

## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Friday, 5th June, 2015 at 1.00 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**

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

Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire

Louise Taylor, Corporate Director of Operations and Delivery (LCC)

Bob Stott, Director of Children's Services

Tony Pounder, Director of Adult Services

Dr Gora Bangi, Chorley and South Ribble CCG

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

Councillor Tony Harrison, Burnley Borough Council

Councillor Bridget Hilton, Central Lancashire District Councils

Lorraine Norris, Lancashire District Councils (Preston City Council)

Michael Wedgeworth, Chair Third Sector Lancashire

Professor Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust

### **1. Welcome, introductions and apologies**

Apologies were received from:

- Dr Tony Naughton (FWCCG)
- Dr Dinesh Patel (GPCCG)
- Dr Alex Gaw (LNCCG) – Andrew Bennett had been due to attend on behalf of Dr Gaw but subsequently provided his apologies

Replacements

- Dr Vasudev replaced Gail Stanley (Healthwatch)
- Carole Spencer replaced Karen Partington (Lancashire Teaching Hospitals Trust)
- Dr Bipi Biswas replaced Dr Simon Frampton (WLCCG)

The Board were informed of a number of new members as follows:

- Dr Dinesh Patel (Greater Preston CCG)
- Dr Tony Naughton (Fylde & Wyre CCG)
- Jane Higgs (NHS England)

The Board was asked to note that Dr Tony Naughton has been appointed as the Deputy Chair. CC Ali took the opportunity to ask the Board to formally thank Dr Ann Bowman for all her hard work in her capacity as the previous Deputy Chair.

## **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

None noted

## **3. Minutes of the Last Meeting.**

The minutes of the meeting held on 29 January were agreed as a correct record

## **4. #lifesupsanddowns - Children and Young People's Wellbeing Promotion Video**

Prior to the showing of a short video Bob Stott, Director of Children's Services provided members with a brief introduction. He explained that on Saturday 26 April, 50 children and young people from PULSE (Lancashire's Children and Young People's Health and Wellbeing Board) performed a flashmob in the Fishergate Shopping Centre, Preston.

The flashmob launched PULSE's emotional health and wellbeing campaign which aims to raise awareness of the emotional health and wellbeing issues faced by children and young people and reminding them that there are little things they can do to help improve their mood.

The campaign promotes the following five ways to wellbeing, under the umbrella of 'Coping with life's ups and downs':

- Take Time Out
- Keep Connected
- Try Something New
- Give
- Be Active

The video is the story how the flashmob came about and the impact it has created.

### **It was resolved that**

- i. The Board welcomed the engaging way that emotional health & wellbeing issues had been addressed by the children and members asked for a copy of the video so that could share it amongst their individual organisations. It was agreed that Richard Cooke would provide members with a link to the video.
- ii. The Board consider future opportunities to engage with PULSE

## **5. Health and Wellbeing Board - Refreshed Governance and Approach**

Richard Cooke presented this item.

There is a strong commitment from partners to ensure that the Health and Wellbeing Board (HWBB) is an effective forum to deliver improved health and wellbeing outcomes through collaboration. Through the engagement of Board members in a recent workshop a number of areas of focus have been identified that would enhance the approach and effectiveness of the Board. The thinking around these areas was further developed through a one off meeting of partners, which, supported by examples of good practice in other authorities, has informed a refreshed approach in Lancashire.

A number of proposals were identified which related to the following areas:

- Clarity of purpose
- Meetings
- Strategy
- Synergy and coherence
- Evidence
- Communication
- Strategic fit

A revised Terms of Reference was also presented for consideration by the Board. The main proposed changes referred to:

- Outcomes – a clearer focus on health and wellbeing outcomes for the people of Lancashire
- Membership – that the leader of the County Council would become Chair of the Board and other additional members would include the five chairs of the local Health and Wellbeing Partnership, the Constabulary Chief Constable and the independent chair of the Lancashire Safeguarding Children Board.
- Meeting Arrangements – hold meetings bi-monthly with alternate meetings being delivered as a workshop with a thematic focus. The Quorum of the meeting would a quarter of the membership (8) with at least one Cabinet Member

Richard explained that following a frank discussion it was recognised that there were lots of challenges but also opportunities. There was a passion and strong commitment which had resulted in a number of key themes. He stated that there was a danger that the focus of the Board would be on the differences between the organisations represented but a better starting point would be to focus on the similarities.

A discussion took place and the main points were:

- CC Martin agreed with overall thrust of the proposals and wondered whether the Board should consider including a representative from the Lancashire Care Association (LCA) be added to the membership. LCA represent over 350 care homes across the county
- The trigger for this review was on the back of the Better Care Fund (BCF), the initial difficulties encountered in developing this work and the now positive engagement and collaboration across organisations.
- Cllr Harrison expressed concerns of resourcing the new ways of working and was keen to develop links with other strategic partners. Can LCC also review the other partnerships? They all need looking at.
- Mike Wedgeworth felt that any changes should be considered changes (rather than just for the sake of it) and wondered about linking in with Healthier Lancashire.

Maybe the Board should also be looking to what is happening in Greater Manchester – we need to get our act together (all of Lancashire). He expressed caution on the number of members.

- Dr Biswas stated that at his CCG a number of issues had been highlighted as areas requiring further clarity and they included how the Board would provide effective challenge, particularly in light of an increased membership; reaching out to GPs to increase their involvement; including a CCG representative when determining a quorum and responsibility of BCF reporting
- Dr Ions welcomed the refresh of the Terms of Reference and was keen to see the Board becoming more proactive and felt it was essential that the local health partnership were included in the membership of the Board
- Cllr Hilton felt that it should be made clear to the Board what had been achieved against performance targets and that a summary sheet of the resolutions of the Board should be provided to members as soon as possible after each meeting
- It was acknowledged that any changes to the terms of reference and format of reports needed to be subject to compliance with the County Council's constitution and required formal approval from Full Council.

**It was resolved that**

- i. the Board agreed the proposals presented
- ii. the Board agree the new Terms of Reference and subsequent comments from members for further consideration by officers prior to formal approval by Full Council
- iii. a summary sheet of resolutions be produced for each meeting and circulated to members at the earliest opportunity

**6. Better Care Fund**

The report was presented by Mark Youlton.

The purpose of this quarterly report is to inform the Lancashire Health and Wellbeing Board on the progress of the delivery of the Lancashire Better Care Fund (BCF) Plan. This report is in support of the national reporting template (Appendix A) which the Health and Wellbeing Board is required to receive, approve and submit to the Department of Health. This submission relates to the first national template completed for Quarter 4 2014/15. In June 2013 the Department for Communities and Local Government announced £3.8 billion worth of pooled budgets between health and social care, starting from April 2015. This is a multi-year fund and was launched as a financial incentive for councils and local NHS organisations to jointly plan and deliver services so that integrated care becomes the norm by 2018. While it was recognised that many places were already working collaboratively and redesigning services to meet the needs of users and communities, faster and more widespread change was required to help to meet the increasing demand for care services into the future.

The BCF is intended to provide a means for joint investment in integrated care, which ought to reduce the pressure on social care and hospitals by providing treatment before a crisis. CCGs are expected to make significant efficiencies to generate the money to invest in the BCF, and there is a risk that if BCF plans do not deliver the anticipated results (e.g. reductions in residential care admissions or reductions in emergency hospital admissions)

additional resources will be needed to meet the demand (e.g. funding care packages or extra staff for A&E).

In January 2015, the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million which is hosted and managed through a Section 75 agreement by Lancashire County Council who also contribute to the BCF through the Section 256. The Lancashire BCF covers 21 schemes focussed on community based integrated services aimed at reducing non-elective activity (NEL) by 3.1%.

A discussion took place and the main points were:

- Significant rise in activity during the last quarter of 2014/15 which impacted on all services. Affected every BCF in the country in terms of performance target achievements and level of savings to be made.
- Challenge to see how to get back on track. Important to acknowledge that it doesn't detract from the overall outcomes of BCF
- Government task force may have an impact. A number of offers still being made centrally – there is an offer of support to us through a critical review. Mark stated he would welcome some external scrutiny and challenge. Will express an interest to NHSE for an external challenge
- The role of the two vanguards in the County? Challenge is to how the reporting of those is connected (or not) to the reporting around the BCF
- Overall confusion regarding how the vanguards align with BCF – often similar approach but possibly working with a different set of partners.

**It was resolved that** the report be noted and an expression of interest be forwarded to NHSE requesting an external review

## **7. Children and Young People's Emotional Health and Wellbeing Services**

The report was presented by Shirley Waters and Carl Ashworth

The report is a high level review of all Children & Young People's Emotional Wellbeing and Mental Health Services (C&YP EWMH), 0 – 25 years, in Lancashire. It was built on the recent service reviews conducted by local authorities and CCGs. The findings of this first phase have highlighted that there are pockets of excellence throughout Lancashire which could be developed, shared and implemented in some or all CCGs. Commissioning and services are fragmented leading to inequalities from one commissioned area to another with several providers delivering services in different ways depending on where the service user lives. CCGs are developing specific areas of provision without cognisance of activity in other areas. .

As presented in the update report to the January HWB meeting the Commissioning Support Unit was tasked with undertaking the review and taking a fresh look at the services across the pan-Lancashire system. The review was conducted in collaboration with CCGs, Local Authorities in addition to the three Health and Wellbeing Boards, Strategic Clinical Network and in cognisance of local and national drivers for change

The Programme Board for the C&YP's EWMH submitted phase one, a whole system review, to the Collaborative Commissioning Board in April 2015 and was agreed with the caveat requiring a description of a system leader which was submitted in May and also agreed.

A discussion took place and the main points were:

- It was clarified that specialised commissioning was also included in the review
- A member queried the engagement of schools in developing the review – wants easy access to services. Officers responded that the review group will look at the pathway including access points.
- Regarding the difference in provision of service, it was felt that there needs to be a balance depending on the community but a standardised approach to quality.
- It was acknowledged that this was an important piece of work as many mental health problems begin in childhood however concerns were expressed that there has been the awareness of the issues for sometime and we are no nearer a resolution..
- It was felt that we don't want a uniform service but the expectation is to be a minimum level of service instead – how do we address these underfunded areas of service. Officers responded that it's not just about spend, it's about the quality of the service and the different models of care and best practice models of care
- It was clarified that Lancashire Mind were consulted in the production of this report. It important that they are seen as key players. Shirley Waters added that the 3<sup>rd</sup> sector would be represented on the review board
- Members expressed concerns that a further review was due to be undertaken as they felt that they know what the problems are. If it's about investment we should look at using existing resources smarter. Shirley stated it wasn't another review, more a 'what can be done about it' and feels confident that there is now relevant representation to make things happen
- Focusing on service delivery models rather than reviewing what's already being (or not being) done
- One member felt that the Board needs to take a stronger line in terms of outcomes and timescales – it's about public accountability and improving outcomes
- The Board requested that officers come back to the Board in September with recommendations that need to be agreed and signed off.
- The Chair asked for a plan and timeline/actions to be presented to the September Board prior to the implementation of the services (possibly also present it to the Health Scrutiny Committee)

**It was resolved that**

- i. The report be noted
- ii. A report be presented to a meeting of the Board in September identifying a set of recommendations to begin implementation of a new model, including a plan of the milestones and actions to be taken

**8. Joint Strategic Needs Assessment - Health Behaviours**

The report was presented by Mike Leaf.

This work formed part of the JSNA bespoke analysis work programme 2013/14, agreed by the Health and Wellbeing Board in October 2013. The input of the Joint Officer Group into the work programme has been instrumental in the production of this JSNA. Following input from the HWB the health behaviours JSNA was undertaken to identify the prevalence of multiple health-enabling and health-compromising behaviours of Lancashire's residents. It has also provided an understanding of the relationship between these behaviours and their impact on the health of people in Lancashire.

Following extensive analysis (including the survey findings) and engagement with partners a final report has been produced

A discussion between members and the main points were:

- It was suggested that in the past the JSNA hasn't been embedded into the strategic plans of partners and members were asked to consider that work on prevention should take on board the JSNA data. This could be put into an action plan for the Board to agree
- General concerns were expressed regarding topics such as alcohol and also obesity and whilst some issues can be addressed locally, many are national issues

**It was resolved that** a report be presented to the Board that demonstrates how evidence from this JSNA is informing plans, strategies and priorities

## **9. Joint Strategic Needs Assessment - Six Shifts**

This report was presented by Mike Leaf.

Through its Health and Wellbeing Strategy, the Lancashire Health and Wellbeing Board identified a number of important shifts in the way partners across Lancashire work together. These shifts in behaviour would fundamentally challenge the way that the wider health economy currently works and would improve health and wellbeing within the resources that will be available to us. The six shifts are:

1. Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
2. Build and utilise the assets, skills and resources of our citizens and communities
3. Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
4. Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
5. Make joint working the default option
6. Work to narrow the gap in health and wellbeing and its determinants

After extensive engagement with partners, a full report has been produced

Members made a number of comments and the main points were:

- Can't argue against any of the six shifts but the issue is how do we get movement on them and develop an action plan to produce a range of outcomes
- Many of the initiatives are already being integrated into other programmes (such as Better Care Fund) and we must not lose sight of that and don't try to produce something duplicated or in isolation

- Referring to the refocus of the Board, it was suggested that the Board needs to see impact information. Base line information and progress against it to identify what areas need to be addressed and need further action/support.
- Members were reminded that overall this has been going on over the last 3 years and therefore the Board should agree that we need to move it forward
- It was felt that this is a good example of where the local health partnerships can be engaged with the challenge and respond to actions

**It was resolved that** the report be noted, shared with the local health partnerships and used to inform future priorities

## **10. Urgent Business**

Sakthi informed the Board of a very recent announcement by the DoH stating that a £3b reduction would be made which included £200m cut to ring fenced Public Health (PH) funding – the rationale was based on redirecting the funding to front line NHS services. The reduction equates to approximately £4m per year of PH spending in Lancashire and will be made in year.

He wanted the Board to be aware that this reduction to local authority PH funding will have a significant impact on all partners e.g. CAMHS. A&E departments. Often, in situations such as this there are hidden impacts as we will not see the consequences of less people being screened for sexually transmitted diseases, or less children immunised until much later

In the Five Year View there is a strong emphasis on prevention and partners so there appears to be a mismatch between achieving the overall vision and practical delivery of services

He explained that a consultation has begun and suggested that the Board have a discussion to determine what it will mean for the future of Public Health and he can then facilitate a response to be provided on behalf of the Board.

CC Ali also offered to write to the Secretary of State on behalf on the Board

Mike Ions acknowledged the potential impacts on the NHS, and informed members that there is soft evidence of the effect of local authority cuts in social care that have already impacted on NHS partners. CC Ali suggested that Mike provide Sakthi with information on this soft evidence

### **It was resolved that**

- a co-ordinated response to the consultation be provided on behalf of the Board
- That any soft evidence on the impact of local authority cuts should be forwarded to Sakthi Karunanithi

## **11. Date of Next Meeting**

The date of the next meeting of the Health & Wellbeing Board is Thursday 16 July at 2.00pm in Cabinet Room C, County Hall, Preston.



## **12. Pharmaceutical Needs Assessment**

### **Pharmaceutical Needs Assessment (PNA)**

It was noted that a Transaction of Urgent Business to approve the PNA had been undertaken on behalf of the Board. The Chair and Deputy Chair of the Board were consulted prior to approval granted by the Executive Director of Adult & Community Services

I Young  
Director of Governance,  
Finance and Public Services

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Preston