenges and the opportunities for the future, and it sets out the vision and priorities.



It should be noted that the draft strategy, which at the time of writing the report and the Health and Wellbeing meeting, was still under development and is scheduled to be considered for approval at the Integrated Care Board's (ICB) Board meeting on 11 September 2024. It was agreed that Craig Frost would circulate a link to the Integrated Care Board's agenda following its publication on 4 September 2024 to Sam Gorton, Democratic Services Officer, Lancashire County Council who would share with members of the Health and Wellbeing Board. The Board also noted that the strategy shared with members at the point of agenda publication for this meeting, has been amended further following feedback from the Integrated Care Board at a development session held in July.

The Board also received a presentation, which is appended to the minutes for reference and detailed the following:

- Why we need a long-term strategy
- We have a new draft Urgent and Emergency Care strategy for Lancashire and South Cumbria
- Given unprecedented pressures in Urgent and Emergency Care, we need to do things differently
- Vision and aims
- Commitments – priority actions we will deliver to achieve our aims
- We shared the strategy with a feedback form on Friday, 3 May to gather comments from system partners and patient representatives
- Feedback questions
- Strategy feedback
- Themes from comments received
- What we have done
- Key actions or next steps

The Board noted the following key headlines:

- The development of the strategy and the improvement plans that underpin it is a culmination of substantial collaborative effort across the system.
- The three key areas of focus at the Urgent and Emergency Care event which was delivered by the Integrated Care Board and supported by the National Emergency Care Improvement Support Team and included key stakeholders were:
 - (i) The need to develop an Urgent and Emergency Care Strategy given the pressures within that area.
 - (ii) Delivery of the key priorities - strategy to be underpinned by the Place-Based Improvement Plans.
 - (iii) Need to refresh and strengthen governance arrangements that wrap around Urgent and Emergency Care and the need to establish a system wide Urgent and Emergency Care Collaborative Improvement Board.

All of the above have been completed and the development has been channelled through local delivery Boards from a Place-Based perspective as well as a system perspective by the development of an Improvement Board.



The Board noted that in the strategy the Case for Change sets out the challenges across the system around capacity for demand, workforce, estates and finance and the opportunities to provide earlier more proactive, care and support 'upstream' and trying to evolve how to deliver health and care services, so they are less centred around hospitals and shift to more community-based support (where safe and appropriate).

The vision is to create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs, and deliver better outcomes and affordability and there are five aims to support that delivery:

- (i) Adapt our urgent and emergency care system so that it is fit for the future to meet increasing demand.
- (ii) Ensure people can access high quality, timely, safe and affordable care, in the right place by the right professionals.
- (iii) Support preventative and proactive care to reduce avoidable contact with urgent and emergency care.
- (iv) Address the needs of our places and local communities.
- (v) Embrace opportunities for innovation.

The Board were informed of the key actions/next steps as follows:

- Attended Public Involvement Engagement and Advisory Committee – 26 June 2024.
- Discussion at Part 2 of the Integrated Care Board meeting in July 2024 with final approval by the Board on 11 September 2024 – the key required changes to the strategy were as follows:
 - Put more focus on clinical leadership to ensure delivery
 - Incorporate short-term and long-term quality standards and measurable outcomes
 - Include a stronger connection with acute and community care transformation
 - Add urgent and emergency care diagnostic main findings and key elements of urgent and emergency care improvement plans developed through the Urgent and Emergency Care Delivery Boards which include:
 - keeping people safe and well at home and integrated community-based crisis response
 - emergency department processes, admission avoidance and hospital flow
 - supporting discharge flow and discharges from acute
 - Content required to fill the improvement plan gap in West Lancashire
- Finalise Urgent and Emergency Care Delivery Board improvement plans for delivery.
- Reporting and oversight via local Urgent and Emergency Care Delivery Boards, Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board and System Recovery and Transformation Board.
- Public roadshows commencing late summer/Autumn of which urgent and emergency care will play a part, to talk to our population about their role in achieving the strategies and their experiences.



Following the presentation, discussion ensued, and comments were provided as below:

- The public roadshows are much broader than the strategy and is being led by Integrated Care Board Comms and Engagement colleagues. It is currently being scoped and arranged and the aim is to get patient feedback on their experience of services of which urgent and emergency care will be a part. A further request was made to share information regarding the public roadshows to members of the Health and Wellbeing Board.
- In terms of children, young people and mental health, the link has primarily been with Children's Social Care, Lancashire County Council, as well as children and young people colleagues in the Integrated Care Board.
- With regards to Virtual Wards there is variation across the system and is a key priority for the Integrated Care Board and is not without challenge. The main challenge is maximising the capacity available and not continuing to grow.
- In terms of flow of resources, this is a longstanding issue. The Integrated Care Board receives urgent and emergency care capacity investment funding and in 2023/24 most of that was channelled into Acute Trusts, however this year, it will be channelled into community services supported voluntary sector schemes through the fund.
- In hospitals there are currently a lot of unfunded capacity such as corridor care and as a system there is a commitment to eliminate this.
- As part of the improvement plans one of the things that needs to happen is to understand how those actions will allow hospitals to de-escalate aspects of their urgent and emergency care pathways which Acute Trusts are currently working through with colleagues that represent the Urgent and Emergency Delivery Boards.
- In terms of the roll of Place and partners at Place, this is key, and it has been strengthened based on the feedback that was received in the Spring and further strengthened it in the final draft strategy. The improvement plans are key to delivering this at Place where oversight will be through the Urgent and Emergency Care Delivery Boards.
- It was noted that there are boundary challenges across the system and there has been an attempt to articulate this in the latest version of the draft strategy and was based on feedback received from the Lancashire Place Partnership and needs further work on collectively.
- Lancashire Place are in each of the hospitals and currently work inconsistently which is producing unwarranted variation and any governance arrangements needs to get to a more standardised approach to get the best performance.
- There needs to be a focus on the improvement plan as well as a need to shift the balance and find a way of shifting that balance to be able to close some of the unfunded escalation costs to enable more investment to out of hospital.
- It was requested that a recommendation be feedback to the Integrated Care Board, from the Health and Wellbeing Board, there is enough granularity of detail both at Place including Lancashire and the Districts, to be able to apply a standard set of arrangements to initiatives such as discharge and single points of access where an agreed standard operating framework and principles be



delivered at Place based on outline specifications to meet certain standards which will then drive efficiencies.

- It was noted End of Life Care is featured in the Strategy and is a key theme to strengthen this area, particularly around hospices. The Integrated Care Board has taken a review around hospices and funding and this is work in progress.
- It is a broad strategy that is underpinning plans that sit beneath it and this needs to influence more.
- There needs to be a targeted understanding of priority wards.
- As a Health and Wellbeing Board it needs to have some metrics of what it needs to focus on to ensure interventions are making a difference.
- Look at having a development session to draw out the roles of the different groups – Lancashire Place Partnership, Urgent and Emergency Care Delivery Boards and the Health and Wellbeing Board to ensure they make the best use of resources available and by working together collaboratively.
- The Board to measure the successes such as end of life care plans which will require multi-organisations.
- High intensity users is an essential part of the Central Lancashire Improvement Plan.

Resolved: That the Health and Wellbeing Board reviewed the report and discussed the progress made on developing the strategy.

7. Housing with Care Update

Chris Sinnott, Chief Executive, Chorley Council and South Ribble Council, Lancashire Chief Executive Group presented a [report](#) which sets out the lessons learned from the Tatton Gardens Extra Care Scheme in Chorley and provided an update on the work being undertaken to review the process of Disabled Facilities Grant administration across Lancashire.

At the Health and Wellbeing Board's meeting in November 2023, a request was made following discussions, to receive a report around the lessons that might be learned from the development and running of the scheme.

The Board noted that Tatton Gardens had been opened now for around 12 months, while Primrose Gardens – Chorley's other extra care facility – had been operating for around five years. Both sites give an opportunity for the council and wider public services to reflect on the strengths and challenges of building, opening, and operating extra care schemes. Further information is detailed in the report.

The Board were asked to consider the following points:

- Is extra care accommodation viewed by partners as a priority in supporting people to live independently for longer?
- If so, how do we develop a model where:
 - a) funding for schemes can be made available from various parts of public services who should benefit;
 - b) encourages close working across public services to support residents and the community; and,



- c) supports developers (whether public or private) to navigate the complexities of decision making?

The Board were also informed that a review of the disabled facilities grants commenced in September 2023 where a workshop of the District Council Chief Executives and Lead Officers for Health, was held to identify how District Councils could be better engaged in the work to improve integration of health and social care, and to ultimately improve the health and wellbeing of residents of Lancashire.

The objectives of the review were:

- Review the literature relating to Disabled Facilities Grants and their impact on the health and wellbeing of service users, and the delivery of public services.
- Review the current Disabled Facilities Grants processes in place across Lancashire, identifying consistencies, differences, best practice and challenges
- To identify changes that could be implemented to improve the impact of Disabled Facilities Grants, both on the residents of Lancashire and on public services.

The Board noted that the initial work was now complete, and a report is currently being drafted. This will initially be considered by the District Chief Executives group to ensure that it reflects the position and understanding of the 12 districts. It will then be presented for discussion by others, including the Place Partnership.

The Board noted that there were some emerging themes, which included:

- a) The positive impact that adaptations have both in direct benefit to service users and in cost savings to wider public services
- b) While there are broad similarities in the process used to award disabled facilities grants across the county, there are differences.
- c) Greater benefits could be secured if:
 - i) a best practice model policy was adopted;
 - ii) a consistent set of indicators were developed and adopted;
 - iii) all districts implemented a Home Improvement Agency model;
 - iv) all districts adopted a trusted assessor model
- d) A concern about the impact that paediatric cases have on the overall budget for Disabled Facilities Grants within districts
- e) A need for the positive impact that Disabled Facilities Grants, and adaptations more widely, to be recognised in the development of a focus on prevention and early intervention within health and social care.

Following the presentation, discussed ensued, and comments were provided as below:

- As the demographic changes in Lancashire and overlay it with health and wellbeing and social care needs and that the rise and need of the population will only increase, there will be a need for more extra care facilities, however, there is an opportunity to look at the local plans and build in the adaptable home and lifelong home standards when building new homes.



- There is a lack of alignment, engagement and thinking nationally when it comes to planning for health and wellbeing ie housing development plans and NHS estate plans specifically. This is an area that the Board could look at with regards to aligning local plans and health plans across the County through the District Chief Executives provision.
- Look at how to make it more attractive as an investment from a private sector point of view with the public sector having an economic growth mandate too.
- To hold a future Health and Wellbeing Board meeting focusing on Housing and Health and to support this work through the Chief Executives Forum and Lancashire Place Partnership.
- Look at metrics around extra care and the outcomes if it was not provided ie extra pressure on A&E departments and develop a case to enable the provision to be spread across Lancashire.
- Look at holding Integrated Care Boards at Primrose Gardens/Tatton Gardens.
- The Disabled Facilities Grant works well in Wyre and actively engages with the GPs before things escalate and has a good holistic approach.

Resolved: That the Health and Wellbeing reviewed the report and discussed the points raised within it.

8. Tackling Gambling Related Harm in Lancashire

Paula Hawley Evans, Consultant in Public Health and Aston Monro, Public Health Practitioner, Lancashire County Council, presented the [report](#) which outlines the gambling related harm, its impact, and the current position in Lancashire. It also identifies examples of current activity to reduce gambling related harms including support for people with lived experience, and the Beacon Community Trust's Workplace Charter. A systemwide approach is needed to address this public health issue and the report seeks to explore how this can be collaboratively addressed as part of the Happier Minds programme.

The Board received a presentation (appended to the minutes) which outlined:

- What is gambling related harm?
- The picture in Lancashire
- Tackling gambling related harm eg good practice presentation
- Beacon Counselling Trust – James Callaway and Chris Summers
- Discussion on next steps

Aston Monro explained that when exploring the impact of gambling, datasets concerning 'problem gambling' are often used with the individuals assessed using the Problem Gambling Severity Index (PGSI). This measure includes nine questions relating to gambling behaviour and each assessed on a four-point scale. The Board also received the prevalence of gambling harms at a local level, taken from data from the Annual Great Britain Treatment and Support Survey (published November 2022) which included the Lancashire-12 districts. Burnley, Hyndburn, Pendle and Preston have higher rates of low, moderate and high-risk gambling than the averages for Lancashire and Great Britain.



The Board were informed that across Lancashire there are examples of good practice to reduce harm, including work by district councils under the Licensing Act 2003 to license premises, and inclusion of gambling as a risk behaviour in the work on suicide prevention. There is also support through the voluntary sector, including Red Rose Recovery and the North-West based charity, Beacon Counselling Trust (BCT). Beacon Counselling Trust (BCT) provides education, treatment, and support around gambling-related harms. Their services include various therapeutic interventions such as cognitive-behavioural therapy (CBT), trauma-informed interventions, and couple's therapy.

In conclusion, reducing gambling harm is complex and requires a system wide approach. The data available is likely to be an under-representation of the extent of gambling in Lancashire, and are aware that its affects are unevenly distributed to some of our most disadvantaged areas. There are already some programmes underway to support the reduction in harms from gambling, and we want to continue to improve our intelligence and identify evidence-based ways to address this important public health issue.

James Callaway, Beacon Counselling Trust spoke to the Board about the Gambling Related Harms Early Intervention and Education offer. The Beacon Counselling Trust is a Mild-Moderate Mental Health Service provider and part of the work is providing free confidential treatment and support for anyone aged over 16 years who has been affected as a gambler, part of a family or a friend of a gambler, as part of the National Gambling Support Network.

The core programme includes:

- National Gambling Support Network Treatment provide
- 'Arresting Gambling Related Harms' – Criminal Justice
- 'Battling the Odds' – Armed Forces Community
- Workplace Charter to Reduce Gambling Related Harms
- Pauls Place – Suicide Bereavement Service

The Board noted that 85% of organisations have a Drug and Alcohol Charter in the workplace, however those with a Gambling Charter is less than 5%. The Workplace Charter to Reduce Gambling Related Harms which provides a framework for action to help employers and staff build good practice in health and work in their organisation. The charter supports all types of employers, large and small, from public, private and voluntary sectors.

The charter offers practical, evidence-based ways in which employers and staff can commit to promoting the health and wellbeing of their workers experiencing gambling related harms. It endeavours to help reduce sickness and absence and support those who want or need to change their relationship with gambling. There are several workplace charter signatories including local councils and police constabularies.

Also available is the 'Bet You Can Help' training programme which is accredited by the Royal Society of Public Health and is a 90 minute introductory session. There is



also a 10 Point Plan to address gambling related harms to support organisations and local authorities and put together a strategy to work on this.

Chris Summers was welcomed to the meeting from Beacon Counselling Trust and spoke to the Board about his lived experience. The Board expressed their sincere thanks to Chris for sharing his story with them and wished him all the success going forwards.

The Board were asked to consider the next steps which are to:

- Promote the Beacon Counselling Trust's Workplace Charter
- Increase awareness through education and training for frontline staff
- Work with Safeguarding Boards
- Increase understanding of gambling related harms
- Links to treatment through appropriate referrals

Following the presentations, the following comments were made:

- As a Board it needs to embrace the support offered by Beacon Counselling Trust along with the Workplace Charter and follow up further work in terms of what more can be done at a local level, ie public awareness that gambling is not fun and explore more the online version of gambling and advertising.
- There needs to be further work around the advocacy of the Board and what can be done through partner organisations.
- There is a clinic in Preston for those who are coming to severe harm due to gambling. NHS England has launched that and there is some work to be done locally to promote their existence.
- There is also some further work to be done with regards to gambling and mental health and addiction leading to harm.
- Lancashire and South Cumbria Integrated Care Board signed the Workplace Charter earlier in the day and as a Health and Wellbeing Board it needs to encourage and influence organisations such as Local Authorities and District Trusts as well as other organisation to sign up to the Charter.
- To look at particularly industries that can be linked into across Lancashire.
- As a society, the relationship with gambling needs to be explored and there needs to be restrictions on gambling advertisements.

Resolved: That the Health and Wellbeing Board:

- (i) Discussed the intelligence on gambling related harms in Lancashire and identify ways to collaborate on action to reduce harms as part of the Happier Minds programme.
- (ii) Promoted the Beacon Community Trust's Workplace Charter as a way of supporting staff within each of the Board's partner agencies.

9. Urgent Business

There were not any items of urgent business received.



10. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2.15pm on 12 November 2024 in Committee Room C, County Hall, Preston. Prior to the meeting on the same date, there will be a joint informal workshop between the Lancashire Health and Wellbeing Board and the Lancashire Place Partnership at 1.00pm.

H MacAndrew
Director of Law and Governance

County Hall
Preston

