Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 15 November 2022, 2.00 pm,
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	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		
3. Minutes of the Last Meeting held on 19 July 2022	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Lancashire Better Care Fund Plan 2022/23 and Update	Note	To receive an update and sign off of the Better Care Fund Plan 2022/2023.	Paul Robinson/Sue Lott	(Pages 9 - 52)	2.05pm
5. Timetable of Meetings 2023/2024	Note	To note the schedule of meetings for 2023/2024.	Chair	(Pages 53 - 54)	2.25pm
6. Fuller Stocktake Delivery Planning - Lancashire and South Cumbria Response	Decision	To receive an update on the work that has taken place to date, how the wider engagement has been sought and to receive feedback.	James Fleet/Peter Tinson	(Pages 55 - 70)	2.30pm
7. Addressing Health Inequalities in Lancashire	Decision	To receive details of the Health Equity Commission's recommendations and agree the future approach to their delivery.	Dr Sakthi Karunanithi	(Pages 71 - 78)	3.00pm
8. Urgent Business	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		4.00pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on Tuesday, 24 January 2023. Venue to be confirmed.	Chair		

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 19th July, 2022 at 2.00 pm in More Music, 13-17 Devonshire Road, West End, Morecambe, LA3 1QT

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
County Councillor Phillippa Williamson, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Dave Carr, Commissioning and Children's Health, Lancashire County Council
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
Councillor Matthew Brown, Central, Lancashire Leaders Group
Gary Hall, Lancashire Chief Executive Group
David Blacklock, Healthwatch
Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

Councillor Viv Willder Fylde Coast, Lancashire Leaders Group

1. Appointment of Chair

Resolved: That in accordance with the Terms of Reference, County Councillor Michael Green, as the Cabinet Member for Health and Wellbeing, was appointed as Chair for the 2022/2023 municipal year.

2. Appointment of Deputy Chair

Resolved: That the Board noted that James Fleet, Lancashire and South Cumbria Integrated Care Board had been appointed as Deputy Chair for the municipal year 2022/2023.

The Chair thanked the outgoing Deputy Chair, Denis Gizzi, NHS Lancashire and South Cumbria Integrated Care Board for his valued commitment to the Board over the years.

3. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked the staff at More Music, Morecambe for hosting the Board meeting and thanked officers from the Public Health team and Democratic Services for arranging the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

Dave Carr for Edwina Grant OBE, Education and Children's Services, Lancashire County Council.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

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

5. Minutes of the Last Meeting held on 10 May 2022

Resolved: That the Board agreed the minutes of the meeting held on 10 May 2022.

There were no matters arising from them.

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

Resolved: That the Board noted the current membership and Terms of Reference for the 2022/2023 municipal year, as set out in the agenda pack.

7. Happier Minds - Supporting Mental Health and Wellbeing

Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council presented the report which outlined discussions supporting mental health and wellbeing by working with partners across the whole system.

The Board were provided with some background and noted that the World Health Organisation (WHO) defines mental health as a 'state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to contribute to his or her community'.

It was noted that mental health problems can start early in life, with around 50% of all mental health problems established by the age of 14, rising to 75% by age 24; impacting on the ability to thrive.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety; with around 30% of people with any long-term physical health condition having a mental health problem too.

Together with alcohol and drug use, mental illness accounts for around 20% of the total burden of disease in England; with consequent and significant economic and social costs.

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness such as schizophrenia or bipolar disorder.

A 2017 study by Stonewall found that over the previous year half of LGBTIQ+ people had experienced depression and three in five had experienced anxiety. One in eight LGBTIQ+ people aged 18-24 had attempted to end their life and almost half of trans people had thought about taking their life. Local action therefore needs to consider the mental health of specific groups.

The Board were informed that the impact of COVID-19, particularly self-reported mental health and wellbeing at a population level (including anxiety, stress and depression) has worsened during the pandemic and remains worse than pre-pandemic levels.

The pandemic has also been challenging for children, young people and young adults' mental health in particular, with 54% of 11–16-year-olds with probable mental health problems saying that lockdown had made their lives worse. 16% (1 in 6) of children aged 5 to 16 years have a probable mental health disorder, an increase from 11% (1 in 9) in 2017 (NHS Digital 2020).

The Board noted that the social risk factors, included poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based) emergency and conflict situations, natural disasters, trauma and low social support, increase risk for poor mental health and specific disorders.

It was also reported that across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income.

There is a system wide strategy being developed through the Integrated Care System to address:

- Emotional health self-care (five ways to wellbeing):
  - Connect
  - Be active
  - Take notice
  - Keep learning
  - Give
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

More detailed information can be found in the report attached to the agenda, which also includes local context for each of the issues outlined previously.

Following the presentation, the following comments/issues were raised:

- Chris Lawson, Alzheimer's Society offered a plethora of support to Lancashire and invited people to link in with the Society.
- That it would be useful to develop an annual programme for children and young people.
- Opportunity to support communities further, particularly where adults cannot read and write properly and the impact that this has on them.
- Training in communities, not just professionals, however residents in the communities and have conversations to help support with issues.
- There is an NHS centred plan to improve access for people with significant clinical need and as it develops, highlight the roles of prevention and the role of the wider partners.
- Following the pandemic, ensure that listening modes are "switched on" and to build on this skill.
- In terms of alcohol, drugs and suicides as a Board, it has the responsibility to highlight the priorities, to ensure that the delivery plan is there in the emerging organisation plans, including the NHS plan.
- There is a concern, particularly around self-harm and suicide following the pandemic and to look at different approaches and to co-locate services at a neighbourhood level and how they work together with the voluntary sector, districts, Lancashire County Council and NHS. There is a real opportunity to co-create the development of the plan.
- As a Board it is key that data evidence is received based on the themes around mental health.
- There is a diverse network of colleagues to further develop this area of work, co-ordinate activities.
- Concern was raised with regards suicide and the number of people who are known to services, however, still take their own lives and are the services, the right ones for those individuals and what the data was around this. It was noted that there is a mental health infrastructure in the NHS system that reports this information into a national dashboard. Concern, however, is around the acute area and sudden and unexpected child deaths who are not known to services. There are mechanisms in place to monitor that data.
- It was also raised as to what support families were given, when they are at risk and in dangerous situations, from requesting support to receiving it, which may be a long period of time in between.
- It was suggested that thought needs to be given, particularly around young people and whether they are being given the opportunity to build their capabilities to enable them to have a proper perspective on society and personal problems, because if not, this will have impacts further down the line with drug, alcohol, suicide problems as well as other issues.
- There are a growing number of older people and a higher proportion of them will get dementia and again, the families need support on what if their loved ones start to show signs of the illness or have dementia.
- Further information is needed on whether there is enough being done within the system and with partners as dementia is a major issue. Chris Lawson from the Alzheimer's Society commented that there is a lot of work ongoing in terms of early diagnosis and more recognition of the illness by the public and in the professional fields, however, work is still behind from pre-COVID levels. There is still a lot of work to be done with communities, particularly non-British residents.

- It was noted that if the ask of the Board was to promote looking at how services are better co-ordinated, it needs the current performance data as there are a number of issues in terms of access to services, waiting lists, which are all adding to pressures in the system. The query was in terms of where that data was and what is happening in the system in terms of access to services and particularly waiting times. The Board noted that there was a Mental Health System Program Board that has data and access and looks at impacts such as suicide when in care and other various placements. In the newly published System Oversight Framework, there is a mental health section with trajectories and data requirements, and it was felt that this information should be presented to the Board at a future date.
- In terms of children and young people's mental health data, there are a set of measures and indicators and with regards to waiting times, for most of the Child and Adolescent Mental Health Services (CAMHS), the services are stabilising, however there are still challenges ahead.
- It was felt that services, particularly community based mental health services, have been under-invested in the past and whether this was the issue around waiting lists caused by resourcing issues, skills issues and/or access to skills as there is also an issue with regards to recruiting too. Therefore in terms of moving forward, the Board would need to identify the issues causing the delays in access the services.
- With regards to the voluntary sector, they are helping to deliver services also and these are well received.
- It was felt that more could be done with regards to communication and sign-posting people to services and understanding the data better, to enable the policy to be taken forwards.

Resolved: That the Health and Wellbeing Board endorsed:

(i) The development and co-ordination of plans across partner agencies in addressing the risk factors and inequalities in mental health and wellbeing across the life course; and

(ii) The establishment of a Lancashire Combating Drug and Alcohol Partnership to support the local delivery of the 10-year national drug strategy.

8. Urgent Business

Congratulations were given to Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council who had been awarded an Honorary Doctorate from Lancaster University in recognition of the work he had done for the residents of Lancashire.

An item of urgent business had been received following the meeting of Lancashire County Council's Full Council on 14 July 2022 where it had been resolved that Lancashire County Council would:

a) Provide for members a list of opening times and locations of publicly accessible County Council buildings that are free of charge and offer a warm and welcome place where people can keep warm and comfortable this coming autumn and winter.
b) Ask District Councils to identify other locally based VCFSE (voluntary, community, faith and social enterprise) provision that offers similar support and for that list to be shared with members.

c) Ensure such 'warm and welcome' public spaces should offer additional support and advice services to support individuals and families to access other services to alleviate food and fuel poverty.
d) Place this resolution before the Lancashire Leaders and Health and Wellbeing Board meetings later this month, and work with districts to develop a deliverable plan as soon as possible and report on progress to September Cabinet with a view to reporting final arrangements to the October Cabinet with, where possible, all sources of funding for the scheme being identified at that meeting.
a) Ask the Scrutiny Management Board to form a cross-party task and finish group with immediate effect to identify and adopt best practice, and work in delivering warm hubs and welcoming space schemes and report the same to Cabinet.

As part of the resolution, the Health and Wellbeing Board was asked to consider what contribution it can make to the discussions moving forward. A Scrutiny Task Group is being formed and the notice of motion will be considered by many partners to make this work.

It was noted that there is a significant amount that the Board can do with regards to this and in working with partners moving forwards.

Discussion ensued, and it was felt that:

- That there needed to be comms engagement with the people of Lancashire.
- A need to offer debt advice and locations of food hubs.
- As throughout the COVID pandemic, continue to work with District Councils, VCFS and other organisations, including the NHS and to use the Community Hub model.
- A program is being developed and a further update on this will be presented at a future meeting of the Health and Wellbeing Board.
- In terms of social isolation, look at the barriers in accessing what is being offered.
- It was felt that the majority of public buildings that are being offered are not welcoming ones, ie are very formal and have lots of security procedures to navigate before entering buildings such as County Hall and other Council buildings. Therefore, there is a challenge back to other organisations, particularly the Third Sector to see what they can offer.
- Libraries have a welcoming network of buildings.
- There needs to be a more systematic offer developed.
- It was felt that the districts have a big part to play as they know their community centres and smaller venues who would work with the councils.
- Also in terms of the colder weather and the lack of heating which would expose a lot of older properties, particularly in certain parts of Lancashire, where there are a lot of terraced housing which are difficult to heat and may be damp and therefore Districts should be looking at how they can get more government funding to start to refurbish these kinds of houses.
- People's ability to maintain a healthy environment for their own homes is also important in the long term.
- The medium term should be working on housing developments and also addressing climate change and sustainable energy.

Resolved: That the Board:

i) Receive an update on the program which is being developed at a future meeting of the Board.

ii) Agreed that the Chair/Lead Officer link in with the Scrutiny Task Group to speak to them in more detail on what the Health and Wellbeing Board can offer.

9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on Tuesday, 6 September 2022 with the venue to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on 15 November 2022

Corporate Priorities:
Delivering Better Services;

Lancashire Better Care Fund Plan 2022/23 and Update
(Appendices 'A' and 'B' refer)

Contact for further information:
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Paul Robinson, Tel: 07920 466112, Midlands and Lancashire Commissioning Support Unit paul.robinson27@nhs.net

Brief Summary

This report provides an overview of the Lancashire Better Care Fund (BCF) Plan 2022/23 (Appendix 'A'). Having received approval by both Lancashire County Council and Lancashire and South Cumbria Integrated Care Board this plan was signed off by the Chair of the Board and submitted to the national Better Care Fund (BCF) team for the required assurance. It is anticipated that the plan will receive national approval.

The three elements required for submission are the plan narrative (Appendix 'A'), planning template (Appendix 'B'), Intermediate Care capacity (circulated separately), their purpose and contents are described below.

The Health and Wellbeing Board previously heard of the challenges faced and presented by the Better Care Fund in Lancashire. The next step in the “reset” of the Better Care Fund in Lancashire will be a workshop to be held in early December 2022. Details including the scope of the workshop will be provided in the very near future. The input of Board members to that workshop will be of great value.

Recommendations

The Health and Wellbeing Board is asked to:

(i) Confirm the sign off the Lancashire Better Care Fund Plan 2022/23 (Appendix 'A').
(ii) Seek updates on Better Care Fund progress at future Board meetings in line with quarterly reporting requirements.
(iii) Engage with and support the work through the Better Care Fund workshop and beyond to “reset” the Better Care Fund in Lancashire.

Detail

Lancashire Better Care Fund 2022/23 is an NHS and Lancashire County Council pooled fund in excess of £174m. It is a requirement that there is an agreed plan for the use of the fund each year. The Health and Wellbeing Board is the accountable body for the fund and oversight of the development and delivery of that plan.

As in previous years the planning requirements were published late which has resulted in all Better Care Fund plans being completed well into the financial year. In addition, publication and submission deadline dates have not aligned with the Health and Wellbeing Board calendar. This has required, as advised previously, the final draft to be signed off by the Board Chair under delegated powers.

This followed the sign off by both Angie Ridgwell, Chief Executive and Director of Resources, Lancashire County Council and Sam Proffitt, Chief Finance Officer, Lancashire and South Cumbria Integrated Care Board.

The plan is currently in the regional and national assurance process. Initial feedback has indicated only a small number of minor queries, which are now resolved.

The plan comprises three parts.

(i) The planning template sets out the expenditure plan that fully commits the £174m required spend. The Board will note that there are required NHS minimum spends on out of hospital services and spend on adult social care. While both have been met agreement has been reached between Lancashire County Council and the Lancashire and South Cumbria Integrated Care Board to increase the latter by £10m in 2023/24 and by £22m in subsequent years.

Also within the template is the metrics section where the aspiration and plan to meet prescribed measures of success is set out. There have been changes to these this year. Greater detail on the metrics and performance against them will be given to the Board at future meetings as quarterly reporting is reinstated following suspension during the pandemic.

(ii) The narrative plan gives the wider overview behind the planned spend. It sets out the overall approach to integration and how the health and social care system addresses the Better Care Fund policy objectives of:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time.

Specific emphasis was required on how the Better Care Fund supports unpaid carers. £9.3m is allocated to this vital area.

The plan also recognises that the home environment is critical for people being safe there. The spend on and impact of Disabled Facilities grants is clearly referenced as is the broader role of the Lancashire District Councils in addressing the wider determinants of health in communities.

(iii) The final element of the required submission is a capacity and demand analysis of all Intermediate Care services funded through the Better Care Fund and otherwise. Intermediate Care is a term used to describe an approach and range of services that offer responsive, proportionate and time-limited enhanced support based on the person's needs to enable them to remain in or return home or as close to home as possible.

The requirement for the analysis is a prompt for systems to ensure that a joined-up approach is taken and that systems are fully informed on what is being spent on what service, why and what benefit is resulting. This is not an assured piece of work for 2022/23, however will be required in future and has been recognised as a useful exercise in Lancashire.

List of background papers

N/A

Lancashire Better Care Fund 2023/24 and Beyond

Since its inception the Better Care Fund plan has required the direct input of Lancashire County Council and six NHS bodies, the Clinical Commissioning Groups (CCGs). This has resulted in a somewhat disjointed plan reflecting very local circumstances but not presenting a coherent whole Lancashire view. Now that the input to future Better Care Fund planning falls to a single NHS body, the Integrated Care Board, it is anticipated that there will be a single focus, consistently formatted, coherent plan for 2023/24 and beyond.

The Health and Wellbeing Board Better Care Fund workshop held in September 2022 set out several challenges facing the Fund in Lancashire and proposed an approach that would reset the future of Better Care Fund planning and delivery.

With the support of the regional Better Care Fund team and in collaboration with Integrated Care Board, colleagues' plans have been put in place to hold a multi-agency Better Care Fund workshop in early December 2022 to begin that process and provide, in the first instance, the basis for early and improved planning for 2023/24. The aim, for all partners, is to have in place a plan by April 2023 and an agreed approach to continued improvement on the use of the Better Care Fund.

Lancashire Health and Wellbeing Board

Better Care Fund plan

2022-2023

Contents

Signed on behalf of **Lancashire Health and Wellbeing Board**	
By	
Position	**Chair, Lancashire Health and Wellbeing Board**
Date	

Signed on behalf of **Lancashire County Council**	
By	
Position	
Date	

Signed on behalf of **Lancashire and South Cumbria Integrated Commissioning Board**	
By	
Position	
Date	

Health and Wellbeing Board	Lancashire
Local Authority	Lancashire County Council
Integrated Commissioning Board	Lancashire and South Cumbria
Boundaries	Lancashire County Council upper tier authority 12 District Councils Burnley Borough Council Chorley Borough Council Fylde Borough Council Hyndburn Borough Council Lancaster City Council Pendle Borough Council Preston City Council Ribble Valley Borough Council Rossendale Borough Council South Ribble Borough Council West Lancashire Borough Council Wyre Borough Council Borders with 2 Unitary Authorities within the Lancashire footprint: Blackburn with Darwen Council Blackpool Council Borders also with South Cumbria within the ICB footprint

Lancashire Health and Wellbeing board

Chair: County Councillor Michael Green

Organisations involved in the preparation of this plan

Lancashire County Council

Lancashire and South Cumbria ICB

Lancashire District Councils

University Hospitals of Morecambe Bay NHS Foundation Trust

Blackpool Teaching Hospitals NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust

East Lancashire Hospitals NHS Trust

Southport and Ormskirk Hospital NHS Trust

Stakeholder involvement

The Lancashire Better Care Fund (BCF) engages with stakeholders at several levels, and this is evolving with changing structures.

It is though still focused on a local level. ICB leads engage with their "home" acute trust, District Councils, voluntary and community organisations and patients and service user groups. This is through bodies such as local health partnerships and provider alliances.

For example, in West Lancashire stakeholders have been engaged via a number of existing groups and forums, including A&E delivery Boards and Winter Planning groups, Local Partnership meetings involving the Borough Council and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This engagement has mainly been around intermediate care, and it's link to BCF. All Stakeholders took part in a series of workshops looking at future Place priorities which has included, housing, Disabled Facility Grant (DFG) and wider determinants of health and maintaining independence and wellbeing.

At a county level there are residential and domiciliary care groups run by social care commissioners, a voluntary sector group and a District Council health focussed group alongside an all District Council DFG oversight group.

As the Lancashire and South Cumbria Integrated Care Board (ICB) evolves further and embeds its structures lines of communication will change with an expectation of further strengthening of relationships with partners.

This will be seen with continuing collaboration across the four BCFs that sit within the ICB footprint. The four BCF leads have already developed a good working relationship providing mutual support, working to identify common priorities and potential for closer alignment.

Executive summary

The detail of this years Better Care Fund Plan seems little changed from the previous year. However as we have emerged from the pandemic, we have begun to have the opportunity to reflect on the positive change that have been linked to the BCF.

These can be seen in the numerous examples of how the BCF is being used successfully to address its core priorities as set out in this plan.

It has also highlighted where we may have missed opportunities.

The key priorities for 2022-23 remain focussed on delivering high quality services for people that promote their independence, ensure their dignity and enable them to live their lives in the way they choose. This includes delivering high quality services that support people to remain in or return to their own homes and avoid unnecessary hospital and residential care admissions. Services and teams also support timely discharge from hospital into care and support that will allow people time to recover and fully participate in their assessments and support planning. Sufficiency of care provision and stabilisation of the market remain areas of key focus.

The timing is now right to address the key priority for Lancashire in 2022-23 to undertake a detailed whole system review and 'reset' of the use and oversight of the BCF. This will include how we spend the BCF, how we manage it and how we can use it more effectively. Planning for such a review is now underway and with BCF team support will engage with key stakeholders over the next three – six months with a clear intent to see its impact in the Lancashire BCF plan for 2023-2024.

Agreement is in place between the Lancashire And South Cumbria ICB and Lancashire County Council to uplift the minimum NHS contribution to social care by £10m in 2023/24 rising to £22m in subsequent years.

The consolidation of the 6 Lancashire footprint Clinical Commissioning Groups (CCGs) into one ICB and local Place boundary changes to mirror the Local Authority footprint both present opportunities to improve how we collaborate as a system and set out a new vision for how we will integrate.

Governance

During the period of management of the covid pandemic BCF governance arrangements were slimmed down to allow for redirection of resources.

Oversight of the BCF was maintained through the Lancashire and South Cumbria Out of Hospital Cell with the programme group continuing to meet to provide oversight and low-level monitoring.

During 2022 it has been possible to rebuild the lines of scrutiny, accountability and strategic direction. This has seen connection into the Lancashire and South Cumbria Intermediate Care Programme Board and its associated Discharge to Assess (D2A) finance group with an umbrella view being taken by the Adult Social Care & Health Partnership.

As the ICB has now firmed up its governance and senior and place based leaders have been appointed these connections and lines of accountability will be formalised. The ICB has identified key officers to take on responsibilities around BCF to support this development.

The accountability of the BCF to the Lancashire Health and Wellbeing board will be maintained and developed.

A recent workshop for the Lancashire HWB provided new members with background and detail around the BCF, reiterated the boards role and sought and received the support of the whole board to take a proactive approach to the review and "reset" of the BCF in Lancashire. This reset will see a fundamental, "line by line", review of how the BCF is used to benefit Lancashire residents.

Better Care Fund Plan and approach to integration

Working in a strengths-based way is integral to our approach and ambitions in achieving quality outcomes for Lancashire residents. The focus of the integrated care work and commissioning of the Better Care Fund services and projects continue to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services locally with strong governance processes in place.

The overarching approach is to support people to remain as independent as possible at home and to work in a partnership approach to jointly improving outcomes and opportunities for people in our neighbourhoods, those discharged from hospital, and in reducing health inequalities.

We are proud of our local approach to a joint health and social care system, and collaborative leadership is well-established. Health and Social Care Executives and Senior Managers have worked closely with stakeholders at a system level to develop and implement our strong governance and strategic and commissioning forums. The BCF plan strategic aims and objectives are threaded through our local governance processes, meetings and decision-making forums which are strongly supported and engaged with by local leaders. The Integrated Care System (ICS) and Integrated Care Provider (ICP) structures and commissioning frameworks are under development with good representation by NHS and Local Authority Leaders at relevant forums to help shape and support newly forming priorities and structures which are influenced by the BCF priorities.

For example in Morecambe Bay, Integrated Workforce is an area of greatest focus and achievements due to a collaborative, open and supportive partnership approach which has formed a range of collaborative strategic and planning forums in place across our Health and Social Care Systems. An example of this is the are joint NHS and wider Health and Wellbeing organisational partnership meetings held at Lancaster. We continue to encourage and promote the 'One Team' approach across multiple organisations to provide holistic and joined up approaches to an integrated workforce which includes the joint development & delivery training and upskilling of clinical and non-clinicians side by side and across traditional organisational boundaries (for example, RESTORE2 training and ICP training to Care Homes and to enhance the referral detail provided by locally commissioned Falls Services). This has enabled us to develop greater understanding of the role and responsibilities of different organisations and teams and additionally to explore further opportunities for innovation.

Lancashire was particularly affected by the COVID-19 pandemic with some of the highest cumulative case rates in England, especially so in Pennine Lancashire.

There was a significant impact on the health and wellbeing of its citizens and on the services that are commissioned to support people. Health and Care services are working together to support both citizens and each other, including the sharing of resources and the use of multi-skilled professionals and multi-disciplinary teams to ensure that people receive holistic care and support. Across the course of 2022-23 there continues to be an element of ongoing recovery and stabilisation of the system, with much still unknown as to the longer-term impacts of the pandemic and how this might continue to manifest across the course of the year and in particular, the winter months. Cost of living increases will also impact.

The majority of the BCF investment for 2022-23 will see a rollover of previous schemes to continue to provide essential stability to the system and ensure that services are able to deliver to their full potential and retain skilled.

The transition of CCGs into the Integrated Care Board will provide new opportunities to review and evaluate priorities and approaches to joint commissioning/integration across the health and social care system. This in itself will be a priority across 2022-23.

For 2022-23, some BCF investment has been used to enhance support to Care Homes. For example, in Pennine Lancashire, the Intermediate Care Allocation Team (ICAT) Care Home Pathway is providing an integrated wrap around health and social care response for an acute phase before transferring back onto core community services and Integrated Neighbourhood Teams. It operates both a step up and step down referral route and ensures that people residing in care homes are able to access an equitable service offer from community services. The service has been shortlisted for an upcoming HSJ Award in the category of 'Improving Care for Older People – Initiative of the Year'. This service is an example of integration and holistic assessment, utilising multi-skilled professionals within the context of a multi-disciplinary team to ensure the best outcomes for citizens.

During the course of 2022/23, Pennine Lancashire will transition to a single provider for the Intensive Home Support Service (IHSS). This will be jointly funded using both the Lancashire and Blackburn with Darwen BCFs. IHSS will provide support to the population of Pennine Lancashire in their usual place of residence, including private residences, care homes and supported living establishments. The IHSS service will assess, investigate, support and help people to avoid unnecessary admission to hospital or help people to return home from hospital where necessary. The service will provide high-quality, preventative, responsive and active nursing and therapy care, 7 days a week delivered to people in the community, proportionate to the presenting need. The service will forge close links with systems partners to deliver an integrated response. Transitioning to a single provider will ensure equity of provision across Pennine Lancashire. Previously, the service operated 7 days a week 8am-8pm in one locality and 7 days a week, 8am-10pm in another. As a result of the change, it will now operate 7 days a week 8am-10pm across Pennine Lancs and from November 2022, will move to a 24/7 service. Furthermore, due to links with the acute trust, it will ensure a higher acuity of need as well as interventions can be managed and delivered uniformly.

Across Lancashire the approach to integration and use of the BCF has engaged with a wide range of local partnerships. For example the West Lancashire Partnership is made up of partners including Health, Social Care, District Council and Council for Voluntary Service. To enable this integrated working a Provider alliance has been formed which has been asked to work on 3 priority areas for integration. These are 2hr Community Response, Transforming Intermediate Care and Out of Hospital Urgent demand. Of these priorities, two are BCF integration schemes. There have been a number of workshops that have developed local priority areas – including Wheel Workshops, which considered wider determinants of health and key preventive approaches to address inequalities and deliver improved outcomes for the local population.

In Central Lancashire the place based partnership is working collaboratively to ensure, through BCF, iBCF, Winter Pressures Grant and other winter funding, that the right services at the right time are available to support people in order to improve their outcomes, maximise their independence and ensure timely hospital discharge.

An integrated approach is used by Health, Social Care and VCSFE staff in the triaging of referrals for patients who are fit for discharge, to identify the most appropriate support to meet people's immediate needs and to ensure they meet their full potential through promoting their independence.

In Lancashire, the BCF will also support the wider integration across communities. In line with the vision set out in the Fuller stocktake report the BCF will assist the health and care system reorientate to a local population health approach through building neighbourhood teams, streamlining access and helping people stay healthy.

For example, a Fylde Coast group has been established for PCNs to discuss and coordinate their work for areas such as mental health and community integration. This approach brings groups of GP practices together with community health services, social care, mental health services, voluntary and third sector, and others, to provide joined-up health and wellbeing services. Working together in this joined-up way, the teams can make a complete assessment of a person's health, wellbeing and social needs and liaise with their colleagues to make sure they receive the right support.

A Standard Operating Framework is currently being developed to align the neighbourhood teams across the Fylde Coast as part of the community integration. This recognises that an integrated, multi-disciplinary approach is central to designing patient-centred care plans and goals. This includes the development of a unique non-clinical role of a 'Health and Wellbeing Support Worker'. Use of the Patient Activation Measure (PAM) tool will also help to identify the knowledge, skills, and confidence people have to manage their own health and wellbeing, and then for services to tailor their approach to supporting the individual. This is also linked into the additional roles reimbursement scheme (ARRS) roles for the Primary care Networks (PCNs).

The Pennine Lancashire Neighbourhood Accelerator (NA) Programme was introduced in April 2021 as a 6-month programme to support a new 'integrated care' way of working and model at PCN level. This joined up approach was developed in response to growing local population health needs and inequalities in our communities by delivering collaborative clinically led health and social care multi-agency, Voluntary Community & Faith Sector teams utilising a Population Health Management data led approach.

Building on the existing Integrated Neighbourhood Teams (INT's), PCNs coordinated and supported joint working with a wide range of partners including those external to the NHS. This approach anticipated problems before they arise and enabled broader thinking beyond medical solutions. By engaging and listening to people about what matters to them first, it meant that practitioners and individuals were able to jointly develop timely, realistic solutions to the problems that individuals experienced.

The aim of Neighbourhood Accelerator is to continue to provide an opportunity for Pennine Lancashire PCN's, GP practices, community services and the CVFSE organisations to deliver their collaborative personalized care approach as 'one team' at PCN level. This is achieved through personalised care and support planning where people have proactive, personalised conversations which focus on what matters to them, delivered through a personalised process and paying attention to their clinical needs as well as their wider health and wellbeing needs.

The focus is to help to alleviate health pressures faced by identifying those most at risk and most vulnerable in the community and by supporting patients being discharged from hospital to support them to remain health and well in their home setting. The alignment of efforts of our community health and wellbeing services to reduce the health inequalities of the local population through utilising Population Health Management (PHM) data and risk stratification tools. The programme ensures clinical and patient oversight by GP Practices/PCN Teams, Integrated Neighbourhood Teams, Social Prescribers and VCSFEE sector. The programme has successfully engaged with the 13 PCN's across East Lancashire and Blackburn with Darwen who are implementing the NA programme with buy in

from all member practices. To date over 1,275 additional referrals have been generated through the targeted approach of the NA Programme across Pennine and includes 68 GP practices utilising an anticipatory care and PHM risk stratification approach to identify and provide clinical case management.

Lancashire County Council plays a pivotal role in all aspects of the delivery of the BCF at place level. As the upper tier social care authority it has a clear view of its role and the challenges and opportunities for it and its partners:

"We are working collaboratively across health and social care around managing our intermediate care and planned care provision. The Better Care Fund is supporting our integration journey alongside the development of our Integrated Care System.

We are utilising the Better Care Fund to jointly fund provision which addresses:

- Admission Avoidance
- Carer Breakdown and Crisis Situations
- Hospital Discharge Supports
- Building provision across non-regulated care providers, such as the VCSFEE

The Better Care Fund supports our approach to integration as it is the primary joint funding mechanism for the Lancashire area. Therefore, our BCF provision has joint aims across health and care to build and sustain the right supports to enable people to remain well at home for longer and to provide the right level of support when they require it. To strengthen the connection the Lancashire and South Cumbria ICB has agreed to uplift the minimum NHS contribution to social care by £10m in 2023/23 and by £22m in subsequent years.

We are working across the system to sustainably manage our care market provision and support health providers, where it makes sense, in delivering national priorities such as virtual wards and 2 Hour Urgent Care Response. In these efforts, we maintain a focus on the person requiring the support ensuring that we are taking a strengths-based approach to their identified needs and creating the market conditions to enable the right support to be available at the right time.

Implementing the BCF Policy Objectives (national condition four)

We are focussed on providing services and supports that enable people to remain in their own homes for as long as possible, are high quality and offer choice and control and promote peoples' independence. Against the backdrop of national social care market challenges, including recruitment and retention issues, Lancashire mirrors the national and regional picture. It is critical to ensure the stability of the care market and not introduce commissioning that could destabilise it.

We are continuing our ICS Intermediate Programme which aims to deliver whole system transformation which will ensure people can access the right enabling support at the right time in the right place. Joint commissioning is a key component in the programme, given the benefits to NHS and social care of getting it right, alongside improving outcomes for people who use the services. We have set up a collaborative commissioning network across the NHS and Local Authorities which will support strategic outline of these intents. Intermediate care services are funded from the BCF and as such, the BCF is pivotal in enabling the transformation and deeper integration ambitions in the Intermediate Care programme.

A strengths based approach is a key element of the services which support people to remain independent for longer, building on their assets and personal and community networks is embedded in professional practice. The Council is also undertaking a strengths based practice transformation, called Living Better Lives in Lancashire which builds on the renowned '3 Conversations Model' https://www.lancashire.gov.uk/media/936918/care-support-and-wellbeing-of-adults-in-lancashire-our-vision.pdf

and will be an important part of improving the personalisation and tailoring of support for people, using available community and natural assets before contemplating regulated formal support.

The recent Place boundary review in Lancashire & South Cumbria gives us improved opportunities for deeper integration, especially at neighbourhood level. There are geographical areas of Lancashire where neighbourhood integration is more advanced than others, and plans will be progressed to share good practice and facilitate improved consistency of integration across the full Lancashire footprint.

As the ICB continues to develop, one of the key areas of focus around integration is the Lancashire & South Cumbria Intermediate Care Programme. Governance structures have been established for the programme including a monthly executive board across all partners, co-chaired across health and social care. Work is underway to refresh understand of the baseline level of intermediate care each of the current Places, noting that some levelling up will be needed as the programme moves toward implementation. Carnall Farrar, the consultancy who completed the original LSC intermediate care review and analysis, have refreshed the Lancashire baseline data and assumptions, using the most up to date population data and learning and new assumptions following the covid-19 pandemic. There is recognition of the scale of transformation required and the role of the BCF in moving forward.

The Better Care Fund is used to fund several hospital discharge initiatives across Lancashire, either partially or in their entirety. These services range from Pathway 0 through to Pathway 3 and include hands on care, access and navigation of intermediate care services and assessment and care planning services.

Services work in an integrated fashion to ensure that discharges are facilitated in a safe, timely and effective manner. Services include both short and medium term options and seek to promote the independence of those that use them utilising a Home First and Discharge to Assess ethos.

Lancashire and South Cumbria has a standard operating procedure (SOP) for hospital discharge based on the national guidance. A finance interface group is in operation that supports the collaborative spend underpinning the discharge to assess processes in place. Work is underway to improve the consistency of application of the SOP, and to understand the scale of levelling up that's needed to deliver high quality discharge to assess pathways out of all four Lancashire & South Cumbria hospitals and also for Lancashire residents returning home from out of area hospitals. Although some ICB funding has been made available for D2A since the cessation of the national monies, as yet this is not pooled into the BCF. The intention is to continue to review and understand spend to ensure that discharge to assess processes may be maintained. Collaborative commissioning to ensure seamless services for people is a key component of the ICS IC programme, which in turn supports the D2A processes.

NHS England — North West » Lancashire's Hospital Discharge Home Recovery Scheme – supporting 'home first' – Case study

'Home First' is in place to facilitate hospital discharges from all 4 Acute Trusts in the LSC footprint, and also the discharge of Lancashire residents from out of area hospitals. The ethos of home first and the services and teams that work within it ensure that an integrated approach is taken, which delivers the most independent outcomes for people. For example, the Central Lancashire home first service, delivered via the Central Allocations to Health and Care (CATCH) hub enables the person's needs to be assessed in their home and the appropriate level of health and/or social care and community equipment is provided to keep them safe and supported, and give time to recover.

Also in Central Lancashire, an additional 14 general nursing intermediate care beds were commissioned in November 2021 to supplement substantive intermediate care beds in our local system. The beds were to partially bridge the acute bed deficit at the Trust and to help the local system maximise discharges. This additional capacity was extended into 2022/23 and will remain in place until 31/12/2022, whilst other plans are developed in relation to additional community bed capacity.

The BCF is also funding the voluntary sector take home and settle service for all Lancashire residents and delivered by Age UK, which supports both hospital discharge and admission avoidance. The scheme is a two tier one, with tier one being the take home and settle element and the second tier offering support for up to 6 weeks following hospital discharge with shopping, bills, confidence and befriending.

In West Lancashire the BCF is supporting Home First and discharge co-ordination via the Intermediate Care Allocation Team (ICAT).

ICAT works jointly with Discharge planning, Trust and Community services and this level of integrated working has been a key enabler to expanding the home first pathway and currently 19 people per week can be supported on the pathway. Additional winter funding has been secured to increase the number of patients that can be supported, as the home first pathway can reduce patient length of stay (LOS) by 2 days and has been important to supporting greater independence post discharge.

In 2021/22 the community emergency response (CERT) and short intensive support service (SISS) were combined in West Lancashire, so they are more responsive. These teams will form the 2Hr Community response in West Lancashire. This new team will also integrate with Discharge planning and ICAT, to become fully integrated and co-located. Integration will simplify the discharge process and align the local provision to national and ICS strategy. Due to Estates issues this priority was delayed, and so is a key priority for 2022/23. Phase 1 will be completed in September 2022, with further integration planned by end 2022/23.

Plans for developing Home First and admission avoidance schemes are considered jointly via local partnership meetings and networks. A no wrong front door approach to 2hr Community response has led to development of rapid triage assessment and redirection across partners, however this needs to be continually improved as the approach is embedded.

Further joint working and integration will be required in order to deliver Virtual wards in 22/23. Across LSC the focus of the emerging virtual wards is on frailty and supporting frail patients at home (including Care homes if this is their usual place of residence), and respiratory illness.

In Central Lancashire, health and care partners are committed to continuing to apply and embed the national 'Hospital discharge and community support guidance' and the discharge to assess process and principles contained with it, including an ethos of maximising the number of patients who are safely discharged home.

It is within this context that our placed-based partnership is working collaboratively to ensure, through BCF, iBCF, Winter Pressures Grant and other winter funding, that we have the right services available to support patients on their optimum pathway in order to improve their outcomes, maximise their independence and ensure timely discharge.

These services include low level services such as hospital aftercare to support pathway 0 discharges; additional CATCH, Home First, Crisis Support and Reablement services with a clear aim of increasing the volume of pathway 1 discharges where an individual needs care and support; and bed-based rehabilitation services in relation to pathway 2 discharges.

Home First and Discharge to Assess pathways were already well embedded across parts of Lancashire such as in Pennine Lancashire, prior to the implementation of the Hospital Discharge and Community Support: Policy and Operating Model and work has continued to further improve access and flow through the various pathways; Better Care funded services are central to the delivery of this.

The Fylde Coast Urgent and Emergency Care Transformation Programme is primarily looking at improving the way patients move throughout the hospital, improving waiting times in the emergency department and tackling delays when discharging patients out of hospital to home or to other care settings. The schemes within the Better Care Fund align and support the programmes' key priorities of 'admission avoidance' and 'return to home'.

The Transfer of Care Hub (TOCH) went live from Monday 6th September 2022. The Transfer of Care Hub is a system level co-ordination centre that links together local Heath & Social Care services to aid timely discharge from hospital. It consists of multi-disciplinary & interdisciplinary working, encompassing contribution from, and access to, a wide range of services including community, primary care, social care, housing & the voluntary sector. It will develop timely & person-centred discharge plans for individuals based on the principles of "Home First," recognising the complexities of positive risk taking & maximising independence. The Hub will bring together the current Discharge

Services and co-locate them in one central area on the Acute site to streamline processes and increase collaborative working.

As well as covering every ward within Blackpool hospital settings, there is also cover within the Accident and Emergency department via adult social care, supporting triage functions to avoid unnecessary admissions. They have access to several well-established services, some of which operate on a 7-day basis, such as the Rapid Response Service, Rapid Response Plus and our residential intermediate care facilities. These teams have direct access to Council funded short term intensive domiciliary support to avoid admission to an acute setting. The Rapid Intervention and Treatment Team provide a 7-day service within the referral and support pathway for Older Adults Mental Health.

In East Lancashire Pathway 2 services funded via the Better Care Fund include some community hospital provision as well as residential rehabilitation and sub-acute bedded provision in a community setting. These services provide an option for people who are not yet ready to return to their own home to further recover and rehabilitate with access to a range of professionals to support their health and care requirements. People within some of these services will be case managed by services that benefit from elements of BCF funding including the Intermediate Care Allocation Team in East Lancashire and the Intermediate Tier Team in Blackburn with Darwen. These teams also support people on Pathway 1, ensuring that health and care needs are assessed and reviewed in line with the persons care and support plan.

Access to most of these services is via a Trusted Assessment Document (TAD). Work is ongoing to digitalise the TAD which will support more effective integration across all services.

Professionals from across the Place meet on a twice weekly basis to escalate and resolve any operational issues that might impact on safe, timely and effective discharge. The group also plans at an operational and strategic level to ensure continuous improvement and to support activity and flow during key periods throughout the year, such as Winter planning. There is also a monthly Intermediate Tier Delivery Board which is attended by all partners (acute trust, community providers, both local authorities, both CCGs and VCSFE).

Both East Lancashire and Blackburn with Darwen successfully applied for some BCF small grants monies 2021/22 in the year and have utilised this to fund a shared post across both Local Authorities and East Lancs Hospitals Trust. This post provides a dedicated resource to manage the Home First transport, including the scheduling, coordination and booking of patient journeys. This has led to a reduction in the number of cancelled Home First slots which has had a positive impact on both patient experience, in-hospital flow and the use of resources. This is a further example of how partner organisations seek to integrate and align services to ensure equity of access across the ICP footprint. The post will continue to be funded from BCF monies in 2022/23.

The Fylde Coast ICB are currently in the process of developing Virtual Wards. Virtual Wards will allow people that would have otherwise been in a hospital bed to receive elements of acute care within their own place of residence. The Acute Respiratory Illness (ARI) Virtual Ward commenced in May 2022, with further work in progress to deliver a Frailty Virtual Ward and an End of Life Virtual ward by the end of 2022.

The ICB is also developing an NHS@home offer with a small number of pilots for long term condition monitoring including respiratory and cardiac home monitoring which complement the current oximetry@home offer for covid patients. NHS@home builds on what we learnt throughout the

pandemic and maximises the use of technology to support more people to better self-manage their health and care at home.

The ICB has also responded to the impact of the COVID 19 pandemic by developing a bespoke service for people suffering from Long Covid Syndrome. This high skilled multi-disciplinary team deliver care, support and rehabilitation working together with third sector organisations to support patients to regain health and confidence.

Morecambe Bay BCF-supported programmes aimed at preventing admission to hospital are established – e.g., the Advice and Guidance model (where consultant support is available for primary care services has reduced decisions to admit patients by 7%) https://www.morecambebayccg.nhs.uk/about-us/publications/governing-body/governing-body-meetings/mbccg-2022-governing-body-meeting-papers/15-february-2022/2446-agenda-item-12-0-ccg-performance-report-appendix-a-1/file

BCF funding has also supported the following community (admissions avoidance and D2A) schemes, including:

Rapid Response; Pulmonary Rehab; Therapy Services; Falls; Community Stroke service; Care Homes Support Team; Intermediate Care (dementia); 2-hr Urgent Response etc as well as Alcohol liaison and Alzheimer's Society programmes

Supporting unpaid carers

Support for unpaid carers is of critical importance in enabling people to continue their caring role, and for new carers to have the care, information and support they need to take on caring responsibilities. The Lancashire BCF contains funding for the Lancashire Carers Services which is commissioned to support informal carers, developing carer support plans including setting out contingencies including the Lancashire 'Peace of Mind for Carers' service. It is also recognised that during and following the covid pandemic, the opportunity for unpaid carers to be involved in hospital discharge planning was more limited, due to the visiting restrictions which meant they became less visible to ward staff and as a consequence of the requirements to free up hospital beds quickly. Using the IBCF, short term funding has been identified to site carers services staff in the Lancashire ICAT/CATCH teams who have responsibility for hospital discharge and avoidance as well as access to intermediate care services, and this is improving the visibility of carers in the discharge process and supporting them to have a greater voice.

Other services commissioned as part of the Lancashire Carers service include:

- Specialist 1-1- and group support, including workers skilled in mental health, dementia, working within the black and minority ethnic (BME) community and health services
- Support to take a break including activities, courses and the Carers Caravans discounted holidays
- Respite provision through the Sitting in Service & Befriending
- Carers Help and Talk (CHAT) Line
- Information and signposting to other support services
- Support to access community, health & wellbeing services
- Volunteering opportunities
- Carers Awareness Briefings to professionals and organisations

The BCF funding supports also respite for carers, both residential and homecare for the cared for person, as well as other options which may give carers a break. The Lancashire County Council Hospital Discharge Home Recovery scheme supports unpaid carers who want to care for a loved one on discharge from hospital but there are some barriers to them being able to do so. The scheme offers short term (up to 6 weeks' worth) personal budgets to unblock the barriers and enable people to deliver informal care. The scheme has influenced national NHS England and Personal Budgets for Hospital Discharge policy and was a finalist in the 2022 Local Government chronicle awards

Disabled Facilities Grant (DFG) and wider services

As the upper tier Local Authority, Lancashire County Council passports the DFG directly through to the 12 Lancashire District Councils with responsibility for housing. All Districts operate the DFG in line with the regulations, and where possible, using Regulatory Reform Orders, they use elements of the funding more flexibly.

Lancashire County Council and the 12 Lancashire Districts are commencing work to pull together a health, care and housing strategy and use of the DFG will form an integral part of that.

The long standing inclusion of District Council officers at Lancashire BCF programme group and strategic group level is critical to ensuring that the wider view of addressing determinants of health is considered in BCF planning and that the best is made of the roles all partners can play.

The BCF supports the community equipment spend, both that of complex and bespoke pieces of equipment tailored to individuals to the lower complexity items of equipment which are prescribed under the 'retail model'. Single Handed Care is a key element of the way care is planned and supported, and the Lancashire County Council Moving with Dignity team undertake single handed care assessments and support people and care providers to move to the most up to date moving and handling techniques and equipment. The Minor Adaptations service provides support to citizens who need small adaptations such as small ramps or door widening or additional stair rails in order to remain in their own homes.

In common with other localities Central Lancashire funds support from a care and Repair agency that works with older, vulnerable and disabled people and anyone with a long term health condition that affects their mobility or independence in their home by giving impartial advice and practical help including: Handyperson & Minor Works services; Healthy home checks to improve home safety and security; Advice and assistance with larger adaptations and home repairs; Practical support to people returning home from hospital etc.

Morecambe Bay provides two examples of how integration with housing through Integrated Care Communities has positive outcomes.

Homelessness in Lancaster
Sustaining rough sleepers is a challenge and an effective Health and Wellbeing partnership has been created bringing Lancaster local authority, NHS and criminal justice departments together. The focus of this group is to develop bespoke health pathways to improve access to health services and improve the health of the homeless population, recognising that other groups, particularly the Homeless Advisory Group and Homelessness Forum, are working on the wider housing, economic and welfare issues. Local, weekly service meetings enable, for example, tactical responses to expected increases in homelessness, fuel poverty, nutrition and hypothermia across autumn/winter 2022-23.

The Well – Lived Experience Recovery Support
The Well is supported by Morecambe Bay CCG BCF funding and is a Lived Experience Recovery Organisation (LERO) founded in 2012. With hubs across the North West, they provide support to more than 700 people every year who are facing complex and often interdependent problems including substance misuse, mental ill-health, long-term physical conditions, homelessness, trauma, and offending behaviours. There are over 2,500 members across the North West which offer a range of services including supported housing, mutual aid support and a social activities programme to work with people inside and outside the prison establishment.

Equality and health inequalities

Addressing inequalities and ensuring health equity is critically important. Lancashire and South Cumbria has set up a Health Equity Commission, chaired by Michael Marmot.

Health Equity Commission (HEC).

All BCF partners are committed as members to the Lancashire & South Cumbria Health Equity Commission (HEC).
The HEC aims to provide local organisations, partners and Integrated Care Partnerships the support to make health inequalities and the 'prevention agenda' our joint priority and provide them with a clear voice in the region & ICB.
Its scope is:
•Influence all LSC partners in mobilising care to reduce health inequalities and its role in the economy

•Focus on the social determinants for health, with reference to poverty/deprivation, building on the work of the health focus in the Local Enterprise Partnerships and the Greater Lancashire Plan & equivalent Cumbria plan

•Creating healthy and sustainable places and communities with a focus on empowerment of people in decision-making that shapes policy at neighbourhood, place and system

•Creating good/healthy workforce and a focus on technology and innovation that supports prevention to aid economic recovery

•Important times of life, in particular giving children and young people a good start in life with a focus on the first 1000 days

The Lancashire BCF currently supports a range of services that are provided to support people to remain safe and well in their own homes and improve and maintain their independence.

The ICB Place boundary review will improve opportunities now to level up some jointly commissioned services to be delivered consistently across the Lancashire footprint.

Population Health data and the Director of Public Health's annual plan tell us that we have a mixed picture in terms of health outcomes and life opportunities across the County. -

We will shape the BCF development and delivery through using Population Health Management, where we can use information which is already held about people to look at the best way to help people live longer, providing personalised care tailored to their needs. One example is using data to identify people who have multiple long-term conditions and understanding the ways in which they can be supported to prevent complications and live independently. This approach will be developed across Lancashire and South Cumbria to make a real difference to people's lives. This approach is recognised as leading the way in starting to improve outcomes, reduce inequalities and address the broad range of individual, social and economic factors affecting the health of local people.

As we better understand the needs and wishes of the population, we will better focus resources on these.

We will also use better the data that is available to us to shape services and expectations about service access and use. For example, the data that shows the difference in Length of Stays in acute settings between younger and older patients and between those from white and ethnic minority backgrounds along with their discharge destinations.

Our BCF plan has not changed significantly in its content over the last year. However, as services have rolled forward or been renewed, they have been and will continue to be subject to the scrutiny of such processes as Equality Impact Assessments and patient experience review.

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Lancashire
Completed by:	Paul Robinson
E-mail:	Paul.robinson27@nhs.net
Contact number:	7920466112
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	
If using a delegated authority, please state who is signing off the BCF plan:	County Councillor Michale Green, Chair Lancashire HWB

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	County Councillor Michale Green, Chair Lancashire HWB
Name:	County Councillor Michale Green, Chair Lancashire HWB

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	County Councillor	Michael	Green	Michael.Green@lancashire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Sam	Proffitt	sam.proffitt3@nhs.net
	Additional ICB(s) contacts if relevant		Paul	Kingan	Paul.kingan@nhs.net
	Local Authority Chief Executive		Angie	Ridgwell	angie.ridgwell@lancashire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Louise	Taylor	Louise.Taylor@lancashire.gov.uk
	Better Care Fund Lead Official		Paul	Robinson	paul.robinson27@nhs.net
	LA Section 151 Officer		Neil	Kissock	Neil.Kissock@lancashire.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	No
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Lancashire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£16,714,881	£16,714,881	£0
Minimum NHS Contribution	£101,905,994	£102,192,696	-£286,702
iBCF	£54,946,963	£54,946,963	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£1,097,851	£1,097,851	£0
Total	**£174,665,689**	**£174,952,391**	**-£286,702**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£27,125,831
Planned spend	£69,848,696

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£18,631,966
Planned spend	£39,865,001

Scheme Types

Assistive Technologies and Equipment	£12,587,295	(7.2%)
Care Act Implementation Related Duties	£5,264,000	(3.0%)
Carers Services	£9,369,347	(5.4%)
Community Based Schemes	£28,672,935	(16.4%)
DFG Related Schemes	£16,714,881	(9.6%)
Enablers for Integration	£4,418,002	(2.5%)
High Impact Change Model for Managing Transfer of	£3,981,000	(2.3%)
Home Care or Domiciliary Care	£34,872,963	(20.0%)
Housing Related Schemes	£80,000	(0.0%)
Integrated Care Planning and Navigation	£32,625,662	(18.7%)
Bed based intermediate Care Services	£12,834,180	(7.4%)
Reablement in a persons own home	£9,786,024	(5.6%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£119,495	(0.1%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£2,780,000	(1.6%)
Other	£505,000	(0.3%)
Total	**£174,610,784**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	88.9%	95.4%	95.4%	95.4%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	477	637

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Lancashire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Lancashire	£16,714,881
DFG breakdown for two-tier areas only (where applicable)	
Burnley	£2,722,544
Chorley	£878,988
Fylde	£1,237,227
Hyndburn	£1,095,958
Lancaster	£2,144,278
Pendle	£1,104,815
Preston	£1,680,459
Ribble Valley	£393,008
Rossendale	£1,160,053
South Ribble	£774,141
West Lancashire	£1,443,446
Wyre	£2,079,964
Total Minimum LA Contribution (exc iBCF)	**£16,714,881**

iBCF Contribution	Contribution
Lancashire	£54,946,963
Total iBCF Contribution	**£54,946,963**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Lancashire and South Cumbria ICB	£101,905,994
Total NHS Minimum Contribution	**£101,905,994**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Lancashire and South Cumbria ICB	£1,097,851	East Lancashire place based additional funding
Total Additional NHS Contribution	**£1,097,851**	
Total NHS Contribution	**£103,003,845**	

	2021-22
Total BCF Pooled Budget	**£174,665,689**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Lancashire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£16,714,881	£16,714,881	£0
Minimum NHS Contribution	£101,905,994	£102,192,696	-£286,702
iBCF	£54,946,963	£54,946,963	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£1,097,851	£1,097,851	£0
Total	**£174,665,689**	**£174,952,391**	**-£286,702**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£27,125,831	£69,848,696	£0
Adult Social Care services spend from the minimum ICB allocations	£18,631,966	£39,865,001	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

>> Incomplete fields on row number(s):

104

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	**Residential Rehab**	Provision of residential rehabilitation services by LCC's Older People's	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum NHS Contribution	£5,300,000	Existing
2	Urgent Care - Crisis Support	Urgent Care - Crisis Support - Core Hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,619,000	Existing
3	Carers - Respite	This scheme is to provide and develop good quality local	Carers Services	Respite services		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,069,000	Existing
4	Carers - Carers Assessment & Support Contracts	The aim of the scheme is to provide and develop good quality local	Carers Services	Other	Carers Advice & Support	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,247,000	Existing
5	Care Act (carers personal budgets, training,	Care Act - carers including personal budgets, information,	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum NHS Contribution	£5,264,000	Existing
6	Equipment & Adaptions	The Lancashire Community Equipment Service provides	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum NHS Contribution	£5,933,000	Existing

7	Integrated Neighbourhood Teams	Community Area Staff Teams	Community Based Schemes	Integrated neighbourhood services	Integrated Neighbourhood Teams	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,627,000	Existing
8	Intermediate Care Team	Countywide Intermediate Care Staff Team	Other		Intermediate Care Team	Social Care		LA			Local Authority	Minimum NHS Contribution	£505,000	Existing
9	Contribution to Annual Social Care Packages Fee &	Securing & Creating Market Capacity for commissioned social	Residential Placements	Care home	Contribution to Annual Social Care Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,780,000	Existing
10	Reablement: Provider Contract & LCC Reablement	Provision of a reablement service across Lancashire with	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Private Sector	iBCF	£8,985,000	Existing
11	Hospital Aftercare	Block Contract provided by Age UK	Community Based Schemes	Low level support for simple hospital discharges		Social Care		LA			Charity / Voluntary Sector	iBCF	£841,000	Existing
12	Roving Nights	The roving nights service is a domiciliary home care service that	Community Based Schemes	Other	Nightime response	Social Care		LA			Private Sector	iBCF	£675,000	Existing
13	Telecare	Provision of telecare services using technology such as	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	iBCF	£5,572,000	Existing
14	High Impact Changes Fund	Various staffing across social care teams to support timely and	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£2,057,000	Existing
15	Promoting Independence Project Team	Enabling the review of people in STC both on discharge from hospital	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	iBCF	£862,000	Existing
16	Urgent Care - Crisis Support	Urgent Care - Crisis Support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	iBCF	£1,896,000	Existing
17	Community Equipment	Equipment for the intermediate care units across Lancashire to	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	iBCF	£130,000	Existing
18	Intermediate Care Unit management and additional	Increased capacity to continue the ongoing quality improvement	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	iBCF	£412,000	Existing
19	Additional Staffing Capacity across Discharge to	Additional D2A Social Worker support across the County to meet the	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£1,924,000	Existing
20	Housing Options Programme including	Develop and test the options of 'neighbourhood	Housing Related Schemes			Social Care		LA			Local Authority	iBCF	£80,000	Existing
21	Capacity to lead the implementation of	Dedicated team to provide pace and detailed work necessary	Enablers for Integration	Programme management	Capacity to lead the implementation	Social Care		LA			Local Authority	iBCF	£155,000	Existing
22	Contribution to Annual Social Care Packages Fee &	Securing & Creating Market Capacity for commissioned social	Home Care or Domiciliary Care	Domiciliary care packages	Contribution to Annual Social Care Packages	Social Care		LA			Private Sector	iBCF	£31,357,963	Existing
23	Community Specialist Services	Community Based Schemes	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		CCG			NHS Acute Provider	Minimum NHS Contribution	£819,174	Existing
24	IMC Care Co-Ordination	Intermediate Care Services	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£5,373,289	Existing
25	Dementia advisors / carer support	Dementia advisors / carer support	Carers Services	Other	Advice	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£33,439	Existing

26	MH carer support	MH carer support	Carers Services	Other	Advice and practical	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£19,907	Existing
27	GP advisors	Support to LCC	Community Based Schemes	Integrated neighbourhood services		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£45,773	Existing
28	Solutions Plus	Mental Health Recovery	Reablement in a persons own home	Reablement service accepting community and		Mental Health		Joint	100.0%	0.0%	NHS Mental Health Provider	Minimum NHS Contribution	£50,489	Existing
29	REACT	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Acute Provider	Minimum NHS Contribution	£112,000	Existing
30	ICAT (UHMB)	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Community Provider	Minimum NHS Contribution	£55,536	Existing
31	Community stroke early supported discharge	6-Month check for stroke survivors	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Primary Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£67,619	Existing
32	Community equipment (MBCCG)	Admission avoidance, discharge to assess etc	Assistive Technologies and Equipment	Community based equipment		Continuing Care		Joint	100.0%	0.0%	Local Authority	Minimum NHS Contribution	£952,295	Existing
33	Enhanced Care Home Support	Care Home Support from Primary Care	Community Based Schemes	Multidisciplinary teams that are supporting		Continuing Care		CCG			CCG	Minimum NHS Contribution	£894,062	Existing
34	Intermediate Care Beds	Nurse-led rehabilitation and D2A beds	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Private Sector	Minimum NHS Contribution	£1,007,499	Existing
35	Urgent Care	Lancashire health economy whole system urgent care	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1	Existing
36	ICAT	iBCF Central Allocation Team for Care and Health & Home First	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			NHS Community Provider	Minimum NHS Contribution	£551,096	Existing
37	Crisis care	iBCF Crisis Hours	Integrated Care Planning and Navigation	Care navigation and planning		Continuing Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1	Existing
38	Rehab Beds, Intermediate Care Therapist Services	Therapeutic input into LCC commissioned beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£5,037,398	Existing
39	Community Hospitals - Longridge	Inpatient facility to support early discharge from LTH and to preent	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£1,328,538	Existing
40	Falls Lifting	Assisted lifting service for individuals (over 65) who have fallen	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£119,495	Existing
41	Frality Home Based	To enable patients to remain at home and avoid unnecessary acute	Community Based Schemes	Multidisciplinary teams that are supporting		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1,165,990	Existing
42	Develop Integrated Care Teams	Integrated Neighbourhood Teams	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£12,311,763	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Lancashire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	240.0	218.6	242.1	211.6	An overall 1% reduction target has been set. This realistically reflects system pressures resulting at least in part from the lower level of long term condition patient reviews undertaken in Primary Care during covid pandemic. In turn this has resulted in the short term many of these 'Ambulatory Care Sensitive conditions' which would normally be managed via primary care may not have been - and hence we anticipate a greater likelihood of people with these conditions having associated complications and presenting in an acute / emergency setting.	The narrative plan sets out a wde range of activity at place level that addresses this. With five acute trusts within the footprint a single plan would not be feasible. The approaches taken are shaped around local need and demand, the nature of the trust and the clinical services it provides.
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value						
	Indicator value	207	216	240	228		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	90.8%	90.0%	89.5%	This is in line with The Lancashire and South Cumbria planning submission target and represents a significant challenge to the health and social care system.	Through increased capacity of intermediate care services that support people on discharge, this enables more people to be discharged to their normal place of residence. This remains a challenge against the backdrop of the fragile care market, and work continues to provide stability as well as improve throughput of intermediate care services to facilitate more people to return home. The pressures are well understood, and currently more interim residential supports are sought than we would like, in order to facilitate timely discharge. Work continues to improve this metric.
	Numerator	25,970	26,076	25,250	23,026		
	Denominator	28,539	28,720	28,043	25,727		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	88.9%	95.4%	95.4%	95.4%		
	Numerator	23,859	27,415	26,758	24,560		
	Denominator	26,843	28,723	28,034	25,731		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	476.8	600.0	680.4	637.1	The target set is deliberately challenging to bring Lancashire in line with 2020/21 ASCOF regional benchmark for the North West of england.	The ICS Intermediate care programme will support the nuber of people able to remain in their own homes to increase, whilst reducing the number of admissions to residential care. The roll out of the 3 Conversations model, focussing on peoples' strengths and assets will also reduce the number of avoidable dmissions to residential care. Increases in hospital discharge services such as 'crisis plus' which specifically provides 24/7 support at home for a short time means that people are less likely to be discharged to residential care and more likely to have their assessments at home even where their needs are more complex
	Numerator	1,219	1,560	1,769	1,684		
	Denominator	255,637	259,985	259,985	264,331		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.6%	87.4%	87.8%	90.0%	This extends current high levels of performance that are already well beyond ASCOF England benchmark.	Reablement is therapy led, and the therapists ensure that all relevant goals are met before people move on to any longer term support options. Plans are in place to try and increase the throughput of Reablement and release hours int capacity, allowing more people to access this type of support and remain in their own homes in stable and supported ways.
	Numerator	829	1,311	897	1,009		
	Denominator	1,016	1,500	1,022	1,121		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Lancashire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	To provide confirmation emails from the LA, ICB and Chair of HWB		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes			
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	As detailed in the narrative plan the use of DFGs and collaboration in developing more innovative approaches is subject to an ongoing piece of work involving the county council , all 12 district councils and supported by Foundations.		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	This is also referred to in the narrative as health and social care have been in discussion about the original baselining of the NHS minimum contribution and are considering a review.		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	The initial capacity and demand analysis is complete and included. It will be used as a tool to take forward a much more sophisticated approach working through the Lancashire and South Cumbria Intermediate Care Board. See the attached most recent HICM system self assessment		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	The narrative plan sets out how BCF funding supports unpaid carers and		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes			

Health and Wellbeing Board – Schedule of Meetings 2022/2023

Date of Meeting	Venue	Time
Tuesday, 18 July 2023	Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston	2.00pm
Tuesday, 5 September 2023	Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston	2.00pm
Tuesday, 14 November 2023	Committee Room 'D' – Henry Bolingbroke Room, County Hall, Preston	2.00pm
Tuesday, 23 January 2024	Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston	2.00pm
Tuesday, 5 March 2024	Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston	2.00pm
Tuesday, 7 May 2024	Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston	2.00pm

Lancashire Health and Wellbeing Board
Meeting to be held on 15 November 2022

Corporate Priorities:
Delivering Better Services;

Fuller Stocktake Delivery Planning – Lancashire and South Cumbria Response

Contact for further information:
Emma Bracewell, Lancashire and South Cumbria Integrated Care Board,
emma.bracewell4@nhs.net

Brief Summary

This report provides an update on the work that has taken place to date, how the wider engagement has been sought and to receive feedback.

Recommendation

The Health and Wellbeing Board is asked to:

Engage and give thoughts/comments on the Fuller Draft Delivery Framework and process to date.

Detail

Dr Fuller produced a stocktake report in May 2022, Lancashire and South Cumbria Integrated Care Board (ICB) are creating a response, in the way of a collaborative delivery framework. From this framework action will be taken to work with system wide partners in implementing and making the required changes to achieve the recommendations within the report.

List of background papers

Dr Fuller Stocktake Report - https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/

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Integrated Care Board

Next Steps for Integrating Primary Care – Fuller Report

Developing our LSC Delivery Plan

DRAFT Delivery Framework Engagement
3rd October - 17th November 2022

Proud to be part of
Lancashire and South Cumbria
Health and Care Partnership

Overview

Lancashire and South Cumbria Integrated Care Board

1. Next Steps for Integrating Primary Care: Fuller Stocktake Report
   a) Vision
   b) Three essential offers
   c) Recommendations in a nutshell
2. LSC ICB Six Step Approach to development of a Delivery Plan
3. Developing our LSC Delivery Plan
   a) Seven themes
   b) Six products
4. DRAFT LSC Fuller Delivery Framework – an introduction
5. Things to note
6. How to feed back

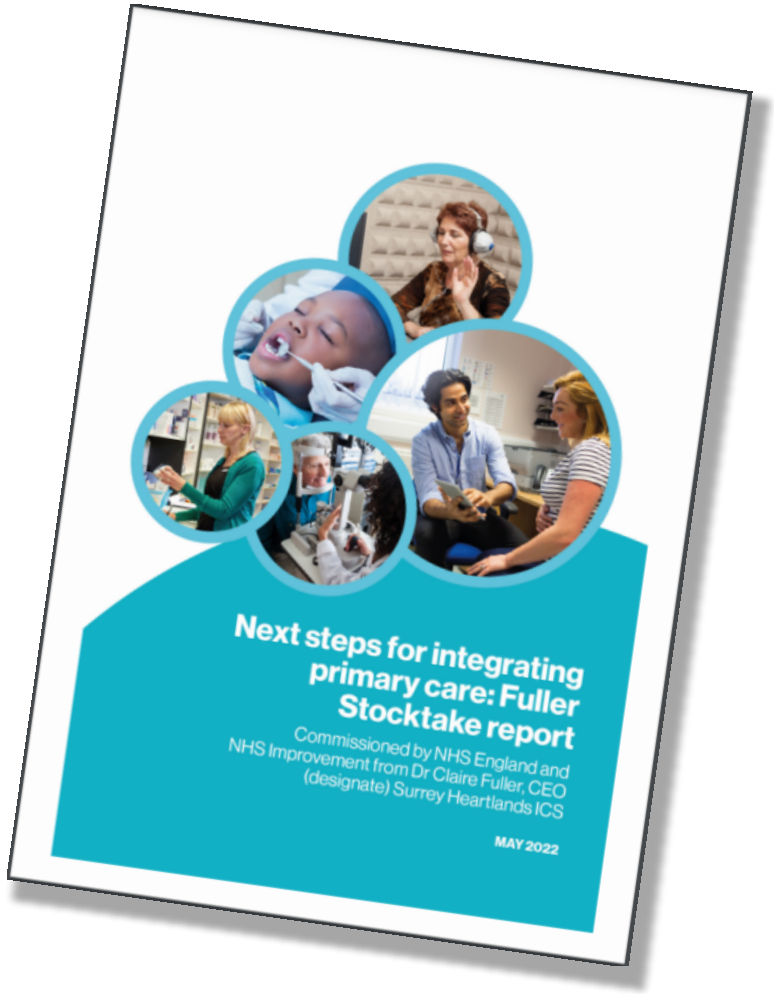
Next Steps for Integrating Primary Care: Fuller Stocktake Report

NHS
Lancashire and South Cumbria
Integrated Care Board

Sets out a vision for integrating primary care……improving access, experience and outcomes for our communities

Published May 2022, available in full:

https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/



Fuller: A reminder of the key themes

Lancashire and South Cumbria Integrated Care Board

Three essential offers:

- **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention

Fifteen recommendations – most for ICSs, others for DHSC, NHSE, HEE

Fuller: Recommendations in a nutshell

Lancashire and South Cumbria Integrated Care Board

- Enable all PCNs to evolve into integrated neighbourhood teams
- Work with local people and communities to tackle ill health
- A system wide approach to a single integrated same day urgent care pathway
- Primary care workforce to be an integral part of system and national level strategy
- System leadership to become driver of primary care improvements
- System wide estates plan to support fit-for-purpose buildings
- Improve data flow and embed digital transformation in holistic care
- Create a clear development plan to support primary care sustainability
- Enable legislative, contractual, commissioning and funding frameworks

Local Context

Lancashire and South Cumbria Integrated Care Board

Fuller is big but its only part of the story….

We have a range of work programmes underway such as Population Health Management, Working with People and Communities, Urgent & Emergency Care, Workforce etc which are all about improving access, outcomes and experience for our communities. We know that our Fuller response needs to align with these.

"…whilst we're focussing on the 'what' and the 'how' we mustn't lose sight of the 'why'…"

Everyone is on a journey…

Some areas are well on the way with their journey towards integration, others are just starting out, nowhere is at the end.

"…we are all on a journey… "

We have a lot of really great work going on across LSC already…

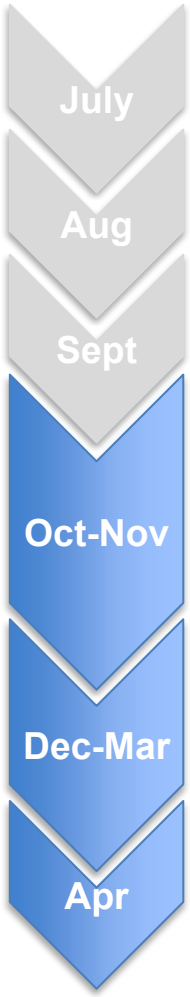
A key part of the Fuller work has to be to support sharing and learning from each other, it is that sharing and learning and the relationships we build which will enable everyone to move forwards

"…relationship, relationships, relationships…"

Developing our LSC Fuller Delivery Plan

Lancashire and South Cumbria Integrated Care Board

In July 2022, the ICB Board agreed six step process



- **Step 1:** Defining what 'good' looks like – workshop 20th July 2022, 137 participants
- **Step 2:** Setting out the steps to get to 'good' – rapid workshops x 7
- **Step 3a:** Develop draft Delivery Framework, Self Assessment Tool and Delivery Planning Tool – follow on workshop 22.09.22, 94 participants
- **Step 3b: Engagement** on draft Delivery Framework
- **Step 3c: Engagement** on PCN Neighbourhood Self Assessment and Delivery Planning Tool
- **Step 3d:** Produce final Delivery Framework, System Delivery Plan, PCN/Neighbourhood Self Assessment Tool and Delivery Planning Tool
- **Step 4:** PCN/Neighbourhood self assessment (supported) and PCN/Neighbourhood Delivery Plans including support requirements
- **Step 5:** System and Place delivery support plans
- **Step 6:** Ongoing delivery oversight and support, including sharing learning and practice

Our focus today

Our Seven Themes

Lancashire and South Cumbria Integrated Care Board

We have clustered the Fuller recommendations into seven themes

1. Integrated Neighbourhood Teams
- Co-located generalist and specialist
- Secondary care consultants aligned
- Community engagement and outreach

2. Integrated Urgent Same Day Care
- Single urgent care team in each neighbourhood
- All patients clinically assessed as requiring urgent care
- Care from the most appropriate service/professional/modality

3. Working with people & communities
- Plans tailored to local needs and preferences
- Take account of demographic and cultural factors

4. Digital, Data & Intelligence
- Functionality
- Improve data to support access
- Solve problem of data sharing liability

5. Workforce
- Baseline existing capacity
- Innovative employment models
- Training, supervision, recruitment, retention and participation
- Flexibilities

6. Estates
- 'One public estate' approach
- Maximise use of community assets and spaces

7. Support
- For PCN and Neighbourhood leadership teams
- Team development
- Development forums/networks
- Provider collaborative, federations supra PCNs

Six Products

NHS
Lancashire and South Cumbria

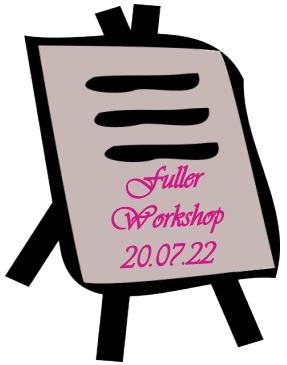
Our six step process will lead to the development of six products to support delivery of Fuller in LSC

Our focus today

- **Delivery Framework** - an overarching document which sets out what 'good' looks like and the steps needed to get to 'good' for Neighbourhoods, Places and System
- **Compendium of good practice examples** from across Lancashire and South Cumbria and nationally
- **System Delivery Plan** - setting out the key actions at system level to support delivery of Fuller in LSC
- **PCN/Neighbourhood Self Assessment Tool** - supporting PCNs and Neighbourhoods to understand where they are on their development journey and the next steps
- **PCN/Neighbourhood Annual Planning Template** - supporting PCNs and Neighbourhoods to plan the next steps on their development journey and identify the support they will need to progress
- **System and Place Delivery Support Plans** – drawing on the PCN and Neighbourhood Annual Plans, setting out the support for PCNs and Neighbourhoods on their Fuller development journey

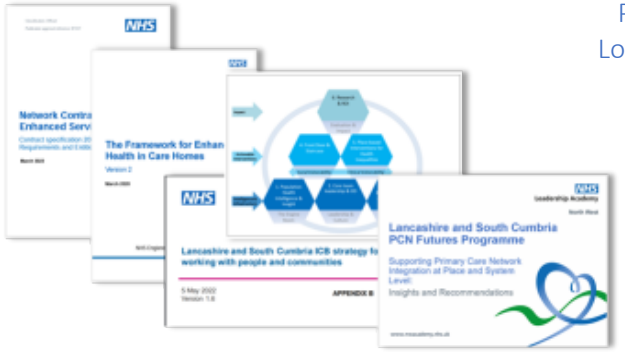
Our Journey so far…

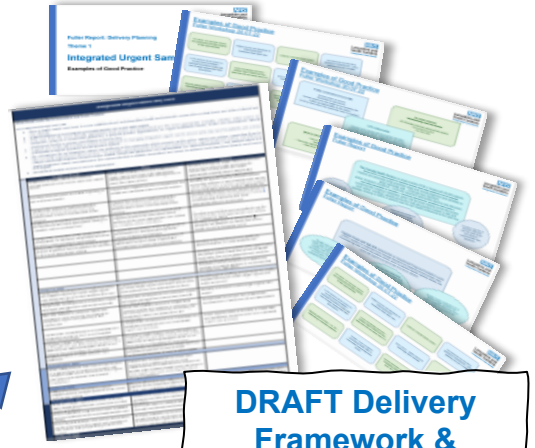
DRAFT What 'Good' Looks Like & Key Deliverables & Good practice examples



7 x Rapid workshops

Key stakeholders including: Practice manager, PCN CD, Community, Hospital, Healthwatch, Community Pharmacy, Dental, Optometry, VCFSE, Mental Health, Local Authority, Place Clinical Director, P&C Clinical Lead, PHM, GP Fed, LMC





DRAFT Delivery Framework & Compendium of Good Practice

Engagement 3.10.22-17.11.22

Draft LSC Fuller Delivery Framework

Seven sections, seven themes

At the top of each section is a header which tells you the name of the theme

Lancashire and South Cumbria Integrated Care Board

The second section sets out the DRAFT summary of what 'good' looks like for that theme

There are three columns setting out the 'steps to get to good' for Neighbourhoods, Places and System respectively

When-by dates are included in the shaded horizontal lines

Section headers are included to help you see which steps relate to which parts of the summary of 'good' at the top of the page

Support

What Good Looks like in LSC

Our Support approach will:

- Develop a range of **back-office and transformation functions** including HR, quality improvement, organisational development, data and analytics and finance to support the development of neighbourhoods and integrated neighbourhood teams
- Support PCNs/Neighbourhoods to establish appropriate **governance** to underpin collaborative work with other providers within Neighbourhoods, across Place and as part of the wider System
- Create a **collaborative culture** amongst partners across the system through stakeholder engagement, opportunities for shared learning and shared organisational and team development.
- Develop a more consistent and comprehensive **leadership development** offer for neighbourhood partners including the provision of sufficient protected time to be able to meet the leadership challenge in integrated neighbourhood teams
- Ensure the support and **collaboration of key local leaders** in improving access, experience and outcomes for patients and communities by building relationships with existing local groups and embedding primary care leadership from all four pillars across the System
- Work to create a step change in how **investment and financial support** flows through the system, maximising local control over the direction of investment, with the aim of improving equity in distribution of resource to ultimately improve health outcomes

Neighbourhoods	Place	System
Back Office & Transformation Support		
Have a clear understanding of back office and transformation assets already in the Neighbourhood, not just health but all partners. Including what the support vehicles e.g. Feds, and offers are for the Neighbourhood currently	Undertake a survey of back office and transformation assets already in the Place, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.	Design, co-ordinate and collate a survey of back office and transformation assets already in the System, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.
Investment and Financial Support		
		Identify 'Bridge' funding, the process and support for long term investment in order to drive new initiatives which in time will self-fund
		Ensure understanding of current spending distribution, compared with the system allocation and health inequalities
Collaboration of Key Local Leaders		
	Ensure effective utilisation of bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place – system	Establish a bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place – system
	Work with System to support the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPNs	Work with Places to lead the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPNs
Work with system to create a shared space (virtual) for Neighbourhoods		Work with Neighbourhoods to create a shared space (virtual) for Neighbourhoods
Leadership Development		
Adapt and adopt model role definitions for Neighbourhood Leadership Teams	Support development of Model role definitions for Neighbourhood Leadership Teams and support Neighbourhood teams to adapt and adopt these locally	Co-ordinate development of model role definitions for PCN Leadership Teams
Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level
Governance		
Work with Places to develop their local Neighbourhood vision, priorities and plan.	Support PCNs/Neighbourhood to develop their local vision, priorities and plan.	Develop tools and a process to support PCNs/Neighbourhood to develop their local vision, priorities and plan.
Adopt and embed the Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods
Collaborative Culture		
	Support PCN development via investment and development support outside of the Network Contract DES - Place teams to support neighbourhoods.	Support PCN development via investment and development support outside of the Network Contract DES
By March 2023		
Back Office and Transformation Support		
Work with Places and System to co-produce a model of provider at scale	Work with Neighbourhoods and System to co-produce a model of provider at scale	Work with Places and Neighbourhoods to co-produce a model of provider at scale
Leadership Development		
Undertake a skills audit and training needs analysis for members of Neighbourhood leadership teams	Support the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams	Co-ordinate the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams
A PCN must have in place a Clinical Director who works collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans	Support PCN Clinical Directors to work collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care is developing and implementing local system plans	Establish arrangements which support PCN Clinical Directors to work collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans
Engage with Place teams for support where the primary care wants to work with other providers at scale	Support primary care where they want to work with other providers at scale	Ensure the right arrangements are in place to support primary care where it wants to work with other providers at scale
Collaborative Culture		
		Put in place sufficient support for all clinical directors and multi-professional leadership development, protected time for team development and to be able to meet the leadership challenge in integrated neighbourhood teams
By September 2023		
Back Office and Transformation Support		
	Making available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g., pharmacy. With additional development support for providers.	Make available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g., pharmacy. With additional development support for providers.

A copy of the DRAFT Delivery Framework has been shared with these slides. If you have not received a copy please email Emma.Bracewell4@nhs.net

Things to note

NHS
Lancashire and South Cumbria
Integrated Care Board

- The six products will be live documents that will continue to develop as we progress on our integration journey for Neighbourhoods in LSC, building on previous work as well as starting some new work
- There are language issues with the Delivery Framework currently and further work will be needed to address these – your suggestions will be welcomed
- We will also need to do a ‘read across’ between the frameworks from the seven groups, to consider interdependencies and alignment of timelines – again, your suggestion will be welcomed
- We are committed to honouring all feedback received and will use your comments to help further shape all of the products
- Rapid task groups will work on issues raised so far including: Definitions e.g. MDT, INT , PCN, Neighbourhood; footprints e.g. PCN : Neighbourhood; overarching principles; delivery oversight arrangements; risks and issues

How to feed back

Lancashire and South Cumbria Integrated Care Board

Please share your feedback on the DRAFT Delivery Framework using the survey link below

https://forms.office.com/r/i2DcfU8c3k

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Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 15 November 2022

Corporate Priorities:
Caring for the vulnerable;

Addressing Health Inequalities in Lancashire
(Appendix 'A' refers)

Contact for further information:
Clare Platt, Tel: 01772 532780, Lancashire County Council, clare.platt@lancashire.gov.uk;

Brief Summary

The final report of the Lancashire and Cumbria Health Equity Commission has been published and presented to the relevant upper tier local authority. The recommendations identified in the report provide a reminder of the need to address health inequalities through action on their social, economic and environmental drivers.

Officers have also been updating the Health and Wellbeing Strategy and will present a proposed approach to reflect the Health Equity Commission recommendations (Appendix 'A') in the refreshed Health and Wellbeing Strategy for discussion.

The Board is ideally placed to be the host partnership for addressing health inequalities across Lancashire.

Recommendation

The Health and Wellbeing Board is asked to:

(i) Endorse the proposed approach to address the Health Equity Commission recommendations and identify those appropriate for inclusion in the refreshed Health and Wellbeing Strategy.
(ii) Consider and agree the leadership role of the Board in facilitating the actions to address health inequalities across Lancashire.

Detail

In 2021 the Institute of Health Equity was commissioned by the Lancashire and South Cumbria Health and Care Partnership and North-East and North Cumbria Integrated Care System, prompted by concerns about the high and unequal impacts of COVID-19 and the longstanding health inequalities within the region.

Members of the Board received an update on the Health Equity Commission work at the workshop session on 6 September 2022; and subsequently the final report has

been agreed and presented to the relevant upper tier local authority for consideration.

The recommendations identified in the report (Appendix 'A') provide a reminder of the need to address health inequalities through action on their social, economic and environmental drivers; moving from a more reactive approach to developing a system-wide commitment with key partners to achieve long-term reductions in health inequalities through action on the wider determinants of health.

One of the statutory responsibilities of the Board is to develop a joint Health and Wellbeing Strategy. Whilst the Health Equity Commission work has been ongoing, the Board agreed three initial priorities to be pursued through the Health and Wellbeing Strategy. These are:

- Best Start in Life
- Healthy Hearts
- Happier Minds

The Board also recognised it has a role in:

- supporting the economy and anchor institutions to improve wider determinants of health and reduce inequalities
- developing our local voluntary, community, faith and natural assets so that everyone can benefit from them
- delivering person centred services that put prevention and best value at their core

At the Board meeting officers will present the proposed approach to address the Health Equity Commission recommendations and identify those appropriate for inclusion in the refreshed Health and Wellbeing Strategy for discussion.

The complexity associated with some of the Health Equity Commission recommendations requires wider consultation to identify where some of the work to implement the recommendations is currently being delivered, where similar work is in train, or where it best fits going forward.

For example, The Best Start in Life Board (which in turn is a subgroup of Lancashire Children and Young People Partnership) is addressing school readiness as a priority and therefore may be considered as the structure best placed to address the recommendation to "reduce the gap in level of development in reception age children and set a target that every child achieve above the national average at readiness for school at reception".

For example, the recommendation "In partnership between local authority, NHS and Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, develop a regional decent homes standard by 2025" is much more complex, in terms of the

size of the issue, the agencies and geography involved, and hence more challenging to action in a tangible way.

Furthermore, the ongoing work in developing the Integrated Health and Care Strategy and the wider Lancashire 2050 work programme presents us with an opportunity to seek alignment and avoid duplication.

Lancashire's Health and Wellbeing Board is ideally placed to be the host partnership in convening joint action to address health inequalities across Lancashire. The presentation at the board meeting will identify the initial work on embedding the recommendations across existing and emerging priorities of partner organisations and structures, including the Lancashire 2050 programme.

List of background papers

A Hopeful Future: Equity and the Social Determinants of Health in Lancashire and Cumbria Institute of Health Equity (2022)

Institute of Health Equity - Equity and the Social Determinants of Health in Lancashir

Recommendations:

1. GIVE EVERY CHILD THE BEST START IN LIFE.

a) Reduce the gap in level of development in reception age children and set a target that every child achieve above the national average at readiness for school at reception.

b) Increase access and provision of early years services in areas with higher levels of deprivation, and ensure allocation of funding is proportionately higher in areas of higher deprivation

c) ICS and local authorities equip all those working with young children to support parents in developing their children's early learning, especially with regard to speech and language skills.

d) Develop and adopt a region-wide childcare workforce standard that includes training and qualifications on the job, including access to NHS training and offer, as a minimum, the real living wage to all early years staff.

2. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND

a) Reduce the gap in Attainment 8 progress scores between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.

- Poverty proof all schools and define a whole-school approach for Lancashire and Cumbria.
- NHS and education review the circumstances in which data sharing is permitted.
- All schools to adopt a wellbeing survey among school children.
- Extend free school meal provision to all pupils living in households in receipt of Universal Credit and adequately resource holiday hunger initiatives for secondary school students.
- Jointly commission universal programmes to build resilience and support young people's mental health, and to support their families with additional resources in more deprived areas.

b) Anchor organisations and local economic partnerships to work closely with schools and colleges in areas with higher levels of deprivation to provide apprentices, job training and employment shadowing with a guaranteed employment, apprenticeship or training offer for 18-25 year olds.

c) Increase levels of funding for youth services, focusing on areas with higher levels of deprivation.

3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

a) Local economic partnerships, NHS, local authorities and all public services to develop a regional good work charter and apply these obligations on public sector contracts. The charter should include:

- Wages to meet the minimum income standard for healthy living.
- Provision of in-work benefits including sick pay, holiday and maternity/paternity pay.
- Provision of advice and support at work, e.g. on debt, financial management and housing.
- Provision of education and training on the job for all ages.
- Strengthened equitable recruitment practices, including provision of apprenticeships and in-work training, and recruitment from local communities and those underrepresented in the workforce.
- No gender pay gap

b) Increase funding for adult education in areas of higher deprivation. Offer training and support to older unemployed adults, ensuring that the private sector participates

c) ICSs, local economic partnerships and chambers of commerce to encourage and incentivise employers to recruit lone parents, carers and people with mental and physical health disabilities and long-term conditions.

4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

a) Adopt the minimum income standard as a basis for minimum wage and assess if adapting for regional

b) Create and support community and employer finance institutions to supply credit, reduce levels of debt and provide financial management advice.

c) The NHS, local authorities, schools and employers to commission the VCFSE sector to provide of social welfare legal and debt advice, including fuel and food poverty support

5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

a)) In partnership between local authority, NHS and VCFSE sector, develop a regional decent homes standard by 2025.

• Strengthen local enforcement powers and capacity across planning and housing and ensure decent homes standards in the private rented sector.

• Develop and support regional housing forums in Lancashire and Cumbria with members from housing

b) Place reducing inequalities at the centre of local and regeneration plans including fit for purpose, affordable housing.

• Identify pilot neighbourhoods in areas of high deprivation and work with communities to create and sustain high-quality and connected neighbourhoods.

• Work in partnership (with local residents, NHS, chambers of commerce, local economic partnerships and

c) Assess provision of public transport and address limitations in access. Resource VCFSE sector to provide adequate transport services in remote and rural communities.

6. STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

a) HCP and ICS review social prescribing offer to ensure it is addressing the social determinants of health.

b) Adopt the Fleetwood and Deep End models to address the social determinants of health in primary care

c) Include digital inclusion as an essential health equity requirement, and ensure that healthcare, local authorities, education and businesses work in partnership with local residents to invest in digital skills, including provision of funding to the VCFSE sector to support this.

• Prioritise improving skills in older people or alternative accessible services.

• Align local poverty strategies to include commitment to reducing digital exclusion.

7. TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

a) Local economic partnership and chambers of commerce to work with Lancashire and Cumbria businesses, the NHS local authorities and public authorities to gather ethnicity data by pay and grade, and to use this

b) All businesses, public sector and VCFSE sector organisations to ensure equality duties are met in recruitment and employment practices, including pay, progression and terms.

c) Reinforce the efforts of health and social care providers to ensure equitable access to their services.

d) Ensure effective engagement with all ethnic minority populations in the development and delivery of

8. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

a) Ensure that the health and wellbeing of citizens and environmental sustainability is the basis of all local

b) Deliver a five-year plan to retrofit homes, including private homes, to reduce fuel poverty and improve domestic energy efficiency in homes in areas of high deprivation.

c) Local economic partnerships and anchor organisations to support actions to adopt carbon-neutral modes of transport to work environments including investments in in green bus transport and improved active

SYSTEM-WIDE RECOMMENDATIONS

A. FOCUS ON EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

a) NHS, local authority, and public sector leaders in Lancashire and in Cumbria to strengthen accountability

b) Develop regional health equity and the social determinants of health action plans involving businesses, public services, local government and communities, prioritising early intervention through long-term

c) Define and implement Marmot NHS Trusts approach across Lancashire and Cumbria

B. INCREASED AND MORE EQUITABLY DISTRIBUTED RESOURCES

a) Benchmark NHS and local authority prevention spend in 2022–23 and increase funding for prevention by 1 percent above inflation each year for the next 10 years to address inequalities in the social determinants.

b) Make resource allocations more equitable and extend the Lancashire and South Cumbria formula across

C. STRENGTHEN PARTNERSHIP WORKING

a) Develop a health equity network in Lancashire and Cumbria to include business and economic sector, public services, VCFSE sector, local government

b) Appoint a Director of Partnerships at Board level within each ICS.

c) As the default, ensure the involvement of the VCFSE sector in the design and delivery of services and support the VCFSE sector to bid for contracts.

D. STRENGTHEN THE ROLE OF THE BUSINESS AND ECONOMIC SECTOR AND EXTEND SOCIAL

a) Coordinate a regional economic partnership to develop a health equity approach for businesses and implement the recommendations in the 'The Business of health equity' report for businesses to make positive contributions to the health of their workforce, ensure goods and services are healthy and to make

b) Build on and extend the anchor institution approach and require that organisations, including businesses commission for social value and employ local and underrepresented groups.

E. INVOLVE COMMUNITIES AND VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE

a) Commission and ensure long-term funding for the VCFSE sector to enhance support for the social

b) Use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.

c) Involve local residents in the development of health inequalities assessments and remedies at place levels.

F. STRENGTHEN LEADERSHIP AND WORKFORCE ROLES FOR HEALTH EQUITY

a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.

b) Appoint a public health consultant to the ICB to work with the Medical Director and Chief Nursing Officer, the Population Health Team and the Directors of Public Health to lead on health inequalities.

c) Allocate dedicated resource to the Lancashire and Cumbria Public Health Collaborative, to deliver coordinated public health actions at scale and knowledge and skills development.

G. MONITORING FOR HEALTH EQUITY

a) Develop a set of health equity and social determinants of health indicator set based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity and gender, to be used by

b) Collate data available in the VCFSE sector relevant to understanding and addressing the social determinants of health. Develop data sharing agreements between NHS and VCFSE sector.