

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 15th October, 2013 at 2.00 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

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

Committee Members

Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
County Councillor Tony Martin, Cabinet Member for Adult and Community Services (LCC)
County Councillor Matthew Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)
County Councillor David Whipp, Lancashire County Council
Stephen Gross, Executive Director for Adult Services, Health and Wellbeing (LCC)
Louise Taylor, Interim Executive Director for Children and Young People (LCC)
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)
Dr David Wrigley, Lancashire North Clinical Commissioning Group (CCG)
Richard Jones, Director NHS England – Lancashire
Gail Stanley, Chairperson of Healthwatch
Councillor Julie Cooper, Pennine Lancashire District Councils
Councillor Bridget Hilton, Central Lancashire District Councils
Councillor Cheryl Little, Fylde Coast District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair - Third Sector Lancashire
Professor Heather Tierney-Moore, Provider (Clinical State) - Chief Executive of Lancashire Care Foundation Trust

Observer

Councillor Mohammed Khan, Blackburn with Darwen Borough Council

1. Apologies for Absence

Apologies for absence were noted from Dr Gora Bangi (Chorley and South Ribble CCG) and Karen Partington, Provider ((Clinical State) - Chief Executive of Lancashire Teaching Hospitals Foundation Trust).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

3. Minutes of the Meeting held on 24 July 2013

Resolved: The minutes of the meeting held on 24 July 2013 were approved as an accurate record and duly signed by the Chair.

Matters Arising

Gail Stanley provided an update on Healthwatch and explained that they are working closely with Healthwatch Blackburn and Healthwatch Blackpool regarding a number of issues, including reviewing patient complaints and the complaint handling process.

4. Appointment of Deputy Chair

A proposal was received to appoint Dr Ann Bowman as the Deputy Chair of the Lancashire Health and Wellbeing Board.

Resolved: The Lancashire Health and Wellbeing Board approved the appointment of Dr Ann Bowman as Deputy Chair.

5. Health Care Strategy for Lancashire

Richard Jones, NHS England, presented the report.

Richard explained that the report presents a draft Development and Implementation of the Health and Care Strategy for Greater Lancashire to the Lancashire Health and Wellbeing Board for their consideration.

Richard highlighted that the Health Care Strategy for Lancashire would support people to provide better outcomes. The Strategy brings together a collective Lancashire wide approach, including input from Lancashire County Council, Blackpool Council, Blackburn with Darwen Borough Council, NHS England and the Clinical Commissioning Groups, there is a need for all to come together to help produce the best outcomes for the people of Lancashire.

Richard also explained that all partner organisations have been consulted in the preparation of the Strategy and that it was important to be clear what services the residents of Lancashire want from hospitals and acute services moving forward.

The Board expressed some views that the Strategy should focus on all elements of Health and Wellbeing, and that the Strategy should ensure it covers both Adult Services, Childrens Services and recognise the contribution of districts and the third sector.

Resolved: The Lancashire Health and Wellbeing Board endorsed the development and implementation of an overarching health and care strategy for Lancashire as detailed in this report.

6. Winter Planning

Richard Jones, NHS England, presented the report. Richard explained that this report describes the roles and responsibilities of Health and Social Care organisations in relation to preparation, planning and actions to be taken to ensure system resilience ahead of

winter 2013/14; and to identify potential risks regarding winter resilience plans across Lancashire.

NHS England has been working with CCG colleagues and health care providers along with social care to ensure that the system is prepared ahead of the winter period. This work has begun earlier this year than in previous years due to the on-going Accident and Emergency (A&E) pressures challenging the delivery of a sustainable A&E 4 hour standard to populations across Lancashire.

The management of winter pressures is an integral part of the current system recovery planning and assurance process that is now underway for achieving sustainable delivery of the A&E standard.

Plans for Winter resilience have been developed by the end of September, with approval and ownership from all members of local health economy Urgent Care Networks/Groups; assured by NHS England utilising the winter plan assurance framework and peer review across Area Teams within the North of England to be completed by 21 Oct 2013.

Preparation and assurance processes need to be in place with the aim that all services across local health and social care systems being well coordinated and well placed to respond appropriately to the demands of winter 2013/14 including:

- handover of patient care from ambulance to trust
- operational readiness (bed management, capacity, staffing and New Year elective "re-start")
- primary care, especially out of hours arrangements
- NHS/Social Care joint arrangements including work with local authorities to prevent admission and speed discharge
- Ambulance service/primary care/A&E links
- critical care services
- preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff.

The expectation is one of a whole system approach to preparing for and managing winter, seasonal flu and other pressures across each local hospital system, as well as the NHS and social care system.

The Board expressed a view that Communication would be key in ensuring that all partners work together in a co-ordinated manner to ensure all services work effectively.

Resolved: The Lancashire Health and Wellbeing Board resolved to:

- (i) Approve the overall approach to preparing for winter 2013/14.
- (ii) Note actions to date along with plans and progress in preparations to support NHS resilience over winter.
- (iii) Note risks and mitigation in plans to ensure all services across the local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter.

- (iv) The Board requested that Richard Jones works with partners and the Joint Officer Group on the plan .
- (v) Request that an additional Board meeting be held in November 2013 to specifically discuss a co-ordinated approach to Winter Planning.

7. Marmot Approach to Addressing Health Inequalities in Lancashire - Implementation of the Recommendations and Support from the Institute of Health Equity

Debs Harkins, Lancashire County Council, presented the report and explained that following the Marmot Review and due to the complexities of addressing health inequalities in a two tier authority, Lancashire was chosen alongside five other authorities to form a network and receive bespoke advice and support over a two year period from the Marmot Team. A Partnership event took place on 13th June 2013 facilitated by the Institute of Health Equity to identify actions to address health inequalities using the Marmot approach focussing on the social determinants of health. This event was very well received with a wide range of partners attending.

At the Partnership event a number of key actions were identified which would help reduce Health Inequalities and then they were voted on. The top 5 actions were:-

Action	Votes	B.E.S.T*
Look at our public sector supply chains. We should influence contracts to include wellbeing and community, local organisations etc. weightings to contracts. Recognise our responsibility to smaller organisations. Don't make them into mini organisations that mirror us.	23	S
The Health and Wellbeing Board explore ways to pool and align resources to maximise the use of both financial and human resources to deliver the priorities in the Joint Health and Wellbeing Strategy	22	B
Reduce silos across directorates and across sectors. Improve intersectional work that sees people as people.	13	T
Identify and engage communities, listen and learn about their current and future needs	10	E
Enable our employees to volunteer	9	E

*Build, Empower, Sustain, Together.

There were 51 actions in all; these fell into the following themes. A full list of actions and votes is set out at Appendix 'B'.

Build – capacity for health equity

Empower – communities to address health equity and take action to improve health

Sustain – develop sustainable business processes to build health equity

Each of the above is underpinned by working **Together** to pool skills and resources and align our plans by breaking down organisational boundaries and professional barriers for the greater good.

Next Steps for Lancashire County Council as a partner.

A report was submitted to Cabinet on 5th September 2013 setting out options for LCC that would provide the greatest opportunities to reduce Health Inequalities in Lancashire. Cabinet fully endorsed the report and tasked LCC's Management team with developing a way forward across the organisation.

This will ensure that the County Council is doing all it can across all of its services to ensure that the life chances of all Lancashire's citizen are maximised.

Next Steps for the Health and Wellbeing Board.

Narrowing the health gap is one of the six shifts within the Health and Wellbeing Strategy. Therefore it is proposed that the Health and Wellbeing Board holds a strategic discussion on implementing Marmot recommendations to address health inequalities.

Health and Wellbeing Board partners are also encouraged to consider the action that they can take to address health inequalities in Lancashire, to contribute to the priorities identified at the partnership event.

Resolved: The Lancashire Health and Wellbeing Board resolved to:

- (i) Receive the report from the Partnership event which took place on 13th June 2013
- (ii) Noted the next steps for Lancashire County Council as a partner, agreed and endorsed by Lancashire County Council's Cabinet and Management Team.
- (iii) Lead the development of plans within their own organisations and to continue to work in partnership to develop actions to support the top priorities as identified at the partnership event.

8. Reports from the Lancashire Safeguarding Children Board:

- (a) Lancashire Safeguarding Children Board's Annual Report 2012/13**
- (b) Pan Lancashire Child Death Overview Panel Annual Report 2012/13**

(a) Lancashire Safeguarding Children Board's Annual Report 2012/13

Louise Taylor, Lancashire County Council, presented the report and explained that it is a statutory duty of the Lancashire Safeguarding Children Board (LSCB) to present its annual report to the Lancashire Health and Wellbeing Board.

Louise highlighted the provision of policies, procedures and guidance for multi-agency arrangements, to protect children and promote their welfare and discussed the key priorities and achievements for 2012/13 as detailed in the report.

Louise also highlighted that 2012/13 has been an extremely challenging year for the LSCB. The pace of organisational change as a result of continuing national and local governmental austerity measures and wholesale revisions to national guidance has required careful planning and horizon scanning to enable the LSCB to meet these challenges head on. In addition to this, the area inspection by Ofsted of Safeguarding and Looked After Children services, while recognising much good and excellent practice has

also raised a number of issues and gaps in services resulting in substantial national media interest around issues at University Hospital Morecambe Bay Hospital Trust.

There have also been significant challenges in responding to the threat of Child Sexual Exploitation, which has also been widely reported in the media and Lancashire has now been recognised as a beacon of excellent practice for its response.

The LSCB has taken an active role in addressing and overseeing many of these improvements and recognising the wealth of good practice and innovative developments. The robust business planning cycle will ensure that key issues and areas for further development are continued into next year's business plan. A brief summary of these are as follows:

- Implementing Working Together 2013
- Relationships with the new:
 - Health Economy & CCGs
 - Health & Well Being Board
 - Police and Crime Commissioner
- Revised Case Review Methodology (systems model)
- Quality Assurance around the 'Toxic Trio'
- Implementing the new Learning and Improvement Framework
- Revision of LSCB Performance Information
- Responding to increased risks from the use of Social Media and online behaviour
- Continued evaluation of practice through Audits/Mock Inspection
- Continued activity to support the victims of Child Sexual Exploitation and bring offenders to justice

Resolved: The Lancashire Health and Wellbeing Board noted the LSCB Annual Report for 2012/13 attached at Appendix 'A' to the report, considered the key issues and priorities identified in the LSCB Annual Report for 2012/13, and agreed to use these issues and priorities to inform HWB planning and service development.

(b) Pan Lancashire Child Death Overview Panel Annual Report 2012/13

Louise Taylor presented the report. Louise summarised the key successes for 2012/13 including, Safer Sleep Campaign, Safer Sleeping Guidance, Suicide Thematic Review, CDOP Posters, Bereavement Services and Neonatal Research.

Looking ahead, Louise also highlighted the recommendations for CDOP moving forward into 2013/14 as follows:

- The three LSCBs should reiterate to all agencies, who provide CDOP with information, the importance of completing AB forms as fully as possible, particularly ethnicity, asylum seeker and parental demographic details
- The three LSCBs should recommend to the Health and Wellbeing Boards in their area to note the information contained within this report and ask them to clarify whether any research and/or planning of services work is being undertaken on any of the themes/trends or issues raised, in particular for:
 - The Blackpool LSCB to consider research and/or planning of services on the theme of deprivation identified in child deaths under 28 days;

- The Lancashire and Blackburn with Darwen Boards to consider the themes of ethnicity and deprivation linked with deaths categorised under the category of 'chromosomal, genetic and congenital anomalies'.
- In seeking the clarifications from the Health and Wellbeing Boards, the LSCBs should be assured that local action is being taken, and that this action is effective, in preventing future such deaths
- The three Boards should be mindful that although the majority of cases do not have modifiable factors, this does not mean there were no risk factors identified. It may be appropriate to review in depth all the cases with no modifiable factors to identify common risk factors
- The LSCBs should recommend to the Health and Wellbeing Boards that representatives should attend the CDOP development day
- CDOP to explore learning opportunities with other CDOPs across the country
- All three Boards should continue to support the Safer Sleep Campaign
- The three LSCBs should circulate the anonymised report widely

Resolved: The Lancashire Health and Wellbeing Board noted the CDOP Annual Report for 2012/13 as circulated.

9. Child Sexual Exploitation

Hazel Stewart, Lancashire Constabulary, gave a presentation on Child Sexual Exploitation which highlighted how all partner organisations are working closely to target this crime and measures being taken to reduce it. A Multi Agency Safeguarding Hub (MASH) is in operation which allows all partner organisations whom may come into contact with any vulnerable children to share information quickly and effectively.

A short video was also presented to the Board which highlighted the partnership working and also some of the initiatives and projects being undertaken to target this crime.

Resolved: The Lancashire Health and Wellbeing Board noted the presentation.

10. CCG Allocations Fundamental Review of the NHS Allocations Policy

Sakthi Karunanithi, Lancashire County Council, presented the report.

Sakthi explained that NHS England is currently reviewing the formula for allocation of resources across the full range of its responsibilities, covering both allocations to CCGs and the budgets available for direct commissioning functions in area teams. It is not known whether there will be a change in the formula. The effect of any potential changes to the formula will also be dependent on the pace of change policy that will be put into place. However, compared to the existing allocations to the CCGs, if the proposed new formula comes into place it appears that the allocations to Lancashire County Council linked CCGs will decrease by £29m. Nationally, this would reduce NHS funding in the parts of the country with the worst health outcomes by £30 per head and increasing the funding in areas with the best outcomes by the same amount. This is on top of the £200 per head that has been cut from local authority budgets in those same areas with the worst health outcomes.

Resolved: The Lancashire County Council Health and Wellbeing Board resolved to:

1. Seek to establish a shared understanding of the impact of the fundamental review of allocations policy on the joint NHS resources available for Lancashire, including the allocations for the CCGs and NHS England's direct commissioned and specialised commissioned services.
2. Agreed to respond to NHS England's review that
 - a. the proposed funding formula will adversely affect the health outcomes and inequalities in Lancashire,
 - b. the impact of future NHS allocations should be considered in the context of wider local government funding allocation process, and,
 - c. further consultation should be done before the pace of change policy is established.

11. Report from the Joint Officers Group meeting held on the 4th October 2013

Sakthi Karunanithi, Lancashire County Council, presented the report.

Sakthi explained that since the Board established the Joint Officers Working Group, the Joint Officers Working Group met on the 4th October.

Key actions following the meeting include:

1. Agreed to review and update the progress being made on the health and wellbeing strategy delivery plan
2. Develop the Board's communications and engagement plan (detailed in Appendix 'A' to the report)
3. Propose the topics for the JSNA analysis to be undertaken in 2013/14 (detailed in Appendix 'B' to the report)
4. Developed the process to conclude the funding transfer from NHS England to Lancashire County Council to support adult social care services that also benefit the NHS. (detailed in Appendix 'C' to the report)

The Board commented that for 2013/14, the NHS England Lancashire Area Team has been allocated £19,750,385 to transfer to Lancashire County Council to support adult social care services. The Board requested to understand how this will be delivered and the funding allocated. It was noted that meetings will be held between LCC Adult Social Care and the CCGs to identify how the funding will be used. NHS England Lancashire Area Team will conclude the funding transfer. Further plans for 14/15 and Integration Transformation Fund from 15/16 onwards will be signed off by HWB Board.

Resolved: The Lancashire Health and Wellbeing Board resolved to:

- (i) Endorse the communications and engagement strategy for the Health and Wellbeing Board.
- (ii) Agree that JSNA analysis on health behaviours and Health and Wellbeing Strategy 'shifts' be undertaken within the 2013/14 work programme.

(iii) Support the process to conclude the funding transfer from NHS England to Lancashire County Council adult social care services.

12. Suggested Future Items for the Health and Wellbeing Board to Consider

Suggested future items were as follows:

- Pan Lancashire Domestic Violence (County Councillor Azhar Ali)
- Integrated Transformation Fund (Richard Jones)
- Dementia (Professor Heather Tierney-Moore)

13. Urgent Business

None

14. Date of Next Meeting

It was agreed that an additional meeting would be arranged for November 2013 – date and venue to be confirmed.

Ian Fisher
County Secretary and Solicitor

Lancashire County Council
County Hall
PRESTON