## BRIEFING POINTS:

Does this report / its recommendations have implications and impact with regard to the following:

<table>
<thead>
<tr>
<th>A. Commissioning Board’s Aims and Objectives</th>
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</thead>
<tbody>
<tr>
<td>1. Quality (including patient safety, clinical effectiveness and patient experience) – please outline impact</td>
<td>Yes</td>
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<tr>
<td>From an Equality and Inclusion perspective</td>
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<tr>
<td>2. Commissioning of hospital and community services – please outline impact</td>
<td>Yes</td>
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<tr>
<td>From an Equality and Inclusion perspective</td>
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<td>3. Commissioning and performance management of GP Prescribing – please outline impact</td>
<td>No</td>
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<td>4. Delivering Financial Balance – please outline impact</td>
<td>No</td>
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<td>5. Development of the commissioning group as a commissioning organisation – please outline impact</td>
<td>Yes</td>
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<tr>
<td>From an Equality and Inclusion perspective</td>
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<tr>
<th>B. Governance – please outline impact</th>
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<tr>
<td>1. Does this report:</td>
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<tr>
<td>• provide the Commissioning Board with assurance against any of the risks identified in the assurance framework (identify risk number)</td>
<td>Yes</td>
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<td>• have any legal implications</td>
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<td>• promote effective governance practice</td>
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<td>Effectively meeting the Public Sector Equality Duty and obligations under the Equality Act (2010)</td>
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<td>2. Additional resource implications</td>
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<td>(either financial or staffing resources)</td>
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<td>3. Health Inequalities</td>
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<tr>
<td>From an Equality and Inclusion perspective</td>
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<tr>
<td>4. Equality and Inclusion and Human Rights Requirements – Has an Equality Impact and Risk Assessment been carried out?</td>
<td>Yes</td>
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The report acts as an overview of Equality and Inclusion activity undertaken by the CCG in 2018/19. No EIRA required.
<table>
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<th>Clinical Engagement</th>
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<td>5.</td>
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<td>No</td>
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<td>6.</td>
<td>Patient and Public Engagement</td>
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<td></td>
<td>Has public participation/the ‘13Q duty to involve’ been considered?</td>
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From an Equality and Inclusion perspective

**PAPER PREPARED BY:** Travis Peters – Equality and Inclusion Business Partner - MLCSU

**PAPER PRESENTED BY:** Travis Peters – Equality and Inclusion Business Partner - MLCSU
Equality & Inclusion
Annual Report 2018/2019
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Accessibility Statement

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Or call 01695 588 000 quoting your address and telephone number, along with the title and date of the publication plus the format you require.

You can also access our website using this link to get in touch: http://www.westlancashireccg.nhs.uk/get-in-touch/
Executive Summary

NHS West Lancashire Clinical Commissioning Group (CCG) believes that equality and inclusion includes addressing health inequalities and should be embedded into all commissioning activity.

It is our over-riding aim to provide equality of opportunity to all of our patients, their families and carers and to proactively attempt to eliminate discrimination of any kind in the services that we commission (buy).

The CCG is keen to involve local people in the continuing development and monitoring of this aim to ensure that we commission the right health care services, provide well trained staff to deliver and ensure our providers meet the equality duties set out in the Equality Act 2010.

This is our sixth Equality and Inclusion Annual Report and the report shows how we have met our equality duties and, also, how we are achieving our equality objectives.

Mike Maguire – Chief Officer

“By working with local people and our stakeholders in West Lancashire and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services”

Dr. John Caine - Chair

“We will make equality core to our business planning”
Introduction

West Lancashire Clinical Commissioning Group (CCG) became a statutory body in April 2013 when it became responsible for commissioning high quality health services and improving the health of the population of West Lancashire. The equality and inclusion information presented in this report represents the CCG’s progress during its sixth year of operation and outlines the CCG’s progress to incorporate Equality and Inclusion in all its work. The CCG is making this annual report publicly available so that the organisation complies with the Specific Duty of the Public Sector Equality Duty to publish equalities information annually.

This report sets out:

- Our commitment to Equality and Inclusion
- Our ‘due regard’ to the Public Sector Equality Duty
- Equality Impact and Risk Assessments completed by the CCG in 2018/19
- Our NHS Equality Delivery System (EDS2) grading assessment in 2018
- Progress against the CCG’s Equality Objectives set in 2017

The CCG’s Strengths in Terms of Equality and Inclusion

- The CCG has a clear commitment to equality and inclusion which is described in our Equality and Inclusion Strategy 2017/2021. This strategy was ratified by the Governing Body in May 2017 and sets out the CCG’s strategic approach to embed equality and inclusion at its core commissioning and quality improvement work. This will be achieved by having a flexible framework for our equality and inclusion activity which is an integral part of the way we do business.
- The Equality Impact and Risk Assessments process is embedded in all aspects of the CCG’s work through our Project Management System and is included as a requirement in the
commissioning planning processes for 2019/2020. We have undertaken a number of 
Equal Impact and Risk Assessments during the last 12 months. More details can be found 
on page 26 of this report

- The CCG’s patient and public engagement continues to be improved by providing a range of 
ways in which our local population can stay informed and be involved in the work of the 
CCG.
- In November 2018, the CCG maintained their Equality Delivery System (EDS2) grade as 
‘Achieving’ for Goal 1 – ‘Better Health Outcomes’. Further information can be found on 
page 29 of this report.
- All staff will have the opportunity to attend an Equality Impact and Risk Assessment (EIRA) 
workshop to refresh existing staff or to ensure that all members of staff understand the 
EIRA process.

**The CCG’s Areas for Improvement for Equality and Inclusion**

The CCG will focus on Goal 3 – ‘A Representative and Supported Workforce’ – for their EDS2 
Grading Assessment for 2019. Since the last time the CCG was graded on Goal 3, all new 
staff members now meet with the Equality & Inclusion Business Partner as part of their 
initial induction to ensure that they understand their obligations to equality and inclusion 
and the support on offer from the MLCSU Equality and Inclusion Team. The EDS2 Grading 
Assessment is scheduled for later in 2019 and is still in the early stages of planning.
Legal Duties for Equality and Inclusion


The Equality Act (2010)

The Equality Act (2010) came into force in October 2010. The Equality Act combines over 116 separate pieces of legislation into one single Act. Combined, they make up an Act that provides the legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the current legislation to provide discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act protects people from unfavourable treatment, and this refers particularly to people from the following categories known as ‘protected characteristics’.

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex (Gender)
- Sexual Orientation
The Protected Characteristics

Age
This refers to a person belonging to a particular age (e.g. 50 years old) or a range of ages (e.g. 18 to 30 years old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).

Disability
A person has a disability if they have a physical impairment, mental impairment, sensory impairment or learning disability which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Gender Reassignment
The process of transitioning from one gender to another. Gender identity refers to the way an individual identifies with their own gender, e.g. as being either a man or a woman or, in some cases, being neither, which can be different from biological sex.

Marriage and Civil Partnership
The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same-sex partners. Same-sex couples can have their relationships legally recognised as ‘civil partnerships’. In England and Wales, marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.
Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.

Race

Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion and Belief

Religion has the meaning usually given to it, but belief includes religious convictions and beliefs, including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex (Gender)

A man or woman, but also includes men and women as groups. Treating a man or woman (or men and women) less favourably for reasons relating to their sex.

Sexual Orientation

A person’s sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.
Public Sector Equality Duty (2011)

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the CCG to address:

- Eliminating unlawful discrimination, harassment and any other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not.

The CCG also has a specific duty under the PSED to complete the following actions:

- Publish information to demonstrate their compliance with the Equality Duties, at least annually.
- Set equality objectives, at least every 4 years.

Human Rights Act (1998)


The CCG must ensure that their commissioning decisions safeguard vulnerable people, and do not put people’s lives at risk or expose them to inhumane or degrading treatment.
Health and Social Care Act (2012)

The Health and Social Care Act (2012) states that each Clinical Commissioning Group must in the exercise of its functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- Promote the involvement of patients and their carers in decisions about provision of health services to them;
- Enable patients to make choices with respect to aspects of health services provided to them.

NHS Constitution (2015)

The NHS Constitution (2015) sets out rights for patients, the public and staff.

It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

NHS Constitution targets are monitored via the CCG’s Quality and Performance Team, and assurance is provided to the Governing Body via the Quality and Performance Committee.
NHS Mandated Equality Standards

Equality Delivery System (2013)

The Equality Delivery System (EDS2) helps NHS organisations improve the services that they provide for their local communities and provide better working environments, free from discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act (2010). The main purpose of EDS2 is to help organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act.

Accessible Information Standard (2016)

The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand, and receive any communication support that they need.

Commissioners of NHS services must have a regard to this standard, in so much as they must ensure that they enable and support compliance through their relationships with provider organisations. This standard is in all of the CCG’s NHS Standard Contracts and is monitored by Quality and Performance Key Performance Indicators (KPIs).
**Workforce Race Equality Standard (2015)**

The NHS *Workforce Race Equality Standard (WRES)* is a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities.

The Standard is used by organisations to track progress to identify and help eliminate discrimination in the treatment of Black and Minority Ethnic (BME) employees.

The CCG published their latest WRES report in 2018:


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**Workforce Disability Equality Standard (2018)**

The *Workforce Disability Equality Standard (WDES)* is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

All NHS Standard Contracts for 2018 set out that NHS Trusts and NHS Foundation Trusts will have to implement the WDES when it is finalised and rolled out by NHS England (expected in 2019/20).

This information will then be used by the relevant organisations to develop a local plan and enable them to demonstrate progress against the indicators of disability equality.

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**Modern Day Slavery Act (2015)**

All public authorities are required to co-operate with the Police Commissioner under the *Modern Day Slavery Act (2015)*. This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery.

The CCG has a zero tolerance for modern day slavery and breaches of human rights, and ensure this protection is built into the processes and business practices that we, our partners and providers use.
Our Workforce

West Lancashire CCG has professional external Human Resources provided by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) which ensures that advice and support is available for all of our staff. We use the trac.jobs website to recruit new members of staff – this is supported by the Recruitment Team at MLCSU.

We also provide PAM Assist, which is an employee assistance programme where our staff can access clinical and professional expertise, giving them the opportunity to talk about all kinds of work and personal issues that are affecting them. These might include health advice, work issues, domestic abuse, drug/alcohol addiction, family care, or bereavement.

Workforce Representation

As a CCG, we aim to be representative of the local community as we continue to commission health services. We have a small workforce of 64 members of staff, with 2 embedded MLCSU staff. As a consequence, we are not able to report on age, religion or belief, gender reassignment, sexual orientation, pregnancy and maternity, marriage or civil partnership as there is a risk of identifying individual members of staff through the publication of this data.

Sex (Gender) – In West Lancashire, the population has nearly the same number of males (48%) as females (52%). The CCG’s workforce comprises of 28% males and 72% females.

Disability – The CCG has a low number of staff members who have declared that they have a disability. However, there are a number of staff members who have required ‘reasonable adjustments’ to be made in the workplace due to a disability or long-term condition. On a yearly basis, West Lancashire CCG send out a Display Screen Equipment (DSE) assessment form for each employee to complete – this is where any reasonable adjustments that may be required can be identified.

Ethnicity – The CCG’s latest Workforce Race Equality Standard (WRES) report found that 9% of West Lancashire CCG staff self-reported their ethnicity as Black and Minority Ethnic (BME). 11% of staff overall did not self-report their ethnicity.
Training and Development Opportunities

Staff have the opportunity to agree learning and development opportunities with their manager during their appraisal process. Some of these relate to specific courses, or attending conferences and other events, while some have related to ‘on-the-job’ development. These have included:

- Prince 2
- PMO training
- Secondment opportunities
- Progression into new roles within the CCG
- Management Graduate Training Scheme

Governing Body Members

All of the Governing Body members participate in an Equality and Inclusion development session each year, as part of a bi-monthly programme of development briefing sessions.

Staff Training

Mandatory training for staff is monitored via Electronic Staff Records (ESR). Equality and Diversity training is mandatory for all CCG employees and is completed every three years. The current compliance rate for staff undertaking Equality and Diversity training in 2018/19 is **88.2%** (as of February 2019).

Additional Equality Training

An area for improvement identified by the 2017 Equality Delivery System grading now means that all new members staff undertake a meeting with the Equality and Inclusion Business Partner as part of their initial induction. This ensures that staff are aware of their obligations towards equality and inclusion and the support available to them from the MLCSU Equality and Inclusion Team. Further one-to-one support for staff from the Equality and Inclusion Business Partner is provided on an ad-hoc basis.
Workforce Race Equality Standard (WRES)

Following the introduction of the WRES in 2015, West Lancashire CCG submitted its fourth WRES return to NHS England in August (using data from 2017/2018). The WRES report is published on our website. To view the WRES report, please access this link:


The WRES report sets out the CCG’s performance information profile and Board composition by ethnicity. The CCG is working towards collecting data that will make it possible to fully compare all 9 metrics in 2019.

Communicating with our Staff

A range of communication options are regularly viewed by our staff via the following methods:

- Fortnightly staff e-bulletins
- Staff intranet (this is regularly reviewed and updated)
- Social media (Facebook and Twitter)
- Newsletter for GP Practice Staff (CCG staff)
- Weekly Team Briefs which are chaired by the CCG’s Chief Officer
**Awards - 2018/2019**

**NHS Sustainability Award 2018**

NHS West Lancashire CCG was a finalist in the **Innovation Category** at the prestigious NHS Sustainability Awards 2018. The innovation empowers GPs and Locums in the decision-making process and manages referrals to secondary care appropriately and efficiently. It also enables patients to receive the right care at the right time.

**BCS Hackathon 2018**

In June 2018, members of the NHS West Lancashire CCG staff team made a pitch at the British Cardiovascular Society Hackathon in Manchester. **Mike Maguire, Smita Shetty** and **Chris Russ** were joined in their group by Dr. Saqib Ali (a GP from Barnsley), Sean O’Mahoney (a Computer Science student from Manchester Metropolitan University) and Manu Sharma (from Novartis) to help shape their concept. The final pitch won them a second-place award at the event.

**Equality and Inclusion Team, NHS Midlands and Lancashire Commissioning Support Unit**

In October 2018, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) held its Annual Staff Awards ceremony, in which MLCSU employees are asked to nominate fellow colleagues and teams to be recognised for their contributions across a range of award categories. This year, the Equality and Inclusion Team received a record number of nominations.

Tim Waldron, Head of Equality, Diversity and Human Rights, was nominated and shortlisted for the ‘**Inspiring Leadership**’ Award. This nomination was received in recognition of the rapid growth and increased national profile of the Equality and Inclusion Team and in developing resilience within the team. The nomination recognised the development of innovative practice and team approaches to improve the service provided in CCGs.

Jen Mulloy, Equality and Inclusion Business Partner, continues to provide a high level of equality-related support around the review and harmonisation of Pan Lancashire and South Cumbria policies. Jen was nominated for the ‘**Creating Inclusion**’ Award – in memory of Michel Kongolo-Mankou. This nomination was received in recognition of developing MLCSU commissioning guidance in relation to Asylum Seekers and Refugees which has been shared nationally.
Travis Peters, Equality and Inclusion Business Partner, supports West Lancashire CCG to ensure that our engagement and commissioning decisions are made in line with the Equality Act (2010) and the Public Sector Equality Duty (2011). Travis was nominated for ‘Behind The Scenes Wonder’ Award – in memory of Christine Johnson. This nomination was received in recognition of diligent work and commitment to procurement exercises in Leicestershire and for “going about his business confidently and with a degree of positivity that reassures colleagues and customers alike”.

Catherine Bentley, Equality and Inclusion Team Manager, has been recognised within the 2019 Blackpool Pride Awards that took place on 29th January 2019 at Blackpool’s prestigious ‘Funny Girls’ venue. Catherine was presented with an award in recognition of her hard work in promoting the health and wellbeing of Lancashire’s Lesbian, Gay, Bisexual and Trans communities. Catherine was nominated for the award by Horizon and Renaissance – both organisations who work to support the sexual health and wellbeing of LGB&T communities and provide HIV support across Lancashire. The award recognised the ongoing support and profile raising of LGBT rights in commissioning decisions within the Fylde Coast and beyond. Despite being very surprised by the nomination, Catherine delivered a brilliant acceptance speech which reaffirmed her commitment to continue to work hard in raising the profile of organisations that support LGB&T communities.

West Lancashire CCG and the NHS Management Graduate Training Scheme

This scheme aims to train graduates to become the future leaders of the NHS. The process aims to select the organisations that can teach best practice, not just in day to day tasks but in leadership, teamwork and collaboration. It is a very competitive process, yielding over 100 applications from organisations in the North West alone, with only 16 trainees to fill them. West Lancashire CCG has been praised by the North West Leadership Academy, which is responsible for selecting host organisations, for working extremely hard to show what an innovative, driven and inclusive organisation West Lancashire CCG is, and how committed they are to delivering the best experience for trainees. This commitment stems from an ambition to invest in the future of the NHS through moulding its future leaders to also be innovative, driven and inclusive.
“After just 6 months in my placement with West Lancashire CCG, I already feel like a valued member of the team and have been given opportunities to get involved and assist in a wide range of projects. This has been hugely beneficial as I had no previous experience of commissioning and has enabled me to enhance my learning. Throughout the organisation, everyone I have approached has been open to helping me understand their roles and give an insight into the work they do – this has links in to both primary and secondary care. I have been able to build strong working relationships and have been given access to all levels of the business.

West Lancashire CCG is very forward thinking and innovative in the way it works, with new ideas constantly being developed to ensure quality patient centred care is delivered across the area. I feel like the whole organisation really understands the local population and put the patient at the heart of everything they do. This can be seen in the way in which services are evaluated and improved.

Within my first few weeks, I was invited to participate in the Equality Delivery System grading event which aligned perfectly with work I was undertaking for the graduate scheme as there is a huge emphasis on Equality and Inclusion and embedding this across services. This allowed me to understand how Equality Impact and Risk Assessments are developed and how patient feedback and engagement is key in the redesign or procurement of services to ensure the health and care needs of the whole population are met”
Our Communities

The boundary of West Lancashire CCG is aligned to the West Lancashire district boundary.

- The CCG is made up of 17 GP practices and covers a population of approximately 112,000 people in Ormskirk, Skelmersdale and surrounding communities.

- Southport and Ormskirk Hospital NHS Trust is the main provider of secondary health care for the area operating two main sites – Southport and Formby District General Hospital, and Ormskirk District General Hospital, which includes the West Lancashire Health Partnership. There is also a walk-in centre in Skelmersdale.

- Lancashire Care Foundation Trust is the main provider of inpatient and specialist community mental health and learning disability services.

- 21% of registered patients are aged 65 or over, with 16% aged 15 or under.

- Census 2011 found 2% of the resident population of West Lancashire to be from black and non-white minority ethnic groups.

- 33% of the registered population live within Lower Super Output Areas (LSOA) considered to be amongst the 40% most deprived LSOAs nationally.

- The aged 65+ resident population of West Lancashire CCG is estimated to increase by 14% over the next 10 years.
Demographic Breakdown of West Lancashire

West Lancashire is one of the 12 districts in Lancashire and stretches from the outskirts of Liverpool to the south of the River Ribble with Southport to the west, and Wigan and Chorley to the East. In 2012, the district had a population of 110,600 and is made up of a number of small towns, villages and rural farmland.

West Lancashire has a diverse population in terms of age with some communities having a markedly older population (Aughton, Parbold/Newburgh, Tarleton) with others being the home to households with younger children (Skelmersdale). The borough is also home to Edge Hill University which has more than 22,350 students most of whom live in the area – the population of Ormskirk has a high level of 18-24 year olds. The 2011 Census has shown that West Lancashire has a generally ageing population – a 23% rise in those over 65 over a 10 year period.

The ethnicity of residents is almost entirely White British – around 5% of the population in Skelmersdale declared themselves to be White Other which could reflect the Eastern European community living and working in the area. There are very small numbers of residents who have other ethnicities (less than 0.5%) and these live across the borough. Less than 1% of residents have a mixed ethnicity (866).

In the most recent census, 76% of residents declared themselves to be Christian, with 17% stating that they do not follow a religion. The remaining 7% of the population have beliefs that include Buddhism, Hinduism, Judaism, Islam and Sikhism.

The gender of the borough is relatively balanced overall with 52% of the population identifying as female. Data on the numbers of our population that identify as transgender is not available to us but, based on national estimates of 0.5% to 1% per 100,000 heads of population, we might expect to have between 553 and 1,106 residents who were assigned a different gender at birth.

More than 20% of the population of West Lancashire consider that their day-to-day activities are limited by health which is significantly higher than the national average. Almost 12,000 residents have a hearing impairment and just short of 2,000 resident adults have a learning disability. 12% of the population (12,282) are found to have a common mental health disorder including depression and anxiety.

Data on the sexual orientation of the residents of West Lancashire is not available. Estimates at a national level vary from 1.5% to 5% which would mean between 1,700 and 5,600 residents of our borough are lesbian, gay or bisexual.

Data Source: West Lancashire Borough Council
Involving Local People

We continue to rely on our existing communication channels to engage with various groups and individuals and reach out to those who are less engaged in our work. These channels include our annual drop in public listening events, our My View group, online and face-to-face surveys, events, involvement in visioning events and focus groups. We also continue to value those local groups we work regularly with such as long-term condition support groups, U3A, disability groups and pensioner forums.

As a reminder, all CCGs across the country are required by law to:

- Involve the public in the planning and development of services
- Consult on commissioning (buying) plans
- Act with a view to secure the involvement of patients in decisions about their care
- Promote choice
- Ensure efficient, cost-effective services are available

There are some examples of involvement which will be included in both our Annual Report 2018/19 and Duty to Involve Report 2018/19, which will both be available later this year. In the meantime, here is a brief summary of just some of the work we have done this year:

- Continuing to involve local public, patients and carers in the development of our vision for joined up care
- Publishing all materials available to the public regarding our procurement processes
- Welcoming views from patients on any areas of service redesign
- Delivering regular drop in public listening events, this time focusing on several draft clinical policies which we, along with the other CCGs in Lancashire are proposing several changes to.
- Working with our Patient Participation Group (PPG) Forum to share best practice and work collaboratively to discuss and resolve matters affecting patients in West Lancashire.
- Continuing to promote our My View group across West Lancashire
- Supporting engagement with the voluntary sector through participation in West Lancashire CVS Health Network events
- Involving the voluntary, community and faith sector in our vision for joined up care and other service plans/discussions.
• Involving partners such as Healthwatch, CVS and primary care colleagues in sharing patient experience allowing the CCG to identify any emerging themes.
• The CCG has also been listening to its own staff to see what is working well and what staff would like to see improved/introduced
• Refreshing and redesigning our online newsletters for staff, members of the public, and GP Providers.

Community Development

West Lancashire CVS continues to work in partnership with its members and with various organisations on supporting health improvements. Outlined below are just some examples of community development work undertaken by the CCG in 2018/19.

Well Skelmersdale – Mug Club

Well Skelmersdale is a vibrant, diverse and growing collaboration across community, voluntary, faith, charitable, business, enterprise and public sectors focused around the same goal – to create the right conditions in Skelmersdale to allow people to reach their full potential by creating healthy environments for healthy living.

Each month, Well Skelmersdale hosts a ‘Mug Club’ – the club was established as a way for Well Skelmersdale associates to come together regularly to further the interests of the people of Skelmersdale. As a result of the Mug Club, a number of community projects have been funded in the Skelmersdale area including a social prescribing pilot, a new bereavement group providing peer support to local men, and community leadership programmes.

Further information about the work of Well Skelmersdale can be found here.

West Lancashire CVS – Equality and Inclusion Training

In May 2018, NHS Midlands and Lancashire Commissioning Support Unit’s Equality and Inclusion Team delivered bespoke Equality and Inclusion training to staff members at West Lancashire CVS. The training was specifically designed to give CVS staff members and associates an overview of the CCG, its work, and its commitments to ensuring that equal and inclusive services are delivered to patients throughout West Lancashire. The training was well received, and we are currently exploring options to deliver further sessions in the future.
Case Study: Men’s Bereavement Group

The **Well Skelmersdale Social Prescribing Project** was launched in April 2017 to help people tackle the wider issues that may be affecting their health. These may include family and community connections, housing, environment, jobs – all of which can contribute to someone’s overall health and wellbeing. By engaging with the project to identify the non-medical issues affecting their health and wellbeing, people have seen significant improvements in their health conditions through a wide range of routes – all supported by their Social Prescriber who stays alongside them as they make their journey back to health.

**What was the issue to address?**

The Social Prescribing Team became aware of several bereaved men who had all been individually referred to the project and were struggling in isolation to cope after the death of their wives.

Research suggests that many men suffer from mental distress but may not be receiving (or indeed asking for) the help they need which can often leave them at risk of depression and suicidal ideation.

**What did we do?**

The Social Prescribing Team identified that these men may all benefit from peer support and being given the chance to make connections and have real conversations with other people in the same position. In order to meet that need, a new weekly Bereavement Support Group was launched in December 2018.

**What difference did we make?**

The group has been meeting on a weekly basis since early December 2018 and the members have already proved to be a huge source of support and friendship for each other. The men speak warmly of how the support of the group has been life-changing (and in some cases, life-saving) for them:

“If it was not for your service, I would not have got through Christmas and I would not be here today”

The Social Prescribing Team says “**Identifying the need for this group is what social prescribing is all about. We are delighted at how effective the group has been. It’s fantastic to see all the men progressing really well and making good friendships. They are drawing great strength from this vital new source of support – the friendship of others who are on the same difficult journey of grief. There is now a lot more laughter in the group!**”
What was the issue to address?

Nationally, domestic abuse accounts for approximately 8% of the total burden in women aged 18 to 44 years and is a larger contributor to ill health in the age group than high blood pressure, smoking and obesity. Victims have an increased risk of severe short- and long-term health consequences, both physical and mental.

In partnership with organisations across West Lancashire, the CCG aimed to significantly reduce the number of girls and young women from being victims of VAWG (violence against women and girls) by educating, informing and challenging young women about healthy relationships, abuse, consent and technological/social media issues, developing effective actions and interventions, and so challenging the deep-rooted norms, attitudes and behaviours that discriminate against and limit women and girls.

What did we do?

The CCG worked collaboratively with the Liberty Centre and West Lancashire Borough Council to produce a bid for submission for VAWG Transformation funding from the Home Office. This bid was successful, a Teen Project Worker was recruited and work has commenced across Lancashire which will run until 2020.

The key deliverables of the project include:

- Producing campaign materials
- Delivering awareness sessions for teachers, lecturers and health workers (amongst others)
- Visiting schools, colleges and university to raise awareness, recruit champions, and share best practice.

What difference did we make?

Various sessions and courses have taken place engaging over 300 young people, including those identified as vulnerable or at risk. 1-hour online awareness sessions have been popular with schools and other services. Attendance at community events has allowed the project to reach over 400 individuals, raising awareness and sharing important messages.

Early indications of the project are already showing positive responses from the community that Domestic Abuse is not acceptable. Through a multi-disciplinary approach, services can now identify women and girls in need before a crisis occurs, with an early intervention and prevention strategy in place.
Our Equality Objectives 2017/18 – 2021/22

Equality Objective 1: Better Health Outcomes

Equality Objective 2: Improved Patient Access and Experience

Equality Objective 3: A Representative and Supported Workforce

Equality Objective 4: Inclusive Leadership

*See Appendix 1 for progress on our Equality Objectives

Showing ‘Due Regard’ to the Public Sector Equality Duty

In order to deliver high quality inclusive health services, we aim to ensure that groups protected by the Equality Act (2010) have the same access, experiences and outcomes as the general population. In this regard, we recognize that there are many things that influence this that we may not have complete control over, but we are committed to working with the community and our partners to influence our decisions.

Equality Impact and Risk Assessments

The CCG has implemented the Equality Impact and Risk Assessment (EIRA) toolkit from the Equality and Inclusion Team at NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). The EIRA toolkit provides a framework for undertaking Equality Impact and Risk Assessments. This tool combines two assessments consisting of Equality and Human Rights. This enables the CCG to show ‘due regard’ to the Public Sector Equality Duty and ensures that consideration is given prior to any policy or commissioning decisions made by the Governing Body or the Executive Team that may affect equality and human rights. The CCG has continued to embed equality impact and risk assessments into policy development and the commissioning cycle. Additionally, our Equality and Inclusion Business Partner regularly updates the EIRA logging system and reports on the progress of EIRAs through reports that are submitted to the Executive Team.
Equality Impact and Risk Assessments – Review of Pan Lancashire and South Cumbria CCGs’ Clinical Policies

In 2016, it was identified that current policies of low clinical value were in need of a review. These policies had been previously adopted from Primary Care Trusts (PCTs) and some were outdated in terms of NICE guidance and changing technologies. This work has continued into 2018/19. The Lancashire CCGs represented on the policy review are:

- Fylde and Wyre CCG
- Morecambe Bay CCG
- Blackpool CCG
- Blackburn with Darwen CCG
- Chorley and South Ribble CCG
- Greater Preston CCG
- East Lancashire CCG
- West Lancashire CCG

EIRAs undertaken on Pan Lancashire Policies of Low Clinical Priority in 2018/19 were:
Key Changes influenced by this work included:

- Targeted engagement work including full equality monitoring forms for the participants
- Changes were made to the age criteria for some policies when indirect discrimination was identified
- Changes were made to some policies wording regarding gender reassignment
- Clarification on policy criteria relating to NICE guidance
- Glossary added to policies to help and/or support people to understand clinical wording
- Policy development group members have increased their awareness of the equality agenda and the Brown, Gunning and Bracking Principles

Pan Lancashire and South Cumbria - Additional Equality Impact and Risk Assessment Work

The following services and policies under review have undertaken or are in the process of undertaking an Equality Impact and Risk Assessment:

<table>
<thead>
<tr>
<th>Additional Pan Lancashire &amp; South Cumbria EIRAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flexible Working Policy</td>
</tr>
<tr>
<td>• Raising A Concern Policy</td>
</tr>
<tr>
<td>• Bullying and Harassment Policy</td>
</tr>
<tr>
<td>• Recruitment and Selection Policy</td>
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<tr>
<td>• Induction Policy</td>
</tr>
<tr>
<td>• Ongoing Review and Objectives Policy</td>
</tr>
<tr>
<td>• Paternity Policy</td>
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<tr>
<td>• Substance Misuse Policy</td>
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<tr>
<td>• Temporary Promotion Policy</td>
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<tr>
<td>• Job Evaluation Policy</td>
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<tr>
<td>• Training and Development Policy</td>
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<td>• Organisational Development Policy</td>
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<tr>
<td>• Absence Management Policy</td>
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<tr>
<td>• Disciplinary Policy</td>
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<tr>
<td>• Retirement Policy</td>
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<tr>
<td>• Secondment Policy</td>
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<tr>
<td>• Parental Policy</td>
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<tr>
<td>• Shared Parental Leave Policy</td>
</tr>
<tr>
<td>• Professional Registration Policy</td>
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<tr>
<td>• Grievance Policy</td>
</tr>
<tr>
<td>• Maternity Policy</td>
</tr>
<tr>
<td>• Career Break Policy</td>
</tr>
<tr>
<td>• Domestic Abuse and the Workplace Policy</td>
</tr>
<tr>
<td>• Adoption Policy</td>
</tr>
<tr>
<td>• Stroke – Review Work</td>
</tr>
<tr>
<td>• Head and Neck Services – Review Work</td>
</tr>
<tr>
<td>• Children and Young People’s Eating Disorders</td>
</tr>
<tr>
<td>• Special Educational Needs and Disability (SEND) Partnership</td>
</tr>
<tr>
<td>• Diagnostics</td>
</tr>
<tr>
<td>• Review of Vascular Services</td>
</tr>
<tr>
<td>• Over the Counter Medicines</td>
</tr>
<tr>
<td>• Human Rights Policy for CCGs</td>
</tr>
<tr>
<td>• Human Rights Policy for MLCSU</td>
</tr>
</tbody>
</table>
Equality Delivery System Grading Assessment 2018

The Equality Delivery System (EDS) Grading Assessment was carried out by the CCG in November 2018 with members of the public and stakeholder representatives. The purpose of the EDS grading is to help NHS organisations, in discussion with local people, to review and improve their performance for people with characteristics protected by the Equality Act (2010).

EDS Grading Assessment for 2018

The CCG decided to focus on EDS Goal 1 and the five outcomes outlined in the table below for this year’s grading assessment. The desired outcome from this EDS Grading Assessment was to demonstrate improvements in terms of Better Health Outcomes that the CCG has made since their authorisation in 2012.

The format of the grading assessment event was changed this year to try and ensure that public graders found the process and the evidence easier to understand. The majority of this year’s grading evidence was presented as a series of practical and easy-to-understand case studies outlining some of the CCG’s achievements over the previous year.

Based on the success of last year’s EDS Grading Assessment (Goal 4 – Inclusive Leadership), a separate grading session was also held with staff as part of the weekly Team Brief to enable staff to provide feedback around the CCG’s progress in relation to Better Health Outcomes. However, only the votes of members of public and stakeholder representatives can be counted towards the CCG’s final grade.

<table>
<thead>
<tr>
<th>EDS Goal</th>
<th>Outcome</th>
<th>Previous Grade</th>
<th>2018 Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Better Health Outcomes</td>
<td>1.1. Services are commissioned, procured, designed and delivered to meet the health needs of local communities</td>
<td>Achieving (2015)</td>
<td>Achieving</td>
</tr>
<tr>
<td></td>
<td>1.2. Individual people’s health needs are assessed and met in appropriate and effective ways</td>
<td>Developing (2015)</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.3. Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed</td>
<td>Developing (2015)</td>
<td>Developing</td>
</tr>
<tr>
<td></td>
<td>1.4. When people use NHS services, their safety is prioritised, and they are free from mistakes, mistreatment and abuse</td>
<td>Achieving (2013)</td>
<td>Achieving +</td>
</tr>
<tr>
<td></td>
<td>1.5. Screening, vaccination and other health promotion services reach and benefit all local communities</td>
<td>Developing + (2014)</td>
<td>Achieving</td>
</tr>
</tbody>
</table>
EDS Grading Outcomes:

The CCG attained an overall grade of ‘Achieving’ for Goal 1 - Better Health Outcomes - which demonstrates an improvement on previous gradings for this goal – particularly around Outcomes 1.4 and 1.5. The charts below illustrate how members of the public and stakeholder representatives graded the CCG on each outcome.

EDS Outcome 1.1: Services are commissioned, procured, designed and delivered to meet the health needs of local communities

63% of voters graded the CCG as ‘Achieving’ for this outcome.

EDS OUTCOME 1.1

Undeveloped  Developing  Achieving  Excelling

EDS Outcome 1.2: Individual people’s health needs are assessed and met in appropriate and effective ways

63% of voters graded the CCG as ‘Developing’ for this outcome.

EDS OUTCOME 1.2

Underdeveloped  Developing  Achieving  Excelling
EDS Outcome 1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed

63% of voters graded the CCG as ‘Developing’ for this outcome

EDS OUTCOME 1.3

Underdeveloped  Developing  Achieving  Excelling

38%  62%

EDS Outcome 1.4: When people use NHS services, their safety is prioritised, and they are free from mistakes, mistreatment and abuse

75% of voters graded the CCG as ‘Achieving’ for this outcome

EDS OUTCOME 1.4

Underdeveloped  Developing  Achieving  Excelling

13%  12%  75%
EDS Outcome 1.5: Screening, vaccination and other health promotion services reach and benefit local communities

63% of voters graded the CCG as ‘Achieving’ for this outcome, with 13% grading the CCG as ‘Excelling’

Feedback from public graders

The graders that attended the event reported that they enjoyed the grading assessment, with 100% of graders rating the event as either ‘Good’ or ‘Excellent’. Graders felt that the session was informative, useful and well-presented. Graders also felt that plenty of relevant and comprehensive evidence was provided to them to enable them to decide upon a suitable grade for each outcome.

The graders felt that we could improve the grading event by extending the length of the event (however, longer events have posed issues in the past with regard to ensuring attendance from members of the public). Graders also suggested that further EDS meetings take place throughout the year (bi-annually or quarterly) to allow graders to see progress being made, and to keep abreast of the EDS agenda on an ongoing basis.

You can read our full EDS grading assessment report on our website –

*Please note – NHS England is preparing to launch EDS3 – a revised Equality Delivery System. As such, some EDS goals and outcomes may be subject to change from 2019/20 onwards.
EDS Case Study: CCG Improvement and Assessment Framework (IAF)

What was the issue to address?

NHS England run a web-based search to assess the CCG’s communication and engagement with the public. The initial rating for the CCG was ‘Amber’ with Domain C (evidence, promote and publicise public involvement and plans to involve) and Domain E (advance equality and reduce health inequality) being scored the lowest.

Feedback comments suggested that the CCG website was ‘particularly lacking in how they evidence engagement in the area of equalities/inequalities’.

What did we do?

The CCG challenged the scoring, particularly that Domains C and E, stating the web-based search was not reflective of the organisation’s communication and engagement practices, nor its vision to reduce inequalities. We had many examples to support a higher rating for this indicator, but process demands the evidence be available in the public domain.

We spent time collecting evidence from the CCG website to show the organisation’s dedication to, and active working towards inclusive, fair and patient centred policies, practices and services.

What difference did we make?

Both ratings challenged by the CCG were reassessed at a higher standard, bringing the overall RAG rating up to ‘Green’. This demonstrates the organisation’s commitment to ensuring equality of opportunity to be heard, to engage with change and to reduce inequalities.

We also made teams aware of the need to explicitly showcase equality information in the public domain. By giving the public the ability to identify opportunities to engage with the healthcare system and see what the CCG is doing to reduce inequalities and improve services, everyone is given an equal chance to get involved and have their voices heard.

What were the keys to our success?

Equality and engagement are vitally important to the organisation and its vision. They are central to any plans or service changes and are championed by leadership.
EDS Case Study: GP Extended Access

What was the issue to address?
As part of an NHS England national scheme that all CCGs must commission, the CCG needed to look at adapting primary care services to enable all patients to access GP services when they need them through the introduction of an Extended Hours service. This included looking at accessibility for vulnerable groups.

What did we do?
The CCG commissioned a pilot scheme provided by the local GP Federation to make appointment available at 1 GP practice on weekday evenings, and in 3 neighbourhoods at weekends.

What difference did we make?
By providing extended access to primary care services on weekday evenings and weekends, access to appointments was improved for younger people, older people and the working age population. Also, there was an increased uptake of screenings and annual reviews of long-term conditions. This data shows an increase in uptake of 148 screenings and annual reviews for the month of September 2018.

<table>
<thead>
<tr>
<th>Increased Uptake by Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>63</td>
</tr>
<tr>
<td>Cervical smear taken</td>
<td>32</td>
</tr>
<tr>
<td>Asthma annual review</td>
<td>25</td>
</tr>
<tr>
<td>Oral contraceptive advice</td>
<td>23</td>
</tr>
<tr>
<td>C.O.P.D. annual review</td>
<td>2</td>
</tr>
<tr>
<td>Vitamin B12 injection</td>
<td>2</td>
</tr>
<tr>
<td>Diabetic annual review</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>148</strong></td>
</tr>
</tbody>
</table>
Equality and Inclusion Guidance

Over the last 2 years, the MLCSU Equality and Inclusion Team has produced several key guidance documents:

**Guidance for considering the needs of asylum seekers and refugees in commissioning health services:**

During 2017/18, the Equality and Inclusion Team has worked closely with several key organisations to develop commissioning guidance on the issues faced by Asylum Seekers and Refugees. This guidance was inspired by the experiences of individual people who had shared their stories within a ‘City of Sanctuary’ conference held in Preston, Lancashire. These accounts involved experiences of living in fear, violence and bereavement within their home countries, difficult journeys to seek asylum, and poor health problems (both physical and psychological) that needs to be addressed once they arrive in the UK. Many of these people may face cultural and language barriers into services. The support of different organisations working together is important to meet the varied and complex needs of Asylum Seekers and Refugees.

There was limited guidance available to health care commissioners and it was important to provide comprehensive information and promote good practice for accessing potential impacts.

The guidance provides:

- **General information about Asylum Seekers and Refugees**
- **Health problems and other determinants associated with Asylum Seekers and Refugees**
- **Common experiences in relation to health care**
- **Considerations relating to Asylum Seekers and Refugees for Equality Impact and Risk Assessments**

This guidance was shared with all CCGs within the Pan Lancashire and South Cumbria region and the CCGs were encouraged to share with all of their providers and GP practices. The guidance document can be accessed [here](#).

**Ramadan Guidance:**

This guidance was designed by the Equality and Inclusion Team and sets out to share information with CCG and MLCSU staff to raise awareness of the annual Ramadan Festival and provide support in the workplace and NHS Healthcare Services. The Equality and Inclusion Team encouraged the CCG to share this document widely via various communication links and with their GP practices and providers.
Accessible Information Standard Compliance

The aim of the **Accessible Information Standard** is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand, and receive any communication support that they need.

Commissioners of NHS services must have a regard to this standard, in so much as they must ensure that they enable and support compliance through their relationships with provider organisations. This standard is in all of the CCG’s NHS Standard Contracts and is monitored by Quality and Performance Key Performance Indicators (KPIs).

Each year, the MLCSU Equality and Inclusion Team undertakes a compliance check to ensure that the CCG’s website (along with provider websites) and its contents are designed in such a way as to meet compliance with the NHS Accessible Information Standard.

The CCG’s current website contains a clear accessibility statement which ensures that the patient population is able to access information, resources and documents from the CCG in a format that meets their needs (easy read, large print, different languages, etc.). Where at all possible, information hosted on the CCG website is presented in plain and easy-to-understand language. Additionally, the website features a translation option which enables speakers of foreign languages to easily access the information that they need.

In 2019/20, the CCG will be developing and launching a new, refreshed and redesigned website. The Equality and Inclusion Team will undertake compliance checks to ensure that the new website continues to meet the requirements of the Accessible Information Standard.
Equality Monitoring

Customer Care and Complaints

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) manage complaints on our behalf and offer a Patient Advice and Liaison Service (PALS). We are committed to working with MLCSU to provide the best service for patients, their families and carers. The CCG receives monthly reports from the Customer Care Team, MLCSU. These reports are presented to the CCG’s Executive Team.

Equality Performance of our Main Providers

All NHS Providers which the CCG contracts with undertake the annual equality performance review using the NHS Equality Delivery System (EDS). The table below provides a snapshot view of the current position of each of the main NHS Providers for West Lancashire CCG following a review of their websites.

<table>
<thead>
<tr>
<th>Commissioned Providers</th>
<th>Equality Objectives</th>
<th>Published Equality Info in 2018/19</th>
<th>Undertaken EDS grading in 2018/19</th>
<th>Published WRES report in 2018</th>
<th>Accessible Information Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southport and Ormskirk Hospital NHS Trust</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Lancashire Care Foundation Trust</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Merseycare NHS Foundation Trust</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>North West Ambulance Service</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Wrightington, Wigan and Leigh NHS Foundation Trust</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Aintree University Hospital NHS Foundation Trust</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
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</table>
Quality and Performance

The CCG has continued to use the Quality Impact Assessment process over the last year. A Quality Impact Assessment is a continuous process to ensure that potential projects/service changes are assessed regarding possible consequences and impacts on quality of care in terms of clinical effectiveness, safety and patient experience. Any factors that can mitigate any negative impact on quality will be identified as part of the assessment. NHS West Lancashire CCG is committed to ensuring that commissioning decisions, business cases and policy changes are evaluated for their impact on quality.
Conclusion

The evidence set out in this annual report demonstrates that West Lancashire CCG continues to make good progress towards its responsibilities to show ‘due regard’ to the way healthcare services are commissioned and delivered. West Lancashire CCG is committed to making continuous improvements as a commissioner of services.

As an employer, the CCG will continue to monitor progress against the Equality Act (2010), the Public Sector Equality Duty and the CCG’s new Equality Objectives.

Throughout 2019/20, the CCG will continue to consider new services and functions on a bigger footprint across West Lancashire and, in some areas, Pan Lancashire and South Cumbria across the Integrated Care System (ICS).

Recommendations for Action

1. The CCG is requested to discuss and note the report

2. Escalate the report to the Governing Body to approve the report for publication on the CCG’s website.

This report has been produced by:

Equality and Inclusion Team, Midlands and Lancashire Commissioning Support Unit

Date: February 2019
Appendix 1: Equality Objectives – Progress and Actions 2018/19

Equality Objective 1: Better Health Outcomes

Equality Objective 2: Improved Patient Access and Experience

Equality Objective 3: A Representative and Supported Workforce

Equality Objective 4: Inclusive Leadership

West Lancashire CCG’s Equality Objectives are aligned with the 4 over-arching goals of the NHS Equality Delivery System (EDS) with an aim to reduce unacceptable differences in the health inequalities of all people who live in West Lancashire.

The evidence base suggests that healthcare contributes approximately 10% towards preventing premature death, how we live our lives offers the greatest opportunity for improving health. We recognise that an ever-increasing population of presentations in Primary Care are primarily related to non-medical issues that are impacting upon health. In response to this, we commissioned a Social Prescribing pilot initially focused on the neighbourhood of Skelmersdale.

At the core of this work is the creation of connectivity across primary care to a plethora of community-led projects that can provide the support, advice and guidance needed to tackle the key issues impacting on people’s lives.

Equality Objective 1: Better Health Outcomes

1.1. Services are commissioned, procured, designed and delivered to meet the health needs of local communities

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our Commissioning Cycle and Activity:</strong></td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
<tr>
<td>There are four stages to our commissioning cycle. They are analysing, planning, doing and reviewing. Patient involvement and patient feedback is integral to our commissioning cycle and supports us to buy the right health services to meet the needs of our local people.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Commissioned:** We have robust systems in place to ensure the services we buy are the best services for people in our local communities.

**Procured:** We buy our procurement service from NHS Midlands and Lancashire Commissioning Support Unit. Within this process, there are Equality questions asked of potential providers. This ensures that we are buying services that meet the needs of all of the people in our local communities.

**Designed:** We involved our local communities, our patient groups and providers of our services when we are designing services. This ensures that we can make informed commissioning decisions.

**Delivered:** We monitor how the services we commission are delivered. This ensures that any issues are reported, and lessons are learned to improve health outcomes, and improve patient access and experience.

**Equality Impact and Risk Assessments (EIRAs):** We undertake EIRAs on any services we are commissioning, which includes any changes to service or justifications in policy to mitigate the risk of inequality. EIRAs undertaken by the CCG during 2018/19 are outlined on page 26 of this report.

### 1.2. Individual people’s health needs are assessed and met in appropriate and effective ways

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Policy Development: The CCG has been working with other Lancashire and South Cumbria CCGs to review several Clinical Policies with the aim of reducing inequalities in access or treatment across our region and to ensure limited NHS resources are used appropriately and effectively.</td>
<td>EDS Grading Assessment 2022</td>
<td>Developing 2018</td>
</tr>
<tr>
<td>Individual Funding Requests (IFRs): Process for patients requesting treatments that are not routinely funded by the NHS. This includes where there is no policy or contract in place. Where a patient meets exceptionality criteria, referrals for treatment are made by clinicians.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Needs: The CCG provides funding for patients with complex needs through Continuing Health Care Plans and Personal Health Budgets in order to support the health and wellbeing needs of individual patients. Funding for meeting Complex Health Needs is based on a comprehensive assessment of an individual’s health needs and also takes into account the involvement of patient wishes (or the wishes of family/informal carers) and a range of environmental, social and psychological factors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.3. Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child and Adolescent Mental Health Services (CAMHS):</strong> West Lancashire CCG were part of a wider system involved with the transformation of CAMHS which currently worked with young people aged 0-16. The thresholds for adult services meant that some young people were not eligible for ongoing support and the waiting lists for adult services caused significant gaps in support, resulting in many young people becoming ‘lost’ in the system when they reached adulthood. By extending the age range of CAMHS to 0-19, we will ensure that there is a smoother transition for young people moving from CAMHS to adult mental health services. Improving the transition between services should ensure that mental health support for young people moving into adulthood is more consistent with reduced gaps in service provision.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Developing 2018</td>
</tr>
</tbody>
</table>

**Red Bag Scheme:** The Red Bag Scheme is a national NHS Vanguard Project being rolled out across the country. Care home residents going to hospital are packed a ‘Red Bag’ which includes clothes, belongings, medicines, and patient notes. It includes standardised information about the resident and their existing medical conditions, ensuring that current information is readily available and consistent. On discharge, the ward will update the information/care plan, include a discharge letter and return medication/personal belongings in the bag. The Red Bag ensures that the patient is clearly identified as a care home resident and ensures quicker transfer times due to the standardised information available.

1.4. When people use NHS services, their safety is prioritised and they are free from mistakes, mistreatment and abuse.

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As a Clinical Commissioning Group, we have a duty to keep children and adults safe by safeguarding and promoting the welfare of children and young people and protecting adults who may be vulnerable to abuse. We seek assurances from all health providers, from which we buy services on your behalf, to ensure that they have safeguarding policies and procedures in place. We ask them to provide evidence of how they are meeting essential safeguarding standards and the services provided are monitored regularly.</strong></td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving + 2018</td>
</tr>
</tbody>
</table>

**Safeguarding Team:** The Safeguarding Team working across West Lancashire provides advice for CCG staff dealing with safeguarding
issues and complex cases, for example, a safeguarding lead at a GP practice may seek further advice from the team. The team is also involved with any Serious Case Reviews that may arise and are part of a multi-agency group called RADAR which monitors concerns and ensures action plans and delivery models are in place to support improvement.

**Serious Incidents:** Serious Incidents are events where harm has occurred (or has been at significant risk of occurring). Where serious incidents occur, providers must initiate appropriate investigation and demonstrate implementation of learning. As part of their investigation, local providers are required to report any serious incidents to the CCG, and these reports are always reviewed via the CCG’s Quality and Safety Committee. The CCG ensures that root cause is identified, lessons are learned, and actions are in place to reduce the risk of re-occurrence. Primary care incidents are managed by NHS England.

### 1.5. Screening, vaccination and other health promotion services reach and benefit all local communities

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health promotions:</strong> The CCG regularly promotes health promotions and information about screening programmes to patients and local communities via social media, CCG website, newsletters, etc. in a timely manner for the benefit of the whole population and key stakeholders who work with patients/local residents.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
<tr>
<td><strong>Breast Screenings and Cervical Screenings:</strong> The percentage of women living in West Lancashire who have accessed breast screenings and cervical screenings is higher than both the England and Lancashire average.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
<tr>
<td><strong>Bowel Cancer Screenings:</strong> The percentage of people living in West Lancashire screened for bowel cancer within 6 months of invitation is higher than the England average.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
<tr>
<td><strong>Flu Vaccination:</strong> The percentage of people living in West Lancashire who accessed flu vaccinations in 2017/18 is significantly higher than the England average across all ‘at risk’ groups.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
<tr>
<td><strong>GP Extended Access:</strong> Since the introduction of GP Extended Access, the CCG has seen significant increases in the number of people accessing routine health checks, annual reviews of long-term conditions, and cervical smears.</td>
<td><strong>EDS Grading Assessment 2022</strong></td>
<td>Achieving 2018</td>
</tr>
</tbody>
</table>
### Equality Objective 2: Improved Patient Access and Experience

#### 2.1. People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality Impact and Risk Assessments:</strong> Equality Impact and Risk Assessments have been completed on a range of services which have shown evidence. See page 26 of this report for more details</td>
<td><strong>EDS Grading Assessment 2020</strong></td>
<td>Achieving 2016</td>
</tr>
</tbody>
</table>

#### 2.2. People are informed and supported to be involved as they wish to be in decisions about their care

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement and Engagement:</strong> See page 22 of this report for more details</td>
<td><strong>EDS Grading Assessment 2020</strong></td>
<td>Achieving 2016</td>
</tr>
</tbody>
</table>

#### 2.3. People report positive experiences of the NHS

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Feedback:</strong> We use patient feedback in the form of concerns, compliments, complaints, patient stories, workshops, surveys, listening cafes and provider performance data to gather the experiences of the people in our locality who use our provider services. We use this information to help us make informed decisions on how we commission health services.</td>
<td><strong>EDS Grading Assessment 2020</strong></td>
<td>Developing 2015</td>
</tr>
</tbody>
</table>

#### 2.4. People’s complaints about services are handled respectfully and efficiently

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complaints:</strong> All of the complaints that we receive are handled in a fair and equitable manner. We have details on our website to help simplify the complaints process for people. The Customer Care Team at MLCSU produce a report every quarter. Each report summarises all correspondence with the customer care team and is reported by trend and themes.</td>
<td><strong>EDS Grading Assessment 2020</strong></td>
<td>Achieving 2014</td>
</tr>
</tbody>
</table>
### Equality Objective 3: A Representative and Supported Workforce

#### 3.1. Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment Processes:</strong> The CCG uses trac.jobs for their recruitment and selection processes, which means that the shortlisting process is confidential. Our interviewing process is competency based and band appropriate, which means that candidates are fairly assessed against the key competencies that the CCG is looking for. We have also continued to run the Apprentice Scheme.</td>
<td><strong>EDS Grading Assessment 2019</strong></td>
<td><strong>Achieving 2014</strong></td>
</tr>
</tbody>
</table>

#### 3.2. The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agenda for Change (AfC):</strong> Agenda for Change pay scales have fixed pay scales and pay points. When a position within the NHS Pay Review Body (NHSPRB) is advertised, it is allocated one of the pay bands based on job weight as measured by the NHS job evaluation scheme. Any changes to job description are subject to job evaluation. Job evaluation is carried out on behalf of the CCG by MLCSU and job descriptions are reviewed against the AfC national role profiles. Job descriptions are reviewed as part of the appraisals process.</td>
<td><strong>EDS Grading Assessment 2019</strong></td>
<td><strong>Achieving 2014</strong></td>
</tr>
</tbody>
</table>

#### 3.3. Training and development opportunities are taken up and positively evaluated by all staff

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training and Development:</strong> Staff and Governing Body members are mandated to complete a range of core training, and the CCG has good compliance rates in this area. A formal appraisal process is in place which allows staff to plan appropriate development for their role and career with their line manager.</td>
<td><strong>EDS Grading Assessment 2019</strong></td>
<td><strong>Achieving 2014</strong></td>
</tr>
</tbody>
</table>

#### 3.4. When at work, staff are free from abuse, harassment, bullying and violence from any source

| Progress in 2018/19 | Actions for 2019/20 | EDS Grade |
**Policies:** The CCG has a range of HR policies in place, which all undergo regular review, and have had an Equality Impact and Risk Assessment completed on them.

---

### 3.5. Flexible working options are available to staff, consistent with the needs of the service and the way people lead their lives

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flexible working:</strong> Our employees are on a mixture of permanent and fixed term contracts. All individuals can undertake flexible working to amend their contracts to provide a different working pattern. This can include a change in days or hours, and some members of staff work a nine-day fortnight.</td>
<td><strong>EDS Grading Assessment 2019</strong></td>
<td>Achieving 2014</td>
</tr>
</tbody>
</table>

---

### 3.6. Staff report positive experiences of their membership of the workforce

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One to ones &amp; Annual Appraisals</strong></td>
<td><strong>EDS Grading Assessment 2019</strong></td>
<td>Achieving 2014</td>
</tr>
</tbody>
</table>

---

**Equality Objective 4: Inclusive Leadership**

### 4.1. Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
</table>
| **The CCG’s Equality and Inclusion Strategy 2017/2021:**  
- Equality Impact and Risk Assessment Toolkit  
- Equality and Inclusion Annual Report  
- Equality and Diversity included in job descriptions  
- Organisational Plan 2018/19  
- Project Management Office  
- Appraisal Process  
- 360+ Stakeholder Annual survey  
- Governing Body meetings  
- Patient Online Surveys  
- CCG’s NHS England Improvement and Assessment Framework  
- NHS Standard Contracts  
- Quality and Performance Key Indicators relating to Equality | **EDS Grading Assessment 2021** | Achieving 2017 |
### 4.2. Papers that come before the Board and other major committees identify equality related impacts including risks, and say how these risks are managed

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>- All papers submitted to the Governing Body meetings include a front cover sheet – this requires the author to demonstrate how their paper has proportionally considered Equality and Inclusion by stating if an EIRA has been completed</td>
<td>EDS Grading Assessment 2021</td>
<td>Achieving 2017</td>
</tr>
<tr>
<td>- The Equality Impact and Risk Assessment Toolkit has a section on risks and an action plan section to state how the equality risks will be managed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- A list of the EIRAs completed by the CCG in the last 12 months can be found on page 26 of this report. The CCG recognizes that it will face all manner of risks. To ensure that the CCG manages the challenges to its business, the Governing Body has approved a Risk Management Framework, which provides an over-arching summary of the CCG’s Risk policy, strategy and accountability, and procedure guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- All identified risks are included on the CCG’s Risk Register and assigned a Risk Owner. The full Risk Register is reviewed monthly by the CCG’s Senior Management Team and bi-monthly by the Audit Committee, with an extract of the high-level risk (those rated 12 or above) taken to each Governing Body Meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.3. Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

<table>
<thead>
<tr>
<th>Progress in 2018/19</th>
<th>Actions for 2019/20</th>
<th>EDS Grade</th>
</tr>
</thead>
</table>
| - Equality and Diversity Mandatory Training  
- Extra Equality and Inclusion Training  
- Equality Impact and Risk Assessment Workshops  
- Workforce Race Equality Standard Reporting  
- Induction  
- One to ones  
- Appraisals – Personal Development Plans  
- Staff Development  
- Team Meetings  
- Executive Team Open Door Policy  
- EIRAs on all Human Resources Policies  
- Equality and Diversity Policies  
  o Flexible Working  
  o Bullying and Harassment  
  o Whistleblowing  
  o Maternity                                                                                                                                | EDS Grading Assessment 2019 | Excelling 2017 |
- Special Leave
- Safeguarding
- Zero Tolerance
- Adoption
- Grievance
- Appraisal Policy
- Team Briefs (Weekly)
- Staff Communication updates by e-mail (monthly)
- CCG Equality Objective – EDS Goal 3: A representative and supported workforce (6 outcomes)
- ‘Two Ticks’ Disability Symbol
## Appendix 2: Overview of West Lancashire CCG Grading Results – 2012 to 2018

### Goal 1: Better Health Outcomes

The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2014</td>
<td>Achieving</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Achieving</td>
</tr>
<tr>
<td>1.2 Individual people’s health needs are assessed and met in appropriate and effective ways</td>
<td>Developing</td>
<td>Developing</td>
<td>Developing +</td>
<td>Developing</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Developing</td>
</tr>
<tr>
<td>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</td>
<td>Developing</td>
<td>Developing</td>
<td>Developing +</td>
<td>Developing</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Developing</td>
</tr>
<tr>
<td>1.4 When people use NHS services, their safety is prioritised and they are free from mistakes, mistreatment and abuse</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2014</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Achieving +</td>
</tr>
<tr>
<td>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</td>
<td>Developing</td>
<td>Developing</td>
<td>Developing +</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Achieving</td>
</tr>
</tbody>
</table>

### Goal 2: Improved patient access and experience

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used to improve patient experience

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</td>
<td>Developing</td>
<td>Developing</td>
<td>Achieving +</td>
<td>Not graded in 2015</td>
<td>Achieving</td>
<td>Not graded in 2017</td>
<td>Not graded in 2018</td>
</tr>
</tbody>
</table>
### Goal 3: A representative and supported workforce

The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ needs.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</td>
<td>Developing</td>
<td>Staff Grading</td>
<td>Staff Grading</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
</tr>
<tr>
<td>3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</td>
<td>Developing</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
</tr>
<tr>
<td>3.3 Training and development opportunities are taken up and positively evaluated by all staff</td>
<td>Developing</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</td>
<td>Developing</td>
<td>Achieving</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>3.6 Staff report positive experiences of their membership of the workforce</td>
<td>Achieving</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2017</td>
<td>Not graded in 2018</td>
</tr>
</tbody>
</table>
Goal 4: Inclusive leadership

NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</td>
<td>Achieving</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Achieving</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed</td>
<td>Developing</td>
<td>Developing</td>
<td>Achieving</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Achieving</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>4.3 (2012) The organisation used the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes</td>
<td>Under-developed</td>
<td>Achieving</td>
<td>Not graded in 2014</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Excelling</td>
<td>Not graded in 2018</td>
</tr>
<tr>
<td>4.3 (2013 onwards) Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</td>
<td>Achieving</td>
<td>Not graded in 2014</td>
<td>Not graded in 2015</td>
<td>Not graded in 2016</td>
<td>Not graded in 2018</td>
<td>Not graded in 2018</td>
<td>Not graded in 2018</td>
</tr>
</tbody>
</table>
WEST LANCASHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY REPORT

DATE OF BOARD MEETING: 21 May 2019

TITLE OF REPORT: Proposal to Establish the Sefton Acute Sustainability Joint Committee with NHS Southport and Formby CCG

BRIEFING POINTS:

This paper sets out a proposal to establish a Joint Committee between NHS Southport and Formby CCG and NHS West Lancashire CCG, to be named the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

The proposal to establish these arrangements was previously discussed and approval was provided to explore arrangements to establish the Joint Committee at the Governing Body on 24th July 2018.

A meeting of the respective CCGs Chief Officers has also taken place and it has been proposed that the Joint Committee is supported by an operational sub-group in which relevant CCGs are able to participate in the development of acute sustainability proposals. The sub-group will not have any decision-making powers delegated to it but instead will create space to enable commissioners and providers to be effectively engaged and involved in the development of proposals.

There is an additional in year (and recurring) revenue cost associated with the implementation of these proposals arising from additional sessional payments for attendance at these meetings by the nominees.

Governing Body is asked to nominate 4 members of the Board to represent the CCG on this Joint Committee which should comprise: One Executive Member, Two GP (Clinical) Members and 1 Lay Member.

<table>
<thead>
<tr>
<th>Does this report / its recommendations have implications and impact with regard to the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Commissioning Board's Aims and Objectives</strong></td>
<td></td>
</tr>
<tr>
<td>1. Quality (including patient safety, clinical effectiveness and patient experience) – please outline impact</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Commissioning of hospital and community services – please outline impact – the role of the Committee is to take collective commissioning decisions about acute services, including specialised services</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Commissioning and performance management of GP Prescribing – please outline impact</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Delivering Financial Balance – please outline impact Additional sessional costs associated with Clinical and Lay representation on the Joint Committee (quarterly meeting frequency)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
5. Development of the commissioning group as a commissioning organisation – please outline impact
Cross boundary working with the Sefton Transformation Board will ensure that West Lancashire patient needs are served well when planning for sustainability of acute services serving this area. | Yes

<table>
<thead>
<tr>
<th>B. Governance – please outline impact</th>
</tr>
</thead>
</table>
| 1. Does this report:  
• provide the Commissioning Board with assurance against any of the risks identified in the assurance framework (identify risk number)  
• have any legal implications  
• promote effective governance practice | Yes Risk 44 (Acute Provider Performance); and the proposal is in line with CCG statutory duties and powers.  

| 2. Additional resource implications (either financial or staffing resources) | Yes  
| 3. Health Inequalities | No  
| 4. Equality and Inclusion and Human Rights Requirements – Has an Equality Impact and Risk Assessment been carried out? These will be undertaken for proposals to Committee. | No  
| 5. Clinical Engagement | Yes – Board on 24/07/18  
| 6. Patient and Public Engagement Has public participation/the ‘13Q duty to involve’ been considered? | Yes  

PAPER PREPARED BY: Ruth Fairhurst Head of Corporate Governance and HR

PAPER PRESENTED BY: Ruth Fairhurst Head of Corporate Governance and HR
Introduction

The NHS Act 2006 (as amended) (‘the NHS Act’), was amended through the introduction of a Legislative Reform Order (“LRO”) to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may for a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services, including specialised services provided for the Southport and Formby and West Lancashire.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent, and make decisions relating to, the whole population covered.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Partnership for Health, whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration. All proposals will be subject to review, comment and contribution through an operational sub group to
be established by the joint committee. This will allow relevant commissioners the opportunity to be involved in the development of proposals and to understand the potential impact of any service change.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

**Functions of the Joint Committee**

The Committee is a Joint Committee of NHS Southport and Formby CCG and NHS West Lancashire CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

Its primary function is to make collective decisions on the review, planning and procurement of acute health services within its delegated remit.

In order to deliver its delegated functions the Joint Committee will:

- Establish a sub group to enable relevant commissioners to participate in the development of proposals
- Recommend the work plan for approval by each Governing Body
- Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee’s remit
- Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each Party’s CCG’s Scheme of Reservation & Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.

Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members’ annual governance statements.
The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

**Membership**

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final ‘vote’ on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on a three month rotation between the two CCG members.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups within the CCG footprints

Other organisations, including local authorities, may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals. Representatives from NHS England will be co-opted to attend as required.

**Deputies**

A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

**Decision-Making**

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

**Quorum**

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

**Meetings**

The Joint Committee shall meet at least quarterly and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days’ notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

**Conflicts of Interest**

Individual members of the Joint Committee will have made declarations as part of their respective organisation’s relevant policy and procedure; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual’s CCG. The Joint Committee register of interests will be published on each organisation’s website.

Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual’s CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting or notified as soon as the interest arises and recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG’s Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

**Attendance at meetings**
Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

**Administration**

Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

**Review**

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members’ Governing Body.
DATE OF BOARD MEETING: 21 May 2019

TITLE OF REPORT: Developing a shared Strategy for 2019-24 across Lancashire and South Cumbria Integrated Care System

BRIEFING POINTS:

<table>
<thead>
<tr>
<th>Does this report / its recommendations have implications and impact with regard to the following:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>A. Commissioning Board’s Aims and Objectives</td>
<td></td>
</tr>
<tr>
<td>1. Quality (including patient safety, clinical effectiveness and patient experience) – please outline impact</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Commissioning of hospital and community services – please outline impact</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Commissioning and performance management of GP Prescribing – please outline impact</td>
<td></td>
</tr>
<tr>
<td>4. Delivering Financial Balance – please outline impact</td>
<td></td>
</tr>
<tr>
<td>5. Development of the commissioning group as a commissioning organisation – please outline impact</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| B. Governance – please outline impact                                                        |       |
| 1. Does this report:                                                                         |       |
| • provide the Commissioning Board with assurance against any of the risks identified in the assurance framework (identify risk number) |       |
| • have any legal implications                                                               |       |
| • promote effective governance practice                                                     |       |
| 2. Additional resource implications (either financial or staffing resources)                 |       |
| 3. Health Inequalities                                                                       | Yes   |
| 4. Equality and Inclusion and Human Rights Requirements – Has an Equality Impact and Risk Assessment been carried out? |       |
| 5. Clinical Engagement                                                                       | Yes   |
| 6. Patient and Public Engagement – Has public participation/the ‘13Q duty to involve’ been considered? |       |

PAPER PREPARED BY: Andrew Bennett - Executive Director of Commissioning, Lancashire and South Cumbria Integrated Care System

PAPER PRESENTED BY: Mike Maguire, Chief Officer
Developing a shared Strategy for 2019-24 across Lancashire and South Cumbria Integrated Care System

Introduction

This paper is intended to support the consideration of a proposed strategic narrative for the Lancashire & South Cumbria (L&SC) Integrated care System (ICS) by CCG Governing Bodies, Provider Trust Board and Local Authority leadership teams. The paper also outlines the process of engagement on that narrative that we are proposing to undertake.

The slide set attached proposes that the L&SC ICS endorses 8 partnership priorities for changing the way we work as a system – priorities which enable us to explain our vision for future system working to our staff, patients, citizens and stakeholders and to set out how working in partnership will enable us to tackle our most significant challenges.

Current position

1. Members will be aware of the wide-ranging expectations set out in the NHS Long Term Plan. These include the obligation on ICS leaders (which includes the leaders of CGGs, Providers and Local Authorities) to facilitate discussions with citizens, staff, stakeholders and partners about how we intend to respond to the Long Term Plan, address the challenges facing our system and support our communities to improve their own health and wellbeing. These conversations are intended to shape a Five-Year Strategic Plan for the ICS to be published in the autumn of 2019.

2. Over the last 12 weeks, around 250 leaders and senior representatives across the L&SC health and care system have been involved in discussions about the case for changing the way we work as a system and the development of a number of “strategic propositions” for working differently. During the course of March and April, each proposition has been refined into a priority statement by senior colleagues working in the system, taking note of the feedback received through workshops and other conversations with leaders. Whilst this recent work has stemmed from the NHS Long Term Plan, our approach in Lancashire and South Cumbria has been to create a process to develop a partnership strategy which complements the core strategies of other key partners including Local Authorities, educational institutions and local enterprise partnerships.

3. This work has now been consolidated into set of slides, which was approved for wider engagement by the ICS Board at its April meeting. The slide pack is attached to this paper and is introduced below.

4. In parallel with this strategic work, CCG and Trust operational plans for 2019/20 have been developed in line with national NHS planning guidance published in December. This work has been co-ordinated across the ICS, with emphasis placed upon commissioners and providers working closely together in Integrated Care Partnerships (ICPs) to develop their plans. Once finalised and signed off by NHS England and NHS Improvement, the aggregated 2019/20 Operational Plan will be viewed as year 1 of the ICS five-year strategy. It has been important, therefore, to reflect the spirit of the proposed strategic priorities in the development of the 2019/20 operational plans.
5. Members should note that NHS England & NHS Improvement have confirmed that further guidance about the development of ICS 5 year strategies is expected to be published in May as part of the Implementation Framework for the Long Term Plan. However, the L&SC ICS Board considered the early development of priorities for action was vital to ensure that meaningful engagement with staff and communities could be held over the summer in order to inform the final ICS five-year strategy.

**Building the Strategic Narrative**

6. This process of developing the attached document has not followed the typical approach to developing strategy which might be adopted in a single organisation. The evolution of this work can be explained by introducing elements of the slide set as follows:

7. The ICS strategic narrative needs to be built on a unifying vision which can represent the intent of all of the ICS partners (not just the NHS) in a straightforward and convincing way. The vision statement set out in the document is as follows:

   Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live and age well.

   At the heart of this are the following ambitions:
   - We will have healthy communities
   - We will have high quality and efficient services
   - We will have a health and care service that works for everyone, including our staff

8. The narrative must add value to the existing organisational and ICP strategies already in place. Most of our organisations and ICPs are framing their local strategies around their work to improve population health, integrate care in neighbourhoods, manage their resources better and build effective local partnerships. The following illustration is included in the slide set [slide 8] to introduce the added value of the actions we determine are best taken across the wider L&SC partnership:
9. The narrative needs to answer the more searching questions about what the ICS partnership is actually for – when there is still evidence of ambivalence about this in the system. The description of the 8 propositions now as partnership priorities is emphasised to make the argument that only in partnership can we respond to some of the most significant challenges we face. On this basis, the priorities are set out as follows in the document:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maximise the benefits of our work in <strong>neighbourhoods</strong></td>
</tr>
<tr>
<td>2.</td>
<td>Deliver an integrated health and social care <strong>workforce</strong> for the future with the capacity and capability to provide sustainable care and support to our local communities.</td>
</tr>
<tr>
<td>3.</td>
<td>Strengthen the resilience and <strong>mental health</strong> of people and communities</td>
</tr>
<tr>
<td>4.</td>
<td>Establish a group model for all <strong>hospital services</strong> in Lancashire and South Cumbria</td>
</tr>
<tr>
<td>5.</td>
<td>Reinvigorate strategic partnerships across the <strong>public sector</strong></td>
</tr>
<tr>
<td>6.</td>
<td>Establish a public sector <strong>enterprise and innovation</strong> alliance with our ICS partners, including academic partners and Local Enterprise Partnerships to deliver inward investment and support job creation</td>
</tr>
<tr>
<td>7.</td>
<td>Bring the entire health and social care system back into <strong>financial balance</strong></td>
</tr>
<tr>
<td>8.</td>
<td>Consolidate commissioning so that our arrangements for <strong>planning and prioritising</strong> our resources improve our population’s health and the outcomes of health and social care.</td>
</tr>
</tbody>
</table>

10. The accompanying infographic [slide 11] then illustrates that the intent of the ICS is to:  
   a. Support our communities and our staff;  
   b. Strengthen partnerships/relationships to improve care and promote innovation;  
   c. Plan to improve our population’s health and our use of resources.
11. **The narrative needs to be capable of further engagement and co-production with a range of audiences.** It is important that we support all partners in involving and embracing this process and learn from the challenges we had in obtaining a consensus when creating Sustainability and Transformation Plans in 2016. Therefore, the slide set is intended to act as a core document upon which additional materials will be tailored to public, staff, stakeholder audiences.

12. Approval of this approach has now been given by the ICS Board. It is proposed that system leaders will take the lead for further local engagement, introducing and convening discussions about the purpose of the ICS strategy with staff in their organisations and members of the public in their ICPs. More details are shown in Section 4 of the slide set. Further planning has already started between ICS and ICP communications colleagues to ensure there are realistic expectations of existing communications networks.

**Support for system leadership**

13. There is a recognised need for on-going organisational development across the system as the ICS partnership develops. Mike Farrar and David Dalton (both former NHS Chief Executives) have already engaged with senior leaders at a workshop earlier this year on this topic and have committed to working with us in supporting the development of the system. They will work specifically with senior leaders over the next few months to enable them to take ownership for the implementation of the strategic plan as well as facilitating discussions to encourage provider collaborations and commissioning reform.
14. Positive discussions have already taken place on the 4th April with Chairs and Accountable Officers of CCGs about the scope for further reform of the commissioning system. Following this meeting we are seeking a further meeting to agree commitments and rollout of this process. A workshop of CCG Chairs and Chief Officers will take place at the end of May to develop a roadmap for commissioning which facilitates the continued development of ICPs and the ICS.

15. In parallel with this approach, David Dalton is arranging further discussions with Provider CEOs about the level of ambition for collective approaches.

16. Discussions are also taking place with Local Authority Executive leaders about the nature of relationships between the ICS and Local Government. These are being facilitated independently by Richard Jones, a former Local Government and NHS England director. The outcomes of this process are also directly relevant to the implementation of the ICS strategy.

**Expectations of CCG Governing Bodies and Trust Boards**

17. The strategic narrative sets out a number of expectations of system leaders upon receipt of the document. Planning meetings will be arranged with ICP leaders to ensure that the connections between the ICS partnership priorities and existing ICP strategies can be clearly articulated.

18. In order to support these leaders in delivering these expectations, CCG Governing Body and Trust Board members are asked to:

   - Endorse the strategic narrative document as the basis for the development of the L&SC ICS five year plan
   - Endorse in principle the 8 priorities within the document, subject to the outcomes of the engagement process
   - Endorse the proposed engagement process with patients, citizens, staff and wider partners and support the actions required to deliver it effectively.
   - Support the further system development work now being arranged in respect of provider collaboration, commissioning and partnership between local authorities and the NHS.

**Recommendations**

The Governing Body is asked to:

- Comment on the strategic narrative which has been developed by the Lancashire and South Cumbria Integrated Care System.
- Endorse the strategic narrative document as the basis for the development of the L&SC ICS five year plan
- Endorse in principle the 8 priorities within the document, subject to the outcomes of a proposed engagement process
- Endorse the proposed engagement process with patients, citizens, staff and wider partners and support the actions required to deliver it effectively.
• Support the further system development work now being arranged in respect of provider collaboration, commissioning and partnership between local authorities and the NHS.

Mike Maguire
Accountable Officer

Dr Amanda Doyle
ICS Chief Officer
Our next steps

26th April 2019

For public Boards/Governing Bodies
Contents

- Introduction
- Section 1: A case for changing the way we work
- Section 2: Our plans and our partnership priorities
- Section 3: What will be different in 2 years and 5 years?
- Section 4: Engagement process
- Section 5: Next Steps
- Appendix 1: What the ICS has achieved already
- Glossary
Introduction

Healthier Lancashire and South Cumbria is the name we have given to a partnership of NHS, local councils, voluntary sector and community organisations working together to support the 1.7 million people who live in this part of North West England.

We are working together as an “integrated care system” or ICS. The aims of the partnership are to join up health and care services, to listen to the priorities of our communities, citizens and patients and to tackle some of the biggest challenges we are all facing.

Our next steps is a strategic document which we have developed as part of our response to the NHS Long Term Plan (published in January 2019). Firstly, we set out our vision for a healthier Lancashire and South Cumbria. Then, we explain how working in partnership helps us respond to the challenges our communities and front line professionals are experiencing and how we can use our resources better. We also commit to building stronger alliances between our organisations to realise our ambition that Lancashire and South Cumbria becomes a great place to live and work.

This version of Our next steps has been developed for system leaders and senior clinical/programme leads. The ICS is asking leaders to endorse the priorities set out here for the ICS partnership and lead the process of sharing our thinking with the public, with our staff and with our local representatives. We will develop additional engagement materials to help us to do this which will be specific for these audiences. We’d like to know what you think about Our Next Steps for working together and delivering safe and sustainable services.
Our Vision for Healthier Lancashire and South Cumbria

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

At the heart of this are the following ambitions:

- We will have healthy communities
- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff
Section 1: A case for changing the way we work

We recognise that there is no single factor, no one organisation that can guarantee the health of every community or person. Our health and wellbeing is heavily influenced by our education and work opportunities, our lifestyle behaviours, our environment including the quality of our homes – as well our ability to maintain our own health and access good clinical care when we are ill.

We understand that members of the public are concerned when they hear about pressures on local health and care services. This may be a consequence of personal experiences of receiving care or hearing that “difficult choices” need to be made about the future of local services.

It is true that we are facing some significant challenges and believe that our ICS partnership provides new opportunities to tackle these, working together with local people. We know that:

- We are not taking sufficient action to tackle health inequalities
- Our services do not always provide consistently high quality care for everyone
- Our performance on some national targets is poor
- We are spending more money than we receive from government

The scale of these challenges is illustrated on the next slide:
A case for changing the way we work

We are not taking sufficient action to tackle health inequalities

Where you are born can affect how long you live by as much as 10 years in Lancashire and South Cumbria

1:6 of neighbourhoods in Lancashire and 1:10 in Cumbria are in the most deprived decile nationally

Our performance on some national targets is poor

We struggle to consistently achieve targets for treatment in A&E, cancer services and routine surgery in all of our hospitals

Solving many of these issues requires action by several organisations

Our services do not always provide consistently high quality care for everyone

There is unwarranted variation in outcomes for people with conditions such as Cancer, Coronary Heart Disease and Mental Health

Gaps in the workforce create fragility in hospitals, community and care services

We are spending more money than we receive from government

NHS organisations need to reduce spending by £167m over the next few years

Local Authority funding has reduced by an average of 40% over the last 5 years

Where you are born can affect how long you live by as much as 10 years in Lancashire and South Cumbria

1:6 of neighbourhoods in Lancashire and 1:10 in Cumbria are in the most deprived decile nationally
A case for changing the way we work

We believe that we need to change the way we work together if we are to address these major issues successfully:

- Agreeing the key priorities which all our partner organisations support will help us repair the fragmentation in our current health and care system;

- Simplifying the current complex arrangements for making decisions will ensure faster progress in tackling poor performance and reducing financial deficits in our frontline organisations;

- Sharing good practice across Lancashire and South Cumbria will help us to talk honestly with the public about how we create sustainable services for the future - and enable our staff deliver those changes.

The good news is that we have begun to take action already.

We have some great examples of work taking place in neighbourhoods, in our local Integrated Care Partnerships (ICPs) and across Healthier Lancashire and South Cumbria. For more details about this please see Appendix 1. The infographic on the next slide also helps to summarise how this work is being focused on the needs of our 1.7 million citizens.
Healthier Lancashire and South Cumbria | Our next steps

This visual representation of our vision shows how local organisations are already working together. We believe that local people and patients must be at the centre of everything we do.

Our job is therefore to ensure our partnership organisations:

- support people in their neighbourhood and community,
- create shared plans for local areas (ICPs) of 300-500,000 people,
- unite around a set of priorities we have agreed to undertake in partnership across Lancashire and South Cumbria.
Our plans and our partnership priorities

Each year, NHS organisations are required to develop a 1 year “Operational Plan.” This sets out the agreements about activity levels, performance targets and financial commitments between local commissioners and providers. Operational plans are submitted to NHS England and NHS Improvement and must align to the priorities set out in national planning guidance.

In Lancashire and South Cumbria, operational plans for 2019/20 will be connected to existing organisational and ICP-based strategies. These will influence the way the NHS and its partners work together.

Healthier Lancashire and South Cumbria is using this document called Our Next Steps to develop a five year partnership strategy by September 2019. This is part of our response to the NHS Long Term Plan. In so doing, it is understood that the Operational Plans for 2019/20 are considered the first year of this 5 year approach.

The ICS also has a number of existing clinical workstreams through which partners are working to improve quality, performance, resilience and efficiency. Several of these are key national priorities in the Long Term Plan. It will be necessary to review these workstreams to ensure that they have clear objectives and remain a priority for the ICS partners.

The current clinical workstreams are as follows:

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Regulated Care</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Maternity and Paediatrics</td>
<td>Head and Neck Cancer</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Elective Care Diagnostics</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>Primary Care</td>
<td>Prevention</td>
</tr>
</tbody>
</table>
Healthier Lancashire and South Cumbria | Our next steps

Our partnership priorities

The effectiveness of the ICS partnership will be judged by our ability to join up health and care services, to listen to the priorities of our communities, citizens and patients and to tackle some of the biggest challenges we are all facing. Leaders across the system are proposing 8 priorities through which the partners agree to take action over the next 5 years:

1. Maximise the benefits of our work in **neighbourhoods**
2. Deliver an integrated health and social care **workforce** for the future with the capacity and capability to provide sustainable care and support to our local communities.
3. Strengthen the resilience and **mental health** of people and communities
4. Establish a group model for all **hospital services** in Lancashire and South Cumbria
5. Reinvigorate strategic partnerships across the **public sector**
6. Establish a public sector **enterprise and innovation** alliance with our ICS partners, including academic partners and Local Enterprise Partnerships to deliver inward investment and support job creation
7. Bring the entire health and social care system back into **financial balance**
8. Consolidate commissioning so that our arrangements for **planning and prioritising** our resources improve our population’s health and the outcomes of health and social care.

These priorities are shown on the following infographic and then set out in more detail in the subsequent slides.
Our partnership priorities

This is an illustration of the partnership priorities we are proposing Healthier Lancashire and South Cumbria should take forward over the next 5 years. Our priorities show how we intend to:

- Support our communities and our staff,
- Strengthen partnerships to improve care and promote innovation
- Plan to improve our population’s health and our use of resources
Priority 1
Maximise the benefits of our work in neighbourhoods

Why is this priority important?

Neighbourhood care models are one of the five major practical changes identified in the NHS Long Term Plan to tackle the health challenges faced by the population and provide a sustainable service model for the future.

We also need to tackle significant inequalities of health which exist in different communities.

If we work effectively as partners in each of our neighbourhoods, then we will be able to:

- Manage the health of the community proactively using predictive prevention, screening, case finding and early diagnosis to better support people stay healthy
- Provide more coordinated care for the increasing number of people with long-term health conditions
- Empower individuals, families and communities to become “fully engaged” in their own health and wellbeing,

What are the ICS partners trying to achieve through this priority?

We are building on a number of positive local and national exemplars in which frontline professionals (GPs, community nurses, therapists, social workers, VCFS partners) have improved and integrated the care provided to local neighbourhoods of 30-50,000 residents. As well as delivering better care planning and outcomes for patients, these integrated models of care enable us to maximise the benefits of a multidisciplinary workforce—and offer potential to create a sustainable future for primary and community services which have been under significant pressure in recent years.

We also want to use our approach to working in neighbourhoods to continue learning about how best to engage with local people about their health and wellbeing, using the assets of each community to do so. Our aim is to make this approach one of the most distinct characteristics of the ICS partnership in Lancashire and South Cumbria.
Priority 1
Maximise the benefits of our work in neighbourhoods

How will we track progress for this priority in our local communities?

Based on our work to date, we will continue to track progress using a number of measures relating to patient activity, the use of resources and the utilisation of technology to support their needs. These may include hospital admission rates, increasing the number of people with full access to their electronic, integrated health and care record and supporting more people with long term conditions with technology to manage their needs.

We will continue to use patient satisfaction surveys to understand if citizens feel they can access the best services for them at the right time. We know that each neighbourhood/primary care network team will also have to respond to 7 new national service specifications over the next 1-2 years e.g. support to care homes.

It is vital that we discuss with local people which measures of progress are most important to them.

How will we track progress for this priority in front line organisations?

We will use a locally developed maturity matrix to support the continued development of our Neighbourhood/Primary Care Network care teams over the next two years.

Each Neighbourhood will develop a 1 year plan for 2019/20 with their objectives for 2019/20 by the end of March 2019. These plans identify individual priorities, the benefits expected to be realised and how they will be measured.

The work of neighbourhoods will also be evaluated as part of the updated national contract for General Practices. From April 2020 every Primary Care Network will be able to see its relative progress on key metrics contained in a comprehensive new national Dashboard, including population health and prevention, urgent care and anticipatory care, prescribing and hospital use. It will also cover metrics for all the new national service specifications.
## Priority 2

**Deliver an integrated health and social care workforce for the future with the capacity and capability to provide sustainable care and support to our local communities.**

<table>
<thead>
<tr>
<th>Why is this priority important?</th>
<th>What are the ICS partners trying to achieve through this priority?</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are significant vacancies in both health and social care and staffing gaps in all professional areas. These include but are not exclusive to nursing, medical, primary care, social work and regulated care staff. Lancashire and South Cumbria represents a huge geographic challenge and opportunity, with diverse services operating from countryside to coastal, urban and rural, highly populated and isolated communities.</td>
<td>We want to develop a system-wide approach to tackle the range of issues affecting our workforce. Foremost of these is our ability to recruit and retain the workforce needed to provide care to our local population. We want to attract the workforce from our local population as well as growing our own workforce so that we can maximise the wider social benefits arising from good employment opportunities.</td>
</tr>
</tbody>
</table>

Delivering the ambitions in the NHS Long Term Plan is contingent on having the right workforce (skills, experience and numbers) to provide the right care to our local population and support them in preventing ill health and maintaining wellbeing. There are significant health inequalities in our area and we need the workforce to help us address these.

There is a need to improve recruitment processes and cross organisational approaches to fluid and flexible employment; improve the offer in terms of access to careers advice and entry level opportunities, including apprenticeships; and support workforce flexibility and mobility. Alongside this, work is needed on consistent skills and competency development, developing roles at scale and creating new ways of working to support service redesign.

We are committed to making Lancashire and South Cumbria a positive employment and career choice for health and care staff nationally and internationally.
Priority 2

Deliver an integrated health and social care workforce for the future with the capacity and capability to provide sustainable care and support to our local communities.

How will we track progress for this priority in our local communities?

- Having a clear value proposition and communication plan for why you should live and work in Lancashire and South Cumbria
- Establishment of Health and Social Care Academies to ensure full coverage across Healthier Lancashire and South Cumbria
- Increased access to health and social care work experience programmes (numbers of students/numbers of placements)
- Uptake of NHS Careers Passport (current coverage, targets to achieve this)
- % increase in access to health and social care related Further Education / Higher Education Institutions courses (current position/increase)
- Implementation of joint health and social care apprenticeship programme (numbers/target for future)
- Rollout of volunteer programmes and uptake of these
- Service users and local citizens into employment (e.g. Mental Health support workers, link workers, social prescribing roles)
- Uptake of employment into wider roles (link workers, social prescribing roles)
- New models of employment and rotation schemes across Lancashire and South Cumbria

How will we track progress for this priority in front line organisations?

- Reduction in vacancies at system level for main staff groups
- Target to increase international recruitment by X% (depends on supply/migration rules)
- Target to increase nursing apprenticeships by X% (contingent on funding)
- Reduced turnover levels at system level for main staff groups
- Improved staff satisfaction scores from national staff survey (system level aggregation)
- Reduction in sickness absence rates to England average
- Sustaining talent management programmes across the ICS
- Agreed approach to modelling impacts of new technology on the workforce
- Using technology to improve working conditions for front line staff
**Priority 3**  
Strengthen the resilience and mental health of people and communities

**Why is this priority important?**

Mental Health problems are experienced by a significant number of people in our communities (e.g. one in ten children between the ages of 5 to 16 has a diagnosable mental health problem; one in four adults experiences at least one diagnosable mental health problem in any given year).

Demand for specialist mental health services has significantly risen in recent years in Lancashire and South Cumbria –raising concerns about the resilience of our communities, gaps in services and the capacity to offer access to care within reasonable time limits.

Increasing investment in all age mental health services at a rate above the overall funding growth for the NHS is also a clear priority in the NHS Long Term Plan. Lancashire and South Cumbria is committed to meeting this Mental Health Investment Standard.

**What are the ICS partners trying to achieve through this priority?**

Our ambition in Lancashire and South Cumbria is that the mental health and wellbeing of children and adults is considered of equal importance to physical health in all of our communities. When citizens require more support, they should be able to access an effective range of age-appropriate mental health services. At present, there is variation in access, provision and clinical outcomes.

Improving mental health and wellbeing is also a critical example of our whole approach to population health - we need to ensure we support individuals with their education, access to employment opportunities and good housing as well as improving health care services.
Priority 3
Strengthen the resilience and mental health of people and communities

How will we track progress for this priority in our local communities?

Build resilient community services with a focus on early intervention, ensuring these are responsive to the health and social care needs of children and adults – these services need to be part of our joined up neighbourhood care teams by March 2020.

Work with our local third sector and independent providers to broaden the workforce, making different skill sets and service models available to our citizens in local areas.

Enable individuals, their families and carers to develop resilience in their communities, schools and workplaces and provide locally-facing support within a “recovery college” model.

Neighbourhood care teams and ICPs agree plans to achieve 0 preventable deaths including from suicide from April 2020.

How will we track progress for this priority in front line organisations?

No individual waits more than 12 hours for an inpatient bed (for mental health or detoxification) by March 2020.

50% reduction in the number of out of area placements for acute care and rehabilitation by March 2021 and a 75% reduction by March 2023.

Build robust 24/7 crisis intervention services and community mental health services. This may also involve commissioning bespoke services at a locality level which reduce dependency on NHS specialist services and align to our urgent care pathways.

Ensure that we have no inappropriate admissions to in-patient beds by providing a range of alternatives that provide a greater focus on upstream support.
Priority 4

Establish a group model for all Hospital services in Lancashire and South Cumbria

Why is this priority important?

Our hospitals have identified a number of “fragile” services where workforce gaps or models of care make it difficult for every hospital to deliver comprehensive, sustainable services. Financial deficits add further complexity to the challenges facing the sector.

Although we are working hard to address workforce shortages we now need to think differently about the way we utilise our staff across the ICS, so that they work in the right place to maximise their expertise and availability.

We know that elsewhere in the UK, hospitals have been working together to develop stronger networks of care and tackle variation in the quality, access and treatment available to local citizens—as well as to help make services financially more efficient. It is now essential that we explore these approaches more systematically in Lancashire and South Cumbria.

What are the ICS partners trying to achieve through this priority?

We want our hospitals to continue to deliver the highest quality, safe and sustainable care to the people of Lancashire and South Cumbria. To achieve this, our hospitals will increasingly work more closely together, transforming the ways in which some of our more specialised services and patient pathways are organised. This could involve changes to current models of care, locations of care or the number of hospitals which provide care.

Our ambition is that our hospitals develop further as “centres of excellence,” sharing skills and expertise where appropriate to ensure these is available to all of our citizens as equitably and efficiently as possible.

Our hospitals are willing to explore the opportunities of working as a group to enable them to work systematically on these issues – building on their existing collaborations.
Priority 4

Establish a group model for all Hospital services in Lancashire and South Cumbria

How will we track progress for this priority in our local communities?

We will be really clear with our communities in 19/20 about which services (for routine and urgent care) will be delivered locally (in neighbourhoods/communities) and which would benefit from a group/network-based model of care. We will set out how these service changes can be measured in a quantitative and qualitative way.

To do this we need to urgently prioritise the implementation of a shared dataset supported by ICS-wide digital integration. Local communities will access this to identify, monitor and measure progress on identified clinical patient pathways in terms of access, diagnostics, treatment and outcomes, which are based on national and local standards of care.

Metrics: RTT 18 weeks, Cancer 62 day (and others), Patient and Staff Surveys, DTOC, IAPT etc.

How will we track progress for this priority in front line organisations?

We will agree a small number of priority clinical areas using local, regional and national measures by the end of June 2019.

We will use these to test commitment as to whether a group/network-based model of care could work across Lancashire and South Cumbria by March 2020.
## Priority 5

### Reinvigorate strategic partnerships across the public sector

#### Why is this priority important?

Many of our most significant challenges require cross-cutting approaches across multiple public sector partners. We cannot tackle health inequalities, improve poor performance or resolve our financial problems as individual organisations. We also need to demonstrate an ability to remove obstacles pointed out by people who use our services and our own staff – at whatever level in the system these become apparent.

Our approach in Healthier Lancashire and South Cumbria is also to acknowledge that different organisations are best placed to lead on issues such as economic regeneration, workforce innovation and community resilience – our public sector partnerships need to support and drive these priorities forwards.

The NHS Long Term Plan puts significant focus on the delivery of new models of care, promoting shifts of resource from secondary care to more preventative models in the community – this can only be delivered if there are stronger partnerships between NHS and local authority-funded services.

#### What are the ICS partners trying to achieve through this priority?

We recognise that our communities, staff and organisations are facing a range of complex challenges. Responding effectively to these requires a more coherent, joined-up approaches from public sector organisations than exists at present in Lancashire and South Cumbria.

This priority commits public sector leaders to make sense of their different roles and accountabilities and determine how their organisations will work in partnership, agree joint priorities and improve decision-making – whether this is in neighbourhoods, in local areas or across Lancashire and South Cumbria.

We want to increase the confidence of local communities that our organisations are delivering the right priorities and support to all of our citizens.
### Priority 5

Reinvigorate strategic partnerships across the public sector

<table>
<thead>
<tr>
<th>How will we track progress for this priority in our local communities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partners to identify specific progress measures across the whole of this Next Steps document which illustrate effectiveness of strategic partnership working – this to include impact of neighbourhood care models, inclusive economic growth plans, support for regulated care sector, workforce innovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How will we track progress for this priority in front line organisations?</th>
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</thead>
<tbody>
<tr>
<td>• Strengthen collective commitment towards improving population health and wellbeing through a joint review of the governance arrangements for Health and Wellbeing Boards by October 2019</td>
</tr>
<tr>
<td>• Use learning from local/national experiences of the Better Care Fund to agree joint NHS/LA investment strategies at ICS and ICP levels by March 2020</td>
</tr>
<tr>
<td>• Develop action plan for NHS and LA in Lancashire CC area in response to review of Intermediate Care by July 2019.</td>
</tr>
<tr>
<td>• NHS and LA commissioners to agree changes to existing unsatisfactory arrangements for assessing people requiring complex care packages or continuing health care by March 2020.</td>
</tr>
</tbody>
</table>
### Priority 6

Establish a public sector Enterprise and Innovation alliance with our ICS partners, including academic partners and Local Enterprise Partnerships.

<table>
<thead>
<tr>
<th>Why is this priority important?</th>
<th>What are the ICS partners trying to achieve through this priority?</th>
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</thead>
<tbody>
<tr>
<td>Public sector partners have a duty to create opportunities for growth, investment, employment, life-long learning and innovation.</td>
<td>We know there are significant and diverse opportunities to develop the Lancashire and South Cumbria economy, promoting a wide range of benefits to the population from this approach to collaboration, mutual learning and investment in new ideas. This allows us to respond locally to the global impacts of technological, social, scientific and environmental changes.</td>
</tr>
<tr>
<td>Action taken across the partnership can help tackle health and other social problems caused by poverty, poor housing, limited educational attainment and under-investment.</td>
<td>Our organisations also employ a highly trained and motivated workforce with the skills to innovate, research and create opportunities to provide sustainable future services to the people they serve.</td>
</tr>
<tr>
<td>We want to ensure that public sector partners (including the NHS, local authorities, Higher Education) take a full and active role in supporting economic growth, education, research and skills development in all of our communities.</td>
<td></td>
</tr>
<tr>
<td>Lancashire and South Cumbria must play a full and distinctive role in the ambitions for a Northern Powerhouse – to make this a place in which people want to come to work, learn, grow and invest in jobs and people.</td>
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</tbody>
</table>
## Priority 6

**Establish a public sector Enterprise and Innovation alliance with our ICS partners, including academic partners and Local Enterprise Partnerships.**

<table>
<thead>
<tr>
<th>How will we track progress for this priority in our local communities?</th>
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<tbody>
<tr>
<td>• Creation of a Strategic Health Commission with the Lancashire LEP and Innovation Alliance</td>
</tr>
<tr>
<td>• Identification of 3 actions health sector can take to make best use of NHS spend in L&amp;SC in 2019</td>
</tr>
<tr>
<td>• Each ICP to report on a subset of smart objectives as part of ICS/ICP reviews</td>
</tr>
<tr>
<td>• Discussion with Economic Development Director in Blackburn with Darwen Council to determine how best to engage the LEP</td>
</tr>
<tr>
<td>• Annual partnership assessment of whether there is real and perceived benefit in working collaboratively in this area</td>
</tr>
<tr>
<td>• Measure number of programmes or inward funding leveraged through partnership</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How will we track progress for this priority in front line organisations?</th>
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</thead>
<tbody>
<tr>
<td>• Each ICP to report on a subset of smart objectives</td>
</tr>
<tr>
<td>• Develop and agree local targets that are place specific as part of ICS/ICP reviews</td>
</tr>
<tr>
<td>• Annual partnership assessment of whether there is real and perceived benefit in working collaboratively in this area</td>
</tr>
<tr>
<td>• Measure number of programmes or inward funding leveraged through partnership</td>
</tr>
<tr>
<td>• Measure reduction in waste and increases in energy efficiency</td>
</tr>
<tr>
<td>• Track new jobs created and increase in local workforce</td>
</tr>
<tr>
<td>• Track health status and weight reduction in NHS staff</td>
</tr>
<tr>
<td>• Continued implementation of the Lancashire and South Cumbria Digital Health Strategy</td>
</tr>
</tbody>
</table>
Priority 7
Bring the entire health and social care system back into financial balance.

Why is this priority important?

Parliament votes a fixed amount of money, sourced from taxpayers, to the NHS each year. Income for Local Authorities is sourced from local council tax as well as from national government. In overall terms, Lancashire and South Cumbria receives its fair share of the national budget for health. However, health organisations in the area spend more on delivering services (that are not fully meeting patients’ needs and quality standards) than they are receiving in income, resulting in a deficit of £167m per annum. This cannot continue.

The good news is that there is clear evidence that greater efficiency could be achieved and waste reduced significantly were services to be organised and delivered differently to the way they are now. Moreover, reform of services would also ensure that they better meet the changing needs of our population.

What are the ICS partners trying to achieve through this priority?

Our ambition is that NHS and social care services are able to deliver clinically sustainable services within the financial resources available to us by 2022/23. This will be achieved by improving the value for money we currently expend in delivering care, eradicating waste and changing the way we deliver some services.
Priority 7

Bring the entire health and social care system back into financial balance.

How will we track progress for this priority in our local communities?

The difference between the amount we spend on average per person and the average amount of income we receive per person reduces year on year by an amount sufficient to achieve financial balance by 2023/24, with a higher level of savings weighted towards the earlier years.

We are able to identify waste in every setting and agree local ways to reduce it and track progress.

Our status as a national exemplar for population health management is offering early promise in using advanced analytics to increase prevention activity, reducing demand and expenditure as a result.

We are able to achieve a higher level of efficiency in service delivery, measured through national and any locally determined “best value” criteria and also benchmark favourably against RightCare and Getting it Right First Time (GIRFT) metrics.

How will we track progress for this priority in front line organisations?

Organisations will be able to meet their control totals every year.

Organisations will reduce the level of deficit by an agreed amount each year, until they achieve a break even position (the level of annual savings should be weighted towards the earlier years of this strategy).

Organisations will achieve their agreed efficiency schemes each year on a recurring basis.

Organisations are situated in the top half or top quartile for an agreed range of programmes/services as defined in GIRFT, RightCare and CIPFA benchmarking schemes.
Why is this priority important?

We want to improve the health of our communities in our neighbourhoods, ICPs and across the ICS by taking effective and efficient decisions about the use of public funds.

We need to sustain and accelerate the evolution of integrated care models by ensuring that commissioners are combining local decision-making with local providers, councils and other partners.

We also want our commissioners to agree plans and priorities which help to reduce health inequalities and achieve common standards and outcomes from the care provided to our citizens across Lancashire and South Cumbria.

What are the ICS partners trying to achieve through this priority?

The roles of commissioners will evolve to focus on planning and priority-setting to improve the health of the populations served by each of our Integrated Care Partnerships.

There is a clear expectation in the NHS Long Term Plan that the number of commissioning organisations will reduce, releasing funds to be directed into front line care.

Agreeing joint approaches to this between NHS and Local Government partners will also be critical to agree investment plans and achieve better outcomes for many people living in Lancashire and South Cumbria.

This priority also supports our ambition to align both our priorities and decision-making for specialised services between NHS England and the ICS.
## Priority 8

**Consolidate commissioning so that our arrangements for planning and prioritising our resources improve our population’s health and the outcomes of health and social care**

<table>
<thead>
<tr>
<th>How will we track progress for this priority in our local communities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mature neighbourhood (PCN) care models in place across L&amp;SC by March 2021 (see priority 1)</td>
</tr>
<tr>
<td>• 5 year plans in each ICP to reduce health inequalities by March 2020</td>
</tr>
<tr>
<td>• NHS and Local Authorities will be able to describe how their joint approach to key priorities is impacting on neighbourhoods by March 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How will we track progress for this priority in front line organisations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implementation of place-based commissioning at neighbourhood, ICP and ICS levels will continue through 2019/20</td>
</tr>
<tr>
<td>• Each ICP will set out their leadership arrangements for population health management/planning/integrated commissioning by September 2019</td>
</tr>
<tr>
<td>• Agreement on future configuration of CCGs in L&amp;SC by April 2020 for implementation by April 2021</td>
</tr>
</tbody>
</table>
## Section 3: What will be different?

### In two years…
- Integrated community teams deliver risk stratified and coordinated physical and mental health care to their local neighbourhoods
- Improved retention of staff in all sectors
- Frontline staff will have greater access to data shared by partners
- Joint NHS and Local Authorities working encourage further engagement of communities in their health and wellbeing – and create 500 new jobs through economic development
- Group hospital model completes first wave of sustainable service changes with quality and financial improvements
- Living and working in Lancashire and South Cumbria has a clear value proposition

### In five years…
- The Integrated Care System will have matured into an effective group model of integrated care providers working together with an integrated health and care strategic commissioner
- Our hospitals will be providing networks of services with sustainable staffing levels and consistent pathways of care
- Partners will demonstrate how the Strategic Health Commission has supported economic development and innovation – to benefit citizens, patients and staff
- We will demonstrate best value from the Lancashire and South Cumbria pound – and return the system to financial balance
- Our future workforce will be attracted into Lancashire and South Cumbria by a creative and innovative offer
- Our public sector partnership will lead to organisations sharing power with the asset-based communities we serve
- Integrated community teams will work with local citizens to make best use of local housing and leisure services
- We will make better predictions of people’s needs and personalise care to meet those needs
- Our populations will be “fully engaged” in their health and wellbeing, and public sector leaders will have a clear view on what is important to them
- Our approach to population health will create confidence in the evidence of improving life expectancy and reducing inequalities in our most deprived neighbourhoods
Section 4: Engagement Process

The Healthier Lancashire and South Cumbria partners are required to share the proposals set out in this document and gain feedback from the public, from our staff and from local representative groups and individuals.

The purpose of the engagement is to galvanise partners and mobilise staff towards working in partnership across Lancashire and South Cumbria and the benefits of this. For our staff and public we want to capture their feedback about how developing stronger partnerships provides opportunities to work differently.

The insights from this process will contribute to a 5 year strategy for the ICS which will be published by September 2019.

Engagement activity will be led locally by organisational leaders to ensure that the connections between existing work in neighbourhoods, local areas (ICPs) and across Lancashire and South Cumbria are clearly explained. This is vital to ensure local issues, networks and relationships are managed sensitively. Our colleagues from Healthwatch are also undertaking an independent assessment of local opinions – this has been supported at a national level as part of the response to the Long Term Plan.

None of the priorities set out in this document remove the statutory duty of NHS organisations to conduct formal public consultation in the context of significant change to services.

The ICS proposes to use a phased approach to engagement which is set out as a timeline on the next slide.

Key messages for our staff and local people

1. Only by working in partnership across Lancashire and South Cumbria do we have a chance to tackle some of our biggest challenges.

2. We need to work differently going forwards if we want to deliver the ambitions of the Long Term Plan and deliver integrated care.

3. We want to involve local people and staff in developing our new ways to make sure local people are able to live longer, healthier lives.

Additional materials will be produced to support engagement including: Slides, a public facing document, a staff facing document, social media toolkit for local teams, website content.
**Phases of engagement**

1. **Development of priorities**
   - Involves a wide range of system leaders including from NHS, Local Authority, VCFS, and local Healthwatch to develop existing partnership work into a set of propositions where partnership working at ICS would provide the most impact.

2. **Healthwatch local engagement**
   - Local Healthwatch to engage with communities to capture independent intelligence about the NHS Long Term Plan to shape the clinical strategy and provide local insights.

3. **Wider engagement with stakeholder groups**
   - Engage with communities on the vision for the ICS and the draft partnership priorities to explain and shape how the system will work together to benefit local people. This will be led locally and include patient groups, patient representatives, Councillors, and staff. Includes MPs, Councillors, CCG, and Trust Governing Bodies.

4. **Develop 5 Year strategy using insight from engagement**
   - Use the insights from the previous phases to draft a Five Year Strategy for the Integrated Care System and publish for wider comments and involvement from stakeholders.

5. **Publish the Five Year Strategy and demonstrate the impact of involvement**
   - Publish and effectively communicate the strategy. We will demonstrate the impact of the involvement of the public and stakeholders in the previous stages and how this contributed to the strategy.
Section 5: Next Steps for system leaders

The ICS Board is endorsing several actions to take forwards the work set out in Our next steps. System leaders are therefore asked to:

- Endorse the 8 priorities personally in advance of endorsing them with organisational boards and leadership teams.
- Indicate to the ICS Chief Officer if you are willing to sponsor one of the ICS priorities.
- Support the actions now required to create an effective engagement process across the ICS. This will include the drafting of additional materials which can be used to support engagement with patients, citizens, staff and wider partners. Planning meetings will be arranged with ICP leaders to ensure that the connections between the ICS partnership priorities and existing ICP strategies can be clearly articulated.
- Confirm the highest priorities for the ICS’ clinical workstreams.
- Support the further system development work now being arranged in respect of provider collaboration, commissioning and partnerships between local authorities and the NHS.
- Contribute to the current review of ICS governance and decision-making arrangements.
Appendix 1: what the ICS has achieved already

101,000 people are actively using apps to book their primary care appointments across Lancashire and South Cumbria

Partnership working has maximised our flexibility to enable organisations to reach our financial targets

Our partners are working with parents, children and young people to co-produce and implement a THRIVE model for CAMHS services for 0-19 year olds

A partnership approach to performance against nationally recognised clinical indicators of good acute stroke care (SSNAP) have improved

Five primary care networks are part of a national programme to pilot a population health management approach

A Health and Social Skills Partnership has been re-established in collaboration with the Local Enterprise Partnership

The Healthier Fleetwood model resulted in the Primary Care Network receiving an award from the National Association of Primary Care

78% of care homes are actively using a tool which allows for bed vacancies to be tracked which is helping to reduce avoidable lengthy stays in hospital

Partnership work across maternity services has resulted in 29.2% of women being booked onto pathways which can offer continuity of carer, exceeding the national target of 20%

£7.6 million funding from NHS England is facilitating an initiative to diagnose lung cancer earlier in Blackpool and Blackburn with Darwen

Nurse recruitment is being developed through the Global Health Exchange Programme – all Trusts have taken part in an initial recruitment exercise with over 200 offers of employment being made
## Glossary of terms

We need to create a more consistent dialogue across Lancashire and South Cumbria which requires defining some of the terms we use. A glossary of terms has been developed below:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier Lancashire and South Cumbria</td>
<td>The name for our partnership of NHS, local councils, voluntary sector and community organisations working together to support the 1.7 million people who live in this part of North West England.</td>
</tr>
<tr>
<td>Integrated Care System (ICS)</td>
<td>In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. (Definition from the NHS Long Term Plan).</td>
</tr>
<tr>
<td>Integrated Care Partnerships (ICP)</td>
<td>These are our five sub Lancashire and South Cumbria level partnerships: Pennine Lancashire, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire.</td>
</tr>
<tr>
<td>Neighbourhoods</td>
<td>These areas are local areas based on populations of between 30,000 and 50,000 where all aspects of NHS and Local Authority services come together with the voluntary, community organisations and local citizens. Examples include Fleetwood, Barrow, Burnley East or Skelmersdale. There are currently 41 neighbourhoods in Lancashire and South Cumbria.</td>
</tr>
<tr>
<td>Primary Care Networks</td>
<td>Primary Care Networks are the multi-disciplinary care teams working in our neighbourhoods. They will build on the core of existing general practice and other community-based services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.</td>
</tr>
<tr>
<td>A group model for acute services</td>
<td>We have not yet defined the detail of this term. We will work with partners and staff from the acute trusts during the engagement phase to define the meaning for this term.</td>
</tr>
</tbody>
</table>
DATE OF BOARD MEETING: 21 May 2019

TITLE OF REPORT: Joint Committee of CCGs collective work programme 2019-20

BRIEFING POINTS:

Does this report / its recommendations have implications and impact with regard to the following:

<table>
<thead>
<tr>
<th>A. Commissioning Board’s Aims and Objectives</th>
<th></th>
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<tbody>
<tr>
<td>1. Quality (including patient safety, clinical effectiveness and patient experience) – please outline impact</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Commissioning of hospital and community services – please outline impact</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Commissioning and performance management of GP Prescribing – please outline impact</td>
<td></td>
</tr>
<tr>
<td>4. Delivering Financial Balance – please outline impact</td>
<td></td>
</tr>
<tr>
<td>5. Development of the commissioning group as a commissioning organisation – please outline impact</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Governance – please outline impact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does this report:</td>
<td></td>
</tr>
<tr>
<td>• provide the Commissioning Board with assurance against any of the risks identified in the assurance framework (identify risk number)</td>
<td>Yes</td>
</tr>
<tr>
<td>• have any legal implications</td>
<td></td>
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<tr>
<td>• promote effective governance practice</td>
<td></td>
</tr>
<tr>
<td>2. Additional resource implications (either financial or staffing resources)</td>
<td></td>
</tr>
<tr>
<td>3. Health Inequalities</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Equality and Inclusion and Human Rights Requirements –</td>
<td></td>
</tr>
<tr>
<td>- Has an Equality Impact and Risk Assessment been carried out?</td>
<td></td>
</tr>
<tr>
<td>5. Clinical Engagement</td>
<td></td>
</tr>
<tr>
<td>6. Patient and Public Engagement</td>
<td></td>
</tr>
<tr>
<td>- Has public participation/the ‘13Q duty to involve’ been considered?</td>
<td></td>
</tr>
</tbody>
</table>

PAPER PREPARED BY: Andrew Bennett - Executive Director of Commissioning, Lancashire and South Cumbria Integrated Care System

PAPER PRESENTED BY: Mike Maguire, Chief Officer
Lancashire & South Cumbria

Joint Committee of Clinical Commissioning Groups

2019/20 Work Plan

Introduction

This paper sets out the proposed work plan for the Joint Committee of CCGs for 2019/20. The work plan is designed to address specific issues requiring collective decision making by the eight CCGs in Lancashire and South Cumbria. These commissioning decisions arise from several of the existing workstreams operating under the partnership of organisations known as Healthier Lancashire and South Cumbria.

The work programme has been developed by commissioning and other workstream leads in recent weeks and presented in draft to the Joint Committee. Each workstream has been asked to be as specific as possible at this stage in the year as to the nature of the decision being requested.

The Governing Body is asked to endorse the CCG taking decisions on this proposed work plan through the Joint Committee of CCGs.

Context

1. The Joint Committee of CCGs was established in 2016/17 to enable the eight CCGs in Lancashire and South Cumbria to exercise jointly an agreed number of commissioning functions in line with current legislation. The primary purpose of the Joint Committee is to take decisions on commissioning issues which are pertinent to the whole of Lancashire and South Cumbria and which arise from the Healthier Lancashire and South Cumbria (ICS) programmes of work.

2. The CCG is represented on the Joint Committee by the Chief Finance Officer and the Lay Member for Governance. The Joint Committee continues to operate with an independent Chair and for 2019/20 will be holding its meetings in public on a bi-monthly basis.

3. The work programme shown below has been developed by commissioning and other workstream leads in recent weeks. Each workstream has been asked to be as specific as possible at this stage in the year as to the nature of the decision being requested for collective decision making. Members will note therefore that the Joint Committee will be asked to review for example: clinical models, business cases, cases for change and option appraisals leading towards public consultation where plans for significant service change are proposed.

4. It is vital to emphasise that prior to any decisions coming to the Joint Committee, clinical, commissioning, finance and other colleagues from the CCG will have been involved by each workstream in the necessary development work. The Joint Committee has already discussed a clearer process of decision-making using gateways at a number of key stages to oversee these collective programmes of work. Each programme also has an agreed programme governance structure through which the ICS’s partners can review progress.
5. A more detailed timetable is now being developed for the Joint Committee to indicate when
decisions on this work programme are anticipated during 2019/20. This will enable local
Governing Bodies and CCG executive teams to plan more clearly for involvement on the
issues under review.

6. The request being made to the Governing Body to approve this work plan is consistent with
the current terms of reference of the Joint Committee. These are scheduled for review
during 2019/20.

**Recommendation**
The Governing Body is asked to endorse the CCG taking decisions on this proposed work plan
through the Joint Committee of CCGs

**Mike Maguire**
**Chief Officer**
# Work programme for the Joint Committee of CCGs: 2019/20

<table>
<thead>
<tr>
<th>Service/Subject</th>
<th>Executive Sponsor</th>
<th>Delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>David Bonson</td>
<td>Approve updated Urgent and Emergency Care strategy for Lancashire and South Cumbria which will be developed in response to the national strategy.</td>
</tr>
<tr>
<td>SEND</td>
<td>Julie Higgins</td>
<td>Collaborative work between CCGs and Lancashire County Council to deliver the 2019-2020 Lancashire SEND partnership improvement plan with specific delivery of a commissioning plan, evaluation and monitoring system, implementation of the neuro developmental diagnostic pathway; speech and language and occupation therapy service reviews; consistency in multiagency school readiness pathway</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Andrew Bennett</td>
<td>Agree action plan for commissioners which may arise from the external review of the urgent care mental health system in Lancashire being undertaken by Northumberland Tyne and Wear NHS Foundation Trust</td>
</tr>
<tr>
<td>Individual Patient Activity (IPA)</td>
<td>Jerry Hawker</td>
<td>Agree a single commissioning and operating model across Lancashire &amp; South Cumbria, appropriately resourced, with the right staff, in the right place at the right time across the ICS, ICPs and neighbourhoods. Agree a single governance, business intelligence and delegated financial framework with accountability to the ICS and JCCCGs</td>
</tr>
<tr>
<td>Cancer</td>
<td>Denis Gizzi</td>
<td>Agree recommendations for commissioners which arise from Cancer transformation programme</td>
</tr>
<tr>
<td>Cancer/Workforce</td>
<td>Denis Gizzi</td>
<td>Agree the Outline Business Case for Oncology Advanced Clinical Practitioners</td>
</tr>
<tr>
<td>Specialist weight management services</td>
<td>Clare Thomason</td>
<td>Approve a case for change for multi-agency action in relation to obesity and specialist weight management</td>
</tr>
<tr>
<td>Stroke</td>
<td>Andrew Bennett</td>
<td>Agree options for the configuration of Hyper Acute and Acute stroke services, Review and approve outline business case. Decide on requirement and readiness to consult. Approve full business case, Review outcomes of consultation, Consider and approve commissioning approach and approve delivery plan</td>
</tr>
<tr>
<td>Commissioning Policies</td>
<td>Andrew Bennett</td>
<td>Agree updated commissioning policies developed collectively for all CCGs, Agree updated medicines management policies developed collectively for all CCGs</td>
</tr>
<tr>
<td>Vascular</td>
<td>Talib Yaseen</td>
<td>Agree operating model for vascular services across Lancashire and South Cumbria.</td>
</tr>
<tr>
<td>Task Area</td>
<td>Responsible Officer</td>
<td>Activity/Responsibility</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Commissioning development</td>
<td>Andrew Bennett</td>
<td>Agree recommended operating models and implementation plans arising from Commissioning Development Framework programme</td>
</tr>
</tbody>
</table>
| Children and Young People’s Mental Health     | TBA                          | Approve clinical model for CYP Mental Health services across Lancashire and South Cumbria  
|                                               |                              | Approve transition and implementation plan for clinical model                             |
| Children and Maternity                        | Arif Rajpura                 | Approve case for change for paediatric services                                           |
| Primary Care                                  | Amanda Doyle                 | Approval of ICS Strategy for Primary Care                                                  |
| Planned Care                                  | Andrew Harrison              | Agree prioritised list of pathways and timeline for development of outcome based consistent clinical pathways across Lancashire & South Cumbria |
| Learning Disability                           | Andrew Bennett               | Agree clinical model of non-secure, specialist inpatient provision for Learning Disabilities and Autism within the Lancashire and South Cumbria footprint |
| Integrated Commissioning (on LCC footprint)   | Julie Higgins                | Collaborative work between CCGs and Lancashire County Council to build a common platform for integrated commissioning at an ICP level: Initiation to proof of concept phase: scope principles, commitment and approaches, for the integration agenda building on BCF; test two areas for “in view” budget management leading to transformation for intermediate care and mental health section 117. |

Note: the Director of Nursing for NHS England in Lancashire is planning to hold further discussions with CCG Accountable Officers about the future of Safeguarding arrangements across the ICS and ICPs. This may lead to a request to consider inclusion on the Joint Committee work programme in due course.
Meeting Title: West Lancashire Clinical Commissioning Group Audit Committee

Date: Tuesday 16 April 2019

Time: 1.30 – 3.30 pm

Venue: Boardroom, Hilldale, Wigan Road, Ormskirk

Present:
- Douglas Soper, Lay Member (Chair)
- Claire Heneghan, Chief Nurse
- Dr Rakesh Jaidka, GP Executive Lead

In attendance
- Paul Jones, Head of Finance
- Paul Bell, Anti-Fraud, MIAA
- Liz Squires, Internal Audit, MIAA
- Simon Hardman, External Audit, Grant Thornton
- Ruth Fairhurst, Head of Governance and HR
- Cathy Ashcroft, Executive Assistant

Apologies:
- Greg Mitten, Lay Member
- Paul Kingan, Chief Finance Officer
- Dr Adam Robinson, Secondary Care Doctor
- Dr Jack Kinsey, GP Executive Lead
- Andrew Smith, External Audit, Grant Thornton

Agenda Item | Summary of Discussion | Action
--- | --- | ---
1. Welcome, Introductions and apologies for absence | Doug Soper welcomed all present to the meeting of the Audit Committee. Apologies were noted as above. | 
2. Declarations of interests | Doug Soper reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of West Lancashire CCG.

Declarations declared by governing body members are listed in the CCG’s Register of Interests. The register is available either via the secretary to the governing body or the CCG website at the following link: [Register-of-interests-Governing-Body-members-March-2019.pdf](#)

No declarations of interests were raised at the meeting.

3. Minutes from the previous meeting | The minutes of the meetings held on 12 February were approved as a correct representation of the discussions. | 
4. Matters arising | The action sheet was updated. | 
5. Board assurance and risk register | The report for March had been fully discussed at the Governing Body meeting on 26 March 2019. The report for April was discussed at the Executive Committee that morning. Ruth Fairhurst introduced herself in the new role of Head of Governance and HR. Ruth confirmed that in April the CCG had a total of 20 risks, with 14 risks scoring 12 or more (an increase of one since the previous meeting). The new risk is CCG68 – relating to the impact on cancer |
and general haematology services with the imminent departure of a haematology consultant.

The four highest risks remain unchanged from the previous meeting:
Risk 65: Brexit
Risk 58: Fragility of the hospital services due to workforce pressure
Risk 62: Potential flu pandemic (based on national guidance provided to us)
Risk 51: Continuing Healthcare patients receiving domiciliary care

There was discussion on whether a risk should be removed from the register when the ‘current’ and ‘target’ risk scores are identical. Two risks have achieved their target risk score: CCG58 as above and CCG66 ICP development. Following advice from Simon Hardman, it was agreed that such risks with a high score, which would have a severe impact, should remain on the register and be reviewed should the score reduce.

It was suggested that Risk 68 be included under Risk 58 as it relates to workforce issues in the hospital.

Risk 51 which refers to a lack of governance in some domiciliary care for patients with continuing healthcare. The safeguarding team are heavily involved in this area and there is much mitigation in the system across Lancashire. This risk will be reviewed again with the safeguarding team. Monthly commissioning decision groups take place where any cases can be discussed and more resources can be provided to input to cases. CQC visits are taking place in domiciliary agencies, which is positive.

Paul Bell informed the group of the requirement for all NHS organisations to provide a self-assessment and the new standards for commissioners, which have been amended. Item 1.4 in the standards covers fraud risks and the need for them to be recorded on the appropriate risk registers. The recommendation is that a fraud risk is rag-rated red as it is not on CCG corporate registers. There is no criteria provided in gauging the level of risk and counter fraud feel it should be amber as it acknowledges the potential for fraud. There is a possibility that this will be included as a generic fraud risk and advice will be issued to the CCGs once confirmed.

The Audit Committee: noted the monthly risk management report.

### Internal Control

6. **Internal Audit**

- **Progress report**
  - Liz Squires confirmed that two reports have been issued since the previous Audit Committee meeting:
    - Assurance Framework (meets NHS requirements)
    - Care Home Quality (substantial assurance)

  Key reviews to support the Head of Audit Opinion are at draft stage:
  - Conflicts of Interest – will be issued this week – it was recorded as partially compliant (Liz Squires feels that a ‘substantially compliant’ outcome should be used in future, to recognise that the majority of areas are rated green and only a few are rated amber. Currently this status would achieve ‘partially compliant’ and the few ambers diminish the overall target).
  - Data Protection Security Toolkit – this is with the finance team for clearance prior to release of the final report. Paul Jones will action.
  - Primary Medical Care Commissioning and Contracting: Internal Audit
Framework for Delegated Clinical Commissioning Groups: Governance – this is in draft, but an indicative audit opinion is that it will be substantially compliant.

Of the few outstanding areas, one is personal health budgets. West Lancashire was the only CCG to sign up to a pan-Lancashire proposal, but it was subsequently withdrawn. It is hoped an alternative solution can be found, in the meantime the risk will remain.

The Audit Committee: noted the progress report.

- **Audit plan**
  The internal audit plan includes core assurances, national and regional risk areas, strategic risks from the Governing Body Assurance Framework and management requests. MIAA insights, including benchmarking briefings and events, will be integral to the plan. The audit plan had been presented to the previous Audit Committee in draft form.

  Claire Heneghan requested that a review been added to the existing list of planned reviews. This will be an audit of the complaints process in the CCG. Liz Squires agreed to undertake this using the contingency days and to start as soon as possible in Quarter 1.

The Audit Committee: approved the audit plan including the additional review.

- **Draft director of internal audit opinion**
  The report supports the organisation with its annual governance statement and demonstrates how the CCG complies with Internal Audit standards. This provides an overall opinion of substantial assurance. The Conflict of Interest review is compliant in three of the five areas. The Primary Medical Care Commissioning and Contracting arrangements review provided substantial assurance. Some progress has been made against recommendations from MIAA in respect of the ambulatory care tariff, however significant further work is required to complete the review. Tim Crowley has signed off the internal audit opinion report.

  The internal audit coverage and outputs were included and demonstrated the completion of the internal audit plan.

The Audit Committee: noted the content of the report.

7. **Local Counter Fraud**

- **Annual report 2018-19**
  Paul Bell mentioned some typos in the report and confirmed that an corrected report would be provided for the record. The report outlines the work completed by the Anti-Fraud Specialist during April 2018 – March 2019. All work has been completed to plan, with the exception of the planned proactive exercise, which has been carried forward for completion in 2019-20. As mentioned earlier, the standards for commissioners had been updated and one change requires the chief finance officer and the audit chair to approve the Self-Review Tool (SRT) online, before counter fraud submit the tool. Awareness activity in the CCG has culminated in a staff briefing and circulation of various fraud risks internally. A fraud referral has been received and is ongoing. This has resulted in two areas being changed from amber to green in the report. Some standards do not have an option of achieving a neutral result if the standard is not met, regardless that this is out of the CCG’s area of control. This will be marked
as amber. For example if the CCG does not receive a fraud referrals items 4.3 and 4.6 will remain amber. This is typical with most CCGs. The annual submission deadline is 30 April.

As stated earlier, standard 1.4 is amber as the risk of fraud is not on the corporate risk register. It was agreed that if the policy is applied and the risk is not high enough to be added to the register, this standard should meet the target.

- **Annual workplan 2019-20**

  The report was taken as read. The main headlines were shared: there will be work around the risk register, awareness sessions for staff with an update planned for mid-year, start and end of the year. Fraud within GP practices is NHS England’s responsibility, but anti-fraud have met with the practice managers, who are very receptive. It was felt that it would be helpful to provide advice to the practices and networks. It is possible for the practices to commission the anti-fraud team directly, but it is a practice matter if an internal fraud occurs within the practice.

  A policy review (including code of conduct) will take place. Also, a review of commissioned services was discussed on pharmacies, continuing healthcare or patient held budgets (PHB). A discussion about PHBs took place highlighting the complexities of their management for the patient.

The Audit Committee: noted the progress report.

### 8. External Audit

- **Progress report**

  Simon Hardman presented the paper, which demonstrated progress at 28 March 2019. The planning for the financial statements audit has been completed and there are no issues to report to date. Internal reviews have taken place in preparation for the annual accounts. Value for money work is being undertaken and there are no issues expected at this stage. A meeting with Paul Kingan and Paul Jones had taken place this month. CCG officers will continue to be invited to events. The 'key issues for CCGs' bulletin will be circulated today, which includes tips on the annual accounts in audit season. The work is on track to deliver the opinions before the deadline in May. There is nothing to report from the interim work and the audit findings report will be presented at the next audit committee. The National Audit Office’s annual report on the financial sustainability of the NHS is not positive.

  It was felt that the sustainability item complements the work undertaken.

  A recent NHS England internal audit had identified eight areas where the management of conflict of interest could be improved.

The Audit Committee: noted the content of the reports.

### 9. Losses and special payments

There were no losses and special payments to note.

### 10. Single tender waivers (STW)

There were a number of single tender waivers presented for comment. All had been approved. Assurance had been received that all contractors are paid within policy eg not in excess of £400 per day. Claire Heneghan commented on the single tender waiver for the review of the children’s services, in that the CCG have a reputation for scrutinising services,
addressing quality issues and implementing the actions.

It was confirmed that the Orcha contract is being paid from existing funding. Dr Rakesh Jaidka felt that more encouragement was required to improve the current uptake of the Orcha app service. Doug Soper suggested that a review of the service be undertaken before any further extension to the contract.

The Audit Committee: noted the single tender waivers.

<table>
<thead>
<tr>
<th>11.</th>
<th>Gifts and hospitality – February 2019</th>
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<tbody>
<tr>
<td></td>
<td>Paul Kingan presented the current gifts and hospitality register for February 2019. It was suggested that a further request for declarations of gifts and hospitality be sent to the governing body.</td>
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<table>
<thead>
<tr>
<th>Register of interests – March 2019</th>
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<tbody>
<tr>
<td>Paul Kingan presented the current declarations of interests register, which will be published in the CCG annual report.</td>
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</table>

The Audit Committee: noted the reports.

<table>
<thead>
<tr>
<th>12.</th>
<th>Draft annual report</th>
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<tbody>
<tr>
<td></td>
<td>The draft annual report was presented. Any comments on the report should be sent to Ruth Fairhurst. The remuneration is not included at this stage. Ruth Fairhurst, Chris Brown and Meg Pugh are currently working on the report. Simon Hardman will provide a benchmarking review for Paul Kingan, to demonstrate how the CCG compares to other CCGs and if any improvements can be made in the annual report.</td>
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<tr>
<th>13.</th>
<th>Financial position update</th>
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<tr>
<td></td>
<td>Paul Jones informed the group that the CCG has achieved its breakeven targets and the ledgers have been closed down. There had been negotiation with the Trust about the contract and agreement had been reached with assistance received from NHS England. Any underlying issues will be included in next year’s contract.</td>
</tr>
</tbody>
</table>

The next financial year appears more challenging. The historic surplus, which has accumulated, is £3.9m as the CCG broke even against the in-year allocation. The surplus will carry forward and the control total next year is a breakeven.

Any other business

<table>
<thead>
<tr>
<th>14.</th>
<th>Date and time of next meetings</th>
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<tbody>
<tr>
<td></td>
<td>Tuesday 21 May 2019, from 9 – 10 am in the Boardroom, Hilldale.</td>
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</table>
Finance & QIPP Notes and Actions 26 February 2019

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion and decisions</th>
<th>Actions</th>
<th>Responsible officer</th>
<th>Due Date</th>
</tr>
</thead>
</table>
| Attendees                                  | Chair - Mike Maguire – Chief Officer  
John Caine – Chair  
Paul Kingan – Chief Finance Officer  
Stephen Gross – Lay Member  
Jack Kinsey – GP Executive Lead  
Doug Soper – Lay Member  
Peter Gregory – GP Executive Lead  
Rakesh Jaidka - GP Executive Lead  
Paul Jones – Head of Finance               |         |                     |          |
| In Attendance                              | Jill Gardner - Administrator                                                            |         |                     |          |
| Apologies                                  | Jackie Moran – Head of Contracting, Performance & Quality  
Dheraj Bisarya – GP Executive Lead  
Greg Mitten – Lay Member  
Vikul Mittal – GP Executive Lead  
Nicola Baxter – Head of Medicines Management  
Adam Robinson – Secondary Care  
Claire Heneghan – Chief Nurse  
Jen Greenhalgh – Finance Manager           |         |                     |          |
| Item 2 - Declaration of Interest           | Declarations declared by governing body members are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link.  
Declaration of Interest  
Declarations of interest from sub-committees:  
None declared.                              |         |                     |          |
<table>
<thead>
<tr>
<th>Item 3 - Notes from previous meeting 4.12.18/ matters arising / summary of actions</th>
<th>Due to time restrictions this agenda item will be carried forward to the next meeting.</th>
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</table>
| Item 4 - CCG Financial Plan 2019/20 | Paul Kingan presented the draft CCG Financial Plan 2019/20 which outlined the financial position for the year and the funding settlement received from the Government. This will support the paper being presented to the Board in March 2019.  

Key points discussed were :-  

- 2019/20 expenditure has been calculated as 2018/19 "Exit position", potential new commitments, demand growth and inflation less QIPP savings. Based on a new funding formula, WLCCG will receive an increase to its allocation of 5.1% (£8.618m) in 2019/20 spread across Programme, Primary Care and running costs.  

- The CCG allocations covering the 5 year period to 2023/24 are in line with NHSE’s 5 year funding settlement with an additional £20.5bn over a 5 year period, this averages out at 3.4% in real terms.  

- There is a headline increase in PbR tariff of 3.8%, efficiency factor of 1.1%, net uplift of 2.7%. This uplift includes 2 years of pay award and also £1bn of Provider Sustainability Fund which previously sat outside the tariff. There is a total increase across all services of £6.3m.  

- Mental Health remains a high priority; the CCG must increase expenditure by 5.7% with an additional £960k to be invested to be compliant. The CCG are also required to commit £1.50 per head recurrently to develop and maintain Primary Care Networks. There was a discussion around where the money was in the primary care section of baseline. |

Paul Jones to confirm where money is in baseline.
• CCG Investments include:
  - Community Services 72 hr Business Case, initial £500k investment potentially increasing to £1m in 2020/2021
  - iHelp Pain Management Service, £400k
  - Children’s Community Services, £127k
  - Ormskirk UCC - £280k
  - Other Invest to Save Schemes in pipeline.

• S & O Trust are looking for a contract value of £52.2m; the CCG figure is £48.4m, therefore leaving a gap of £3.8m. The key elements are:
  - higher activity around repatriated activity.
  - coding difference
  - non PbR items, bundles not included in the tariff.

• 2019/20 QIPP Programme showed no “Green Rag” rating. There are a combination of schemes being formulated, but unsure as to how they will deliver.

• 2019/20 Planned Expenditure totals £177.511m.

In summary, the target position will be achieved, but only as a plan. The QIPP challenge in order to deliver this is a saving of £5.2m. There is an additional risk if growth assumptions on key budget areas are too conservative.

A discussion was held around GP’s being unable to obtain regular supplies of drugs as they are being sold to other European countries. This means GP’s are having to prescribe specific drugs which are more expensive.

Nic Baxter to provide financial assessment on spend over previous months

<table>
<thead>
<tr>
<th>Item 5 - AOB</th>
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<tbody>
<tr>
<td>No further business was declared.</td>
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<thead>
<tr>
<th>Next Meeting</th>
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<tbody>
<tr>
<td>The next meeting will take place on Tuesday 9th April 2019.</td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td>11/09/18</td>
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<tr>
<td>------------------------</td>
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<tr>
<td>Adam Robinson</td>
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<td>Claire Heneghan</td>
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<td>Doug Soper</td>
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<td>Greg Mitten</td>
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<td>Jack Kinsey</td>
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<td>Jackie Moran</td>
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<td>Jo Debacker</td>
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<td>John Caine</td>
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<td>Mike Maguire</td>
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<td>Paul Kingan</td>
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<td>Peter Gregory</td>
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<td>Rakesh Jaidka</td>
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<td>Vikul Mittal</td>
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<td>Steve Gross</td>
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<td>Dheraj Bisarya</td>
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Key:
- **Attendance**
- **Non-Attendance (sickness, holiday, unknown)**
- **Attended meeting/course on behalf of CCG**

Record of Attendance
<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion and decisions</th>
<th>Action</th>
<th>Officer</th>
<th>Due Date</th>
</tr>
</thead>
</table>
| Attendees | Mike Maguire – Chief Officer (Chair)  
Jack Kinsey – GP Lead  
Doug Soper – Lay Member  
Jackie Moran – Director of Strategy and Operations  
Vikul Mittal – GP Executive Lead  
Peter Gregory – GP Executive Lead  
Claire Heneghan – Chief Nurse  
Dheraj Bisarya – GP Executive Lead  
John Caine – GP Chair  
Jo Debacker – Practice Manager  
Rakesh Jaidka – GP Executive Lead  
Nicola Baxter – Head of Medicines Management  
Karen Tordoff – Lead, Service Redesign |  |  |  |
| In attendance | Nicola Marland – Head of Delivery and Planning  
Jan Charnock – Primary Care Development Manager |  |  |  |
| Minutes | Karen McNally – Admin Officer |  |  |  |
| Apologies, Roles & Descriptions | Paul Kingan – Chief Finance Officer  
Greg Mitten – Lay Member  
Adam Robinson – GP Executive Lead  
Steve Gross – Lay Member |  |  |  |
| Declaration of Interest | The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at Clinical Executive Committee meetings which might conflict with the business of NHS West Lancashire Clinical Commissioning Group.  
Declarations declared by governing body members are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: Declaration of Interest  
Declarations of interest from sub committees:  
None declared.  
Declarations of interest from today’s meeting:  
All GP leads declared an interest in Item 5 due to funding benefits for GPs. It was noted that information would be shared but no decision made and therefore the interest should be recorded as significant but not fundamental. |  |  |  |
| AOB | Rakesh Jaidka questioned the amount per head agreed as part of the quality contract. This is currently set at £11/head but it was perceived it will be reduced by £1.50. This £1.50 would be sent to GPs separately as part of the DES to support the development. The reduction has been taken out of the IDF. Concern was expressed for any additional reductions which would impact on future proposals. Doug Soper provided an update on the recent Joint Commission of CCGs meeting 07 March 2019. Amanda Doyle, Chief Clinical Officer for NHS Blackpool and Fylde and Wyre Clinical Commissioning Groups presented the NHS Long term plan. An update was also given on the restriction of services on a national level. |

| Strategic and Service Redesign | Nicola Marland presented the draft Contract Offer from West Lancashire CCG and Southport and Ormskirk Foundation Trust Hospital for 2019/20 for discussion and comment. Notable change to the contract since last presented to the Clinical Executive committee in February 2019 is the change to the rate of growth which has now been applied at 1%. The following areas were highlighted:  **Elective points of delivery**  *GP referrals have reduced.*  *There has been a significant increase in the number of consultant to consultant referrals – there are currently no national standards set for this ratio. The expectation of the analysis of increases will be written into the offer.*  *It was highlighted that negotiating a block contract for outpatient activity could be a risk therefore was agreed as inappropriate.*  **Non-elective points of delivery**  *1% growth has been applied with adjustment for demand management schemes. The narrative for this element will be changed to reflect the changes in technology.*  **Non-PbR Activity** |
• The Trust have proposed a rebase of non PbR activity. The pricing methodology has not been shared and a joint review not undertaken. The proposal will be firmly rejected by CCG with a joint review to be carried out during the year.
• The uplift is 1% and not 3.6% as stated in the draft – this will be amended.

Constitutional Requirements
• The Trust have consistently achieved 92% referral to treatment targets (RTT) so an increase has not been considered.
• The contract will state that reassessment will be carried out should there be a change to the 4 hour target throughout the year.
• The contract will include a trajectory for Type 1 for local monitoring purposes.

CQUIN
• The 1.25% CQUIN value is not included in the contract offer. Funds will be withheld for any under-achievement. Any money withheld will be re-invested in another area.

Commissioning Intentions
• I-Help – 80% deflection is expected in PbR.
• Dermatology Tier 2 Service – current activity is restricted to referrals for suspected skin cancer. From September 2019 the Trust will only see confirmed cancers and as a result will have a 90% reduction.
• 72 Hour Intensive Support Service – a meeting will take place on 15 March 2019. The number of non-elective admissions will be reviewed following this.

Rehabilitation
• A letter will be sent to the Trust regarding the development of a rehabilitation model. The wording was shared for comment. The Trust are being asked to share finance and activity information to help inform this service line.

Jackie asked the Clinical Executive if the contract supported the CCG direction of travel for new developments and provided PbR flexibility. It was agreed that the contract should include engagement with the PCN.

Item 5 Moving to MCP/Neighbourhoods
Jackie Moran shared a presentation which included elements from the NHS Long Term Plan and highlighted the following areas;
• The Five tests
• Milestones for digital technology, cancer, cardiovascular disease, stroke, diabetes, respiratory, mental health and genome testing

Update the draft contract as discussed
Nicola Marland
19.03.19
In addition, Jackie shared the presentation from a recent Primary Care Network event. Presented for information and discussion were slides detailing investment, new workforce, indemnity, new network services, network dashboard, QOF reform, digital, improving access, contractual changes, clinical leadership and primary care workforce.

The new network contract is a Direct Enhanced Service (DES) and the Primary Care Networks (PCNs) will include:
- Populations of 30 – 50,000
- Integrated working
- Central funding delivered through Integrated Care Systems

Investment in PCNs will increase by 20% and provide funding for additional roles, network support and access. It was stressed that funding for additional roles such as physiotherapists and pharmacists will only apply to those newly recruited within a specified timeframe. Funding will be recurrent.

The new clinical negligence scheme will begin for general practice from 01 April 2019. It was noted that GPs thought this would help but not solve the problem.

The new national network dashboard will begin in 2020 from the national investment fund.

Reforms to the QOF will begin this year with the aim to reduce current variation.

Digital commitments will include online and video consultations for patients by April 2021.

Extended hours access will continue until 30 June 2019 when it will transfer into the network contract DES and PCNs constituent practices will deliver extended hour access to their collective registered population.

Other key contractual changes to note are that from 2019 it will be illegal for any NHS GP provider to advertise or host private paid for GP services.

Job descriptions for the clinical leadership roles are due imminently. Support for the primary care workforce, including training, will come through the ICS.
Jackie shared the timeline for asks in the system and drew attention to the following deadlines:
- Business case per network by 31.03.19 to NHSE
- Primary Care Network and Neighbourhood annual plan template to be completed by each network by the end of March 2019 - it was agreed that the template be shared and discussed at the membership meeting on 02 April 2019
- Submission of application for network contract by 15.05.19 – the CCG must approve this by the end of May with the contract in place June 2019
- Publication of local 5-year plan by Autumn 2019 – this applies to each neighbourhood

The final part of the presentation covered the Multi-Specialty Community Providers’ (MCP) and the three forms of MCP that can be adopted:
1. Virtual MCP – least contractually binding
2. Partially integrated MCP – excludes general medical services and would require separate contracts with providers
3. Fully integrated MCP – the contract holder will hold the budget for the whole population and sub-contract down

The Clinical Executive discussed the various models and their appropriateness for West Lancashire.

The role of the Clinical Director was debated and the process that should be implemented for recruitment to the position. Sighting of the job description and person specification will be needed to inform discussion. It was acknowledged that any process put forward would need agreement from the membership. The discussion was closed with agreement that this would be re-visited at the Clinical Executive Committee meeting on 19.03.19
| Item 7 – IG Annual Report | The IG annual report was approved.  
No comments were made. |
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<td><strong>Next meeting</strong></td>
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West Lancashire CCG Clinical Executive Committee
Action and Notes – 19/03/19

Key

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Record of Attendance

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**Declarations of interest from today’s meeting:**
Dr Jack Kinsey declared an interest in Agenda Item 4 – Network and MCP Development. The Chair was passed to Mike Maguire at this stage. As this item was for reflection and further thoughts, and not for decision, it was deemed this should be recorded as significant but not fundamental. The Chair was passed back to Dr Jack Kinsey.

| AOB | Dr Vik Mittal discussed the amount per head for the IDF as it was causing pressure for the viability of the Sherif business case. This is the same concept raised by Rakesh Jaidhka last week. This was noted and taken into the primary care committee where a decision was made to work with the finance team to see if it is possible to take the IDF back to as near to £5 as possible whilst still funding £1.50 for the PCNS. The meeting with finance was taking place later today. Statutory and Mandatory Training – Code of conducts to be signed and evidence to be provided of completion. Jackie informed the Executive Committee that she is awaiting a new on line version of Conflict of Interest. | Jackie Moran to look into this further. |

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| **Item 4 – Network and MCP development – further thoughts/ reflections** | Mike opened a discussion regarding the Network and MCP development and for all to take stock of what had been previously discussed

Discussion and comments included :-

- There is no formal job description as yet and therefore has not been seen by anyone.
- There needs to be clarity as to what positions are going to be available.
- A secondment of interim clinical director(s) might be a good idea as it allows for a short transitional period whilst further clarity is sought; if secondment was the preferred option of a PCN, the seconded Clinical Director would need to focus fully on the role and give up other CCG duties to create the time.
- There is a risk of losing momentum.
- No one is completely aware of what is involved at present. |
The process would need to be agreed by each primary care network and they would decide independently.

It was agreed that 2 options would be prepared in a decision tree for further discussion with the Primary Care Clinical Networks to help them to think through their approach.

**Option 1** – Short term secondment of CCG GP Exec, follow LMC/national process for recruitment later in the next financial year

**Option 2** – follow the LMC/national process

In addition, it was recognised that the CCG constitution needed to change and this would need to be agreed by the GP membership.

Mike Handed chair back to Dr Jack Kinsey.

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**Item 5 – Ormskirk WIC – the move to a UTC**

Jackie Moran presented the briefing paper to the Executive Committee.

The purpose of the paper is to provide the Committee with an update regarding changes in Ormskirk UCC that have had to be implemented urgently due to CQC regulations changing. The NHS 5 year plan stated the need to transform all UCC and WIC’s to Urgent Treatment Centres which will be GP led and require advanced life support skills to support these centres.

Virgin Care have responded to this by recruiting additional GP’s, providing intense training and changing the skill mix of the nursing provision. They also commissioned a report from a Paediatric specialist nurse.

Virgin Care have aligned themselves to transition to the UTC specification in 2018/19, 1 year ahead of requirement by NHS England in their phases plan as a result of the pressure from the CHC inspection. The costs involved for this was £250,000 in 2018/19, with a recurrent cost of £280,000 per annum to maintain requirement.

Following discussion, it was agreed that more information was a requirement and this issue would need to be referred to the Governing Body for a decision in view of the value.
| Item 6 – Capacity in Virgin Care | Jackie Moran presented her paper to the Executive Committee, Addressing Pressures in Community Services.

Jackie explained to the committee, as per the contract between West Lancs CCG and Virgin Care that Virgin Care will receive an annual increase for inflation and cost pressures which they have done each year for the last 2 years. This equated to 0.1% in 2018/19 and 2.7% in 2019/20. It is also agreed that levels of demand would be reviewed as and when they arise.

Virgin Care are currently experiencing additional costs, and increased demand with community services. These services have grown over the two years Virgin Care have taken over and to meet some of the increased demand they have taken on addition staff to deal with this at significant cost.

It was noted that all providers were receiving a 1% uplift for pressures.

Following discussion, it was agreed that more information was a requirement and this issue would need to be referred to the Governing Body for a decision in view of the value.

Going forward it was agreed any further discussion must be on an Open book basis.

Other business cases currently in train only considered on their own merit for the rest of the year if they can definitely save money. |
| --- | --- |
| Item 7 – Mug Club Bids | Kathryn Kavanagh presented 2 reports to the Executive Committee, Well Skelmersdale – Tanhouse Together Report and Well Skelmersdale – Giving every child the best start in life.

**Well Skelmersdale – Tanhouse Together**
Tanhouse Together is a locally driven community development which pulls together ideas, resources, and expertise and allows communities to take local action to tackle health inequalities and to build a sustainable community.

A steering group made up of local stakeholders will oversee and manage the project and 2 x part-time community development workers will be employed to support. An administration apprenticeship position will also be created as part of the project offering training and development opportunities. |
Kathryn is asking the Executive Committee for this to be funded for 12 months at a total cost of £55,000 with hosting arrangements to be reviewed at the 6 month point.

Funding for the service was discussed and approved by the Executive Committee.

**Well Skelmersdale – Giving every child the best start in life**

In summary, what happens in pregnancy and early childhood impacts on emotional and physical health through to adulthood. Investing in early years of a child’s life can improve health outcomes including early cognitive and non-cognitive development, social developments, readiness for school and educational outcomes. Tackling poor health outcomes through early intervention could see an overall reduction of up to 59% if all children were as healthy as the most socially advantaged.

The purpose of the project is to connect new and expectant mums to one another and sessions will include amongst others practical elements, supporting each other, and relaxation techniques; these will be delivered by experts in their fields.

Kathryn is asking the Executive Committee for funding of £41,100 for this project. The committee discussed the finances in depth and Kathryn gave clarification on questions raised regarding the service and costs.

Funding for the service was discussed and approved by the Executive Committee for £41,100.

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<tr>
<th>Item 8 – Community Paediatrics</th>
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<tr>
<td>Sarah Derbyshire presented her report on West Lancashire Community Paediatric Service and Children with Complex Needs. This paper had previously been brought to the Executive Committee on 21st August 2018 and 19th February 2019 and highlighted the risk of Southport &amp; Ormskirk Trust pulling back on service delivery in the absence of additional funding. However, at this point in time, a joint action plan is being worked on to prevent any further action.</td>
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<td>One of the most significant changes to have taken place within the service has been the number of referrals it has received in response to changes in the Children Act 1989 and the Children &amp; Families Act 2014. This has resulted in statutory duties that medical staff are required to undertake, which CCG’s must ensure is fulfilled as part of their role in co-operating with other statutory partners. The team were caring predominantly for children with neurological disorders such as Cerebral Palsy and Down Syndrome, however, the current case load is predominately ADHD, ASD, ADD</td>
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which requires a significant amount of assessment and more clinical input which is putting vast pressure onto the service.

Sarah highlighted that West Lancashire had an overall increase in Looked After Children of 21%. There is also a new target time of 10 days in which Individual Health Assessments must be completed and currently the service is receiving on average around 55 referrals per annum, of which 22 are out of timescale. Reviews take approximately 2 hours for new referrals, and 1 hour if the patient is known.

There are 1,892 children in West Lancashire schools who either had an EHCP plan or receiving SEN support. West Lancashire has a child population of 23,622 therefore, the number of children with additional complex needs accounts for 8% of this population.

In order to mitigate the ongoing risks and prevent the service having to close to new referrals, it was discussed either funding,

- an additional 0.6 consultant at a cost of £67,5494 per annum for 2 years, an additional AHP at a cost of £45,933 per annum for 2 years and for GP’s to undertake shared care for patients with ADHD, or

- to fund an additional AHP at a cost of £45,933 per annum and for GP’s to undertake shared care for patients with ADHD.

The committee discussed the finances and service at length. Sarah and Claire gave clarification on questions raised regarding the service and costs. It was highlighted that an early intervention for children to be supported now is a priority, or this will become problematic in later life. There was further discussion around the service specification and Sarah confirmed there is a Children’s service redesign in place.

Following these discussions, the Committee agreed that although this is a high priority, the service specification and finances need to be discussed further before returning with a recommendation.
| Item 9 – Notes from previous meeting 19.02.19 | The minutes of the previous meeting held on 19 February 2019 were agreed as a true record. |
| Notes from previous meeting 12.03.19 | The minutes of the previous meeting held on 12 March 2019 were agreed as a true record. |
| Integrated Business Report | The Integrated Business Report was approved subject to one action point that Jackie Moran advised the committee that had not been correctly expressed and this would be amended prior to submission. |
| Risk Management Report March 2019 | This Report is being taken to the Governing Body meeting being held on Tuesday 26th March 2019. |
| Next meeting | The next meeting will take place on Tuesday 9th April 2019. |
## Key

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Non-Attendance (sickness, holiday, unknown)</th>
<th>Attended meeting/course on behalf of CCG</th>
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## Record of Attendance

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<th>Member</th>
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<td><strong>In attendance</strong></td>
<td>Carol McCabey – Senior Service Redesign Manager</td>
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<td>Meg Pugh – Head of Communication and Engagement</td>
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<td><strong>Minutes</strong></td>
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<td><strong>Apologies, Roles &amp; Descriptions</strong></td>
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<td>Nicola Baxter – Head of Medicines Management</td>
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<td><strong>Declaration of interest</strong></td>
<td>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at Clinical Executive Committee meetings which might conflict with the business of NHS West Lancashire Clinical Commissioning Group.</td>
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<td>Declarations declared by governing body members are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: Declaration of Interest</td>
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<td><strong>Declarations of interest from sub committees:</strong></td>
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**Declarations of interest from today’s meeting:**
All GPS declared an interest in Agenda Item 4 – Primary Care Network discussion outcomes re PCN Clinical Director and Item 7 – The Role of the CD. The Chair was passed to Mike Maguire at this stage. As both items were for discussion and feedback, it was deemed these should be recorded as significant but not fundamental as they were asking for feedback rather than a decision at that time.

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<td>Mike Maguire explained the expectations of NHS England and NHS Improvement relating to financial planning and system working with S&amp;O Trust.</td>
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Doug Soper updated the Committee on the Joint Commission of CCGs meeting he had attended. Andrew Bennett, Executive Director of Commissioning, Lancashire and South Cumbria ICS presented a paper on Commissioning Development in Lancashire & South Cumbria. Doug suggested that for this delegation to work properly, a paper needed to be prepared and taken to the CCGs Governing Bodies to be formally approved. Doug requested this paper along with Workplan 2019/29 be included on the agenda for the Finance & QIPP meeting 14/05/19.

Graham Urwin, Regional Director of Performance has requested an external review of the CCG processes for dealing with responses to complaint and FOI letters received from Rosie Cooper, MP for West Lancashire. The Executive Committee insisted that the terms of reference for the review must be agreed with the CCG as there are a number of issues that need to be considered. It was noted that Claire Heneghan and Meg Pugh had already commenced a process review.

<table>
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<tr>
<th>Strategic and Service Redesign</th>
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<tr>
<td><strong>Item 4 - Primary Care Network discussion outcomes re PCN Clinical Director</strong></td>
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<td>All GPS had declared an interest in this item as referenced above.</td>
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<td>A verbal update was provided by Peter Gregory, Vik Mitall and Rakesh Jaidka regarding Primary Care Network discussion outcomes re PCN Clinical Director.</td>
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<td>There are 2 options available, Option 1 - short term secondment of CCG, GP Exec, follow LMC/National process for recruitment later in the next financial year and Option 2 - follow the LMC/National process.</td>
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Ormskirk Locality – Peter Gregory confirmed Ormskirk Locality had voted for Option 1, but with an added suggestion of using the windfall money to pay for an extra party to shadow until next year to gain experience on the processes.

Northern Parishes – Vik Mitall confirmed Northern Parishes voted for Option 1, with the exception of Parbold.

Skelmersdale – Rakesh Jaidka confirmed Skelmersdale preferred Option 1, but further clarity was required around the key qualifying criteria as no formal job description is available. They also require clarification of the CCG position from April 2020.

Following discussion, the Northern Parishes and Skelmersdale networks would try to reach a firm position of their preferred option by next week and would also consider the Ormskirk idea as part of their deliberations.

It was agreed that all GP Execs should be given the option to express an interest in the secondment opportunity and a process to be put in place should there be more than one of the GP Execs interested in being seconded.

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**Item 5 – Risk Management Monthly Report – April 2019**

Ruth Fairhurst updated the Executive Committee on the current position regarding corporate risks for April 2019.

There are a total of 20 risks open on the risk register with 14 risks scoring 12 or more. Of these 14 risks, 4 are RAG rated Red and 10 RAG rated Amber.

Risks 58 and 66 are currently risk scored as 12, which is the target score. Ruth informed the Committee that it may be appropriate to close down these risks and that this will be discussed further at the Audit Committee today.

The highest scored risk remains Pandemic Flu.

No risks have been closed this month.

Risk 68 relating to cancer and general haematology has been added to the Register this month; this score is significant and mitigating measures have been put in place.

Claire Heneghan explained the procedure of the Risk Management Report and confirmed she will be happy to work with Ruth further regarding this.
Doug Soper expressed concern that risk updates had not been received on certain items and asked for agreement to be sought for these risks to be removed and an update provided at the next meeting.

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<thead>
<tr>
<th>Item 6 – Services falling over in the Trust</th>
<th>Agreement to be sought for risks to be removed</th>
<th>Ruth Fairhurst</th>
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<tr>
<td>Carol McCabrey provided the Committee with a verbal update regarding certain services which are at risk of becoming unsustainable within Southport Hospital Trust. There are 6 services under pressure, 2 of which have been identified as Acute Haematology/Oncology service and Maxillofacial.</td>
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<tr>
<td><strong>Acute Haematology/Oncology service</strong></td>
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<td><strong>Issue</strong></td>
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<td>• This service is under pressure for both routine and cancer work.</td>
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<td>• There are 2 consultants currently in place employed by Aintree University Hospital Trust; 1 consultant is due to leave at the end of the month with the other consultant concentrating on 2 week wait work. Both Aintree and Southport have been unsuccessful in finding a replacement.</td>
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<td>• No clear direction or plan moving forward.</td>
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<td>• Southport Hospital Trust do not have a robust Business Continuity Plan in place.</td>
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<td>• Clatterbridge Hospital are also trying to find solutions to address capacity of the service, they have requested intelligence details regarding the cancer work regarding activity and number of patients in the system.</td>
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<td>• Southport Hospital Trust are waiting to hear via Clatterbridge if a Staff Grade can assist the service as a temporary measure.</td>
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<td>• There is a need to ensure there is leadership around the service and it was discussed writing to the Chief Executive of Southport Hospital Trust to be clear as to what is required from them.</td>
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<td>• What are the Cancer Alliance doing to resolve this?</td>
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<td>It was agreed to await the outcome of the Staff Grade recruitment, if this is not resolved then a Communication Strategy and plan is required regarding the current service.</td>
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### Maxillofacial service

#### Issue
- There is a backlog of 240 referrals due to sickness of a Staff Grade.
- There are 2 consultants in place provided by Aintree Hospital, 1 consultant wishes to reduce his hours, the 2nd consultant has offered to pick these hours up but Aintree Hospital need to agree to this proposal.

#### Action
- There is a meeting being held on 26/04/19 between Southport and Aintree to discuss the above proposal.

In the discussion it was also raised that not all services with other Trusts have SLA's in place such as ENT.

### Wigan Breast Service

Carol informed the Committee the Breast Service in Wigan Hospital had recently closed to new referrals and it hoped this service will open up again in mid-May as there is a new Consultant commencing in June. Some of the pressure on Wigan has been due to the 2 week wait pressure at Aintree which should be resolving as there are two new breast consultants and a GPwSI commencing in the service. There is a meeting being held in May between Aintree Hospital, Royal Liverpool & Broadgreen and Southport Hospital to discuss this further and Wigan has been invited too.

### Item 7 – The Role of the CD

All GPs had declared an interest in this item as referred to above.

The role of the Clinical Director was debated along with the draft version of the Clinical Director Role Outline (draft V1) document. It was felt the main points weren’t addressed in the document which are to improve infrastructure and co-operation at practice level.

Further points raised were:
- Any processes put forward would need agreement from the membership.
- Timescale for submission of application is mid-May for CCG approval.
- An appointment process and framework would need to be in place so this would not be challenged at a later date when formal elections take place.
- The job description was too broad and probably unrealistic for circa 2 sessions per week, it was agreed that it needed to be accompanied by specific simplified objectives for the first year.
**Action**
- Mike Maguire to suggest draft objectives based on today's discussion and circulate these in advance of further discussion at the Board Development session next week.

There was discussion around the need to reduce running costs in line with the national guidance in the future.

An offer was made for any of the GP Executives to speak with the Chief Officer if they are interested in any particular locality.

**E-meeting**

| Item 8 – Notes from Transition and Transformation Board – 24.01.19 | It was noted the frequency of these meeting had been altered from monthly to quarterly. The decision was taken due to the sub-groups functioning well and it was felt the meetings would be more in-depth with this change.  
The Chief Executive of Virgin Care has expressed an interest in visiting the CCG. Mike to offer available dates. | Visit to be arranged | Mike Maguire |
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<tr>
<td>Item 9 - Notes from previous meeting 19.03.19</td>
<td>The minutes of the previous meeting held on 19 March 2019 were agreed as a true record.</td>
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<td>Next meeting</td>
<td>The next meeting will take place on Tuesday 30th April 2019.</td>
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1. WELCOME AND INTRODUCTIONS

The Chairperson welcomed colleagues to the meeting and introductions were made.

2. APOLOGIES

Apologies for absence were received from:

Heidi McDougall, Stacey Hives, Gwen Bleasdale, Councillor Furey, Greg Mitten, Rebecca Eckersley, Tom Cookson, Councillor Aldridge, Councillor Wright, Abdul Kheratkar, Fay Sherrington, Phil Banbury, Steff Hull, Kathryn Kavanagh, Emma Harrison, Mark Winder, Liz Hopkins, Michelle Dacre,

3. MINUTES OF LAST MEETING/MATTERS ARISING

The minutes of the last meeting were agreed as a true and accurate record. Andrew Hill advised that the CSP were thanked at the EHU Forum meeting for the delivery of Welcome Week. Andrew Hill confirmed that subsequent to discussion at the last CSP meeting on the number of quotes included in each CSP press release, it has been agreed with the Portfolio Holder and key partners that any future quotes should come from the chairperson or most appropriate agency.

4. PERFORMANCE MONITORING

Andrew Hill invited partner agencies to provide a verbal overview of current performance. Performance updates were received from Chief Inspector Ian Jones,
Lancashire Constabulary, Steve Mahon on behalf of the Anti-Social Behaviour Team, Tim Grose, Children and Family Wellbeing Service, Mark Winder, LF&RS, Neal Atkinson, Lancashire Wellbeing Service, Greg Marshall, Addaction and Mark Grimes on behalf of the Liberty Centre. Copies of partnership performance information were included in the meeting pack and are available on request.

Chief Inspector Ian Jones provided an update in response to the proactive work being undertaken by the Police in response to knife crime and gang issues. Ian advised that the police are continuing to work closely with partner agencies and using powers available were appropriate. This included the mapping of known offenders through the GENGA group and operations conducted with stop and search powers in Digmoor and Tanhouse with additional support from divisional staff. Ian added that work is continuing in schools with the delivery of Crossing the Line focused on the consequences of becoming involved in gang and knife crime.

The Chair thanked colleagues for providing an update against their performance information.

5. CSP FUNDING UPDATE

Andrew Hill provided the Partnership with an update against the CSP’s funding allocation for 2018/19.

The CSP was allocated £14,000 from the OPCC and £5,000 from WLBC for the delivery of Bright Sparx and Welcome Week. A further £2,000 was allocated from the Council’s Housing Team to support the delivery of community action days. To date, the CSP has committed to spend its full OPCC allocation.

- Sexting Short Film £4,000 and (£4,000 additional matched funding from OPCC)
- Children and Family Wellbeing Service / Little Monsters Club £1,450 (bright sparx)
- Motorcycle Nuisance £1,005
- Crossing the Line Materials £1,056
- Street Games £2,400

A further £3,000 was committed for Bright Sparx (Go4IT), £2,000 for Welcome Week and £4,900 committed for Community Action Days (skips and leaflets). The community safety team and police have bid for underspend monies from the OPCC to kit out a community engagement bus which has been provided by the Children and Family Wellbeing Service.

6. LANCASHIRE FIRE AND RESCUE SERVICE STRATEGIC APPROACH TO PREVENTION ACTIVITY

Tom Gallagher, LF&RS, provided the Partnership with a presentation on the strategic approach to prevention activity by the LF&RS.

Tom advised that the service is not just about fighting fires and that Lancashire Fire and Rescue work on a range of other priorities, such as road traffic collisions, flooding, wildfires and search and rescue activities. Tom continued by advising that the role of Lancashire Fire and Rescue is now as much about prevention as it is reaction to these incidents. Tom advised that the goal of this, is to ‘make Lancashire Safer’. Tom advised that one of the strategies they have in place as an emergency
service organisation is a 4 step framework which includes; Start safe, live safe, age safe, and road safe. Tom provided a comprehensive overview of each of the themes.

A copy of the presentation will be sent out with the minutes. Andrew Hill thanked Tom for a very interesting and informative presentation.

7. WEST LANCASHIRE INTEGRATED WORKING TEAM

Tim Grose provided the CSP with an update regarding the progress of the Integrated Working Team (IWT) in West Lancashire. Tim provided the figures for the number of referrals to date and advised that meetings continue to be held once per week. Tim advised that capacity for the service is currently limited as a consequence of high demand but added that the situation changes each week and is constantly reviewed.

Tim provided an overview of referrals and how the service looks at unmet needs and how it assists with these issues which include drugs and mental health problems. Tim provided an overview of services that have assisted with responding to the unmet needs of clients and discussed the good outcomes that have been achieved but stressed that many outcomes for people with complex needs can take a long time to achieve.

Tim advised the Partnership that he would put together some information showing confirmed outcomes and produce some measures of outcomes. Tim added that internally within the organisation, discussion is taking place with regards to how the service can continue to hold onto and manage adult cases, as its key focus is to work with 0 to 19 year olds.

8. SAFE TEENS PROJECT - LIBERTY CENTRE

Mark Grimes provided an update against progress on the Safe Teens project which was commissioned following a successful bid from WLBC, The Liberty Centre and West Lancashire CCG to the Home Office. Mark advised that for Oct-Dec 2018 the Safe Teens worker delivered group work on healthy/ unhealthy and abusive relationships, self-esteem and drop in clinics in schools. The Safe Teens Pilot Conference days were also held and 1-1 direct work sessions provided when required. The number of young people who have accessed the sessions include 420 young people made up of 180 boys and 240 girls.

The Safe Teens pilot conference days were delivered over two days with 45 teen girls from Upholland High School, Lathom High School and Ormskirk School. The project is currently in planning stages with CAMHS to develop interactive sessions and a toolkit to deliver conference days to full year groups. This will be a toolkit that schools can use when the project has ended.

9. WEST LANCASHIRE STREET GAMES INITIATIVE

Leon provided an overview of the aims of the Street Games project and Engagement Day organised for Monday 18th March 2019 at Tanhouse Community Centre Ennerdale, Skelmersdale, Lancashire WN8 6AN.

The event will explore opportunities for creating a robust and fit for purpose framework across West Lancashire that would see children and young people accessing a ‘Things to Do and Places to Go’ programme throughout our
communities. The event will be delivered in partnership with national charity StreetGames [www.streetgames.org](http://www.streetgames.org) and will bring together partners from across youth justice, community safety, community arts, sport, physical activity and the local community to address challenges and identify solutions.

Leon advised that the main aim of the event will be to work towards the creation of a partnership driven, West Lancashire Street Games project. The event will be opened by the Lancashire Police and Crime Commissioner, Clive Grunshaw.

10. **LANCASHIRE WELLBEING SERVICE CONSULTATION**

Neal advised that LCC are planning a consultation exercise on the future of the service with proposals in place to decommission the service. Discussion took place on the excellent contribution that the LWS has brought to West Lancashire and its valued support to statutory agencies.

Andrew Hill stated that this was not good news and he would respond to the consultation exercise and also encouraged other partners to take part in the consultation process.

11. **BRIGHT SPARX EVALUATION**

Cliff Owens advised that the Bright Sparx evaluation showcased some fantastic partnership working with community engagement and reassurance a key aim of the plan with thousands of local residents engaged. This included:

- 691 people attending the excellent 2 day GO4IT Event at Skelmersdale Fire Station (This is an increase of 491 people compared with 2016).
- 1,850 students received Assembly Fire Safety talks from Fire and Rescue staff
- 234 people attended the Halloween Family Event - delivered by The Children and Family Wellbeing Service
- Hundreds of local residents used the skips during the 6 Community Action Days and 138 tons of combustible materials were removed.
- Known trouble makers were proactively targeted by the police prior to mischief night. This was backed up by a robust policing plan.

Cliff advised that key successes included:

- Fire Crews only turning out to 2 incidents on mischief night. This provides evidence that we are engaging the right kids and providing value for money.
- Compared with 2017 - The number of ASB incidents also decreased by 39% (-96) over the 3 week delivery period.
- The Council and Fire Service also worked in partnership on the post-event to damp down and remove the remains of 20 bonfires.

Cliff advised that the plan was supported through a number of press releases, leaflets promoting the CAD's and Go4IT event and the pro-active use of the Police Facebook page. Cliff stated that Bright Sparx is successful because of the commitment to partnership working and thanked the partnership for their fantastic support.
12. COMMUNITY TRIGGER

Andrew Hill advised that WLBC have received a Community Trigger application from an advocate from Victim Services on behalf of a resident on ST Helens Road regarding ASB and predominantly on street noise nuisance.

Andrew provided an overview of the Community Trigger process and also advised that previously, representatives from the Council, Police and Edge Hill University had met with the resident to discuss his concerns. The response to the CT is being led by Steve Mahon, in partnership with the Police. Andrew advised that the Partnership will be updated on the outcome of the Community Trigger.

13. ANY OTHER BUSINESS

No issues raised.

14. DATE OF NEXT MEETING

The next meeting of the West Lancashire CSP will be held on Tuesday the 23rd April 2019 at 9.30am in the Cabinet and Committee Room, 52 Derby Street, Ormskirk, L39 2DF
Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 19th March, 2019 at 10.00 am in Committee Room ‘C’ - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, LCC
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing
Sally Allen, Director of Children's Social Care, Children's Services
Dr John Caine, West Lancashire CCG
Jerry Hawker, Morecambe Bay CCG
Kirsty Hollis, East Lancashire CCG
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Councillor Bridget Hilton, Central District Council
Councillor Amanda Robertson, East Lancashire District Council
Councillor Margaret France, Central HWBP
Tammy Bradley, Housing Providers
Ben Norman, Lancashire Fire and Rescue
Peter Tinson, Fylde and Wyre CCG
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
Suzanne Lodge, North Lancashire Health & Wellbeing Partnership
David Blacklock, Healthwatch
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

County Councillor Mrs Susie Charles
Karen Partington
Cllr Viv Willder
Adrian Leather

Lancashire County Council
Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Fylde Coast District Council
Third Sector Representative

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.
There was a new member of the Board, Suzanne Lodge who will replace Jacqui Thompson and represent North Lancashire Health and Wellbeing Partnership going forward.

Replacements were as follows:

Ben Norman for David Russel, Lancashire Fire and Rescue Service
Denis Gizzi for Dr Sumantra Mukerji, Greater Preston Clinical Commissioning Group and Dr Gora Bangi, Chorley and South Ribble Clinical Commissioning Group.
Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group
Councillor Amanda Robertson for Councillor Barbara Ashworth, East Lancashire District Councils
Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group
Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group
Sally Allen for Edwina Grant OBE, Lancashire County Council
Jerry Hawker for Dr Geoff Joliffe, Morecambe Bay Clinical Commissioning Group

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

3. Minutes of the Last Meeting

Resolved: That the Board agreed the minutes of the last meeting.

4. Action Sheet and Forward Plan

Resolved: i) That the Board noted the actions from the last meeting that had been included on the forward plan, along with other items for the Board's consideration at future meetings also detailed on the plan.

ii) The Board were also reminded that if there were any key items for future agendas to inform Dr Sakthi Karunanithi or Sam Gorton and they would ensure they were added to the forward plan and discussed at future agenda setting meetings with the Chair.

5. Advancing Integration - Health and Social Care

Lancashire Intermediate Care Review

Dr Jo Andrews and Becky Taylor from Carnall Farrar attended the meeting to give an overview on the Lancashire intermediate care review.

The Board were given an overview on how intermediate care played an important role in the care of people and was an essential part of avoiding hospital admissions and allowing people to leave hospital as quickly as was appropriate. Care in the community was around understanding the health and care needs of a population along with proactive care and support to avoid admissions to hospital.
With regards to adults 65+ years across Lancashire, there was a lot of variation and complexity where intermediate care services were diverse, with many different services available in different areas, with different names and different inclusion or exclusion criteria. The volume of activity being delivered was variable, and there was a different distribution of types of service user by geography.

The aim of the review was to determine the optimum provision of the service to do everything possible to keep a person at home and design services to meet the needs of the population/carers, to maximise their independence and improve their outcomes and experience. It was also to reassure the taxpayer that the funding of intermediate care was responsible and appropriate.

A new care model for intermediate care across Lancashire would be developed and agreed through two clinical and professional group workshops and would inform the current understanding of current models. The workstream would develop a common definition and principles of intermediate care, define the scope and services included, the criteria, the outcomes, the pathways and interaction with other services and governance.

A demand, capacity and financial model would also be developed to underpin the new intermediate care clinical model. The model would understand current demand, capacity and costs of intermediate care by neighbourhood area and project demand based on demographic and non-demographic growth. It would use the area model developed to project demand, capacity and costs of intermediate care and assess potential future funding and provision options.

Based on the outputs of the care model design and the demand, capacity and financial modelling, the review would facilitate alignment on the future intermediate care model and governance between system leaders through a system leadership workshop.

The final report and recommendations were to be developed by 31 March 2019.

Based on the views from the Clinical and Professional Group a set of design principles for intermediate care had been developed.

Findings were starting to emerge with regards the level of contribution from intermediate services and opportunities to shift from hospital based to community based, however, there still appeared to be a gap in home based and bed based services.

Dr Jo Andrews and Becky Taylor were thanked for their report.

**Better Care Fund – Quarter 3 Report**

Paul Robinson, NHS Midlands and Lancashire Commissioning Support updated the Board on the Quarter 3 Better Care Fund report and gave an update on progress.

**Better Care Fund Metrics**

1. Reablement – performance was better than target at 86.3% of people being at home 91 days after discharge from hospital. Use of the service saw a slight decrease for the first time.
2. Permanent admissions to residential and Nursery Care – there had been a further improvement in Quarter 3 over Quarter 2 with the number of admissions in the year to date reducing to 709.3 per 100,000 population 65+. However, this remained considerably worse than the national average rate of 585.6.

3. Non-elective admissions – there was a sharp increase in Quarter 3, 11% above plan with 2018/19 levels staying higher than 2017/18.

4. Delayed Transfers of Care – while Quarter 3 performance was worse than target and worse than Quarter 2 there was some improvement seen in December 2018 although still above target.

The Future of the Better Care Fund/Integration

The outputs and conclusions reached from a Better Care Fund hosted workshop being held on 22 March 2019 would be brought back to the Board for further discussion, guidance and to agree actions. These would be set in context of the national review of the Better Care Fund and the Better Care Fund Policy Framework and Guidance for 2019/20 once published.

The Board noted that there was some variation around data for Fylde and Wyre and Paul Robinson was clarifying this and would report back to the Board at a future meeting.

The Board agreed that the language used needed to be different as the public did not understand it and this was crucial going forward.

The focus was to get people out of hospital, however the focus should also be on helping people to stay out of hospital.

Resolved: That the Health and Wellbeing Board was recommended to:

i) Note the performance against the Better Care Fund metrics.

ii) Note the ongoing work to review and confirm the role of the Better Care Fund locally and nationally in the context of driving integration forward.

iii) That Fylde and Wyre data would be clarified and reported back at a future meeting.

6. Children and Young Peoples Emotional Wellbeing and Mental Health Programme

Dave Carr, Information and Commissioning (Start Well), Lancashire County Council, Rachel Snow-Miller, All Age Mental Health and Learning Disability Services, Lancashire and South Cumbria Integrated Care System, Claire Niebieski, Blackpool Clinical Commissioning Group/Blackpool Council and Marie Dermaine, Health Equity, Welfare and Partnerships, Lancashire County Council were welcomed to the meeting to present the report.
The report provided an update which related to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme. The presentation (as attached) highlighted performance to date, the role of Primary Mental Health Workers and the delivery of Youth Mental Health First Aid Training in schools, the Lancashire 'Emotional Support to Schools' Service and the revised mandate for delivery of the Complimentary Offer across Lancashire and South Cumbria. An update was also received on the funding of mental health provision for children and young people.

Following the last report to the Health and Wellbeing Board in November 2018, there had been specific focus on undertaking a full review and refresh of the Lancashire Transformation Plan. In late 2018, it was endorsed that the Transformation Plan would now reflect the wider Integrated Care System geography bringing Lancashire and South Cumbria together as partners. A Lancashire and South Cumbria Transformation Plan would be delivered as of 1 April 2019.

It was reported that in Lancashire 26 secondary schools had completed the Youth Mental Health First Aid one day course with Mental Health First Aid England and 12 more courses were to be delivered by the end of March 2019. 99% of participants reported an improvement in their personal confidence, knowledge and understanding of how best to support others with a mental health issue following the course.

The Emotional Health and Wellbeing Service was a commissioned service providing support for children, young people and families with low level emotional health and wellbeing needs at levels 2, 3 and 4 of the continuum of need. Access to the service was through a referral to the Lancashire County Council Children and Family Wellbeing Service and delivered countywide by the Child Action North West Partnership.

The Complimentary Offer is support for vulnerable people who do not access mainstream services to wrap around children and young people and families to avoid escalation, recover earlier and maintain wellbeing supporting the model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria.

An issue for the Board was around mobilising and tackling whole system funding and on the data and targets that were presented, how that was being monitored by the programme. It was stated that the plan of tackling the whole system funding was not just the NHS but the whole system and that needed to be defined as to who was the whole system. The Complimentary Offer is huge and would be delivered in bite size chunks and target what was going to have the most impact in schools and early years settings. Work will be carried out with community neighbourhoods and this would help to develop the journey of the child through pathways. It was agreed that the Board needed to monitor through its meetings, which Clinical Commissioning Groups were not funding enough. The Board needed to work together with partners around the table.

**Resolved:** That the Health and Wellbeing Board noted the report.
7. Lancashire Special Educational Needs and Disabilities (SEND) Partnership

Sian Rees, Special Educational Needs and Disabilities Team, Lancashire County Council reported on the progress following the inspection by Ofsted and Care Quality Commission in November 2017 to judge how effectively the special educational needs and disability reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action; the progress on implementing these actions had been closely monitored by the Department for Education and NHS England.

Since the last report to the Board meeting in January 2019, work had continued to progress outstanding and ongoing actions, of which many were now completed. A Special Educational Needs and Disabilities Partnership Improvement Plan would replace the action plan from January 2019 – December 2020.

The draft plan was being considered across the partnership between 29 January and 22 February 2019, following which a revised plan would be presented to the Special Educational Needs and Disabilities Partnership Board for their consideration and approval at their next meeting on 1 April 2019. Work to implement the draft plan had already been taking place, to ensure continued momentum.

A revisit was expected by October 2019 and preparation for that had already commenced and the purpose of the visit was to assess the plan against the 12 areas of significant concern and where there were still risks.

Resolved: That the Health and Wellbeing Board:

i) Received the update on progress as presented to the Department for Education and NHS England on 18 December 2018.

ii) Received and considered the current position on the implementation of the Written Statement of Action.

iii) Received the Special Educational Needs and Disabilities Improvement Plan at their next meeting noting that this would continue to drive forward improvement over the next two years.

8. Future Children Safeguarding Board Arrangements; and Update on Activity to Address Key Issues Raised by Current Safeguarding Boards

Sally Allen, Children's Social Care, Education and Children's Services, Lancashire County Council presented the report which was also being presented to the three Lancashire Councils and where necessary, the Executive bodies of the Clinical Commissioning Groups and the Police which set out the recommended option for the replacement of the Local Safeguarding Children's Board to comply with the new area children's safeguarding arrangements.

It was noted that this was really positive and had definite advantages to having a single framework – single approach to safeguarding children and young people.
Partners were currently recruiting a new chair and County Councillor Shaun Turner, thanked Jane Booth for her contributions to the Health and Wellbeing Board and also to the Safeguarding Boards.

Resolved: That the Health and Wellbeing recommended to endorse the approach being taken in option one as set out in the report.

9. West Lancashire Integrated Community Partnership

Dr John Caine, West Lancashire Clinical Commissioning Group updated the Board on the emerging proposals and priorities for integrating health and social care across West Lancashire via the establishment of an Integrated Community Partnership. The report recommended endorsement of the overall approach and the establishment of the West Lancashire Integrated Care Partnership.

West Lancashire was the area within the district council boundaries defined by West Lancashire Borough Council. In terms of the relatively distinct communities that made up the West Lancashire area there were three neighbourhoods namely:

- Northern Parishes (including Tarleton, Hesketh Bank, Banks and Rufford)
- Ormskirk
- Skelmersdale

The approach to health and care integration in West Lancashire was building on the established clinical strategy for West Lancashire contained in Building for the Future. In advance of publication of that document, significant public engagement and consultation was undertaken to establish people’s views and experiences of community health services. Key headlines from the engagement was included in the report attached to the agenda.

An option for further alignment of budgets could be pooled budgets and accompanying section 75 arrangements for identified public health budgets. This was something that was consistent with local priorities. The West Lancashire Integrated Community Partnership had indicated that it would welcome an early opportunity to explore this with the county council.

Resolved: That the Health and Wellbeing Board was recommended to:

i) Endorse the West Lancashire Integrated Community Partnership's overall approach to health and care integration in West Lancashire on the basis that it would also take into account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.

ii) Agree any further requirements, aspirations or expectations which it wished to be communicated on behalf of the Health and Wellbeing Board to the West Lancashire Integrated Community Partnership regarding the integration of health and social care.
10. **Lancashire County Council Consultation Update**

Dr Sakthi Karunanithi, Public Health, Lancashire County Council informed the Board that the Council was currently undertaking a range of public and stakeholder budget consultations, which had potential implications for a number of services commissioned by the Council's Public Health and Wellbeing Team.

Consultations were still live and the Board were invited to submit their consultations if they had not already done so.

**Resolved:** That the members of the Health and Wellbeing Board are to note the report and participate in the consultations.

11. **Urgent Business**

There were no items of urgent business received.

12. **Date of Next Meeting**

The next scheduled meeting of the Board would be held at 10am on 21 May 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston