



Lancashire Health and Wellbeing Board  
Tuesday, 8 September 2020, 2.00 pm,  
Teams Virtual Meeting - Teams

**AGENDA**

**Part I (Open to Press and Public)**

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>1. Welcome, introductions and apologies</b>	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
<b>2. Disclosure of Pecuniary and Non-Pecuniary Interests</b>	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
<b>3. Minutes of the Last Meeting held on 21 July 2020</b>	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 12)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. <b>Action Sheet and Forward Plan</b>	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 13 - 16)	
5. <b>Lancashire Special Educational Needs and Disabilities (SEND) Partnership – SEND Inspection Re-visit</b>	Action	To note the report and consider the draft Accelerated Progress Plan and to agree the establishment of a sub-committee of the Health and Wellbeing Board to scrutinise the progress on the implementation of the Plan and the associated Key Performance Indicators.	Hilary Fordham/ Sarah Callaghan	(Pages 17 - 46)	2.15pm
6. <b>Lancashire COVID-19 Outbreak Management Update</b>	Information	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi	(Verbal Report)	2.45pm
7. <b>Urgent Business</b>	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		3.45pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. <b>Date of Next Meeting</b>	Information	The next scheduled meeting of the Board will be held at 2pm on 3 November 2020. Format of the meeting to be confirmed.	Chair		3.50pm

L Sales  
Director for Corporate Services

County Hall  
Preston



# Agenda Item 3

## Lancashire Health and Wellbeing Board

### Minutes of the Meeting held on Tuesday, 21st July, 2020 at 2.00 pm in Virtual Meeting - Skype

#### Present:

#### Chair

County Councillor Shaun Turner, Lancashire County Council

#### Committee Members

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG

County Councillor Graham Gooch, Lancashire County Council

County Councillor Geoff Driver CBE, Lancashire County Council

County Councillor Philippa Williamson, Lancashire County Council

Dr Sakthi Karunanithi, Public Health, Lancashire County Council

Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council

Edwina Grant OBE, Education and Children's Services, Lancashire County Council

Stephen Young, Growth, Environment, Transport and Community Services, Lancashire County Council

Gary Doherty, Lancashire Teaching Hospitals Foundation Trust

Tracey Cookscowan, Lancashire Care Foundation Trust

Dr Victoria Gibson FCMI, Lancashire Children's Safeguarding Assurance Partnership and Lancashire Adult Safeguarding Board

Councillor Bridget Hilton, Central Lancashire, Lancashire Leaders Group

Cllr Viv Willder, Fylde Coast, Lancashire Leaders Group

Councillor Margaret France, Central Health and Wellbeing Partnership

Greg Mitten, West Lancashire Health and Wellbeing Partnership

Adrian Leather, Third Sector

Tammy Bradley, Housing Providers

David Blacklock, Healthwatch

Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council

Sam Gorton, Democratic Services, Lancashire County Council

#### Apologies

Dr Geoff Jolliffe

Morecambe Bay CCG

Dr Adam Janjua

Fylde and Wyre CCG

Dr Peter Gregory

West Lancashire CCG

#### 1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

- Denis Gizzi for Dr Lindsey Dickinson, Chorley and South Ribble Clinical Commissioning Group and Dr Sumantra Mukerji, Greater Preston Clinical Commissioning Group
- Gary Doherty for Karen Partington, Lancashire Teaching Hospitals Foundation Trust
- Tracey Cookscowen for Caroline Donovan, Lancashire Care Trust
- Victoria Gibson for Stephen Ashley, Lancashire Safeguarding Adult's Board and Lancashire Children's Safeguarding Assurance Partnership.

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council gave his apologies for this meeting and Councillor Mohammed Khan, Chair of Blackburn with Darwen Council Health and Wellbeing Board was in attendance.

## **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 Meetings held on 28 January 2020 and 3 July 2020**

**Resolved:** That the Board agreed the minutes of the meetings held in January and July 2020.

## **4. Action Sheet and Forward Plan**

Clare Platt, Head of Service Health, Equity, Welfare and Partnerships, Lancashire County Council, updated the Boards on actions from the previous meetings and also the forward plan.

Work has been carried out with regards the review of the Health and Wellbeing Board, with discussions being held with Democratic Services, however due to the current pandemic, this has been on hold and will be kept on the action plan to be revisited.

All other items are either included in the forward plan or on the agenda today.

## **5. COVID-19 in Lancashire**

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council gave an update on COVID-19 in Lancashire and highlighted the key issues/risks in the system and also provided an outlook for the next few weeks.

As can be seen across the world, there has been a resurgence of cases and what Lancashire is seeing is that the first wave has levelled off. However, there are flare-ups within care home settings and other establishments and there are also signs of infections within household settings in parts of Lancashire.

There are a couple of breakthroughs in the form of a vaccine which will possibly be available early next year and which further information is still awaited, and the other new development is drugs and medicines which keeps evolving. What is currently being seen

across Lancashire, is that there has been a clear shift in the demographic of the pandemic from older people to the younger working aged groups.

Daily data is provided which is more precise and aids the actions taken from the results of the Test and Trace programme so that Local Authorities can make decisions from the data relevant to their areas and communities which are more localised than the national picture.

Two key themes that will help through the next phase of the virus are:

- i) Messaging, more dynamic and aligned with local agendas and engage with the local public.
- ii) The effectiveness of Test and Trace and support for self-isolation especially when the furlough scheme stops.

Mental health and wellbeing is a key theme across all age groups as an issue which needs to be addressed now. Longer term there are three fixed points that are a cause for concern:

- i) As the lockdown lifts and new powers are given, what changes will happen to the pandemic curve is the immediate issue and there are starting to be localised outbreaks already.
- ii) When more businesses, particularly schools, colleges, universities start to reopen, if the virus is contained and the outbreaks are controlled those settings will not become places of transmission.
- iii) Winter - if the points above are not fully under control there will be significant winter pressures. If the situation with the virus changes for the worst or is not kept under control as it is now, this will cause huge additional pressures in the winter.

The situation in terms of the outbreaks in Pendle and Blackburn with Darwen are different, in that Pendle saw a recent two day spike in infections and Blackburn with Darwen have seen a sustained increased level of cases. Both of them are beyond the usual outbreak management situation so a broader plan has been activated and agreed by the Lancashire Outbreak Engagement Board, the Health Protection Board and the Lancashire Resilience Forum structures to look at that broader plan; and in essence involves community engagement and increased test and trace in areas which have seen outbreaks. The testing regimes have been broadened to include members of the public that may not be symptomatic in Pendle.

The rest of the areas within Lancashire are being assessed based on escalated risk which utilising five categories:

- i) The pandemic is over
- ii) Outbreaks/incidents are well managed, just follow national guidance (all areas excluding Pendle (and Blackburn with Darwen) are currently at this level)
- iii) Requires additional testing, increased inspections, introduce some new powers, additional intervention and further restrictions on top of national guidelines ie introduction of face coverings, testing more people, enhancing support for shops

- including requiring them to display the maximum number of customers at any one time allowed inside the premises
- iv) Further increase in widespread community/household transmission where further restrictions will need to be introduced. This will involve discussions with national colleagues
  - v) Maximum escalated risk which is where there would be a need to add national interventions with sectors/localities in lockdown

Fundamental to an effective response is public consent and the role of elected members and national politicians is crucial in getting that engagement as well as getting the intelligence from the local community. There are also fundamental issues regarding stigma and community cohesion.

A plan is being activated in every district with different levels of intervention based on the risk as explained above. Learning is happening from the areas that have had to introduce stricture measures locally, such as Blackburn with Darwen, Pendle as well as Leicester.

In summary, the first wave of the pandemic has levelled off, with a couple of flare-ups occurring in a few of areas in Lancashire, where additional measures have been introduced on top of the national measures. The forward planning phases are from now to September and September through to winter. There are specific risks that come with the planning and the requirements of community engagement and people following the advice, as well as an effective test and trace programme will help ease the pressures from now through to winter.

Dr Sakthi Karunanithi extended his thanks to all the public, agencies, colleagues, elected members for their involvement and support throughout this pandemic.

Following Dr Sakthi Karunanithi's overview, the Board discussed how they could support especially in terms of communicating and engaging with communities. The Board were informed that there was a Communications group which was taking a universal approach and going ultra-local with very specific insights into local businesses, ie barbers, food shops.

With regards those who have limited digital capabilities, different approaches were being made with regards encouraging people to get tested. At the moment there are local testing stations so people can just turn up for tests and also there is some good partnership working emerging with the community where staff are buddying up with local community. With regards tracing, it is proving that not everybody leaves their details and that is becoming a challenge in itself, however not everybody that gives their details engages as well. Again, more communication and engagement is needed to improve this.

There is a widespread flu vaccination plan which is expected to have a higher uptake than normal and if a vaccine is found for COVID-19, this cannot be given at the same time as the flu vaccination, so there is a huge logistical planning exercise underway if and when a vaccine for the virus is found.

The Voluntary, Community and Faith Sector (VCFS) reiterated that they can help communicate at different levels throughout Lancashire and keep repeating the messages



being delivered centrally and reassure communities that there was a plan for each area. There was a request for a consistent message to be passed to the Voluntary, Community and Faith Sector (VCFS) groups to forward on to their communities and they requested to be kept updated when there was a change. It was noted that there needed to be a bridge built between the Local Resilience Forum and the Integrated Care System.

**Resolved:** That Dr Sakthi Karunanithi would speak to Communication and Engagement colleagues in the Lancashire Resilience Forum along with colleagues in the Integrated Care System and ensure that connections are made with colleagues in the Voluntary, Community and Faith Sector (VCFS) so they can actively engage and reiterate messages out to the communities of Lancashire.

## **6. Healthwatch - Impact of COVID-19**

Sue Stevenson, Chief Operating Officer, Healthwatch Lancashire, provided the Board with the key findings from a survey which is being carried out in Lancashire on the "Impact of Covid-19" by Healthwatch. The survey was co-developed with partners and carried out on behalf of all four Healthwatch services that exist across Cumbria and Lancashire.

Findings from the questionnaire were detailed in the presentation which was circulated with the agenda

<https://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=10347&Ver=4>.

Version 1 of the survey was created as a 'temperature check' to find out how people were feeling and coping during the initial days of the pandemic. Version 2 concentrated on emerging themes and concerns, such as mental health, carers and the financial impact of the pandemic and Version 3 which is currently 'live' is similar in focus to Version 2, however, views are also being sought about leaving lockdown and the lifting of restrictions. From the responses to the different versions of the survey, a number of reports have been created and the Board were encouraged to read them

<https://healthwatchlancashire.co.uk/coronavirus-survey-reports/>.

Researchers at Healthwatch have commented that they have never been involved in surveys where people have been so open to describe their experiences as they have during the pandemic. Although the pandemic has caused upheaval and affected almost everyone in some way, there have been positives come from this experience too such as community spirit, less stress, less pollution and many others as detailed in the presentation. From Version 3, early findings from the survey was that currently 28% of people responded had experienced a medical issue during the pandemic, however avoided consulting a medical professional about it and Healthwatch is minded that this was something the Board needed to take account of, coupled with those that were on waiting lists, where those lists had now increased and where services had currently stopped.

An interesting finding from Version 2 of the survey was that 82% of people who have had a phone or video consultation have found it a positive experience, liking the convenience of them and that they happened on time. Community hubs have been another positive and absolutely integral to the response and people who have been furloughed have been wanting to get involved and help others which in turn lifted community spirits.

A question arose around the findings on social prescribing, with 25% of responses coming from carers and whether this could be broken down into localities. Sue felt that there were a number of supplementary questions from the findings, that, collectively the Health and Wellbeing Board and Healthwatch could explore in more detail going forward as we start to move to the next phase of the pandemic.

**Resolved:** That Sam Gorton, Clerk to the Health and Wellbeing Board be added to the distribution list to share information on this survey and future surveys and findings, so members of the Board can share within their networks. If any members wished to be added directly to the distribution list, please email [sue@healthwatchcumbria.co.uk](mailto:sue@healthwatchcumbria.co.uk).

## **7. Children's Services - The Impact of the COVID-19 Pandemic on Children and Young People's Emotional Wellbeing and Mental Health**

Dave Carr, Head of Service, Policy, Information and Commissioning, Lancashire County Council, updated the Board on the evidence of impact of the COVID-19 pandemic had had on children and young people's emotional wellbeing and mental health and that are still continuing to emerge. The report also provided:

- An overview of the emerging evidence of impact
- Details of some of the significant elements of Lancashire's local system response
- Plans for moving forward in the short term
- Recommendations to ensure a continued support and improved system-wide response.

There were strong indications that the pandemic had had a negative impact on the emotional wellbeing and mental health of many children and young people in Lancashire, who have already required extra help or may do so in the future. Partners have made significant changes in arrangements to better support children and young people but there was much more to do. It was proposed that Partners in Lancashire continued to look forward to delivering the NHS Long Term Plan and wider strategy for children and young people's emotional wellbeing and mental health, maintaining and enhancing current provision, but in doing so addressed the expected significant longer term impacts of the COVID-19 pandemic.

Among the sources of evidence detailed in the report which was circulated to members of the Board were the findings of a rapid review which had been undertaken nationally by the Anna Freud Foundation, along with further evidence which was provided by the Co-SPACE project which was again was undertaken at a national level by Oxford University which tracked the mental health of school-aged children and young people aged 4-16 years throughout the COVID-19 crisis. Summaries of both these studies were detailed in the report attached to the agenda.

Evidence shows that more young people have sought support during the lockdown period, and will continue do so as the impact of COVID-19 continues to affect the way that young people live their lives. Equally, for those young people who have found it easier spending

more time away from their school environment, the prospect of returning may be challenging.

With regards the Local System Response during COVID-19, many services have continued to operate to provide support for children and young people with many changing their offers to deliver more online and telephony based services and increased the use of technology, as well as continuing face to face contact if required.

There has been a huge amount of resource made available to support children and young people's emotional wellbeing and mental health and this can be found on the Lancashire and South Cumbria Healthy Young Minds Website (<https://youngminds.org.uk/training/mental-health-training/>) which has been expanded to include COVID-19 specific resources alongside the planned launch of information, advice and resources to support children, young people, parents/carers and professionals identify and manage emotional wellbeing and mental health issues.

As discussed at this Board, Child and Adolescent Mental Health Services (CAMHS) 0-19 service provision (which previously stopped at 16 years of age) has changed in order to address the issue of older adolescents, they are now given a choice as to whether they wish to continue to access CAMHS or move to Adult Services. This has commenced on a phased basis across the County. Blackpool Teaching Hospitals Trust achieved full implementation in early April 2020, Lancashire and South Cumbria Foundation Trust from end of June 2020 and East Lancashire Hospitals Trust commenced a phased implementation on 1 April 2020 with full implementation by 1 September 2020.

Work around suicide prevention has included real time surveillance data, with an intelligence led approach to communications using social media, and through partner agencies, targeted on high risk locations. Data has also helped identify clusters/groups to target more specific interventions and ensure wider networks get the support they need.

The Board were highlighted on some of the plans moving forward which included:

The Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan for Lancashire (2015-2020) which was first published in January 2016. That document set out the initial iteration of a five-year plan for Lancashire, to support local implementation of the national ambition and principles as set out in 'Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2015).

The Plan's continued aim is to improve the resilience, emotional wellbeing and mental health of children and young people, especially those who are at increased risk due to their vulnerability, such as those within and on the 'edge of care', making it easier for them and their families to access help and support when they need it whilst improving the standard of mental health services across Lancashire and now, South Cumbria.

From April 2020 through to March 2021 is the final year of this Transformation Plan, and there remain some key deliverables including the final stages of evaluation and subsequent implementation of the redesign of NHS funded Child and Adolescent Mental

Health Services (CAMHS). Whilst some elements of the redesign have been brought forward as a consequence of the COVID-19 pandemic, completion of the final design, evaluation and further consideration of overall affordability of the proposed model have been delayed.

Discussion ensued around homeless young people who have left care and asked that the Board be reassured that the appropriate public and Voluntary, Community and Faith Sector (VCFS) agencies are supported to pick up on any homeless young people who have left care. In terms of the pathways there is a system across Lancashire for those young people leaving care and there are a number of services that the county council commissions and also works very closely with district council partners to ensure that the provision is used appropriately and ensure there is a clear interface with social care. This is something that needs to have continued focus and the Housing Reference group is picking up on some of that discussion at the moment. Therefore, the Board can take some assurance that support is available, however this is something that needs continued work on.

The Board was requested to monitor the work on children and young people's emotional wellbeing and mental health and note that there is still work to be done. As these are unprecedented times there really are no measures about the impact on mental health on children going through the Autumn term and some very young children have had no contact with peers, especially if they have no siblings, and that they are going to have to be reintroduced to things such as play and for adolescents, being in groups and hanging out with friends is a big part of their development, so it will be about watching very carefully mental health referrals at lower and higher levels during the Autumn Term and making sure that as a Board, it responds appropriately.

Following discussion the Board noted the impact of COVID-19 on children and young people's emotional wellbeing and mental health and agreed on the principles outlined in the report and that there were still work to do going forward.

**Resolved:** That the Health and Wellbeing Board:

- i) Noted the emerging evidence of impact of the COVID-19 pandemic on children and young people's emotional wellbeing and mental health.
- ii) Noted the system wide response to help mitigate the short term impact.
- iii) Agreed that the outcome of the redesign of NHS Funded Services will be reported to the Health and Wellbeing Board at a future date.
- iv) Agreed the continued need for a whole system approach across all partners.
- v) Committed to principles of:
  - o Ensuring sufficient resource to meet demand.
  - o Implementation of the NHS funded Child and Adolescent Mental Health Service (CAMHS) service redesign.
  - o Mental health support for children and young people embedded in schools and colleges, building on the learning from Mental Health Trailblazer Teams.

- Meeting new national waiting time standards for all children and young people who need specialist mental health services.
- Investing in early and appropriate interventions, to prevent escalation in to crisis
- Greater focus on the longer term development of digital services.
- Co-production with children and young people, including of primary age and those in more vulnerable groups, to help young people to shape services to meet their needs and to play an active role in promoting positive mental health and wellbeing.

## **8. Adult Services - COVID-19 Impact on Lancashire Care Homes**

Louise Taylor, Executive Director for Adult Service and Health and Wellbeing and Lisa Slack, Head of Service, Quality, Contracts and Safeguarding Adults, Lancashire County Council provided the Board with an update on the impact of COVID-19 on care homes in Lancashire.

The purpose of the report was to highlight the challenges faced by care homes during the first phase of the pandemic and outline measures taken by the county council with the Lancashire Resilience Forum partners to support the sector.

The report outlined the engagement from the start of the pandemic.

The impact of the COVID-19 pandemic on the care home sector in Lancashire has been significant. Using information gathered daily from each care home, the County Council, with the assistance of the Lancashire Resilience Forum, has been able to respond to support care homes across a range of areas. The focus of the support has changed as the pandemic has progressed; the priority always to ensure care homes are able to continue to deliver safe care.

Highlighted to the Board that, whilst nationally there had been a strong focus on care homes, the three Pan-Lancashire Authorities had looked at 'all' care, not just for older people, it included those that were also vulnerable. The key priority had been, because care providers have been under immense pressure, it was felt that it was important to let care providers care for the people they were supporting. Therefore as Authorities the decision was taken to protect them from what has been significant and ongoing change and to carry that responsibility for them. Ways in which this has been done and are continuing to do are as follows:

- i) Instituted a daily welfare call to all care providers (Blackburn with Darwen and Blackpool were also doing the same). There are over 600 providers in the county council, however they have all been contacted daily, 7 days a week to give them direct support. This continues to be the means through which the Council gets intelligence from the care market that can inform the work that Public Health are doing, in understanding where the pressure lies and also hot spots and maybe where things are potentially starting to escalate.
- ii) A purposeful decision to purchase personal protective equipment (PPE) for care providers with no discrimination for those that were self-funded and those that were

funded by the Local Authority as PPE is intrinsic to good infection prevention control.

- iii) Another key way of keeping people safe is to understand if they have the virus as not everybody who has the virus will necessarily show symptoms, therefore, testing has been critical and continues to be.
- iv) Some families have requested that care be temporarily removed for relatives due to the risk of spreading infection, so by stepping back not to provide that help, there has been an incredible burden within families who have themselves become the carer. As a sector, there has been continued support to those carers throughout this pandemic and as part of that, the sector can now step-up to provide some more services that families had previously relied on such as day-care and respite where it is safe and suitable to do so.
- v) Visits to care homes going forward will be very different to what they were prior to the pandemic. Discussions are continuing with the NHS around this.

As Local Authorities, we are still recognising and responding to this as a response not as a recovery phase yet, we cannot assume or safely say that the virus will not re-emerge into the care sector.

During the pandemic it was noted that joint working with the NHS has worked extremely well. Decisions have been made swiftly, executed safely and there has been a clear purpose and a clearer sense as to what the priorities have been and have moved at pace to benefit Lancashire people. Learning needs to be taken from this to ensure the things that have been done well throughout, will endure and last beyond this pandemic.

Lisa Slack updated the Board on the current position regarding care homes in Lancashire. In relation to outbreaks, there had been a downward trajectory since March. In terms of outbreaks, currently as of today, there were eight outbreaks across Lancashire Care Homes and 10 incidents that were currently being reported which is a significant change from the peak of the virus when there was around 200 outbreaks and incidents.

A pathway is now being developed with an offer of enhanced support around the care homes with outbreaks or incidents, ensuring they have appropriate infection prevention control in the setting and that the workforce are stabilised. Provider failure plans were put in situ back in April and they are looking to be developed further so there is more of a business as usual response and extra resources are also being sourced. The offer of whole home testing is being supported too with the outbreak work.

**Resolved:** That the Health and Wellbeing Board:

- i) Noted the hard work of care homes in Lancashire to continue to provide care during challenging circumstances.
- ii) Noted and support ongoing measures to support the care home market in Lancashire.

## **9. Urgent Business**

There was no urgent business.

**10. Date of Next Meeting**

It was noted that the next meeting of the Board would take place on Tuesday, 8 September 2020 at 2pm. The meeting would be held virtually.

L Sales  
Director of Corporate Services

County Hall  
Preston





## Lancashire Health and Wellbeing Board

### Actions, July 2020

Action topic	Summary	Owner
COVID-19 in Lancashire	<p>The Board agreed:</p> <ul style="list-style-type: none"><li>• That Dr Sakthi Karunanithi would speak to Communication and Engagement colleagues in the Lancashire Resilience Forum along with colleagues in the Integrated Care System and ensure that connections were made with colleagues in the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) so they could actively engage and reiterate messages to the communities within Lancashire.</li></ul>	Dr Sakthi Karunanithi
Healthwatch – Impact of COVID-19	<p>The Board agreed:</p> <ul style="list-style-type: none"><li>• That Sam Gorton, Clerk to the Health and Wellbeing Board be added to the distribution list to share information on this survey and future surveys and findings, so members of the Board can share within their networks. If any members wished to be added directly to the distribution list, please email <a href="mailto:sue@healthwatchcumbria.co.uk">sue@healthwatchcumbria.co.uk</a>.</li></ul>	Sue Stevenson
Children's Services - The Impact of the COVID-19 Pandemic on Children and Young People's Emotional Wellbeing and Mental Health	<p>The Board:</p> <ul style="list-style-type: none"><li>• Noted the emerging evidence of impact of the COVID-19 pandemic on children and young people's emotional wellbeing and mental health.</li><li>• Noted the system wide response to help mitigate the short term impact.</li><li>• Agreed that the outcome of the redesign of NHS Funded Services will be reported to the Health and Wellbeing Board at a future date.</li><li>• Agreed the continued need for a whole system approach across all partners.</li><li>• Committed to principles of:<ul style="list-style-type: none"><li>○ Ensuring sufficient resource to meet demand.</li><li>○ Implementation of the NHS funded Child and Adolescent Mental Health Service (CAMHS) service redesign.</li></ul></li></ul>	Health and Wellbeing Board members

	<ul style="list-style-type: none"> <li>○ Mental health support for children and young people embedded in schools and colleges, building on the learning from Mental Health Trailblazer Teams.</li> <li>○ Meeting new national waiting time standards for all children and young people who need specialist mental health services.</li> <li>○ Investing in early and appropriate interventions, to prevent escalation in to crisis</li> <li>○ Greater focus on the longer term development of digital services.</li> <li>○ Co-production with children and young people, including of primary age and those in more vulnerable groups, to help young people to shape services to meet their needs and to play an active role in promoting positive mental health and wellbeing.</li> </ul>	
<p>Adult Services - COVID-19 Impact on Lancashire Care Homes</p>	<p>The Board:</p> <ul style="list-style-type: none"> <li>● Noted the hard work of care homes in Lancashire to continue to provider care during challenging circumstances.</li> <li>● Noted and support ongoing measures to support the care home market in Lancashire.</li> </ul>	<p>Health and Wellbeing Board members</p>

**Lancashire Health and Wellbeing Board**

**Forward Planner**

<b>Date of Meeting</b>	<b>Topic</b>	<b>Summary</b>	<b>Owner</b>
November 2020	Adult Community Learning Supporting Primary Care Networks and Social Prescribing	To launch the Memorandum of Understanding	Sarah Howarth/Dr Sakthi Karunanithi
November 2020	Advancing Integration Board and Better Care Fund	To seek approval on the proposals for the Advancing Integration Board and the Better Care Fund.	Paul Robinson
November 2020	Child Death Overview Panel	To receive a summary of the Annual Report.	Dr Sakthi Karunanithi
November 2020	Joint Strategic Needs Assessment	To sign off the JSNA project and receive the new working proposals.	Mike Walker/Gemma Jones
November 2020	Lancashire Special Educational Needs and Disabilities Partnership – SEND Improvement Plan <b>(Standing Item)</b>	To receive a progress update on the Special Educational Needs and Disabilities Improvement Plan 2019 (updated Written Statement of Action).	Sian Rees
November 2020	Lancashire Covid-19 Outbreak Management Update <b>(Standing Item)</b>	To receive on update on the Lancashire Covid-19 outbreak response.	Dr Sakthi Karunanithi
November 2020	Pharmaceutical Needs Assessment	To complete a Pharmaceutical Needs Assessment and receive a draft Pan-Lancashire Pharmaceutical Needs Assessment 2021.	Dr Sakthi Karunanithi
January 2021	Voluntary Community and Faith Sector Strategy	To receive the VCFS Strategy.	Lynne Johnstone

**Joint HWBB Meetings – Pan Lancashire**

TBC	ICP/ICS Strategy	To consider the strategy.	Amanda Doyle/Andrew Bennett
TBC	Commissioning Reform in Lancashire and South Cumbria – A Case for Change	To receive a report on the Commissioning Reform.	Louise Taylor

## Lancashire Health and Wellbeing Board

Meeting to be held on 8 September 2020

### Lancashire Special Educational Needs and Disabilities (SEND) Partnership – SEND Inspection Re-visit

(Appendices 'A' and 'B' refer)

Contact for further information: Sian Rees, Improvement Partner SEND, Lancashire County Council, Tel: 01772 535162, [sian.rees@lancashire.gov.uk](mailto:sian.rees@lancashire.gov.uk)

#### Executive Summary

Lancashire local area Special Educational Needs and Disabilities services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) 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.

Partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action. The Written Statement of Action was subsequently updated and progress on the implementation of these actions monitored by the Department for Education (DfE) and NHS England. Progress has been reported regularly to the SEND Partnership Board and the Health and Wellbeing Board.

An inspection revisit by Ofsted and the Care Quality Commission (CQC) took place in February and March 2020; the report was published on 5 August 2020 and circulated to members of the Board on the same day.

An Accelerated Improvement Plan focused on the five areas where sufficient progress has not yet been achieved must be submitted to the DfE/NHS(E) on 28 September 2020. Due to the tight timescales to prepare, the plan is currently in development and a working draft is attached (appendix A). This Plan will be formally monitored by the Department for Education (DfE/NHS(E)) and progress reported to the SEND Partnership Board and Health and Wellbeing Board.

#### Recommendations

That the Health and Wellbeing Board:

- (i) Note receipts of the report from Ofsted/Care Quality Commission following the joint area SEND inspection re-visit;
- (ii) Consider the draft Accelerated Progress Plan (Appendix 'A') to address the five areas where it has been judged that sufficient progress has not yet been achieved;
- (iii) Establish a sub-committee of the Health and Wellbeing Board and Terms of Reference (Appendix 'B') to scrutinise the progress on the implementation of the Plan and the associated Key Performance Indicators.

## **Lancashire Ofsted/Care Quality Commission joint area inspection revisit**

To determine whether sufficient progress to secure improvement in relation to the twelve areas of significant concern had been achieved, as a result of the work undertaken by the SEND Partnership since the inspection in 2017, Ofsted and the Care Quality Commission undertook an on-site inspection between 9-12 March 2020.

Prior to the on-site visit, members of the Lancashire Special Educational Needs and Disabilities (SEND) Partnership provided relevant data, information and 239 pieces of evidence. Whilst on site Inspectors spoke with 89 colleagues from the council, health, education, parent carers and children and young people. An open meeting was attended by more than 70 parent carers and the Ofsted parent carer survey received a good response.

The re-visit concluded on 12 March 2020, with verbal feedback on the findings presented to Council Members; health and council senior leaders and members of the Special Educational Needs and Disabilities (SEND) Partnership. During the verbal feedback, inspectors read out an additional statement of encouragement to reassure the local area that whilst there have been considerable challenges and there is still further improvement required, the significance of the journey was recognised.

The outcomes from the re-visit are set out in the report; in seven of the twelve areas progress has been sufficient to mean that external monitoring of these areas is no longer required. Some of the important improvements that were cited include:

- Provision for SEND is a priority for leaders
- Strong working relationships across the partnership
- Clear quality assurance systems in place
- Good practice being shared across the area
- Improved outcomes for children and young people

In the remaining five areas the good work that has taken place was recognised, with further action required to:

- Continue to improve the understanding of the local area
- Further develop and evaluate the commissioning arrangements
- Improve the effectiveness of the new neuro-developmental pathway
- Improve transition arrangements in 0 to 25 healthcare services
- Implement the changes to the Local Offer

### **Next steps**

The local area is now required to submit an Accelerated Progress Plan (APP) to the Department for Education (DfE) SEND Intervention Unit and NHS England/Improvement (E/I), setting out the action leaders will take over the next six to twelve months, the

milestones to assess progress and the key performance measures to demonstrate impact. The APP uses a required format and must be submitted on 28 September 2020.

Officers are currently developing the APP and a working draft is attached at Appendix 'A' for consideration and feedback by 22 September 2020. The Ofsted report was also considered by the council's Education and Children's Scrutiny Committee on 2 September 2020. Feedback from the Committee will be shared verbally with the Health and Wellbeing Board. The Special Educational Needs and Disabilities (SEND) Partnership Board will consider the draft APP on 21 September 2020.

Progress on the APP will be reviewed by the DfE and NHS (E/I) after six months and twelve months; there will be no further Ofsted/CQC revisit inspections.

As the accountable body for the APP it is proposed that the Health and Wellbeing Board establish a formal sub-committee to ensure robust oversight of the APP on behalf of the Board, so that progress achieved to date is maintained. A formal sub-committee has powers delegated to it by the main committee and will be held in public, therefore open and transparent agendas and reports. The council's Democratic Services colleagues will provide administration and clerking support.

The draft Terms of Reference for consideration and approval are attached at Appendix 'B', with the proposed membership comprising County Councillors Turner and Williamson; two Non-Executives from the Joint Committee of the Clinical Commissioning Groups; two lead officers Hilary Fordham Chief Operating Officer Morecambe Bay CCG and Sarah Callaghan Director of Education and Skills, LCC. The membership to agree a chair.

### **List of background papers**

Report from Ofsted/CQC following the Joint area SEND revisit in Lancashire

<https://reports.ofsted.gov.uk/provider/44/80480>





## WORKING DRAFT

### Accelerated Progress Plan for an Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

<b>Name of the Local Area</b>	Lancashire
<b>Date of Inspection</b>	Notification 24 March 2020 Inspectors on site 9 - 12 March 2020
<b>Date of Publication of the Revisit report</b>	Delayed due to CoViD-19 – PUBLISHED 05/08/20
<b>Accountable Officers from the LA and CCG</b>	Edwina Grant OBE, Executive Director of Education and Children's Services, Lancashire County Council (Lancashire SEND Partnership Board Vice Chair)  Dr Julie Higgins, Joint Chief Officer with responsibility for SEND, BwD and East Lancs Clinical Commissioning Group (Lancashire SEND Partnership Board Chair)
<b>DfE and NHSE Advisers</b>	Cath Hitchin, SEN and Disability Professional Adviser, Department for Education (DfE)  Glenn Harrison, Senior Clinical Manager NHS England and NHS Improvement – North West Lancashire and South Cumbria

## Governance and Accountability

<b>Governance and accountability structures and processes</b>			
<p>The Partnership governance arrangements are driven by the SEND Partnership Board to ensure the delivery of improvement and the assessment of progress, including this Accelerated Plan. This is supported by the SEND Operations Group which drives delivery, monitors progress and ensures coherence across the delivery groups, which in turn involve a range of partners aligned to the local priorities. The Health and Wellbeing Board is the accountable body; the Board has recently established a sub-committee for SEND to scrutinise progress on the implementation of the Plan and the associated Key Performance Indicators.</p>			
Board/Group	Chair/Vice Chair	Accountability	Connectivity
Health and Wellbeing Board	County Cllr Shaun Turner County Cllr Phillippa Williamson  Chief Officer East Lancashire CCG and AO for CCGs, Dr Julie Higgins (SEND health representative)	HWBB is the lead accountable body for the SEND Improvement work	Chair of HWBB HWBB and SEND Partnership Board member HWBB Board member and Chair of SEND Partnership Board
SEND Partnership Board	Chief Officer of East Lancs CCG and AO for CCGs, Julie Higgins (Chair) Executive Director of Education and Children's Services, Edwina Grant (Vice Chair)	Health and Wellbeing Board Joint Committee of CCGs	Cabinet lead member SEND Partnership Board AO for CCGs reports to all CCG Chief Officers through JCCCG
SEND Operations Group	Director of Education and Skills, Sarah Callaghan Chief Operating Officer, Morecambe Bay CCG, Hilary Fordham	SEND Partnership Board	Members of SEND Partnership Board CCG COO reports to CCB
Delivery Groups	Multi-agency partners work collaboratively in Delivery Groups to action the accelerated progress plan and the broader SEND improvement plan	SEND Operations Group	Members of SEND Operations Group and SEND Partnership Board
<p>This governance structure requires the Chair and Vice Chair of the SEND Partnership Board to report to the Health and Wellbeing Board and the Joint Committee of CCGs on progress with delivery of the Improvement Plan and the Accelerative Progress Plan.</p>			

Additionally, the sub-committee of the Health and Wellbeing Board, Council's Cabinet, the Council's Scrutiny Committee and the Collaborative Commissioning Board review and challenge progress.

There is interconnectivity with the Children and Young People's Partnership and the Children and Young People's Commissioning Network, both of which consider children and young people's needs including, but not solely, those with SEND e.g. development of Early Years, CAMHSs and exclusions. SEND improvement is also a regular agenda item on the Boards of the NHS CCGs. **Add sub-committee to diagram if agreed.**



Exception reporting is used throughout the governance structure, using the RAG rating system. Data and information are shared with leaders to support both their assessment of the impact of actions on the lived experience of children and young people with SEND, and to inform on-going decision-making. The wider Improvement Plan, of which this Accelerated Progress Plan is a part, is being currently being reviewed by the SEND Partnership Board to ensure continuous progress with and priorities. This broader plan covers the ongoing priorities identified in the original inspection report, the actions in this Accelerated Progress Plan, and other areas for improvement which our own review processes have identified.

**Area of weakness identified in the original inspection****1. Leaders had an inaccurate understanding of the local area.**

Leaders have a better view of strengths and weaknesses across the partnership. Recently, more comprehensive and reliable datasets are informing area plans, such as the early years strategy. However, it has taken a considerable length of time to reach this point and there is still much more to do.

Following the 2017 inspection, action plans did not clearly indicate how leaders would measure success in resolving each of the significant weaknesses identified by inspectors. Also, leaders did not set out step-by-step targets to help them check how well their plans were progressing at key points. This has made it hard for leaders to know whether actions are on track and effective. For example, there was and still is no system in place to collect the views of parents and carers at the point of service delivery. This means that leaders and managers do not find out how well new systems and services are working quickly enough. They rely on the results of the online personal outcomes evaluation tool (POET) survey. These results are published annually, which is too infrequent to be the only measure of parental views, given the pace of change. Consequently, leaders do not always know whether their actions have made the positive difference for children, young people and their families that was intended.

WORKING DRAFT

<b>1. Leaders had an inaccurate understanding of the local area</b>			
Actions designed to lead to improvement			
<b>Area Lead – Sarah Callaghan</b>			
Action 1	Responsible officers	By When	Action RAG
1.1 Establish a lead for data quality across the partnership and key co-ordinators within the council and health to manage the data flow	Sally Richardson LCC Zoe Richards CCG	October 2020	
1.2 Review project and action plans to ensure they have step-by-step targets that illustrate progression towards the agreed measures of success	Sarah Callaghan Zoe Richards	October 2020	
1.3 Develop a consistent, accessible, and meaningful data dashboard for the partnership, informed and shaped by CYP and parent carers, to inform leaders about the measures of success for each area of improvement	Zoe Richards	November 2020	
1.4 Present the performance report recurrently to the SEND Partnership Board for check and challenge	Sarah Callaghan Zoe Richards	November 2020	
1.5 Review the on-going use of the POET survey, including the frequency of analysis and reporting, making recommendations for future use	Sally Richardson Zoe Richards	November 2020	
1.6 Implement systems for securing feedback from parent carers at the point of service delivery, so that leaders are assured current information is used to support decision-making	Sally Richardson Zoe Richards	January 2021	
1.7 Implement a range of feedback reporting mechanisms across the partnership to significantly improve the sharing of current views and experience of parent carers	Sally Richardson Zoe Richards	January 2021	
1.8 Ensure that feedback from parent carers about service effectiveness contributes recurrently to each delivery group meeting and SEND Partnership Board.	Sally Richardson Zoe Richards	January 2021	

1. Leaders had an inaccurate understanding of the local area.						
Impact measures and milestones to be achieved						
<p><b>We know we have achieved sufficient progress when ...</b> 100% of leaders confidently and consistently describe each of the 5 areas of improvement, with a shared understanding, giving examples that demonstrate progress.</p> <p><b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carer feedback tells us that SEND services are good or better.</p>						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
1	<p>100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress</p> <p>70% of parent carer feedback tells us that services accessed for SEND are good or better.</p>					
1.1	<p>Data leads are in place for LCC and for Health, and Data QuIP is established</p> <p>Data dashboard developed and agreed</p> <p>Implement the Partnership Board 'quiz' to test leaders' knowledge and understanding of the local area</p>		<p>Data dashboard is being recurrently reported to SEND Partnership Board</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p>		<p>100% of leaders can confidently describe the data dashboard and are using the data to challenge progress with improvements, and to inform decision-making</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p>	
1.2	<p>Review current feedback mechanisms</p>		<p>Implement additional / new feedback mechanisms</p> <p>50% of parent carers who provide feedback tell us that SEND services are good or better</p>		<p>70% of parent carers who provide feedback tell us that SEND services are good or better</p>	

**Area of weakness identified in the original inspection****2. There were weak joint commissioning arrangements that were not well developed or evaluated.**

At the initial inspection, leaders had not evaluated the impact of their actions or taken into account the views and lived experiences of children and young people with SEND and their families. This contributed to weak arrangements for joint commissioning.

A well-established group of commissioners from across the partnership work well together now. They have made sure that they are better informed about children and young people's needs. Effective co-production is helping commissioners to decide what services they need to provide and where they need to provide them. Commissioners are now prioritising some of the more pressing issues, such as re-designing the short breaks offer and improving the speech and language therapy (SALT) service.

However, these arrangements are not sufficiently well developed or evaluated. At the initial inspection, inspectors found weaknesses in the services for consumables, such as continence products. Twenty-eight months later, families still struggle to get these consumables. Furthermore, there remains inequitable special school nursing provision and gaps in specialist children's nursing services. Children and young people's access to public health nursing in special schools is not well understood and therefore not routinely used. Commissioners are currently reviewing these services. But it is unacceptable that some children, young people and their families have not had access to these important healthcare services for over two years.

WORKING DRAFT

<b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Hilary Fordham, Dave Carr</b>			
Action 2	Responsible officers	By When	Action RAG
2.1 Review the local area joint commissioning arrangements against the Children and Families Act 2014, setting out how each is being delivered	Dave Carr Hilary Fordham	November 2020	
2.2 Specify and share the public health nursing arrangements for special schools	Claire Platt	December 2020	
2.3 Implement an evaluation process to assess the effectiveness of jointly commissioned services	Dave Carr Hilary Fordham	December 2020	
2.4 Secure good quality data from a range of sources to inform joint commissioning decision-making e.g. JSNA; EHCP's; feedback from parent carers, SENDIAS, DCOs	Dave Carr Hilary Fordham	December 2020	
2.5 Review and address the specific inequalities in special school nursing provision	Dave Carr Hilary Fordham	March 2021	
2.6 Review and address the specific inequities in specialist children's nursing services	Hilary Fordham Kirsty Hamer	June 2021	
2.7 Agree and implement consistent policy arrangements for the provision of continence services, ensuring appropriate services can be accessed in all areas of Lancashire	Hilary Fordham/Steve Flynn	March 2021	



<b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>						
<b>Impact measures and milestones to be achieved</b>						
<b>We know we have achieved sufficient progress when ...</b> 70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service						
<b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carer feedback tells us that SEND services are good and better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
2	70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service 70% of parent carer feedback tells us that SEND services are good or better.					
2.1	There is a clear written explanation of the local area joint commissioning arrangements set against the Children and Families Act 2014 which is published on the Local Offer website		90% of leaders score 90% or more in the Partnership Board 'quiz' (aligned to Action 1)		100% of senior leaders responsible for commissioning can accurately describe the local area joint commissioning arrangements	
2.2	Identify those special schools without a named public health school nurse		100% of special schools informed of public health school nurse			
2.3	Establish a mechanism to bring together and jointly review data and intelligence that will be used to assess the effectiveness of jointly commissioned services		Commissioning Dashboard including data and intelligence that highlights the effectiveness of jointly commissioned services is recurrently reported to the Joint Commissioning Network, and SEND Partnership Board as appropriate			

			100% of senior commissioners can confidently describe the Commissioning Dashboard and use it to provide evidence of the impact of jointly commissioned services		
2.4	Finalise service specification for special school nursing services		Agree arrangements for future provision of special school nursing services ensuring that appropriate special school nursing services are available to all maintained and academy special schools in Lancashire  Source provision against revised service specification		80% of Special Schools provide positive feedback on the impact of new revised arrangements
2.5	Review joint commissioning arrangements for specialist children's nursing services		Agree arrangements for future provision of specialist nursing services ensuring appropriate services can be accessed in all areas of Lancashire		Source provision against revised service specification  Local Offer website provides up to date information on available services and how to access them  70% of parent carer feedback tells us the experience of the service was good
2.6	Review joint commissioning arrangements for continence services		Agree and implement consistent policy arrangements for the provision of continence services ensuring appropriate services can be accessed in all areas of Lancashire		Source provision against revised service specification  Local Offer website provides up to date information on services available and how to access them

			Local Offer website provides up to date information on services available and how to access them		70% of parent carer feedback tells us the experience of the service was good	
--	--	--	--	--	--	--

WORKING DRAFT

### Area of weakness identified in the original inspection

#### **3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.**

There are now diagnostic pathways for ASD in place across the county, including in the north of the area. However, long waiting times in some areas are limiting the effectiveness of these pathways.

Professionals co-produced the pathway in the north with children, young people and parents. This approach means that this service reflects their needs. But, the partnership underestimated the demand for this service. The service has been swamped by four times the anticipated number of referrals and, as a result, children and young people are waiting too long for an initial appointment. There is often little communication with these families about how long they should expect to wait for an appointment. A new county-wide neuro-developmental pathway integrates assessment and support for autism and attention deficit hyperactivity disorder. This single diagnostic pathway provides some consistency, while allowing providers to respond to local needs. Behavioural, sleep and sensory workshops are offered to families when they are referred into the pathway. These sessions are valued highly by the parents who have attended. Unfortunately, few parents have taken up this offer of support to help them better meet their child's needs. Leaders are looking at other ways to provide this support that may better suit parents, such as offering different times and locations.

Across Lancashire, leaders have put in measures to assure themselves that pathways are compliant with National Institute for Health Care and Excellence (NICE) guidance. This is regularly monitored. However, long waiting times for an initial appointment, combined with too little communication with families, are creating frustration and anxiety for some families.

<b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Hilary Fordham</b>			
Action	Responsible officers	By When	Action RAG
3.1 Develop an ASD waiting time recovery plan	Hilary Fordham	October 2020	
3.2 Commence implementation of rapid recovery plans for those areas with long waiting lists	Hilary Fordham	November 2020	
3.3 Using established intelligence sources, undertake a demand analysis for ASD assessment and diagnosis	Hilary Fordham	November 2020	
3.4 Improve the feedback loop with parent carers, and with children and young people, so that leaders and practitioners can support the ongoing improvements with the ASD pathway	Hilary Fordham	November 2020	
3.5 Implement the triage approach so that CYP can be put onto the correct pathway as early as possible	Hilary Fordham	January 2021	
3.6 Identify and implement ASD information, advice and support, which provides parent carers with: access to online triage systems; support videos, webinars and training; information leaflets; and links to existing online resources, so that they feel supported through the Local Offer during the waiting period	Hilary Fordham	February 2021	
3.7 Implement systems to communicate with parent carers to keep them informed about the length of wait, and to provide them with information, advice and support throughout the waiting period	Hilary Fordham	March 2021	

<b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>						
<b>Impact measures and milestones to be achieved</b>						
<b>We know we have achieved sufficient progress when ...</b> CYP have a timely diagnosis for neurodevelopmental needs and receive the subsequent support that meets their needs						
<b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carers who tell us in feedback that the ASD / ND support their child or young person is receiving is good or better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
3	70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better					
3.1	Identify the baseline of current numbers on waiting lists		Review of the impact of lockdown on waiting lists and support offered, and agree opportunities and processes for managing the waiting lists, including implementing a waiting list initiative		Reduction in numbers on waiting list – actual % difficult to identify as dependent on the on-going impact of the COVID situation  Increase in the support offered to parent carers	
3.2	100% of people who are on the waiting list have been sent first of 4 letters about the length of wait and what that might mean for them post-COVID lockdown		100% of people on waiting list have been communicated with and have been informed of the support offer that is available to them whilst on the waiting list		100% of people on waiting list have been sent 3 letters if the CYP is still on the waiting list at 12 months, or have had their first appointment and have either had a follow-up, or have a date for it	
3.3	Implemented a satisfaction rating		40% of parent carers tell us their experience was good or better		70 % of parent carers tell us their experience was good or better	
3.4	Mapped support offers with Parent Carer Forum Communicated support offers on local offer, PCF website, newsletters, to professionals		100% of parent carers offered support whilst on waiting list and after diagnosis		100% of parent carers offered support whilst on waiting list and after diagnosis Evidence the % of parent carers who take up support offers	

	% of parent carers offered support whilst on waiting list and after diagnosis % of parent carers who take up support offers		Evidence the % of parent carers who take up support offers		
3.5	30% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better		50% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better		70% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better

**This area is difficult to put actual percentages to as the COVID situation has impacted on the ASD pathway, and we don't know how long that will continue for, or how long it will take to manage the increase in waiting list and the increase in referrals at this stage. Health partners will set a target prior to the submission of the plan to the DfE but this is as yet not agreed.**

WORKING DRAFT

**Area of weakness identified in the original inspection****4. Transition arrangements in 0 to 25 healthcare services were poor.**

Inspectors reported that transition arrangements across Lancashire were 'splintered'. At that time, there was no evidence of a strategy to ensure that young people transitioned effectively into adult services.

There has been limited progress in resolving the weaknesses found at the initial inspection. While there has been some activity, this has been piecemeal. For example, there are well-developed plans to extend the delivery of the existing child and adolescent mental health service (CAMHS) to young people up to 19 years old. Also, the early years strategy sets out how young children, including those not in schools or settings, will be supported to be school ready.

However, there are still not enough commissioned services for young people up to the age of 25. There is limited effective joint working between children's and adults' services. This results in poor experiences for young people.

WORKING DRAFT



4. Transition arrangements in 0 to 25 healthcare services were poor.			
Actions designed to lead to improvement			
Area Lead – Zoe Richards			
Action	Responsible officers	By When	Action RAG
4.1 Develop and implement a joined up ICS strategy to support young people's transition through 0-25 healthcare services	Zoe Richards	November 2020	
4.2 Identify the data required to monitor transitions across providers, and implement within providers through the Data Quality Improvement Project	Zoe Richards	December 2020	
4.3 Agree and implement a set of protocols/healthcare model that secures effective joint working arrangements which support transition from children to adult services	Zoe Richards	January 2021	
4.4 Review current service provision between children's and adult services, and identify gaps in commissioned services up to 25 years of age to inform the on-going development of commissioning arrangements	Zoe Richards	February 2021	
4.5 Implement mechanisms to share and disseminate learning from the implementation of transition arrangements across partnership	Zoe Richards	March 2021	
4.6 Put arrangements in place for those young people whose needs are at a level that do not require specialist intervention, but may need support in how to manage their on-going condition	Zoe Richards	July 2021	

4. Transition arrangements in 0 to 25 healthcare services were poor.						
Impact measures and milestones to be achieved						
We know we have achieved sufficient progress when ... CYP have a transitions plan in place and progress out of children's services to age and needs-appropriate services						
We know this has made a positive impact on the lived experience of children and young people with SEND when ... 80% of young people who need to transition to age and needs-appropriate services tell us that their experience was good or better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
4	80% of young people who need to transition to age and needs-appropriate services tell us that their experience of the transition process was good or better					
4.1	Approach developed to identify CYP at 14 years old who will require transition arrangements		Transition identification process agreed by all providers		75% of 14 year old CYP who will require transition arrangements are identified as needing transition	
4.2	Transition plan approach developed and agreed		50% of CYP who are 14yrs or older and who have an appointment with Children's Services are told about creating a Transition Plan		75% of CYP who require transition arrangements have started working on a transition plan from 14yrs	
4.3	Set up a satisfaction rating model		50% of CYP needing transition support report that conversations about transitions are good or better		70% of CYP needing transition support report that conversations about transitions are good or better	

**Area of weakness identified in the original inspection****5. The local offer was inaccessible, and the quality of information published was poor.**

Inspectors found that the local offer was not used effectively, parents' awareness of the local offer was poor, and the information provided was not useful.

Leaders have engaged well with parents, children and young people and other partners to redesign the local offer. Unfortunately, there have been delays in its delivery. This means that the new offer was only launched in January.

Furthermore, this work is not yet complete. Parents do not find the information it provides useful. Leaders have a plan to add a directory of services to the local offer and also appoint an officer to keep the information up to date and relevant.

WORKING DRAFT

<b>5. The local offer was inaccessible, and the quality of information published was poor.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Dave Carr</b>			
Action	Responsible officers	By When	Action RAG
5.1 Appoint the partnership post of Local Offer Development Officer to further develop the local offer website, alongside the broader communication and engagement activity	Dave Carr	October 2020	
5.2 Complete and implement the directory of services, to improve the information about local provision in the area	Ian Forsyth	October 2020	
5.3 Implement a tool to enable parent carers to share their views about the local offer and analyse the findings	Ian Forsyth	October 2020	
5.4 Report timely feedback received through the local offer website to the SEND Partnership Board and the Joint Commissioning Group, to improve understanding about parent carer experience of service provision	Ian Forsyth Local Offer Development Officer	November 2020	
5.5 Schedule regular reviews of the information on the local offer website, to ensure it remains up to date, relevant and informs ongoing improvement	Local Offer Development Officer	December 2020	
5.6 Agree and implement a variety of methods of communication and engagement links with parent carers over a 12-month rolling period to support required improvement in the local offer	Local Offer Development Officer	January 2021	
5.7 Implement the changes to the local offer proposed by parent carers, young people and professionals, to increase the value of the information and ensure the platform is easy to navigate/use	Local Offer Development Officer	March 2021	

5. The local offer was inaccessible, and the quality of information published was poor.						
Impact measures and milestones to be achieved						
We know we have achieved sufficient progress when people can access information easily through the local offer and are engaged in its ongoing development as a source of support.						
We know this has made a positive impact on the lived experience of children and young people with SEND when 75% users of the Local Offer tell us they were able to find the information they needed and that it was useful.						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
5	Of those using the local offer 70% tell us that they were able to find the information they need					
	Of those using the local offer 70% of people using the local offer tell us that the information they accessed was useful					
5.1	The directory of services is implemented.  A feedback system is established as part of the Local Offer website and a baseline established		Regular reviews of the information on the local offer website are taking place  70% of people using the local offer tell us that they were able to find the information they need		Structural changes to the local offer take place to ensure the platform is easy to navigate/use  75% of parent carers tell us that they are able to find the information they need	
5.2	A feedback system is established as part of the Local Offer website and a baseline established		Communication with parent carers is taking place increase awareness of and develop the local offer  70% of parent carers tell us that information they accessed was useful		Feedback from parent carers is informing improvement in the local offer  75% of parent carers tell us that information they accessed was useful	

*If you have a council wide risk register may be required.*

## Risk Register

Date	Risk	Severity/ Impact	Mitigation	Severity / Impact Post-mitigation	Progress following action
09/20	ASD waiting times have been significantly impacted by COVID-19 and the inability to do a full assessment	High	<p>Workshop held 12/08/20 with providers and commissioners to identify blocks and enablers related to a rapid recovery plan – includes review of thresholds and gold standards for assessments</p> <p>Paper submitted to CCB highlighting problems and potential solution. Approved to go to JCCCG in September 2020.</p> <p>Advice sought from NHSE/I and awaiting response</p>	Potentially remains high – unknown due to on-going situation with COVID-19 and how it affects ASD assessments	

## Score card

KPI Reference	KPI	Baseline	3 months	6 months	12 months
1a	100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress	0%	35%	90%	100%
1b	70% of parent carer feedback tells us that services accessed for SEND are good or better.	0%	20%	35%	70%
2a	70% of parent carers for those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service	0%	30%	45%	70%
2b	70% of parent carer feedback tells us that SEND services are good or better.	0%	30%	45%	70%
3a	70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better	0%	30%	50%	70%
4a	80% of young people who need to transition to	0%	20%	45%	80%

	age and needs-appropriate services tell us that their experience of the transition process was good or better						
5a	70% of those providing feedback on the local offer tell us that they were able to find the information they need	0%	50%	70%	75%		
5b	70% of those providing feedback on the local offer tell us that the information they accessed was useful	0%	50%	70%	75%		

WORKING DRAFT



## **Lancashire Health and Well-being Board**

### **SEND Sub-Committee Terms of Reference**

#### **Purpose**

To scrutinise the progress on the implementation of the Accelerated Progress Plan and the associated Key Performance Indicators on behalf of the Health and Wellbeing Board.

To make recommendations as appropriate to the Health and Wellbeing Board and/or the responsible officers for the county council and CCG's to secure improvement.

To oversee reports as required to the DfE SEND Intervention Unit and NHS England/Improvement (E/I),

#### **Membership**

- LCC Cabinet member for Health and Wellbeing
- LCC Cabinet member for Children and Young People
- Two Non-Executives from the Joint Committee of the Clinical Commissioning Groups (to be confirmed)
- Chief Operating Officer Morecambe Bay CCG (responsible lead officer for SEND)
- LCC Director of Education and Skills (responsible officer for SEND services)

Members may nominate a substitute or replacement in accordance with the arrangements within their own organisations

#### **Chair**

The Chair will be appointed at the first meeting by the members.

In the absence of the Chair at a meeting, the Chair for that meeting will be chosen from among the members present

#### **Meetings**

Meetings will be monthly or as otherwise determined by the membership.

#### **Quoracy**

The quorum is 3 members, including at least one County Councillor and one NHS non-executive member.

**Voting**

Wherever possible, decision should be by consent of the meeting. Where a vote is necessary, it will be by show of hands. In the event of a tie, the Chair does not have a second or casting vote, and the decision in question shall be deferred.

**Support**

Administrative support for the meeting will be provided by Lancashire County Council

**Other provisions**

Where not covered by the above provisions, the existing Constitution and Standing Orders of the County Council shall apply.