

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 20th March, 2018 at 10.00 am in Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Mrs Susie Charles, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, LCC
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing
Councillor Bridget Hilton, East Lancashire Health and Wellbeing Partnership and Central District Councillor
Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Mark Youlton, East Lancashire CCG
Councillor Margaret France, Central HWBP
Steve Winterson, Lancashire Care NHS Foundation Trust
Greg Mitten, Interim Chair of West Lancashire HWBP
Chief Inspector Ian Sewart, Lancashire Constabulary
Paul Blythin, Third Sector Representative
David Graham, Lancashire County Council
Denis Gizzi, Chorley, South Ribble and Greater Preston CCG
Dr Tony Naughton, Fylde & Wyre CCG and Fylde and Wyre Health and Wellbeing Partnership
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

Dr Alex Gaw	Morecambe Bay Clinical Commissioning Group (CCG)
Jacqui Thompson	North Lancashire HWB Partnership
Cllr Viv Willder	Fylde Coast District Council Rep
Sheralee Turner-Birchall	Healthwatch Lancashire

1. Welcome, introductions and apologies

All were welcomed to the meeting and round table introductions took place.

Apologies were noted as above.

New members were noted as follows:

Gregg Mitten for David Tilleray, West Lancashire Health and Wellbeing Partnership
Chief Inspector Ian Sewart for Superintendent Andrea Barrow, Lancashire Constabulary

Replacements were as follows:

Paul Blythin for Adrian Leather, Third Sector
David Graham for John Readman, Lancashire County Council
Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG (Clinical Commissioning Group) and Dr Gora Bangi, Chorley and South Ribble CCG

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 25 January 2018

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

4. Amendments to Terms of Reference

- Resolved:**
- i) That the Board noted that the membership would now include a representative from the Lancashire Fire and Rescue Service (LFRS), housing providers' and the County Council's Executive Director of Growth, Environment, Transport and Community Services.
 - ii) Clare Platt would seek nominations in due course from LFRS and housing providers'.

There were no other proposals made regarding other representation for the Board.

5. Forward Plan and Action Sheet

Updates on actions from the meeting on 25 January 2018 were received. The iBCF Slippage Allocation, Children and Young People Emotional Wellbeing and Mental Health (CYPEWMH) Commissioning Development Framework Programme and Special Educational Needs and Disabilities (SEND) will be added to the Forward Plan as items for future meetings.

All other actions are items on the agenda for this meeting.

Clare Platt reminded the Board that if there were any items members wished to be considered for a future meeting, to inform Clare or Sam Gorton who will take it forward.

6. Joint Strategic Needs Assessment Work Programme 2017/18 and 2018/19

Mike Walker and Farhat Abbas, Information, Intelligence, Quality and Performance Team were welcomed to the meeting and presented the attached presentation.

Every year the Health and Wellbeing Board (HWBB) approves the annual work programme for Lancashire's Joint Strategic Needs Assessment (JSNA). In June 2017, the HWBB agreed the continued development of the neighbourhood intelligence platform to support the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP), and to develop the JSNA service with a range of partners in the County. The report updated the HWBB on the progress of the agreed actions and the next steps. It also recommended a programme of work for the JSNA team for 2018/19 proposed by the JSNA Leadership Group.

The JSNA has a core offer of:

- Lancashire Insight website
- Bespoke support
- Thematic JSNAs

The Board agreed there needs to be a data sharing agreement between Primary Care/Local Authorities/Hospitals, however this is met with obstacles, ie legal challenges, information governance. Discharging service would benefit greatly from the sharing of data for planning purposes. There also needs to be a more strategic understanding within neighbourhoods of the STP.

Resolved: That the Health and Wellbeing Board:

- i) Received the main outputs from the 2017/18 work programme.
- ii) Received details of additional work undertaken during 2017/18.
- iii) Commented on and approved the JSNA plans for 2018/19 as recommended by the JSNA Leadership Group to
 - Support the ongoing development of population health analytics at the neighbourhood level to build system-wide business intelligence capacity across the STP.
 - Undertake special educational needs and disabilities (SEND) JSNA.
 - Undertake eye health JSNA.
- iv) Agreed to consult on a Data Sharing Agreement between Primary Care/Hospitals/Local Authorities and to look at what information requires sharing for planning purposes. Sakthi Karunanithi agreed to lead on this and report back to a future meeting.

7. Pharmaceutical Needs Assessment 2018

The three HWBBs across pan-Lancashire have a statutory responsibility to publish and keep up-to-date a statement of needs for pharmaceutical services of the population in its area. This is referred to as a pharmaceutical needs assessment (PNA) and needs to be published before 1 April 2018.

The report outlined the PNA process in pan-Lancashire, summarised the findings and recommendations, provided links to the draft PNA 2018 documents and sought the approval of the HWB to publish the PNA 2018.

The Board discussed the need for promoting healthy living pharmacy campaigns and to change the public's mindset on what they can and cannot use pharmacies for and what they can do for the public.

Resolved: That the Health and Wellbeing Board:

- i) Received the Pharmaceutical Needs Assessment 2018.
- ii) Noted the finding that there is currently no need for any further additional pharmacies as current pharmaceutical services provision is deemed adequate across pan-Lancashire.
- iii) Noted the recommendations from the PNA 2018.
- iv) Approved the PNA for publication by 31 March 2018.
- v) Asked for an update on healthy living pharmacy campaigns to be brought to a future meeting and for this to be promoted by Central Pharmacies/NHS England in Lancashire.

8. West Lancashire Local Delivery Plan

Paul Kingan, Chief Finance Officer/Deputy Chief Officer West Lancashire CCG presented the attached presentation.

The plan as detailed on the Patient Flow Management diagram on the PowerPoint is looking to be implemented in the next 18 months. Stakeholders will be brought around the table to discuss how to implement it and look at information governance.

Paul reported that innovation is big in West Lancashire and a key piece of work that is happening at Southport Hospital is the linking in with West Lancashire and Sefton. West Lancashire are currently performing highly for dementia and Improving Access to Psychological Therapies (IAPT) and are piloting new ways of working in mental health for Lancashire. Paul also reported that West Lancashire are happy to pilot digital services for Lancashire.

Paul Kingan was thanked for his presentation.

9. Better Care Fund Performance and Finance Update

Paul Robinson, NHS Midlands and Lancashire Commissioning Support Unit was welcomed to the meeting to present the Quarter 3 performance including the Delayed Transfers of Care (DToC) performance update, DToC Check and Challenge progress, Better Care Support Team DToC diagnostic support through Newton Europe and BCF planning for 2018/19.

i) BCF Quarter 3 2017/18 report

Non-elective admissions exceed target by 4.3%. The Q3 performance position for Permanent admissions to residential and nursing care homes is 31 admissions over target (2%). The effectiveness of reablement continues to be demonstrated with increasing numbers of users 1304, with 1140 of those still at home after 91 days.

ii) **Delayed Transfers of Care (DToC) performance update**

There were 7.4% less recorded delayed days than in the same period last year. However, this is 50% above the target set centrally. Some improvement against that target can be seen between November and December. During the quarter the balance between NHS and Social Care attributable delays had shifted slightly to Social Care attributable delays being the greater. The latest available data, January 2018, shows a continuation of the overall improvement.

From August 2017 to January 2018 there was over 1000 days reduction in delayed days, so something is having an effect. With regards the 3,479 total of delayed days, Paul was asked how many people this affected.

Resolved: Paul Robinson agreed to find out how many people the 3,479 delayed days affected and would report back to the Board.

iii) **DToC support**

An offer from the national Better Care Support Team of support had been accepted by the BCF Steering Group. This was in the form of DToC diagnostic support to be provided by Newton Europe that would add to that commissioned by Lancashire County Council and connect with that already undertaken in Pennine Lancashire and Fylde Coast. Central Lancashire have been selected to support this and work will begin in May 2018. There will be regular meetings with the Chief Executive which will be reported back to the BCF Steering Group and needs to be part of the update received from Paul Robinson at the Health and Wellbeing Board.

Resolved: The Board agreed that Louise Taylor, Executive Director of Adult Services and Health and Wellbeing would be the key lead with whom Newton Europe would work with and who will provide regular updates on this to the Board.

iv) **DToC Check and Challenge...next steps**

The System Wide and High Impact Change Model specific challenges, ideas and actions that came from the DToC Check and Challenge session are forming the basis of an action plan that will connect the delivery through BCF, A&E Delivery Boards and the Urgent and Emergency Care Network.

The Action Plan from the Check and Challenge event was circulated and the Board were asked to look at this and take forward the areas relevant to their services.

Resolved: The Board to consider the action plan and send their views/suggestions/thoughts to Paul Robinson.

Sakthi reported that a similar event to the Check and Challenge would take place on neighbourhoods and requested that whilst people were working through the action plan, to share also what was happening in the neighbourhoods during another Check and Challenge event.

It was suggested that money was put aside to fund somebody to provide this framework and that the Better Care Fund Steering Group could agree to release some money. Eleanor Bentley should attend the Better Care Fund Steering Group and report back on this through Sakthi Karunanithi back to the Board.

v) BCF and iBCF Planning 2018/19 and beyond

In the immediate future, planning would mainly focus on shaping the use of iBCF with the BCF plan remaining closely to its present form. In the longer term BCF remained central to policy on driving integration and shaping delivery of NHS and social care services. The planning process especially beyond 2018/19 requires the direction of the Health and Wellbeing Board. It would mainly stay the same with some minor changes and would come back as a full plan to the Board.

The Better Care Fund Steering Group had considered the approach to be taken into 2018/19 and beyond and recommended:

- That the focus for immediate planning would be on shaping iBCF schemes for 2018/19 based on the learning of this year, including that through the Check and Challenge session, and making more effective use of resources in a more integrated manner.
- For most part the BCF plan would remain the same with its schemes to continue. Some reshaping may be necessary to reflect changing circumstances and opportunities. This would be based closely on ongoing review of effectiveness of these schemes.
- The year 2018/19 would be used to shape a more radical use of the whole of BCF into 2019/20.

Specific conversations setting out wider intentions and the Board's response to the development framework to promote integration.

Look at pooling the Special Educational Needs and Disabilities budget and have an accountable officer. The mechanism is already set up and have a Section 75 to use as a tool and set up a pooled budget.

Resolved: That the Health and Wellbeing Board:

- i) Noted the performance against the BCF metrics as referenced in points 1 and 2 in the Executive Summary of the report.
- ii) Noted the DToC support offer.
- iii) Approved the approach to coordinate the DToC support with all other DToC work and confirmed the planned outputs and outcomes as set out to the Board in the presentation.
- iv) Reviewed and confirmed the actions set out on the Check and Challenge action plan as presented to the Board.
- v) Agreed the approach to be taken to BCF and iBCF planning and provide challenge and direction, knowledge and leadership to this.
- vi) Considered a specific BCF planning session for the Board.

10. Special Educational Needs and Disabilities Improvement Plan

David Graham, Head of Special Educational Needs and Disabilities updated the Board of the County partnership response to date and the next steps. Since the inspection report, the time had been used productively to address the 12 actions that were highlighted. The Special Educational Needs and Disability Partnership Board met on 18 March 2018 and signed off the draft action plan in its current form. It will be sent to Ofsted on 18 April 2018 for sign off and then the Department for Education and NHS England will monitor it.

Governance arrangements are that the statement and Special Educational Needs Improvement Plan will now be a standing item on the Health and Wellbeing Board agenda and the Chair and Vice-Chair are proposed to sign off the statement and plan for submission to Ofsted on 18 April 2018 and then it will come to the Board to note at its next meeting on 15 May 2018 and then receive regular updates.

Resolved: That the Health and Wellbeing Board agreed that the Chair and Vice-Chair sign off the statement and plan and that Special Educational Needs and Disabilities Improvement Plan be a standing item on this agenda.

11. Urgent Business

There were no matters of urgent business received.

12. Date of Next Meeting

The next scheduled meeting of the Board will be held at 10.00am on Tuesday, 15 May 2018 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

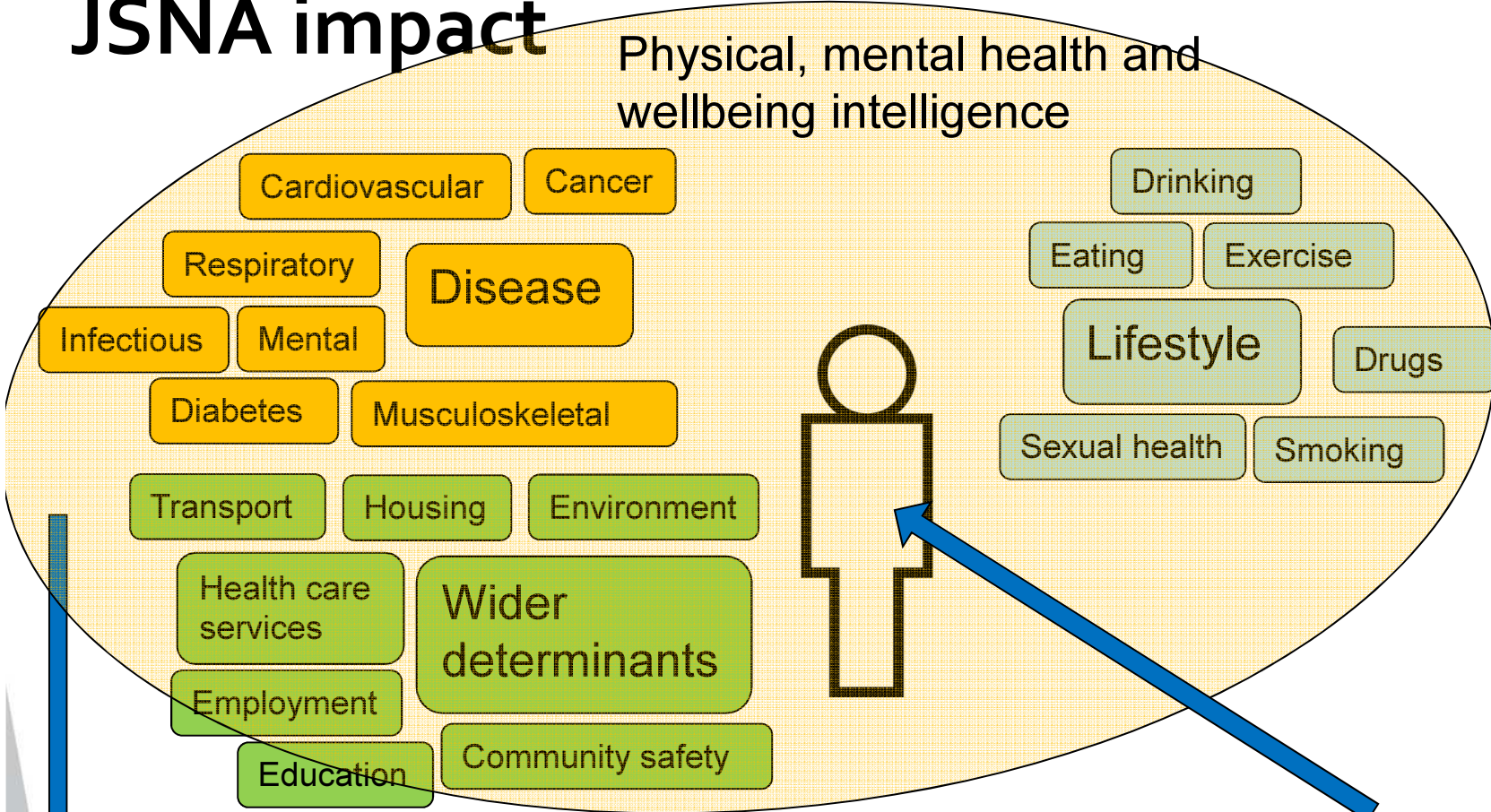
Lancashire's Joint Strategic Needs Assessment

Role of the JSNA

- Statutory (Health and Social Care Act 2012)
- Underpins the Health and Wellbeing Strategy
- Tells the story of Lancashire's health, wellbeing and the wider determinants.
- Provides data, information and insight to commissioners, providers and decision-makers.
- Has a core offer of
 - Lancashire Insight website
 - Bespoke support
 - Thematic JSNAs

JSNA impact

Physical, mental health and wellbeing intelligence



Web platform (Lancashire Insight)
Health needs assessments
Bespoke support
Annual commentary
Thematic JSNAs

Providers Commissioners
Health and wellbeing strategy



West Lancashire CCG

Local Delivery Plan presentation to Health and Well Being Board

20th March

Paul Kingan, Chief Finance Officer / Deputy Chief Officer

Minute Item 8

12,000 population

8 GP practices

three
neighbourhoods:

Ormskirk and
Lughton

Page
Kelmersdale

Burscough and
northern parishes

163m Funding
allocation

1,455 per person



Merseyside from a West Lancs perspective



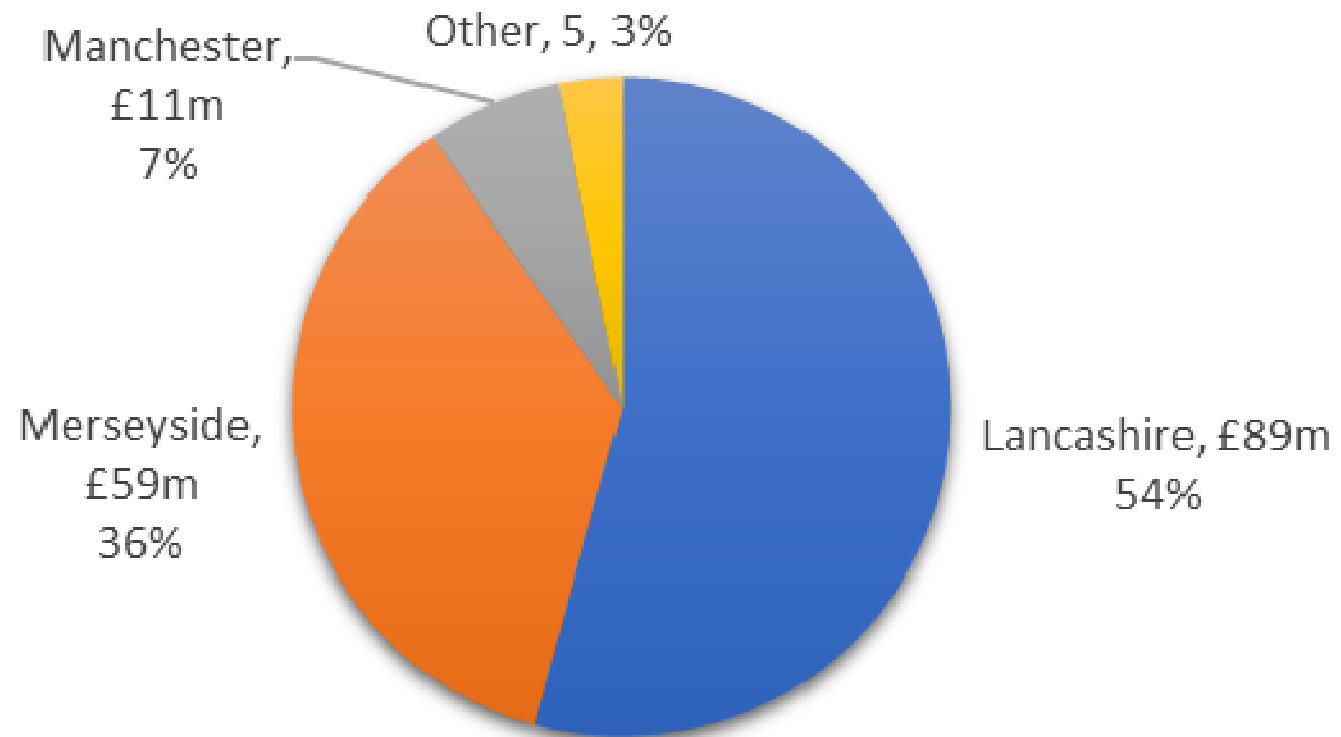
- Acute patient flows are largely towards Merseyside (Southport Hospital) - but also Greater Manchester (Wigan)
- Urgent Care Board (A&E and Emergency Care) is North Mersey
- Cancer and end of life care
- Maternity and children's vanguard

Lancashire from a West Lancs perspective



- County and district councils
- Public health and social care
- Third sector network
- Mental health, largely in Lancashire
- Community health services
- GPs in Lancashire
- Regulated care sector in Lancashire
- Out of Hours GP and Walk in Centres
- Ormskirk site in Lancashire
- Edge Hill University

Geographical Share of Spend £164m



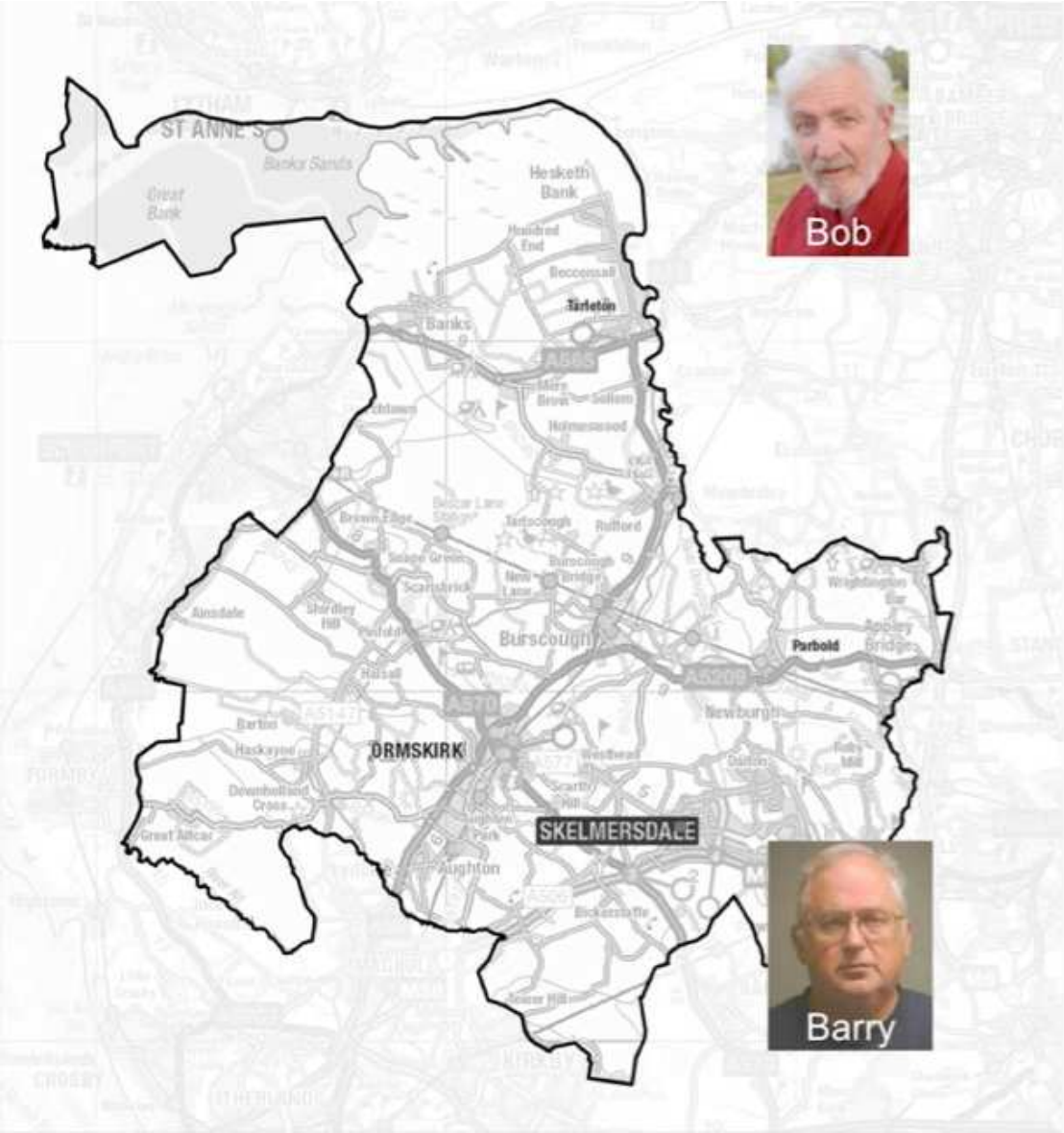
■ Lancashire ■ Merseyside ■ Manchester ■ Other

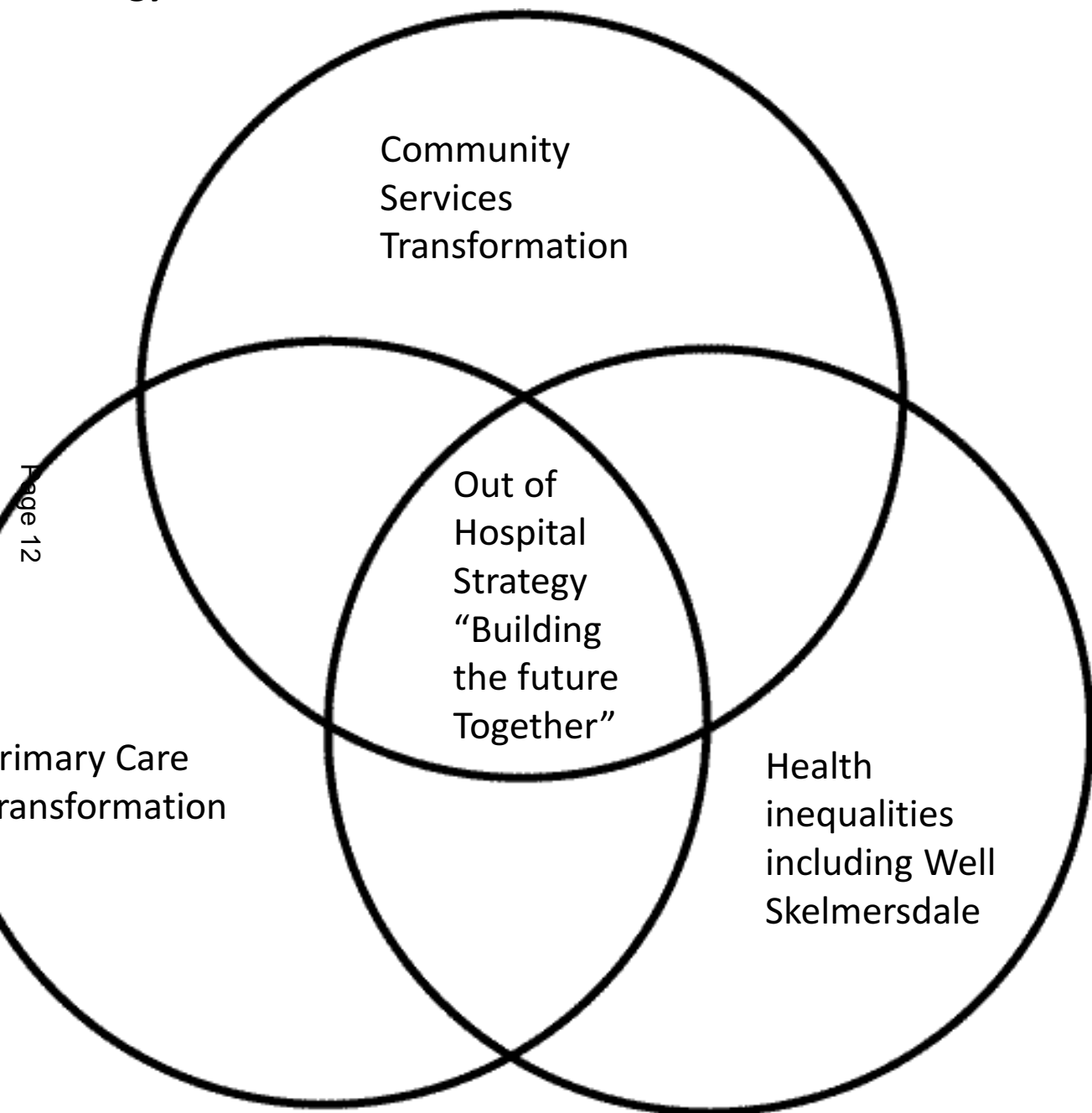
Our key focus is the Out of Hospital strategy

“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”

World Health Organisation 1948

Our population





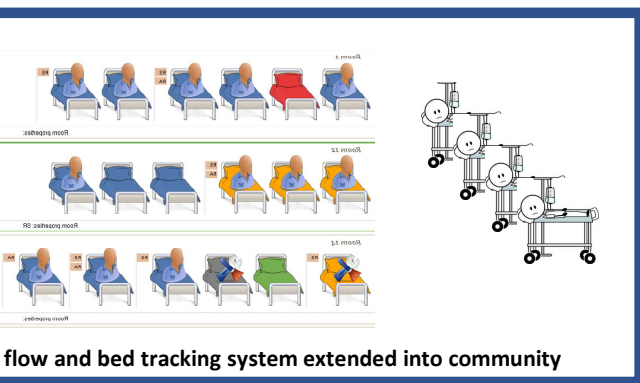
Features :

- Integrated Services
- Neighbourhood teams
- Single point of Access
- Wider determinants of ill health
- Prevention and social prescribing e.g Active Ageing Alliance
- Early years health
- Health, Social care and multi-agency
- Strong third sector involvement
- Wellness as well as ill health
- Community resilience and asset utilisation
- Mental health parity with physical health
- Targeting hotspot areas and health inequalities
- Risk Stratification
- Flexible workforce

Catalysts:

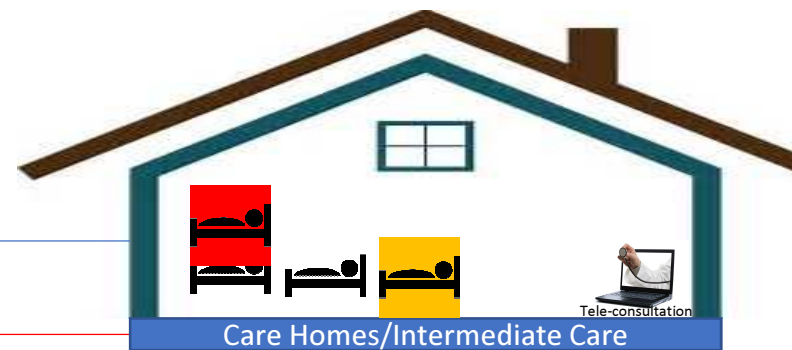
- New Community provider -
- New buildings for co-location of services
- Well Skelmersdale
- GP Federation
- Technology

Performance Area	Current status	On-going Progress
Hospital Admissions	Emergency and Elective Admissions are flattening	Development of community alternatives are reducing hospital episodes
Health inequalities	Big differences across the patch in life expectancy	Well Skelmersdale project
Waiting times (RTT & 4 hour, Ambulance Waits)	Top performer in country re average elective waiting times. 4 hour A&E target deteriorated over winter . Ambulance waits poor – geography a problem.	New Musculoskeletal Service big success. Joining up out of hospital for emergency care (e.g CERT) Alternatives to ambulance – falls car
Cancer	One year survival good, 62 day requires improvement	Improvements in earlier diagnostics e.g Lung Cancer
Mental Health	High performer for dementia and meeting IAPT	Re-designing Services, pilot in new ways of working for Lancs
Learning disability	Significant discharges into community	Managing patients safely in community , remaining patients discharged
Primary Care	Extended Access - well advanced and across the patch, Active federation working	Active workforce models in operation e.g ANP's, physician associates, clinical pharmacists



Example Sensors that could be used

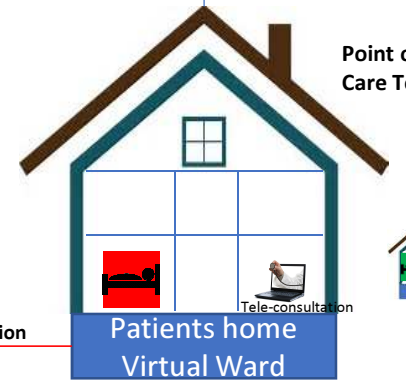
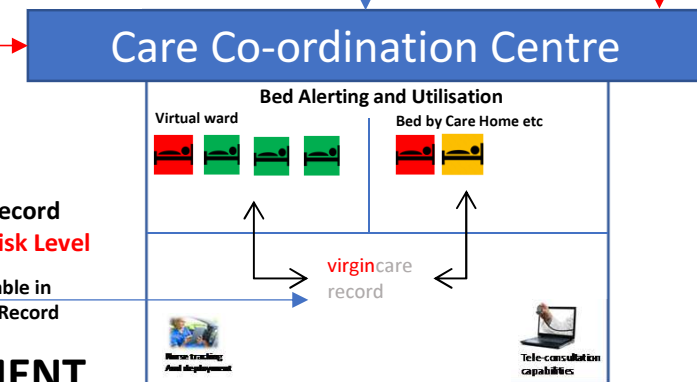
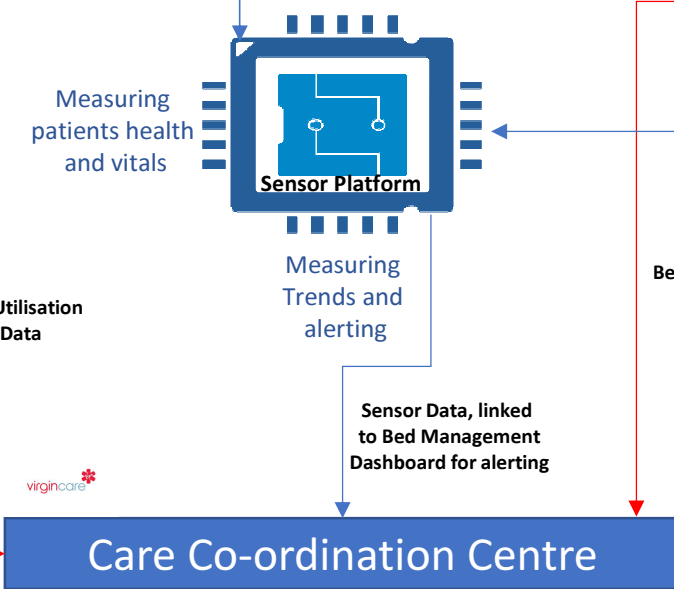
Personal	Hydration	Blood Pressure	Falls	Temp'	Heart Rate	Medication dispensing	Bed wetting	Respiratory /Airflow	Motion	Sleep	Spirometry
Home	Temp	Property exit	Pressure mats	Natural Gas	Movement	Smoke	Flood	Bed Occupancy	Chair Occupancy		



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Discharge Information



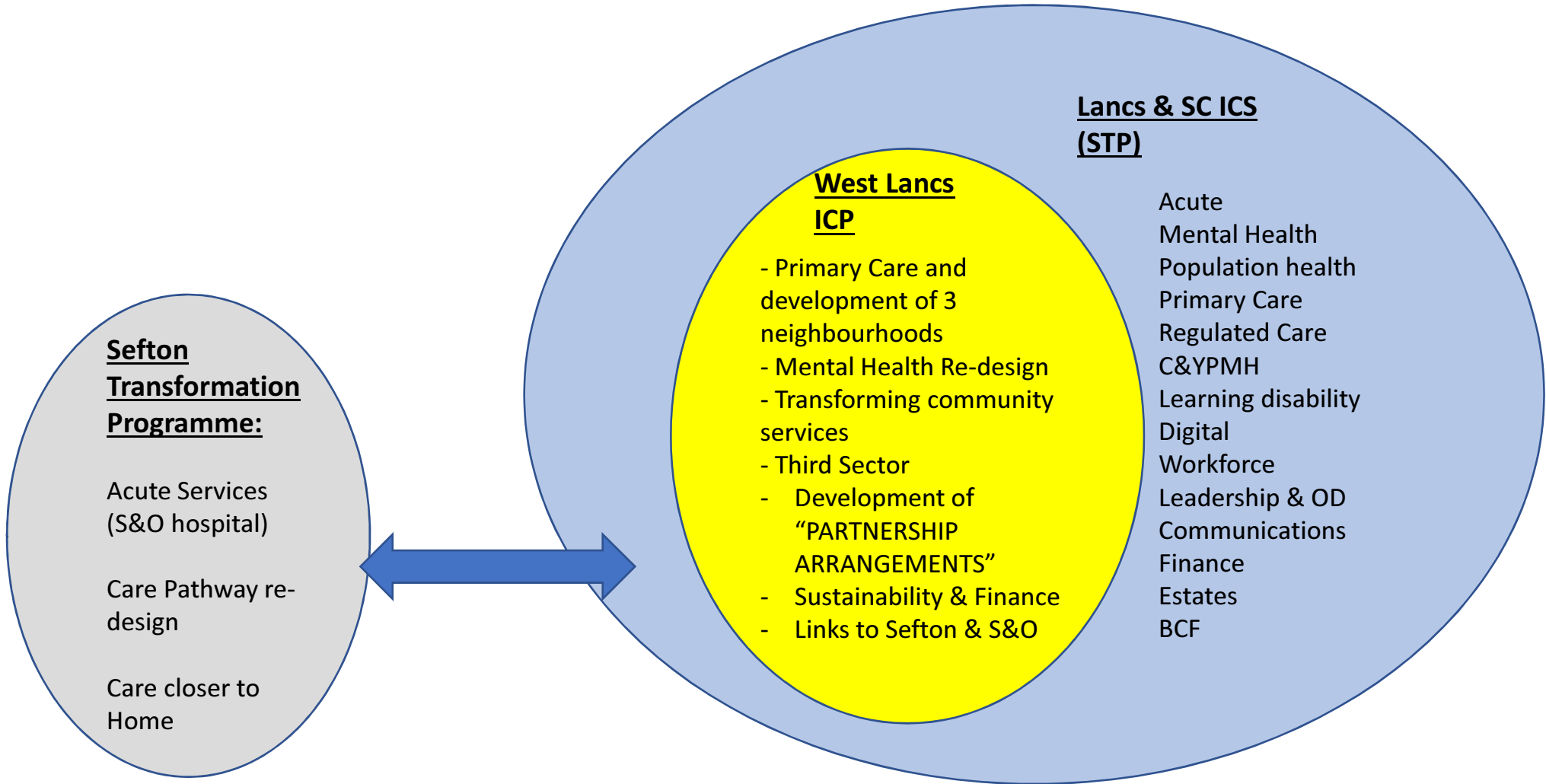
Patient medical record
LPRES
Health Information Exchange



Estate strategy implementation

- ETTF requested in 19/18 for £15m
- Outline PIDs submitted for Skelmersdale and Ormskirk 3000m2 schemes
- Both approved to next stage and enhanced PID being produced
- Revenue support allocated to support bid development
- Project team established with council to progress joint leisure and health development in both towns
- Initial scoping exercise nearing completion including site option appraisals and functional contents
- Scheme plans to include provision of leisure centres at Skelmersdale and Ormskirk with enhanced leisure services and potentially out of hours health services, GP practices and community services
- Major opportunity for colocation of leisure and health and every opportunity will be explored
- Further bids to be completed by June
- Council and CCG striving actively to make progress but early days

Cross-boundary working & inter-relationships



Strengthening Joint approaches across Lancashire

- Digital (e.g LPRES and data exchange)
- Estates (SEG development)
- Finance - policy formulation (and income generation?)
- Sharing best practice – e.g neighbourhood teams (and terminology!)
- Better Care Fund & Third sector partnerships e.g Active Ageing Alliance
- Integrated teams e.g Business Intelligence

Thank You

Any questions?



The Better Care Fund



Dear Colleagues

We are writing on behalf of national Better Care Fund (BCF) partners to invite you to participate in an enhanced support offer for local areas with significant challenges in hitting their BCF Delayed Transfers of Care (DTC) targets for November 2017.

We are pleased to have commissioned Newton Europe to undertake this programme of work, as they have impressed us through their expertise and strong track record in delivering improvement work with local authorities and NHS organisations. This new resource has been created by pooling Better Care support (a partnership programme between the Department of Health and Social Care, Ministry of Housing Communities and Local Government, Local Government Association and NHS England) and NHS England's Hospital to Home budget to design support that will work across health and social care partners. You may be interested to see the report of Newton Europe's work commissioned through the Better Care Support programme in the North of England – see attached.

National partners are keen to ensure patients benefit from speedy and safe transfers of care from hospital to the community, and your efforts toward this are much appreciated. We are impressed with the overall national progress on improving DTCs. However, we also recognise that it has not been possible for all areas to make the progress the Government aimed for in setting the national BCF targets in July 2017, to free up 2500 beds by reducing delays. The November 2017 data shows that as an area you face significant challenges to achieve the national target. We have therefore identified your area as one that could most benefit from Newton Europe's support.

We are aware that you are already working with Newton Europe and therefore we hope that you will find this extended offer helpful. Please be assured that in scoping out this work Newton Europe will take into account and build on other pieces of work taking place in your locality, such as ECIP or BCF commissioned support.

Next steps

Your Better Care Manager, Justine Howe (justinehowe@nhs.net), has already been in touch with colleagues in Lancashire and will be happy to answer any initial questions. Please identify the best person for Newton Europe to contact to set up project and scoping discussions so that these can be set up shortly, please send contact details to england.bettercaresupport@nhs.net copied to Justine.

Yours Sincerely,

Rosie Seymour
Deputy Programme Director
Better Care Support Team
E: rosie.seymour@nhs.net | T: 0113 8249054 M: 07568431666
Based on 3rd Floor, Zone A, Skipton House, 80 London Road, London, SE1
6LH

For the latest BCF news and information, visit the [Better Care Exchange](#). Request to join via email to England.bettercareexchange@nhs.net





The Better Care Fund



Dear colleagues,

I am writing further to my email of 2 February setting out the Better Care Support programme offer of enhanced support to Lancashire. Although I understand there have been a number of conversations and discussions we have not yet received a formal response to the email.

In order to progress the support in a timely way that fully engages all local partners and is within the appropriate local governance it would be helpful to indicate the key lead with whom Newton Europe should work.

The programme overall is making good progress and engaging with local areas to finalise the overall timetable for individual system work. While initial engagement with Lancashire has started it is not possible to finalise the timetable until the formal governance is in place and all partners are clear on the scope and process. If we can make progress on this we would look to have the detailed diagnostic work commence in Lancashire in early May.

Next steps

Please could you, as the local area, confirm the key lead with whom Newton Europe should work with, please send contact details to england.bettercaresupport@nhs.net copied to Justine Howe, your local Better Care Manager – JustineHowe@nhs.net.

I look forward to hearing from you soon.

Yours Sincerely,

Rosie Seymour
Deputy Programme Director
Better Care Support Team

E: rosie.seymour@nhs.net | T: 0113 8249054 M: 07568431666

Based on 3rd Floor, Zone A, Skipton House, 80 London Road, London, SE1 6LH

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BCST is a partnership team between DHSC, LGA, MHCLG and NHSE

Item 9.

	System wide	Leadership to communicate the 'single system / single process' message	Status /progress	Planned action	Owner
		<p>Recognise the importance of developing and maintaining sustainable relationships and collaboration at all levels, and across a wide range of agencies (including primary care, community services, local health and wellbeing partnerships, district councils, VCFS) to address the issue.</p>			
		<p>Identify and implement the Stranded Patient / DTOC solutions identified by Newtons Europe across whole Lancashire South Cumbria (L&SC) system</p>			
		<p>Identify a group of highly skilled officers e.g. via secondment, with sufficient capacity to take this work forward, their sole focus on implementation (i.e. no other 'day' job). Ensure they are mandated to work across organisational and health</p>			

	Status /progress	Planned action	Owner
economy boundaries, to address the issue.			
Identify, standardise and implement common language, metrics, data sharing, processes and offer across whole L&SC system			
Identify, standardise and implement a small number of key pathways across L&SC, to include the VCFS, care sector, community based non-medical 'offers' e.g. frail elderly pathway			
What can we do differently and at scale? ... innovate / 'new age' solutions / digital			
Utilise the STP workstreams, influencing the current review to ensure fitness for purpose e.g. workforce, regulated care; and consider potential for a 'DIOC / Stranded Patient' work-stream			
Utilise A&E DBs and Urgent & Emergency Care Network			

	Status /progress	Planned action	Owner
appropriately, as part of 'whole system' approach			
Adopt and implement learning about what's working elsewhere, across L&SC e.g. East Lancashire work on enablement and care home engagement; Fylde Coast rapid community response service; West Lancs VCFS schemes at neighbourhood level			
Link up more effectively at neighbourhood level, engaging wider primary care workforce such as GPs, pharmacists, dentists, community services E.g. GP & pharmacy support to care homes			
Invite appropriate VCFS representation onto A&E DBs			
Understand differences in performance between health economies e.g. anecdotal higher rates of presentation to			

	Status /progress	Planned action	Owner
	secondary care in Blackburn with Darwen than Blackpool.		
	Audit the schemes that are currently receiving non-recurrent funding, to ascertain value for money / performance, so that, going forward, a financially sustainable plan can be agreed		
	Identify and provide suitable office accommodation in the hospitals for agencies contributing to multi-disciplinary assessment e.g. adult social care		
	Review and plan future reablement and crisis hours capacity across L&SC		
	Explore potential to use the LCC fleet to support NHS transport needs		
	Improve health literacy and embed self-care messages as part of preventive approach		

		Status /progress	Planned action	Owner
Early Discharge planning				
Systems to monitor patient flow	Standardise DToC / stranded patient definitions, recording, measurement and processes consistently across all A&E DBs. Develop and implement real time electronic data capture / sharing across the whole system, including community capacity			
Multi-disciplinary / multi agency discharge teams	Implement joint teams in each health economy for all assessments including Continuing Health Care (CHC), building on practice already established in East Lancashire			
	Develop operational resilience by working across LA boundaries, implementing a single system			
Home First/ Discharge to Assess	Implement the East Lancashire Home First model across the whole system			

	Status /progress	Planned action	Owner
Seven Day Services			
Trusted Assessors	Develop one system of trusted assessment (common standards and policies), with health economy based assessment teams. Assessment includes all types of assessment including CHC.		
Focus on choice	Develop whole system approach to Home of Choice, utilising e.g. Urgent & Emergency Care Network to establish and implement common arrangements Confirm arrangements for funding Home of Choice to support discharge, particularly when there is ambiguity about which agency is responsible for funding in the longer term		
Enhancing Health in Care Homes	Engage more effectively with care sector e.g. as a consulting group Develop a coordinated (single?) approach to engagement and support to the care sector to improve sustainability (capacity		

	Status /progress	Planned action	Owner
	and quality), utilising a joint officer team.		
	LCC to share detail of market reengineering already done.		
	Respond to the big risk that staff sickness presents ... implement a more robust flu jab programme in this sector.		

