Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 24 January 2023, 2.00 pm,
St Mary's Community Centre, Broadfield Walk, Broadfield Drive, Leyland, PR25 1PD

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 and to receive an overview of the community activities at St Mary's Community Centre.	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 15 November 2022	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	2.10pm

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

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Health and Wellbeing Board and Integrated Care System - National Guidance	Discussion/ Decision	To highlight and discuss the implications of recent national guidance for the Health and Wellbeing Board in its relationship with the Integrated Care System.	Dr Sakthi Karunanithi, James Fleet	(Pages 9 - 14)	2.15pm
5. Place Based Partnership Update	Discussion/ Decision	To receive an update on the developing Place Based Partnership and its relationship to the Health and Wellbeing Board, following the last meeting of the Board in November 2022.	Louise Taylor, Sarah James	(Pages 15 - 18)	2.35pm
6. Health and Wellbeing Board Key Priorities - Progress Update	Discussion/ Decision	To review the progress of the three key priorities on the Health and Wellbeing Board: i) Best Start in Life ii) Healthy Hearts iii) Happier Minds	Ruksana Sardar-Akram, Aidan Kirkpatrick, Fiona Inston	(Pages 19 - 44)	2.55pm
7. Lancashire Drug and Alcohol Partnership Update	Discussion/ Decision	To endorse Lancashire's Alcohol and Drugs Needs Assessment and associated action plan to agree how the Board can best support it.	Fiona Inston	(Pages 45 - 78)	3.45pm
8. Lancashire Better Care Fund Update	Discussion/ Decision	To receive an update following the workshop to "reset" the Better Care Fund in Lancashire including: • 2022/2023 Better Care Fund Approval • Better Care Fund Reset Planning	Paul Robinson, Sue Lott	(Pages 79 - 90)	4.05pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		• Adult Social Care Hospital Discharge Fund Plan and Reporting			
9. 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		4.25pm
10. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on Tuesday, 7 March 2023, venue to be confirmed.	Chair		4.30pm

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 15th November, 2022 at 2.00 pm in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board
County Councillor Phillippa Williamson, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Jacqui Old, Education and Children's Services, LCC
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
David Blacklock, Healthwatch
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

Gary Hall	Lancashire Chief Executive Group
Councillor Viv Willder	Fylde Coast, Lancashire Leaders Group
Councillor Matthew Brown	Central, Lancashire Leaders Group

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting and introductions were made.

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board and Deputy Chair of the Health and Wellbeing Board was welcomed to his first meeting in-person.

Jacqui Old, Education and Children's Services, Lancashire County Council was also welcomed to her first meeting of the Board.

Apologies were noted as above.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Last Meeting held on 19 July 2022

Resolved: That the Board agreed the minutes of the meeting held on 19 July 2022.

There were no matters arising from them.

The Board were informed that notes from the informal meeting held on 6 September 2022 would be circulated in due course.

4. Lancashire Better Care Fund Plan 2022/23 and Update

Paul Robinson, Midlands and Lancashire Commissioning Support Unit and Sue Lott, Adult Social Care, Lancashire County Council presented the report and presentation (attached to the minutes) which provided an overview of the Lancashire Better Care Fund (BCF) Plan 2022/23. Following approval from both Lancashire County Council and Lancashire and South Cumbria Integrated Care Board the 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 was anticipated that the plan would receive national approval, and this expected shortly.

The Board noted that the three elements required for submission were:

(i) The Plan Narrative (Appendix 'A' of the report) which details what is being done and what is planned to be done with the allocated monies.
(ii) The Planning Template (Appendix 'B' of the report) which includes income (minimum requirements), expenditure plan and metrics.
(iii) Intermediate Care Capacity and Demand analysis.

Further details on their purpose and contents can be found detailed in the report circulated with the agenda.

The Board received an update on the work that had been happening since the Health and Wellbeing Board workshop on 6 September 2022 with regards to the "reset" and were reminded that the Health and Wellbeing Board are the key accountable body, and that Lancashire County Council was working with one NHS body, the Integrated Care Board. Following the workshop and with support of the regional Better Care Fund team in collaboration with the 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 the process and provide 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.

It was also noted that the Health and Wellbeing Board would support the:

- Review and reset the Lancashire Better Care Fund
- Work with regional Better Care Fund support and Lancashire partners
- Multi-Agency workshop early December 2022 and the:
  - Analysis of spend and opportunities
  - Timely and robust planning for 2023/24
  - Basis for a refocused Better Care Fund in Lancashire

Following the presentation, the following comments were noted that:

- This was a good opportunity to invest collective resources in prevention and expand the scope to beyond Health and Social Care services.
- The workshop was encouraged to discuss the previous point and present plans to the Health and Wellbeing Board on taking this forwards and using the Better Care Fund for upstream prevention as well as reducing the needs and work with Community groups and Voluntary, Community and Faith Sector where there are opportunities that previously have not been considered as part of the Better Care Fund.
- It was a good opportunity to be ambitious and influence the clear metrics including in-hospital metrics.
- That the Better Care Fund is different now, than in the past, the level of commitment and engagement from all partners is very strong and reinforces that there is a strong ambition to change how things happen for the people of Lancashire.
- That an update on the Better Care Fund be presented at every Board meeting, to ensure it is engaged. This will be alongside the formal quarterly reporting prescribed requirements from Central Government.
- Further engagement work with Lancashire citizens will be included as part of the review and reset and work continues with commissioning colleagues around this.
- That there is an opportunity to include mental health and transitions from Children's Services to Adult Services.
- That metrics can be set locally alongside national requirements to help improve outcomes for Lancashire citizens.

Resolved: That the Health and Wellbeing Board:

(i) Confirmed the sign off of the Lancashire Better Care Fund Plan 2022/23.

(ii) Would seek updates on Better Care Fund progress at future Board meetings in line with quarterly reporting requirements.

(iii) Agreed to engage with and support the work through the Better Care Fund workshop and beyond to "reset" the Better Care Fund in Lancashire.

5. Timetable of Meetings 2023/2024

Resolved: That the Board noted the schedule of meetings for 2023/2024 and were reminded that the venues (even though stated on the schedule that they would be held in County Hall) will continue to be held across different locations in Lancashire and members will be notified prior to each meeting.

6. Fuller Stocktake Delivery Planning - Lancashire and South Cumbria Response

James Fleet and Peter Tinson, NHS Lancashire and South Cumbria Integrated Care Board provided an update on the "Next Steps for Integrating Primary Care – Fuller Report, Developing our Lancashire and South Cumbria Delivery Plan" work that has taken place to date, how the wider engagement has been sought and feedback received. An updated version of the presentation to that circulated with the agenda, was given at the meeting and is appended to these minutes.

Further information on the following can be found in the presentation:

- Introduction from Dr Claire Fuller
- Next Steps for Integrating Primary Care: Fuller Stocktake Report
- Fuller: A reminder of the key themes
- Fuller: Recommendations in a nutshell
- Neighbourhoods and Places
- Local Context
- Developing our Lancashire and South Cumbria Fuller Delivery Plan
- Our Seven Themes
- Key Deliverables
- Six Products
- Our Journey So Far…
- Draft Lancashire and South Cumbria Fuller Delivery Framework
- Things to Note
- Key Feedback to Date
- How to Feedback

Following the presentation a number of comments were received:

- In terms of those areas that were further advanced, it was clarified that support will continue to enable those areas to continue to drive forwards at pace, whilst supporting the other areas to catch up consistently. The aim around the Integrated Neighbourhood Team development is to look to reduce the variation that there currently is.
- There are resources available to develop a Leadership Development Programme for all of the Primary Care Networks and wider Neighbourhood colleagues.
- Primary Care Networks stepped up throughout the pandemic and became a strong entity in the terms of the role that they played, and it is timely to look at how this can be built on and build on the connectivity and the relationships that have developed across partnerships.

- To look at building on successful work already happening in Children's Services and to include Primary Care in that agenda with children and families and to understand population need, development of family hubs and how that can be built on in Lancashire, particularly in terms of Family Safeguarding which is multi-disciplinary and brings to the fore how complex issues are dealt with.

The Board noted that when the engagement process has been completed, an update would be brought to a future meeting to discuss what the next steps would be in the Delivery Plan.

Resolved: That the Health and Wellbeing Board engaged and gave thoughts/comments on the Fuller Draft Delivery Framework and process to date.

7. Addressing Health Inequalities in Lancashire

Dr Sakthi Karunanithi, Public Health and Wellbeing and Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council provided an overview of the Lancashire and Cumbria Health Equity Commission final report that has been published and presented to the relevant upper tier local authority. This report follows on from the Health Equity Commission report on the draft recommendations that had been presented to the Health and Wellbeing Board at its workshop on 6 September 2022 by Dr Tammy Boyce, Institute of Health Equity.

The Board noted that the report attached to this agenda outlines the recommendations (Appendix A) identified in the Health Equity Commission final report which provides a reminder of the need to address health inequalities through action on social, economic and environmental drivers. The Health and Wellbeing Board will act as the co-ordinating Board for implementing the local health inequalities recommendations as detailed at Appendix 'A'. Further details can be found in the report and also in the presentation appended to these minutes which outlines the:

- Context
- Current Short-Term Health and Wellbeing Board Priorities
- Best Start in Life
- Health Equity Commission Recommendations (Appendix 'A')
- Work in Progress
- Proposed Approach

Following the presentation, the following comments were raised:

- The connection between the Integrated Care Board, Integrated Care Partnership and the Health and Wellbeing Board is key, and each need to understand who is doing what, who is responsible for what and who has shared responsibilities and how to maximise the advantage of that. Work still needs be done on how this is driven forwards for the people of Lancashire without duplicating and making the most of the resources available.

- That the Health and Wellbeing Board is the right place for the Health Equity Commission work and the mapping process is key to it, in order of a baseline position where the Board knows what is being done well or overlapping in which case the Board can use its influence to address that.
- At Recommendation 8, there are various areas that can be assigned easily and others in reality that may be difficult to deliver against, therefore it was recognised that further work around what can be delivered on and realise that other areas may not be realistic be carried out at this time.
- It has evolved following discussions that from the 61 recommendations that they fall into three areas which are:
  (i) What can be directly controlled by the Board
  (ii) What the Board can influence through itself or other relevant Boards
  (iii) The Board can neither be in direct control nor influence locally
- The Board needs to be clear of the extent of its influence.

Resolved: That the Health and Wellbeing Board:

(i) Endorsed the proposed approach to address the Health Equity Commission recommendations and identified those appropriate for inclusion in the refreshed Health and Wellbeing Strategy.

(ii) Considered and agreed the leadership role of the Board in facilitating the actions to address health inequalities across Lancashire.

8. Urgent Business

Developing the Lancashire Place – Our Proposition for Aligned Governance

The item of Urgent Business had been received and agreed by the Chair as there was a need to agree governance arrangements for the recently established Place Based Partnership in relation to the Health and Wellbeing Board.

Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council and Sarah James, Health and Care Integration, NHS provided the context along with the attached presentation which outlines the proposal for new governance and requested the views of the Health and Wellbeing Board.

The Board noted that as a result of the major reform of the NHS, there has been some changes in the architecture of Lancashire and South Cumbria that has introduced an Integrated Care Board which manages the NHS spend and performance and has established an Integrated Care Partnership which is mainly between local government and the NHS and must involve and engage a whole range of other key partners on collaborative working to make a difference in Lancashire to Lancashire people.

The Board were asked as to whether the Health and Wellbeing Board could play a more prominent role in the new arrangements given that the Board exists and has a statutory responsibility to the Better Care Fund which was introduced to encourage the NHS and Lancashire County Council to pool its funds to decide where to

collaborate and spend and particularly to support people in the community. The Board were asked whether it could capitalise on that and produce a Joint Strategic Needs Assessment (JSNA) to make the Lancashire Health and Wellbeing Board the Place Based Partnership. It would be the main collaborative space for agreeing its' strategic direction, priorities and assurance on delivery whilst delivery itself would take place through Central, East and North localities across Lancashire as well as at district and community level.

If taken forward, the Health and Wellbeing Board in its new role would have strategic direction around the Better Care Fund, the Health and Wellbeing Strategy and the delivery will be done within the localities due to the size, range and scope of the services within Lancashire and would need the strong delivery units to carry out the work.

Further detail was highlighted in the presentation attached to these minutes, which set out the timeframe for the proposed aligned governance as to how a move from the Health and Wellbeing Board to a Place Board discharging the functions of the Health and Wellbeing Board, to a full Joint Committee with delegated decision making.

Following the presentation, the following comments were made:

- The focus needs to be on outcomes and there needs to be proportionate governance in place.
- It will bring additional responsibilities to the Health and Wellbeing Board, which could mean additional time commitments and the willingness to take on these responsibilities and drive it forwards.
- A review of membership would need to take place, however keeping it streamlined with key partners playing an integral part in order to set a strategic direction of travel with a degree of oversight and assurance with the key being the delivery units.
- To look at the perception of locality working and ensure that everything is not brough back to the "centre".
- Healthwatch are looking to establish a Citizen Ambassador model which is a group of citizens who are supported, trained and encouraged by Healthwatch, who have lived experience of using services and can help shape, design and run services and ask them to attend meetings. It does, however, require resources and a small amount of money to reward people for their involvement and giving their time and need to consider involving people with lived experience.
- Brief discussions with the Integrated Care Board regarding the proposals have taken place, however, dependant on the views of the Health and Wellbeing Board and their agreement to the proposals at this meeting, then further discussions would take place with the Integrated Care Board prior to the next Health and Wellbeing Board.
- There needs to be a differentiation between what the role of the Board/Committee is and the role of what the teams are being asked and are able to do.
- Discussions have taken place with other areas, eg Cheshire and Merseyside with some areas discounting the proposals however, it was reinforced that all Health

and Wellbeing Boards operate differently, and Lancashire is larger than some Integrated Care Systems, therefore it cannot be compared to most other areas.

- The proposals should be embraced as the intent of the Board.
- It was felt that membership needed to reflect more of the public voice.
- It is unclear currently, what is going to be delegated and this is something that needs to be very clear as to what the Board will be responsible for.
- There is a difference between Health Care and Health and also Health and Social Care and Health and Wellbeing. 20% of Health and Wellbeing outcomes are influenced by Health and Care Services with the remaining 80% around the wider determinants of health.
- The Health and Wellbeing Board has a wider strategic role around improving outcomes and reducing inequalities.
- Noted how the new role of the Board would embed itself in the wider manifestation of public sector collaboration for Lancashire's places and communities.
- That it is around proportionate governance and to focus on the outcomes.
- The Board would need to set the strategic context for the local delivery and operate as an enabler.
- If Lancashire is the first Board to become a Place Based Partnership, it should be embraced.

Resolved: That the Health and Wellbeing Board:

(i) Considered the proposal in principal and approved further work to be undertaken.

(ii) If further work was approved, requested the development and more detail on the potential new arrangement and that a fuller proposal be received at its next meeting on 24 January 2023.

9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2.00pm on Tuesday, 24 January 2023, venue to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 24 January 2023

Corporate Priorities:
Delivering better services;

Health and Wellbeing Board and Integrated Care System - National Guidance

Contact for further information:
Clare Platt, Tel: 01772 532780, Head of Health Equity, Welfare and Partnerships
clare.platt@lancashire.gov.uk

Brief Summary

The report discusses recently published national guidance for Health and Wellbeing Boards in the context of a changed NHS landscape; and identifies some initial implications for further consideration.

Recommendations

The Health and Wellbeing Board is asked to:

i) Consider whether the membership of the Health and Wellbeing Board requires amendment in the context of a changed NHS landscape.
ii) Consider the opportunities for future governance further to the introduction of the Place Based Partnership.
iii) Endorse collaboration with the Integrated Care Partnership on strategy development.
iv) Endorse the development of an annual timeline to facilitate collaboration, including participation in the Integrated Care Board's forward plan and annual report development/review, and system wide NHS capital resource use planning.
v) Investigate further the potential role of the Board in relation to the Care Quality Commission reviews of the integrated care system.

Detail

Further to legislation, Health and Wellbeing Boards became operational on 1 April 2013 in all local authorities with social care and public health responsibilities.

Health and Wellbeing Boards:

- Provide a strong focus on establishing a sense of place.
- Provide a mechanism for joint working and improving the wellbeing of their local population.
- Set strategic direction to improve health and wellbeing.

The Health and Care Act 2022 did not change the statutory duties of Health and Wellbeing Boards, but established new NHS bodies, Integrated Care Boards, and required the creation of Integrated Care Partnerships in each local system area, with a view to empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

The Health and Wellbeing Board remains a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.

Clinical Commissioning Groups were abolished with effect from 1 July 2022, and the Integrated Care Board has taken on their commissioning functions. The core statutory membership of the Health and Wellbeing Board was revised during 2022, and currently remains unchanged other than now requiring a representative from the Integrated Care Board. As a consequence James Fleet, Chief People Officer, NHS Lancashire and South Cumbria Integrated Care Board has joined the Lancashire Health and Wellbeing Board, currently as Deputy Chair.

The Department of Health and Social Care has recently published guidance for the Health and Wellbeing Board, given the changed landscape.

Guidance

The guidance recommends that Health and Wellbeing Boards review their membership in light of the changes. It suggests that where the Integrated Care Partnership and the Health and Wellbeing Board are coterminous it may be appropriate for them to have the same membership, with one part of the meeting formally being of the Health and Wellbeing Board and the other part of the Integrated Care Partnership, recognising that both have different statutory functions which each will be required to fulfil.

Although the Integrated Care Partnership covers the whole geography of Lancashire and South Cumbria, the Lancashire Place Based Partnership is coterminous with Lancashire County Council. Hence the discussions at the last Board about alignment at place level and the update report on this agenda.

The guidance recognises that Health and Wellbeing Boards will continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government. This involves working effectively with local leaders, including place-based partnerships. Adopted ways of working should reflect local priorities and circumstances.

The Health and Wellbeing Board continues to be responsible for:

- Assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment.

- Publishing a joint local health and wellbeing strategy, which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the needs assessment. The strategy should inform the development of joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund planning.
- Informing the allocation of local resources, including signing off the Better Care Fund plan and governance of the pooled budget.
- Developing a pharmaceutical needs assessment for the area.

The statutory guidance explaining the duties and powers in relation to joint strategic needs assessments and health and wellbeing strategies currently remains unchanged.

The guidance suggests that as a minimum all partners (Health and Wellbeing Board, Integrated Care Board and the Integrated Care Partnership) are expected to adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

Following the principle of subsidiarity, apart from those which are often best approached at system level (for example, workforce planning, or data and intelligence sharing), decisions should continue to be made as close as possible to local communities.

Integrated Care Strategy

The Integrated Care Partnership is a statutory joint committee of the Integrated Care Board and each responsible local authority (upper tier and unitary) within the Lancashire and South Cumbria area. The Integrated Care Partnership can appoint any other members as it sees fit, building on existing partnership arrangements.

Joint strategic needs assessments will be used by the Integrated Care Partnership to develop the integrated care strategy, identifying where the assessed needs can be met by local authorities, Integrated Care Boards or NHS England in exercising their functions.

The Health and Wellbeing Board and Integrated Care Partnership are expected to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy to address those challenges that are best dealt with at a system level (for example, workforce planning, or data and intelligence sharing).

The Lancashire and South Cumbria Integrated Care Partnership was established in September 2022. It is currently chaired by County Councillor Green, representing a positive start in the relationship between the Health and Wellbeing Board and Integrated Care Partnership. Work has been undertaken to develop the Integrated Care Strategy, built upon the relevant Joint Strategic Needs Assessments, and due for approval by statutory bodies in this quarter.

Similarly a review of Lancashire's Health and Wellbeing Strategy has commenced, which will continue to take the integrated care strategy into account (and vice versa) to ensure that they are complementary. This provides opportunity to clarify accountability for strategy development and operational delivery, to ensure better outcomes for the communities of Lancashire.

Joint Forward Plans

Before the start of each financial year, the Integrated Care Board, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

The Integrated Care Board must involve the Health and Wellbeing Board:

- Joint forward plans must set out the steps that the Integrated Care Board proposes to take to implement the health and wellbeing strategy.
- The Health and Wellbeing Board must be involved in the preparation or revision of the forward plan.
- In particular, the Health and Wellbeing Board must be provided with a draft of the forward plan, and the Integrated Care Board must consult with the Health and Wellbeing Board on whether the draft takes proper account of the health and wellbeing strategy.
- Following consultation, the Health and Wellbeing Board has the right to respond to the Integrated Care Board and may give its opinion to NHS England.
- The forward plan must include a statement from the Health and Wellbeing Board as to whether the health and wellbeing strategy has been taken proper account of.

This new approach provides an opportunity to strengthen the Board's influence in prioritising prevention of ill health and ensuring provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

Annual Reports

As part of the annual report, the Integrated Care Board is required to review any steps they have taken to implement the health and wellbeing strategy, and as such must consult the Health and Wellbeing Board.

Performance Assessments

As part of the annual performance assessment, NHS England must include an assessment of how well the Integrated Care Board has met the duty to have regard

to the relevant strategic needs assessment and health and wellbeing strategy, further to consultation with the Health and Wellbeing Board.

Again, this provides opportunity for the Board to influence and strengthen ill health prevention and communicate the ambition for further integrated funding/commissioning, learning from and developing the approach promoted by the Better Care Fund.

Care Quality Commission Reviews

The Care Quality Commission's (CQC) reviews of integrated care systems will assess the provision of NHS care, public health and adult social care within the Integrated Care Board's area. They will consider how well the Integrated Care Board, local authorities and Care Quality Commission's (CQC) registered providers discharge their functions in relation to the provision of care, as well as the functioning of the system as a whole, including the role of the Integrated Care Partnership. The Care Quality Commission's (CQC) is required to publish a report, providing an independent assessment of the health and care in the integrated care system.

Joint Capital Resource Use Planning

There is now a requirement for the Integrated Care Board and partner NHS trusts and NHS foundation trusts to share their joint capital resource use plan and any revisions with the Health and Wellbeing Board.

It is intended that in sharing this plan, there will be opportunity to align local priorities and provide consistency with strategic aims and plans in terms of capital projects.

List of background papers

Health and Wellbeing Boards – Guidance; Department of Health and Social Care; Published 22 November 2022

Lancashire Health and Wellbeing Board
Meeting to be held on 24 January 2023

Corporate Priorities:
Delivering Better Services

Place Based Partnership Update

Contact for further information:
Sarah James, Integrated Place Leader, Lancashire and South Cumbria Integrated Care Board, sarah.james79@nhs.net

Brief Summary

This report provides an update to the Health and Wellbeing Board on the developing Lancashire Place based Partnership for information. It includes the progress made since November 2022, the establishment of the Interim Place based Partnership Board and the next steps.

Recommendation

The Health and Wellbeing Board is asked to note the update on the development of the Lancashire Place Based Partnership.

Detail

This report provides an update to the Health and Wellbeing Board on the developing Lancashire Place Based Partnership.

Progress made since the last update (November 2022)

During this period, the following has been completed:

- Director of Health and Care Integration (Lancashire) – Louise Taylor and the three Integrated Place Leaders for Central, North and East are now in post.
- Developed initial thinking on what the Lancashire Place based Partnership will do and deliver, its vision and ways of working (The Lancashire Place Proposal) with a working group including partners from different geographies and sectors.
- Planned a series of workshops in localities in Lancashire (Central, North and East) in January and February 2023, with wider partners, to review, iterate and generate shared ownership of this proposal.
- Established an Interim Lancashire Place Based Partnership Board, which will meet for the first time on 16 January 2023.

Interim Lancashire Place Based Partnership Board

An interim Lancashire Placed Based Partnership Board has been established to drive, lead and oversee the development of an options appraisal to create joint governance arrangements to serve the functions of both the Health and Wellbeing Board and a Lancashire based Place Partnership.

The interim Board includes membership from across relevant sectors and geographies in Lancashire and will work to deliver the following:

a) Provide oversight, with check and challenge for the options appraisal work to consider the long-term potential of joint arrangements between the Lancashire Health and Wellbeing Board and the Lancashire Place Based Partnership Board.
b) Agree a final options appraisal to be presented to Lancashire Health and Wellbeing Board.
c) Act as a Place Based Partnership in the interim until any new arrangements are established and maintaining progress on the development of the delivery plans associated with the key priorities and programmes.

One of the first agenda items for this new arrangement is to agree the scope and timeline for the options appraisal work to report back to the Health and Wellbeing Board. Given the short period between these two meetings, a verbal update on progress will be provided to Health and Wellbeing Board Members at the meeting on 24 January 2023.

Working with the other Place Based Partnerships

During this period, Lancashire have been working with the other three areas, to agree a framework for what it means to be a place in Lancashire and South Cumbria. A series of workshops in early December 2022 helped to explore this with Local Authority Chief Executives and Integrated Care Board Executives. An updated version of the Strategic Narrative will set this out in a clear and concise way and be made available in due course.

Contribution has also been made to the development of the Lancashire and South Cumbria Integrated Care Strategy (see agenda item 4 on the Health and Wellbeing Board agenda for 24 January 2023) and will ensure that Lancashire's delivery plans at place include delivery of these agreed priorities across the wider Lancashire and South Cumbria area.

Next Steps

During January and February 2023, the interim Lancashire Place based Partnership will focus on:

- Refining the Lancashire Place Proposal with partners using feedback from Locality workshops.

- Locality workshops, in which partners will agree:

- ✓ What should Lancashire prioritise to do together - Based on what it knows about its area, what is already underway, and what the data says – what are the top priority areas for collective action in that locality?
- ✓ How to best work together for the benefit of Lancashire's residents – how could these new arrangements work in an effective way to drive delivery and how do partners want to be involved?

- Options appraisal and timeline for the joint governance arrangements.

List of background papers

N/A

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 24 January 2023

Corporate Priorities:
Delivering better services;

Health and Wellbeing Board Key Priorities - Progress Update
(Appendices 'A' and 'B' refer)

Contact for further information:
Ruksana Sardar-Akram, Tel: 01772 537839, Interim Consultant in Public Health - Best Start in Life, ruksana.sardar-akram@lancashire.gov.uk
Aidan Kirkpatrick, Tel: 01772 539893, Consultant in Public Health – Healthy Hearts, aidan.kirkpatrick@lancashire.gov.uk
Fiona Inston, Tel: 01772 532483, Consultant in Public Health (Emerging Talent) – Happier Minds, fiona.inston@lancashire.gov.uk

Brief Summary

The report provides an update on work to address the three key Board priorities:

- Best Start in Life
- Healthy Hearts
- Happier Minds

It also provides an update on the associated milestones and performance (Appendix 'A').

Recommendation

The Health and Wellbeing Board is asked to consider the performance update and endorse the areas identified as opportunities for collaboration and advocacy of the Board.

Detail

The Health and Wellbeing Board meeting of 25 January 2022 confirmed the Board's initial priorities as:

- Best Start in Life
- Healthy Hearts
- Happier Minds

Subsequently the Board has received reports on each of these areas of work.

This report is provided as an update on activity and progress to date, including performance metrics, forward look and opportunities for improvement/further collaboration.

Best Start in Life

Background

The initial report was presented to the Board on 10 May 2022.

Best start in life is one of major evidence-based ways of improving health and reducing health inequalities. This has been recognised as a priority area by the Health and Wellbeing Board and the Children and Young People and Families Partnership Board.

Setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure we give every child the best start in life possible and highlighted within the 2010 Marmot Review. The Best Start for Life: A Vision for the 1001 Critical Days Review Report also highlights that the building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two, yet this critical period is not always given the focus it deserves. School readiness starts pre-birth with the support of parents and caregivers when young children acquire the social and emotional skills, knowledge, and attitudes necessary for success in early years of development, school and life.

Performance Review (Appendix 'A')

The evidence presented from the Child Health profiles previously highlighted the inequalities that exist and strengthens the case for having a focus on giving children the very best start in life to improve outcomes for babies, children, and their families.

- Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire remains worse than England average.
- Although the trend is not yet statistically significant, the actual data compared to previous years is showing signs of improvement in many of the outcome areas highlighted.
- Some areas such as smoking status at time of delivery, under 18s conception rate continues to improve.
- Infant mortality rate for the first time since 2001, is now lower than the England average, and is lower than the region.
- Early years take up of funded nursery places for 2, 3 and 4-year-olds has improved (Appendix 'B').

Forward Look

Whist we need to continuously improve the overall outcomes for children, young people and families across Lancashire, the local priorities set out in our Best Start in Life programme include a focus on infant mortality, 1001 critical days, school readiness and adolescent mental health. These are also highlighted as a key priority area within the Lancashire Early Years Strategy.

There is some way to go before we reach the national average in some areas but the report highlights our plans and key milestones for future as well as considering local targets and measures so we can identify what good looks like in Lancashire. These will be key as we recommission some of our services locally but will also be embedded within the Early Years and Family Hubs model moving forward.

Opportunities for Collaboration / Advocacy of the Board

The Board continues its support to ensure:

- The outcomes and priority issues are embedded within Early Years and the Family Hubs model, including supporting an integrated approach to workforce, training, data, intelligence, development of pathways and parenting support across our services including health partners.
- There is commitment to joint commissioning and funding between the NHS Integrated Care Board, County Council and other relevant partners where appropriate, for example in relation to speech and language services and Looked after Children support.

Healthy Hearts

Background

The initial report was presented to the Board on 8 March 2022.

Cardiovascular disease morbidity is a major issue for health and social care and places a considerable financial burden on the NHS and wider society with cardiovascular disease related healthcare costs alone in England amounting to an estimated £7.4 billion per year, and annual costs to the wider economy being an estimated £15.8 billion. From a Lancashire perspective, cardiovascular disease premature mortality rates are well above the English average, which is in part likely to be associated with correspondingly high levels of deprivation.

In line with the Best Practice Framework to support a Healthy Hearts Programme (published by Public Health England and the Association of Directors of Public Health) a Lancashire wide Healthy Hearts programme has been developed encompassing the following seven thematic workstreams:

1. Tobacco
2. Alcohol
3. Physical Activity
4. Supporting Healthy Weight
5. Food Diet and Nutrition
6. Health in All Policies approach
7. Cardiovascular Risk Modification

As well as crucially recognising the interdependencies with the Lancashire and South Cumbria Integrated Care System's Cardiovascular Disease Prevention Steering Group, there will be particular focus on delivering the NHS Long Term Plan regarding the detection and management of the three related risk factors for the development of cardiovascular disease, namely atrial fibrillation, hypertension, and high cholesterol.

Performance Review (Appendix 'A')

Since the Healthy Hearts Programme was launched in March 2022, each thematic workstream has:

- Scoped out current baseline activity.
- Undertaken a thorough gap assessment of current activity relative to what best practice would look like informed by the underlying national evidence base.
- Set high level ambitions and started to develop revised delivery plans typically over an initial three-year time period.

Forward Look

Now that the high-level ambitions have been articulated for each thematic workstream, we are intending to further develop:

- The most appropriate partnership forums to engage with wider partners in support of delivery for each thematic workstream.
- A series of metrics that will help capture progress against these high-level ambitions.
- An assurance dashboard which will be used to report progress to the Health and Well Being Board on an ongoing basis.

Opportunities for Collaboration / Advocacy of the Board

This has been a very positive nine-month period since Healthy Hearts was identified as a priority for the Health and Well Being Board. Two important themes that have emerged whilst undertaking the strategic review of our current approach include:

- The need to ensure that broader prevention approaches are further embedded in the work of emerging partnership boards such as the Lancashire Drugs and Alcohol Partnership in parallel with the understandably pressing focus on widening current service provision for those residents that are already dependent on alcohol.
- The importance of aligning resource allocation to this broader prevention agenda so that the appropriate level of assurance can be offered to the Health and Well Being Board regarding the implementation of the respective workstream delivery plans.

Finally, it has been particularly welcome for the Healthy Hearts Steering Group to be able to align its Healthy Hearts approach with the wider Lancashire and South Cumbria Integrated Care System Cardiovascular Disease Prevention Strategy up to the end of 2029. It is recommended that the Health and Wellbeing Board continues to support opportunities to strengthen this alignment going forward.

Happier Minds

Background

The initial report was presented to the Board on 19 July 2022.

Our mental health and wellbeing through the whole life course is influenced by many components including social, economic and environmental factors. The Happier Minds programme is a partnership and system leadership approach to addressing five key strands of work:

- Emotional health and self-care
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

Since the initial report to the Board considerable progress has been made with the introduction of a Lancashire Alcohol and Drug Partnership (subject of a separate report on the agenda). Work is commencing to review historic drug related deaths and establish review panels following any future deaths. The reviews will look for any learning opportunities and to work with partners to reduce the numbers. A drug related death conference is planned for 2024 to share information and reflect on the learning and recommendation from reviews.

The cost-of-living pressures faced by residents are impacting on mental health of communities. The County Council has been working with district councils, town and parish councils and the voluntary, community, faith and social enterprise sectors to implement support measures, addressing the themes of food, fuel and financial security. The availability of warm spaces across a wide range of sectors increases social interaction and help to reduce loneliness and social isolation.

Self-harm and suicide rates remain too high. Chorley, Preston, Rossendale, Lancaster and Burnley are amongst the top ten local authorities in the Northwest with the highest suicide rates (all persons 2019-21). Prevention of suicide and self-harm remains a major public health and community challenge and no one organisation can tackle the issue in isolation.

The dementia strategy is currently being refreshed. Living a healthy lifestyle (eating a healthy balanced diet, maintaining a healthy weight, regular exercise, drinking within the recommended limited, not smoking and having a healthy blood pressure) and frequent social contact are key to reduce the risk of dementia. Research is also highlighting new risk factors which include air pollution and traumatic brain injuries.

Performance Review (Appendix 'A')

The performance review focuses on the following activities:

- Increasing the number of residents into treatment services for substance misuse (drug and alcohol).
- Reducing the number of suicides.
- Reducing self-harm.
- Reducing drug related deaths.

Although there are a number of defined milestones and targets, additional work is required to set the remainder, in conjunction with partners.

Forward Look

Work continues to fully scope this programme, further developing the Alcohol and Drug Partnership, and addressing drug related deaths. A suicide and self-harm strategy and associated multi-agency action plan are planned, together with a refresh of the dementia strategy.

Opportunities for Collaboration/Advocacy of the Board

Given that no one organisation can tackle these extremely complex issues, continuing collaboration and the strengthening of partnerships will ensure system change. The support and challenge by the Health and Wellbeing Board continues to be important.

Conclusion

Partners and key stakeholders continue to work together to ensure these priority areas are embedded within existing and emerging structures. Progress has been made, with the data showing some improvements, at a time when recovery is in progress from a major Covid-19 pandemic, although it is recognised that challenges remain in reducing inequalities across Lancashire.

Opportunities to work in collaboration with health and social care and wider partners, utilising a preventive approach, remain key.

List of background papers

N/A

Best Start

Best Start in Life

Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets (TBC)	Narrative Based Milestones	Date/by when	Info and Context
1.1 Reduction in infant Mortality (Per 1000)	Infant Moratality	**137 (3.8)**	Rates have been improving overall but Burnley and Rossendale have highest rates and Pendle and Preston have highest numbers	Reduce by 5% in 2025	Refresh and implement the Infant mortality action plan	Ongoing	
					A focus on delivering on the 1001 critical days vision and actions as part of the Best start in life priority areas	2024	
					SUDC deep dive in understanding child death cases	2024	
					Integrated early years pathways including Family hubs model aligning with maternity, early years and HV	2024	
					Development of place-based actions with key partners including supporting delivery of ICB plans for starting well and learning from CDOP and serious case reviews.	ongoing	
1.2 Reduce Smoking at time of delivery	Smoking at time of delivery	**1283 (12.7%)**	All districts are similar to Lancashire except for Fylde which is lower than Lancashire	10.6% (regional average) 2025	Reduce the number of women who smoke in pregnancy through infant mortality action plan and pathways for pregnant women to quit smoking	ongoing	
					Ensure advice is provided at every antenatal health check signposting to co monitoring	ongoing	
1.3 Reduce low birth weight babies	Reducing low Birth weight	**334 (3.1%)**	Rates in Preston and Hyndburn are above England Average and only Preston worse than Lancashire	2.9% (national average) by 2025	Reduce the number of women who smoke in pregnancy through action plan and pathways for pregnant women to quit smoking		
					Ensure advice is provided at every antenatal check t signposting to co monitoring		

Best Start

1.4 Reduce Under 18 Conception rate	Under 18 Conception Rates	**323 (16.5)**	Preston, Hyndburn Burnley and Lancaster are worse than England average; all districts are similar to Lancs	Reduce by 5%	Commission services to reduce under 18 conception rates	ongoing	
1.5 Increase Breastfeeding prevalence rates	Prevelance of Breastfeeding	**4563 (38%) at 6-8 wks**	**TBC**	5% by 2025	Develop strategy for Breastfeeding in conjunction with ICS and ensure the inclusion of community support provision	Apr-24	
					Continue to commission breastfeeding peer support service	Apr-24	
					Maintain the provision of BFI Gold status for community support services	May-24	
					Embed the LSC Feeding during the First Year of Life guidelines within LCC services including antenatal provision	Apr-24	
					Increase number of settings registered as Breastfeeding Friendly	Apr-24	
2.1 Children achieving a good level of development at the end of Reception	Good level of Development	**9.522 (69.2)**	significant inequalities and variations between deprived areas – for example Burnley – further analysis to be caried out TBC	71.8 (national average) by 2024	Increase in the number of children accessing quality early years 2-year offer	April 2024 On-going	
					Continue the provision of a vision screening service for children in reception		
					Ensure provision of a referral pathway remains in place for those who fail the vision screen		
					Establish monitoring process to determine effectiveness of Lancashire's 2 year integrated review pathway	Apr-24	
					Speech and language - LCC invested in a new approach/model, the Balanced System, which enables early identification of children and early intervention from Early Years colleagues, Children and Family Wellbeing Service, Health Visiting, to help children and families access appropriate early help.		

Best Start

					ASQs – work has commenced with Health Visiting to ensure the ASQ is completed correctly by a trained professional and recorded		
3.1 Reduce prevalence of Obesity (reception) -4 5 years	Obesity prevelance 4-5 years	**1,260 (10.3)**	Higher levels compared to England Average; worse in Burnley, Pendle but Ribble valley is better than both England Av and Lancashire	10.1 national Average 2025	Provide Healthy Heroes Early Years toolkit to Early Years settings within 4 targeted Districts: Burnley, Pendle, Preston, and Hyndburn Provide Family Programme (PASTA) in wards with the highest prevalence of children living with obesity Provide Food for Life (nutrition/cooking/growing) Programme in all Primary Schools, targeting schools to receive specific assistance in Burnley, Pendle, Preston and Hyndburn	24-Apr	
3.2 Reduce prevalence of obesity Year 6 (10-11 years)	Obesity prevelance 10-11 years	**3,065 (22.9)**	Lancashire increasing and higher than England Average. Burnley and Hyndburn are worse than Lancashire but an increasing trend in Preston, South Ribble and Wyre	Reduce by 10% by 2025	Develop clear pathways in schools to identify and follow children who are obese via the NCMP Work with Districts to implement actions in the Healthy Weight Declaration Work with Districts to implement the #gethangrycampaign Work with Districts to implement the Recipe for health programme to influence the availability of healthy food choices in our high streets	Ongoing	

Best Start

4.1 Reduce % of 5 years olds with experience of visually obvious dental decay	% of 5 years olds with experience of visually obvious dental decay	**30.40%**	Lancashire is worse than England Average; Preston, Burnley, Hyndburn and Pendle are higher than national and Lancashire overall.	23.4% Achieve by 2030	Commissioning of a Supervised toothbrushing scheme, delivered to Early Years and Reception children in targeted areas, with a comprehensive training programme for the Children's workforce	2023 ongoing	
					All Health Visitors distributing free Toothbrushes and tooth paste to all babies at 6-8 week visit and 9-12 month visit (if necessary)		
4.2 Reduce Hospital admissions for dental caries (0-5 years) – per 100,000	admissions for dental caries (0-5 years)	**1205 (499)**	not available worse than England average		Campaign targeting parents with very children currently being worked up to give appropriate messages re tooth brushing, Epidemiology surveys in schools		
5.1 Reduce Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000	Hospital admissions as a result of self-harm (10-14 yrs)	**255 (345.5)**	not available worse than England average	5% by 2025	Additional investment to plug gaps within colleges and schools such as Mental Health Support teams	Ongoing March 2023	
5.2 Reduce Hospital admissions as a result of self-harm (15-19 yrs)	Hospital admissions as a result of self-harm (15-19 yrs)	**405 (587.7)**	not available better than England average	10% reduction by 2025	Provide additional training and resources to schools		
					Ensure a self-harm prevention strategy within education settings		
					Deliver a schools survey to understand young people's mental health and wellbeing needs	2023	

Healthy Hearts

Tobacco							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Narrative Based Milestones**	**By when**	**Info and Context**
Reduction in Smoking Prevalence	Smoking Prevelance	Lancashire L12 smoking prevalence currently is 13.9% (2020)	Smoking Prevalence ranges from 5.0% (Ribble Valley) to 22.0% (Burnley)	To achieve a smoking prevalence of 5% of less by 2030 across Lancashire and within each district	1) Refresh of TFL strategy once national tobacco plan is published	Spring 23	2030 target still to be formally incorporated into refreshed Tobacco Free Lancashire Strategy. Corresonding action plan and associated district trajectories to be developed and therefore the performance based milestones will be refined further once this has been completed.
					2) Development of e-cigarette consensus statement across L&SC ICS	Summer 23	
					3) Development of place based action and implementation plans with key partners	Summer 23	
					4) Allocation of national and/or local resources to deliver NHS Long Term Plan in-patient nicotine addiction service and wider tobacco control agenda	Ongoing	
					5) Re-procurement of Lancashire Specialist Smoking Cessation Service with clear expectations about numbers of referrals and quit rates	Oct-23	
					Performance Based Milestones	**By when**	
					Increase in referral rate into specialist stop smoking services by at least 10% in the three districts (Burnley, West Lancs, Preston) with the highest smoking prevalence rates relative to baseline (2020)	Apr-25	
					Asbolute range of smoking prevalence between L12 districts reduced by at least 10% initially relative to baseline (2020)	Apr-25	

Healthy Hearts

Alcohol							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Narrative Based Milestones**	**By when**	**Info and Context**
Reduce the prevelance of dependant alcohol users	Level of unmet need within the dependant alcohol population. Numbers not in treatment.	At the end of quarter 4 (2021/22) 15.5% (n=2256) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%	Not possible to provide this data at borough level	To reach parity with the England average of unmet need of approximatley 80.5%	1) Increase the number of places in substance use treatment services	2022 - 25	*this number includes alcohol users and non-opiates and alchol users. (1) The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.
					2) Increase the size of the workforce and the range of treatments available to dependant alcohol users	2022 - 25	
					3) Form and develop an an alcohol and Drug partnership board	Quarter 3 2022/23	
					4) Undertake a alcohol and drug needs assessment	Nov-22	
					5) Develop a multiagency action plan based on the local needs assessment	Dec-22	
					6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams	Dec-23	
					Performance Based Milestones (1)	**By when**	
					Increase the number of people in alcohol treatment by 74	Mar-23	
					Increase the number of people in alcohol treatment by an additional 109	Mar-24	
					Increase the number of people in alcohol treatment by an additional 279. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users.	Mar-25	

Healthy Hearts

Physical Activity							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
Increase Level of Physical Activity	Levels of Cycling, Waking and Physical Activity	Lancashire L12 meeting recommended Physical Activty levels are 65.9%	Lancashire L12 recommeded Physical Activty levels range between Ribble Valley (72%) to Burnley (56.6%)	A doubling of the number of people cycling in Lancashire by 2028. A 10% increase in the number of people walking in Lancashire by 2028 Levels of physical inactivity in every Lancashire district brought below the national average by 2028	Instigate midterm review of Actively Moving Forward to establish baseline data to assess progress since 2018.	23-Jan	The targets outlined are from Actively Moving Forward and have an aspirational deadline of 2028. A mid term review of Actively Moving Forward as outlined in the milestones section would determin feasibility
					Establish cross-sectoral internal working group to drive aims and aspirations outlined in Actively Moving Forward.	23-Jan	
					Engage with district partners to promote LCC PH offer of activation match grant funding opportunities in relation to active travel opportunities	23-Jan	
					Establish working group to collaborate with education colleagues and schools to increase levels of physical activity	23-Jun	
					Establish external working group, working with key partners e.g. Active Lancashire, Sustrans, Living streets etc to provide a joined up offer in terms of promoting physical	23-Jun	
					Develop 3-year action plan with place based interventions with key partners	23-Jun	
					Performance Based Milestones	**By when**	
					Activation match grant funding projects implemented in relation to new or established infrastructure delivered in 4	25-Mar	
					Increased levels of walking and cycling in Lancashire on 2018 baseline figures outlined in Actively Moving Forward	26-Mar	
					Levels of physical inactivity brought down from baseline figures in Hyndurn, Burnley and Pendle	26-Mar	

Healthy Hearts

Supporting Healthy Weight							
Outcome	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
Progress Made on the Healthy Weight Declaration (HWD)	Increased uptake of the recipe for Health (R4H) award and this is rolled out in other disctricts. Launch of the healthy advertising policy. How many HWD priorities being actively implemented and the number of HWD being fully implemented	The HWD was relaunched in 2022	Pendle has recently been part of the trailblazer work	75% of the HWD priorities are being actively progressed by March 26	Food Active commission to promote the HWD work	Mar-23	HWD has 16 priorities for LCC to tackle unhealthy weight. Priorities look at advertising, systems wide approaches, reducing health inequalities
					Development of action plan associated with ecah of the HWD priorities with measurables attached to show progress	Aug-23	
					Revisit the LCC healthy advertising policy	2024	
					Food Active engagement with EM to promote and influence the actions related to the HWD	Oct-23	
					Performance Based Milestones		
					Recommission of the Adult Weight Management service	Mar-24	
					Youth Ambassadors supporting the HWD in districts	Jan-24	
					Increased uptake fo the recipe for health award	March 23-March 25	
To provide an effective and equitable weight management service for our population	Access to the service Demographics of service users Healthy weight programme completion rates Service user outcomes in terms of weight loss (kg)	Across L12 (Data from April 2021-May 2022) Eligible population for programme 224,101 Total referrals into healthy weight programme 2,224 (1% of eligible population) Referrals - Males 20% Females 80% 24% aged 65 plus 12% aged under 35 Average Weight loss 3.88kg	The percentage of the eligible population accessing health weight services vary between districts with Preston (0.3%) at the lowest to the highest uptake in Fylde (4.1%)	To improve referrals into our weight management services to 10% of eligible population by 2026	Ongoing quality and Improvement work to increase the uptake and accessibility of Healthy Weight Programme	Mar-24	The Active Lives survey shows (2020/2021) estimates that 66.6% of the adult population (18+) in Lancashire are classed as overweight or obese. OHID provided additonal Grant funding for 2021/2022 to enhance delivery but was time limited. District targets around overweight and obese groups will be set to improve uptake by males and under 35
					To complete the procurement process to enable future service delivery of Healthy Weight Services. Re design the service specification mapped to the evidence base and update the delivery model that will enable improved service delivery in the future.	Apr-24	
					Performance Based Milestones	**By when**	
					Increase uptake of healthy weight services for male participants by 10%	Mar-24	
					Increase uptake of healthy weight services for people under 35 participants by 10%	Mar-24	

Healthy Hearts

Food Diet and Nutrition							
Outcome 1	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
Improve food culture in schools and early years settings	The commission of the Food For Life Service and recommission of PASTA	10 of the 12 Lancashire districts that have wards with rates of excess weight in children being between 40-50%. 1 in every 2 children in some Lancashire wards having excess weight	Yr 6 obesity % in each district: Burnley 37.6%, Chorley 34%, Fylde 31%, Hyndburn 39.3%, Lancaster 35.1%, Pendle 38.5%, Preston 35.7%, Ribble Valley 30.7%, Rossendale 36.8%, South Ribble 34.9%, West Lancashire 36.4%, Wyre 35.3%	Just less than 1% of primary schools in Lancashire currently hold the Food for Life bronze award. This will increase to 29% by 2025	Commission the Food For Life Support service with a clear expectations on the enrollment numbers for the FFL Award	Mar-23	PASTA is play and skills at tea time- this is a programme where children and their parents/carers take part in activities together followed by cooking of a healthy meal and sitting down to eat together. The related Food for Life (FFL) programme, is in the process pf being commissioned. The provider will actively support Early Years and primary settings to implement a pocitive food culture and work through the FFL award. Both these programmes also support the national child measuring programme (NCMP) for children in reception and year 6.
					Market Engagement for PASTA	Mar-23	
					NCMP pathway reviewed and published	Mar-23	
					Review and redesign of PASTA service specification	Aug-23	
					Procurement and commission of PASTA	Apr-24	
					Evaluation of the FFL programme	Jan-25	
					Performance Based Milestones	**By when**	
					170 Schools/EY settings awarded their bronze award	Mar-25	
					PASTA delivered in all 30 wards	Mar-23	
Outcome 2	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
Development of an LCC Food Strategy	A documented, agreed and published strategy	Initial background work completed on the Food Strategy with a scoping workshop completed	Lancaster, Hyndburn and Preston already have versions of a local level food strategy	Internal Strategy completed with an timelines implementation plan	Establishment of a food strategy steering group	Mar-23	
					Draft of the Food Strategy	Jun-23	
					Finalisation of the strategy	Aug-23	
					Strategy to comms for development	Sep-23	
					Agreement of priority leads	Sep-23	
					Continued monitoring of priority development at food strategy steering group	Ongoing	
					Scoping off the role out of the Strategy into L12	Mar-24	
					Performance Based Milestones		
					Food Strategy Published	Oct-23	
					Food Strategy rolled out to most districts	Mar-26	

Healthy Hearts

Health in All Policies							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
To ensure that a Health in All Policies approach is embedded within the Healthy Hearts Programme	Number of policy areas as outlined opposite under 'Information and Context' that are implemented	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	By way of illustrative example the Fast Food Advisory Notice has, to date, been implemented in 3 out 12 districts	At least 75% of the proposed policy areas, based on feasibility study, to be actively implemented across Lancashire 12 over the next five years	Agreement with partners as to the scope of the policy areas to be considered in support of the Healty Hearts programme	Spring 23	There are a number of key policy interventions that have been highlighted by NICE to potentially impact on CVD Prevention including 1) Revision of public sector advertising policies impacting on children and young people 2) Ensuring publicly funded food and drink provision promote a healthy and balanced diet 3) Restriction of planning permission for take-aways and other food retail outlets in key areas 4) Wider community access to school facilities to promote physical activity 5) Alignment of 'planning gain' agreements with the promotion of physically active travel 6) Local licensing powers to limit the availability of alcohol within local communities
					Conduct high level feasibility study on each of the proposed policy areas to understand implementation/alternatives	Autumn 23	
					Produce 6 proposal documents to support 5 year implementation	Winter 23	
					Design of a five year implementation approach on a phased basis	Spring 24	
					Performance Based Milestones	**By when**	
					More detailed performance based milestones specific to each policy area be determined once scoping of policies to be completed	Spring 24	

Healthy Hearts

Cardio Vascular Disease Risk Modification							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Milestones**	**By when**	**Info and Context**
Improve the coverage of the NHS Health Check Programme	Invited (Offered) and completed (actual) NHS Health Checks	2021/2022 Offered 30,700 Actual 11,010 2022/2023 (cumulative to end of Q2) Offered 59,189 Actual 14,924	There is a range of coverage between the 135 General practices delivering NHS Health Checks. (7 General Practices not delivering NHS Health Checks and 30 practices delivering over the national ambition). These variations are not specific to one district in Lancashire	To invite (offer) the NHS Health Check to 100% of the Eligible population To achieve the national ambition of 75% of the eligible population as a 5 year target (currently equates to 52,500 in Lancashire)	Quality Improvement - To develop a greater understanding of how NHS Health Check patient information is recorded in Primary Care systems such as EMIS and transferred into the system by external providers.	Apr-23	The NHS Health Check is a national programme delivered in line with the programme standards. The national ambition for NHS Health completion is to achieve 75% of the eligible population on an annual basis. Locally due to the transformation work ongoing and the redesign of the General Practice specification localised targets will also be set, these will be finalised as part of the redesign of the service specification
					To improve communications and marketing in relation to NHS Health Check advertising, including what a health check is, how to access it and who is delivering NHS Health Check on behalf of LCC.	Apr-23	
					Engage, design, and implement pilot projects to trial different ways of NHS Health Check delivery across Lancashire.	Apr-23	
					Quality Improvement - To develop a cost effective, adaptable and accredited training programme for clinicians and non-clinicians to deliver NHS Health Checks to Lancashire's residents in line with the National Standards.	Dec-23	
					To improve the quality and breadth of data received from the MLCSU in relation to NHS Health Check and develop analysis techniques with BI to improve quality	Mar-24	
					To procure a cost-effective NHS Health Check service delivery model.	Mar-24	
					Performance Based Milestones	**By when**	
					To achieve 50% of pre covid delivery by end of Q4 2022/2023 (This equates to approximately 20,000 NHS Health Checks)	Mar-23	
					To return to pre covid levels of NHS Health Check delivery	Mar-24	
					To reduce the variation in coverage by General Practice registered population by at least 10%	Mar-24	

Healthy Hearts

To opportunistically identify adults over the age of 18 who have not previously been diagnosed with high blood pressure and to promptly refer them to their GP	Completed Blood Pressure Checks Lifestyle conversations Onward Referrals to lifestyle services Referrals to General Practice for ongoing clinical intervention	Between 1/2/22 - 1/1/23 a total of 1,392 people have been supported through the BP Case Finding Service 100% of people who have accessed the service have had lifestyle conversations and where appropriate have been signposted/referred into lifestyle services 496 General practice referrals/signposts	Central Lancashire residents have received 44% of the total BP checks completed, West Lancashire have received 1%, Pennine - 29%, Morecambe bay - 2.7%, Fylde Coast - 8%. 15% of BP checks have been completed with no location recorded.	To increase the detection and referral of people who possibly have high blood pressure. To reduce the gap between expected prevalence and managed high blood pressure. To increase the awareness and uptake of the NHS Health Check and Adult Weight Management programmes in Lancashire.	To review signposting vs onward referral to lifestyle services and General Practice within specification and contract.	Aug-23	The BP case finding contract is delivered by Spring North are a charitable consortium comprising of over 130 member organisations The service provides: A free of charge blood pressure check (at point of contact). Access to blood pressure monitoring through community outreach activities for people who might not otherwise engage with primary care (general practice).
					Ongoing quality and Improvement work to increase the uptake and accessibility of BP case Finding Service	Jan-24	
					Consider incorporating the BP case finding contract as part of the NHS Health Check contract from 1/4/24.	Mar-24	
					Performance Based Milestones	**By when**	
					To reduce the variation in coverage across Lancashire by at least 10% and to record a location for every BP completed.	Aug-23	

Healthy Hearts

NHS Long Term Plan							
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Narrative Milestones	By when	Info and Context
To improve the detection and management of patients with Atrial Fibrillation, Hypertension and High Cholesterol	Percentage of the expected number of people with AF who are detected	84.10%	76.6% to 88.2%	85% by 2029	1. Sign-off of ICS CVD Prevention Strategy encompassing following aims: a) Restore identification and monitoring of CVD risk factors to pre-pandemic levels b) Achieve the national ambitions for atrial fibrillation (AF), high blood pressure (BP) and Cholesterol (inclusive of FH) detection and management by 2029 c) Adopt a whole system, health Inequalities approach to prevention, to improve population health across L&SC and deliver the CVD priorities of Core20Plus5 as well as reducing variation d) Reduce cardiovascular disease (CVD) mortality and morbidity e) Improve the cardiovascular health of the working age population thereby having a social and economic impact f) Ensure that prevention (CVD) remains a high priority across the population and the system g) Support the prevention of 150,000 heart attacks, strokes and dementia cases as per the Long Term Plan 2. Setting up of ICS CVD Prevention Steering Group 3. Production of ICS CVD Prevention Action Plan	March 23 April 23 June 23	1) Stated targets are currently indicative national aspirations that have as yet to be confirmed and then put forward for local adoption 2) Current measures are based on a L&SC footprint rather than specifically a L12 footprint based on 19/20 data for estimated prevalence but for Q2 22/23 for all other measures.
	Percentage of patients who are already known to be at high risk of a stroke who are adequately anticoagulated	88.70%	71.4 - 100%	90% by 2029			
	Percentage of the expected number of people with Hypertension who are detected	68.20%	61.4% to 76.3%	80% by 2029			
	Percentage of patients who are already known to have hypertension who are treated to target as per NICE Guidelines by 2029	≥80yrs = 72% <80yrs = 51%	≥80yrs = 47.4 - 93.5% <80yrs = 25.2 - 75.6%	80% by 2029			
	Percentage of eligible people aged 40 to 74 without established CVD, such as a previous heart attack or stroke, who have received a formal validated CVD risk assessment and cholesterol reading recorded on a primary care data system in the last 5 years	21.00%	1.1 - 64.8%	75% by 2029	Performance Based Milestones	By when	
	Percentage of people aged 40 to 74 without established CVD, such as a previous heart attack or stroke, identified as having a 20% or greater 10-year risk of developing CVD in primary care who are treated with statins	35%	35.4 - 89.8%	45% by 2029	To be Determined once ICS CVD Prevention Strategy is signed off	Jan 24	
	Percentage of people with Familial Hypercholesterolaemia (FH) who are diagnosed and treated optimally according to the NICE FH Guidelines	Not yet reported	Not yet reported	25% by 2024			

Happier Minds

Happier Minds							
Outcomes	**What are the Measures?**	**Current Performance**	**Highlight degree of variation**	**Targets**	**Narrative Based Milestones**	**Date/by when**	**Info and Context**
Reduction in self harm	Prevalence of self-harm	In 2020/21 there was 2,130 emergency hospital admissions in Lancashire linked to intentional self-harm (rate of 177 per 100,000), English average is 181 per 100,000 for the same period. The current prevalence is unknown	Currently we do not have this information and we are awaiting a new reporting dashboard from the NHS which would provide some indications	Target needs to be agreed with the partnership and could include a reduction of the number of emergency admissions in Lancashire linked to self- harm, number of professional trained in self harm prevention, number of people accessing services	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	
Reduction in suicide	Number of suspected/ confirmed suicides	For the period 2019-21 there were 425 deaths, with the cause of death identified as suicide, in the Lancashire-12 area. Of these 318 were male and 107 female. This is a rate of 13.5 per 100,000 in Lancashire and the national figure is 10.4 per 100,000	There is a variation across districts and is often linked to deprivation. ONS data for 2021 provides the variation as Preston 25 and lowest rate is 4 Ribble Valley (year of registered death)	National target (outlined in the five year view for Mental Health in 2016) was a 10% reduction by 2020/21. We are awaiting an updated target with the pending new strategy and consideration around local targets needs to considered and consulted with wider partners.	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	National strategy due to be published early 2023

Happier Minds

Reduce the prevalence of dependent alcohol and drug users (in adults)	Level of unmet need within the dependant alcohol population. Numbers not in treatment. Number of people in drug treatment services	At the end of quarter 4 (2021/22) 15.5% (n2256*) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%. 3,848 people were in treatment service in 2020/21 in Lancashire and 68% in service were males	Not possible to provide this data at borough level. For drug related data the providers are due to provide a detailed breakdown at the end of quater 4	To reach parity with the England average of unmet need of approximately 80.5%. Second target is to increase number of people in drug treament services and targets are outlined under the milestones	1) Increase the number of places in substance use treatment services	2022 - 25	*this number includes alcohol users and non-opiates and alcohol users. (1) The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.
					2) Increase the size of the workforce and the range of treatments available to dependant alcohol and drug users	2022 - 25	
					3) Form and develop an alcohol and drug partnership board	Quarter 3 2022/23	
					4) Undertake a alcohol and drug needs assessment	22-Nov	
					5) Develop a multiagency action plan based on the local needs assessment	22-Dec	
					6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams. Improve pathways across the criminal justice service	23-Dec	
					Performance Based Milestones (1)	**By when**	
					Increase the number of people in alcohol treatment by 74 and 192 into drug treatment services	23-Mar	
					Increase the number of people in alcohol treatment by an additional 109 and 619 into drug treatment services	24-Mar	
					Increase the number of people in alcohol treatment by an additional 279 and 1370 into drug treatment services. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users. By March 25 and additional 2,181 people would have assessed drug treatment services compared to the baseline in 2021/22.	25-Mar	
Reduction in drug related deaths	Number of drug related deaths	In 2018 - 20 there was 161 drug related deaths in Lancashire (4.8 per 100,000). England rate is 5 per 100,000.	The rates of drug related deaths in Lancashire are higher than the England average (all persons) in Burnley, Fylde, Chorley, Pendle and Lancaster. In 2020, 8 drug related deaths happened in Burnley and two districts (Rossendale and Ribble Valley) had nil.	Nationally rates have been increasing. The number of drug-related deaths in England and Wales has risen steadily for a decade, with another 6% year on year rise emerging in the latest data from the Office for National Statistics. The National Drug Strategy (From Harm to Hope) sets out a national target to prevent nearly 1,000 deaths. No local target has been set. The alcohol and drug partnership will consider a target (following recommendation by officers working with local partners) and can report back. An estimate figure could be 55 based on recent years figures with a 10% reduction.	1) Appoint a mortality lead on drug related deaths on appoint a drug and alcohol lead within a provider	23-Jan	
					2) Review historic drug related deaths working with partners and make recommendations on findings	23-Jun	
					3) Establish a drug related panel and use the learning with partners to improve prevention for future drug related deaths	23-Jul	
					4) Lancashire Public Health team to host a Lancashire drug related death conference in 2024	2024	

School Readiness (Early Years Placement Uptake)

1. National Data *(*see note 1)*

Percentage of 2-year-old children taking up a place according to Spring Census					
Level	**2018**	**2019**	**2020**	**2021**	**2022**
Lancashire	**75%**	**69%**	**69%**	**62%**	**76%**
England	72%	68%	69%	62%	72%
North West Region	83%	74%	72%	67%	76%

- Lancashire has seen a 14% increase in the percentage of 2-year-olds taking up a place for the spring census 2022 compared to the previous year
- Lancashire's rate of increase is higher than the national rate of increase (10%) and regional rate of increase (9%)
- Spring 2022 is the first time that Lancashire has been in line with regional 2 year old take up rates

Percentage of 3 & 4 year-old children taking up a place according to Spring Census					
Level	**2018**	**2019**	**2020**	**2021**	**2022**
Lancashire	**98%**	**97%**	**98%**	**97%**	**98%**
England	94%	93%	93%	90%	**92%**
North West Region	97%	96%	96%	93%	**96%**

- Lancashire made further improvements in the percentage take up of 3 & 4 year olds for the spring census 2022 and continues to be above the national and regional take up rates for 3 & 4 year olds.

2. Local Data (*see notes 2-4)

a) 2-year-old take up – Lancashire level analysis

Academic Year	Term	Population (DfE)	No. of children	Take-Up % (Unique)	No. of children not accessing
2020/21	Autumn	4484	3071	68.5	1413
2020/21	Spring	4351	2959	68.0	1392
2020/21	Summer	4446	3203	72.0	1243
2021/22	Autumn	4435	3710	83.7	725
2021/22	Spring	4317	3576	82.8	741
2021/22	**Summer**	**4044**	**3608**	**89.2**	**436**
2022/23	Autumn	3977	3521	88.5	456

- Lancashire has seen a significant increase in the percentage of 2 year olds accessing a place in the summer term 2021/22 (17.2% increase compared to summer 2020/21, and improvements have been made across all districts as can be seen in the tables below
- Pendle, Hyndburn, Rossendale and Preston have historically been the districts with lowest take up. Whilst these do still continue to have the highest number of children

not accessing provision, along with Burnley, significant improvements have been made in the last 12 months

- Pendle has the second highest rate of increase at just under 21%
- Take up in Preston and all of the East districts is at its highest ever, even pre-covid
- Please note the autumn 2022/23 figures are taken as of 30 November 2023. Claims for the autumn term continue to be processed and final data will be available towards the end of February/early March 2023, so the overall percentage will increase further

b) 2-year-old take up – district level analysis

2YO Locally Calculated District	Summer Term 2021			Summer Term 2022				% Change
	Eligible Population (DfE)	No. of children	% take up	Eligible Population (DfE)	No. of children	% take up	No's not accessing	
Pendle	470	282	60.0	477	385	80.7	92	20.7
Hyndburn	465	309	66.5	445	363	81.6	82	15.1
Rossendale	264	170	64.4	224	184	82.1	40	17.7
Fylde	194	127	65.5	147	124	84.4	23	18.9
Preston	695	478	68.8	599	512	85.5	87	16.7
Burnley	552	417	75.5	532	455	85.5	77	10.0
Wyre	311	235	75.6	274	247	90.1	27	14.6
South Ribble	295	217	73.6	265	248	93.6	17	20.0
Lancaster	450	395	87.8	416	407	97.8	9	10.1
Chorley	315	251	79.7	260	256	98.5	4	18.8
West Lancashire	357	268	75.1	321	322	100.3	-1	25.2
Ribble Valley	78	50	64.1	72	77	106.9	-5	42.8
Unknown		4		12	28	233.3	-16	233.3
Total	**4446**	**3203**	**72.0**	**4044**	**3608**	**89.2**	436	**17.2**

c) 3- & 4-Year-old take up – Lancashire level analysis

Year	Term	Population (SFR)	No. of children	% take up	No. of children not accessing
2020/21	Autumn	27736	26022	93.8	1714
2020/21	Spring	27043	24987	92.4	2056
2020/21	Summer	27043	25145	93.0	1898
2021/22	Autumn	27043	25509	94.3	1534
2021/22	Spring	26275	24966	95.0	1309
2021/22	**Summer**	**26275**	**24717**	**94.1**	**1558**
2022/23	**Autumn**	**26275**	**25154**	**95.7**	**1121**

- Lancashire has seen further improvements in the take up of 3 & 4 year old places in summer 2021/22 compared to summer 2021/22 (1.1% increase)
- With the exception of Chorley and Pendle all districts have seen an increase in the take up of 3 & 4 year old places as can be seen in the table below
- It should however be noted that the termly 3&4 year old data is as a proxy guide only. As ONS estimates are used, in some instances the actual number of children taking up a

place in a district is higher than 100% which indicates the population estimates are not a true picture of the real number of 3&4 year olds living in those areas

- Please note the autumn 2022/23 figures are taken as of 30 November 2023. Claims for the autumn term continue to be processed and final data will be available towards the end of February/early March 2023, so the overall percentage will increase further

d) 3 and 4 Year old take up – District level analysis

Locally Calculated	Summer 2021			Summer 2022				% Change
District	Population (SFR)	No. of children	% take up	Population (SFR)	No. of children	% take up	No's not accessing	
Chorley	2655	2485	93.6	2580	2318	89.8	262	-3.8
Pendle	2462	2282	92.7	2392	2201	92.0	191	-0.7
Rossendale	1577	1458	92.5	1532	1420	92.7	112	0.2
Burnley	2443	2252	92.2	2373	2204	92.9	169	0.7
Preston	3765	3487	92.6	3658	3420	93.5	238	0.9
Wyre	2029	1875	92.4	1972	1844	93.5	128	1.1
Lancaster	2959	2685	90.7	2874	2695	93.8	179	3.0
Hyndburn	2044	1901	93.0	1986	1865	93.9	121	0.9
South Ribble	2413	2269	94.0	2345	2207	94.1	138	0.1
Fylde	1389	1284	92.4	1350	1271	94.1	79	1.7
West Lancashire	2236	2057	92.0	2172	2080	95.8	92	3.8
Ribble Valley	1071	1077	100.6	1041	1067	102.5	-26	1.9
Unknown		33	0.0		125	0.0	-125	0.0
Total	**27043**	**25145**	**93.0**	**26275**	**24717**	**94.1**	**1558**	1.1

3. Analysis by Vulnerable Groups

a) 2 year old vulnerable groups take up data

2 year olds	Summer 21			Autumn 21			Spring 22			Summer 22			% Changes	
	No. of 2 Year Olds	No. of Children Accessing	% Take Up	No. of 2 Year Olds	No. of Children	% Take Up	No. of 2 Year Olds	No. of Children Accessing	% Take Up	No. of 2 Year Olds	No. of Children Accessing	% Take Up	Previous Term	Summer 2021
Children Looked After	74	37	50.0	85	46	54.1	94	59	62.8	95	55	57.9	-4.9	+7.9
Children In Need	87	40	46.0	96	62	64.6	75	51	68.0	76	53	69.7	+1.7	+23.8
Child Protection	52	32	61.5	47	29	61.7	45	32	71.1	39	28	71.8	+0.7	+10.3
Children open to CFW	246	106	43.1	220	129	58.6	159	92	57.9	175	102	58.3	+0.4	+15.2

- 2 year old take up has increased across all the vulnerable groups in Summer 2022 compared to Summer 2021
- Take up has also continued to increase from last term for all groups with the exception of CLA which has seen a drop of just under 5%
- Education Improvement, Children & Family Well Being and Social Services are continuing to work very closely to improve the take up of places for vulnerable children

b) 3 & 4 year old vulnerable groups take up data

3 & 4 year olds	Summer 21			Autumn 21			Spring 22			Summer 22			% Changes	
	Total No. of 3&4	No. of Children Accessing	% Take Up	Total No. of 3&4	No. of Children Accessing	% Take Up	Total No. of 3&4	No. of Children Accessing	% Take Up	Total No. of 3&4	No. of Children Accessing	% Take Up	Previous Term	Summer 2021
Children Looked After	61	41	67.2	133	95	71.4	108	77	71.3	108	75	69.4	-1.9	+2.2
Children In Need	150	116	77.3	73	61	83.6	148	133	89.9	151	124	82.1	-7.7	+4.8
Child Protection	70	58	82.9	22	8	36.4	62	48	77.4	97	77	79.4	+2.0	-3.5
Children open to CFW	626	471	75.2	224	178	79.5	317	252	79.5	404	313	77.5	-2.0	+2.2

- 3&4 year old take has increased across all the vulnerable groups in Summer 2022 compared to Summer 2021, with the exception of child protection which has seen a decline of 3.5%
- Take up of children with a child protection plan has improved however since last term, yet all of the other categories have seen a decline
- Education Improvement, Children & Family Well Being and Social Services are working closely to understand why this may be the case, and agreeing actions to address this

4. Quality of Access

- 97.5% of 2 year olds were accessing good or outstanding provision in summer 2021/22 compared to the previous term
- 96.8% of 3 & 4 year olds were accessing good or outstanding provision in summer 2021/22 compared to the previous term

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 24 January 2023

Corporate Priorities:
Caring for the vulnerable;
Delivering better services;

Lancashire Alcohol and Drug Partnership Update
(Appendix 'A' refers)

Contact for further information:
Fiona Inston, Tel: 01772 532483, Public Health Consultant (Emerging Talent),
fiona.inston@lancashire.gov.uk

Brief Summary

The report outlines to the Health and Wellbeing Board the progress made and next steps for the Lancashire Alcohol and Drug Partnership following the publication of the National Drug Strategy in 2021.

Recommendation

The Health and Wellbeing Board is asked to endorse the Lancashire Alcohol and Drugs Needs Assessment (Appendix 'A') and the steps being taken to implement the national drugs plan to cut crime and save lives.

Detail

Addressing substance misuse remains a key national priority. The National Drug Strategy 2021, 'From Harm to Hope: A 10 Year drugs plan to cut crime and save lives' builds on the previous 2017 national drug strategy and aims to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. To achieve this, there is a focus on three strategic priorities:

- Breaking drug supply chains
- Delivering a world-class treatment and recovery system
- Achieving a generational shift in demand for drugs

The strategy sets out the local arrangements and a variety of indicative deadlines and below outlines the local response.

The strategy required a named Senior Responsible Officer (SRO). Dr Sakthi Karunanithi, Director of Public Health is the SRO for the local partnership.

An Alcohol and Drug Partnership was formed in Lancashire and first convened in July 2022. The partnership has adopted a formal Terms of Reference (October 2022).

Membership of the partnership includes elected members, colleagues from Public Health, the NHS, Police, Police and Crime Commissioner's (PCC) office, substance misuse treatment providers (Change Grow Live and We Are With You), probation and prison service and people with lived experience of drug-related harm (Red Rose Recovery and The Well Communities). It is anticipated that the membership will engage and work with wider partners.

The partnership is coterminous with the administrative area of the county council; however, opportunities will be sought with the unitary authorities and others to facilitate joint working.

It has been agreed that the new partnership will report to the Health and Wellbeing Board. The work of the partnership also needs to link with other key strategic boards including the Lancashire Community Safety Partnership Board, Lancashire Criminal Justice Board, Lancashire Reducing Reoffending Board and Lancashire Violence Reduction Unit.

The national strategy required a local joint needs assessment to be completed by November 2022. The draft needs assessment was presented to the Lancashire Alcohol and Drugs Partnership in November 2022; and approved at the partnership meeting on 14 December 2022 (Appendix 'A'). It is anticipated that the needs assessment is an iterative process, to be reviewed annually.

The national strategy also required production of a delivery plan by December 2022 (locally called the action plan). The action plan focuses on the three key priorities from the national strategy and includes data collection. The key themes of the plan include education, support, influencing, partnership working and enforcement, and captures nearly 40 actions across a range of partners. The action plan was developed from the information obtained from the needs assessment, an insight group made up from members of the partnership and a workshop with the partnership group. The action plan has been widely circulated around partners and wider stakeholders for input and will also be a reiterative process. The action plan will be regularly reviewed by the Alcohol and Drug Partnership to track progress and celebrate success.

The national strategy requires provision of additional treatment services and focuses on reducing drug related deaths as one of its key performance outcomes. Lancashire County Council has been indicatively awarded additional funding from the Office for Health Improvement and Disparities over three years (2022-2025). This is in the form of a supplementary substance misuse treatment and recovery grant (c£15m) and an inpatient detoxification grant (c£600k). This funding supplements a range of commissions currently funded via the public health grant, and wider programmes such as Changing Futures.

It is planned to conduct an initial review the progress of the partnership by April 2023.

List of background papers

From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) (December 21)

Alcohol and Drugs Needs Assessment v0.3

Lancashire

November 2022

Contents

Executive summary 3
Introduction 5
The National Drug Strategy 2021 5
Needs assessment and action plan 6
Breaking the supply chain 6
Alcohol-related crime 7
Drug offences 7
Reoffending rates 9
Organised crime 9
County Lines 10
Treatment and Recovery 10
Impact of COVID-19 on drug treatment 11
Drug-related deaths 11
Hospital admissions due to drug poisoning 11
Rates of unmet need 12
Measures of recovery 12
People in treatment: by substance, sex, and age 14
Adults in treatment 15
Young people in treatment 15
Early unplanned exits 15
Deaths in treatment 16
Co-occurring mental health and substance misuse conditions 16
Tobacco 17
Clients in contact with the criminal justice system 17
Prevention 18
Types of prevention interventions 19
Prevention interventions in Lancashire 19
Support and signposting 23
Acknowledgements 24
Appendix 25

Executive summary

Breaking the supply chains

- In the five-year period from 2017 to 2022 there has been a reduction of 17% in the number of recorded alcohol-related crimes. As a proportion of all crime, alcohol-related crime has reduced from 14.4% to 11% during this period.
- All recorded drug offences have seen an increasing trend over the last five years, with a 36% increase when comparing 2017/18 to 2021/22. Three of the five areas with the largest volumes and highest rates per 1000 population are within the east of the county – Burnley, Hyndburn and Pendle.
- Outcomes rates for all drug offences – positive outcomes for 2022 are at their highest since 2017 – currently 73%.
- The latest reoffending rate for Lancashire is 22.6%. The rates have been reducing over the last ten years, and have previously been as high as 35%. The number of reoffences per reoffender has remained quite static throughout the ten year period.
- When looking at index offences and in particular theft – as this is often linked to those most in need – the reoffending rate for these offenders is higher than any other crime offence category. For the last ten years this rate has been consistently around 50%.
- The threat from serious organised crime is often hidden and/or unreported. The most direct harm continues to be through the distribution and supply of controlled drugs. The latest information shows that areas across Lancashire are being impacted upon county lines originating from Merseyside, Manchester and West Yorkshire.

Treatment and recovery

- Based on 2016/17 estimates Lancashire has a similar prevalence of opiate and/or crack users (OCUs) compared to England (9.1 versus 8.9 per 1,000 of the population aged 15-64, respectively). This is significantly lower compared to Blackburn with Darwen (18.8) and Blackpool (23.5).
- A total of 6119 adults in Lancashire were in drug and alcohol treatment for the year ending March 2022, which is a 1.1% increase compared to the same period ending March 2021. Just over 40% of this total were new to treatment in 2022 (similar to England, Blackburn with Darwen, and Blackpool).
- For the year-ending March 2020-21 there were 340 young people in community structured treatment, for under 18s, and 18-24s in young people's services.
- Approximately half of opiates and/or crack cocaine users (OCUs) are not currently in treatment (48% compared to 53% in England). Lancashire is third out of 16 comparable LAs (range 42.9% (Cumbria) to 65.2% (Essex)). For opiates, 40% of users in Lancashire are not currently in treatment compared to 47% in England, crack users 53% versus 58%, and alcohol users 84% versus 82%. Lancashire data are similar to Blackburn with Darwen and Blackpool.
- 5.7% of opiate users successfully completed drug treatment and did not re-present within six months (similar to England (5.0%), Blackburn with Darwen (6.2%), and Blackpool (6.1%)). The trend between 2017 and 2021 in Lancashire is decreasing and getting worse, which mirrors the trend in England overall.
- 37.6% of non-opiate users successfully completed drug treatment and did not re-present within six months (significantly higher than England (34.5%) and Blackpool (35.0%), but lower than Blackburn

with Darwen (50.6%)). The trend between 2017 and 2021 in Lancashire is decreasing and getting worse, which mirrors the trend in England overall.

- 48.8% of alcohol users successfully completed treatment and did not re-present within six months (significantly higher than England (35.3%), and Blackpool (36.5%), but similar to Blackburn with Darwen (56.3%). The trend between 2017 and 2021 in Lancashire is decreasing and getting worse, which mirrors the trend in England overall.
- Deaths from drug misuse in Lancashire have been significantly higher since 2006-08 period and has decreased over the two most recent reporting periods to 4.8 per 100,000 in the period 2018-20, which is similar to the rest of England (5.0) but significantly lower than North West region (7.1), Blackburn with Darwen (9.1) and Blackpool (22.1). This is the first decrease for Lancashire since the 2009-2011 period.
- For the period 2020-21, Lancashire recorded 654 hospital admissions due to drug poisoning for all ages (crude rate of 53.3 per 100,000). This was similar to the England rate of 50.2, though significantly less than Blackburn with Darwen (81.3) and Blackpool (108.4).
- In 2021/22, 125 (34.9%) adults with substance misuse treatment need successfully engaged in a community-based structured treatment following release from prison (similar to England (37.4%) and Blackburn with Darwen (30.9%), but significantly worse than Blackpool (48.9%)).
- A substantial proportion (>70%) of all clients in treatment use tobacco and have co-occurring mental health and substance misuse conditions.
- Indicator data over the period of COVID-19 are likely to have been impacted due to a reduction in service access, changes to lifestyle and social circumstances during lockdowns.

Prevention

- There is a vast amount of drug and alcohol prevention work taking place across Lancashire by a range of partners, within settings such as schools or via commissioned services such as We Are With You.
- Some of the prevention work is undertaken through partnerships already in place, such as the community safety partnerships, GENGA or the violence reduction unit.
- Other aspects of the prevention work are statutory functions such as underage test purchases by Trading Standards, Homelessness duties and reducing rough sleeping or a range of functions under the Licensing Act. Proactive enforcement and police operations around breaking the supply chain also act as a deterrent.
- The report outlines the key activities, whilst acknowledging that there could be gaps and an assessment is needed to capture all the prevention work, review gaps, and the measures undertaken around its effectiveness.
- Across the county there are eight community alcohol partnerships (CAP's), it is recommended that the partnership explores having a CAP in each district.
- There are aspects of national policy which reduce our effectiveness locally on prevention. Where there are recommendations such as a fifth public health licensing objective, we should lobby for policy and legislative changes.
- Prevention strategies are either universal (entire population), selective (targeted at high-risk sub population groups) or indicated prevention (people who are using substances and are showing signs of problematic use) so that resources are targeted. Within Lancashire we have a mixture of all three strategies.

Introduction

Substance misuse and dependence is associated with a wide range of health and social issues and has enormous health and social care financial costs. Dependency, especially, is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment, housing, and with anti-social and criminal activity that adversely affects individuals, families, and communities. Alcohol alone contributes to more than 60 diseases and health conditions including high blood pressure, stroke, pancreatitis, liver disease and liver cancer, and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity.

Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour. Specifically, addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief from starts to cause negative consequences resulting in the person cannot give that behaviour up despite those negative consequences. The behaviour acts as a coping mechanism and meets an emotional need that is otherwise not being met. There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring.

Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.

There is strong evidence of the effectiveness of substance misuse treatment and recovery orientated interventions, and effective substance misuse services contribute towards many other public health outcomes.

The National Drug Strategy 2021

Addressing substance misuse remains a key national priority. The National Drug Strategy 2021, '[From Harm to Hope: A 10 Year drugs plan to cut crime and save lives]' builds on the previous 2017 national drug strategy and aims to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. To achieve this, there is a focus on three strategic priorities: breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a generational shift in demand for drugs.

The three strategic priorities

Break drug supply chains – which will be delivered by:

1. Restricting upstream flow – preventing drugs from reaching the country
2. Securing the border – a ring of steel to stop drugs entering the UK
3. Targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
4. Going after the money – disrupting drug gang operations and seizing their cash
5. Rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
6. Tackling the retail market – so that the police are better able to target local drug gangs and street dealing
7. Restricting the supply of drugs into prisons – technology and skills to improve security and detection

Deliver a world-class treatment and recovery system – which will be delivered by:

1. Delivering world-class treatment and recovery services – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
2. Rebuilding the professional workforce – develop and deliver a comprehensive substance misuse workforce strategy
3. Ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement
4. Improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing 5. improving employment opportunities – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
5. Increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
6. Keeping prisoners engaged in treatment after release – improved engagement of people before they leave prison and better continuity of care into the community

Achieve a generational shift in demand for drugs – which will be delivered by:

1. Building a world-leading evidence base – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
2. Applying tougher and more meaningful consequences – decisive action to do more than ever to target more people in possession of illegal drugs, and a White Paper next year with proposals to go further
3. Delivering school-based prevention and early intervention – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
4. Supporting young people and families most at risk of substance misuse – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme

Needs assessment and action plan

The national drugs strategy requires a needs assessment to be finished by end of November 2022 (of which this document provides the initial framework), and for a partnership action plan to be produced by the end of the December 2022.

The national drug strategy makes strong links between substance misuse including alcohol and therefore the Lancashire Alcohol & Drugs Partnership was formed, and the needs assessment and action plan reflect this.

Lancashire county council demographic data

An Appendix is provided which summarises key demographic data for the 12 local authorities in the Lancashire County Council area (excluding Blackburn with Darwen and Blackpool).

Breaking the supply chain

Alcohol-related crime

Alcohol-related crime data are based on a keyword being attached to the crime investigation report. In the five-year period from 2017 to 2022 there was a reduction of 17% in the number of recorded alcohol-related crime reports in Lancashire, from 12,627 to 10,430 (Table 1). As a proportion of all crime, alcohol-related crime deceased from 14.4% to 11% during this period. However, the numbers reported in 2021/22 were higher than the previous two years, which were affected by the pandemic and lockdown periods – a proportion of these type of offences occur within the night-time economy, and the general public were unable to venture out at certain periods.

The districts with the largest volume of offences and highest rates per 1,000 population were Preston, Lancaster and Burnley (table 1). In the most recent years data, Burnley had the highest rate per 1000 population. Fylde and Ribble Valley had the least volume and smallest rates per 1000 population. The districts with the least amount of change over the five-year period were Fylde, Pendle and West Lancashire.

TABLE 1: Alcohol-related crime (total numbers and rates per 1,000 population) in Lancashire, April 2017 to March 2022

	Apr-17 - Mar-18		Apr-21 - Mar-22		Change	
	Actuals	Per 1000 population	Actuals	Per 1000 population	Numeric	Percent
Lancashire 12	12,627	10.2	10,430	8.4	-2197	-17
Burnley	1,535	16.2	1,275	13.5	-260	-17
Chorley	921	7.8	916	7.8	-5	-1
Fylde	648	8.0	405	5.0	-243	-38
Hyndburn	1,031	12.5	901	11.0	-130	-13
Lancaster	1,976	13.8	1,598	11.2	-378	-19
Pendle	697	7.3	659	6.9	-38	-5
Preston	2,444	16.5	1,832	12.4	-612	-25
Ribble Valley	330	5.4	216	3.5	-114	-35
Rossendale	666	9.4	514	7.3	-152	-23
South Ribble	787	7.1	687	6.2	-100	-13
West Lancashire	687	5.9	645	5.5	-42	-6
Wyre	905	8.1	782	7.0	-123	-14

Drug offences

All recorded drug offences have seen an increasing trend over the last five years, with a 36% increase when comparing 2017/18 to 2021/22 (table 2). The figures fluctuate due to the nature of targeted enforcement operations. The highest figures recorded during the five-year period occurred in 2020/21 (10% higher than 2021/22). Three of the five areas with the largest volumes and highest rates per 1000 population were within the east of the county – Burnley, Hyndburn and Pendle. Offences in Burnley and Pendle have consistently been increasing during the last five years. The districts which have had the largest change were Burnley, Pendle and Wyre, whereas Fylde, Rossendale and West Lancashire have had the least amount of change during this period.

TABLE 2: Drug offences (total numbers and rates per 1,000 population) in Lancashire, April 2017 to March 2022

	Apr-17 - Mar-18		Apr-21 - Mar-22		Change	
	Actuals	Per 1000 population	Actuals	Per 1000 population	Numeric	Percent

Lancashire 12	1,330	1.1	1,812	1.5	482	36
Burnley	137	1.5	264	2.8	127	93
Chorley	103	0.9	143	1.2	40	39
Fylde	47	0.6	51	0.6	4	9
Hyndburn	112	1.4	143	1.7	31	28
Lancaster	206	1.4	258	1.8	52	25
Pendle	90	0.9	188	2.0	98	109
Preston	289	2.0	335	2.3	46	16
Ribble Valley	31	0.5	43	0.7	12	39
Rossendale	63	0.9	67	1.0	4	6
South Ribble	80	0.7	88	0.8	8	10
West Lancashire	109	0.9	106	0.9	-3	-3
Wyre	63	0.6	126	1.1	63	100

Possession of drugs

The number of offences fluctuated over the five-year period, but overall shows an increasing trend (table 3). In each of the five years, Preston and Lancaster had the highest actual number of offences. Burnley had the highest rate per 1000 population (2021/22), whereas Preston was highest in all the previous years. There was a notable increase in Wyre when comparing the earlier period to the latest. Offences have reduced in all areas from 2020/21 to 2021/22, except for Lancaster and Ribble Valley.

TABLE 3: Drug possession offences (total numbers and rates per 1,000 population) in Lancashire, April 2017 to March 2022

	Apr-17 - Mar-18		Apr-21 - Mar-22		Change	
	Actuals	Per 1000 population	Actuals	Per 1000 population	Numeric	Percent
Lancashire 12	902	0.7	1,051	0.9	149	17
Burnley	85	0.9	139	1.5	54	64
Chorley	71	0.6	89	0.8	18	25
Fylde	34	0.4	32	0.4	-2	-6
Hyndburn	65	0.8	70	0.9	5	8
Lancaster	161	1.1	171	1.2	10	6
Pendle	47	0.5	65	0.7	18	38
Preston	197	1.3	196	1.3	-1	-1
Ribble Valley	26	0.4	32	0.5	6	23
Rossendale	32	0.5	41	0.6	9	28
South Ribble	61	0.6	63	0.6	2	3
West Lancashire	75	0.6	68	0.6	-7	-9
Wyre	48	0.4	85	0.8	37	77

Trafficking (supply) drugs

There was a significant increase in the volume of trafficking offences between 2017 and 2020 (table 4). These offences are often linked with targeted operations and enforcement across the county. From the volume of offences recorded in 2017/18 compared to 2021/22, all areas except Rossendale have seen an increase.

Notable increases in both volume and rates per 1000 population were observed in the east of the county, particularly in Burnley and Pendle.

TABLE 4: Drug trafficking offences (total numbers and rates per 1,000 population) in Lancashire, April 2017 to March 2022

	Apr-17 - Mar-18		Apr-21 - Mar-22		Change	
	Actuals	Per 1000 population	Actuals	Per 1000 population	Numeric	Percent
Lancashire 12	428	0.4	761	0.6	333	78
Burnley	52	0.6	125	1.3	73	140
Chorley	32	0.3	54	0.5	22	69
Fylde	13	0.2	19	0.2	6	46
Hyndburn	47	0.6	73	0.9	26	55
Lancaster	45	0.3	87	0.6	42	93
Pendle	43	0.5	123	1.3	80	186
Preston	92	0.6	139	0.9	47	51
Ribble Valley	5	0.1	11	0.2	6	120
Rossendale	31	0.4	26	0.4	-5	-16
South Ribble	19	0.2	25	0.2	6	32
West Lancashire	34	0.3	38	0.3	4	12
Wyre	15	0.1	41	0.4	26	173

Positive outcomes for all drug offences in 2022 (including persons who have been charged, cautioned, received a penalty notice or a community resolution) were at their highest (73%) since 2017.

Reoffending rates

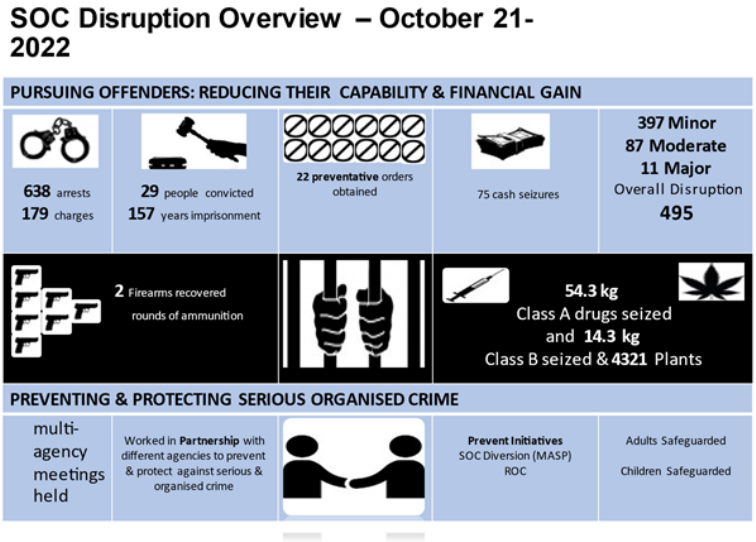
The reoffending rate for Lancashire in the latest period was 22.6%. The rates have reduced over the last ten years and have previously been as high as 35%. The number of reoffences per reoffender has remained stable throughout the last ten years and currently stands at 3.37.

When looking at index offences and in particular theft – as this is often linked to those most in need – the reoffending rate for these offenders is higher than any other crime offence category. For the last ten years this rate has been consistently around 50%. The figures covering the 2020 period were lower (41%) but may have been impacted by the COVID-19 pandemic. The average number of reoffences per reoffender of theft offences has been between 5 and 6 since 2010.

Organised crime

Figure 1 shows summary data for drugs disruptions only in the last year. There were 495 disruptions of which 397 were minor, 87 moderate, and 11 major. Most (84 of 91) of the organised crime groups were involved with Class A drugs.

FIGURE 1: Summary data for serious organised crime (SOC) in Lancashire, 2021/22



County Lines

106 adult aged persons who reside outside of Lancashire have been arrested since May 2021 and are linked to county lines. These individuals have come from Manchester, Merseyside, West Yorkshire, South Yorkshire, Bedford, Illford, London, Newport, Stoke on Trent, Surrey, Birmingham, Durham, and Worcester.

25 youths who reside outside of Lancashire have been arrested for county lines offences since March 2021. These individuals have come from Manchester, Merseyside, Newport, Birmingham, Coventry, and West Yorkshire.

In the six months from April to September 2022 there have been 19 lines closed and/or deactivated – this includes the arrest/charge of the line holder and closure of line, and/or the deactivation of phone line/number/SIM. These have links to all corners of Lancashire.

The latest information shows that areas across Lancashire are being impacted upon county lines originating from Merseyside, Manchester, and West Yorkshire.

Treatment and Recovery

This section provides key treatment indicators and recovery outcomes data for Lancashire with comparisons made with national, rest of NW England, and selected local authority (LA) data. Data was extracted from the National Drug Treatment Monitoring System (NDTMS) and includes drug related death data and hospital

admission data. Five-year trends are presented for some key indicators, as well as data for the current reporting period (ending Q2 2022) compared to baseline reporting periods in the preceding 12 months.

Impact of COVID-19 on drug treatment

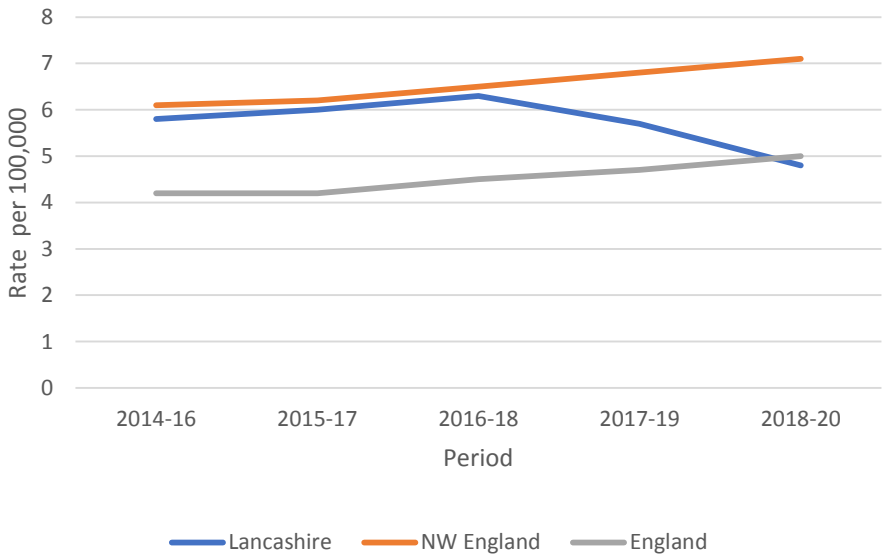
Recent data covering the period of the COVID-19 pandemic should be treated with caution. Due to the pandemic, face-to-face contact with clients were restricted, cancelled, or modified, e.g., reduced access to inpatient detoxification, and home dosage of opioid substitution prescriptions which are normally supervised. These changes are likely to have had an impact on the more recent indicator data.

Drug-related deaths

Recent data for England and Wales shows an increasing, high number of drug-related deaths. Understanding and preventing such deaths is a key feature within a recovery-orientated drug treatment system. Drug misuse deaths are included as indicator in the Public Health Outcomes Framework (PHOF C19d).

Figure 2 shows that the rate of deaths in Lancashire have decreased since 2014-2016 over the two most recent reporting periods to 4.8 per 100,000 population in the period 2018-20, which is similar to the rest of England (5.0) but significantly lower than North West region (7.1), Blackburn with Darwen (9.1) and Blackpool (22.1). This is the first decrease for Lancashire since the 2009-2011 period; the rate for 2018-2020 is the sixth highest out of the 18 reporting periods.

FIGURE 2: PHOF C19d – Directly standardised rates of deaths from drug misuse (per 100,000 population) in Lancashire, NW England, and England from 2014-2016 to 2018-2020



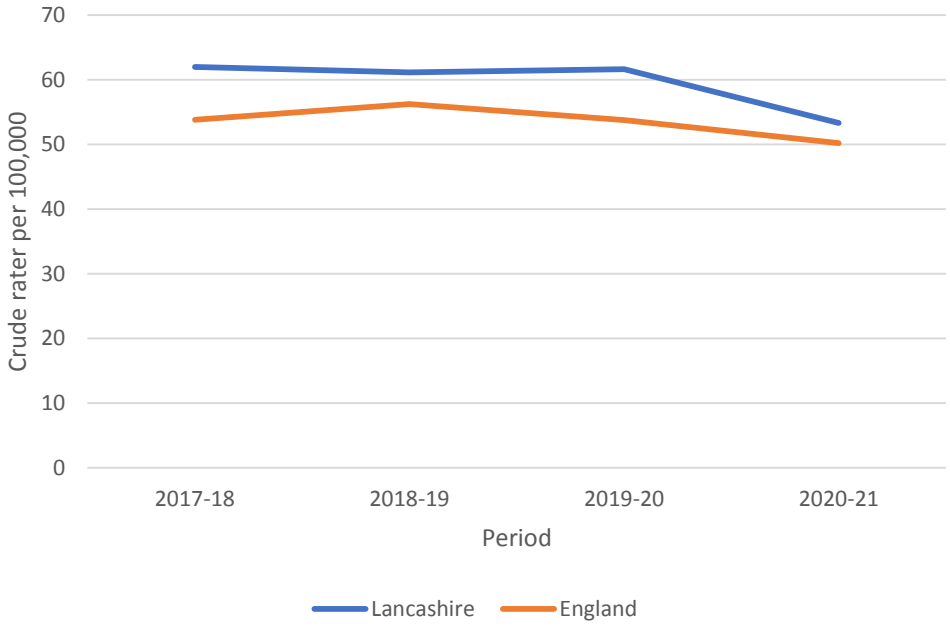
Hospital admissions due to drug poisoning

Drug poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Drug treatment services should be assessing and managing overdose (including suicide) risks.

For the period 2020-21, Lancashire recorded 654 hospital admissions for all ages (crude rate of 53.3 per 100,000 population). This was similar to the England rate of 50.2, though significantly less than Blackburn with Darwen (81.3) and Blackpool (108.4).

The trend (figure 3) for Lancashire from 2017 to 2021 was stable until 2020-21 where a decrease in hospital admissions is likely to reflect the impact of COVID-19.

FIGURE 3: Hospital admissions (per 100,000 population) due to drug poisonings in Lancashire and England, 2017-18 to 2020-21



Rates of unmet need

Opiate and/or crack users (OCUs) collectively have a substantial impact on crime, unemployment, safeguarding children and long-term benefit reliance. Prevalence figures are based on 2016/2017 estimates and are an indication of OCUs requiring specialist treatment. The data show that Lancashire has a similar prevalence of OCUs compared to England (9.1 versus 8.9 per 1,000 of the population aged 15-64, respectively). This is significantly lower compared to Blackburn with Darwen (18.8) and Blackpool (23.5).

In terms of unmet need (based on DOMES drug treatment numbers for the period ending March 2022), approximately half of OCUs were not currently in treatment (48% compared to 54% in England). Lancashire are 3rd out of 16 comparable LAs (range 42.9% (Cumbria) to 65.2% (Essex)).

For opiates, 40% of users in Lancashire are not currently in treatment compared to 47% in England. For crack users this is 53% versus 58%, and for alcohol users this is 84% versus 82%, respectfully.

Lancashire data are similar to Blackburn with Darwen and Blackpool.

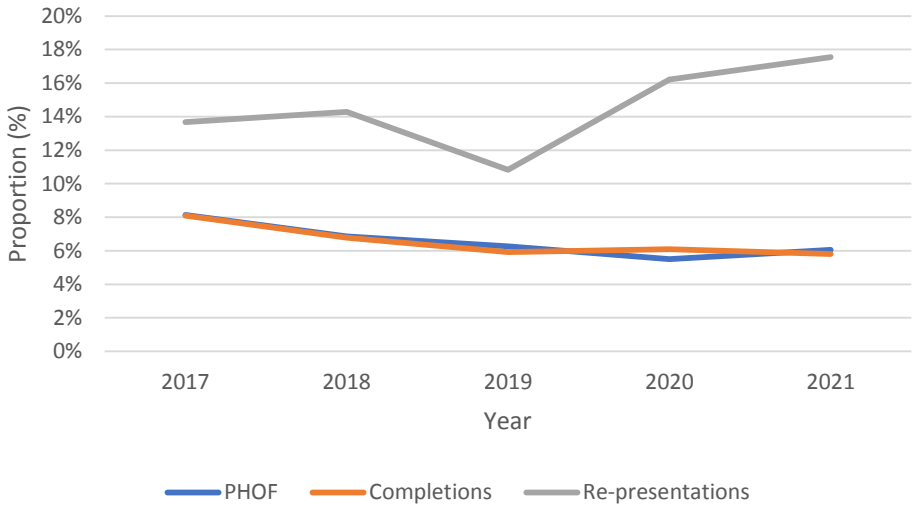
Measures of recovery

Enabling people to successfully complete treatment free from dependence is essential for effective local drug treatment systems, and are monitored via the three PHOF indicators: C19a (successful completion of drug treatment - opiate users), C19b (successful completion of drug treatment - non-opiate users) and C19c (successful completion of alcohol treatment). The PHOF indicators are calculated from successful completions minus re-presentations. Data in this section are adapted from Fingertips PHOF indicators.

PHOF C19a – opiate users

In the latest reporting period, 5.7% of opiate users successfully completed drug treatment and did not re-present within six months (similar to England (4.7%), Blackburn with Darwen (6.2%), and Blackpool (6.1%)). Figure 4 shows that the trend between 2017 and 2021 in Lancashire is decreasing and getting worse (from 8.1% to 5.8%, respectively), while re-presentations increased over the same period from 13.7% to 18.6%.

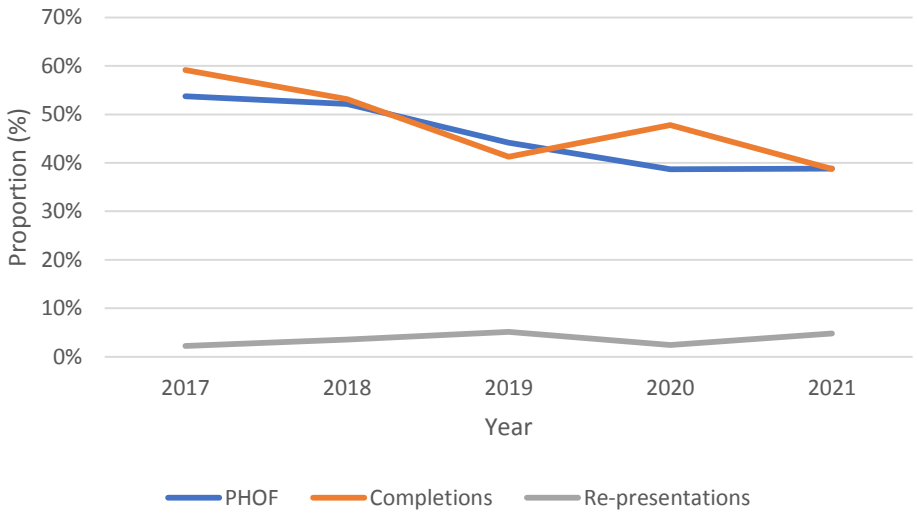
FIGURE 4: Opiate PHOF, Successful Completion and Re-presentation performance in Lancashire, 2017 to 2021



PHOF C19b – non-opiate users

In the latest reporting period, 37.6% of non-opiate users successfully completed drug treatment and did not re-present within six months (higher than England (34.5%) and Blackpool (35.0%), but lower than Blackburn with Darwen (50.6%)). Figure 5 shows that the trend between 2017 and 2021 in Lancashire is decreasing and getting worse (from 59.2% to 38.8%, respectively), while re-presentations increased over the same period from 2.3% to 4.8%.

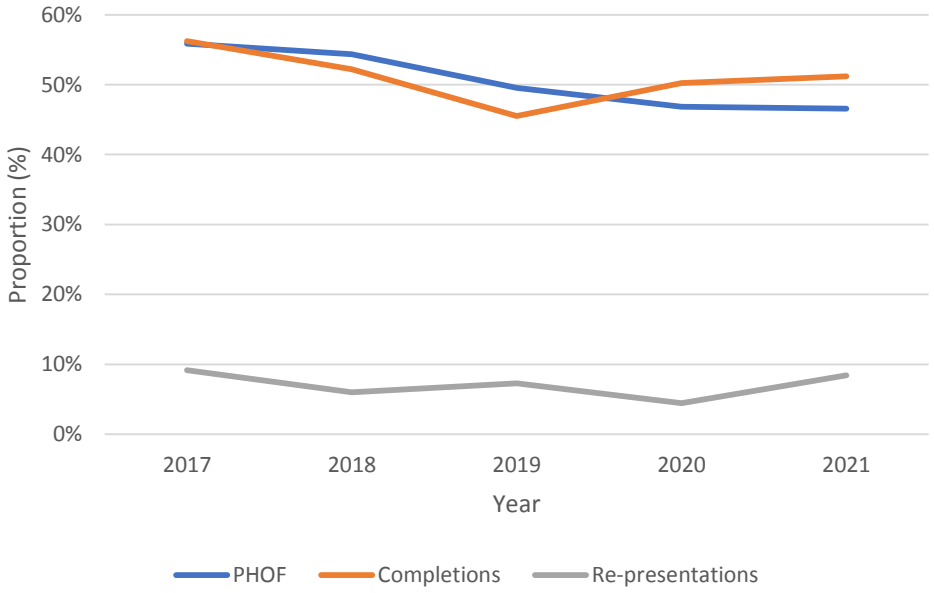
FIGURE 5: Non-opiate PHOF, Successful Completion and Re-presentation performance in Lancashire, 2017 to 2021



PHOF C19c – alcohol users

In the latest reporting period, 47.9% of alcohol users successfully completed drug treatment and did not re-present within six months (higher than England (36.6%) and Blackpool (33.6%), but lower than Blackburn with Darwen (51.3%)). Figure 6 shows that the trend between 2017 and 2021 in Lancashire is decreasing and getting worse (from 56.2% to 31.2%, respectively), while re-presentations were stable over the same period.

FIGURE 6: Alcohol PHOF, Successful Completion and Re-presentation performance in Lancashire, 2017 to 2021



People in treatment: by substance, sex, and age

Adults in treatment

According to the most recent Diagnostic and Outcomes Monitoring Executive Summary (DOMES) reports, a total of 6,119 adults in Lancashire were in drug and alcohol treatment for the year ending March 2022, which is a 1.1% increase compared the same period ending March 2021 (n=6054). Just over 40% this total were new to treatment in 2022 which is similar to England, Blackburn with Darwen, and Blackpool.

Data from the latest Commissioning Support Packs (CSP) in NDTMS show that the majority (~70%) in treatment were male across all groups except for alcohol of which ~60% were male (Table 5) (note that the time period reported in the support packs (up to year ending March 2021) is not the same as the DOMES reports due to reporting delays). Treatment for opiates accounts for just over half of all those in treatment (Table 5). The trends between 2017 and 2021 show increasing numbers in treatment for alcohol and non-opiate use (385 to 538), whereas the trends for adults in treatment for alcohol (1812 to 1630), non-opiates (324 to 272) and opiates (922 to 851) were decreasing. The proportions and trends for adults in treatment for Lancashire are similar to England, Blackburn with Darwen, and Blackpool.

TABLE 5: Numbers and proportion (%) of adults in drug treatment by drug groups for Lancashire, year ending March 2021

Drug Group	Lancashire (n)	Male (%)	Female (%)	England (n)	Male (%)	Female (%)
Alcohol	1,630	57%	43%	76,740	58%	42%
Alcohol and non-opiate	736	71%	29%	30,688	70%	30%
Non-opiate	377	68%	32%	27,605	68%	32%
Opiate	3,471	68%	32%	140,863	72%	28%
Total	6,214	68%	32%	275,896	71%	29%

Young people in treatment

The CSP data for year-ending March 2020-21 showed that there were 340 young people in treatment for substance misuse across all drug groups (including alcohol) (these data include young people in community structured treatment, for under 18s, and 18-24s in young people's services). In Blackburn with Darwen there were 143 young people in treatment, in Blackpool there were 130. The trend in young people in treatment in Lancashire has decreased between 2017 and 2021 (from 458 in 2017), whereas the numbers in Blackburn with Darwen, and Blackpool have increased over the same period.

DOMES data to year ending March 2022, showed 196 young people resident in Lancashire in specialist substance misuse services compared to 178 in the same period ending March 2021 (10.1% increase).

Early unplanned exits

Treatment engagement is important to facilitate a reduction in the number of people using drugs, committing crime, and improving health, which also benefits the community.

A total of 204 (12%) adults had an early unplanned exit from treatment in Lancashire in 2020-21 (Table 6). The trend in unplanned exits decreased between 2017 and 2021 except for opiates which has increased. Early exits were 6% in Blackburn with Darwen, 11% in Blackpool, and 16% in England in 2020-21.

TABLE 6: Proportion (%) of adults in Lancashire in 2020-21 who left treatment in an unplanned way before 12 weeks

Drug Group	Lancashire (n)	% of new presentations	Male (%)	Female (%)	England (n)	% of new presentations	Male (%)	Female (%)

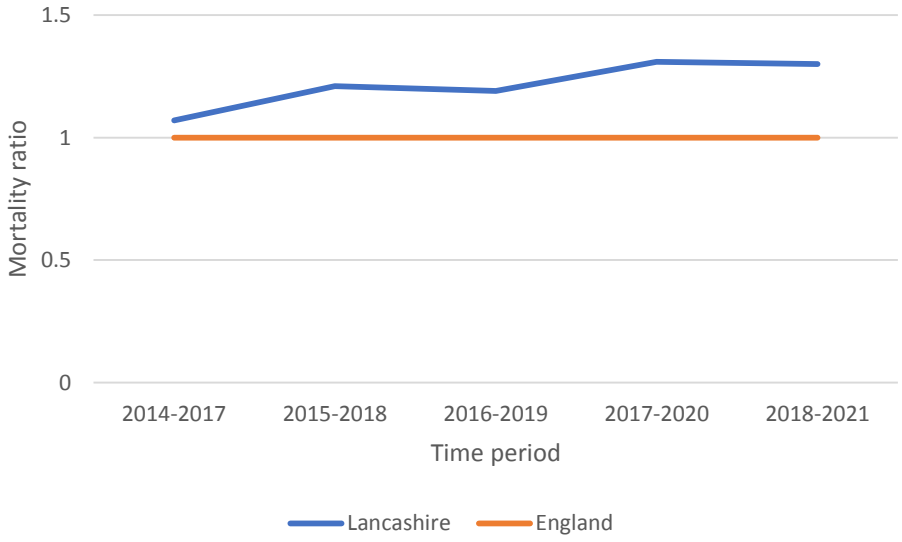
Alcohol and non-opiate	49	18%	20%	12%	3,374	17%	18%	14%
Non-opiate	74	14%	14%	13%	3,299	16%	17%	14%
Opiate	81	10%	10%	9%	5,598	15%	16%	13%
Total	204	12%	13%	11%	12,271	16%	17%	14%

Deaths in treatment

Between 2018-2021, there were 215 people recorded as having died while in treatment for drug misuse, the majority of which were due to opiate use (>90%). The deaths in treatment since 2014-2017 has increased and is significantly worse than England (figure 7). Lancashire was 15th out of 16 comparable LAs with a mortality ratio of 1.30 (range 0.64 (Leicestershire) to 1.54 (Cumbria)).

Across England in 2021, there was a 18% increase in the number of people recorded as having died while in treatment for drug misuse. Changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, may have contributed to an increase in the number of service users who died while in treatment during 2020-21.

FIGURE 7: Deaths in drug treatment (mortality ratio) in Lancashire compared to England, 2014-2017 to 2018-2021



Co-occurring mental health and substance misuse conditions

The majority (~70%) of all new presentations to treatment in Lancashire were identified as having a mental health treatment need in 2020-21 (Table 7). This is higher than England (63%), Blackpool (63%) and similar to Blackburn with Darwen (68%). Three quarters of new presentations for alcohol and non-opiates treatment had a co-occurring mental health condition.

TABLE 7: Adults who entered drug treatment in 2020-21 and were identified as having mental health treatment need, for Lancashire and England.

Drug group	Lancashire (n)	% of new presentations	Male (%)	Female (%)	England (n)	% of new presentations	Male (%)	Female (%)

Alcohol and non-opiates	404	75%	71%	84%	14,836	71%	67%	81%
Non-opiates	192	71%	66%	82%	12,852	64%	59%	75%
Opiates	554	65%	61%	75%	21,307	57%	53%	67%
Total	**1,150**	**69%**	**65%**	**79%**	**48,995**	**63%**	**58%**	**73%**

Tobacco

Over 80% of adults new in treatment in Lancashire in 2020-21 were identified as smoking tobacco in the 28 days before starting treatment Table 8. Smoking prevalence in Lancashire was higher than England (65%), Blackpool (48%), and Blackburn with Darwen (68%). Despite the high levels of smoking, only 4% of clients were recorded as having been offered referrals for smoking cessation interventions in the last 12 months.

TABLE 8: Number of adults identified as smoking tobacco at the start of treatment for Lancashire and England, 2020-21

	Lancashire		England	
Drug group	**Total adults**	**% of all in treatment**	**Total adults**	**% of all in treatment**
Alcohol and non-opiate	138/166	83%	7,017	60%
Non-opiate	273/335	81%	8,585	64%
Opiate	664/761	87%	19,664	69%
Total	1075/1262	85%	35,266	65%

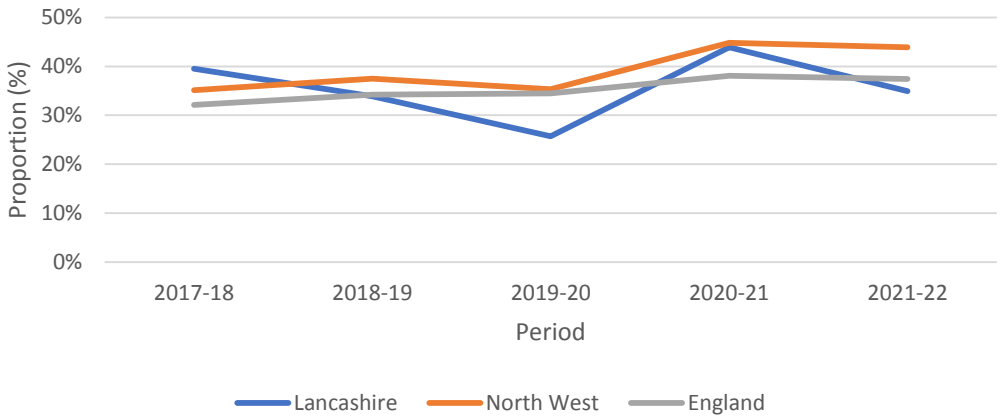
Clients in contact with the criminal justice system

In the latest data from Fingertips PHOF for the reporting period (2021/22), 125 (34.9%) adults with substance misuse treatment need successfully engaged in a community-based structured treatment following release from prison (PHOF indicator c20) (similar to England (37.4%) and Blackburn with Darwen (30.9%), but significantly worse than Blackpool (48.9%)).

DOMES data for year ending March 2022 shows the proportion of the treatment population in contact with the criminal justice system (CJS) by drug group was: opiates (16.9% (580/3436), non-opiates (16.7% (67/401), alcohol (11.9% (179/1501), and alcohol and non-opiate (17.4% (135/776). Except for opiates, the proportions in contact with the CJS are higher than the national average.

Figure 8 shows that the trend in adults with continuity of treatment care following prison release between 2017/18 and 2021/22 in Lancashire is stable.

FIGURE 8: Proportion (%) of adults released from prison and transferred to a community treatment provider for structured treatment who successfully engaged in Lancashire, North West region, and England, 2017-18 to 2021-22 (data adapted from Fingertips PHOF)



Prevention

Prevention interventions are one of the most effective and sustainable approaches to reducing demand and occur in a range of settings such as schools and colleges under the personal, social, health and economic

(PSHE) education which is part of the education curriculum. At a community level, partners include community safety partnerships to roll out community alcohol partnerships, or the police (Operation Genga) which primarily focus on serious organised crime. Some interventions are targeted, e.g., via the criminal justice pathways, and innovative new pathways and projects such as changing futures,[1] whereas other interventions are targeted based on intelligence or known risk factors. Drugs and alcohol prevention is complex and requires a variety of complementary approaches which include universal, selective, and indicated preventative measures.

Types of prevention interventions

Universal strategies address an entire population. Universal prevention messages and programmes are delivered to large groups without any prior screening for risk of substance use and are aimed at preventing or delaying the start of substance use. Examples include Dry January/FRANK or supporting healthy lifestyle messages, e.g., via Making Every Contact Count (MECC).

Selective prevention serves specific sub-populations: individuals, groups, families and communities, whose risk of substance misuse is known to be higher than average, either imminently or over a lifetime. Selective approaches respond to identified risk of starting and continuing substance use, particularly among young people. A primary advantage of focusing on vulnerable populations is that they are identifiable, and resources can be targeted by relevant agencies and partners.

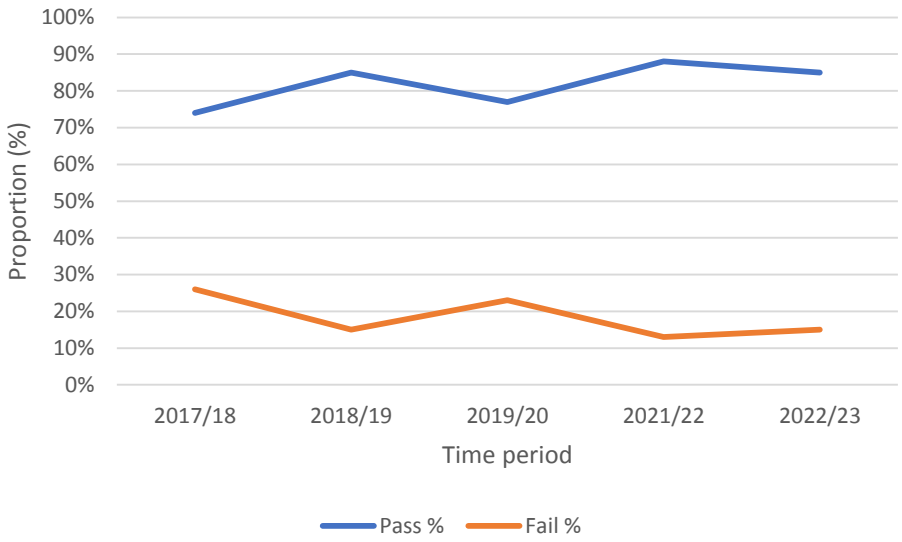
Indicated prevention is aimed at people who are already using substances, are not yet experiencing dependence, but who may be showing signs of problematic use (e.g., absenteeism from school, being involved in the criminal justice service or antisocial behaviour). They are targeted with interventions to prevent their substance use and associated problems escalating.

Prevention interventions in Lancashire

Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic, and environmental factors that impact on peoples' health. Trauma and adversity (particularly in childhood) can also significantly increase the likelihood of an individual developing risk-taking behaviour, and it is commonly a factor in the development of substance misuse dependence and other health harming behaviours. The violence reduction unit has developed a network aimed to cultivate collective, cross-sector learning to support the ongoing development of trauma informed services. Other proactive work takes place around adverse childhood experiences.

Prevention work is commissioned via partners such as We Are With You, or via the community and voluntary service. Prevention and pathways are in place through the health and social care system and interventions will ask about alcohol consumption such as via health checks, maternity services, at the dentist, or discussions around drug use linked to specific conditions such as blood borne infections, and rarely part of routine questions. Other prevention work falls under the remit of statutory services such as Trading Standards who complete targeted intelligence driven underage sales (figure 9) and follow up enforcement. The trend over the last 5 years shows a decrease of failed test purchases to young people. [1]Changing Futures - GOV.UK (www.gov.uk)

FIGURE 9: Underage alcohol sales in Lancashire and % of passed and failed test purchases



The Licensing Act regime led by the district council allows for revocation or variation of licenses when license holders are not promoting the four licensing objectives: the prevention of crime and disorder; public safety; the prevention of public nuisance; and the protection of children from harm. The Licensing Act allows for tools to be introduced to tackle issues in localities such as cumulative impact assessments, late night levies and early morning restriction orders where there is a high concentration of licensed premises in a defined geographical area or associated wider implications of the licensed trade. A fifth licensing objective on public health would strengthen preventative work within localities, and it is recommended to lobby for this policy change with national government. It is also recommended to review the wider evidence around policy changes such as the minimum pricing units and lobby accordingly.

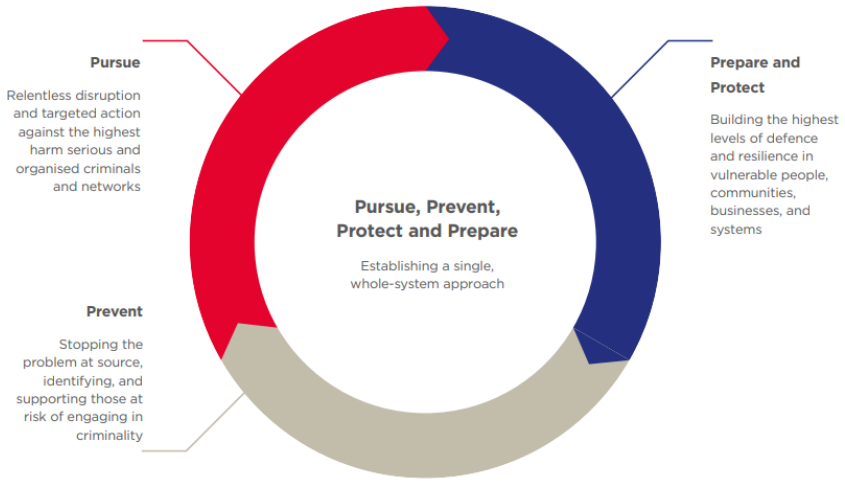
Prevention work driven at a local level supports the licensed trade with Challenge 25, reducing proxy sales and is often led by local partnership arrangement with district council licensing, trading standards, Pubwatch, the police, and the trade. To formalise the partnership working around alcohol, districts in Lancashire have signed up to community alcohol partnerships (CAPs). CAPs are part of a UK wide initiative set up to tackle underage drinking and reduce risk and vulnerability for young people in communities. Based on local intelligence each local partnership identifies its own priorities – these might include reducing alcohol-related anti-social behaviour, alcohol litter, proxy purchase, sales to under 18s, parents supplying children with alcohol, vulnerability of children or young adults, and safeguarding of children from sexual exploitation. CAPs are established and run by people from a variety of organisations within their communities, statutory partners, and businesses such as retailers, and often work very closely with the community safety partnership.

Currently there are eight operational CAPs in Lancashire which include Burnley, Fylde, Hyndburn, Lancaster, Preston, Rossendale, Skelmersdale and Wyre. Each CAP has its own activity/action plan, and a 12-month impact report is produced. The first CAP was set up in Lancashire in 18/19 and in the last 12 months two CAPs have been formed. It is recommended to explore the feasibility of having CAPs in all twelve districts.

Since 2005, Lancashire Trading Standards Service, in partnership with schools, has conducted a study to monitor and evaluate the behaviour and attitudes of young people (15-16 year old's) towards alcohol, tobacco and e-cigarettes. This year's survey covered 18 schools with responses from 4,500 young people. Schools that have taken part have found the data valuable. Trading Standards and partners targeted resources to tackle underage sales or used the intelligence to run campaigns such as "Where's the Harm" to raise parental awareness of underage drinking following data which identified that 70% of 14 to 17-year-olds say they are supplied alcohol by their parents. The campaign reached 82,159 people via website views and social media, of which an example of the material is shown below.

Other initiatives were put in place following public concern or related to particular incidents. In 2021 interventions were put in place in the night-time economy to tackle drug spiking, and prevention frequently takes place in localities based on local intelligence.

Police initiatives delivered by the violence reduction unit include StreetSafe which encourages communities to report signs of drug or alcohol abuse. Following arrests linked to drugs, they have a high profile to deter others and provide confidence to the community. Other prevention work is outlined under the Lancashire Constabulary Serious Organised Crime Strategy. The police follow a 4 P's approach.



Interventions, support, and signposting are delivered in community settings via family wellbeing services who deliver services from 56 neighbourhood centres across Lancashire. The "team around the family" will refer to drug and alcohol services and provide targeted youth support for teenagers or detachment work in hot spot areas. Where exploitation of children is found (including organised serious gangs, trafficking, or county lines), a multi-agency team including police, social services, or others will work together to reduce the risk and put in place support. Other cases will be referred to safeguarding, and this includes vulnerable adults which could be linked to cuckooing.

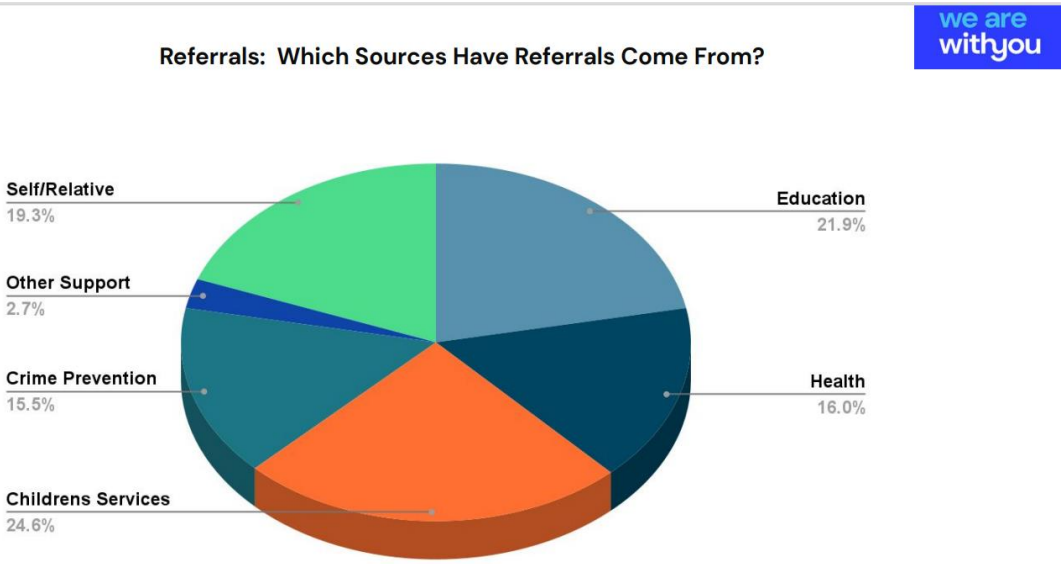
We Are With You's work is commissioned by the public health team at Lancashire County Council and work with under 25s on substance misuse. The service includes a family support offer which works with families even if the young person is not engaged with the service. Parents can access 1-1 or group support. Interventions take place in schools including projects such as Mind and Body (self-harm), group work, 121s, or outreach work in the community. This year to date (November 22) the service has delivered group work to 1,460 young people in a range of settings. Within the core offer the service also supports children and young

people experiencing "Hidden Harm", including a dedicated child sexual exploitation (CSE) worker, and a cognitive behavioural therapy (CBT) practitioner (from Dec). Drug and alcohol training is provided to schools and health professionals, and delivered monthly free of charge, with 264 professionals attending this training so far this year. Bespoke training is provided to settings on request, e.g., health visitors, children and family wellbeing service (CFWS), prison service, and mental health support teams in school. Attendees are given access to a young person's resource book which helps professionals from any background to start a conversation about drug and alcohol use with young people. This resource also contains a screening tool (DUST - Drug Use Screening Tool).

Preventative projects such as the "Link-Up group" are delivered in partnership with Red Rose Recovery. The programme includes drugs awareness, addiction awareness, harm minimisation, reduction planning, and relapse prevention over a minimum of ten weeks, and other projects including a family and foster carers support group. The services new schools' team will be offering We Are With You's evidence-based 'Risk-It' and 'STAR' programmes (from Q4).

We Are With You do a significant amount of preventative work with young people and in 21/22 referrals were made from a range of sources (figure 10).

Figure 10: Referrals into We Are With You in Q4 21/22



Whilst the prevention work is focused on drugs and alcohol there are wider benefits including reducing the likelihood of crime and antisocial behaviour, and improving wellbeing. Data from the referrals into treatment via We Are With You in Q4 of 21/22, show that 31 young people were engaging in self harm at the start of their intervention, which reduced to 6 at time of exiting the intervention. The number of young people accessing mental health support rose from 20 to 32. There was also a reduction in child exploitation and an increase in children returning to education or employment.

With a whole system approach the children and young people justice service (CYJS) team now routinely ask for advice and information on substance misuse issues. The positive aspects of this multi-agency partnership are that social care and health support approaches are brought together under one support network. This approach has led to reduced risk factors for the clients through having a wrap-around approach within the CYJS multi-disciplinary team.

Some of the prevention work is very focused such as interventions and prevention work in partnership with the probation and criminal justice services and others to ensure pathways are embedded during transition from prison to release and preventive measures are in place for prolific offender who spend small amount of time in prison (under 20 days or less) and do not access treatment within the prison setting, nor do they access treatment services when they are not in prison due to continual cycle of revolving doors. It is recognised that

the criminal justice pathway plays a key part in the prevention work, and it is recommended that the pathways and referrals are mapped, and recommendations are made to promote a whole systems approach.

Having safe accommodation is a key element for homeless prison leavers who do not meet the criteria for priority need for accommodation. In Lancashire we have community accommodation service tier 3 (CAS3) which provides temporary accommodation for up to 84 nights for homeless prison leavers and those moving on from approved premises (CAS1) or the bail accommodation and support service (CAS2), and assistance to help them move into settled accommodation.

Some of the prevention work around homelessness and rough sleepers takes place within the district council who have the statutory homeless function. The homeless team provides wider support and signposting such as on welfare, debt advice and employment and opportunities to engage in other peer support activities or connections via treatment or recovery services. A range of preventive work takes place in communities and includes safe and supported accommodation or interventions such as Street Aid in Preston and Lancaster to reduce the amount of street begging. Other interventions at a local include the implementation of Public Spaces Protection Orders, which are aimed to address anti-social behaviour and tackling street drinking. Wider aspects around prevention include providers, services and charities supporting sex workers and other forms of addiction such as gambling, or trauma support and prevention of drugs and alcohol cannot be seen in isolation. This is the same for co-occurring mental health. It is quite common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time.

Whilst recognising schools are a key setting to achieve a generational shift in demand for drugs, workplaces who support people in recovery also can make a positive impact in prevention to support successful treatment and for people to retain in employment. Actions are needed around addressing the stigma and providing flexible, supportive, and compassionate workplaces like what is seen with mental health support.

Across a range of partnership more prevention work will be taking place e.g., road safety partnership to reduce number of incidents linked to drink driving and being under the influence and the action plan recommends a deeper dive on the prevention work to review any gaps and duplication to shape future prevention work.

Support and signposting

Part of the prevention work is to raise the profile and access to support which can be via a range of areas such as Youth Zone webpage, or Talk Zone services or via charities and commissions via We Are With You for young people.

Adults wanting support with alcohol and substance misuse support is provided via Inspire CGL Inspire-CGL Central/North Lancashire or Inspire East Lancashire and provisions are put in place via other organisations such as The Well Community and Red Rose Recovery which supports using a lived experience recovery community approach The Well Communities and Red Rose Recovery.

Lancashire User Forum (LUF) gives service users and their families or carers a space to talk and share experiences. Service Users work side by side with treatment providers and professionals as LUF. It provides a chance to meet people with similar interests and aspirations and attend talks and workshops and activities. LUF provides a collective voice for the recovery community in Lancashire.

Acknowledgements

With thanks to **Chris Lee** (Public Health Specialist, Lancashire County Council), **Lee Harrington** (Senior Public Health Practitioner, Lancashire County Council), **Fiona Inston** (Emerging Talent Consultant, Lancashire County Council), **Lee Sculpher** (Senior Partnership Intelligence Analyst, Lancashire Constabulary), **Donna Gadsby** (Business Intelligence Analyst, Lancashire County Council), **Ann Gawne** (Public Health Practitioner, Lancashire County Council), and **A-Lan Banks** (Specialty Registrar in Public Health, Lancashire County Council).

Appendix

Demographics

Lancashire-12 (L-12) is the term for the 12 local authorities in the Lancashire County Council area. It does not include the two unitary authorities of Blackburn with Darwen and Blackpool.

Population data and population projections are useful for understanding the shifts and changes in different groups across the county and local authorities. Deprivation data can also provide insight to show where need may be greatest. This combined intelligence can aid planning, commissioning, and decision making for service provision.

Population

The population in L-12, as captured by the Census 2021, is 1,235,300. The district breakdown below shows the female/male split.

Area	Females	Males	All persons
Burnley	47,900	47,000	94,700
Chorley	59,200	58,800	117,800
Fylde	41,300	40,000	81,400
Hyndburn	41,900	40,400	82,200
Lancaster	73,100	69,800	142,900
Pendle	48,600	47,300	95,800
Preston	73,900	73,900	147,900
Ribble Valley	31,600	30,200	61,500
Rossendale	35,900	34,900	70,800
South Ribble	56,500	54,200	111,000
West Lancashire	60,900	56,200	117,400
Wyre	57,400	54,600	111,900

Source: Census 2021
Note: male and female values combined will not match 'all persons' totals due to rounding.

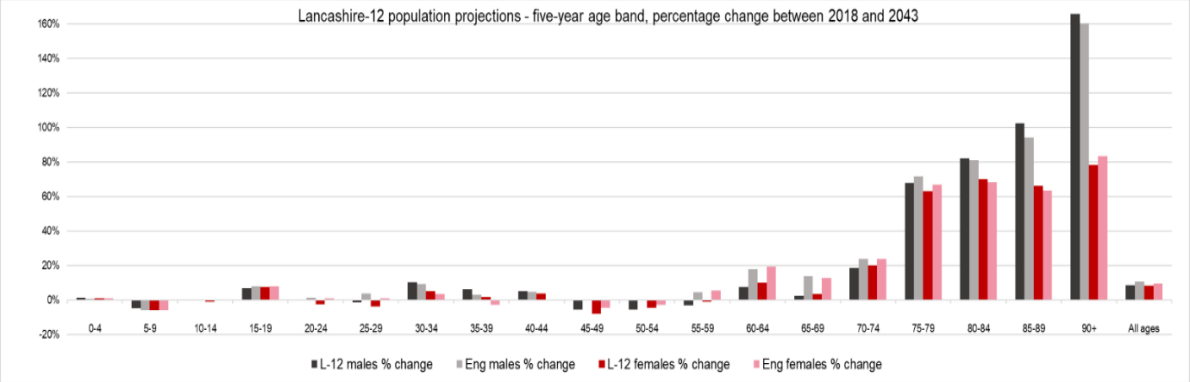
Population projections 2018 to 2043

The most recent population projections from the Office for National Statistics incorporate the period 2018 to 2043 (based on 2018 population data).

Analysis by age shows the number of children aged 0 to 15 will peak in 2022 and then decline.

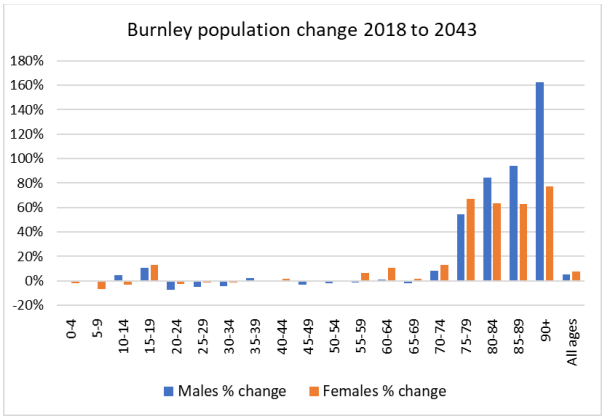
The working-age population is predicted to peak in 2032 and the older population are predicted to continue to increase, with more in the 85 and over age bracket each year if life expectancy increases over the same period.

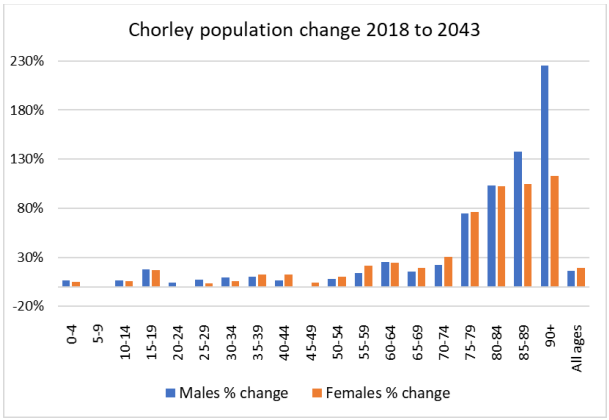
- Reflecting the England picture, L-12 sees a projected increase in males and females in the older age brackets: 70+ years.
- The increase is greater for males aged 85+ compared to females.
- While L-12 will see a small increase in females aged 35-39, England sees a decrease.
- For males in L-12, the largest projected decreases are in those aged 45-49 (-5.4%) and 50-54 (-5.3%).
- For females the projected decreases are largest for those aged 45-49 (-7.9%) and 5-9 (-5.7%).

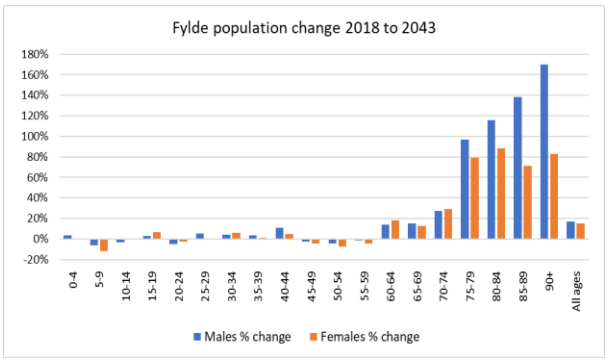


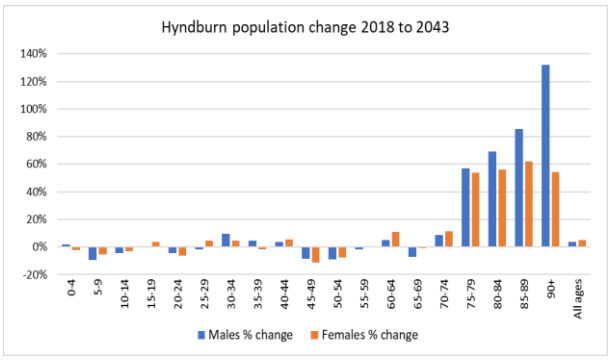
Source: [population projections, Office for National Statistics]

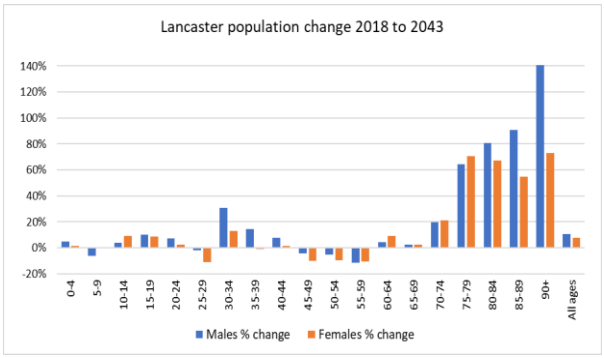
The charts below show the population projections for each district, broken down by five-year age brackets.

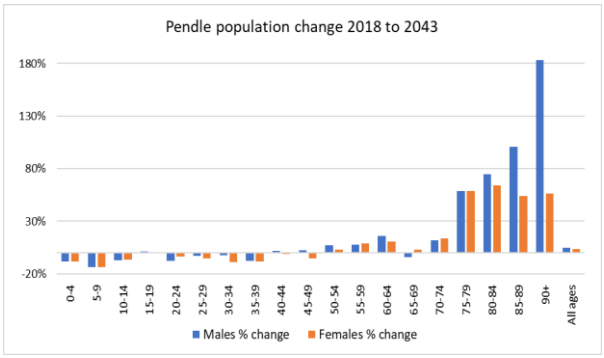


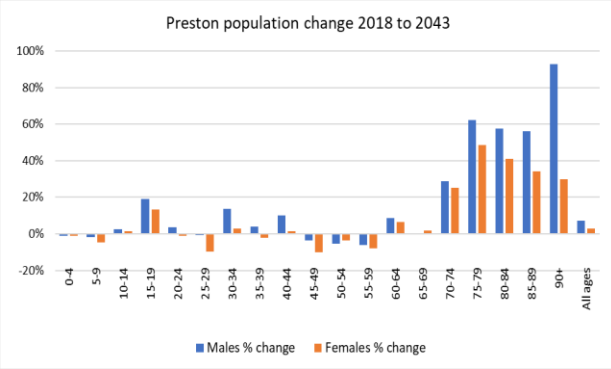


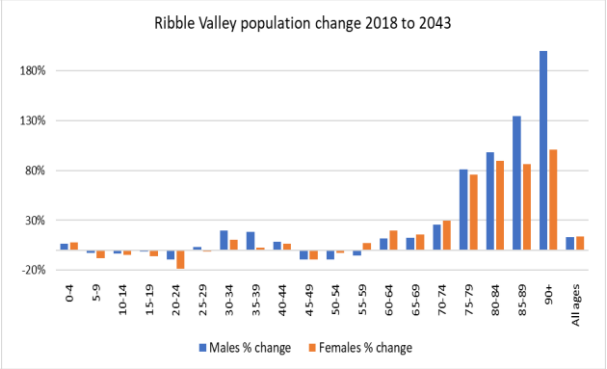


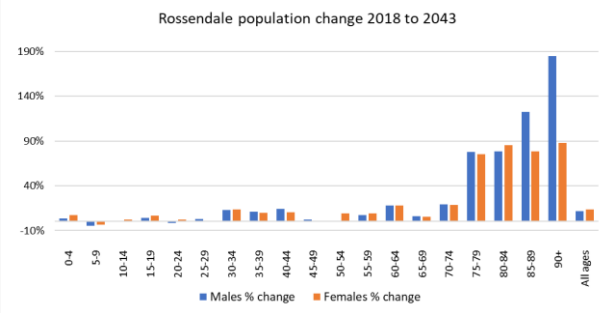


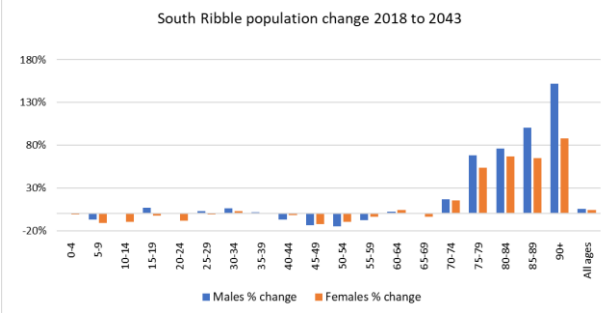


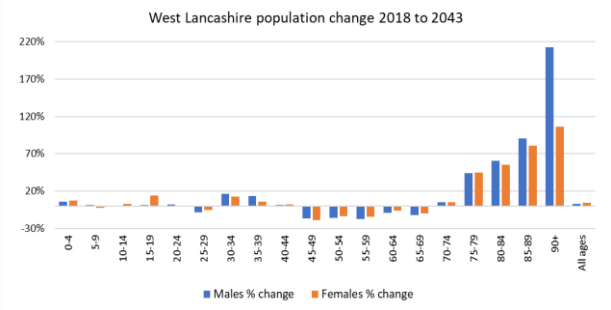


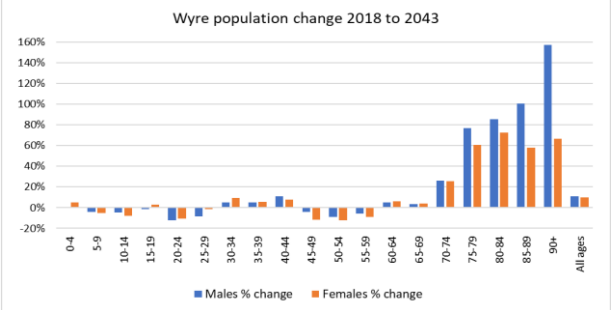












Life expectancy

As noted above, the population projections are dependent on life expectancy for males and females. Life expectancy has fallen across Lancashire and remains significantly worse in most districts for males and females (see charts below).

District life expectancy for males, 2018-20:

A01b - Life expectancy at birth (Male, 3 year range) 2018 - 20

Life expectancy - Years

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	79.4	79.4	79.4
Lancashire	–	-	78.3	78.1	78.5
Ribble Valley	–	-	81.0	80.1	81.8
South Ribble	–	-	79.9	79.3	80.5
Fylde	–	-	79.9	79.2	80.6
Chorley	–	-	78.9	78.3	79.5
West Lancashire	–	-	78.6	78.0	79.2
Lancaster	–	-	78.5	77.9	79.1
Pendle	–	-	78.0	77.3	78.7
Rossendale	–	-	77.9	77.1	78.8
Wyre	–	-	77.8	77.2	78.5
Preston	–	-	76.7	76.2	77.3
Hyndburn	–	-	76.6	75.9	77.4
Burnley	–	-	75.7	74.9	76.4

Trends cannot be calculated for male life expectancy.

District life expectancy for females, 2018-20:

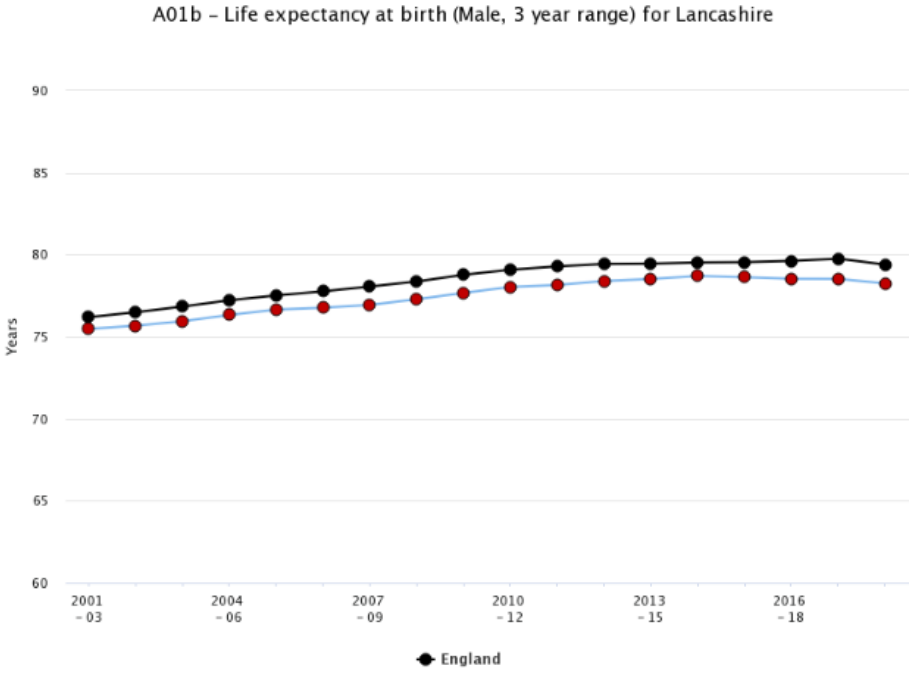
A01b - Life expectancy at birth (Female, 3 year range) 2018 - 20

Life expectancy - Years

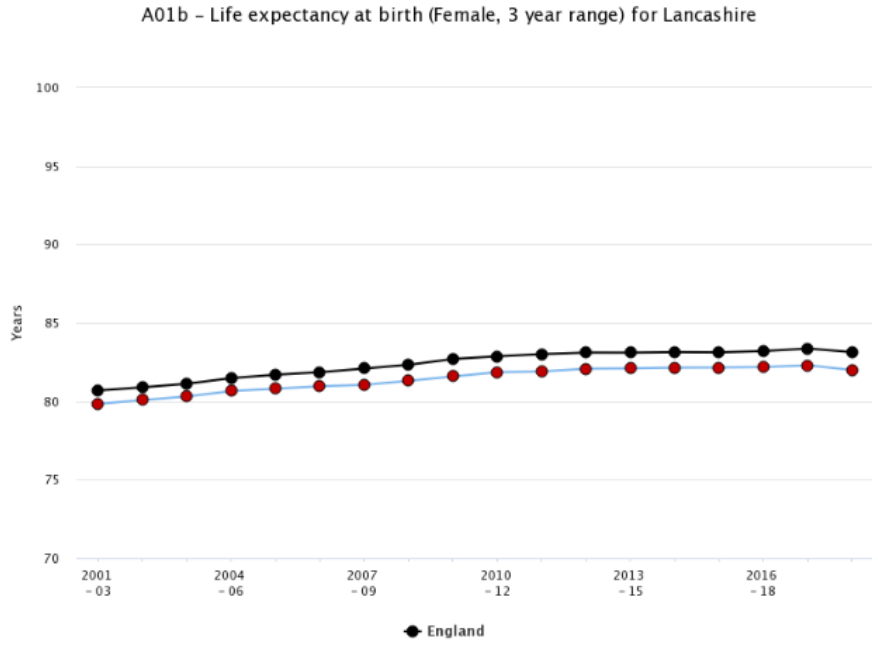
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	83.1	83.1	83.2
Lancashire	–	-	82.0	81.8	82.2
Ribble Valley	–	-	83.8	83.0	84.6
South Ribble	–	-	83.7	83.1	84.3
Fylde	–	-	82.9	82.2	83.6
West Lancashire	–	-	82.6	82.0	83.1
Wyre	–	-	82.3	81.6	82.9
Lancaster	–	-	82.2	81.6	82.8
Chorley	–	-	81.9	81.4	82.5
Pendle	–	-	81.5	80.8	82.2
Rossendale	–	-	81.2	80.4	81.9
Hyndburn	–	-	80.8	80.1	81.5
Preston	–	-	80.5	79.9	81.0
Burnley	–	-	80.3	79.6	81.0

Trends cannot be calculated for female life expectancy.
Source: Office for Health Improvement & Disparities, Public Health Outcomes Framework

Life expectancy for males from 2001-03 to 2018-20, Lancashire



Life expectancy for females from 2001-03 to 2018-20, Lancashire



Source: [Office for Health Improvement & Disparities, Public Health Outcomes Framework]

Deprivation

The table below shows the deprivation breakdown for each district. It identifies what proportion of the population are in each deprivation decile. The deciles are ranked from one to ten, where one is the most deprived decile and ten is the least deprived.

	Most deprived									Least deprived
Area	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Burnley	41.0%	13.6%	13.5%	8.5%	4.9%	3.9%	5.4%	7.7%	1.6%	0.0%
Chorley	3.7%	7.6%	7.3%	12.0%	5.2%	10.9%	8.9%	17.8%	16.3%	10.3%
Fylde	3.3%	3.5%	3.9%	10.6%	12.4%	11.1%	19.0%	10.2%	14.9%	10.9%
Hyndburn	29.8%	20.0%	15.0%	5.4%	5.7%	3.7%	12.2%	4.7%	3.5%	0.0%
Lancaster	13.3%	8.1%	12.5%	8.8%	7.6%	13.5%	13.9%	11.2%	5.5%	5.6%
Pendle	35.2%	6.7%	11.5%	14.0%	6.0%	6.6%	6.5%	10.2%	3.4%	0.0%
Preston	19.6%	26.5%	10.9%	10.4%	4.4%	1.5%	3.7%	9.4%	6.8%	6.7%
Ribble Valley	0.0%	0.0%	0.0%	2.2%	7.0%	19.1%	12.6%	11.4%	30.2%	17.4%
Rossendale	12.0%	8.3%	22.5%	12.8%	8.5%	8.4%	10.5%	5.2%	6.2%	5.6%
South Ribble	3.5%	0.0%	10.6%	7.5%	11.3%	9.7%	10.4%	17.2%	12.6%	17.2%
West Lancashire	8.3%	10.6%	3.8%	6.8%	7.6%	12.6%	9.1%	11.5%	17.3%	12.5%
Wyre	12.4%	2.5%	3.8%	10.7%	7.2%	13.9%	19.0%	15.7%	14.7%	0.0%
Lancashire	15.0%	9.6%	9.6%	9.3%	7.2%	9.4%	10.7%	11.4%	10.6%	7.1%

East Lancashire districts (excluding Ribble Valley), along with Preston are the most deprived in the county. Ribble Valley is the least deprived authority in Lancashire, and one of the least deprived in England.

Lancashire Health and Wellbeing Board
Meeting to be held on 24 January 2023

Corporate Priorities:
Delivering Better Services;

Lancashire Better Care Fund Update
(Appendices 'A' and 'B' refer)

Contact for further information:
Sue Lott, Tel: 07887 831240, Head of Adult Social Care, sue.lott@lancashire.gov.uk
Paul Robinson, Tel: 07920 466112, Head of Service Redesign, NHS Midlands and Lancashire Commissioning Support Unit, paul.robinson27@nhs.net

Brief Summary

The Lancashire Better Care Fund reset workshop took place on 1 December 2022. It was well attended with a good cross representation of health and social care bodies, district councils and voluntary sector. It has produced the basis for the next steps of an early detailed financial review and development of governance arrangements. The workshop themes and feedback document (Appendix 'A') set out the issues and priorities that need to be addressed to achieve a proper reset.

Since the Health and Wellbeing Board last met, the detailed requirements and confirmation of the funding for the Adult Social Care Discharge Fund have been published. The Lancashire combined Integrated Care Board and Local Authority allocation is £9,749,460. The aim of the fund is to improve discharge from hospital through interventions that focus on reducing delays to discharging people from hospital when they are fit to leave. These are primarily but not exclusively a 'home first' approach and Discharge to Assess (D2A). The funding has to be pooled into and managed through the Better Care Fund.

The extremely short deadline given for production of the plan to utilise this funding was met. It was submitted following sign off by the Chief Executives of Lancashire County Council and Lancashire and South Cumbria Integrated Care Board and approved by the chair of the Health and Wellbeing Board. There is a fortnightly reporting requirement against the plan for spend until the end of March 2023. For 2023/24 there will be an allocation nationally of £600 million to the Adult Social Care Discharge Fund.

Recommendations

The Health and Wellbeing Board is asked to:

i) Note the progress in the "reset" of the Lancashire Better Care Fund and next steps.
ii) To receive further updates on reset activity beginning with outcomes of the financial review and recommendations for governance.
iii) Note the approach to using the Adult Social Care Discharge Fund as set out in the plan and formally record Health & Wellbeing Board approval and Chair's sign-off.
iv) Receive updates on the impact of the use of the Adult Social Care Discharge Fund.

Lancashire Better Care Fund Reset

The initial workshop for the project to 'reset' the Lancashire Better Care Fund took place on the 1 December 2022 and was well attended with a wide representation. The event was full of lively discussion with an optimism around how we can make best use of the Fund and how we work differently as a partnership.

The morning session looked at the national requirements around the Better Care Fund, and what its aims and objectives are. The workshop looked at whether the Lancashire Better Care Fund in its current form meets these. The workshop then covered the rationale for why an in depth look at the Better Care Fund is required and how it will operate, and asked attendees to look at what is and is not working. The afternoon session was then split into themes that emerged from the morning session.

The themes that came out of the session included Governance, Commissioning, Wider Determinants of Health, Commissioning, Finance, Outcomes/Data/People and Strategic Direction.

More detail of what attendees discussed and suggested is contained at Appendix 'A'.

Following the high volume of rich information that was collated on the day, a timeline and project plan will now be developed by the steering group, and an interim Governance Board will be set up to have operational oversight of progress and decision making. Regular reports will be provided to the Health and Wellbeing Board, and invites shared for further workshops once set up.

Initial priorities are around the financial review and Better Care Fund Governance, and initial finance discussions are scheduled to take place later this month regarding how to undertake the review of what is in the Better Care Fund.

Adult Social Care Discharge Fund

The Discharge Support Fund was announced on the 22 September 2022, and formally confirmed on the 17 November 2022. The premise of the fund is to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care, including those on mental health wards. The focus will be on, but not limited to, a ‘home first’ approach and Discharge to Assess (D2A). The funding has to be pooled into and managed through the Better Care Fund. The Fund can be used flexibly on the interventions that best enable the discharge of people from hospital to the most appropriate location for their ongoing care.

Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges.

In some areas where there are particular delays to discharge of patients with long hospital stays – for instance those with particularly complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

The Fund is split 60% to Integrated Care Boards and 40% to Local Authorities, and locally the Lancashire combined Integrated Care Fund and Local Authority allocation is £9,749,460. The Lancashire Adult Social Care Discharge Fund Plan (Appendix 'B') sets out what the monies are allocated to, with the majority of the fund directed to the continuation of services that have been put in place to support Discharge to Assess (D2A) and for which there was no identified funding beyond the 30 November 2022.

The remaining spend has been directed to support discharges from mental health wards through 7 day working of the Lancashire County Council mental health discharge team, a community mental health support team, payments to care homes to bring forward admissions to weekends in recognition of the additional staffing time and costs, and monies to support stabilisation of the care market.

The Plan required sign-off by the Chair of the Health and Wellbeing Board, the Chief Executives of the Integrated Care Board, the Local Authority and the Local Authority Section 151 Officer.

Reporting against the Fund is rigorous with fortnightly activity and spend reports being submitted to the national Better Care Fund Team and under the scrutiny of the Departments of Health and Social Care and Levelling Up and Communities until the end of March 2023.

Locally we have agreed across the Council and the Integrated Care Board that any underspend in the schemes we have allocated funding to will be identified and directed to the areas in our plan that we have set out.

List of background papers

Link to Adult Social Care Discharge Fund planning requirements and guidance
https://www.gov.uk/government/publications/adult-social-care-discharge-fund

BCF Themes & Feedback

What's Working / Not Working

Working:

- ✓ People working together to collaborate, having measurable outcomes along with trusted relationships can be hugely beneficial
- ✓ There are a lot of services that are working well that are funded through the BCF and its simply understanding how we can make them even better
- ✓ There is **some** governance already in place
- ✓ Gathering people together today to get feedback and to collaborate has been very useful
- ✓ Pots of funds have been used from the BCF to start pilots that have worked really well
- ✓ Our masters are our residents
- ✓ When our communities know the data and how our services/schemes are delivered to them they can understand the local issues and situation in their areas that surround them and even if they don't directly affect them they can support these issue.

Not Working:

- × We don't know what has happened with certain pilots or why they haven't continued – we don't review, lacking outcomes, how are the schemes/services/pilots measured or reviewed for us to be able to replan
- × Using terminology like commissioning/providers etc, should we not just be partners?
- × 1 set of BCF results and oversight from the H&W board published but not looking at the different neighbourhood results – not drilling down into the delivery teams and really understanding what the impact is
- × People are sat on the H&W board but they aren't sat on the BCF board
- × It appears to be that the BCF is being used to manage the supply & demand not what the needs of our service users are.
- × We need clarity of vision, where are we heading, what is the outcome we want
- × Some staff conversations historically have been had around how we could be more efficient and could we be much better. If we changed our way of thinking to 'how do we spend this money to benefit our community' instead of thinking 'how do we spend this to benefit this as a system' we could achieve this
- × Some delivery of DFG works incredibly well, example but no one knows this as its not advertised
- × How can any residents of Lancashire know what's happening or what's working if we don't tell them
- × We need to ask the public what they want instead of constantly presuming
- × We are a demand led service, need to look at prevention, consider plans for 3 years, use good practices and expand on schemes/services instead of looking at isolated services or in an isolated manner
- × We should get underneath the data to find out what's going on – use data to plan
- × We don't know how to hold our nerve
- × Do we need more capacity around the management of the BCF
- × To have a yearly plan creates time constraints on making change as it doesn't give people security to try new things, join new teams and so it in turns doesn't allow trials/tests to gain momentum of have drive from staff

What Could We do Differently

- ✓ Pool more funding than we do currently
- ✓ Long term investments to make a real difference
- ✓ Evaluate properly, share far and wide what's working, celebrate great outcomes
- ✓ Fully understand opportunities to work differently eg across Housing, HIAs and DFGs
- ✓ Engagement sessions on BCF
- ✓ Citizen involvement with BCF Board
- ✓ Align with ICP priorities
- ✓ Have more honest conversations including with citizens, about big decisions that affect them
- ✓ Shared risk management across partners
- ✓ Increase spend on prevention
- ✓ Map interdependencies eg with Fuller
- ✓ Enhance and invest in HIAs and link with falls prevention etc, eg integrate NHS falls teams into them
- ✓ Understand what is adding value and what isn't
- ✓ Top slice the fund to test out 'new/good/exciting' stuff – kickstarter innovation fund
- ✓ Look at a 'better homes fund'
- ✓ Longer term plans that inform shorter term plans
- ✓ 10 year vision
- ✓ Stop the postcode lottery, level up across the Lancashire CC footprint
- ✓ Transparency about decisions

Governance

- ✓ Understand links and interdependencies with PCNs, Neighbourhoods, the other 3 HWB areas etc
- ✓ Identify priorities, articulate them and measure against them
- ✓ Keep it simple
- ✓ Allocate enough resource to manage the fund – it's a big sum of money

Commissioning

- ✓ Partners, not silos
- ✓ Co-production
- ✓ Move away from short term/non recurrent funding
- ✓ Use analytical intelligence to review and commission
- ✓ Avoid duplication
- ✓ Economies of scale
- ✓ What's outside the BCF that should be considered for pooling into it
- ✓ Use longer term planning, not annual

DFG / Housing / Wider Determinants

- ✓ Why is housing/HIA/DFG not an integral part of the infrastructure to support independence/prevent crisis/prevent admission to hospital or longer term care
- ✓ Increase use of technology
- ✓ Expand traditional provision that gets results
- ✓ Affordable warmth – pool into the BCF?
- ✓ Have a better homes fund – not just about bricks and mortar
- ✓ Level up across the HWB footprint
- ✓ NHS investment into housing related issues
- ✓ Explore top slicing for county-wide initiatives on a fair share basis
- ✓ Various schemes duplicate what Districts are doing, join up under one vision and plan
- ✓ Increase partnership of Districts/LCC/NHS/VCFSE in this area

Finance

- ✓ How do we exit some of the schemes if deemed not aligned to BCF
- ✓ Review VFM for schemes
- ✓ Align criteria for assessment
- ✓ Encourage innovation
- ✓ Improve efficiency
- ✓ Improve reporting

Outcomes / Data / People

- ✓ Use story telling – inform/analyse/celebrate
- ✓ Local conversations – VCFSE can help with these
- ✓ Don't hide behind data
- ✓ Understand lived experience
- ✓ Should inform strategic direction
- ✓ Outcomes – what was the intended outcome, did we achieve it
- ✓ Fund citizen engagement
- ✓ Set out what does good look like, how will we know if we succeed
- ✓ What should our data look like – need a dashboard
- ✓ Heat maps
- ✓ Schemes don't always last long enough to measure outcomes or inform long term planning

Strategic Direction

- ✓ Map interdependencies – Fuller, Intermediate Care, Housing, ICP priorities
- ✓ Evaluate what we have currently, what needs to change
- ✓ Ensure don't duplicate what's happening in other projects/transformation – BCF plan should align with how we get there and pull in info from other transformations, not take over
- ✓ Level up
- ✓ Do we know what our population really want, have we asked them
- ✓ Where are Public Health in the BCF/Plan
- ✓ Build on what works/best practice
- ✓ Need a clear vision
- ✓ Improve BCF infrastructure
- ✓ Share risk, objectives, planning, decisions
- ✓ Some or all of BCF needs to become a transformation fund
- ✓ Leadership is key
- ✓ Become evidence based, use data eg JSNA, DPH annual plan, District level data etc
- ✓ Recognition that this will take time to do properly
- ✓ Communicate better, and widely

Discharge fund 2022-23 Funding 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".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Lancashire
Completed by:	Paul Robinson
E-mail:	paul.robinson27@nhs.net
Contact number:	07920 466112

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	County Councillor - Chair of Lancashire Health & Wellbeing Board
Name:	Michael Green

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	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
	Local Authority Chief Executive		Angie	Ridgwell	angie.ridgwell@lancashire.gov.uk
	LA Section 151 Officer		Angie	Ridgwell	angie.ridgwell@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 -->					

When all yellow sections have been completed, 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.

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

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Lancashire

Source of funding		Amount pooled	Planned spend	
LA allocation		*£4,598,460*	£4,598,460	
ICB allocation	NHS Lancashire and South Cumbria ICB	*£5,151,000*	£5,151,000	£5,151,000
		Please enter amount pooled from ICB		
		Please enter amount pooled from ICB		

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Additional D2A Community based packages	Additional D2A Community based packages which supports people to be	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		236		Social Care	Lancashire	Local authority grant	£243,404
1	Additional D2A Community based packages	Additional D2A community based packages which supports people to be	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		1260		Social Care	Lancashire	ICB allocation	£1,406,000
2	Additional D2A bed based placements	Additional D2A bed based placements which supports people with higher levels of	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		960		Social Care	Lancashire	Local authority grant	£2,384,836
2	Additional Bed based D2A placements	Additional D2A bed based placements which supports people with higher levels of	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		429		Community Health	NHS Lancashire and South Cumbria ICB	ICB allocation	£3,211,000
3	Crisis Care	Crisis support in a person's own home which supports people to leave hospital in a	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		3339 hours p/w		Social Care	Lancashire	Local authority grant	£1,018,709
4	Hospital Aftercare Service Age UK	Hospital Aftercare Service Age UK - Enhanced Take Home & Settle Service &	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		480		Social Care	Lancashire	Local authority grant	£122,000
5	Stabilisation support to social care provision	various schemes incl retention payments/travel costs/cost of living / energy	Improve retention of existing workforce	Other	workforce retention across residential and		Both	Social Care	Lancashire	Local authority grant	£681,711
6	RNNA Provision - 4 months	Additional nursing resource to enable completion of Registered Nursing Needs	Additional or redeployed capacity from current care workers	Costs of agency staff		96	Both	Mental Health	NHS Lancashire and South Cumbria ICB	ICB allocation	£37,000
7	Additional business support to support co-	Additional business support to support co-ordination of discharges and enable the	Additional or redeployed capacity from current care workers	Costs of agency staff			Both	Mental Health	Lancashire	ICB allocation	£12,000

8	Additional hours Social Work and Social Care	Improve responsiveness to increased demand, to offer IDT contact to wards at	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Mental Health	Lancashire	ICB allocation	£23,000
9	Additional leadership capacity for 4	Additional leadership capacity to implement clinically ready for discharge	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Mental Health	Lancashire	ICB allocation	£22,000
10	Overtime for Acute/MH/Reablement teams	Enhance response to demand surges for hospital discharge - general and	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Social Care	Lancashire	ICB allocation	£50,000
11	Administrative costs	administrative costs of capacity to support reporting & administration	Administration	Overtime for existing staff.				Social Care	Lancashire	Local authority grant	£40,000
11	Administrative costs	administrative costs of capacity to support reporting and	Administration	Overtime for existing staff.				Community Health	NHS Lancashire and South Cumbria ICB	ICB allocation	£45,000
12	Community Equipment	increase availability and stock of community equipment across retailers	Assistive Technologies and Equipment	Community based equipment		11,000 items		Social Care	Lancashire	Local authority grant	£70,000
13	Payments to care homes to encourage	One off 'incentive' payment (per person admitted) to care homes to support	Residential Placements	Care home		50		Social Care	Lancashire	Local authority grant	£37,800
14	MH Discharges into community	Community intensive support teams – this team will 'pull' patients out of	Additional or redeployed capacity from current care workers	Costs of agency staff		120	Home care	Mental Health	NHS Lancashire and South Cumbria ICB	ICB allocation	£345,000
	All schemes will be closely monitored, and										
	Various Staffing across acute, care navigation and	Enhancing recruitment functions to attract new staff and reduce the vacancy	Other		workforce development			Social Care	Lancashire		£152,000
	Retention payments to Acute SW teams -	Eliminate position of more leavers than joiners, and stabilise capacity across	Other		workforce development			Social Care	Lancashire		£250,000
	Trailblazer service across Winter	enable the Mental Health residential rehab (funded via temporary monies) test of	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)				Mental Health	NHS Lancashire and South Cumbria ICB		£614,000
	Harmonise Discharge Processes	work collectively on reducing the variation in discharge processes,	Other		process improvement			Community Health	NHS Lancashire and South Cumbria ICB		£92,000

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements)confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	**Sub type**	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA