



Lancashire Health and Wellbeing Board
Tuesday, 9 May 2023, 2.00 pm,
YMCA Lofthouse Building, London St, Fleetwood FY7 6JL

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. To receive an overview from the community venue manager.	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		2.10pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
3. Minutes of the Last Meeting held on 7 March 2023 and Matters Arising	Action	To agree the minutes of the previous meeting and to receive updates on Health Hearts/Weight Declaration and discuss further.	Chair	(Pages 1 - 10)	2.15pm
4. Voice of the Community	Information/ Ask	To receive a real life story from a citizen or group in Fleetwood and what they want to see different or expect the Health and Wellbeing Board to support/change ways of working.	Member of the Community		2.25pm
5. Place Based Partnership	Discussion/ Decision	To receive a progress report on the actions taken to develop the Lancashire Place Based Partnership and to receive the draft Whole System Plan.	Sarah James/Louise Taylor	(Pages 11 - 30)	2.45pm
6. Family Hubs Networks	Discussion/ Decision	To receive a progress report on the development of Family Hubs Networks in Lancashire.	Dave Carr/Marc Hodges	(Pages 31 - 50)	
7. Better Care Fund	Discussion/ Decision	To receive an update on various aspects of the Better Care Fund and participate in a workshop style discussion.	Paul Robinson/Sue Lott	(Pages 51 - 70)	3.45pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		4.15pm
9. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2.00pm on 18 July 2023, venue to be confirmed.	Chair		4.20pm

H MacAndrew
Director of Law and Governance

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 7th March, 2023 at 2.00 pm in Burnley Boys and Girls Club, Barden Playing Fields, Barden Lane, Burnley, Lancashire BB10 1JQ

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
Elaina Quesada, Adult Services, 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

Chris Sinnott, Lancashire Chief Executive Group
Jacqui Old CBE, Education and Children's Services, Lancashire County Council
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 thanked the staff at Burnley Boys and Girls Club for hosting the Board meeting and thanked officers from the Public Health Team and Democratic Services for arranging the meeting.

Apologies were noted as above.

It was noted that Elaina Quesada, Deputy Executive Director of Adult Services was attending on behalf of Louise Taylor, Executive Director of Adult Services and Health and Wellbeing, Lancashire County Council.



Graham Vernon, Chief Officer of Burnley Boys and Girls Club gave a brief overview of how the Club supports children and young people in providing them with safe spaces to talk, socialise, make friends and acquire new skills in environments free from judgement or discrimination. The Board noted that it is Lancashire's oldest youth organisation, celebrating 125 years in 2023, and offers safe, fun, friendly environments where children and young people can learn, develop and grow together. The Club empowers young people through education, recreation and wellbeing and works closely with Lancashire County Council's Children's Services and the Youth Zones. The Board were informed that the Club's biggest resource currently was in mental health services and staff offering support to young people as trained Councillors.

Resolved: That the Board thanked Graham Vernon for his inspiring presentation of the work that is undertaken at Burnley Boys and Girls Club.

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 24 January 2023

Resolved: That the Board agreed the minutes of the meeting held on 24 January 2023.

There were no matters arising from the minutes.

4. East Lancashire Citizen/Group Story

The Chair welcomed Sajda Majeed MBE who provided the Board with an overview of the work she has been involved in over the last 30 years in the Daneshouse and Stoneyholme area in Burnley, with the local community. Sajda Majeed MBE informed the Board that she had built wider and significant networks across Burnley, Pendle, Hyndburn, especially in South Asian communities and was awarded an MBE in 2018 in recognition of service to the community and in particular work to secure funding for the Healthy Living Centre, The Chai Centre, locally, becoming the Project Manager in 2004.

Sajda Majeed MBE presented the Board with three topics that the local Black, Asian and minority ethnic (BAME) community faced challenges with, in terms of:

- i) Employment and Skills – difficulties in communicating with organisation
- ii) Community Engagement – sustaining relationships when jobs have been completed and building on relationships
- iii) Commissioning and Procurement – long term planned funding from organisations and ensuring the voice of the communities is heard in meetings

The Board noted that Sajda Majeed MBE was a key contact for public services (Police, local councils, Education) to support community engagement on key issues; including recruitment of volunteers to participate in Lancashire Constabulary People's Voice, to ensure a range of voices including Muslim, Bengali, Polish,



Romanian, refugees, and young people are heard. She has worked as the main community contact for universities carrying out research on issues relevant to South Asian communities, on behalf of UCLAN, Liverpool John Moores and Manchester Metropolitan Universities. Most recently Sajda Majeed MBE supported sub-ethnic populations participation in research into culturally acceptable diets to manage type 2 diabetes. She also facilitated the involvement of young people in an arts-based project on forced marriage.

Following the presentation the Board raised the points that:

- Relationships need to be built on with regards to long term relationships and find a way of sustaining those relationships.
- There is a need to include communities at grassroots level with different partners/services across Lancashire.
- There is a need to ensure there is success planning in communities.
- The long-term commissioning with long term partnerships and invest in the work needs to be reviewed.

Resolved: That the Board thanked Sajda Majeed MBE for her inspirational speech.

5. Place Based Partnership

a) Integrated Care Strategy

Craig Harris, Lancashire and South Cumbria Integrated Care Board (ICB) provided an update to the Board on the development of the draft Lancashire and South Cumbria Integrated Care Strategy ([Appendix 'C'](#)) and the next steps for further engagement and finalisation of the document.

The [report](#) provides further information on:

- Requirements of the Integrated Care Partnership (ICP) and the Integrated Care Strategy
- Development of the draft Strategy: Work to date including finalising the strategy and the next steps

[Appendix 'A'](#) – Listening to our communities on our draft priorities: final summary of findings

[Appendix 'B'](#) – Listening to our communities on our draft priorities: analysis of text feedback

Locally it has been agreed that the final version of the strategy will be agreed by the Integrated Care Partnership (ICP) in April 2024 following further engagement with residents and stakeholders.

Following the presentation, the following points were raised:

- Within each place/area there needs to be place-based plans and within that plan the deliverables need to be described, the milestones to be



achieved and over what timescale and have 2/3 measures that can then be challenged locally in each place on each intervention of start well, age well, live well and die well. This information will be presented to the Place Based Partnerships for each area.

- Need to ensure that the Strategy is aligned with some of the longer-term strategies in Lancashire ie Lancashire 2050.
- Challenge partners as to how they engage with people and challenge the tone and longevity of those conversations and do things differently to be more sustainable.
- The Strategy needs to ensure it is clear as to which areas refer to Lancashire and which refer to South Cumbria or indeed both.

Resolved: That the Health and Wellbeing Board:

- i) Endorsed the current version of the Lancashire and South Cumbria Integrated Care Strategy, noting that this will be further updated in the coming weeks to reflect the feedback from partners and residents.
- ii) Noted that the final version of the Lancashire and South Cumbria Integrated Care Strategy will be presented to the Integrated Care Partnership (ICP) in April 2023 for formal agreement.

b) Joint Forward Plan

Carl Ashworth, Lancashire and South Cumbria Integrated Care Board (ICB) provided an update to the Board of the emerging Joint Forward Plan (JFP) for the Lancashire and South Cumbria Integrated Care Board (ICB). It included the background, requirement and context for a Joint Forward Plan (JFP), and the key issues for consideration in development of the Plan and provided assurance on alignment with the Health and Wellbeing Board strategies.

The [report](#) provides further information on:

- The requirement and context for a Joint Forward Plan (JFP)
- Key issues for consideration in development of the Joint Forward Plan (JFP) for Lancashire and South Cumbria

The Board noted the three principles describing the Joint Forward Plan's (JFP) nature and function which have been co-developed nationally with Integrated Care Boards (ICBs), trusts and national organisations representing local authorities and other system partners.

Principle 1: Fully aligned with the wider system partnership's ambitions
Principle 2: Supporting subsidiarity by the building on existing local strategies and plans as well as reflecting the universal NHS commitments



Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

The Board were informed that the Lancashire and South Cumbria Integrated Care Board (ICB) is intending to produce a draft version of the Joint Forward Plan (JFP) by 31 March 2023 for consultation - further iterations may continue after this prior to the plan being finalised in time for publication and sharing by 30 June 2023.

Also, that an overview of the emerging themes of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board at its meeting on 7 March 2023.

Resolved: That the Health and Wellbeing Board:

- i) Considered the key themes highlighted within the emerging Joint Forward Plan (JFP) for Lancashire and South Cumbria Integrated Care Board (ICB), offering their reflections on the content and particularly on whether they feel that the key themes take proper account of the Lancashire Health and Wellbeing Strategy.
- ii) Noted that a draft version of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board after signing off by the Integrated Care Board (ICB) at the end of March 2023.
- iii) Noted that a final version of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board prior to its sign off by the Integrated Care Board (ICB) the end of June 2023.

c) Lancashire Place Based Partnership

Sarah James, Lancashire and South Cumbria Integrated Care Board (ICB) provided a progress report on the actions taken to develop the Lancashire Place-Based Partnership. It covers the period January – March 2023 following the last update to the Board in January 2023 and intends to ensure that the Health and Wellbeing Board are fully sighted on the progress during the development phase.

The [report](#) provides further information on:

- Developing the Lancashire Place – Workshops
- What we want to do together – developing our priorities
- How we want to work together – developing our ways of working in localities
- How we want to work together – developing our ways of working at a Lancashire level
- Why we want to work together – developing our narrative

[Appendix 'A'](#) – Draft Lancashire Priorities



Following the presentation the following comments were made:

- That work was ongoing to reach the hard to engage partners and communities.
- There is a need to engage with people central in communities ie community champions/ambassadors that are rewarded for their time and invest and support them.

Resolved: That the Health and Wellbeing Board noted the progress report on the development of the Lancashire Place-Based Partnership.

6. Transformation work in the Communities

James Fleet, Lancashire and South Cumbria Integrated Care Board, Helen Ashworth, Integrated Care Partnership, Aidan Kirkpatrick, Public Health, Lancashire County Council presented the "Partnership approaches to prevention in communities: Healthy Hearts" with regards to bringing together partners and communities to look at the priorities from a practical perspective of policies and plans and to discuss amongst members if the Board is doing all it can with regards to this priority and being held to account also.

The Board were reminded that Cardiovascular Disease (CVD) is the leading cause of death worldwide and accounts for one in four of all deaths in England, the equivalent of approximately one death every four minutes. Lancashire has higher levels of premature (under 75) mortality rates from Cardiovascular Disease (CVD) relative to England. The prevalence of key risk factors for the development of Cardiovascular Disease are broadly also higher than the England average but crucially with wide variation across respective neighbourhoods within Lancashire.

The Board were also reminded its' commitments so far which were:

- It had agreed to work together to establish a Lancashire Health Hearts programme and will work over a ten-year period to reduce the development of Cardiovascular Disease (CVD) within Lancashire local communities.
- It will use an evidence-based approach that encompasses seven key workstreams:
 - i) Tobacco
 - ii) Alcohol
 - iii) Physical Activity
 - iv) Supporting Healthy Weight
 - v) Food Diet and Nutrition
 - vi) Health in All Policies approach
 - vii) Cardiovascular Risk Modification
- It will also acknowledge the closely related work programmes around clinical risk management (Atrial Fibrillation (AF), Hypertension and lipid management) with NHS colleagues within the broader Integrated Care System (ICS).
- It will set challenging interim targets between now and 2030 and report regularly to the Lancashire Health and Wellbeing as well as seek their support in how best to implement this programme as it evolves.



Key targets that the Board had agreed up to 2030 across the seven key workstreams were also presented and the current performance was outlined, and it was reiterated the importance of taking a place-based systems approach in tackling 'the cause of the causes'.

The Board discussed what it meant in practice to take a place-based partnership working approach around the Healthy Hearts priority.

A case study of community partnership working was presented to the Board which was where the NHS had teamed up with community groups to deliver vital health checks in Burnley. Health clinics are being delivered by Burnley East and West Primacy Care Networks (PCNs) and offer a variety of baseline health checks, such as height, weight and blood pressure, as well as more complex screening opportunities for conditions like asthma, chronic obstructive pulmonary disease and diabetes etc. There is also a provision for vaccinations, annual learning disability health checks annual serious mental illness health checks, and a Dietetics clinic, with organisations working together to coordinate care and any onwards referrals where necessary.

The Board were asked to think what opportunities their own organisations can act on with this agenda and was there one action they can commit to influencing and promoting within their organisation.

Following discussion, the following ideas were suggested:

- Financial commitment
- Long-term commitment
- How to support organisations in the Voluntary, Community and Faith Sector
- Work together as integrated neighbourhood teams
- Learn from different areas across the Country
- Promote the work better with staff in the organisations
- Understand that District Councils know communities better
- Councils around the Health Hearts programme
- Link in with voluntary groups
- Bigger aspiration for the County
- Long term partnership to align commissioning
- Workforce capability and the ability to communicate with diverse communities
- The way business is carried out and the way local communities are engaged with

Concluding the discussion, the Board were reminded that it signed up to the Healthy Weight Declaration in 2022 and the Chair requested that members of the Board think about what individual organisations have done since then and report back at the next meeting of the Board in May 2023. Also members were asked to commit to doing something that will make a difference and agree that the Board challenges itself regularly on the commitments made.



Resolved: That members of the Board feedback at the next meeting in May 2023, what their organisations have done and/or committed to since the Health Weight Declaration was signed in 2022.

7. Better Care Fund

Sue Lott, Adult Social Care, Lancashire County Council updated the Health and Wellbeing Board on the Lancashire Better Care Fund reset work which continues to move forward with the Finance Workstream having been established and the first workshop taken place. An interim Governance Board is being set up, with work to commence on defining the governance on an ongoing basis.

The Discharge Support Fund continues to support timely discharges for Lancashire residents from both the general Acute Hospitals and the Mental Health Hospitals locally. There is a fortnightly reporting requirement against the plan for spend until the end of March 2023, and Lancashire activity is reported in line with this. For 2023/24 there will be an allocation nationally of £600 million to the Adult Social Care Discharge Fund and conversations will be taking place to agree how this will be spent. Further detailed information can be found in the [report](#).

Resolved: That the Health and Wellbeing Board:

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

8. Urgent Business

The Board had a brief discussion with the young people who attended the Burnley Boys and Girls Club who informed the Board about what they do at the club and how it supports them and what it means to them.

Following the meeting the young people gave members a tour of the premises.

Resolved: That the Board thanked the young people for their engagement and young person's insight into how they benefit from attending the club.



9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on 9 May 2023, venue to be confirmed.

H MacAndrew
Director of Law and Governance

County Hall
Preston



Lancashire Health and Wellbeing Board
Meeting to be held on 9 May 2023

Corporate Priorities:
Delivering better services;

Development of the Lancashire Place Based Partnership - A Progress Report
(Appendices 'A' and 'B' refer)

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 the Health and Wellbeing Board with a progress report on the actions taken to develop the Lancashire Place-Based Partnership. It covers the period March – May 2023 following the last update to the Board in March and intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during this development phase

Recommendations

The Health and Wellbeing Board is recommended to consider and comment as appropriate on the progress report on the development of the Lancashire Place Based Partnership

Detail

Purpose

This report provides the Health and Wellbeing Board with a progress report on the actions taken to develop the Lancashire Place-Based Partnership. It covers the period March - May 2023 following the last update to the Board in March and intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during this development phase.

Developing the Lancashire Place - Workshops

At the last update, Health and Wellbeing Board Members were informed of a series of workshops and given information on the emerging themes. A full report has now been produced which is attached at Appendix 'A'.

This attached report provides a brief overview of the purpose of the workshops, attendees, outcomes and what will be done as a result of this engagement. These workshops were intended to be the start of an engagement journey with partners to co-produce the Lancashire Place, and work will continue with partners and communities as it develops.

Developing ways of working in the three localities

At the last update, Health and Wellbeing Board Members were informed that work has commenced to start to build the supporting infrastructure to enable delivery. This includes working from communities upwards, agreeing how to work together as partners to develop integrated neighbourhood teams, and how it will come together in a larger footprint (district or groups of districts). The localities of North, East and Central Lancashire will need the right infrastructure to translate the strategic agreement to priorities into operational delivery which must be developed with partners.

Work has begun with local partners to ensure that each locality will have the following elements;

- Integrated working across organisations to support residents within their communities (via a network of Integrated Neighbourhood Teams), of which there will be 28 across the Lancashire area
- District Level Partnerships that focus on creating the right conditions for good health and wellbeing, reducing health inequalities, and supporting communities. Where possible these will build on existing arrangements and in some cases may include more than one District Council if there are existing collaborative ways of working. It is likely there will be 10 across our Lancashire area
- Space for Health Providers (such as Hospitals, GPs, Community and Mental Health Services) to come together to ensure that we are creating safe, effective and seamless pathways for residents when healthcare is required. Other partners and providers will be part of these networks when it is of value to do so.

Appendix 'B' contains the detail of the emerging thinking on the shape and form of these arrangements, by locality. The next phase of work, to be complete during quarter 2, will be to develop these new Partnership arrangements where required, and to enhance and connect any existing arrangements.

Developing ways of working – the governance options appraisal

The Health and Wellbeing Board have asked the Lancashire Place to undertake an options appraisal to consider what future governance could be adopted for the Lancashire Place, including to consider if the Health and Wellbeing Board could take the role of the Place Board. During the last period, a task and finish group has been established, who have taken this work forward which includes representation from Lancashire County Council Public Health and Democratic Services, Integrated Care Board (ICB) Governance and the Lancashire Place team. The task and finish group are in the process of reviewing;



- Relevant national guidance and policy relating to both the Health and Wellbeing Board and Place based Partnerships
- Case studies
- Evaluation criteria for the options

The Group will move on in May to developing and assessing the potential options. This work is on track to report back to the Interim Place Board in June and the Health and Wellbeing Board as planned at their next meeting in July.

This work has interdependencies with the potential of delegation as noted in section five below, to ensure that the governance chosen enables it to operate effectively and robustly to discharge any responsibilities, accountabilities or funding streams that may be agreed.

Developing a Health and Care Integration Deal

During this period, work has begun to consider what a 'Health and Care Integration Deal' could achieve for the Lancashire Place. From an NHS perspective, the Integrated Care Board have signalled an intent that not all services should be planned and delivered at a system (Lancashire and South Cumbria) wide level, and that there is a conversation to be had about what could be planned and delivered jointly with partners at a Place (Lancashire) level. For example, there are some services provided locally within our communities that could achieve better outcomes or value for money if they were organised with partners within Lancashire. The Integrated Care Board has indicated that they may seek to delegate areas such as primary care, physical community health services, continuing health care, population health.

Initial thinking has started about the opportunities this may present and this will continue to be developed with partners in Lancashire throughout May and June with a series of discussions planned to include the June meeting of the Lancashire Chief Executives. Work is also happening with the three other Places to agree a series of principles, stages and an approach across Lancashire and South Cumbria. The deadline for this work for a decision with the Integrated Care Board is 5 July 2023 (Integrated Care Board (ICB)).

The approach has been discussed with the Interim Place Board, who have confirmed following principles should be worked to;

- The approach needs to be 'Ambitious but Balanced, Measured and Considered – with people at the front and centre'.
- It wants to take measured steps, co-designed with partners and people, with legitimacy and freedom to discuss our populations.
- It wants an agile governance that can scale up or down, which supports pockets of excellence to continue and enables them to be upscaled.
- It will need to be cognisant of the wider implications on the locality arrangements given the geographical size and demographic diversity.



Appendices

Appendix 'A' and 'B' is attached to this report.

Appendix	Title
Appendix 'A'	Workshop Summary Report
Appendix 'B'	Locality Arrangements

List of background papers

Appendix One – Workshop Summary Report

Appendix Two – Locality Arrangements

Reason for inclusion in Part II, if appropriate

N/A



Interim Lancashire Place Based Partnership Board

Locality Workshops

1. Background

As part of the development of the Lancashire Place Based Partnership, it was agreed to hold a series of workshops within each locality (Central, North and East) during January – March to undertake a period of wider engagement with our partners on our emerging thinking, to help us understand where we need to change, adapt and further iterate our thinking upon the following:

- 1) Reflect and comment on our journey to date and the way the Lancashire Place is shaping up.
- 2) Listen to feedback on the emerging themes and responses to those from a sector / organisational / directorate perspective.
- 3) Understand what is already happening within our communities.
- 4) Identify how we can collaborate effectively as a system, place, and communities to support and empower more positive case studies.
- 5) How can lessons learned facilitate successful integration and partnership working?

The workshops were engaging, informal and set the tone for how we propose to work with our stakeholders across the Lancashire Place to build relationships and support future arrangements. Tailored towards each locality the following workshops took place:

Locality	Date
North Lancashire (Lancaster)	18 January 2023
Central Lancashire	31 January 2023
North Lancashire (Fylde & Wyre)	01 February 2023
East Lancashire x 2	08 February 2023 (am & pm)



An additional Lancashire wide session took place on the 22nd March which provided an opportunity for stakeholders to receive an update upon actions taken already as a result of the feedback from previous sessions.

Representation across all the workshops was high with over 168 delegates in attendance and 13 sectors represented via 47 individual organisations from the following core partners:

- Providers of primary care services
- Providers of community services (physical health)
- Voluntary and Community, Faith and Social Enterprise Sector providers
- Providers of social and home care services
- Hospices and Providers of acute services
- Providers of mental health services
- Lancashire and South Cumbria Integrated Care Board
- Lancashire County Council
- District Councils

2. Stakeholder Feedback

Throughout the workshops we heard the importance of our communities, in particular:

- We **heard** the importance of communities and the need to focus upon our neighbourhoods.
- We **listened** to the integral role of our District Councils and their collaborative work with partners and engagement with communities.
- We **heard** that we should build upon existing partnership arrangements to ensure the avoidance of duplication and preventing reinventing the wheel.

The feedback collated across all the workshops is outlined in the table on page 4 with associated actions that we have taken or intend to take as a result.

Feedback from Workshops	Action / Intended Action
Definitions Consideration of our use of language and consistency i.e., Place/Locality/Districts/Neighbourhoods/ Communities	<ul style="list-style-type: none"> Place Narrative amended to reflect consistent terminology and definitions provided.
Value of being listened to Throughout the workshops, people have felt involved and respected, rather than being a one-off this needs to be instrumental to our ways of working and to what the Lancashire Place is about (co-production)	<ul style="list-style-type: none"> Inversion of triangle in Place Narrative, depicting work across spatial levels. Mapping of community priorities taking place to inform Lancashire priority areas of focus. Health and Wellbeing Partnerships being established across each district level to continue to hear the voice of the communities (with the exception of Chorley & South Ribble and Fylde & Wyre which will come together jointly for this purpose).
Centralised v Localised We need to be clear as to when and why we would take a centralised approach and not control or stifle the local influence, recognising that the ICB itself has an important yet smaller role to play in the delivery of priorities at Place where greater traction can be gained from colleagues on the ground	<ul style="list-style-type: none"> Will be considered further when finalising Lancashire-wide priorities and also in the discussions upon delegation (part of next steps highlighted within paper). Enable and support networks of communities to flourish. Identifying early win projects to establish integrated working at localities.
One size does not fit all We need to listen and learn from our colleagues at grass roots level and not force a model upon them, we should consider how we can sustain their good work and let people know about it	<ul style="list-style-type: none"> Building on and sharing best practice from established arrangements within district levels, enabling local nuances to continue. Intention to cascade positive outcomes across Lancashire Place to enable a foundation of good practice for future initiatives. We want to work with established infrastructure at locality level.
VCSFE Sector We need to fully recognise the value of the VCFSE sector in our future work and that we only require small amounts of resource to make this sector sustainable	<ul style="list-style-type: none"> Development of a Lancashire agreement with the VCFSE sector aligning at ICB level about how we can work together in a more integrated and meaningful way.
Prevention Better results could be achieved if the population health resource held within the ICB were to be embedded within district councils, there is duplication between the two in striving to reduce health inequalities	<ul style="list-style-type: none"> Working more collaboratively within and across Place by having ICB resource 'leaning into Place'. Potential for inclusion within delegation discussions. Potential development of Partnership model at localities.
Resource Significant benefits are being achieved within our communities using modest sums of money, we need to sustain this and also consider the positive impact of non-financial contributions such as volunteering time	<ul style="list-style-type: none"> Development of a Lancashire agreement with the VCFSE sector mirroring those at ICB level about how we can work together in a longer term and sustainable way. Recognition of the wide-ranging positive impacts anchor institutions and seeking their increased involvement of communities. Increase involvement of anchor institutions and the wide-ranging positive impacts that they have. Move away from short-term funding arrangements to medium / long-term relationships offering sustainability to the organisation.
Data Colleagues have been appreciative of using data for a focus, we need to support colleagues within our communities to access data to enable both targeted interventions and to demonstrate their wider economic impact	<ul style="list-style-type: none"> As part of the infrastructure development of the Lancashire Place we will establish a performance and reporting function to assess impact and support targeting of work - (part of next steps highlighted within paper).
Priorities A small number of priorities at Place level are needed, we need to be clear upon where and how cross cutting priorities such as housing and employment will be delivered whilst enabling priorities within localities to be nuanced to the particular needs of the residents	<ul style="list-style-type: none"> Priorities for Lancashire Place, Localities, Districts, and communities in the process of being developed; to be included in local plans based on need and to address health and wellbeing inequity. Reporting on priorities (as above) will inform how the Lancashire Place is contributing to wider system level strategic aims. Intention to develop district level profiles to understand further the needs of our residents. Recognising the Lancashire 2050 initiative and being clear of the interface.
Deliver In order to deliver we need to stick to what we have agreed and allow proportionate time for projects to realise benefits	<ul style="list-style-type: none"> Commitment to see projects through, focus upon a small number of priorities and to measure the benefits realised. Establishing the early win projects.
Aspirations We need to work urgently on raising the aspirations of our residents to enable a generational impact	<ul style="list-style-type: none"> Adopting a strengths-based approach to resident engagement to empower our communities to take greater ownership of their individual health and wellbeing. Ensure co-production and design of services with our residents.
Hubs A universal hub offer, not just that of Family Hubs, would maximise delivery of services within the community	<ul style="list-style-type: none"> Establish a vision for service provision across Lancashire. Establish the family hubs and build upon the good practice to develop a wider more universal 'hub' offer. Consider the connection with the development of Integrated Neighbourhood Teams.
Communicate We do not communicate enough the good work that is ongoing within our communities, we should share the benefits and enable others to learn and replicate where success is proven	<ul style="list-style-type: none"> Intention to cascade positive outcomes across Lancashire Place to enable a foundation of good practice for future initiatives. As part of the infrastructure for the Lancashire Place we will establish a Communications and Engagement Function.
Infrastructure We do not wish to develop an industry from the establishment of governance structures, we need to recognise what we already have and build upon this	<ul style="list-style-type: none"> Health and Wellbeing Partnerships being established based upon existing arrangements across each district level (with the exception of Chorley & South Ribble and Fylde & Wyre which will come together jointly for this purpose). Provide feedback to the Lancashire Place Partnership to enable discussions around wider Place issues and impact at a locality level. Recognition that health partners will need to work on health footprints for patient safety reasons.
Adult Social Care Is the service connected in the best way possible across Place?	<ul style="list-style-type: none"> Working towards deeper integration of adult social care within each locality to support residents to 'Live their Best Lives' in Lancashire.

Based upon the engagement and feedback collated from the workshops we have designed our locality arrangements with these principles in mind (built from communities, with a focal point around districts and using existing arrangements where possible), outlined below:

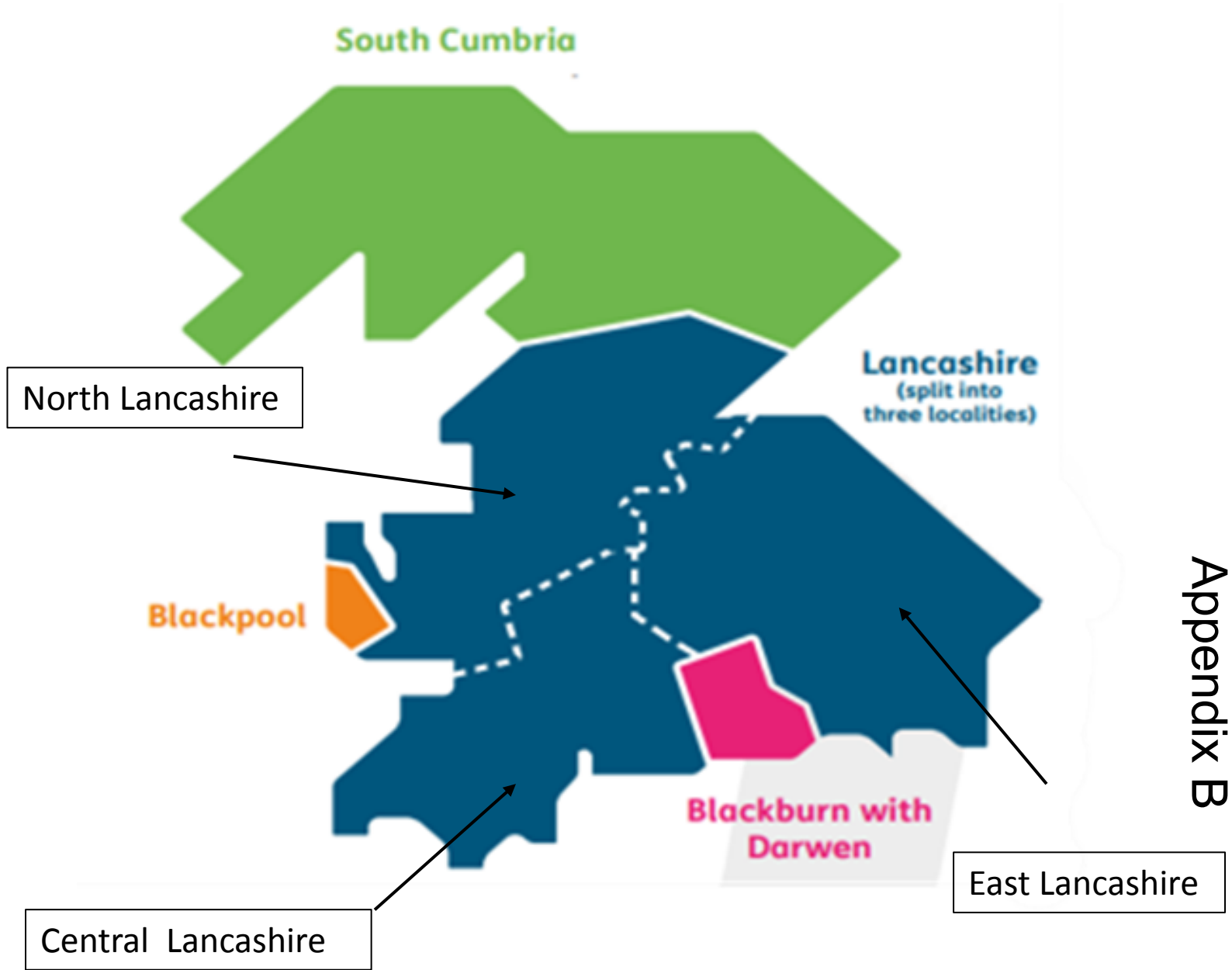
- **Translate strategic agreement into operational delivery** to improve lives and the wellbeing of the whole population; places are all age.
- **Influence the wider Place** by providing feedback to the Lancashire Place Partnership via a forum(s) to discuss wider Place issues and how they impact at a locality level.
- **Enable and support networks of communities** to flourish – supporting an asset and strengths based approach to support
- Ensure that **Lancashire wide priorities are included in local plans based on need.**
- Enable **local priorities to be developed, delivered** and recognised to address health and wellbeing inequity.
- **Undertake performance management** to assess impact and support targeting of work.
- Where appropriate provide an interface to ‘health integration’ agenda; recognising that health partners will need to work on ‘health footprints’ for patient safety reasons.

3. Recommendation/s

Members of the Interim Lancashire Place Based Partnership Board were asked to approve the feedback and associated actions and intended actions from the series of workshops held across each locality within the Lancashire Place.

The above recommendation was approved at the 24 April 2023 meeting of the Interim Lancashire Place Board.

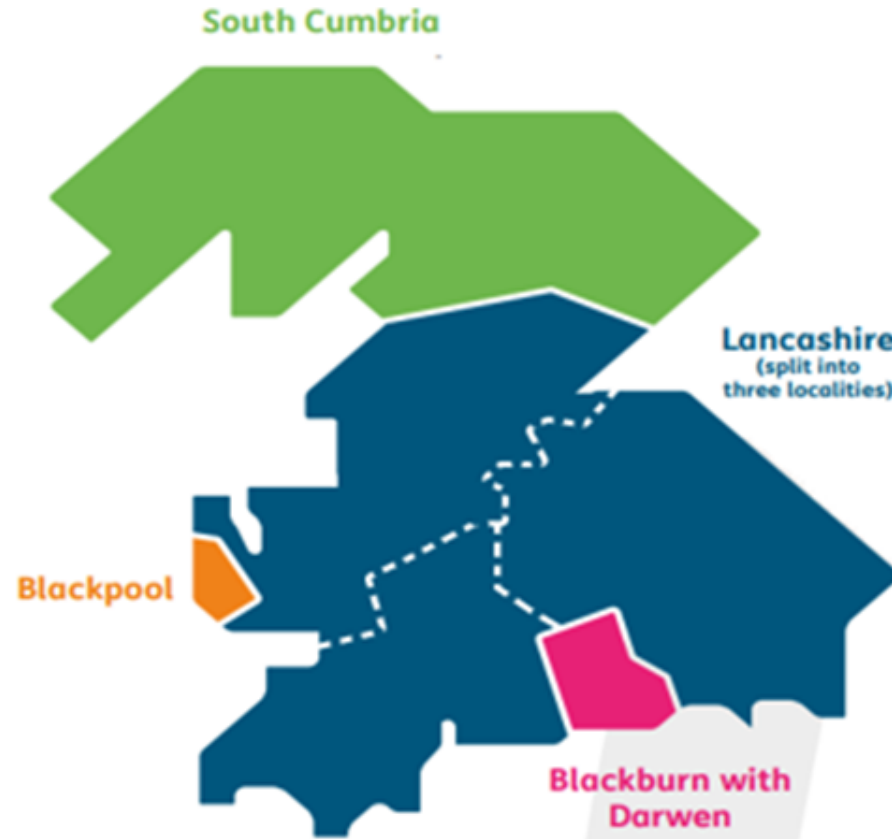
Our Locality Arrangements



Where do we fit in Lancashire and South Cumbria?

Four places in Lancashire and South Cumbria:

- Blackburn with Darwen c150k population and 4 PCNs
- Blackpool c 140k population and 4 PCNs
- Lancashire – c 1.2 million population and 28 PCNs
- South Cumbria – c171k population and 5 PCNs



Lancashire will be sub-divided into three Localities:

- North Lancashire c337k population (8 PCNs) – Fylde and Wyre (5 PCNs) and Lancaster City (3 PCNs).
- Central Lancashire c598k population (11 PCNs) – Preston (3 PCNs), Chorley (3 PCNs), South Ribble (2 PCNs) and West (3 PCNs).
- East Lancashire c392k population (9 PCNs)– Burnley (2 PCNs), Hyndburn (2 PCNs), Pendle (2 PCNs), Rosendale (2 PCNs) and Ribble Valley (1 PCN).

Role of locality in the Lancashire Place *“Delivery focus through understanding the population need”*

Our three localities will;

- **Translate strategic agreement into operational delivery** to improve lives and well-being of the whole population; places are all age.
- **Influence the wider Place** by providing feedback to the Lancashire Place Partnership via a forum(s) to discuss wider Place issues and how they impact at a locality level
- **Enable and support networks of communities** to flourish – supporting an asset and strengths based approach to support.
- Ensure that **Lancashire wide priorities are included in local plans based on need.**
- Enable **local priorities to be developed, delivered** and recognised to address health and well-being inequity.
- **Undertake performance management** to assess impact and support targeting of work.
- Where appropriate provide an interface to the ‘health integration’ agenda; recognising that health partners will need to work on ‘health footprints’ for patient safety reasons.

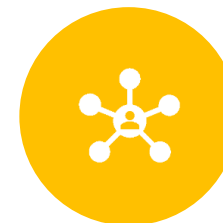
Building blocks within each locality



Communities and neighbourhoods at the front and centre of what is happening – centred around the people who live and work there.



An all age multiagency group (engine room) to oversee the development and implementation of the local plan to include Lancashire Wide objectives linked to priorities and local priorities based on specific local needs



A **space for 'health integration'** between health providers to ensure seamless pathways for residents



Core delivery team to support the above **drawn from all partners**



Delivery of health and social care integration at local level

North Lancashire

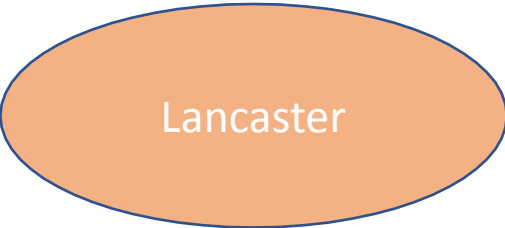
Lancaster District

Lancashire Place Partnership

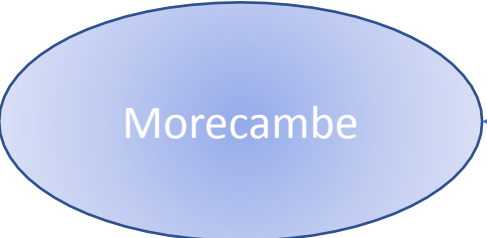


Lancaster Health and Well-Being Partnership

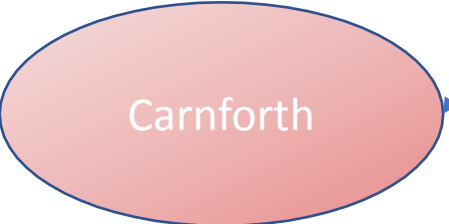
Incl – Neighbourhood and Community working and development
Health and well-being
Health and social care integration



Lancaster

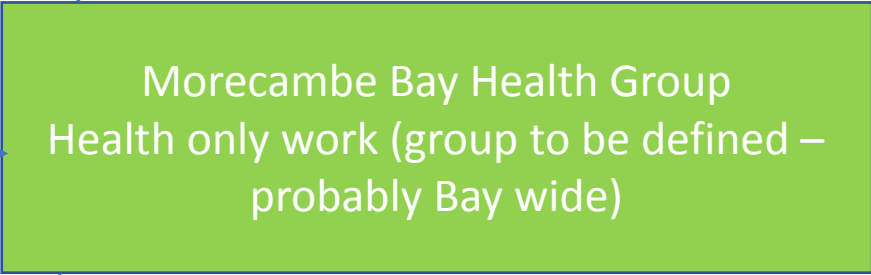


Morecambe



Carnforth

Communities / neighbourhoods



Morecambe Bay Health Group
Health only work (group to be defined – probably Bay wide)



Acute physical health
Acute Mental health
Primary and acute care interface
Urgent health Care
Clinical pathways
Link to Provider
Collaboratives

Fylde and Wyre Districts –

note this requires further engagement/approval locally

Link to Provider collaboratives

Communities / neighbourhoods

Lancashire Place Partnership

Lytham & St Annes

Fleetwood

Torentum

WIN

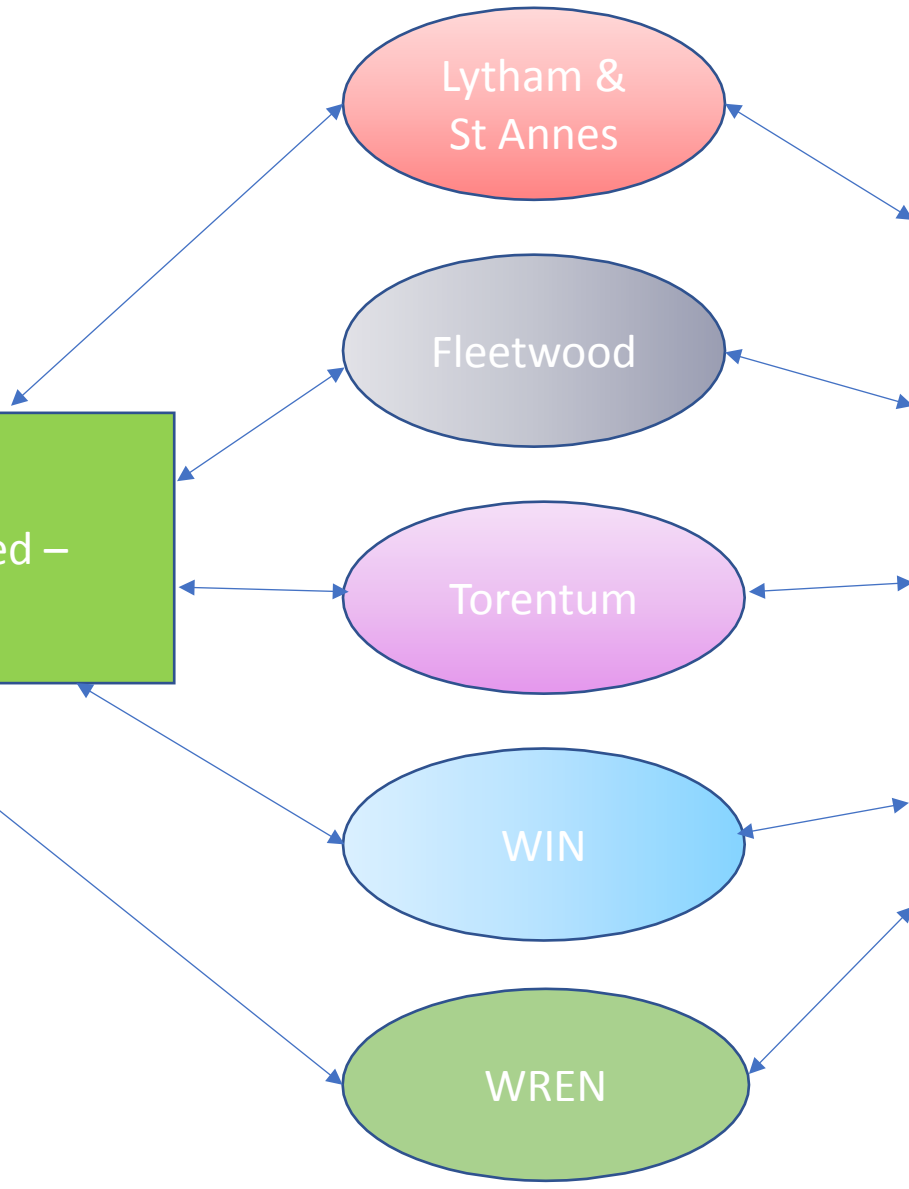
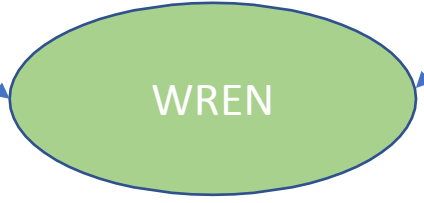
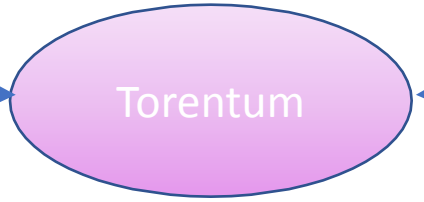
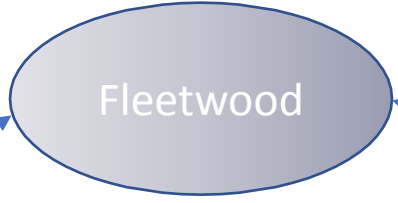
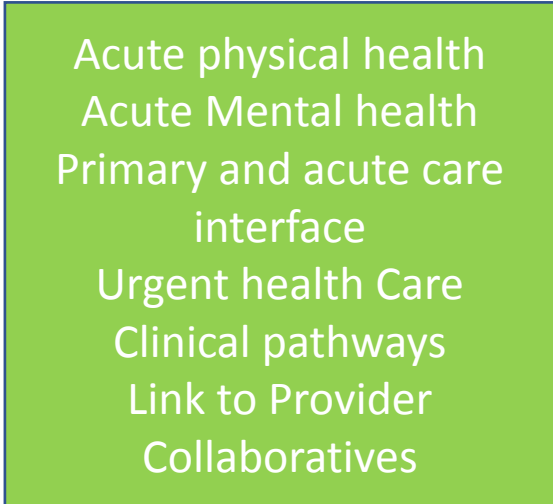
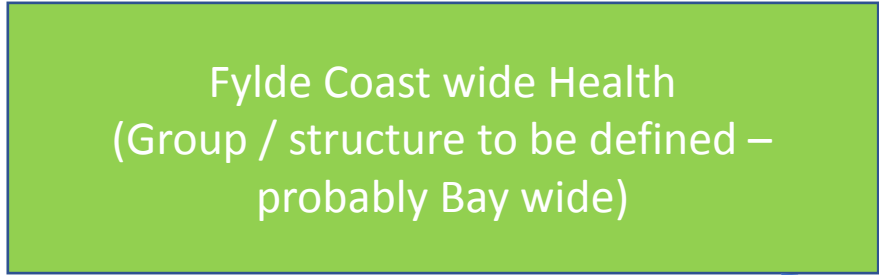
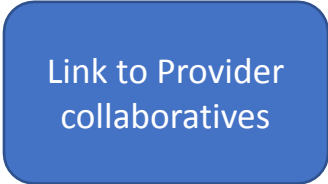
WREN

Fylde Coast wide Health
(Group / structure to be defined – probably Bay wide)

Acute physical health
Acute Mental health
Primary and acute care interface
Urgent health Care
Clinical pathways
Link to Provider Collaboratives

Fylde and Wyre (Health and Well-Being Partnership)

Incl – Neighbourhood and Community working and development
Health and well-being
Health and social care integration



Central and West Lancashire

Lancashire Place Partnership

Locality Executive Oversight Group



Central Lancashire
Community Health
Transformation Board
**'Focus on
Community
Support,
Response, and
Recovery'**

Preston
Health and
Wellbeing
Partnership

Chorley and
South Ribble
Partnership

West Lancashire
Health and
Wellbeing
Partnership

West
Lancashire
Providers
Alliance Group

CL Primary /
Secondary /
Community Care
Clinical and Care
Interface Group

Leyland

Chorley Central

Ormskirk

Preston North
and East

Chorley
Together

Skelmersdale

Ribble

Greater
Preston

Chorley and
South Ribble

Northern
Parishes

East Lancashire

Lancashire East Delivery Unit

Lancashire East Chief Officers



Lancashire Place Partnership

Lancashire East H&WB Partnership



East Locality Team

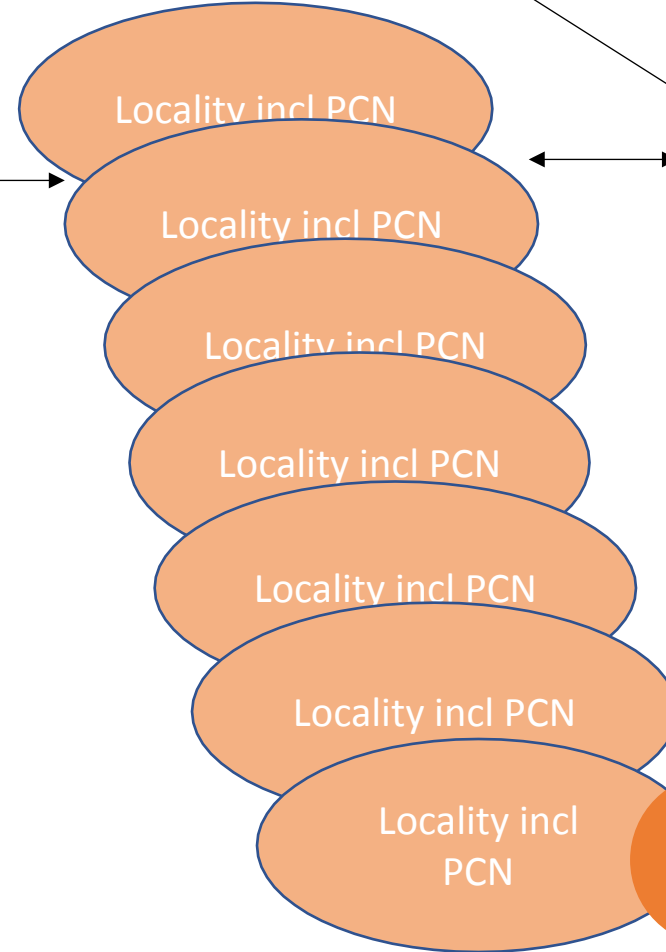


Page 29

Burnley Health and Wellbeing Partnership

Including:

- Neighbourhood and Community working and development
- Health and well-being
- Health and social care integration



Pennine Lancashire Health only work



- Acute physical health
- Acute Mental health
- Primary and acute care interface
- Urgent health Care
- Clinical pathways
- Link to Provider Collaborative



Communities / neighbourhoods

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 9 May 2023

Corporate Priorities:
Delivering Better Services;
Caring for the Vulnerable;

Family Hubs Networks
(Appendix 'A' refers)

Contact for further information:
Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council, Tel: (01772) 532066
dave.carr@lancashire.gov.uk

Brief Summary

The development of the Family Hubs Networks continues to progress, with local project teams established in six districts across Lancashire. These teams have identified local assets which could form part of the network and have undertaken user research which is informing the development of networks. Alongside this, work is underway to capture and share information on services and to strengthen the communication of the service offer to parents, carers, young people and practitioners.

Many of the core services that are expected to be delivered through the Family Hubs Networks are in place across Lancashire, either fully or partially, but need to be better connected, so that more families, children and young people can get the right support at the right time.

The work to develop networks at that local level is underpinned with a digital programme which will help families to connect to services without having to retell their stories, and a digitally enabled community of practice to strengthen links between practitioners.

Recommendation

The Health and Wellbeing Board is asked to consider and comment as appropriate on the progress report on the development of Family Hubs Networks in Lancashire.

Detail

Lancashire Family Hub Networks will:

- bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support

- offer support to families from conception to age 19 or up to age 25 for those with Special Educational Needs and Disabilities (SEND), with the Best Start for Life offer at their core
- build on what is already being delivered providing an integrated, universal family support service where mothers, fathers, carers, children, young people and families can access the early help and support they need to build stronger and more resilient families.

Family Hubs Networks are more than just buildings. Clearly identified buildings can act as a focus for communities and provide single access points for services, but the networks being established are more far reaching, including outreach offers, safe spaces for families to receive brief interventions and help with signposting to services that can offer help and support.

Across Lancashire, Family Hubs Networks are being established on district council footprints, working with local teams called "crews", who are closest to their community and best placed to understand its features and local conditions. Using this local understanding to develop a shared vision means discussions at a local level are now more focussed on the specific needs and expected outcomes for local areas and have resulted stronger links to the Team Around the Schools and Settings Model.

A project team was established in autumn 2022 and has begun work on district footprints, prioritised on income deprivation affecting children and the numbers of children impacted. That meant that early work began in Burnley, Preston and Lancaster, and has now included Hyndburn, Pendle and West Lancashire. The project milestones at a district level span up to two years, starting with the establishment of local crews, identifying local assets which could form part of the network and undertaking user research, before moving on to capture and share information on the local network and strengthening the communication of the local service offer to parents, carers, young people and practitioners.

The minimum expectations of what should be delivered as part of the Family Hubs Network have been established, using national best practice. There are 23 elements including activities for children aged 0-5, health visiting, a midwifery and maternity offer, parenting support, substance misuse and support and services to children with special educational needs and disabilities. The minimum specification, known as *Annex F*, is being used to guide work at a local level, ensuring that the right partners are contributing to the development of Networks and to help identify gaps in services.

Many of the core services that are expected to be delivered are in place across Lancashire, either fully or partially. A key challenge is to ensure that services are better connected at a local level, so that families, children and young people can get the right support at the right time.

Work is progressing well to identify the county council buildings that we expect will be at the heart of local networks. Typically, these are our Neighbourhood Centres which already have a strong early help offer to parents, carers and young people. Alongside this, digital solutions are being developed which will help to improve information sharing across services, so that families do not have to keep retelling



their stories, relevant services are better placed to offer early help when needed and practitioners and families have a more complete picture of local services, and how to access them.

Digital tools are also being used to support the development of a community of practice, where practitioners can share their ideas and experiences, helping to inform the development of the Networks and to make connections. The community now has almost 500 participants and is beginning to be used not just as a tool to tell people about the work that is progressing, but as a way of connecting people who are then working together and enable them to ask for help in identifying services which could meet specific needs within their communities.

The Health and Wellbeing Board will receive a presentation (Appendix 'A'), delivered by Dave Carr, Director of Policy Commissioning and Children's Health, and Marc Hodges, Family Hubs Project Manager, giving an overview of progress and the opportunity for questions and discussion.

Appendices

Appendix 'A' is attached to this report.

Appendix	Title
Appendix 'A'	Family Hubs Presentation

Reason for inclusion in Part II, if appropriate

N/A





Family Hubs Networks

Lancashire Health & Wellbeing Board May 2023

Dave Carr

Marc Hodges



Lancashire Family Hub Networks



Lancashire County Council has allocated funding to implement a Family Hub network lead by the Programme Office and alongside **families, district councils, charitable, faith, voluntary and statutory service partners across the county.**

Lancashire Family Hub Networks follow the National Family Hub Framework led by the Department for Education.



Department
for Education

The Lancashire Family Hub Networks will:

- Bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support
- Offer support to families from conception to age 19 or up to age 25 for those with Special Educational Needs and Disabilities (SEND), with the Best Start for Life offer at their core
- Build on what is already being delivered providing an integrated, universal family support service where mothers, fathers, carers, children, young people and families can access the early help and support they need to build stronger and more resilient families

For families to receive the best support, services need to be joined up and integrated in their approaches. Trusted relationships should sit at the heart of this so that family members know who to turn to and all partners collaborate well

COMPONENTS FOR DISTRICT FAMILY HUB NETWORK – NOT JUST A BUILDING

FAMILY HUBS

Single access point for relevant services

FAMILY HUB BRIDGES

Safe spaces for families incl. community and leisure centres, brief interventions

OUTREACH

Children and Families practitioners in health, education and community safety

FAMILY HUBS AMBASSADOR

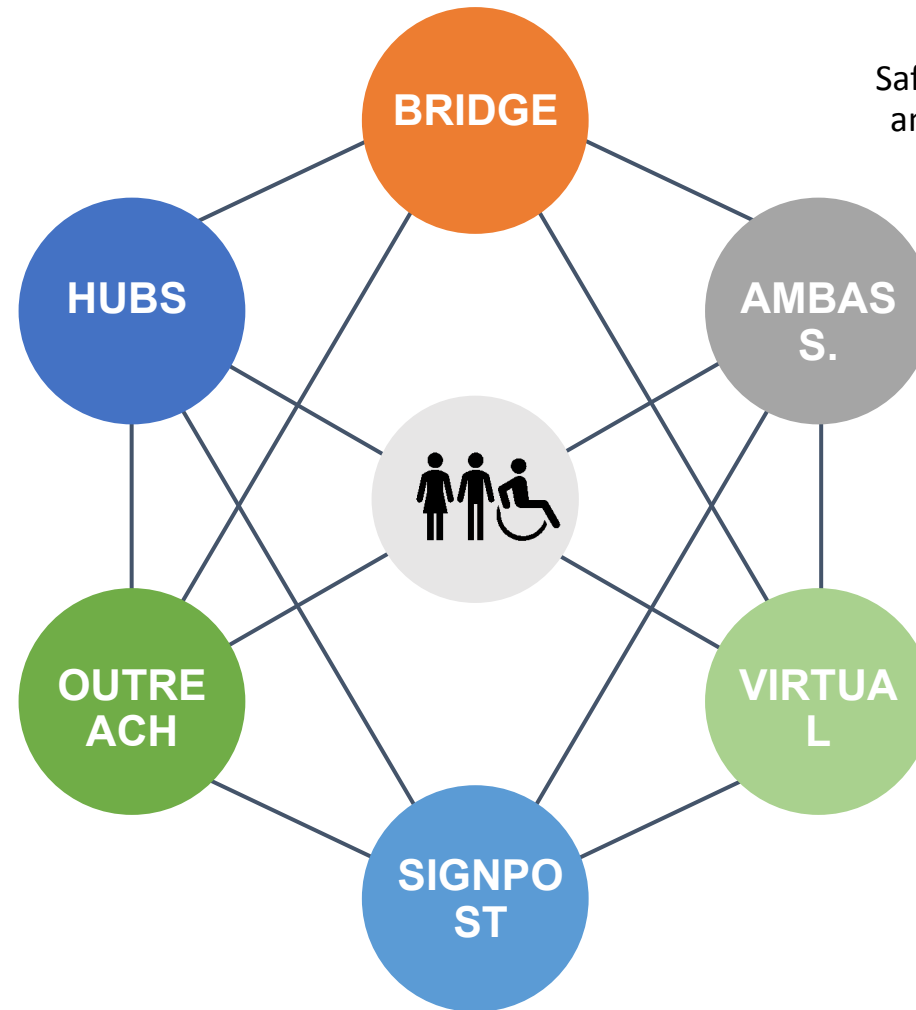
Individuals advocating and telling the story in a day-to-day bases

FAMILY HUBS SIGNPOST

Information network for families, young people and children

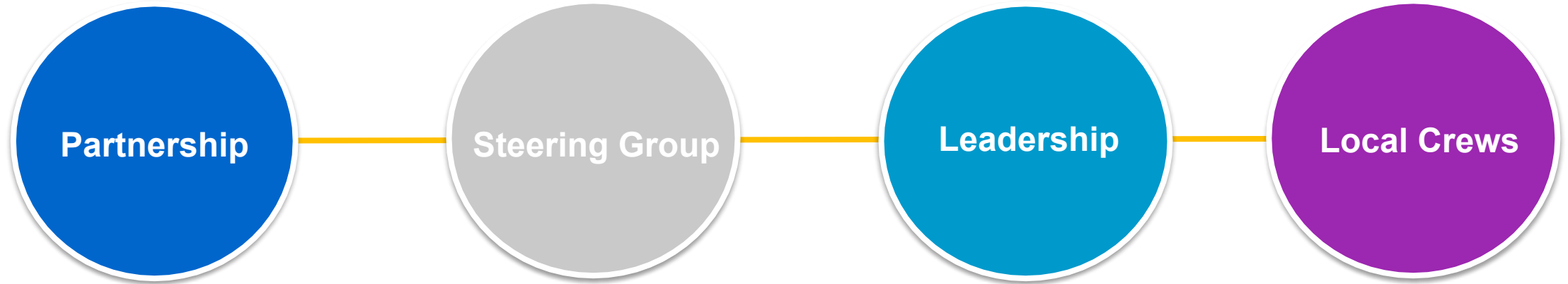
VIRTUAL +

Services delivery by digital tools



Who is involved with Family Hubs Network Implementation?

Family Hubs Partnership Pledge and Governance



To make change real at a local level providing a framework for change and transformation in the culture of organisations.

Creates Family Hubs Model for Lancashire. Holds the vision, the policies, the resources and enabling capacity.

Maintaining fidelity to Family Hubs Model. Programme Management Team stewards the project and link with the Steering Group.

Each of the local teams applies the principles in enacting the project. Local leads and communities to implement Family Hubs at the district level.



The Importance of District Crews

- Well placed to respond to local community needs and support the implementation of Family Hub Networks.
- Brings together members of different services to work towards the goal of developing Family Hub Networks is the start of the partnership work which will form the basis of all future developments.
- Every community is unique, with specific characteristics, and needs. In each area there is a diverse range of support provided for families that builds on and connects the good practice happening already.
- Local Crews are closest to their community and will be best placed to understand its features and local conditions. Using this local understanding to develop a shared vision means it is relevant and meaningful for all who live and work in the area.



LANCASHIRE FAMILY HUBS NETWORKS APPROACH



We have started in areas which are in recognised areas of need- IDACI (Income deprivation affecting children index) and numbers of children impacted



4 phases to co-design a District Family Hubs Network (Mobilise, Engage, Reconfigure, Deliver)



Lancashire Family Hubs is happening in a rolling wave for all districts over a two-year period – 3-month cycle of input from programme team



We promote a common and open collaborative digital space so crews, organisations and sectors can share practices and ideas and learn from each other on how to co-design a District Family Hubs Network



Working with Districts

No.	Group	Districts	2022			2023								
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1	A	Preston	Yellow	Yellow	Yellow									
2		Burnley	Yellow	Yellow	Yellow									
3		Lancaster	Yellow	Yellow	Yellow									
4	B	Hyndburn				Purple	Purple	Purple						
5		Pendle				Purple	Purple	Purple						
6		West Lancashire				Purple	Purple	Purple						
7	C	Chorley							Blue	Blue	Blue			
8		Wyre							Blue	Blue	Blue			
9		Rossendale							Blue	Blue	Blue			
10	D	South Ribble										Red	Red	Red
11		Fylde										Red	Red	Red
12		Ribble Valley										Red	Red	Red

Annex F - Updated April 2023

Family Hubs Services - Minimum Expectation - Lancashire CFW - Annex F	Face to Face in FH	FH and elsewhere in Network	Go Further
Activities for children 0-5	.	N/A	
Birth registration		N/A	
Debt & Welfare Advice	.	.	
Domestic abuse Support	.	.	
Early Language and Home Environment	.	.	
Health Visiting (0-5)	.	.	
Housing	.	.	
Infant Feeding			
Intensive Targeted FS Services	.	.	
LA 0-19 Public Health Services	.	.	
Mental Health services	.	.	
Midwifery/Maternity	.	.	
Nutrition and Weight Management		.	.
Oral Health	.	.	.
Parent-Infant Relationship & Perinatal MH Support			
Parenting Support			N/A
Reducing Parental conflict	.	.	
SEND Support and Services	.	.	
Stop Smoking	.	.	
Substance Misuse	.	.	
Support for Separating/Separated Parents	.	.	
Youth Justice	.	.	
Youth Services - Universal & Targeted	.	.	

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096773/Annex_F_-_family_hub_service_expectations.pdf

RAG System

Already being delivered across our Network of Neighbourhood Centres through CFW and partners. It allows us to continue doing what we are doing and once the Networks have been established we can build on the 'Go Further' offer

We are working developing this offer across Lancs. This can be done through engagement with partners, co-location of services, through Task & Finish groups e.g Mental Health is a complex picture and goes beyond Perinatal Mental Health including Young People & Adults. Midwifery & Maternity delivery through the network differs in each district and our Health Enabler is working on bringing this piece of work together

Requires further action to ensure that we meet the minimum offer. This will be done following the user research through service design workshops in mid January and through linking in with Public Health Commissions. Improving Oral Health will be a priority for crews





Digital Products

Family Hubs Information Sharing Service

Dashboards **Data Feed**

Free School Meals Flag	Exclusion Flag	NEET Flag	Education Establishment
2 Year Old FEE (Y/N)	SEND (Y/N)	CME Flag	Key Dates of Contact
EHA/CAF Open/Closed	Dates Open to Service	Risk/Hazard Flag	EHE Flag

SFP Safeguarding **Portals**

Outputs

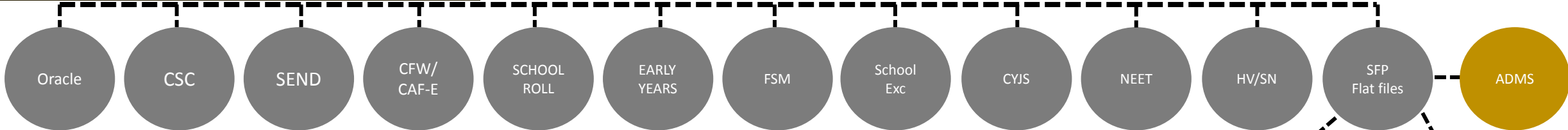
Outputs

Connecting Relationships

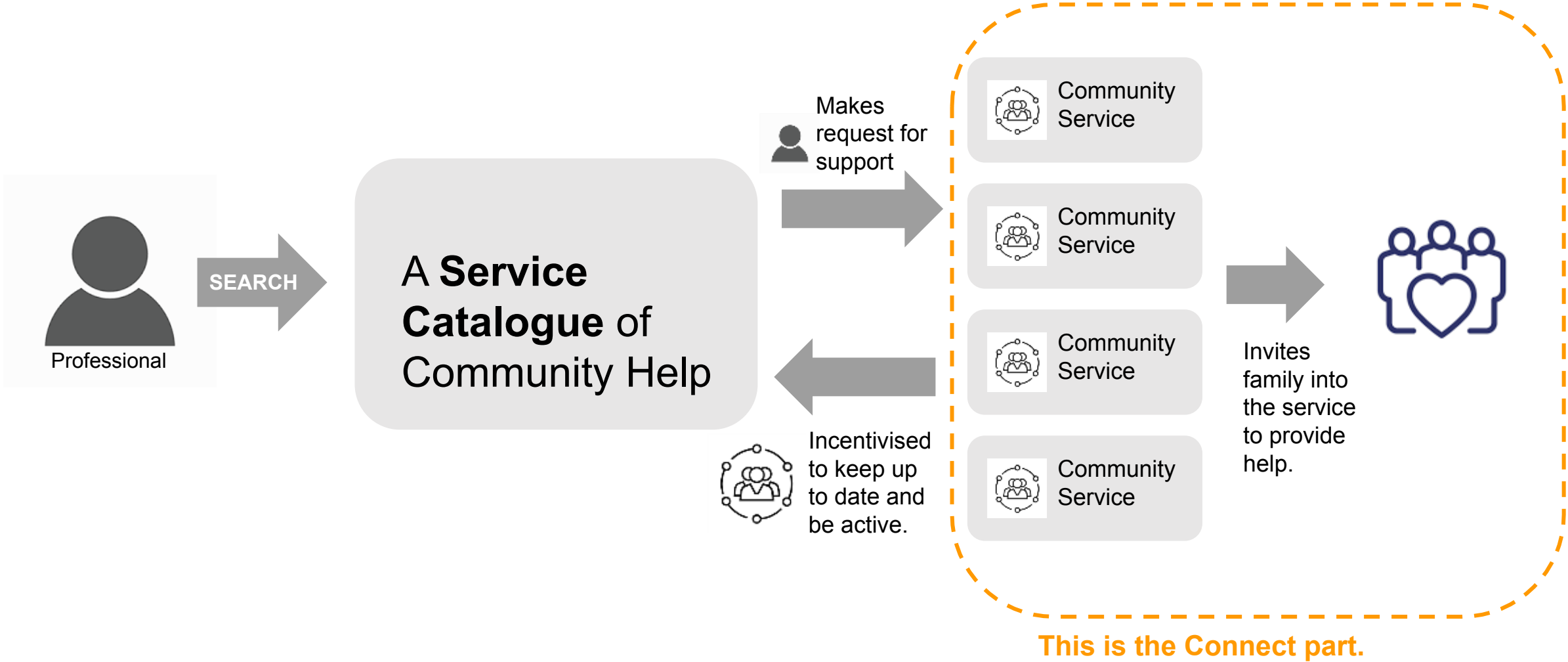
Golden Record

Connecting Professionals

Data Feeds: Creating the Record



Connecting Families to Support...



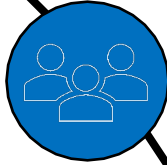


Milestones & Insights

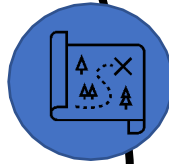


Milestone	Description	Preston, Lancaster & Burnley	Hyndburn, Pendle & W Lancs	Chorley, Rossendale & Wyre	Month or sprint
1	Assemble Crew to focus on tasks, understand the role and work with Programme team			Chorley 1 st meeting held Rossendale & Wyre booked in	1
2	Review the JSNA/IDACI and other available data (Operational management reports) and identify key features which FHs can address and commence UR				2
3	Review building and organisational assets against Annex F and build links with community-based assets mapped to Annex F		WIP – crew meetings next week for completion		2
4	Blueprint the assets map and share with partners and build consensus on map and commitment to work together		WIP – crew meetings next week for completion		3
5	Understand how the UR and data triangulate to identify pain points in the current integrated system and understand local user requirements for change to the ways of working				4
6	Capture organisational details of those making up the network and share into FIND / Connect		Dependent upon Beta phase	Dependent upon Beta phase	5
7	Build picture of and or redefine the referral pathways/requests for support and build in future plans for Connect and Find tools				5
8	Implement signage				6
9	Communicate to children's parents and families the overall network and how to access support				7
10	Continuous improvement based on feedback on gaps, painpoints and challenges				8-24

Insights from User Research & Crews



- Crews want to be communicated with more regularly
- Crews want to meet Face to Face
- Crews want to learn from Local, Regional and National Practice
- Crew attendance needs to be more consistent and be a smaller group of people from core services who are able to 'do'.
- Crew leaders to invite new crew members and keep an eye on attendance



- Outreach to be a priority when building network
- Ambassadors and Outreach are evolving and will look very different in each district.
- Task & Finish groups on a number of areas to be considered e.g Young People, Mental Health, Perinatal Mental Health, Domestic Abuse & SEND – led by enablers



- Capturing Family Voices needs to be continuous
- Recommendations for Family Voice Forums coming through loud and clear so that families can be involved in co production
- Networking days for partners in districts need to be established and regular



Lancashire Health and Wellbeing Board

Meeting to be held on 9 May 2023

Corporate Priorities:
Caring for the Vulnerable

Lancashire Better Care Fund Update

(Appendices 'A', 'B' and 'C' refer)

Contact for further information:

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

Brief Summary

The Lancashire Better Care Fund (BCF) reset work continues to move forward. This paper details the progress so far and key priorities.

The Better Care Fund End of Year (2022/23) Template is being completed, with deadlines of 2 May 2023 for the submission of the Adult Social Care Discharge Fund element and 23 May 2023 for the full Better Care Fund (BCF) element. The template summarises the spend and activity for Lancashire as well as the impact the funding has had.

The Adult Social Care Discharge Fund has been confirmed for 2023-25, with planning in progress. The monies will be fully pooled into the Better Care Fund (BCF).

The Better Care Fund (BCF) Plan this time around is a two-year plan, with the ability to review and amend at the end of 2023/24. Planning is in progress, with the multi-agency steering group leading the work together on populating the plan and bringing the narrative together. The engagement with the Health and Wellbeing Board on the 9 May 2023 is part of the information gathering and ambition setting for the Lancashire Plan.

Recommendations

The Health and Wellbeing Board is asked to:

- i) Consider and comment as appropriate on the progress in the “reset” of the Lancashire Better Care Fund (BCF) and next steps.
- ii) To receive further updates on Lancashire Better Care Fund (BCF) reset activity and the Discharge Support Fund use and impact at future Board meetings.
- iii) Consider and comment as appropriate on the approach to using the Adult Social Care Discharge Fund as set out in the plan.
- iv) Contribute ideas and expectations for the 2023-25 Lancashire Better Care Fund (BCF) Lancashire Plan.

Lancashire Better Care Fund Reset

Work continues to take place on the 'reset' of the Lancashire Better Care Fund (BCF). Work has slowed slightly due to the pressing need to attend to the End of Year summaries of both the Adult Social Care Discharge Support Fund and the Better Care Fund (BCF), and the planning and development of the 2023-25 Lancashire Better Care Fund (BCF) Plan.




Since the last update, work continues to progress regarding citizen engagement, with a workshop taking place in June with health and care providers delivering services funded by the Better Care Fund (BCF). This is an important precursor to a citizen engagement workshop and will support us to understand how providers may already be engaging with the people they serve, and how they respond and innovate or improve following feedback.

Governance is being defined for the Lancashire Better Care Fund (BCF). Draft Terms of Reference are being considered by the joint steering group and will ultimately be ratified by the interim Board. The interim Board will be co-chaired by the Lancashire County Council (LCC) Director of Integrated Commissioning and an Integrated Care Board (ICB) nominated representative (awaiting clarification). The interim Board will provide joint governance and oversight of the Better Care Fund and the reset programme, whilst the definitive governance is worked up and agreed through the reset programme. The interim Board will also ratify the spend line review principles that have been drafted for the reset to work to.

At the last Board, the intention to identify any underspend and create a 'transformation fund' within the Better Care Fund (BCF) was outlined. At this stage, it appears unlikely that there will be any from 2022/23, however the commitment to this intention is firm from both the Council and the Integrated Care Board (ICB), and it is hoped that this will become part of the Better Care Fund (BCF) from 2024 onwards.

Metrics And Performance

In the absence yet of a formalised set of reporting and analysis, the table below provides an updated Lancashire position on the dataset that the Board received last time.

Metric	February Data - Lancashire	February Data – Average All HWB Areas	Lancashire Change from December Position
Discharge to Usual Place of Residence (from hospital)	87.28%	92.52%	
Length of Stay (Hospital) 14 days	15.66%	11.78%	
Length of Stay (Hospital) 21 days	9%	6.39%	

For Q4 (Jan/Feb data only) 2023/24 there were 1,088 avoidable admissions for Lancashire residents, with a rolling total at February 2023 of 11,667 for the year. This remains a significant opportunity for improved opportunities to support more people to remain in their usual place of residence.

Adult Social Care Discharge Fund

The 2022/23 Discharge Support Fund ended on the 31 March 2023 and an 'End of Year Summary' is currently being completed and has to be submitted by the 2 May 2023. This element does not require Health and Wellbeing Board sign-off although will be shared with the Chair of the Board prior to submission and will subsequently be shared with Board members prior to the meeting as Appendix 'B'.

The Discharge grant was spent in full by both the Local Authority and the Integrated Care Board (ICB), as detailed in the End of Year Summary. For ease of reading, the total numbers of people supported to leave hospital through services funded by the Grant are set out below (15 December 2022 – 31 March 2023):

Scheme	Activity - 15.12.2022 to 31.12.2023
Discharges Directly Home (with formal support)	2,822
Discharges Directly Home (supported by AgeUK)	1641
Discharges Home with a 'one off personal budget'	23
Discharges Home with Reablement (at point of discharge)	168
Discharges to Bed Based Intermediate Care/D2A Care Home Placement	991

Better Care Fund

An End of Year Summary is also required for the Better Care Fund for 2022/23, and this details the income and spend summary, the year-end performance position against the Better Care Fund (BCF) metrics, and a summary of successes and challenges in delivering the Better Care Fund (BCF) plan through the year.

The Better Care Fund (BCF) End of Year summary is currently being completed, with a submission deadline of 23 May 2023. The End of Year Summary requires sign-off by the Health and Wellbeing Board and all efforts are being made across the partnership to have as much of the summary as possible completed in readiness for the Board meeting on the 9 May 2023. This will be identified as Appendix 'C'.

Planning guidance has now also been released on the requirements for the 2023-25 Better Care Fund (BCF) Plan. The plan consists of an income and planned-spend template, as well as a narrative plan. The requirement for a 2-year plan is new, and there is an expectation that the plan will be reviewed at the end of year one with any amendments both to the narrative and the spend proposals submitted to the



Department of Health and Social Care and the Department of Levelling Up and Communities.

The reset work and aims and ambitions will set much of the tone of the 2-year Plan. There is a suggested template, which covers Governance, key priorities for 2023-25 and how the Lancashire system intends to deliver these, how unpaid carers will be supported, and how the two Better Care Fund (BCF) national policy objectives and four national conditions will be met, and these are:

- i) A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
- ii) Implementing Better Care Fund (BCF) policy objective 1: enabling people to stay well, safe and independent at home for longer.
- iii) Implementing Better Care Fund (BCF) policy objective 2: providing the right care, at the right place, at the right time.
- iv) Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the Better Care Fund (BCF)), and investment in NHS commissioned out of hospital services.

The plan also requires the system to set out how the Disabled Facilities Grant (DFG) will be spent, and the wider strategic approach to how Housing support can increase independence at home. A section on what will be in place to reduce health inequalities across the Lancashire population is also contained within the Plan template.

The Health and Wellbeing Board is asked to consider the narrative plan template set out at Appendix 'A' in readiness for discussion at the meeting on the 9 May 2023, to ensure the Plan takes account of the views and ambitions of the Board.

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>

Link to the Better Care Fund planning requirements and guidance
<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

Link to the Better Care Fund Policy, Objectives and Priorities
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

Appendices

Appendix 'A' is attached to this report.

Appendix	Title
Appendix 'A'	Better Care Fund (BCF) Narrative plan template





BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.



Cover

Health and Wellbeing Board(s).

Click or tap here to enter text.

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).

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How have you gone about involving these stakeholders?

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Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

Click or tap here to enter text.

Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

Click or tap here to enter text.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

Click or tap here to enter text.

National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

[Click or tap here to enter text.](#)

National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
 - o where number of referrals did and did not meet expectations
 - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
 - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

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National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

[Click or tap here to enter text.](#)

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

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National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
 - o where number of referrals did and did not meet expectations
 - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person’s own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
 - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
 - o how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

[Click or tap here to enter text.](#)

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

[Click or tap here to enter text.](#)

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

Click or tap here to enter text.

National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

Click or tap here to enter text.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

[Click or tap here to enter text.](#)

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

Click or tap here to enter text.

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Click or tap here to enter text.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

Click or tap here to enter text.

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

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