

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Wednesday, 24th July, 2013 at 2.30 pm in The Duke of Lancaster Room (Formerly Cabinet Room 'C'), County Hall, Preston

Present:

Chair

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

Committee Members

County Councillor Matthew Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)

Helen Denton, Interim Executive Director for Adult Social Care and Public Health (LCC)

Louise Taylor, Interim Executive Director for Children and Young People (LCC)

Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)

Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)

Dr Peter Benett, Fylde and Wyre Clinical Commissioning Group (CCG)

Dr Mike Ions, East Lancashire Clinical Commissioning Group (CCG)

Andrew Bennett, Lancashire North Clinical Commissioning Group (CCG)

Richard Jones, Director NHS England – Lancashire

Gail Stanley, Chairperson of Healthwatch

Councillor Julie Cooper, East Lancashire District Councils

Councillor Cheryl Little, Fylde District Councils

Lorraine Norris, Lancashire District Councils (Preston City Council)

Professor Heather Tierney-Moore, Provider (Clinical State) - Chief Executive of Lancashire Care Foundation Trust

Apologies

County Councillor David Whipp, Lancashire County Council

Dr Gora Bangi, Chorley and South Ribble CCG

Councillor Bridget Hilton, Central Lancashire District Councils

Michael Wedgeworth, Chair Third Sector Lancashire

Karen Partington, Provider (Clinical State) - Chief Executive of Lancashire Teaching Hospitals Foundation Trust

1. Welcome and Introductions

The Chair welcomed all to the meeting, round table introductions were made.

2. Welcome from the new Chair of the Lancashire Health and Wellbeing Board - County Councillor Azhar Ali

The Chair, County Councillor Azhar Ali, welcomed all to the Health and Wellbeing Board, and outlined his aspirations for the Board.

3. Apologies for Absence

Apologies for absence were received from County Councillor David Whipp, Councillor Bridget Hilton, Dr Gora Bangi, Dr David Wrigley (Andrew Bennett attended on his behalf), Michael Wedgeworth and Karen Partington.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

None declared.

5. Appointment of Chair, Membership and Terms of Reference of the Lancashire Health and Wellbeing Board

Resolved: The Board noted the appointment of County Councillor Azhar Ali as Chair of the Health and Wellbeing Board, and noted their Terms of Reference and Membership for the 2013/14 municipal year.

The Chair invited nominations for the role of Deputy Chair, and it was suggested that the Deputy Chair should be a none Councillor.

Resolved: The Board agreed that the Clinical Commissioning Groups should decide upon a Deputy Chair and report back to the next meeting of the Health and Wellbeing Board.

6. Proposed Amendment to the number of County Councillor Representatives on the Board

Resolved: The Health and Wellbeing Board resolved to:

- i. Endorse the increase of County Councillor representatives from three to four.
- ii. Recommend that the County Council amend the terms of reference accordingly.
- iii. Note that, subject to approval by the County Council, that the four Councillor representatives will be:
 - County Councillor Azhar Ali (Cabinet Member for Health and Wellbeing – Chair)
 - County Councillor Matthew Tomlinson (Cabinet Member for Children, Young People and Schools)
 - County Councillor Tony Martin (Cabinet Member for Adult and Community Services)
 - County Councillor David Whipp

A report will now be submitted to the next Full Council meeting of Lancashire County Council to request agreement to this amendment.

7. Minutes of the Meeting held on 25 April 2013

Resolved: The minutes of the meeting held on 25 April 2013 were agreed as an accurate record.

8. Health and Wellbeing Strategy Delivery Plan

Dr Sakthi Karunanithi, Public Health, Lancashire County Council gave a presentation on this item and explained the background to this Strategy Delivery Plan.

In its considerations of the joint health and wellbeing strategy, the shadow Health and Wellbeing Board identified the need to turn the priority areas and interventions into an action plan. A task and finish group was set up to consider the current position and existing plans of board members, identify the evidence base behind high impact actions and consider how we would know if we have been successful.

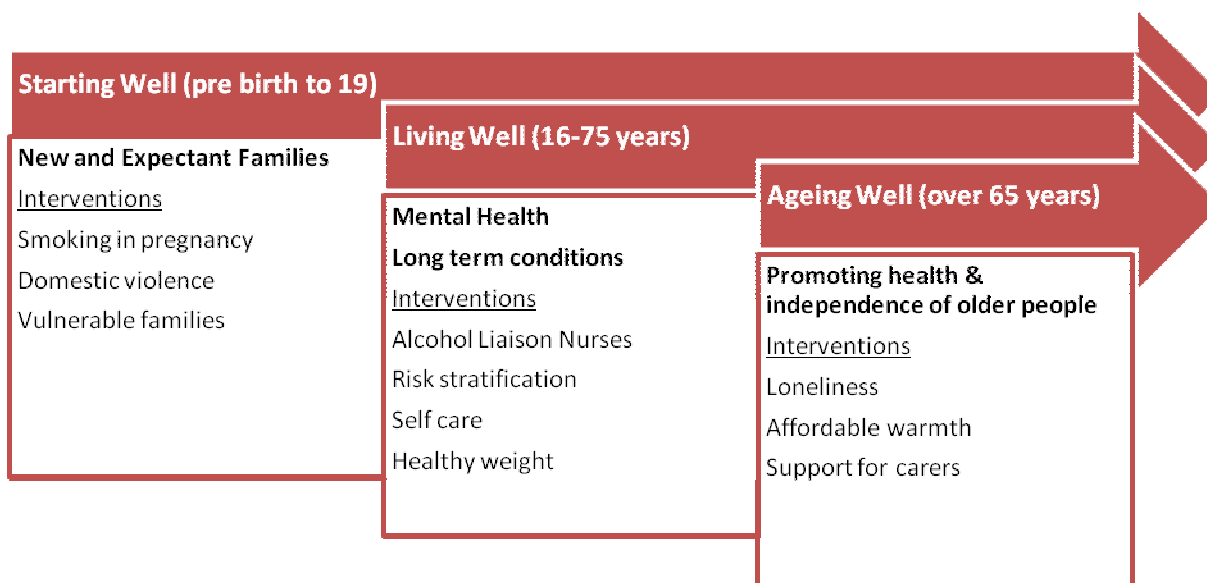
When the Board met on the 25th April 2013, it also identified the need to develop a delivery structure to support the operational aspects of the functions of the board including undertaking a joint strategic needs assessment, developing a joint health and wellbeing strategy, coordinating the commissioning plans and promoting integration between health and care systems.

With the new administration in place and further emerging evidence on the health and care needs through recent reports like Longer Lives from Public Health England, Francis inquiry, lessons from Winterbourne view, and the rising urgent care demand on health and care, there is an opportunity to reflect these priorities in the action plan.

Programmes to deliver the health and wellbeing strategy

Sakthi explained that the report proposed that the health and wellbeing strategy is implemented through three programmes that span the life course. The three programmes are Starting Well, Living Well and Ageing Well. The intention of the programmes is to address the priorities and interventions already identified and also include actions to address the wider determinants, healthy lifestyles, and equitable access to high quality services. Further detail was highlighted in Appendix 'A' to the report.

The alignment of the programmes with the four priorities and the ten interventions was presented to the Board as shown below:



Framework for Delivery

Sakthi also explained that the report proposed that the Board sets the system aims for improvement in health and wellbeing, and mobilises resources to deliver the strategy through the leadership of the locality health and wellbeing partnerships at the CCG/Districts level along with support from other relevant statutory partnerships at the county level. The board should also consider engaging with wider stakeholders e.g. the Local Enterprise Partnership, the Office of the Police and Crime Commissioner, the North West Ambulance Service, Lancashire Fire and Rescue Service, through two annual stakeholder conferences to collaborate and align plans as well as develop a communications strategy to ensure adequate communication with stakeholders.

It was recommended to the Board that a joint officer group be established to support and coordinate the implementation of the action plan agreed by the Health and Wellbeing Board. This officer group would also provide operational leadership to the other functions of the board i.e. developing the JSNA, coordinating the commissioning plans and promoting health and care integration based on the decisions and approvals provided by the board. The draft terms of reference for the joint officers were presented to the Board at Appendix 'B' to the report.

Resolved: The Lancashire Health and Wellbeing Board:

- i. Noted the presentation and the report as presented.
- ii. Endorsed the action plan.
- iii. Approved the formation of a Joint Officer Group, on the Terms of Reference as set out, with Officers authorised to determine the membership as appropriate

9. Integration for Health and Adult Social Care - Spending Review

Steve Gross, Director of Adult Social Care Commissioning, Lancashire County Council presented the report.

Steve explained that as a result of the Spending Round 2013 it was stated “The Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people”.

The investment will strengthen incentives for local authorities and the NHS to work together and deliver integrated services more efficiently, including:

- Ensuring that health and social care work more effectively together – through better sharing of information so people only need to explain their problems once;
- Intervening early so that older and disabled people can stay healthy and independent at home - avoiding unnecessary hospital admissions and reducing A&E visits;
- Delivering care that is centred on the individual needs, rather than what the system wants to provide – social care and NHS staff working together, with families and carers, to ensure people can leave hospital as soon as they’re ready; and
- Provision of integrated support to carers so that they don’t feel they are struggling to cope alone and can take a break from their caring responsibilities

Based on a communication from the LGA to top tier Local Authorities the £3.8bn pool could potentially comprise of the following:

<u>Funding stream</u>	<u>Funding sum</u>	<u>Comments</u>
Continuation of existing NHS transfer to social care	£900m	As set out in the 2010 Spending Review
Funding to accelerate transformation	£200m	Made available in 2014/15, as an addition to the above
New NHS funding for integration	£2bn	We understand this funding includes money to cover demographic pressures. £1bn of this pot will be linked to the delivery of outcomes as per plans pre-agreed with the HWB
‘Further funds for carers and people leaving hospital who need support to regain their independence’	c. £350m	We are looking to receive more detail about this, but understand that this includes money for reablement and carers’ breaks.
Capital funding	£350m	As per the SR document, “available for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data between the NHS and local authorities and to improve

		facilities for disabled people”.
Total funding	£3.8bn	
Funding for preparation for reforms to the system of social care funding	£335	One-off - 2015/16 only. We understand this funding is for covering costs associated with, for example, assessments and reviews, information and advice, and deferred payments.

NB. All elements of the entire £3.8bn pot will be subject to Section.75 agreements.

There is an expectation that part of the funding to be conditional on performance. Further details are yet to be announced.

On the 26th June, a joint letter from the LGA and the DoH was sent to all Chairs of Health & Wellbeing Boards which states Access to the pooled budgets will be conditional on agreeing plans with local health and well-being boards to protect access and drive integration of services, to improve quality and prevent people staying in hospital unnecessarily.

Following a discussion, the Board agreed to a proposal that Sakthi Karunanithi facilitate a session to discuss integration for Health and Social Care for Board members.

Resolved: The Lancashire Health and Wellbeing Board:

- i. Noted and agreed that the plans for health and social care integration will be agreed at the Lancashire Health and Wellbeing Board, and;
- ii. Agreed that a session be arranged to discuss integration. With Sakthi Karunanithi to facilitate.

10. NHS Keogh Review/Next Steps

Richard Jones, Director of Lancashire Area Team, National Commissioning provided an update on the NHS Keogh review and next steps.

Richard explained that on February 6 2013, the Prime Minister announced that he had asked Professor Sir Bruce Keogh, NHS Medical Director for England, to review the quality of care and treatment provided by those NHS trusts and NHS foundation trusts that were persistent outliers on mortality indicators. A total of 14 hospital trusts were investigated as part of this review. You can [download the final report \(PDF, 1.18Mb\)](#) here.

Although the 14 hospital trusts covered by the review were selected using national mortality measures as a "warning sign" or "smoke-alarm" for potential quality problems, the investigation looked more broadly at the quality of care and treatment provided within these organisations. The review considered the performance of the hospitals across six key areas:

- mortality
- patient experience
- safety
- workforce
- clinical and operational effectiveness

- leadership and governance

Findings and recommendations of the Keogh Mortality Review

The review of all 14 trusts has been completed. At both a local and national level, key findings have been collated and examined and recommendations have been made.

As well as [the national overview report \(PDF, 1.18mb\)](#), which outlines all key findings and recommendations, final reports for each individual hospital trust were also published (and circulated as links in the report). These include:

- **Rapid Responsive Review (RRR) report**
This report details the findings from the announced visits, the unannounced visits and other hard and soft data collected on the trust.
- **Risk Summit action plan**
This report details the actions and recommendations that were agreed at the Risk Summit. It also details the next steps in the process.
- **Risk Summit video**
This shows the first part of the Risk Summit where members of the RRR panel summarised the results of the review to the Risk Summit panel.

Richard stated that with regard to East Lancashire Hospitals NHS Trust concerns were raised in the Keogh report regarding quality and assurance. Also additional concerns were raised regarding the complaints process. In total 10 key lines of enquiry were identified as requiring urgent or high priority action.

The review of Blackpool Teaching Hospitals NHS Trust was similar to the East Lancashire review, although Blackpool was not placed in special measures. In total seven key lines of enquiry were identified as requiring urgent or high priority action. One of the key lines was a lack of direction for the Trust in terms planning for the next six months.

Following a discussion the Board noted the report and concerns raised and agreed to, where possible, work closely with the Trusts to improve service delivery.

Resolved: The Lancashire Health and Wellbeing Board agreed to note the report and the next steps to be taken.

11. Winterbourne Update

Steve Gross, Director of Commissioning, Adult and Community Services, Lancashire County Council presented the report.

Steve explained that the Winterbourne Investigations revealed appalling abuse and a culture where this behaviour was allowed to flourish with warning signs unnoticed. Whilst people with a learning disability or autism may sometimes need specialist hospital care, hospitals are not places where people should live. Closed institutions, far from home and family may deny people appropriate care and as is evident can present the risk of poor care and abuse. Most individuals should be able to live in community based settings close to family and friends. The report (circulated) set out the current position in Lancashire, raises wider issues and proposes further action for the consideration by the Health and Wellbeing Board as follows:

Lancashire Position

There are **74** people from across Lancashire in specialist hospital settings, referred to as assessment and treatment services. People use these services when they are disturbed or when there is a crisis and they are in danger putting themselves or others at significant risk.

62 are supported at Calderstones Partnership NHS Foundation Trust Hospital. **7** people are in placements in the North West and **5** are supported outside of the North West. Most are male and the length of time in assessment and treatment services is considerable. **18** of the **74** people are supported in settings requiring significant environmental security or Ministry of Justice approval to manage their treatment plans.

56 of the **74** people are in hospital primarily because they have challenging behaviours and/or autism, sometime compounded by mental health issues.

Reviews on all **74** people were completed by 1 June 2013. The majority are appropriately placed in their current placements at the present time but **21** will be discharged by June 2014.

Issues for Consideration by the Health and Wellbeing Board

Whilst activity to date has ensured that Lancashire has complied with the Concordat requirements, there are risks both in respect of this cohort of 74 people and a wider population for whom there may be the need for a specialist assessment and treatment placement in the future.

Risks

- We focus only on the 74 people currently support in assessment and treatment services, and fail to address the wider system issues.
- The focus on local delivery leads to inconsistent approaches and poor outcomes.
- As responsibility is shared across numerous organisations, governance and accountability may not be sufficiently clear.
- Expertise is split across organisations. There may be a risk of poor coordination, unclear leadership and skill deficit.
- Costs may be shunted between organisations, not only in relation to the 'Winterbourne' cohort but to a wider population with complex needs.
- We do not have a shared view about capability of service providers, service gaps and shortfalls.
- Current configuration of services may not be adequate to manage family and service breakdowns and crisis without escalation to specialist services and then a failure to support individuals back into community services in a timely way.
- Procurement approaches vary across organisations and may be influenced by very different factors such as provider sustainability or the emphasis put on individual choice and control.

A Way Forward

The majority of people with a learning disability have lifelong needs. They are a relatively small but particularly vulnerable section of the population. Evidence over many years has shown that people with a learning disability often have poorer health and shorter life

expectancy than the general population. But whilst outcomes for some are poor, total spend is very high and growing as demand increases particularly from individuals with very complex needs. So whilst the Winterbourne work is focused on a tiny part of the population, this work provides an opportunity to reshape how we support this population. Subject to the agreement of the HWB officers will develop detailed proposals for consideration.

Following a discussion the Board agreed that it would be helpful, from a population perspective, to receive a further report outlining the key outcomes and key standards in response to the Winterbourne Concordat. It was agreed that Sakthi Karunanithi would prepare this report.

Resolved: The Lancashire Health and Wellbeing Board:

- i. Noted the report and endorsed the approach to be taken, as detailed, and;
- ii. Requested that from a population perspective **Sakthi Karunanithi** produce Key Outcomes and Key Standards in response to the Winterbourne Concordat and report back to the Board at the next meeting to be held in October 2013.

12. Opportunities and Challenges in the Next 12 - 18 Months

Habib Patel, Lancashire County Council, gave an update on responses received in relation to Board members views on the opportunities and challenges for the next 12-18 months. It was agreed to defer consideration of this item and hold a specific development day to go through this item in more detail.

Resolved: The Lancashire Health and Wellbeing Board agreed that that a development day be arranged as soon as possible by Habib Patel to discuss the opportunities and challenges for the next 12-18 months and create a detailed action plan.

13. Urgent Business

None.

14. Date of Next Meeting

The Chair, County Councillor Azhar Ali, reported that the next meeting of the Board is currently scheduled for Wednesday 9th October 2013, however this date is likely to change due to clashes with other meetings, and the Chair would like to rotate the meeting around Lancashire to appropriate venues where there are topical Health issues which would be of interest to the work of the Board. Therefore the date and venue of the next meeting is subject to change.

I M Fisher
County Secretary and Solicitor

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