

Blackburn with Darwen Clinical Commissioning Group (CCG) Governing Body and
East Lancashire CCG Governing Body Meeting in Common

Report Title:	Sub Committee and Stakeholder Minutes	Agenda No:	4.1
Meeting Date:	Wednesday, 27 April 2022		
Summary of Report:	The report provides Members with minutes of the Sub Committees of the Governing Body for receipt. Stakeholder Group minutes are also included for information.		
Report Recommendations:	Members are asked to note the content of the report.		
Financial Implications:			
Procurement Implications:			
Report Category:			Tick
	Formally Receipt		√
	Decision Required		
	For Discussion		
	Receive the report for information/to note		
Author:	Mrs Pauline Jones, Corporate Administration Officer		
	Report supported and approved by your Senior Lead? Mrs Claire Moir, Senior Corporate Business Delivery Manager		Y
Presented By:	Mrs Debra Atkinson, Head of Corporate Business		
Other Committees Consulted:	None		
Privacy Impact Assessment (PIA)	Has a PIA been completed in respect of this report?		N
	If Yes, please attach	If No, provide reason below.	
Equality Impact Analysis (EIA)	Has an EIA been completed in respect of this report?		N
	If Yes, please attach	If No, provide reason below.	
Data Protection Impact Assessment	Is a Data Protection Impact Assessment Required?		N
Risks:	Has a Risk Assessment been undertaken?		N
	Have any risks been identified?		N
Conflict of Interest:	Is there a conflict of interest associated with this report?		N
Clinical Engagement:	Is any clinical engagement/involvement required as part of the proposal being presented?		N
Patient Engagement:	Is any patient engagement/involvement required as part of the proposal being presented?		N
Privacy Status:	Is the report confidential?		N
Which CCG Corporate Objective does the report relate to:			
CO1	To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population.		
CO2	Ensure the balance of our health investment reflects our population's needs and keeps the population well.		
CO3	Deliver the 10-year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on population health management strategies.		
CO4	We will focus on population health outcomes through helping to deliver successful Integrated Care Partnerships and ensure decisions, provision and access to local services is based on the needs of our population.		
CO5	As local health leaders, we will focus on increasing life expectancy across Pennine Lancashire to be at, or above, the national average in the next 10 years.		

**BLACKBURN WITH DARWEN CCG GOVERNING BODY AND
EAST LANCASHIRE CCG GOVERNING BODY MEETING IN COMMON**

Wednesday, 27th April 2022

Sub Committee and Stakeholder Group Minutes

1. Introduction

- 1.1 The report provides Members with minutes of the Sub Committees of the Governing Bodies for receipt. Stakeholder Group minutes are also included for information.

2. Pennine Lancashire (PL)

2.1 Blackburn with Darwen CCG Audit Committee: Chair - Mr Paul Hinnigan

There are no ratified minutes available since the last meeting held on 17th February 2022. The minutes will be ratified at the May meeting.

2.2 East Lancashire CCG Audit Committee: Chair - Mr David Swift

The ratified minutes of the meeting held on 22nd March 2022 are attached at Appendix A.

2.3 PL Quality Committee: Chair – Dr Geraint Jones

There are no ratified minutes available since the last meeting held on 16th March 2022. The minutes will be ratified at the June meeting.

2.4 Primary Care Committee: Chair - Mr Graham Burgess

The ratified minutes of the PL Primary Care Committees Meeting in Common held on 22nd February 2022 are attached at Appendix B.

3. Stakeholder Groups

- 3.1 The following Stakeholder Committee minutes are attached at Appendix C for information:
- a. **Strategic Commissioning Committee:** The minutes of the last meeting held on 10th March 2022 are not yet available for review.
 - b. **Integrated Care System Board:** The minutes of the last meeting held on 2nd March 2022 are not yet available for review.
 - c. **Special Educational Needs and Disability (SEND) Partnership Board:** The minutes of the last meeting held on 20th January 2022 are not yet available for review.
 - d. **Blackburn with Darwen Health and Wellbeing Board:** The ratified minutes of the meeting on 30th November 2021 are attached.
 - e. **Lancashire Health and Wellbeing Board:** The ratified minutes of the meeting held on 25th January 2022 are attached.

4. Recommendations

- 4.1 Members are asked to note the content of the report.

DEBRA ATKINSON
Head of Corporate Business

AUDIT COMMITTEE

**Minutes of the meeting held on Tuesday, 22 March 2022
Meeting was held via MS Teams**

PRESENT:	
Mr. David Swift	Chair, Lay Member Governance & Audit
Dr Santhosh Davis	GP, Clinical Lead, Burnley
Dr. Paul Taylor	Secondary Care Doctor
IN ATTENDANCE:	
Mrs. Kirsty Hollis	Chief Finance Officer
Mrs. Claire Moir	Senior Corporate Business Delivery Manager
Ms. Sarah Ironmonger	Engagement Lead, Grant Thornton
Ms. Sophia Iqbal	Audit Manager, Grant Thornton
Mrs. Louise Cobain	Director of Assurance, MIAA
Mr. Michael McCarthy	Technology Risk Assurance Manager, MIAA
Mrs. Anne Holden	Corporate Administration Officer
APOLOGIES:	
Mr. Paul Bell	Senior Anti-Fraud Manager, MIAA
Mrs Debra Chew	Executive Assistant

Minute Ref:		ACTION
22:020	<p>WELCOME, INTRODUCTIONS & CHAIRS UPDATE</p> <p>The Chair welcomed everyone to the meeting of the Clinical Commissioning Group's (CCG's) Audit Committee (AC).</p> <p>With regards to the administration of the meeting using MS Teams, the Chair requested members :</p> <ul style="list-style-type: none"> - be on mute unless speaking. - to raise any questions by using the chat or hands up facility. 	
22:021	<p>APOLOGIES FOR ABSENCE/CONFIRMATION OF QUORACY</p> <p>Apologies were received from Mr Paul Bell and Mrs Debra Chew. The meeting was confirmed as quorate.</p>	
22:022	<p>DECLARATIONS OF INTEREST</p> <p>The Chair invited members to declare any interests they may have in relation to items on the agenda.</p> <p>No declarations of interest were made.</p> <p>Declarations declared by CCG staff are listed in the CCG's Registers of Interests. The Registers are available, either via the Secretary to the GB, or on the CCG website via the following link: https://eastlancscg.nhs.uk/about-us/registers-of-interests</p>	

	The Chair reminded members that they should, if appropriate, make a declaration should a conflict emerge during the meeting.	
22:023	<p>MINUTES OF MEETING 15 FEBRUARY 2022</p> <p>RESOLVED: The minutes for the meeting held on 15 February 2022 were approved as an accurate reflection of the meeting.</p>	
22:024	<p>ACTION MATRIX</p> <p>MINUTE 21.055 EXTERNAL AUDIT FINDINGS REPORT The Chair queried if there was a signed three year BCF Agreement for 2021/2022 in place.</p> <p>Mrs. Hollis advised an agreement had not yet been signed for 2021/2022 and was in contact with the lead organization, Chorley, South Ribble and Greater Preston CCG's. The delay was with LCC. Wider discussions with Mr Neil Kissock were taking place to try to move forward.</p> <p>Mrs. Hollis was aware the signing of the BCF was a significant recommendation via External Audit that was also highlighted within the VfM Audit Findings Report.</p> <p>There had been minor changes to the agreement. Other areas had put in additional money into the BCF that required clarity. Mrs. Hollis advised there were no issues from an East Lancashire perspective.</p> <p>ACTION: Mrs. Hollis would liaise once again with Kathryn Disley, CFO at Chorley and South Ribble, and Greater Preston CCGs.</p> <p>15.2.22: Mrs Hollis confirmed the issues are now resolved and the BCF Agreement was now awaiting signature. ACTION: Mrs Hollis to share update when received.</p> <p>22.3.22: Mrs Hollis confirmed the BCF Agreement for 2019/20 and 2020/21 would be signed and sealed later in the week. The 2021/22 agreement would be issued following this and signed in early April.</p> <p><u>MINUTE 21.074 INTERNAL AUDIT FOLLOW-UP REPORT</u> <u>Data Protection Toolkit</u> Mrs. Louise Cobain advised there were discussions with NHS Digital mid September 2021 to obtain further clarity in terms of DSPT but at present completion was required by 31 March 2022. ACTION: Output via IT Auditors required by 31 March 2022.</p> <p>22.3.22: Mrs Hollis confirmed a very positive outcome from discussions and confirmed the Toolkit would be completed by 31 March. COMPLETE</p> <p><u>MINUTE 21.074 INTERNAL AUDIT FOLLOW-UP REPORT</u> <u>Data Protection Toolkit</u> The Chair questioned the detail recorded in the report around the QiPP assessment. Mrs. Kirsty Hollis advised the detail was correct at the time of issue but that moving into 2022/2023 in particular and into H2 of 2021/2022 there was now a requirement to deliver QiPP. Also queried if the Management Response should be updated to reflect same. ACTION: Mrs. Kirsty Hollis would review and further advise.</p> <p>15.2.22: Mrs Hollis advised that the Data Protection Toolkit was not mandatory for 2021/22 but as a cohort of CCGs, this was agreed this is an important piece</p>	<p>KH</p> <p>LC</p> <p>KH</p>

	<p>of work to complete and will provide significant evidence as part of CCG closedown. Working to 31 March 2022 completion date.</p> <p>MINUTE 21.098 DATE & TIME OF NEXT MEETING Mrs. Kirsty Hollis advised that leading up to closedown there would be requirements to put through the Audit Committee against the External Audit Workplan that would be provided in February 2022. A strong programme of work was required between January and March 2022. Mrs. Hollis advised meetings would be arranged mid monthly in January, February and March 2022 for actions required via the Audit Committee. ACTION: Mrs. Debra Chew would co-ordinate dates. Mrs Chew was scheduling these dates and would advise Members when confirmed.</p> <ul style="list-style-type: none"> ▪ May & June meetings - sign off Annual Report & Accounts ▪ June meeting to include discussion regarding handover to the ICB Audit Committee to provide history and knowledge of the Accounts. Mrs Hollis is leading this as CFO lead for CCG closedown. <p>Future meeting dates confirmed as 22 March, 19 April, 24 May and 14 June, all 1:30 – 3pm. COMPLETE</p> <p>MINUTE 22:014 Internal Audit Progress Report</p> <ul style="list-style-type: none"> ▪ Update on spot checks to be included in the report to the next meeting. ▪ Head of Internal Audit Opinion to be shared with Mrs Hollis and Audit Committee Members for review in advance of the deadline of 11 March 2022. <p>22.3.22 Mr McCarthy confirmed the Head of Internal Audit Opinion was submitted to NHSE within the timeframe. COMPLETE</p>	MM
<p>22:025</p>	<p>MATTERS ARISING</p> <p>There were no matters arising that were not listed on the Action Matrix.</p>	
<p>22:026</p>	<p>FINANCE REPORT – MONTH 11</p> <p>In presenting the financial position statement for Month 11, Mrs Hollis, Chief Finance Officer confirmed the CCG was on track to deliver a balanced position at year end, advising that conversations were taking place on a daily basis to manage this.</p> <p>22:026.1 Allowable Deficit Position</p> <p>The CCG was reporting a forecast deficit of £2,109k relating to the technical adjustment in relation to a pre-payment for prescribing, noting this formed part of the ISA260 report from external auditors during the previous two financial years. Discussions are ongoing with NHSE as to whether there will be revenue resource limit adjustments to negate the deficit.</p> <p>Mrs Hollis confirmed the CCG has now accepted the auditors view and will not amend the in-year prescribing estimate for the pre-payment and will post a deficit for the year ending 2021/22. This decision is supported by NHS E/I and will not be considered financial failure, nor will it trigger any regulatory action from NHSE/I.</p> <p>Ms Ironmonger confirmed a statutory set of accounts are required and a technical deficit cannot be ignored. We have been working together to address this unhelpful process.</p>	

	<p>Mrs Hollis confirmed the support gained from External Auditors has enabled the CCG to get this headway to get a reversal of the decision regarding doing late revenue resource transfers, added weight to the argument.</p> <p>RESOLVED: That the AC noted the information provided.</p>	
22:027	<p>ANTI BRIBERY AND CORRUPTION POLICY</p> <p>Mrs Claire Moir, Senior Corporate Business Delivery Manager presented the Anti Bribery and Corruption Policy which had been reviewed and updated by Paul Bell from MIAA and included his contact details, following the retirement of David Alford. Hyperlinks had been included and any further changes were highlighted in yellow.</p> <p>The Policy aligned to the BwD CCG policy, the only change being the contact details included Mr Darrell Davis for BwD CCG.</p> <p>As part of the closedown due diligence work, a register of all policies held by the CCG will be compiled for transfer to the ICB.</p> <p>RESOLVED: That the AC receive the updated policy.</p>	
22:028	<p>EXTERNAL AUDIT QUESTIONS OF MANAGEMENT</p> <p>Mrs Hollis advised that each year the CCG is required to respond to a series of governance related questions, confirming that Mrs Deidre Lewis had undertaken a significant amount of the work in providing the responses, which had been shared with the Committee.</p> <p>She confirmed there was nothing significant or different to the responses provided in previous years, other than the change for the basis of prescribing which will no longer include pre-payment.</p> <p>RESOLVED: that the AC confirm approval of the responses to be submitted as part of the final Audit process.</p> <p>22:028.1 Going Concern</p> <p>Members were advised that each year there is a need to run an assessment as to whether it is consider the CCG will continue as a public sector going concern and continue operating indefinitely unless there is evidence to the contrary.</p> <p>Mrs Hollis confirmed that for 2021/22 the CCG has operated as a going concern and has met all financial obligations so far. Performance against the Better Payment Practice Code is excellent, the CCG has stayed within the maximum cash draw down and will deliver within the revenue resource limit, notwithstanding the deficit issue.</p> <p>As the CCG is to be dissolved in the next three months, all functions and service delivery will transfer as a going concern by Transfer Order to the ICB. Mrs Iqbal confirmed this statement was correct and the same question is being asked of all CCGs.</p> <p>It was noted there were typos in the first section of the management response, which would be amended.</p> <p>Dr Taylor pointed out that the Remuneration Committee had not met since November 2021 and asked what would happen to the remuneration of the</p>	

	<p>Executive Team at the start of the next financial year. The Chair confirmed the Remuneration Committee will remain a statutory function and retain its powers until the end of June. He suggested raising this at the Governing Body meeting the following day.</p> <p>Mrs Hollis declared an interest in this discussion as an Executive Director.</p> <p>RESOLVED: that Members supported the proposals that the CCG is a going concern from an accountancy perspective.</p>	
22:029	<p>INTERNAL AUDIT</p> <p>Mr Michael McCarthy confirmed the Financial Systems report was now finalised and the assurance opinion was high with the payroll system receiving a substantial assurance opinion.</p> <p>Mrs. Louise Cobain had issued a briefing to each of the CCGs regarding an update in terms of the local transition assurance role. She confirmed that MIAA are satisfied that processes are in place for CCG closedown and at system level. All elements will be included in the final Head of Internal Audit Opinion.</p> <p>The Chair referred to the Amber rating in respect of Col training, Mrs Moir confirmed this was a true and fair view. In terms of the Finance Systems report, he felt the assurance opinion was very pleasing given the challenges teams have been working with.</p> <p>There was a query relating to payroll forms being signed off by ESR teams. This had been raised and the CSU have been asked to provide assurance that correct processes are followed.</p> <p>ACTION: The Financial Systems reports would be presented to the next Audit Committee.</p> <p>RESOLVED: that Members receive the report.</p>	MM
22:030	<p>PL QUALITY COMMITTEE MINUTES</p> <p>Dr Taylor confirmed that the Quality Team are working hard and an Extra Ordinary meeting of the PL Quality Committee was scheduled the following week to discuss the way forward.</p> <p>RESOLVED: that Members receive the ratified minutes of the PL Quality Committee of 19 January and 16 February 2022.</p>	
22:031	<p>ANY OTHER BUSINESS</p> <p>22:031.1 New Items for Inclusion on the Risk Register There were no new items for inclusion on the Corporate Risk Register.</p> <p>22:031.2 Retirements Mrs Hollis advised that as we move to the 31 March a number of staff members who have had a significant input into the Audit Committee will be retiring. She wished to acknowledge the work of Mrs Deidre Lewis, Deputy Director of Finance and Mrs Anne Holden, Corporate Administration Officer and thanked them for their support.</p> <p>22:031.3 Face to Face Meetings Whilst recognising that the covid pandemic has not gone away, Dr Davis asked if</p>	

	<p>it would be possible to have a face to face meeting before the closure of the CCG. The Chair advised that consideration was being given to holding the Governing Body meeting in June as a face to face meeting. He would discuss this further and confirm arrangements for future Audit meetings.</p> <p>There was no further business and the meeting closed at 1:55pm.</p>	
22:032	<p>DATE AND TIME OF THE NEXT MEETING</p> <p>The next meeting was confirmed as Tuesday, 19 April 2022 at 1:30pm.</p>	

NHS Blackburn with Darwen Clinical Commissioning Group
NHS East Lancashire Clinical Commissioning Group

Pennine Lancashire Committees in Common

Minutes of the Blackburn with Darwen CCG Primary Care Co Commissioning Committee
and East Lancashire CCG Primary Care Commissioning Committee
held via MS Teams
Tuesday 22nd February 2.30 – 4.30 p.m.

Members Present:	Blackburn with Darwen CCG	
	<i>Name</i>	<i>Title</i>
	Graham Burgess	BwD CCG Chair
	Nigel Horsfield	Lay Member
	Paul Hinnigan	Lay Member Governance (Chair of Audit Committee)
Members Present:	East Lancashire CCG:	
	<i>Name</i>	<i>Title</i>
	David Swift	Lay Member, Governance – Vice Chair
	Kirsty Hollis	Chief Finance Officer
	Alex Walker	Director of Performance & Delivery
	Dr T Mackenzie	GP Locality Lead
	Mel Crabtree	Practice Manager
	Dr A Bhat	GP Hyndburn
	In Attendance	
	<i>Name</i>	<i>Title</i>
	Lisa Cunliffe	Senior Transformation, Quality and Delivery Manager
	Dr S Gunn	PL GP Education Lead
	Collette Walsh	Deputy Director of Performance & Delivery
	Sarah Danson	NHSE
Cath Lawless	Transformation Quality & Delivery Support Officer	
Sarah Johns	BwD Healthwatch	

Min Ref		ACTION
1.	Welcome & Chairs Update: The Chair welcomed members to the Pennine Lancashire Committees in Common, Blackburn with Darwen (BwD) Primary Care Co Commissioning Committee and East Lancashire (EL) Primary Care Committee.	
2.	The Chair said that discussions are taking place with colleagues across the CCG on the frequency of the CCGs Corporate meetings in the final three months as the CCG transitions to the ICB from 1 st April 2022. It was noted that the CCG has been asked to reduce the number of meetings held as much as possible as CCG staff are now working across both the ICB and the CCG. The Chair advised that any urgent actions taken as Chairs action will be brought to the attention of the Committee for noting and approval.	
3.	Apologies: Roger Parr and Dr Mark Dziobon.	
3.1	Governance: The Chair reminded Members of their obligation to declare any conflicts of interest that they may have on any issues arising at Committee Meetings which might conflict with the business of BwD CCG and EL CCG. The Chair asked members if they would like to declare any Conflicts of Interest (CoI) relating to items on the agenda. Declarations of Interest: – None noted for Part 1 of the meeting.	

<p>3.2</p>	<p>Declarations declared by members of the PCCC/PCC are listed in the CCG's Register of Interests. The Chair reminded those present that if, during the course of discussion, a Col became apparent, it should be declared at that point.</p> <p>Quoracy:</p> <ul style="list-style-type: none"> • Blackburn with Darwen CCG – The meeting was not quorate • East Lancashire CCG – The meeting was confirmed as quorate 	
<p>4.</p>	<p>Minutes of the meeting held on 30th November 2021 – That the Committee agreed that the minutes held on 30th November 2021 were an accurate record with exception that the Chair should be included in quoracy arrangements for East Lancs CCG.</p> <p>ACTION: CL to amend minutes to read that Chair provided quoracy arrangements for EL. Action completed. Item Closed.</p>	
<p>5.</p>	<p>PL Action Matrix 30th November 2021 – That the actions on the PL Action Matrix were noted.</p>	
<p>6.</p>	<p>Minutes of Chairs Action Meeting held 19th January 2022 – That the Committee noted the minutes of the meeting and Chairs action held on 19th January 2022.</p>	
<p>7. 7.1 7.2</p>	<p>Matters Arising: Blackburn with Darwen CCG – None noted East Lancashire CCG – None noted</p>	
<p>8.</p>	<p>Winter Access Funding – CW provided an update in relation to the Winter Access Funding. CW shared with members some good news for Pennine Lancashire. NHSE have asked PL CCG to put together information that they could share with the National Team in relation to the work and progress the CCG have undertaken with regards to their allocation of the winter access funding and how it has been utilised across Pennine Lancashire. CW reminded committee members that the funding has been used to provide additional capacity into primary care and to use some of the funding to work on any innovative work across Pennine Lancs.</p> <p>CW reminded the committee of the at scale working and the creation of the hub model, which she said is a collaboration of providers working together to agree on joint pieces of work/deliverables/timescales i.e. same day access appointments/workforce capacity to reduce pressures in primary care. CW drew committee members to the diagram which outlines key immediate steps that are to be explored. CW advised that there are now two hubs in place across East Lancashire, St Peters and a further hub at the Acorn Centre where additional appointments are being put into the system. (77% utilisation). Blackburn with Darwen Local Primary Care have put in their proposal for a hub model. It is anticipated that hub development will accelerate very quickly in Blackburn with Darwen.</p> <p>The CCG has provided targeted support for some practices in Pennine Lancashire that have been identified by the ICS as potentially needing additional support. These practices have been linked into the extended hub model. David Rogers, PL CCG Comms Lead, has also led a project (Insight) looking at the most deprived communities in Pennine Lancashire and where there are GP access challenges. It was noted that the data from this project will also be built into the access hub model.</p> <p>CONCLUSION: That the Committee noted the update to the winter access funding. The Chair thanked CW for the update and made comment that he was very pleased that PL was getting recognition outside of Lancashire and asked that all involved be congratulated on this piece of work. The Chair asked whether a press release could be considered outlining the great recognition for Pennine Lancashire. ACTION: CW to speak to Comms.</p>	<p>CW</p>

<p>8.2</p>	<p>Local Quality Contracts – Quality Framework/QOEST</p> <p style="text-align: center;">  Presentation.pptx </p> <p>LC shared with the Committee a presentation in relation to EL Quality Contract and BwD QOEST. LC reminded Committee members of the work undertaken across L&SCU to review all quality contracts in each ICP area, with a view to introducing a single quality contract across L&SCU from 1st July 2022. It was noted that the work to review the quality contracts has been complex as they are all different across L&SCU.</p> <p>The ICS has now asked CCGs to strip out and cost what is related to quality and what is related to service delivery. The ICS has suggested that if CCGs can write a service specification can they commission it locally as a local enhanced service. The ICS have asked CCGs to leave the rest to go into the L&SCU Quality Contract with intentions for each ICP area to have a final figure. As part of the new L&SCU Quality Contract they are also proposing indicators across 4 domains. Access, Staff Well-being, Recovery/New Models and Community MDTs.</p> <p>The CCG has flagged several risks and concerns to the ICS as there is a significant amount of resource used to fund staffing in certain areas. If the resource is removed it could destabilise practices. Practices will also need notice of any changes to the contract so that they can respond to any change in requirements and also the change in income. The CCG has also asked the ICS that the resource removed is ringed fenced for general practice.</p> <p>It was noted that the CCG has started to look at all elements of both quality contracts and has put together a proposal for elements of both quality contracts that should be retained and commissioned locally and what elements of the quality contract could be made available to the central ICS Quality Contract. It was noted that there are also several areas that require clinical debate before a decision is made. In conclusion LC drew committee members to the actions and timescales and said that a further update will be brought to the Committees attention on the process. ACTION: CW/LC to provide an update at the next meeting of the Committee.</p> <p>Questions and answers followed:</p> <p>CONCLUSION: That the Committee noted the update. The Chair and Committee members raised concern and said that this is a tremendous task that needs to be done in four months. It is also going to be a difficult arrangement going forward and although it is not clear at the moment on how decisions will be made for Pennine Lancashire, he would expect maximum delegation of any funding to be placed based. ACTION: CW Comments raised by the Chair to be discussed with the ICS. ACTION: GB/JH/RH to also raise at ICB level.</p>	<p>CW/LC</p> <p>CW GB/JH/ RH</p>
<p>8.3</p>	<p>Primary Care Workstream Update - LC asked the Committee to note the contents of the paper which outlines the key workstream areas and to note the progress to date and to approve the recommendations contained within the report.</p> <p>Primary Care COVID19 Response - PL Practices continue to respond to the COVID19 pandemic by providing weekly Situation reports to the CCG</p> <p>Lateral Flow Devices – PL practices were struggling to get access to the lateral flow devices through normal routes. The CCGs Primary Care Team managed to source and distribute an emergency supply to practices and PCNs.</p> <p>FFP3 Fit Testing – Guidance with regards to the Omicron has been reviewed and although the guidance was not changed, further clarity was provided around the wearing of type IIR (surgical) face masks which are to be worn for patient contact. However, the guidance does allow for local risk assessments to determine if an FFP3 masks could be used in certain</p>	

circumstances. The CCG has written out to GP Practices to gain an understanding of fit testing capacity across Pennine Lancashire. A couple of options are currently being explored with ELHT to support fit testing in general practice. The ICS have also secured fit testing capacity to support the training of one fit tester per PCN across L&SCU.

Local Quality Contracts – Quality Framework and QOEST – LC reminded the Committee of the ask from the ICS to review all quality contracts in order to introduce a single quality contract by 1st July 2022. Until this work is completed LC asked the Committee to approve and roll-over the existing EL Quality Framework and BwD QOEST until 30th June 2022. LC advised that this on the understanding that were practices have the capacity and are also able to achieve the requirements contained within the contract they continue to do so.

GP Resilience Programme – LC advised that an update in relation to the bids received from GP Practices was considered under Chairs Action on the 19th January 2022. The report made recommendations for approval and/or rejection of the bids in line with national criteria and the locally agreed process. Resources available through the GP Resilience Programme in 2021/22 equates to £82,000 across Pennine ((East £57k, BwD £25K). The remaining resource following the first round of applications was £44,995 (East £32,990 BwD £12,005). The CCG has written out again to practices and PCNs and a further 4 GP resilience bids have been received.

8.3.1. GPAD Data – LC asked the committee to note the GP appointment data activity for December 2021. It was noted that this data is shared with A & E Delivery Board and Primary & Community Programme Board.

Extended Access – LC reminded members of the letter NHSE Our Plan for Improving Access for Patients and Supporting General Practice dated 14th October 2021. Originally the intention was that extended access would form part of the Primary Care Network DES from 1st April 2022. This has now been extended due to the Omicron variant until 1st October 2022. If a PCN can demonstrate its readiness, commissioners are encouraged to make local arrangements to transition before 1st October 2022. In Blackburn with Darwen the extended access service is commissioned by Local Primary Care. The CCG is requesting that this contract be extended until 30th September 2022 until it goes into the Primary Care Network DES from 1st October 2022. In East Lancashire work has already started in looking at a smooth transition from the existing provider (EU) to the East Lancashire Primary Care Networks from 1st April 2022. A full costed business case will be presented to the March meeting of the committee. **ACTION: LC- Extended Access Business Case to the next Committee meeting.**

Digital Updates – There has been an unavoidable delay to the online consultations, procurement due to circumstances outside the control of the ICS. The delay will give practices additional time in evaluating, choosing, and implementing new digital solutions. This delay will require existing contract to be extended for iPlato, AccuRX and Dr Link. The CCG continues to work with MLCSU colleagues to support GP practices with the migration of information to N365. It was noted that there has been some hesitancy from some practices in moving forwards which has caused concern in relation to ensuring that the project is completed within the current timeframes.

In conclusion LC asked the Committee to note the recommendations contained with the report.

- Note progress against the Primary Care Workstreams
- To approve the roll-over the existing Quality Framework and QOEST schemes until 30 June 2022.
- To ratify the decision taken under Chairs Action to approve GP Resilience GP Resilience bids as part of the first round of bidding.

LC

	<ul style="list-style-type: none"> To approve the extension of the existing contracts for Extended Access with Local Primary Care in Blackburn with Darwen until 30 September 2022 <p>Questions and answers followed.</p> <p>CONCLUSION: That the Committee approved the recommendations contained within the report.</p>	
9.	<p>PL Quarterly Contractual Changes Summary Qtr 3 - SD asked the Committee to note the contents of the report which provides a summary of the contractual changes effective during the quarter October – December 2021. It was noted that there have been five partnership changes in this period.</p> <p>CONCLUSION: That the Committee noted the report.</p>	
10.	<p>It was noted that Blackburn with Darwen was not quorate for this item.</p> <p>P81155 Brownhill Surgery – LC outlined the application from Brownhill Surgery to close their branch site located at Barbara Castle Way Health Centre. LC drew Committee members to key pieces of information and said that the practice has carried out a full patient and stakeholder exercise which includes letters to patients, updated their website, displayed posters in their reception area and informed their PPG of their intentions. The CCG is currently waiting for the practice to submit their Equality Impact Risk Assessment (EIRA). The Committee are therefore asked to note the progress to date and approve the CCGs recommendation to enable a decision to be taken under Chairs action subject to the findings of the Equality Impact Risk Assessment (EIRA).</p> <p>Questions and answers followed.</p> <p>ACTION: LC to share with Committee members data around the number of patients seen in total at the main site and the proportion of patients that are seen at their branch surgery.</p> <p>CONCLUSION: The Chair advised that he would take Chairs action for this item subject to the EIRA being acceptable.</p>	LC
11.	<p>P81088 Whitworth Application - LC asked the Committee to note the contents of the report which is an application to close the surgery each month for half a day for them to undertake staff/mandatory training and internal/clinical meetings. LC provided background information with regards to the practice and partnership arrangements. The practice is proposing that Bardoc who is the out of hours provider picks up any clinical cover whilst the practice is closed. LC said that this application does raise concern as the GMS regulations states that practices must provide essential services throughout their core hours 8.00 – 6.30 p.m. Monday – Friday. Although but not essential the practice has a GP on site, patients must be able to access essential services that meets their reasonable needs. In some instances, cover by on out of hours provider is not adequate to meet the reasonable needs of their patients. In exceptional circumstances the CCG has agreed for a practice to have an internal meeting as long as they maintain essential services and that the reception area remains open. LC raised concern and said that if the Committee approve the request the CCG will get similar applications from practices. This will have a detrimental impact on essential services to patients and their access. In conclusion LC asked the Committee if they would support the application from the practice.</p> <p>Questions and answers followed:</p> <p>CONCLUSION: That the Committee unanimously agreed not to support the application and asked that the practice consider other innovative solutions.</p>	

<p>AOB</p>	<p>Application to request an increase in funding for the Medical Cover to Clitheroe Community Hospital by Pendleside Medical Partnership – AW provided historical information with regards to the longstanding provision at Clitheroe Community Hospital provided by Pendleside Medical Practice. It was noted that since 2014 there has been no financial uplift to the contract. Discussions have taken place with the practice management, GP's and also divisional management of ELHT to discuss the current service delivery. AW advised of the current provision of £87.50 per hour for delivering the service for 40 hours per week. A total of £182,000. Plus £10k Medical Insurance and an additional premium for Bank Holidays.</p> <p>Pendleside have delivered the service since 2014. If they had received an annual uplift in line with other contracts this would have resulted in a current rate of £84.15 taking into account increases from 2016/17 only. The request therefore from Pendleside Medical Partnership is to increase both the hourly rate and the hours of service to £100.00 per hour and are requesting an increase to 10 hours per day to reflect the actual hours worked. This would result in a total contract value of £260,000 plus £10k insurance.</p> <p>AW advised that currently Pendleside medical Practice are running the service at a loss and if the CCG does not agree to this request they would consider pulling out the contract which would be problematic for the CCG in terms of looking for other medical cover.</p> <p>In conclusion AW asked the Committee to note the recommendations contained within the report and to approve the funding request. A revised value of £260k plus insurance up to £190k plus enhanced rates for Bank Holidays. The Committee are also asked to approve the recommendation that procurement advice is confirmed before any changes are made to the contract duration or commitment to an annual lift.</p> <p>CONCLUSION: That the Committee agreed to support the request.</p>	
	<p>Date of the next meeting: Tuesday 29th March 2.30 – 4.30 p.m.</p>	

**BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON TUESDAY, 30TH NOVEMBER 2021**

PRESENT:

Councillors	Councillor Mohammed Khan
	Councillor Julie Gunn
	Councillor Damian Talbot
ELHT	Arif Patel
Clinical Commissioning Group (CCG)	Roger Parr
	Samantha Wallace
Health Watch	Sarah Johns
Voluntary Sector	Dilwara Ali
	Vicky Shepherd
Council	Dominic Harrison
	Sayyed Osman
	Gifford Kerr
	Jo Siddle
	Susan Kalvenas
	Katherine White
	Laura Wharton

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Martin Hodgson, Graham Burgess, Tony McDonald, Jayne Ivory, and Angela Allen.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the Meeting held on 2nd September 2021

The minutes of the previous meeting held on 2nd September 2021 were submitted.

RESOLVED – That the minutes submitted be agreed as a correct record.

4. Public Questions

The Chair informed the Board that a public question had been received from Mr Keith Murray regarding the health care provision for Livesey Parish since a large scale housing development would see over 2000 new homes built within the parish, by 2028. Mr Murray was also interested to know the size and scope of the new facilities and how local they

would be given it was the Council's intention to encourage walking.

Councillor Khan provided the response to Mr Keith Murray and advised that the Council's most relevant framework for developing an appropriate local response was the new Local Plan, which was currently in development and due for consideration by the Council in January, prior to a final round of public consultation. As part of the Local Plan work, the Council were engaging with infrastructure delivery partners on housing growth forecasts to better understand associated infrastructure needs, including health facilities, linked to the Borough's expected growth priorities.

Councillor Khan informed Mr Murray that the work was reported in the Council's Infrastructure Delivery Plan (IDP) - the latest Plan was published in January 2021. However, since then, the CCG had identified a number of opportunities and strategic responses. These would be detailed within the final draft Local Plan which will be considered in January.

In addition, the Health and Wellbeing Board was responsible for preparing the Pharmacy Needs Assessment (PNA), which identified whether current pharmacy service provision met the needs of the local population and considered whether there were any gaps in service delivery. An updated PNA would be published in October 2022.

5. Pharmaceutical Services Consolidations and Notifications

The Board received a report on practice relating to responding to Pharmacy consolidations and other notifications when received from NHS England.

The Board heard that the Local Government had taken on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA). The PNA aimed to identify whether current pharmacy service provision met the needs of the local population and consider whether there were any gaps in service delivery.

Gifford informed the Board that the PNA was used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Health and Wellbeing Board had a statutory duty to respond to NHS England when they received applications to consolidate pharmaceutical services. Notifications of other changes to pharmaceutical services were also sent to the Health and Wellbeing Board, but did not require a statutory response.

The report contained within the agenda outlined the proposed process for responding to consolidation applications.

RESOLVED – That the Board agree the update on procedure.

6. Better Care Fund Planning Requirements 2021/22

Samantha Wallace provided the Board with a presentation on the Better Care Fund. The purpose of the update was to provide Board members with an overview of the Better Care Fund national requirements and to provide a finance summary update.

The Board heard that on the 30th September 2021, the National Better Care Fund (BCF) Planning Requirements 2021-22 was published and set out the requirements of the planning process.

Samantha provided the Board with a broad overview of the financial budget summary 2021/22, outlining the core funding and informing the Board that the overall BCF budget was £25,858,448.

The Board was provided with an overview of the BCF Planning documents and heard that the narrative plan focussed on what work was being done and what it meant. The narrative plan reflected how commissioners would implement a joined-up approach to integrated person-centred services across health, care, housing and wider public services. Samantha also informed the Board that the BCF planning template was a summary of financial expenditure and would reflect planned and current investment and progress against schemes.

As part of the BCF Planning, the BCF Policy Framework set out four national metrics that needed to be included in 2021-22 plans. The Board heard that the Framework retained two existing metrics and introduced two new metrics, as set out below:-

- Metric 1: Long Term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,00 pop
- Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharged from hospital into reablement/rehab services
- Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Avoidable admissions)
- Metric 4: Discharge Indicator set

Samantha informed the Board that Blackburn with Darwen's BCF Narrative Plan would support the financial and metrics planning template and would include sections on 6 key areas. Collaborative engagement with a range of partners and stakeholders to develop the report had taken place and approval of the plan had been gained from the Chair of the Health and Wellbeing Board at a meeting on the 11th November 2021. The deadline for submission of the final plan and completed planning templates was 16th November 2021.

Feedback from the National BCF Team was anticipated to arrive early December 2021.

Sayyed Osman thanked Samantha and the team on the piece work.

RESOLVED – That the Board note the presentation.

7. Disabled Facilities Grant (DFG) Update

Katherine White and Susan Kalvenas provided the Board with an update on the Disabled Facilities Grant.

The Board heard that since 2017/18 the DFG had been included within the BCF pooled budget with BwD CCG and that the spending of the DFG remained a function undertaken by the Council. The DFG was allocated each year directly to the Council as a specific S31 Capital Grant and as such was reported through the Council's capital monitoring process in addition to reporting through the BCF. The Board noted that there was flexibility for spending of the DFG programme between financial years.

Katherine informed the Board that there had been a positive financial recovery from the disruption of the coronavirus pandemic in this financial year, however as national restrictions were in place in the first quarter this had a cause and effect on throughout. As the pandemic continued, 'business as usual' grant spend would not be realised until the

22/23 financial year. The Board heard that the budget for this financial year was £2,129,743.00 and in addition funding was carried forward from the last financial year which had been added to this year, making £3,716,790.00 available, which was split between Adults and Children's Adaptions and the Adults Telecare Service. The significant underspend in the financial year 20/21 was a direct result of the pandemic and this was reported in detail at the last meeting.

The Board looked at the predicted DFG commitment for 21/22 and was informed the spend was a conservative estimate with a potential opportunity to increase the totals. The inflated budget for this year had resulted in the opportunity to continue to improve services and the Board heard how the additional funds had been best utilised.

In conclusion the Board heard that the overall financial position heading into next year was a positive one, in spite of the demands the past two years had brought.

RESOLVED – That the Board note the presentation.

8. Health Equity Commission

Dominic Harrison provided a verbal update to the Board on the Health Equity Commission. The Board heard that further to Lancashire and Cumbria committing to forming a Health Inequalities Commission, work was now underway in reviewing health inequalities and action to address these across the sub-region.

Throughout November information gathering had taken place, with themed workshops being held with local Government, Health providers and the wider NHS, the Voluntary, Community, Faith and Social Enterprise sector all attending. Feedback from the Blackburn with Darwen Health and Wellbeing Board development session held on 8th November was presented to the Health Equity Commission by Dominic Harrison and Cllr Khan on 29th November.

All of the data and research collected had now been submitted and will be synthesised by the University College London. It is anticipated that the findings would be reported back early next year, along with any recommendations.

RESOLVED – That the Board note the update.

9. Healthwatch BwD Update

Sarah Johns attended the meeting to provide an update on Healthwatch.

Residential Care Enter and View programme

The Board heard that visits to care homes focussed on key themes such as environment, care, nutrition and activities, designed to gather information on residents overall experience of living at the home. Three care homes had recently been rated based on observations and feedback from residents, families and staff. The Board was informed that all reports were published on Healthwatch website and shared with Healthwatch England, CQC, Adult Social Care and the Pennine Care Sector team.

Youth Engagement in Health and Social Care

The Board heard that Healthwatch BwD had lead on a partnership group with young people about the Mental Health Trailblazer in schools programme to ensure it was meeting their needs.

Sarah informed the Board that a consultation was currently being carried out with young

people about the 0-19 service to help shape the school nurse programme.

The Board were also informed that the young people's panel had co-designed a new look for the paediatrics ward which was more young person friendly.

In addition, a new member of staff had been recruited to lead on engagement with young people and develop a Young Inspectors version on Enter and Views.

Residents' Experiences of Long Covid

The Board were informed that engagement with residents had been ongoing, to better understand their experiences of long covid and the support they have gained. The Board looked at the feedback and resident's experiences and noted the following:-

- 62% did not have a long term health condition before having Covid
- 64% have not been clinically diagnosed with long Covid
- 95% still experiencing symptoms of long Covid with half of respondents experiencing these for 10 months+
- 28% of respondents did not feel that they could manage their symptoms through self care
- Symptoms experienced are incredibly varied and extend much beyond fatigue, breathlessness and loss of smell/taste
- Half of respondents had accessed support from their GP with little knowledge of other support services available to them.

Uptake of physio sessions at Barbara Castle Way

Sarah informed the Board that Healthwatch BwD had been working with the Physiotherapy Team at Barbara Castle Way, to look at the seated and standing exercise classes being delivered in the Borough in order to understand the reason why "Did Not Attend" rates were higher for the seated classes as opposed to the standing classes; understand why the re-referral rates back to the seated class were higher than the standing class and to gain a better understanding of the needs of the cohort of patients attending both classes to enable a patient led service design. The recommendations which were highlighted in the presentation, were fed back after engagement with participants.

Information and Signposting

The Board heard that Healthwatch BwD continued to receive high levels of calls and emails from residents asking for advice and guidance around access to health and social care services. Queries related to access to NHS dentists, poor communication from GP surgeries and treatment and care in hospital. The Board were informed that Healthwatch BwD was looking to expand information and signposting provisions with a new post taking the lead on this work.

Healthwatch Together Engagement

Sarah informed the Board of a number of projects that had been carried out in partnership with Healthwatch Blackpool, Cumbria and Lancashire. Currently, engagement was being carried out in the Emergency Department at Royal Blackburn and the Urgent Treatment Centre in Burnley to understand the winter pressures and help shape future campaigns to signpost patients to alternative support.

In concluding the presentation, Sarah informed the Board of the 2022/2023 work plan which included carrying out engagement with residents to understand their health and social care priorities. Sarah also asked Members of the Board to share their priorities and how Healthwatch BwD could support these.

RESOLVED – That the Board note the update.

10. Oral Health Strategy Update

The Board received a report which provided members with an update on the Oral Health Strategy. The report gave an overview of the approach, the strategy and the action plan to improve the oral health of children, vulnerable adults, and the elderly who live in supported living or in care homes, across Blackburn with Darwen.

Background information was highlighted in the report and the action plan and strategy were included within the agenda pack.

RESOLVED – That the Board note the contents of the strategy and the recommendations in the action plan and approve the oral health improvement strategy.

11. Eat Well, Move More, Shape Up Strategy

Sayed informed the Board that the Strategy would now be known as Eat Well, Move More Strategy.

The Board received a report which provided members with an update on the Eat Well, Move More Strategy.

Background information was highlighted in the report and the strategy was included within the agenda pack.

RESOLVED – That the Board;

- Note the key issues and challenges related to access to good food and physical activity across Blackburn with Darwen and acknowledge the opportunities to support COVID recovery and tackle health inequalities;
- Acknowledge and support the need for wider system change and cross sector leadership buy in and continue to champion the collaborative work already in place; and
- Approve the refreshed, three year ‘Eat Well Move More’ Strategy

12. Any Other Business

Development Session – 26th January 2022

The Board discussed the Development Session being held on 26th January and agreed that an item on Mental Health and Wellbeing be added to the agenda.

RESOLVED – That Mental Health and Wellbeing be added to the agenda for the Development Session taking place on 26th January 2022.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

Lancashire Health and Wellbeing Board

**Minutes of the Meeting held on Tuesday, 25th January, 2022 at 2.00 pm in
Committee Room 'A' - The Tudor Room, County Hall, Preston**

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
County Councillor Graham Gooch, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
County Councillor Jayne Rear, Lancashire County Council
County Councillor Mrs Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Dave Carr, Policy, Commissioning and Children's Health, Lancashire County Council
Dr Geoff Jolliffe, Morecambe Bay CCG
Councillor Matthew Brown, Central, Lancashire Leaders Group
David Blacklock, Healthwatch
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

Stephen Young	Growth, Environment, Transport and Community Services, Lancashire County Council
Dr Julie Higgins	East Lancashire CCG
Suzanne Lodge	North Lancashire Health & Wellbeing Partnership
Gary Hall	Lancashire Chief Executive Group
Councillor Viv Willder	Fylde Coast, Lancashire Leaders Group
Councillor Mark Hindle	East Lancashire Health and Wellbeing Partnership
Greg Mitten	West Lancashire Health and Wellbeing Partnership
Tammy Bradley	Housing Providers
Jon Charters/Mark Hutton	Lancashire Fire & Rescue Service (LFRS)

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

- Denis Gizzi is attending on behalf of Dr Lindsey Dickinson, Chorley and South Ribble CCG and Dr Sumantra Mukerji, Greater Preston CCG

- Dave Carr is attending on behalf of Edwina Grant OBE, Education and Children's Services, Lancashire County Council

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance.

2. Constitution, Membership and Terms of Reference of the Committee

The Board were informed that the Terms of Reference had been amended and approved at the Full Council meeting of the County Council on 16 December 2021 and that County Councillor Michael Green, Cabinet Member for Health and Wellbeing had been confirmed as Chair of the Board.

The Board noted that the Deputy Chair of the Board had previously been a representative from the NHS and going forward the new Terms of Reference remained the same, however as the NHS Reforms were still ongoing, it was agreed that Denis Gizzi, NHS would remain as the interim Deputy Chair of Lancashire Health and Wellbeing Board, until a formal appointment was received from the Integrated Care System Board.

Resolved: That the Lancashire Health and Wellbeing Board:

- i) Noted the revised Terms of Reference and membership as set out in Appendix 'A' of the agenda and agreed by Full Council on 16 December 2021.
- ii) Noted the appointment of Chair as agreed at Full Council.
- iii) Agreed the appointment of Deputy Chair.
- iv) A formal note of thanks be sent to the former Chair of the Lancashire Health and Wellbeing Board thanking him for his services.

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 9 March 2021

Resolved: That the Board agreed the minutes of the meeting held on 9 March 2021.

There were no matters arising from the minutes.

5. Lancashire Health and Wellbeing Board - SEND Sub-Committee

Julie Bell, Interim Director of Education, Culture and Skills, Lancashire County Council presented the final report of the Special Educational Needs and Disabilities (SEND) Sub-Committee which was requesting that it be disestablished as it has successfully achieved a good result.

There were five interventions that were in place for the Special Educational Needs and Disabilities (SEND) Service, and it was confirmed that sufficient progress had been made in all five areas in November 2021.

It was noted that there had been a high level of challenge and that colleagues from the NHS had been extremely helpful in the proceedings and that collaboration working between the NHS and the County Council, both with officers and with Elected Members, had worked really well and as a result, positive progress had been achieved.

The Chair formally thanked everyone that had been involved with the Sub-Committee, particularly the excellent work of the officers and the Elected Members both past and present, who had worked hard to ensure that good results were now being achieved. Julie Bell, County Councillor Phillippa Williamson, Leader of Lancashire County Council and County Councillor Jayne Rear, Cabinet Member for Education and Skills also echoed their thanks to all involved.

Resolved: That the Lancashire Health and Wellbeing Board:

- i) Noted the report of the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub-Committee from its meetings on 22 March 2021, 21 June 2021, 13 September 2021 and 30 November 2021.
- ii) Approved that the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub-Committee be disestablished with immediate effect.

6. Lancashire Health and Wellbeing Priorities and Next Steps

John Morrissy, Director of Organisational Development and Change, Lancashire County Council gave a presentation (attached to the minutes) to the Board following three workshops sessions that had been held during Autumn 2021 where engagement with key stakeholders took place on how the Board could be further developed and strengthened.

The presentation provided an overview of the outcomes from the workshop sessions and further information was provided on:

- Recap and Feedback – Key themes and messages emerging from the workshop discussion.
- Responding to Feedback – Strategic actions and initial continuous improvement priorities.
- Operating differently – Suggestion that the Board should focus on three key elements:
 - i) Better Start in Life
 - ii) Healthy Hearts
 - iii) Healthy MindsAnd in doing so, the Board should encourage all partners to ensure the Board are linking its priorities to all of the available policy levers.
- Moving from ambition to delivery – Key requirements/elements that require resources to support the three key areas:
 - i) Board development
 - ii) System improvement
 - iii) Community engagement
- Draft vision and purpose (based on staff/partners engagement so far)
- Initial priorities for a Better Start in Life, Healthy Hearts and Healthy Minds:

- Achieving the best start in life for all our children and young people.
- Prevention and early detection of long term conditions and their root causes.
- Promoting wellbeing in Lancashire's communities, workplaces and economy.
- Governance and meetings – particularly place-based locations wherever possible, so that the Board can benefit from lived experience and successful examples. Also the format of Board meetings going forward, should look at:
 - Bringing together data and analysis to illustrate an issue.
 - Experiencing examples of successful approaches.
 - Identifying rapid solutions which can be developed and scaled.
- Proposed next steps:
 - Development of implementation plan and ongoing engagement.
 - Identify continuous improvement support capacity.
 - Refresh the Health and Wellbeing Board Strategy using the Joint Strategic Needs Assessment (JSNA) and the Health Equality Commission (HEC).

Following the presentation, comments received from members of the Board, were that in terms of structure and the current COVID pandemic, which has raised further concerns with Long COVID, mental health, loss and grief within communities as well as economy, would this be something the Board could pursue. It was noted that the priorities identified were immediate, whilst still in the pandemic and that there will be a continuous programme of work on understanding how health and wellbeing has been affected over the last two years, in particular the economy and environment and will require a joint action approach of which, this is just the start of it.

County Councillor Sue Whittam, Lead Member for Health commented that it was clear from the workshops that people wanted a fresh approach to the Board and that visiting communities and districts, to witness some of the work in practice and see the outcomes that are going to make a real difference to residents in Lancashire would be beneficial in the Board moving forwards.

David Blacklock, Healthwatch Lancashire indicated that they would be willing and able to support the reaching out to communities and carrying out engagement activities and suggested that Board members could take responsibility and accountability for particular issues or topics and drive an agenda forward. Also, it was reported that Healthwatch has been working with local citizens and the NHS on creating a new model of engaging in the five local areas that the NHS work on and are about to establish some Health and Care Forums which are about having regular ongoing dialogue with local communities about the big issues that matter to them around health and care and that it would be useful to join these up with the Board to avoid duplication.

It was noted that it was crucially important to find more effective ways of working together as partners and as members of the Board moving forwards and being able to focus very much on outcomes whether it be in the short or long term.

Discussion took place about moving Lancashire Health and Wellbeing Board out into the communities and districts of Lancashire and that this was an important aspect of the Board moving forwards in having an opportunity to go to parts of the County where there was some really good practice taking place so that lessons can be learned and replicated elsewhere in Lancashire or where there is a particular issue that needs to be addressed as a collective and allows the Board to take action collectively. As agreed in the Terms of

Reference, it states that "Meetings will be held at County Hall, Preston, unless otherwise agreed by the Board". There were no objections to this taking place.

The Chair also formally noted his thanks to all former members of the Lancashire Health and Wellbeing Board, who have made a difference for the people of Lancashire throughout their time as members on the Board.

Resolved: That Lancashire Health and Wellbeing Board:

- i) Noted the update from the workshops held in Autumn 2021.
- ii) Noted the Lancashire Health and Wellbeing priorities and next steps.
- iii) Agreed to hold meetings outside of County Hall as often as possible.

7. Annual Report of the Director of Public Health 2021-22

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council presented the Annual Report 2021-22 to the Board. The report (Appendix 'A' in the agenda pack) details an analysis of key indicators of health, outcomes and equalities in Lancashire. It was noted that the Annual Report would also be presented to Lancashire County Council's Cabinet on 3 February 2022 and Full Council on 24 February 2022. Dr Sakthi Karunanithi, Director of Public Health also thanked the Public Health Team for the Annual Report as well as wider partners who had also been involved in the compilation of it.

Directors of Public Health have an annual duty to describe the state of health and wellbeing and highlight challenges and point to areas of collective actions as a society and continue to promote good health and prevent illness and deaths. The Board were informed that how healthy somebody was, is determined by a wide range of factors, ie 20% is influenced by the NHS, health care and clinical services and 80% is determined by the wider/social determinants of health.

It was reported that there are two key measures that are globally recognised to describe the health of society and how it is distributed within communities:

- i) Life expectancy at birth
- ii) Healthy life expectancy at birth

In Lancashire the life expectancy at birth for:

- i) Females is 82 years
- ii) Males is 78.3 years

And for healthy life expectancy for:

- i) Females is 62 years
- ii) Males is 60 years

This highlights that 75% of your life is spent living healthily with 25% not in good health, which is a stark realisation.

The Board were informed that throughout the COVID pandemic it has highlighted how intrinsically health and economy are linked and it is imperative to be prepared for responses to future threats and to reduce inequalities in Lancashire. The immediate priority in Lancashire is school readiness and cuts across shared goals, whilst not losing focus on issues such as overweight and obesity in children. During COVID it was noted that the community effort in Lancashire in communities, voluntary community and faith sector (VCFS), volunteers rose to the challenge to help each other in times of need which recognised the value of the VCFS colleagues that are helping to improve health and wellbeing and will continue to embrace that and support the sector.

It was highlighted that there were three "E's" that were key levers to improving health and wellbeing more than anything else and they are:

- i) Education
- ii) Environment
- iii) Economy

The Board also noted that alliances and partnership working on mental health had already commenced with various programs across Lancashire and also working with employers to address the issues surrounding mental health.

It was outlined to the Board, the key findings detailed in the covering report and the six high level recommendations included in the Annual Report which were:

- i) Adopt a health in all policies approach to reducing health inequalities across Lancashire.
- ii) Work more closely with wider system partners to support and improve how we do things, working alongside the voluntary, community, faith and social enterprise (VCFSE) sector as more equal partners.
- iii) Harness the relationships and ways of working which have developed during the pandemic to improve the health and wellbeing of children and young people and reduce child health inequalities.
- iv) Align health and climate goals, working with partners and our communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change.
- v) Ensure all key interfacing strategies in Lancashire have a healthy ageing focus and to demonstrate commitment to healthy ageing by signing up as a co-signatory to the Public Health England (PHE) Healthy Ageing Consensus statement.
- vi) Address low in-work productivity, as the biggest single contributor to Lancashire's productivity gap, through work-based health programmes, supportive workplace practices and closer working relationships with key agencies such as Department of Work and Pensions (DWP).

Following the presentation, the Chair formally thanked Dr Sakthi Karunanithi and the Public Health Team for the excellent Annual Report and requested that his thanks be passed on to the Team.

It was also suggested that the economy be restructured to tackle inequalities across Lancashire and that groups within communities are set up to tackle the issues of loneliness, particularly with men.

In terms of the what the Lancashire Health and Wellbeing Board can do going forward with regards to the information highlighted in the report is that it needs to link the report with the Board development conversation and its' work programme to ensure the Board moves forwards in a different way and look at members being champions/ambassadors for a particular topic, as well as a commitment from the Public Health Team and wider health and wellbeing teams across Lancashire to support the endeavour in bringing more intelligence on what works and good practice in terms of polices. It was agreed that Dr Sakthi Karunanithi, Director of Public Health would speak further with regards to this in how to move this forward, with individual Board members.

Resolved: That the Lancashire Health and Wellbeing Board:

- i) Received the Annual Report of the Director of Public Health 2021-2022.
- ii) Supported the high-level recommendations contained within the Annual Report.
- iii) Agreed that Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council speaks individually with members of the Board on how the Board can support the Annual Report and be ambassadors/champion issues for better outcomes in Lancashire.

8. Strategic Approach to Care, Health and Wellbeing

Denis Gizzi, Deputy Chair of Lancashire Health and Wellbeing Board, NHS led a strategic discussion on the approach to care, health and wellbeing which is just the start of a much broader conversation engagement with partners and stakeholders.

The Board were informed that discussions have been taking place with different people in various meetings over the last two years as the pandemic was being managed and that there are three parts to those discussions:

- i) Context – what has been learned from the last 18 months – 2 years.
- ii) Consider what can be done better together and move forward.
- iii) What third party essential requirements would be needed to do it and do it well.

It was suggested that as a system it needs to get better at predicting risk by using data and science to ensure there is organised and structured action in the way in which services fit together to ensure better quality and outcomes for residents in Lancashire. There is also the prediction of model of care so that it is structured in such a way that it delivers a better quality of care overall and be much more prescriptive around that system of care and if all those suggestions are balanced, and the resources are available, there would be a more structured, organised, systematic process of care planning.

Following the update, it noted that from a longer term strategic approach there is something about how this links with the broader digital strategy across the Integrated Care System and how it is embedded within that.

As a Board, it was suggested as to whether it should be driving this or using its' influence in the wider partnership. It was felt that the Board should not own this itself, however it

should be setting the scene and setting the strategy and holding the system to account for sticking within that strategy.

The Board noted that having a good understanding in the analysis of different segments of the population and how there needs to be a "prescribed" set of care, one of the things that Lancashire Health and Wellbeing Board is ideally placed is to champion what really matters for someone's health and wellbeing and is captured as part of the care plan such as housing, education and employment.

Resolved: That the Lancashire Health and Wellbeing Board engaged in a strategic discussion on recovery from the pandemic and looked at ways of developing a longer term health and wellbeing strategy.

9. Urgent Business

There was no urgent business received.

10. Date of Next Meeting

The next scheduled meeting of the Board will be held on Tuesday, 8 March 2022 at 2pm in Committee Room 'C', County Hall, Preston.

As discussed previously in the meeting, the venue for the next meeting, may be elsewhere in the County and will be confirmed to members as soon as possible.

L Sales
Director of Corporate Services

County Hall
Preston