



Lancashire Health and Wellbeing Board
Tuesday, 17 July 2018, 10.00 am,
Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Appointment of Chair	Information	The Board is asked to note that in accordance with the Terms of Reference, County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing, is appointed as the Chair for the 2018/19 municipal year.	Clare Platt		10.00am
2. Appointment of Deputy Chair	Action	The Board to appoint a Deputy chair for the municipal year 2018/19 as set out in the Terms of Reference.	Chair		
3. Membership and Terms of Reference of the Lancashire Health and Wellbeing Board	Information	To note the membership and terms of reference.	Chair	(Pages 1 - 6)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		
5. 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		
6. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 7 - 10)	
7. Minutes of the Last Meeting held on 20 March 2018	Action	To agree the minutes of the previous meeting.	Chair	(Pages 11 - 18)	
8. Better Care Fund and Delayed Transfers of Care Update	Update	To receive an update on the Better Care Fund Quarter 4 performance including the Delayed Transfers of Care Performance through Newton Europe and BCF planning.	Mark Youlton/Sharon Walkden	(Pages 19 - 54)	10.15am
9. Fylde and Wyre Local Delivery Plan	Update	To receive an update report from Fylde and Wyre on the Local Delivery Plan.	Peter Tinson	(Pages 55 - 74)	10.45am
10. Prevention and Population Health Plan and Neighbourhood Working on the Integrated Care System	Update	To receive an update on prevention in the context of the Integrated Care System and receive an update on neighbourhood working following the Health and Wellbeing workshop.	Dr Sakthi Karunanithi	(Pages 75 - 88)	11.05am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
11. Special Educational Needs and Disabilities Improvement Plan	Update	To receive an update on the Improvement Plan and the updated Written Statement of Action.	David Graham	(Pages 89 - 108)	11.45am
12. Transforming Care - In Patient Provision	Update	To receive an update of the current status, progress and upcoming plans for specialist Learning Disability and Autism inpatient provision within the Lancashire and South Cumbria Transforming Care Programme.	Sharon Martin/Rachel Snow Miller	(Pages 109 - 116)	12.00 noon
13. Clinical Commissioning Groups (CCGs) Annual Report 2017/18	Information	To receive the positions statement from all Clinical Commissioning Groups (CCGs).	Dr Sakthi Karunanithi	(Pages 117 - 118)	12.20pm
14. 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		12.25pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
15. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 10.00 on Tuesday, 18 September 2018 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.	Chair		12.30pm

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 17 July 2018

Membership and Terms of Reference of the Lancashire Health and Wellbeing Board (Appendix A refers)

Contact for further information: Samantha Gorton 01772 532471, Democratic Services Officer, Democratic Services, email: sam.gorton@lancashire.gov.uk

Executive Summary

This report sets out the membership and Terms of Reference of the Board for the municipal year 2018/19.

Recommendation

The Lancashire Health and Wellbeing Board is asked to:

- i. Note the current membership and Terms of Reference for the 2018/19 municipal year, as set out in the report and at Appendix 'A'.
- ii. Appoint a Deputy Chair for the year 2018/2019 municipal year

Background

The Full Council, at its meeting on 24 May 2018, confirmed the membership of the Board for the municipal year be made up as follows:

- The Cabinet Member for Health & Wellbeing, LCC (Chairperson)
- 3 LCC members to be nominated by the Conservative Group
- Executive Director of Adult Services and Health & Wellbeing*, LCC - (* substitute member - Director of Adult Services, LCC)
- Executive Director of Education and Children's Services**, LCC - (** substitute member - Director of Children's Services, LCC)
- Executive Director of Growth, Environment, Transport and Community Services, LCC
- Director of Public Health, LCC
- Six Clinical Commissioning Group (CCG) Network Members (1 member to be nominated by each CCG)
- The Director of the Lancashire Area Team (National Commissioning Board)
- Three District Councillors (one from each of the sub areas of Lancashire, to be nominated by the Lancashire Leaders Group)
- One District Council Chief Executive (to be nominated by the Lancashire Chief Executives Group)
- A Third Sector Representative (to be nominated by One Lancashire)
- The Chairperson of Healthwatch
- Two Providers (to be nominated by Chief Executives of NHS Foundation Trusts)
- Five Chairs (or a nominated representative) of the Health and Wellbeing Partnerships in Lancashire (one to be nominated by each Health and

Wellbeing Partnership)

- Independent Chair of the Lancashire Safeguarding Children Board
- Independent Chair of the Lancashire Safeguarding Adult Board
- A Lancashire Constabulary representative
- A representative from the Lancashire Fire and Rescue Service
- A housing providers' representative

A copy of the current Terms of Reference of the Board are set out at Appendix 'A' for information.

The Terms of Reference also require that the Board appoint a Deputy Chairman annually from amongst the membership on an annual basis, and the Board is invited to make this appointment.

List of background papers

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire Health and Wellbeing Board Terms of Reference

1. Purpose

To enable people in Lancashire to achieve the best possible health and wellbeing outcomes through better partnership working and service integration.

2. Functions

To achieve the purpose outlined above the Health and Wellbeing Board will deliver the following key functions:

Leadership – to lead and direct the health and wellbeing system to ensure we improve services and make the best use of resources that deliver better outcomes for people.

Assurance – to ensure a collective awareness of the major changes, pressures and risks across health and wellbeing services and provide opportunity to review, comment and consider the opportunities for collaborative approaches to address or manage these.

Challenge – to monitor and evaluate all parts of the health and wellbeing system in Lancashire and where necessary provide appropriate and effective challenge.

Accountability – to be able to demonstrate and evidence that the decisions of the Board, and their subsequent outcomes, are clearly focussed on protecting the health and wellbeing of people in Lancashire.

Strategy – to agree a Health and Wellbeing Strategy and ensure plans and priorities, both through collaboration and within individual organisations/sectors, are aligned and support the delivery of this Strategy.

Commissioning - to enable collaboration between commissioners, joint commissioning and pooled budgets, where this provides better integrated service delivery and outcomes.

Understanding – to be clear about the needs and opportunities for people's health and wellbeing in Lancashire and to lead the development of a Joint Strategic Needs Assessment. To ensure that data, intelligence and evidence (for example through the Joint Strategic Needs Assessment) is informing and driving the development of plans and priorities. To listen to and understand the needs of local people.

Engagement – to ensure there is effective dialogue, engagement and joint working between county and local health and wellbeing structures and partnerships and with other key strategic partnerships and networks.

Integration – to promote integration and partnership working between the NHS, social care, public health and other services.

3. Principles

The Health and Wellbeing Board members recognise shared values as the foundation of a strong partnership and through trust, openness, equality and fairness will ensure a strong and sustainable partnership that delivers improved health and wellbeing outcomes for people in Lancashire.

Trust – to have confidence in the integrity and ability of all partner organisations working collaboratively through the Health and wellbeing Board.

Openness – demonstrating transparency and openness between partners in how decisions are made and in sharing activities, plans and ambitions.

Equality – each partner organisation/sector has an equal standing within the Health and Wellbeing Board.

Fairness – commitment throughout the Health and Wellbeing Board that the behaviour and actions of partners is equitable, impartial and objective.

4. Membership

The membership of the Lancashire Health and Wellbeing Board is comprised of the following:

- The Cabinet Member for Health & Wellbeing, LCC (Chairperson)
- 3 LCC members to be nominated by the Conservative Group
- Executive Director of Adult Services and Health & Wellbeing*, LCC -
(* substitute member - Director of Adult Services, LCC)
- Executive Director of Education and Children's Services**, LCC -
(** substitute member - Director of Children's Services, LCC)
- Executive Director of Growth, Environment, Transport and Community Services, LCC
- Director of Public Health, LCC
- Six Clinical Commissioning Group (CCG) Network Members (1 member to be nominated by each CCG)
- The Director of the Lancashire Area Team (National Commissioning Board)
- Three District Councillors (one from each of the sub areas of Lancashire, to be nominated by the Lancashire Leaders Group)
- One District Council Chief Executive (to be nominated by the Lancashire Chief Executives Group)
- A Third Sector Representative (to be nominated by One Lancashire)
- The Chairperson of Healthwatch
- Two Providers (to be nominated by Chief Executives of NHS Foundation Trusts)
- Five Chairs (or a nominated representative) of the Health and Wellbeing Partnerships in Lancashire (one to be nominated by each Health and Wellbeing Partnership)
- Independent Chair of the Lancashire Safeguarding Children Board
- Independent Chair of the Lancashire Safeguarding Adult Board
- A Lancashire Constabulary representative

- A representative from the Lancashire Fire and Rescue Service
- A housing providers' representative

All Board members to have one vote each.

5. Meeting Arrangements

The Health and Wellbeing Board is a committee of the County Council and unless specified below, meeting arrangements are subject to the County Council's procedural Standing Orders:

- LCC's Cabinet Member for Health & Wellbeing will be the Chair of the Board.
- The Board will appoint the Deputy Chair annually.
- The Board will meet bi monthly.
- Every other meeting will have a clear thematic focus to enable wider discussion, understanding and decision making around priorities areas.
- Decisions will be made by consensus where possible, or when appropriate by a majority vote.
- The quorum at a meeting of the Board shall be a quarter of the whole number of voting members of the Board with at least one Cabinet Member being present.
- Substitutes for Board members are permitted with written notification being given to the Clerk by the relevant nominating body in advance of the meeting.
- Meetings of the Board are open to the public but they may be excluded where information of an exempt or confidential nature is being discussed – see Access to Information Rules set out at Appendix 'H' in the County Council's Constitution.
- The Board cannot discharge the functions of any of the Partners.

Lancashire Health and Wellbeing Board

Actions, March 2018

Action topic	Summary	Owner
Amendments to Terms of Reference	To seek nominations in due course from the Lancashire Fire and Rescue Service and housing providers'.	Clare Platt
Better Care Fund Performance and Finance Update	ii) Delayed Transfers of Care (DToC) Performance Update. To find out how many people the 3,479 delayed days affected.	Paul Robinson
	iv) DToC Check and Challenge... Next Steps To consider the action plan and send their views/suggestions/thoughts to Paul Robinson.	HWBB members
	v) BCF and iBCF Planning 2018/19 and beyond To consider a specific BCF planning session for the Board.	HWBB members

Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
September 2018	Care Home Collaborative Working	Board to receive an update on the event.	Lisa Slack/Louise Taylor
September 2018	Central Lancashire Integrated Care Partnership Development/Future of Acute Services	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	Lynn Chadwick
September 2018	Lancashire Adult Learning	To receive information on opportunities available through Lancashire Adult Learning.	Amanda Melton
September 2018	Better Care Fund (BCF) Update	To receive an update including Quarter 1 performance, Delayed Transfers of Care diagnostic and BCF planning requirements.	Paul Robinson
September 2018	Children and Young People Emotional Wellbeing and Mental Health	To receive an update on Lancashire's Children and Young People Emotional Wellbeing and Mental Health transformation programme.	Dave Carr
September 2018	Special Educational Needs and Disabilities (SEND) Improvement Plan	To receive an update on the SEND Improvement Plan.	David Graham
September 2018	LSCB Annual Reports	To receive the Annual Reports for Children and Adult.	Jane Booth
September 2018	Time to Change	The Board to consider the establishment of a Time to Change hub for Lancashire as a way of influencing, long-term local strategies relevant to mental health and wellbeing.	Dr Sakthi Karunanithi

Date of Meeting	Topic	Summary	Owner
September 2018	Data Sharing	To develop a data sharing agreement between Primary Care/Hospitals/Local Authorities for planning purposes.	Dr Sakthi Karunanithi
November 2018	Central Lancashire Integrated Care Partnership Development/Future of Acute Services	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	Lynn Chadwick
November 2018	Healthy Living Pharmacy Campaigns	To receive an update on the campaigns.	Dr Sakthi Karunanithi

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 Health and Wellbeing Board

Meeting to be held on 17th July 2018

Lancashire Better Care Fund (BCF and iBCF), 2017-18 Annual Report and Update.

Contact for further information:

Mark Youlton, East Lancashire Clinical Commissioning Group, 01282 644684

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(Appendices 'A' and 'B' refers)

Executive Summary

The year 2017/18 saw considerable activity and change across the Lancashire Better Care Fund (BCF). The performance against metrics was good for both Reablement success and reducing the numbers of permanent admissions to residential and nursing homes. It was also so for the number of non-elective admissions that were slightly below the target.

The main area of focus for the year was the level of Delayed Transfers of Care (DToC) across hospitals in Lancashire and the split of responsibility for these across health and social care. There was an overall reduction during the year that saw a convergence towards the revised and highly challenging targets. The greater reduction was seen in social care attributable delays.

There was a high level of cooperation and challenge across the whole health and social care system that has resulted in improved Delayed Transfers of Care performance and a continuing improvement in collaborative working that includes the voluntary sector and district councils.

The level of funding via the Better Care Fund increased overall and was then supplemented by the Improved Better Care Fund (iBCF). This required and ultimately enabled better joint working and decision making across health and social care and targeting of new and enhanced services at shared priorities.

Such was the challenge around Delayed Transfers of Care that national resources were allocated to provide currently ongoing Delayed Transfers of Care diagnostic work that has presented its findings and is now shaping up how the improvement themes will be applied. As there is a two year Better Care Fund and an Improved Better Fund plan in place there is no need for further detailed planning at present. The NHS plan and social care green paper due in Autumn will provide detail of the nature and purpose of the Better Care Fund beyond 2019/20 although it has been indicated that there will be an increased emphasis on integration and the Better Care Fund will be at the centre of this. A report will be provided to the board when the information becomes available.

Recommendation/s

The Health and Wellbeing Board is recommended to:

1. Note the Better Care Fund annual summary provided at Appendix'A'.
2. Request a further report on the outcomes of the Delayed Transfers of Care diagnostic work once this is complete.
3. Request a report on future planning requirements for the Better Care Fund once this is known.

Background

The Health and Wellbeing Board has received updates on the Better Care Fund and Improved Better Care Fund during 2017/18. This report provides the end of year summary as set out in Appendix 'A'. Further reports will continue to provide updates on specific areas of BCF related activity during 2018/19.

List of background papers

Lancashire Health and Wellbeing Board Better Care Fund and Improved Better Care Fund plan 2017/19 (Appendix 'B').

Statement of the Secretary of State for Health and Social Care, NHS Long Term Plan, 18th June 2018, Hansard....

<https://hansard.parliament.uk/commons/2018-06-18/debates/6FAA6047-F74C-40ED-9C01-CE7313E8B740/NHSLong-TermPlan>

Lancashire Better Care Fund Annual Performance 2017/18

Metrics for the Lancashire Health and Wellbeing Board

- **Residential and Nursing Home admissions**

During 2017/18 there were a total of 1761 permanent admissions (65yrs+) to residential and nursing homes, 728.3 per 100000 population (65+). This is better than the target of 734.2 and the actual of the previous year of 742.3.

- **Reablement**

Reablement was taken up by a quarterly average of 1215 people against a target of 1000. The quarterly average success was 86.75% of those people being at home 91 days after discharge from hospital against a target of 84.00%.

- **Non- elective admissions (NEL)**

NELs were 155,711 NELs during 2017/18, 2.4% below the target of 159,601. Q4 NELs were 40,160 2.5% over target.

- **Delayed Transfers of Care (DToC)**

There was significant national and local focus on DToC during 2017/18 that highlighted the split in NHS and social care attributable delays, saw the imposition of extremely challenging revised targets and the allocation of improved Better Care Fund monies expected, at least in part, to address the DToC challenge.

During the full year there were 51,599 delayed days against the full year target of 41,624. This represents a variance of 24%. As previously reported performance has improved in quarters 3 and 4 but due to the revised targets Q4 variance from target was 60%.

The latest data shows that in April 2018 there were 3423 delayed days a continuing improvement. When set against the March target of 2275 delayed days that shows a variance of 50%.

For the year there were 23,987 NHS and 24,156 Social Care attributable delayed days. The balance changed within the year with social care attributable delays reducing. In Q4 there were 5,820 NHS and 4,082 Social Care attributable delayed days.

BCF progress

The year has seen many positives for the BCF. The shared ownership of DToC by the whole of the system has seen a high level of scrutiny at local and county level including a system leader check and challenge session in January 2018. This has had a positive effect in helping direct resources to best have an impact and seen all partners be clear on their responsibilities. As a result, there has been significant progress towards meeting DToC targets.

The joint approach has been seen not only in the delivery of the plan itself but also in the effective coming together around planning for use of the additional £28m iBCF, announced in year, managing the slippage that arose and ensuring that activity was appropriately directed to implementing *High Impact Change Model* for managing transfers of care.

A further significant area of progress, of wider integrated working, has been the continuing engagement with and input from the Voluntary sector and District Councils.

The Voluntary Sector has created the "Active Ageing Alliance" and through it is working to develop and deliver a model of service provision that can be delivered across Lancashire as part of the emerging integrated models of care within the integrated neighbourhood team arrangements.

District Councils are playing a key role in developing new ways of using resources and meeting the aims of the BCF. In Fylde and Wyre, a District Council led development of "Wyre and Fylde Independent Living Partnership", partly funded through iBCF, is looking to place support to stay at home at the forefront of improving outcomes across health and wellbeing. It has highlighted opportunities focussed on the work of Care and Repair, the delivery of Disabled Facilities Grants, improved collaborative working and pathway redesign.

Lancashire Better Care Fund Financial Performance 2017/18

The financial performance of the fund was in line with plan.

Planned and actual income and expenditure was £122,032,963.

This was made up of:

Disabled Facilities Grant	£	12,564,947
Improved Better Care Fund	£	28,096,072
CCG Minimum Fund	£	81,371,944
Total	£	122,032,963

Delayed Transfers of Care Diagnostic

The diagnostic work funded by NHSE and LGA and carried out by Newton Europe at Lancashire Teaching Hospitals Trust began in late May. To date:

- The Assessment has been completed and leadership survey has been completed.
- The findings have been shared with partner leaders individually who have positively received them.
- Findings, both technical and cultural, were shared at a stakeholder summit on 25th June and laid open for discussion and challenge.
- There was consolidation of the key messages and themes of improvement.
- Stakeholders considered:
 - How to build the themes of improvement into plans across the system considering:
 - Do the themes already exist in plans?
 - Who will own the themes and associated actions?
 - How they will be prioritised
 - Identify the capacity to mobilise against the themes.
 - Identify project enablers such as: Data and informatics, HR, Communications, PMO, Finance, Design leads etc
 - Agree targets and trajectory of improvement, including a broad suite of KPIs.

- The nature and format of a second summit, owned by local stakeholders, to launch the work

Lancashire Better Care Fund Planning

The current BCF and iBCF plan covers 2017 to 2019. Having a two year plan has avoided the need for a protracted planning process. The change management process will ensure that any amendments, in year, receive HWB approval.

On the 18th of June the secretary of Health and Social Care made a statement following the Prime Minister's announcement on future funding plans for the NHS. In his statement, he reiterated the importance of the full integration of health and social care and the role of the Better Care Fund.

Intelligence from the Integration and Better Care support team indicates that 2019/20 will remain as a transitional year with limited changes. More significant changes will potentially be explored for the BCF starting from 2020/21.

It is anticipated that there will be some clarity on this when the social care Green Paper is published in the autumn around the same time as the NHS plan.

It is also anticipated that it will enable planning to be more clearly aligned with that of the Lancashire and South Cumbria Integrated Care System (ICS).

Lancashire Better Care Fund Plan 2017 – 2019

Lancashire Health and Wellbeing Board


East Lancashire
Clinical Commissioning Group


Chorley and South Ribble
Clinical Commissioning Group


Fylde and Wyre
Clinical Commissioning Group


Greater Preston
Clinical Commissioning Group


Morecambe Bay
Clinical Commissioning Group


West Lancashire
Clinical Commissioning Group



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Summary


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


	2017-18	2018-19
Minimum required value of Better Care Fund pooled fund:	£93,936,891	£96,569,957
Total agreed value of Better Care Fund pooled fund:	£93,936,891	£96,569,957
Total value of improved Better Care Fund (iBCF)	£28,096,072	£38,391,537
Total pooled fund	£122,032,963	£134,961,494
Date agreed at Health and Well Being Board:	5th September 2017	
Date submitted:	11th September 2017	


Authorisation and sign off

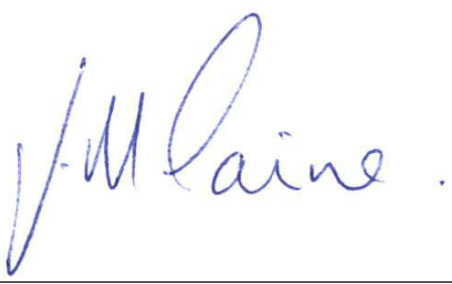
Signed on behalf of Lancashire Health and Wellbeing Board	
By	County Councillor Geoff Driver CBE
Position	Chair, Lancashire Health and Wellbeing Board
Date	7th September 2017

Signed on behalf of East Lancashire Clinical Commissioning Group	
By	Mark Youlton
Position	Chief Officer, NHS East Lancashire CCG
Date	11th September 2017

Signed on behalf of Fylde and Wyre Clinical Commissioning Group	
By	Peter Tinson
Position	Chief Officer, NHS Fylde and Wyre CCG
Date	11th September 2017

Signed on behalf of Greater Preston Clinical Commissioning Group and Chorley and South Ribble Clinical Commissioning Group	
By	Jan Ledward
Position	Chief Officer, NHS Greater Preston CCG and Chorley and South Ribble CCG
Date	11th September 2017

Signed on behalf of Lancashire North Clinical Commissioning Group	
By	Andrew Bennett
Position	Chief Officer
Date	11th September 2017

Signed on behalf of West Lancashire Clinical Commissioning Group	
By	John M. Caine
Position	Chair, NHS West Lancashire CCG
Date	11th September 2017

Signed on behalf of Lancashire County Council	
By	Mike Kirby
Position	Director of Corporate Commissioning, Lancashire County Council
Date	11th September 2017

Lancashire Better Care Fund and iBCF plan 2017/18/19

1. Introduction

The Lancashire BCF plan, for 2017/19, has been shaped by a desire to identify what works, retain and expand what does, and reallocate resources where there is little evidence of success. It builds on the learning of the previous two years of BCF, moving even further away from a “what fits the funding” approach to one that is based on what fits the shared priorities.

The plan takes advantage of the opportunities provided by the iBCF monies to push the integration of planning further and to, at least in part, fill some of the gaps that have been identified by BCF partners during the last two years.

The plan now sits within a maturing planning environment that is seeing the role of the Sustainability and Transformation Partnership (STP) and Local Delivery Partnerships (LDPs) becoming clearer along with new models of delivery.

The plan aligns with those of the STP and LDPs and now will work closely in its delivery through the Lancashire and South Cumbria Urgent Care Network and the five A&E delivery boards.

A further and critical area of alignment of the plan is with Lancashire County Council's social care transformation programme – 'Passport to Independence'.

The core of the plan, its spending plan, its programme of schemes, was created through a process of rigorous review of the 2016/17 schemes. This provided the rationale for decisions on retention, expansion or ending of those schemes. This has resulted in retention or expansion of all schemes with some clarification of purpose and slight change of description for some.

A similar approach was taken, collaboratively, in putting forward proposals for use of iBCF monies. These were jointly considered and a whole iBCF plan agreed.

The plan sees the consolidation of the BCF partnership and continued integration into that of the Voluntary and Community Sector and the twelve district councils.

2. Vision

The vision for health and social care in Lancashire is of a coordinated approach that keeps the individual at its heart.

It will:

- Give the knowledge and advice to help people stay healthy and independent
- Share information safely, across organisations so that people only need to tell their story once.
- Grow neighbourhood approaches that join up services and help avoid poor health and admission to acute hospitals.
- Put the right care in place for those who need it
- Support those who need help to be heard or access services.
- Provide high quality services

Delivery of this vision is not seen as solely the responsibility of the Better Care fund but as whole system responsibility that reaches beyond the NHS and social care to partners in the VCS, housing providers and deliverers of services locally such as district councils.

Progression towards more integration by 2020 and delivery of the vision is acknowledged as being most achievable through greater working across the LDP and STP footprints. Commitment is growing, across partners, to this approach and an associated move to Accountable Care Systems that follows the Vanguard initiatives in Fylde Coast and Morecambe Bay.

3. Background and Context

a. Demographics

The health of people in Lancashire varies when compared to England. Within the county there are wide differences between the most and least deprived areas. For example in the most deprived areas life expectancy at birth for men is 10.2 years lower and 7.1 years lower for women, when compared to the least deprived areas.

The health of adults in the county is mixed; prevalence and incidence rates for cancer, cardiovascular disease and liver disease are all above national rates. Obesity and overweight rates for adults in Lancashire are in line with England, but there are some districts with significantly higher levels and some with significantly lower levels. Physical activity levels for adults are also low.

The 2016 mid-year population estimate for Lancashire (14) is 1,485,042, an increase of 0.5% on the 2015 figure. Estimates suggest a higher population increase in Chorley (1.2%), Lancaster (0.9%) and Fylde (0.9%), compared to England (0.8%). Over the next 25 years the population of Lancashire is projected to increase by 4.5%.

The population projections to 2039 show that the working-age population is predicted to start to decline within five years and the older population will continue to increase, with more people falling into the over-85 bracket each year as life expectancy increases over the period.

Between 2014 and 2039, the 65+ will increase by 47.3%, and by 2039 people aged 85 and over will make up 5.5% of the population.

Alongside the significant shift to a more elderly population there is also a wide variation in healthy life expectancy across the geography of the county. For example female healthy life expectancy is 72 years in one area of South Ribble compared to 62 in another South Ribble area, compared to 62 years in the best in Hyndburn, compared to 50 years in another area of Hyndburn, the lowest in the county. This mixed level is reflected to some degree in all districts. Improving the outcomes only in the most deprived areas of Lancashire will not be enough to improve the outcomes across the county.

b. Social Care

Lancashire County Council supports approximately 25,000 adults in community and residential settings at an annual cost of approximately £300 million.

Demand for care and support services is likely to rise over the next five years but will not be matched by increased public spending.

The rise in the very elderly population is not just a challenge for social care but for all public services and communities. Rising demand for nursing care is of particular concern.

Life expectancy is increasing and entry into all care services is likely to come later in life but involve people with more complex needs. In the future we expect the population in care homes to become frailer and remain in care for shorter periods of time.

Part of the challenge of changing demographics is the growth in the numbers of older people with dementia. We have to ensure that there are sufficient community-based alternatives so that hospitalisation and entry to care homes does not become the default option.

In some parts of the county rehabilitative and recovery services are decreasing demand for other social care and health services. While we need to see more integration with health, closer cooperation is already managing to deal with greater demand for care.

Intermediate Care and Reablement are key offers within our health and social care economy.

Providing services across our rural communities is a significant challenge, particularly for homecare.

In residential and nursing care markets, there is a risk that some providers will move away from council-funded placements and concentrate on self-funders.

There is a degree of unevenness to the spread of demand across the county with specific "hotspots" of acute pressure in certain parts of Lancashire.

Older peoples' housing is a key part of their wellbeing but specialist social housing in Lancashire is of variable quality and there is very little purpose-built extra care in either the public or private sectors.

Social care in Lancashire is currently delivered through a mixed market comprising a wide range of service providers, including small, medium and large organisations. Many of our providers are local; others are more regional or national in scope. Combining these different perspectives is vital to meeting the challenges ahead.

Traditional services like day care, meals on wheels and home care have reduced over the last decade in line with efforts to promote preventative and personalised services. There has been an increase in the number of people receiving short-term reablement services and assistive technology. There has also been an increase in the number of people receiving support from voluntary and community groups.

Lancashire County Council's overall commissioning intentions are:

- To ensure that a sufficient range of quality services are available at an affordable price, enabling real choice, particularly in areas where shortages are already evident
- To work with both current and new providers to source supply locally or from neighbouring areas where that works
- To encourage and stimulate local businesses, investors and social enterprises to enter the health and social care market place as providers or funders to share in the risks and rewards with us.
- For service providers to work closely with the third sector and council commissioners
- Where appropriate to see more strategic partnerships that can deliver a wider portfolio of service offers, potentially focussed exclusively on specific areas or communities rather than very particular aspects of a single service.
- To provide intelligence and information to assist providers with business planning. The analysis and forecasting of demand trends will lead to the creation of new opportunities for enterprising, dynamic and flexible providers

c. Health Care

The demographic impact applies equally across NHS health care in Lancashire.

As the population is living longer and experiencing more complex or multiple conditions so demand upon health services, acute and community, increases.

All, of the five, acute health providers in Lancashire have seen prolonged periods of high demand resulting in challenges to patient flow and the ability to safely discharge people to their homes.

As demand on health and care services has increased increasing budgets have not kept pace. The cost of providing services has risen for reasons such as providing care by more highly trained specialist staff, funding the latest drugs, and keeping up with technological advances, all of which are necessary to improve patient care and outcomes.

Maintaining an effective and skilled NHS workforce is a challenge in Lancashire. Some clinical roles are experiencing national shortages, and Lancashire in particular has problems attracting clinical trainees when faced with competition from large cities such as Liverpool and Manchester. There is a high vacancy rate for health and care roles, which is managed through the employment of agency or temporary workers, but this is not sustainable position.

Some of the buildings and facilities used for health and care delivery are no longer fit for purpose. They were built for different times and needs, and can be a costly drain

on the health and care economy. A move to more specialist centres, particularly for emergency care or major illness would result in greater efficiency. Services should also be provided close to, or in people's homes, so that when hospital stays are required, they are much shorter.

As the demands increase on health and social care services and the ability of traditional ways of meeting those come into question the Lancashire BCF, working within a wider system, can help address some of the issues faced and work towards better outcomes for individuals.

As nationally, the greatest challenge facing the Lancashire BCF partners is the high level of delayed transfers of care (DToC) in acute hospitals. In Q4 of 2016/17 there was a 30.3% variance from the Lancashire BCF plan DToC target. Comparison against Q4 in 2015/16 shows a +34.4% variance with a full year comparison showing a 34.7% variance. Q4 2016/17 saw a total of 17,158 delayed days across all Lancashire providers.

This plan sets out the intent, as part of a much wider system, for the BCF to address this challenge.

4. Better Care Fund Plan

a. Core BCF

The process of designing the Lancashire BCF plan 2017/19 has included the ongoing oversight and direction of the BCF steering and programme managers groups, a number of overarching workshops and comprehensive reviews of existing BCF schemes. Importantly it has also been guided by significant levels of involvement, scrutiny and challenge from the Lancashire Health and Wellbeing Board.

The workshops, held in early 2017, provided some “Big messages” about the development of the BCF plan 2017/18. These included:

- Implement Discharge to assess
- Create / develop real Integrated discharge services
- Invest in Reablement based on agreed evidence
- Include Support for Regulated Care sector
- Be innovative with DFGs working more with Districts and Home Improvement Agencies
- Use opportunities with Voluntary Sector
- Include a range of Prevention services and aim for earlier intervention
- Work at local level across partners, trying things out.

(Full list at Appendix A)

A further key message was the need to be rigorous in the review of existing BCF schemes so as to inform decision making on these.

Review has proved challenging throughout the life of BCF plans with quantitative measurement of impact being the main stumbling block. The approach taken was to use a small range of review techniques and combine them into a single review template. The intention was to lead through a review and assessment process to a point of decision making on whether the scheme should be recommended for retention, expansion or to be ceased.

The completed reviews can be seen at Appendix B.

The conclusion of the review exercise was that all schemes within the 2016/17 Lancashire BCF plan should be either retained or expanded, with some clarification of purpose and slight change of description for some.

Table A sets out the planned spend on core BCF schemes, including Disabled Facilities Grant, for 2017/19.

Table A

No	Area	Title	17/18 £,000s	18/19 £,000s
1.	EL	Transforming Lives, Strengthening communities - Building capacity in the voluntary sector	206	210
2.	EL	Re-design of Dementia Services East Lancashire	1,346	1,371
3. 4. 5.	EL	Redesigned Intermediate Care supported by: a) Intensive Home Support b) Integrated Discharge Function c) Intermediate Care Allocation and Navigation	13,904	14,168
6.	F&W	Intermediate Care Redesign	1,969	2,006
7.	F&W	Admissions Avoidance	3,857	3,930
8.	CSR/GP	Health and Social Care Community Access Point CATCH	6,433	6,555
9.	CSR/GP	Ambulatory Care Pathways	906	924
10.	Lancashire	Extra Care Housing	0	0
11.	Lancashire	Integrated offer for Carers	7,327	7,468
12.	Lancashire	Reablement	5,239	5,338
13.	Lancashire	Transforming Community Equipment services	10,967	11,175
14.	Lancashire	Telecare	551	562
15.	Lancashire	Care Act	3,183	3,244
16.	Lancashire	Disabled Facilities Grants	12,565	13,652
17.	MB	Intermediate Care Services to Support Care Co-Ordination	3,618	3,687
18.	MB	Self-Care	43	44
19.	MB	Community Specialist Services	2,712	2,764
20.	Lancashire	Integrated Neighbourhood/ Care Schemes	14,039	14,306
21.	WL	Building for the Future	5,066	5,162
	Total		93,931	96,567

Appendix B1 provides a further breakdown

b. Disabled Facilities Grants

As the upper tier authority Lancashire County Council administers the allocation / distribution of Disabled Facilities Grant Funding. There is a long standing and strong structure in place, the county DFG group, made up of all 12 district councils and the county council that agrees the approach to its use. This works alongside a district councils health leads group in identifying priorities and improving ways of working especially to maximise ease of access and impact of DFGs. The agreed approach for both 2017/18 and 2018/19 is for DFG funding to be distributed to the district councils for decisions to be made locally but in a consistent manner. In year decisions will be made on its use within its legislative. Currently under consideration is the potential to fund assessments through DFG through recruitment of additional OT capacity and linking to trusted assessor development within the BCF/ Urgent and Emergency Care work streams.

c. Improved Better Care Fund...iBCF

A significant level of work has gone into developing the approach to iBCF in Lancashire. Following the lead given by the Lancashire Health and Wellbeing Board the emphasis has been upon the principles of:

- Improving all aspects of Assessment
- Making Home 1st work
- Creating appropriate and effective 7day services and aligned Integrated Discharge Services

The approach taken to agreeing a plan for the use of the iBCF has been one of cooperation and coordination. As lead organisation Lancashire County Council encouraged BCF partners to consider how some of the iBCF could be used at a local LDP level.

In an open “bidding” process all proposals were considered by the BCF partners and schemes recommended for approval. In this way the iBCF was being targeted at the whole county issues of improving the capacity and stability of the care market, meeting adult social care needs and improving patient flow and reducing delayed transfers of care as well as addressing local concerns. It has also helped begin the process of joint planning across LDP footprints, a step towards the four individual BCFs of Lancashire and South Cumbria aligning and potentially merging. As a result a significant amount of the iBCF has been allocated in this way. Table B sets out the detail of the allocation of iBCF. Within that it can be seen that there is provision for meeting additional fee and demand pressures in the care market of £4.582m in 2017/18 rising to £15.738m in 2018/19.

The “bid” documents are attached at Appendix C

Table B

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
LDP based Schemes		
Central - Social Work Assessment Capacity - 7 Days: Increase social work capacity in the Integrated Discharge Service at both hospital sites and in the community across 7 days.	0.159	0.159
Central - Allocation team for Care and Health: Single point of access for intermediate care, managing capacity and demand in services, with additional crisis support capacity.	0.533	0.533
Central - Care Home Support Model: Proactive, preventative service to wrap around residents in a care home setting, working to prevent inappropriate visits to A&E, avoidable admissions, reduce delayed transfers of care and length of stay.	0.517	0.517
Central - Social work support to GP Practice Collaborative: Social work support embedded with Mental Health and Physical Health service to support patients with social care needs presenting at GP practices. Proposed to align with a better resourced out of hours Adult Mental Health Practitioner (AMHP) resource.	0.043	0.043
Pennine - Multi-Disciplinary Discharge Team: Support joined up leadership to ensure consistent and effective discharge pathways.	0.220	0.220
Pennine - Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	0.849	0.849
Pennine – Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are completed outside of hospital setting. No funding allocation requested within bid.	0.000	0.000
Pennine - Implement Home Choice Policy: Delivery of national guidance on supporting patient choice. No funding allocation requested within bid.	0.000	0.000
West Lancs - Community Hub: One place, flexible hub for intermediate care, reablement and rehabilitation. Increased capacity for discharge to assess.	0.175	0.175
West Lancs - 7 day integrated discharge pilot (intermediate care) Integrated working between 2 current teams. Move to 7 day working.	0.072	0.072

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
West Lancs - Home First Workforce Development: Generic therapy and Nursing assistant. Training posts.	0.081	0.081
West Lancs - Frail Elderly: Workforce development. No funding allocation requested within bid.	0.000	0.000
West Lancs - Discharge App: Simplifying a complex system. No funding allocation requested within bid.	0.000	0.000
Fylde and Wyre - Aligned Social Work: Neighbourhood and A&E deployment of F&W social workers/wellbeing workers to support discharge and cover in A&E working 7 days.	0.150	0.150
Fylde and Wyre - CHC process review (trusted assessment): Trusted assessment, better screening, and better home of choice compliance.	0.150	0.150
Fylde and Wyre - Reablement Hours: Hospital discharge and reablement service to provide individuals with a single service specification that meets health and social care needs of communities.	0.274	0.274
Fylde and Wyre - Trusted Assessor (Care Homes): Targeted locality Trusted Assessor support.	0.054	0.054
Fylde and Wyre - Set-up costs.	0.008	0.008
Morecambe Bay - Altham Meadows Intermediate Care Centre: Integrated nursing and rehabilitation service as an alternative to hospital care.	0.750	0.750
Morecambe Bay - Crisis Hours and Enhanced Therapies: Expedite discharge work with patients to identify goals that can maintain, regain, or improve independence by using different techniques, changing the environment and using new equipment to improve functionality and reduce re-admission to an acute setting.	0.210	0.210
LDP SCHEME BIDS	4.244	4.244
High Impact Changes Fund additional spend		
HIGH IMPACTS CHANGES FUND: Including Peripatetic Team; Acute team 7 day working across hospitals; Trusted Assessors - Trusted Assessor Training; Seven Day Service - 24 hour AMHP service (Mental Health); System to Monitor Patient Flow - DTOC tracking - additional hospital resource.	2.095	2.095

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
Learning from Passport to independence: To resource the development and implementation of granular level implementation plans for each of the six Lancashire Hospitals, on the basis of agreed best practice.	0.600	0.600
HIGH IMPACT CHANGES FUND ADDITIONAL SPEND	2.695	2.695
Additional spend on existing BCF schemes		
Reablement contract	3.670	3.975
Reablement & Occupational Therapy Team (excludes senior management currently)	2.778	2.806
Care Act (carers Personal budgets, training, Advocacy)	0.234	0.234
Carers support (Respite & block contract spend)	0.000	0.235
Urgent Care (Crisis & residential rehab)	0.000	0.062
Equipment & Adaptations	0.000	0.151
Intermediate Care Services	0.369	0.379
Telecare	1.952	2.040
ADDITIONAL SPEND ON EXISTING BCF SCHEMES	9.002	9.882
Spend on schemes previously outside of BCF		
Transformational support relating to the Passport to Independence Programme	1.440	0.000
Additional reablement costs - as part of the reablement opportunity - supporting Passport to Independence	0.208	0.208
Wellbeing worker service	2.636	2.636
Home Improvement Agency	0.880	0.880
Hospital aftercare	0.304	0.304
Roving nights – County-wide service	0.304	0.804
Additional Fee and Demand pressures	4.582	15.738
Additional package costs through improved DTOC rates	1.000	1.000
Homecare implementation costs	0.800	0.000
SPEND ON SCHEMES PREVIOUSLY OUTSIDE BCF	12.154	21.570
GRAND TOTAL	28.0765	38.391
FUNDING		

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
Initial iBCF	(3.210)	(22.656)
Additional iBCF	(24.886)	(15.735)
TOTAL iBCF FUNDING	(28.076)	(38.391)

d. Delivery plans

Work is underway to create delivery plans for each iBCF scheme. The intention is to join up scheme activity where there are overlaps such as recruitment and also to achieve consistency in approach. Lancashire County Council officers are meeting with CCG commissioners and providers individually and collectively to draw all of this activity together.

Once approved the core BCF schemes will have delivery plans created that build on the learning of the previous year. These will be in detail for 2017/18 and at a higher level for 2018/19 to allow for review of progress and continued relevance.

9. National Conditions

a. Jointly agreed plan

The Lancashire BCF plan 2017/19 has been jointly developed and agreed by the BCF partners that are signatories to this document.

The iBCF element of the plan, including its use to support and stabilise the social care market, has been agreed through the BCF governance arrangements and revived full support of the Lancashire Health and Wellbeing board. (See Appendix D iBCF Report to Lancashire HWB 7th August 2017.)

In addition individual BCF partners have engaged with their “home” providers and A&E delivery boards to ensure that the BCF plan aligns with their plans and expectations. For the six CCGs in Lancashire that has meant connection through:

- LDP transformation planning activity
- Executive to executive meetings
- Out of Hospital Steering groups
- Providers sitting on CCG committees and programme boards setting commissioning intentions
- And for all partners shared decision making in the Lancashire and South Cumbria Urgent Care network.

Lancashire County Council supports the involvement of care providers through provider forums, individual contract meetings and in setting out commissioning intentions when embarking on commissioning activity such as with recent reablement procurement.

A significant achievement of the Lancashire BCF has been the level of engagement with the Voluntary and Community Sector. This is producing mutual benefits of the VCS aligning itself with the commissioning intentions emerging from the BCF and the BCF providing a focal point for VCS to coordinate around.

The voluntary sector is represented at the Lancashire BCF Steering group by the Chief Executive of Lancashire Sport Partnership. This lead Officer is a nomination of Third Sector Lancashire; the voluntary sector leadership body.

During 2016, in line with the commitment made in the 2016/17 Lancashire BCF action plan to effectively engage the voluntary sector, the Lancashire “Active Ageing Alliance” was formed. This group of voluntary sector bodies (including MIND, Age UK, the Alzheimers Society, Stroke Association etc.), worked collaboratively with the CSU and the Public health teams to identify how we could assist the BCF in the delivery of their outputs and outcomes; developing opportunities for collaborative design and investment to improve patient satisfaction and outcomes.

In October 2016, the Active Ageing Alliance made a bid to Sport England for £1m of additional investment to enable preventative approaches to manage frailty and the

onset of degenerative diseases. Unfortunately this bid was unsuccessful; however it enabled a closer working relationship with health, social care and voluntary sector partners. (See Appendix E, *Third Sector Lancashire input into the Lancashire BCF Steering group and plan* for full details.)

A similar success has been seen with the relationship with the twelve district councils within Lancashire. The district councils are represented by the Chief Executive of Chorley Borough Council on the Lancashire BCF steering group and also have representation on the BCF programme managers group. Evidence of this level of engagement is seen through a paper developed by and with all districts that sets out the actual and potential impact that district councils have on health and wellbeing. It highlights the impact outside of the clinical input and the opportunities that exist to change lives by smaller inputs especially those delivered close to individuals.

“Lancashire’s 12 district councils play a significant role in supporting the health and wellbeing of the county’s residents and communities.

This paper outlines the role of district councils and gives a flavour of how, by working in a more integrated way and focusing on early intervention and prevention, we can improve health outcomes for our residents.

The aim of this paper, having given the reader an insight into the health work of district councils is to extend an invitation to engage in a more collaborative and innovative way to strengthen the focus on prevention and early intervention.” (See Appendix F for more details.)

b. Social Care Maintenance

The BCF planning template gives the detail of the contributions towards supporting social care from within the core BCF.

This meets the requirement of being above the required 1.79% uplift from 2016/17 but partners have agreed that the level of increase will not present a significant risk of destabilising the health and care system.

The areas identified for support to social care remain:

- Support to Carers
- Telecare Services
- Care Act
- Intermediate Care Services (part)
- Integrated Neighbourhood Teams (part)

All of the above are viewed by the BCF partnership to have some degree of health benefits supporting individuals to remain healthier longer and more independent as well as suppressing demand for acute services.

c. NHS commissioned Out of Hospital Services

The significant level of investment in NHS commissioned out of hospital services seen in the Lancashire 2015/16 and 2016/17 BCF plans will be replicated at least at the same level in the 2017/18 plan. There has been some adjustment across schemes to reflect changes in minimum contributions and broader CCG planning priorities.

The out of hospital NHS CCG commissioned schemes within this plan cover prevention, admission avoidance, supported discharge and a range of step up / down services and reablement/rehabilitation.

As no additional target is being set for Non Elective Admissions there is no need for an agreement to hold funds in a contingency.

As previously each individual organisation will manage risk around their own contribution and local performance against the metrics. This allows for significant local differences, demographic, provider, geographic and historical performance to be safely managed across a complex planning footprint.

d. High Impact Change Model, Managing Transfers of Care and Delayed Transfers of care Plan

In Lancashire there is a whole system consensus to the alignment with and implementation of the High Impact Change Model of managing transfers of care. This is lead through the five A&E delivery boards and coordinated at an STP footprint level by the Lancashire and South Cumbria Urgent Care network.

The Lancashire BCF has proactively used the High Impact Change Model in its planning. Whether an existing scheme delivered some or all of the eight changes of the model was used as a key criterion as to whether it should be continued. Similarly the test was again used in the iBCF “bidding” process.

So as to set the baseline for planning against the High Impact Change Model a workshop took place in May 2017 that brought together all Lancashire health economies. This engaged providers and commissioners in self-assessment of the local ability to deliver against the model and expanded this into a county wide conversation on alignment, learning and testing of “good ideas”. It also helped all partners understand the challenges that faced each and the necessary prioritisation that results. The workshop outputs were the basis for the creation of the iBCF bids. The workshop outputs are provided at appendix J.

Using that initial assessment and building on existing activity and planning each Lancashire health economy has put in place a plan to implement the High Impact Change Model. These have been brought together to give a Lancashire overview that is at appendix K. The further detailed development of the plans will be at a local level with the Lancashire wide overview being updated as appropriate and used for

the monitoring of overall progress and sharing of good practice through the BCF governance structures. It will also be shared through the Urgent and Emergency Care network to ensure alignment and avoid duplication.

Lancashire County Council is engaged with all A&E delivery boards and is managing the interface with its own county wide approach. The aim is to achieve a county wide approach with local flexibility.

All BCF partners took a very active role in recently setting DToC trajectories and both NHS and social care are keen to work together to make this a more joined up and simplified exercise in the future. Within Lancashire there are a number of systems in place that record and report on DToC. This does not always result in the same level of understanding across organisations. To address this Lancashire's Director of Public Health and Wellbeing is to lead a project to connect all of these so as to have a single work stream on measuring and reporting on DToC.

10. National Metrics

a. Non elective admissions

The target has been reached through an agreed approach to adopting CCG operating plan targets submitted early in 2017.

It is not intended to seek any further reduction associated only with BCF as this would go beyond a "credible ask" and a non- viable approach.

The setting of the target recognises the modest improvement in actuals achieved during 2016/17 compared with the previous year.

It is anticipated that the operation of BCF schemes during 2017/2018 will contribute to a continuing but shallow trajectory fall in non-elective admissions. The target is set in the context of delivering while maintain provider sustainability.

Lancashire Non elective admissions targets 2017/18/19

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
40,634	40,894	39,943	39,565	40,703	40,967	40,000	39,621	161,036	161,291

b. Delayed Transfers of Care

DToC targets have been mandated by the Department of Health. They have been set at NHS, Social Care and Jointly attributable levels for 2017/18 from November 2017.

A key task for the Lancashire BCF the A&E delivery boards and Urgent Care Network is to agree the methodology for and actual agreed targets to enable a clear view on the split between NHS, social care and jointly attributable delayed transfers of care.

Lancashire Health and Wellbeing board DToC targets 2017/18 and 2018/19

2017/18	Q1	Q2	Q3	Q4
Delayed days	13,135	13,135	8,750	6,606
2018/19	Q1	Q2	Q3	Q4
Delayed days	6,679	6,753	6,753	6,606

c. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes

The previous performance has been positive with a year on year decrease in the number of admissions. A spike in Q4 2016/17 has continued into 2017/18.

The long term reduction has been due to increased emphasis on a home first approach taken by social care staff at assessment and a continued use of intermediate care services, reablement and more integrate working at the point of discharge from hospital.

As redesigned Reablement services come online and the *Passport to Independence* programme gathers pace it is anticipated that the diversion will continue and older people with complex needs will continue to be able to return home. However maintaining ever decreasing levels means that complexity of needs of those returning home will increase and a point will be reached where further improvements are hard to achieve.

Given the current level of admissions recorded the target is to maintain the 2016/17 outturn figure of 1795 admissions in 2017/18 which is a rate of 734 admissions per 100,000 population. A forthcoming data cleansing exercise is likely to result in re-basing of targets that will be explained and reported in quarterly submissions.

d. Effectiveness of Reablement

The effectiveness of reablement services in Lancashire has been a continuously positive story with the target of 82% of people still being at home after 91 days, following a period of reablement that followed hospital discharge having been exceeded throughout 2016/17.

It is anticipated that as redesigned reablement services that are therapy led and designed around bundles of care continue to have a positive effect and the *Passport*

to Independence programme becomes more embedded that this story will get even better. With this in mind a further stretch to the target to 84% is proposed for 2017/18 with a target of 6091 people being offered the services compared to the actual 4101 in 2016/17.

e. Monitoring and assessment of Impact of BCF plans

From the beginning of implementation of BCF plans it has been a continuing challenge to demonstrate a direct link between BCF spend, Scheme activity, scheme outputs outcomes for individuals and impact upon the high level national metrics.

The most recent approach taken by Lancashire BCF in using a combined review template has resulted in informed decision making. It has directed scheme leads through a process of deeper reflection and analysis by the different techniques used.

However even this does not provide a linear connection from beginning to end. This cannot be achieved through looking solely at the BCF activity. There has to be a whole system view and it is this that will be pursued using BCF and iBCF as enablers during 2017/18. Work is proposed to achieve the granularity required around DToC across all acute settings.

11. Lancashire BCF Programme Governance

There is in place a clear governance arrangement for the Lancashire BCF. This is set out in Appendix G.

This governance structure has been strengthened by confirmation during 2016/17 of the very active role of the VCS and District councils in both the programme managers and steering group. It has acted as a springboard for both of these sets of organisations to engage in the developing STP planning arena, both now heavily involved especially around the Population Health and Prevention workstream.

The BCF has itself found a place within the STP governance structure recognised as an enabling workstream. This is an STP level BCF presence and the detail of how that will work i.e. across current HWB BCF boundaries is still being worked through.

Work on planning for and managing DToC during 2016/17 resulted in some moves towards aligning BCF activity across the three Lancashire BCFs.

This has been accelerated as the Lancashire BCF took the opportunity presented by iBCF to align BCF planning along LDP footprints.

Blackpool and Blackburn with Darwen were invited to join the “bidding” process described earlier and LDP level rather than Lancashire only proposals were developed. This approach has been approved by the Lancashire Health and Wellbeing board and opens the way for wider discussions on planning and commissioning on those footprints.

This then links into the STP approach of deciding the most appropriate level of delivery against shared priorities.

The Lancashire and South Cumbria STP governance structure is attached at Appendix H.

12. Risk and Risk management

The Lancashire BCF has in place a risk management process. The core of this is the BCF risk register which is reviewed quarterly. Risk identification and management is a core responsibility of the Lancashire BCF programme managers group. That group reports by exception to the Lancashire BCF steering group on changes in risk levels and recommended mitigating actions.

The identified risks to the successful delivery of the Lancashire BCF plan sit in the following categories:

- Measurability: An inability to measure and demonstrate the effectiveness of delivery of the BCF plan
- Deliverability: Overall deliverability of BCF plan is compromised by failure of individual schemes to achieve projected impact.
- Deliverability: Overall deliverability of BCF plan is compromised by factors outside of its influence impacting upon national and local demography and performance.
- Plan alignment: That the Lancashire BCF plan does not fit with individual BCF partner plans
- Partnership: That the BCF partnership does not develop sufficiently to be robust, and fit for purpose.
- Reporting: That reporting at all levels does not fulfil a supporting role to the BCF plan delivery.
- Finance: That financial arrangements are not sufficiently clear across the BCF for all partners to be clear on their own and others commitments and activity.
- Communication: That limited or poor communication of all aspects of vision and detail of the BCF affects delivery and reputation.

Mitigation, risk ownership, reporting and RAG rating of risk status is set out in the risk register at Appendix I.

Each BCF partner has BCF specific entries in its own risk register and BCF risk is overseen through the partners' internal audit procedures.

A Section 75 Agreement was reviewed and updated in 2016 and will be put in place for the BCF plan 2017/18/19 once agreed. The Agreement sets out the arrangements for governance, pooled fund hosting and management, financial contributions, risk sharing arrangements and the BCF schemes specifications and values.

Lancashire County Council is the host for the BCF pooled fund and will continue to be so in 2017/18/19. A clear audit trail exists for financial data/transactions.

Individual organisations manage their own risk around their own contribution to the pooled fund taking responsibility for any overspend. While this arrangement will

continue in 2017/18 it is anticipated that the creation of more robust and timely monitoring and reporting systems will enable the Lancashire BCF steering group to make recommendations on the shift of BCF resources to areas of success and / or to address specific problems in the health and social care system. Having this insight and greater confidence in activity and impact data will allow BCF partners to develop a more mature approach to risk and benefit sharing during 2017/18 with potential application in 2018/19.

13. Appendices

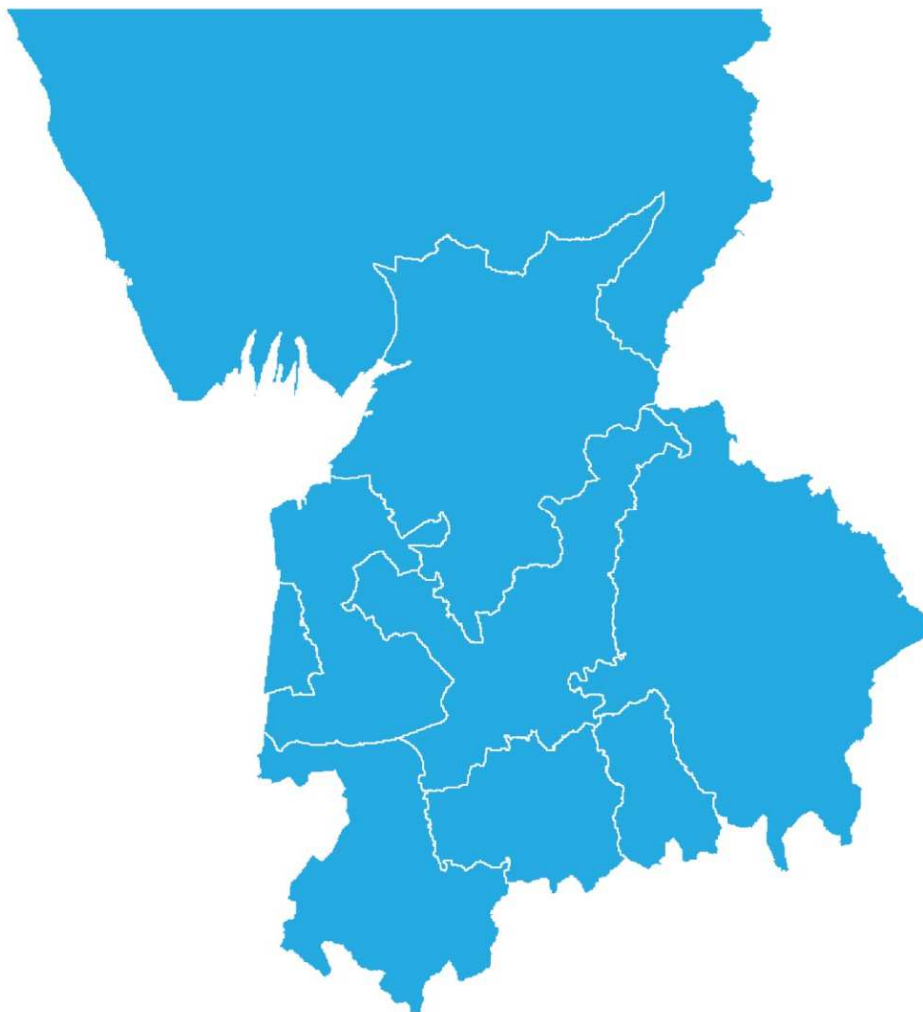
Page	Appendix	Document
14	A	“Big messages”
14	B	Lancashire BCF scheme reviews
15	B1	Detailed BCF spending plan
16	C	iBCF proposal “bids”
21	D	iBCF Health and Wellbeing Report 7th August 2017
22	E	Third Sector Lancashire input into the Lancashire BCF Steering group and plan
22	F	Lancashire District Council Public Health Offer
27	G	Lancashire BCF Governance structure
27	H	Lancashire and South Cumbria STP Governance Structure
28	I	Lancashire BCF Risk Register
23	J	High Impact Change Model Workshop outputs
23	K	Lancashire High Impact Change Model Plan

Healthier Fylde Coast

Improving health and care together



Version 20150327



Lancashire and South Cumbria Integrated Care System (ICS)

**‘Healthier Lancashire and South
Cumbria’**

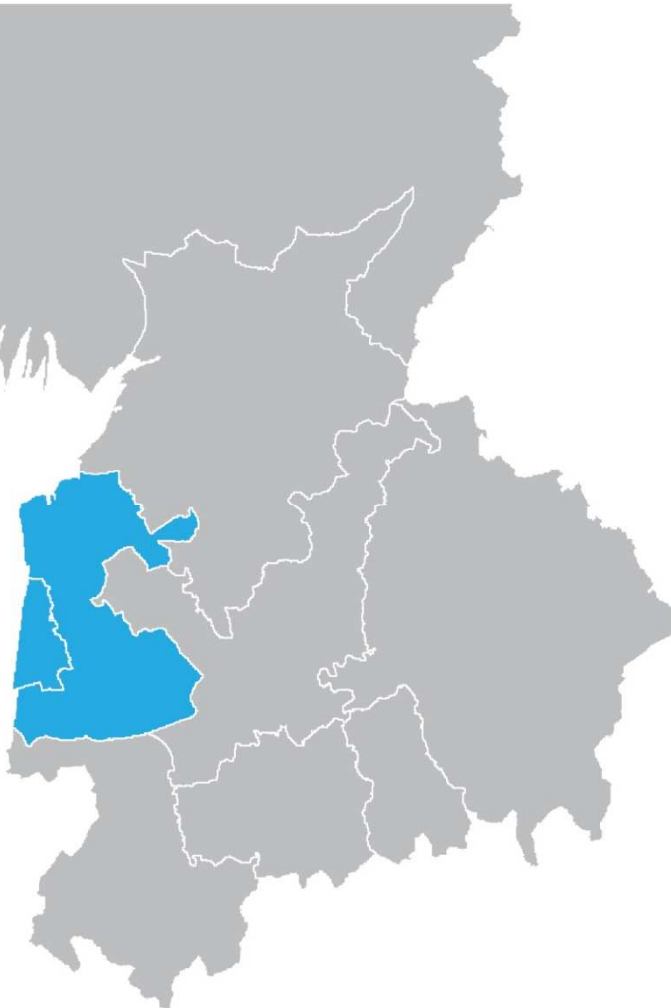
The system is a partnership
of NHS and other
organisations working to
deliver our five-year
Sustainability and
Transformation Plan.



Fylde Coast Integrated Care Partnership (ICP)

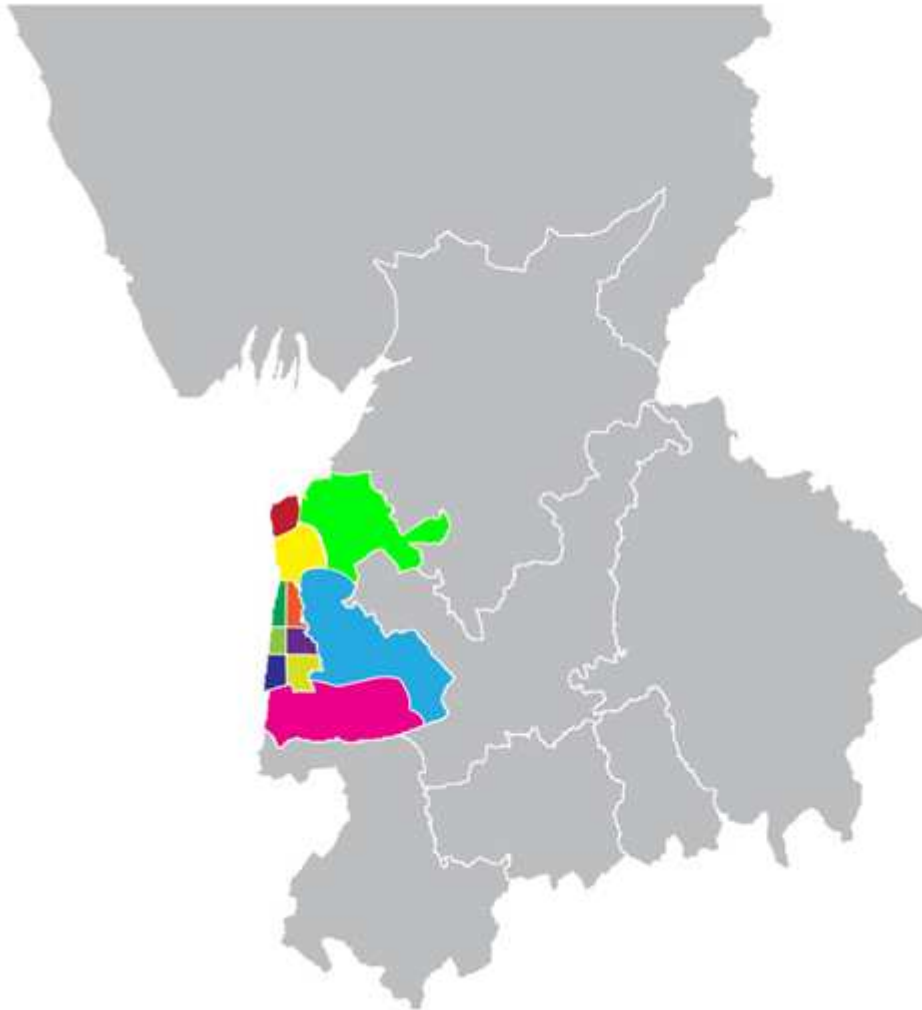
‘Healthier Fylde Coast’

NHS and local authorities
formally working together to
improve the health and care
of the whole Fylde Coast
population.



Neighbourhoods

Geographical areas across which GP practices and other health and care services work together to ensure joined-up care tailored to the needs of their local populations (typically between 30,000 – 50,000 people).

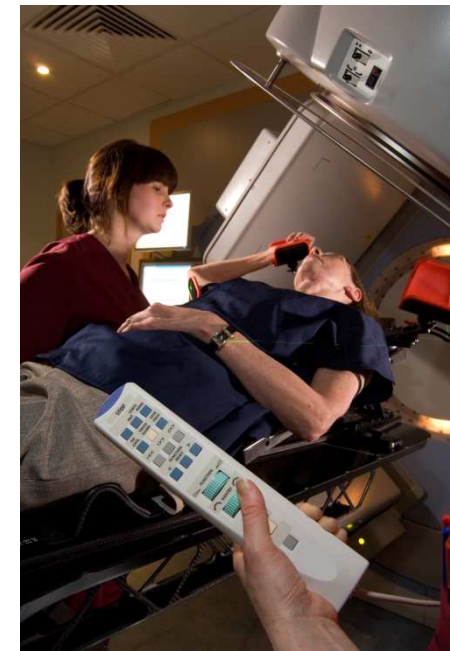


Summary

- 'Healthier Fylde Coast' brings together NHS and council organisations to improve health and care.
- Challenges facing health and care are well documented.
- Making better use of our joint resources is crucial, including staff, services and money.
- We are working together 'to improve the health and care of the Fylde coast population'.



- Partners so far include:
 - NHS Blackpool CCG
 - NHS Fylde and Wyre CCG
 - Blackpool Teaching Hospitals NHS Foundation Trust
 - Blackpool Council
 - Lancashire County Council
- This builds on and formalises our way of working which has already vastly improved patient outcomes.



- Joined-up multi-disciplinary teams are key to helping solve some of the problems we face.
- By working more closely together we will:
 - Improve services, making sure they are sustainable for the future
 - Improve patient experience
 - Support better health and wellbeing
 - Improve the working lives of our staff
- Many exciting development opportunities ahead for our staff.

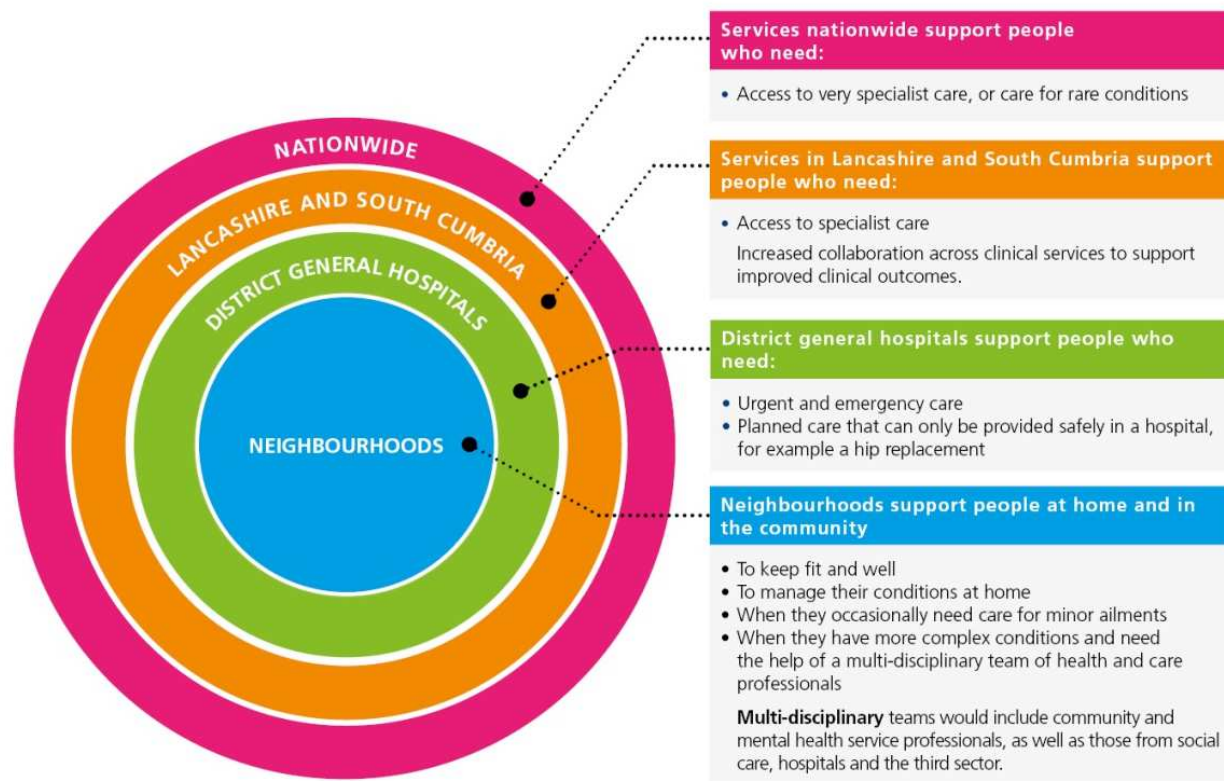


Why is this needed?

- We want the very best health and care system for people living on the Fylde coast.
- Local and national challenges of people living longer with more complex conditions and requiring greater input from services.
- Artificial barriers also exist between services.
- This is our opportunity to develop better ways of working.



What people will see



How will we work in future?

- A common vision and a single set of goals across all organisations.
- We will do things once to reduce duplication.
- Agreed priorities and joint decision making.
- Four key areas of transformation: Urgent care, mental health, cancer services, and general practice.
- Multi-disciplinary clinical and non-clinical teams will work to common goals.



Links to LCC proposed priorities

LCC proposed priorities	Fylde Coast work
Develop neighbourhood level integrated care systems	<ul style="list-style-type: none"> Locally-based care teams established within each of our 11 neighbourhoods
Improving delayed transfers of care	<ul style="list-style-type: none"> Single plan for urgent and emergency care Discharge facilitators on wards
Improving stroke outcomes	<ul style="list-style-type: none"> Improving stroke rehabilitation
Address variation in diabetes care	<ul style="list-style-type: none"> Improving diabetic footcare Rolling out education programmes
Reduce suicides	<ul style="list-style-type: none"> Supporting ICS suicide plan



Supporting the ageing population

- Neighbourhood care teams
- Frailty pathway work with quality improvement organisation AQuA
- Care homes work
- Health coaching roles
- Empowering people and communities



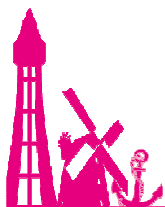
The ICP will support us to...

- Improve urgent and emergency care
- Make sure patients are treated within 18-weeks of being referred by their GP
- Make sure patients only have planned hospital care when this will be of benefit to them clinically
- Achieve other national priorities, including those for maternity and diabetes



ICP in action

- We are making excellent progress already, across clinical and non-clinical areas:
 - Urgent care
 - Extended access
 - Neighbourhood care teams
 - FYi directory
 - Clinical Senate
 - Nexus Intelligence
 - Care Home Connect
 - Communications
 - Finance
 - Community development

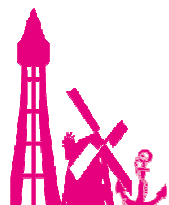
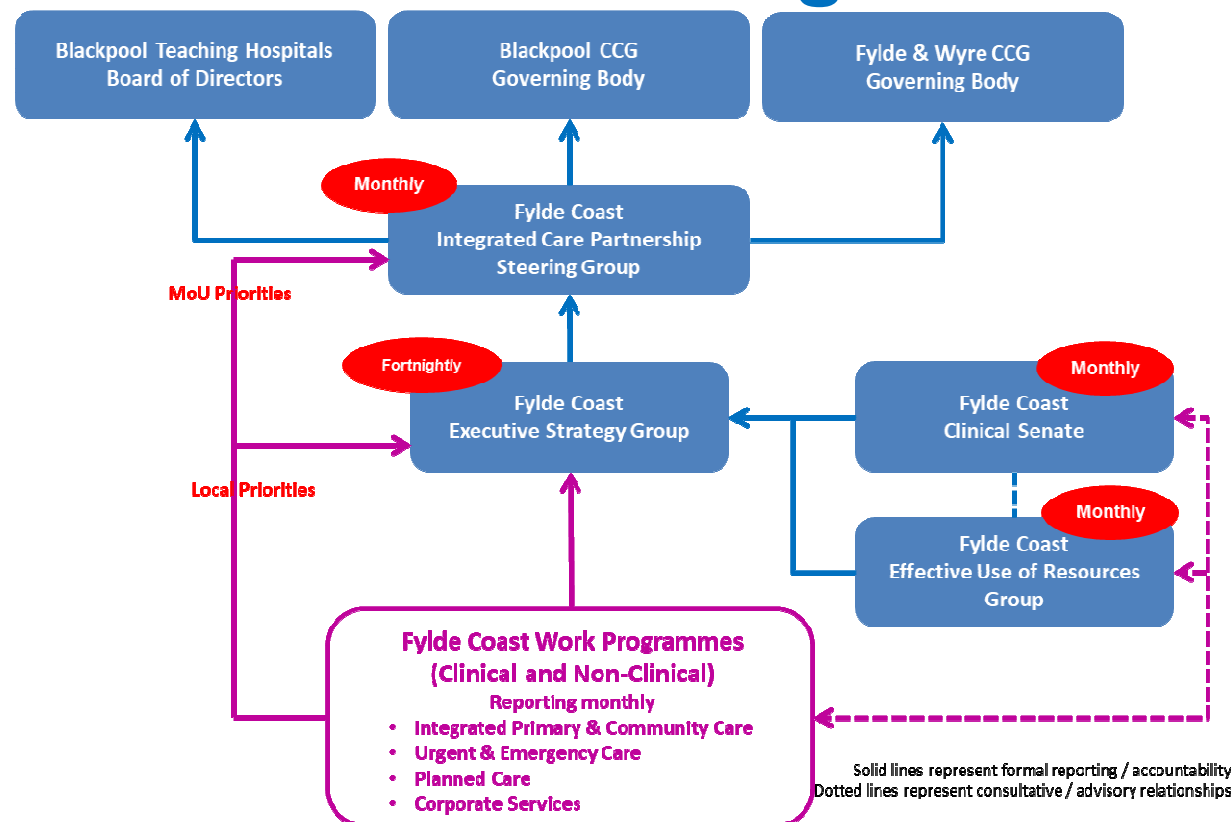


Clinically-led transformation

- Clinical Senate established to drive our vision forward.
- Brings together a range of professionals to share best practice
 - GPs
 - Consultants
 - Nurses
 - Therapists
 - Public health practitioners.
- Provide leadership, guidance and input.



Governance arrangements



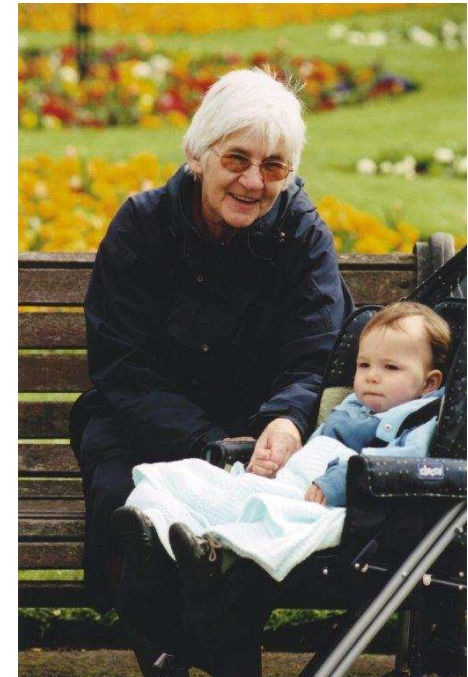
Timescales

- Shadow form in 2018/19 which brings additional benefits:
 - More freedom to make commissioning decisions
 - Additional funding
- Steering group oversees this work.
- Phased approach to building the full partnership.
- Communications programme for staff and stakeholders.
- Learning will be used to help other health and care systems develop something similar.



What this means for patients and staff?

- **For patients and their families:**
 - More support in community settings to maintain health and independence
 - The way care is provided will be easier to understand
 - Patients will be supported to manage their own health
 - Professionals will share relevant, secure information between services



- **For health and care professionals:**
 - New and flexible roles, development opportunities and increased job satisfaction
 - More time to spend with people who need their help
 - Shared records and increased data sharing
 - Improved communication between primary and secondary care
 - New technology and improved communication between services to make working lives easier and more efficient



Lancashire Health and Wellbeing Board

Meeting to be held on 17 July 2018

Update from the Health and Wellbeing Board workshop held on 15 May 2018

(Appendix 'A' refers)

Contact for further information:

Dr. Sakthi Karunanithi, (01772) 536075, Director of Public Health

Sakthi.karunanithi@lancashire.gov.uk

Executive Summary

At the Lancashire Health and Wellbeing Board (HWBB) workshop held on the 15 May 2018, when we agreed that the single next focus for integration (alongside the existing activity on hospital flow and Delayed Transfers of Care (DTOC) is the whole system approach to health and care at neighbourhood level.

A task and finish group comprising of the Cabinet members for health and wellbeing and officers from the NHS and local government met on the 29 June 20218. Our working title for this programme of work is 'Total Neighbourhoods'. The task and finish group discussed the offer from the county council to progress this work and agreed two key activities.

They include:

1. **'Operational alignment'** of services at neighbourhood level, starting with public health and preventative services and then consider adult social care services area as this programme develops.
2. **'Strategic design'** work to further develop integrated care including pooled budgets, joint commissioning, risk and gain share agreements and regulation.

Recommendations

Members of the Health and Wellbeing Board are asked to:

- (i) Support the 'offer' and 'ask' from the County Council to integrate services at the neighbourhood level.
- (ii) Support a detailed design of this programme with NHS, districts and partner organisations to invite first wave of neighbourhoods, starting in autumn 2018.
- (iii) Endorse the implementation of this programme via Lancashire and South Cumbria Integrated System and its associated Integrated Care Partnerships
- (iv) Support the ongoing discussions between local authorities to develop an alliance of Health and Wellbeing Boards across Lancashire and South Cumbria.
- (v) Receive regular progress reports to provide ongoing support to this programme.

Background and Advice

Please refer to Appendix A – Powerpoint Slides on Total Neighbourhoods

List of background papers

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Follow up from HWB Workshop

The workshop conclusions

- Strong willingness but long way to go
- Interface between NHS and wider LAs at two fronts:
 - Hospital
 - Community
- Hospital interface work (DtOC/BCF etc) already started
- Need to do more on neighbourhood level integration
- Need to align HWBB with emerging ICS/ICP
- Agreed that a small T&F group will meet to take back proposals to HWB Board and ICS Board

The model, Offer and Ask...

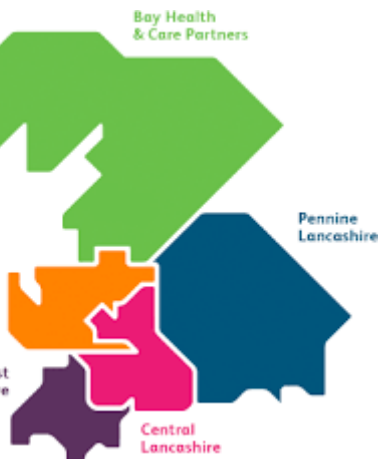
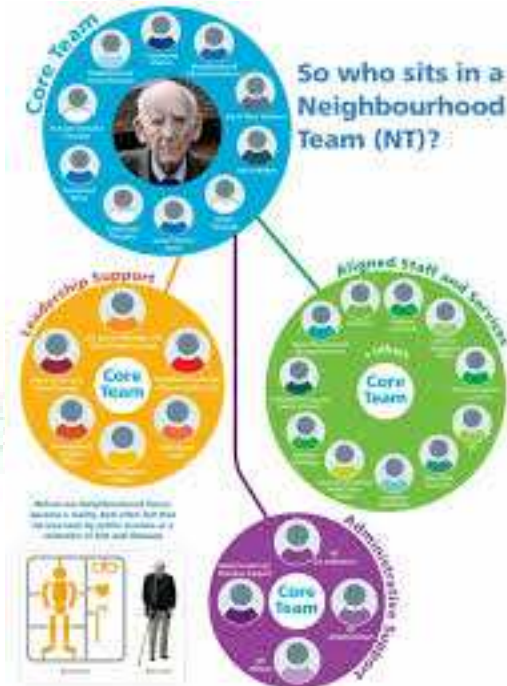
Neighbourhood Operating Model

What Is a Neighbourhood?

depends who you ask.....



My neighbourhood



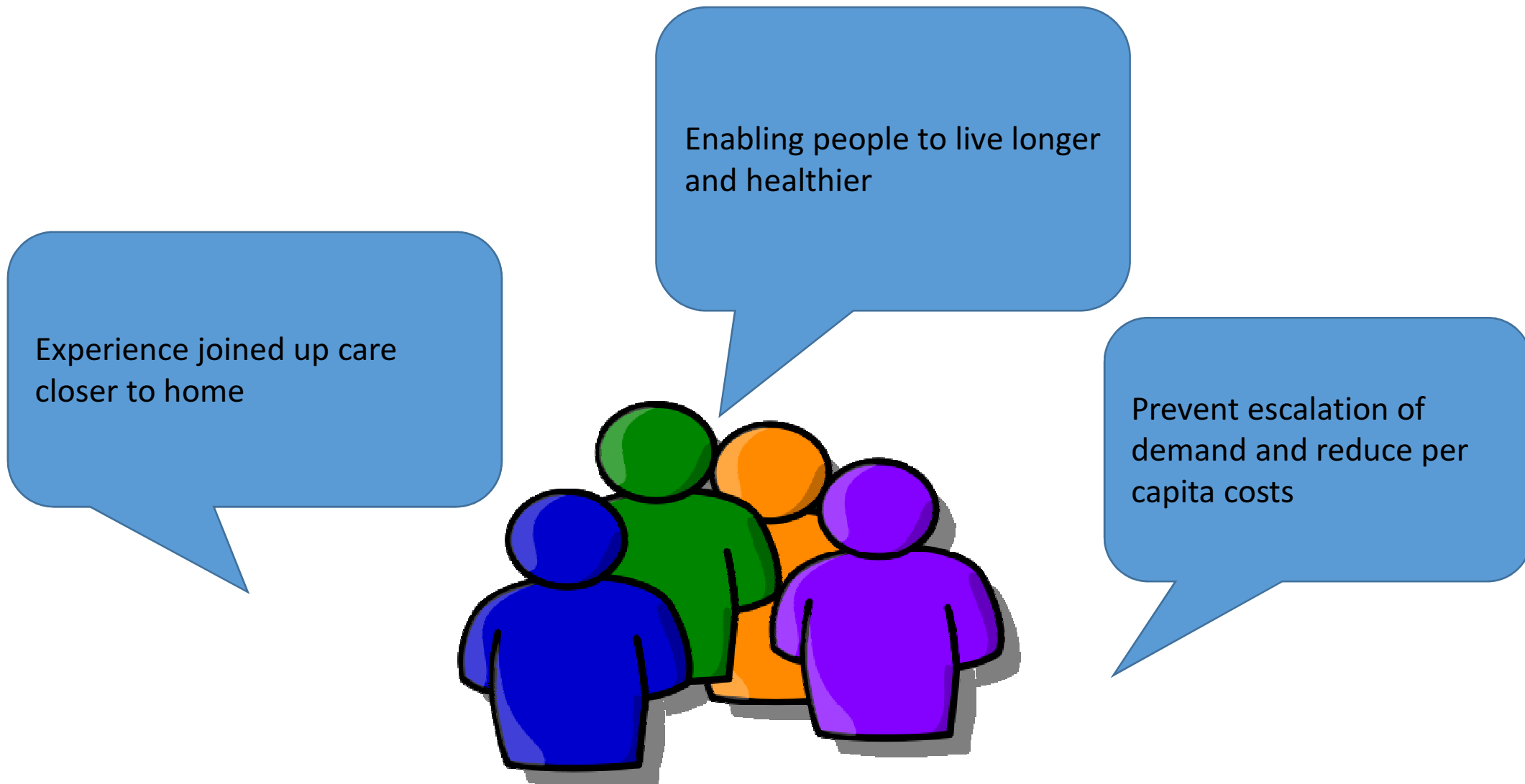
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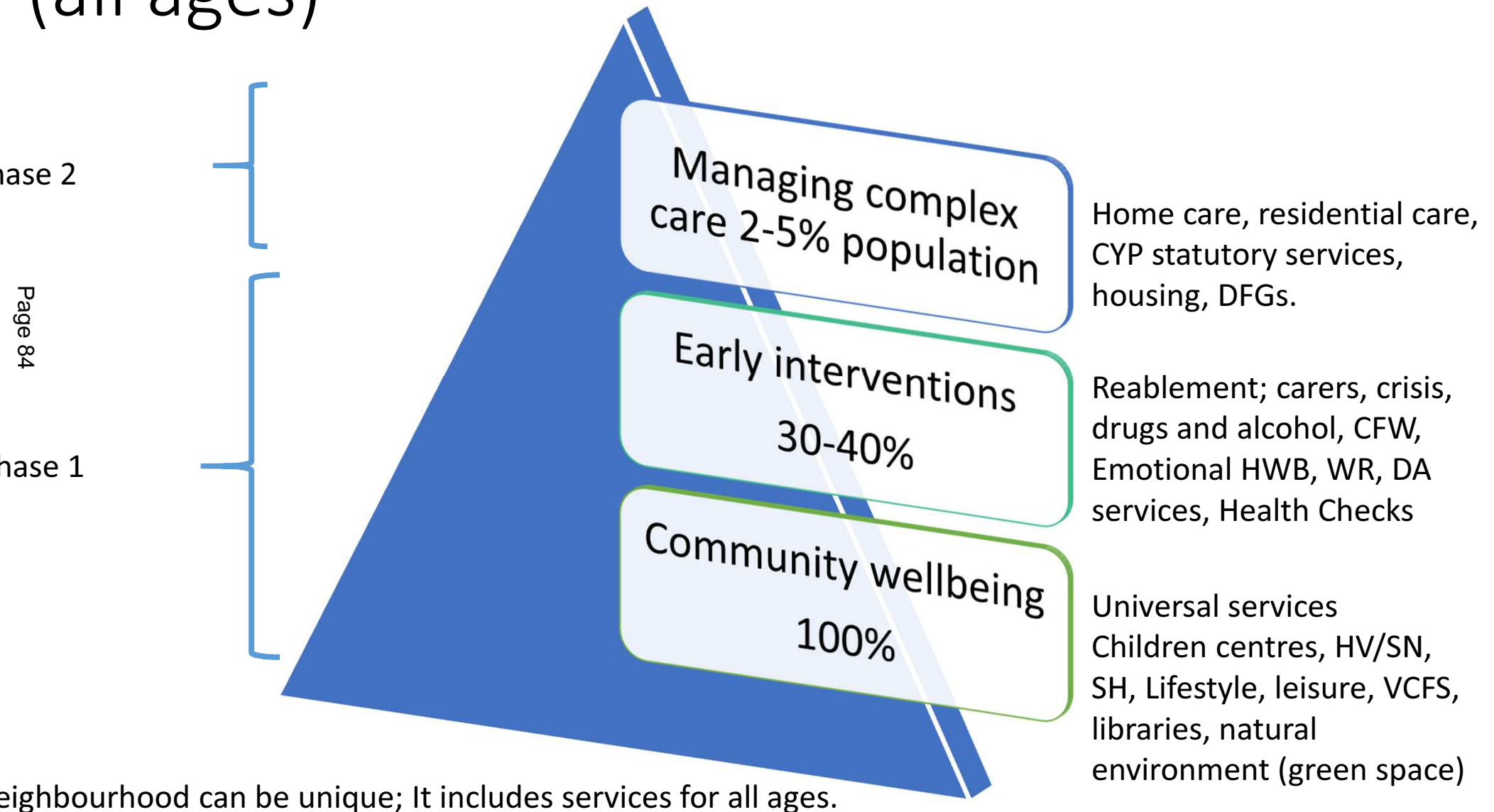
- It is the emerging 41 primary care networks and associated education settings
- More or less aligned to CMA service planning areas
- All contained within district council boundaries
- Need to address both registered and resident population

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- More or less aligned to CMA service planning areas
- All contained within district council boundaries
- Need to address both registered and resident population

Proposed vision



(all ages)



Total Neighbourhoods – Offer

- Operationally align ‘all’ our community based services to primary care networks/localities and associated education settings
 - Two work programmes – HWB services and adult social care services
 - Identify resources ‘attached’ to each neighbourhood(s)
- Grass roots community mobilisation with VCFS
 - Social prescribing/building community resilience
 - Developing a new cadre of workforce – community health and wellbeing workers (Apprenticeship levy?)
- Bringing our influence to wider determinants of health
 - Leisure, parks, air quality, walking and cycling
 - Housing and employment

Total Neighbourhoods – Offer

1. Support the development of alliance of Health and Wellbeing Boards across Lancashire and South Cumbria
2. We will ensure that the wider determinants of wellbeing are embedded into these neighbourhoods for long term prevention
3. Bring support from the LGA (Prevention at Scale, design council)
4. Develop an outcomes framework to measure success (based on existing indicators/dashboards).
5. Develop VCFS framework for wellbeing with districts

Note: These actions are already linked to ICS's Prevention and Population Health work stream

Total Neighbourhoods – Ask

- The **ask** is that the rest of the health and care system commits to this being whole neighbourhood system.
- For the neighbourhoods to have a virtual control of their indicative budget, they need to demonstrate how they can achieve the triple aim - outcome, quality and sustainability.
- Facilitate the delivery of this programme via ICS (in particular Population Health, Primary Care and Out of Hospital workstreams)

Lancashire Health and Wellbeing Board

Meeting to be held on 17 July 2018

Lancashire Local Area Special Educational Needs and/or Disabilities (SEND) Inspection

(Appendix 'A' refers)

Contact for further information:

David Graham, Head of Service, Special Educational Needs and Disability Service

Tel 01772 532713; david.graham@lancashire.gov.uk

Executive Summary

Lancashire local area SEND services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified areas of significant concern and required a written statement of action be developed to address these.

The Lancashire SEND Partnership has produced a written statement of action and this has been accepted and signed off by Ofsted and CQC. Actions have been organised into working groups and delivery has commenced. Activity on these actions is monitored by the Department for Education (DfE) and NHS England. An initial monitoring visit has been held and feedback received has been positive.

As part of this work a series of parent/carers engagement events are taking place across the county. To date 170 number of parents have engaged.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Note the detail of the written statement of action.
- (ii) Note the progress of delivery on the written statement of action.
- (iii) Receive an update to the next Board meeting.

Background

Lancashire local area SEND services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified areas of significant concern and required a written statement of action be developed to address these.

The Lancashire SEND Partnership Board is responsible for ensuring the delivery of the written statement of action. The Chair of the Partnership Board is John Readman, Executive Director for Children's Services and the Deputy Chair is Mark Youlton, Clinical Commissioning Group (CCG) Chief Officer with responsibility for SEND. Mark Youlton and John Readman are the accountable officers for the SEND Partnership Board and both will

report directly into the Lancashire Health and Wellbeing Board in their capacity as Deputy Chair and Board member respectively.

To date the Lancashire Health and Wellbeing Board has received a report detailing the findings of the Ofsted report on 25 January 2018 and an update from John Readman on 20 March 2018. This is the first formal report to the Board of activity undertaken following the Ofsted inspection findings.

SEND is a top priority within the local authority and Lancashire County Council's Scrutiny Committee has been reviewing progress on improvement activity at the following meetings; 31 January 2018, 11 April 2018 and 4 July 2018.

Progress

The written statement of action (attached at Appendix 'A') was approved by Ofsted and CQC on 2 May 2018. The Department of Education and NHS England will monitor progress against the written statement of action until the end of March 2019. The first monitoring visit took place on 20 April 2018 and feedback received was positive. The next monitoring visit will be held on the 25 July 2018.

The County Council and the six CCG's have already invested resources to support the immediate improvement requirements; this includes recruiting a Joint Commissioner for Health pan-Lancashire, a SEND Improvement Partner and programme team, a SEND ICT Implementation team and the Commissioning Support Unit performance team from Health. Additional funding has also been provided to recruit Designated Clinical Officers, specialist teachers and to support the Lancashire Parent Carer Forum.

A SEND Partnership Board is in place, with five thematic working groups established to implement the written statement of action through more detailed action plans:

- Strategy
- Commissioning and access to provision
- Engagement
- Identifying and meeting need
- Improving outcomes

The Board includes representation from parents/carers, young people and professionals from health, education and SEND services and aims to ensure wider engagement is also taking place. Meetings have been held with leaders from all education sectors and health provider forums.

Key achievements of the working groups to date include:

- Formation of task and finish groups for all the main projects
- Workshop undertaken with key stakeholders around a Lancashire wide neuro-developmental pathway with a view to developing a single pathway Pan-Lancashire
- Appointment of a Director for Joint Commissioning for Health across Pan-Lancashire
- Appointment of three Designated Clinical Officers
- Project Lead staff in place (LCC) and Senior Manager (Health)
- Initial JSNA scoping events held for Health and the local authority to inform the SEND JSNA
- Launched a series of engagement events called 'Your Child, Your Voice' across Lancashire with a focus on building coproduction with parents/carers and families

- 96% of all parent/carers engaged in 'Your Child, Your Voice' reported that they 'felt their views were valued'
- 69% of all parent/carers engaged in 'Your Child, Your Voice' reported feeling 'more involved in shaping the future of SEND Services'
- POET survey completed and report published on Local Offer [Click here](#)
- Developing a branding for the Lancashire SEND Partnership
- Developing a “model” for a local Area Hub x 3 to support communication across Lancashire

The importance of ensuring parents/carers and young people are at the heart of SEND services was identified as a key area for improvement and the Engagement working group has begun to address this issue. The SEND Partnership team are delivering a series of parent/carer engagement events across the county. These events are providing an opportunity to hear families' experiences of SEND services, identify priority areas to be fixed and determine preferred methods for future communication and engagement. Fifteen events have been planned and to date 110 parents/carers have attended with a further 60 expected. During these events the following was asked of our parents/carers and families:

- Their experiences and feelings of the SEND services
- Their top five areas which they would like to see fixed
- How did they define great communication

Once the events are concluded during the summer break the SEND Partnership team will be focussing on the following:

- Creating a summary report with a view to sharing the findings across the Partnership and parents/carers, CYP and families
- Planning our autumn programme with the Partnership on a range of events, which will include the following:
 - 'Your Child, Your Voice' Phase 2 with an emphasis on reaching a wider audience
 - CYP engagement with POWAR to strengthen their voice
 - Practitioners to embed SEND improvements across all services

An open feedback survey and an instant feedback option as part of the Local Offer have been provided, in addition to the Annual Survey for parents/carers, CYP and practitioners which has received over a thousand responses to date.

The SEND Partnership is supporting the formation of a Lancashire Parent/Carer Forum. Potential members of this group have been regularly attending engagement events.

The SEND Partnership is working with POWAR young people's group to identify their views. Further engagement events will be planned during the autumn term to gain feedback.

List of background papers

N/A

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Special Educational Needs and Disability Written Statement of Action (May 2018)



- Senior Leadership Owners: Angie Ridgewell (LCC Chief Executive) & Mark Youlton (CCG Chief Officer with responsibility for SEND)
- Senior Officer Support Owners: Amanda Hatton (Director of Children's Services) / John Readman (Executive Director for Children's Services) & Hilary Fordham (Chief Operating Officer MBCCG)

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Introduction

The Lancashire local area is committed to a process of continuous improvement as a partnership of statutory agencies, parents and community groups. We are committed to ensuring that we maximise opportunities for children and young people with special educational needs and/or disabilities (SEND) enabling them to benefit from high quality services which are developed in partnership.

This Written Statement of Action (WSOA) has been produced as a response to Lancashire's local area SEND inspection undertaken by Ofsted and Care Quality Commission (CQC) between the 13th and 17th of November 2017. Lancashire accepts the findings of the inspection report and is committed to ensuring the areas of concern are addressed to regain the trust of the local population. It is a response from Lancashire County Council (LCC), Morecambe Bay CCG, Greater Preston CCG, Chorley & South Ribble CCG, West Lancashire CCG, East Lancashire CCG and Fylde & Wyre CCG. We recognise that there are cross boundary flows between neighbouring CCGs and therefore have included Blackburn CCG and Blackpool CCG within the governance structure to ensure any resulting issues are addressed.

The WSoA addresses the 12 areas of significant concern identified during the inspection. It concentrates on these 12 areas and clearly defines the high level actions the partners need to address. There are additional development activities within the local area that are not referenced here, but which will ensure a golden thread throughout services for children and young people with SEND.

The WSoA sets out plans to address the inspection's 12 areas of significant concern:

1. The lack of strategic leadership and vision across the partnership.
2. Leaders' inaccurate understanding of the local area.
3. Weak joint commissioning arrangements that are not well developed or evaluated.
4. The failure to engage effectively with parents and carers.
5. The confusing, complicated and arbitrary systems and processes of identification.
6. The endemic weakness in the quality of EHC plans.
7. The absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area.
8. No effective strategy to improve the outcomes of children and young people who have SEND and / or disabilities.
9. Poor transition arrangements in 0-25 healthcare services.
10. The disconcerting number of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school.
11. The inequalities in provision based on location.
12. The lack of accessibility and quality of information on the local offer.

As a partnership, we want to create a shared vision and clear strategy for the development and implementation of SEND services in Lancashire, in doing so our aim is to improve the equality of access to provision, work with children, and young people and their parents /carers along with other stakeholders to develop systems and processes which impact on the outcomes and ensure children and young people's needs are met through effective delivery of EHC plans. The overall aim is to improve outcomes for children and young people with SEND.

This WSoA describes the high-level actions that will be taken to address the significant areas of concerns about SEND services in Lancashire. These actions have been grouped into 5 themes which will be taken forward by a dedicated working group:

- Strategy
- Commissioning and Access to Provision
- Engagement
- Identifying and Meeting Need
- Improving Outcomes

Membership of each working group will be agreed and published. Each of the working groups has a lead and includes representation from a range of partners including parents, carers and children and young people, key strategic leads, commissioners, providers and the voluntary, community and faith sector. Each working group will co-produce a more detailed action plan by June 2018 to support delivery of this WSoA, including specific actions, owners, dates for completion and success measures. Each group will report monthly progress to the SEND Partnership Board on the tasks outlined in pages 9 – 16.

Commitment to co-production is central to the delivery of the WSoA and to the longer-term delivery of SEND provision across Lancashire. Whilst the high-level actions have been produced by key partners and time has allowed some discussion with wider stakeholders, further development will take place in the individual working groups.

Service provision across the pan-Lancashire area is shared across a number of commissioning bodies including LCC, 12 district councils, 6 Lancashire CCGs, plus 2 CCGs associated with unitary authorities and NHS England. NHS services are delivered by 6 hospital trusts, 2 community health trusts and 1 mental health trust that deliver services across CCG boundaries. Each working group will be required to take account of this complexity to ensure that the intended improvements are driven forward and there is clear accountability throughout the whole programme of work. The WSoA refers to actions being carried out within a number of geographical area footprints, these are explained in the 'Key Terms' table below.

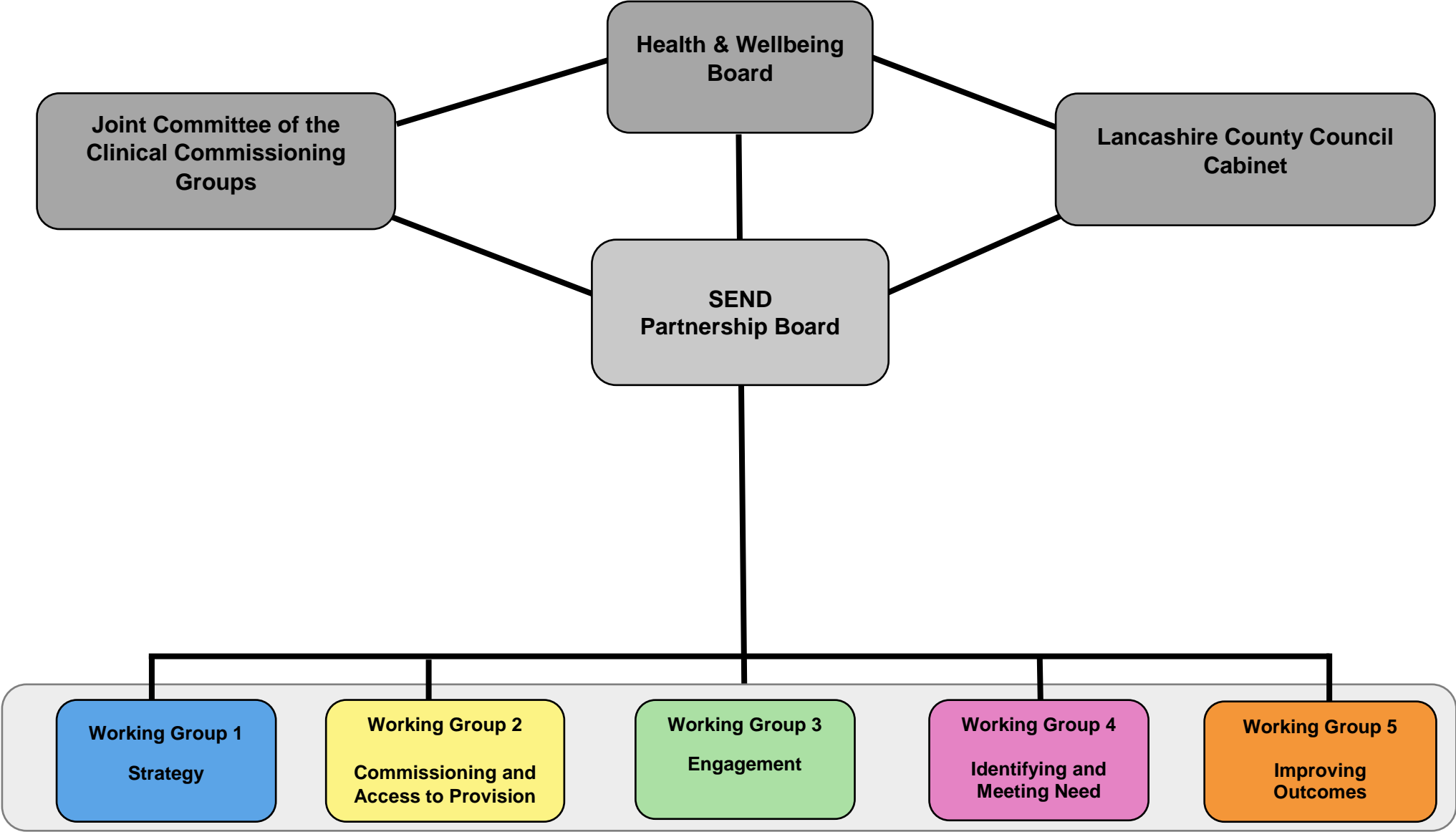
Strategic planning and decision-making responsibility for the implementation and monitoring of this WSoA will be held by the SEND Partnership Board reporting to the Lancashire Health and Well-Being Board (see governance structure on page 6 below). In addition, the Joint Committee of the CCGs and the LCC Cabinet include lay and elected members respectively, to act as advocates for the public interest.

The plan will be in place until Ofsted and CQC are satisfied that sufficient progress has been made in relation to improving outcomes for children, young people and their families.

Key Terms

	Definitions
Lancashire / local area	<p>The twelve districts in the Lancashire County Council (LCC) area: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre.</p> <p>Six NHS Clinical Commissioning Groups (CCGs): Chorley and South Ribble, Fylde and Wyre, East Lancashire, Greater Preston, Morecambe Bay (the North Lancashire area) and West Lancashire</p>
Pan-Lancashire	The area described above plus the two unitary authorities of Blackburn with Darwen Council and Blackpool Council, and Blackburn with Darwen CCG and Blackpool CCG
Integrated Care Systems- (ICS)	The Pan-Lancashire area plus south Cumbria (part of Morecambe Bay CCG's area)
Joint Commissioning Framework	The existing Joint Commissioning Framework (2017) found here applies to the local area. This framework is currently being developed to apply across the ICS.
Health and Wellbeing Board	<p>The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire to work together to improve the health and wellbeing of the local population and reduce health inequalities, further information and membership found here</p> <p>The SEND Partnership Board is accountable to this board</p>
Joint Committee of the CCGs	<p>Joint committees are a statutory mechanism enabling CCGs to undertake collective strategic decision making, encouraging the development of strong collaborative and integrated relationships and decision-making between partners, further information and membership found here</p> <p>There will be regular reporting on progress to this committee.</p>
Lancashire County Council Cabinet	<p>Within the budgetary and policy frameworks set by the Full Council, the Cabinet is responsible for carrying out almost all of the Council's functions in delivering services to the community, including Children and Young People Services and Adult and Community Services, further information and membership found here</p> <p>There will be regular reporting on progress to the Cabinet.</p>
SEND Partnership Board	The purpose of the SEND Partnership Board is to ensure Lancashire thoroughly fulfils its SEND code of practice duties, and in doing so, provides the best possible outcomes for all its children and young people with SEND. The Board also has the strategic leadership for the WSoA.

Lancashire SEND Governance and Accountability Structure



Working Group Actions

Working Group 1 – Strategy

Lead: David Graham (Head of Service - SEND)

- Area of Concern 1 Action **A:** To develop strategic leadership and vision for SEND across the partnership
- Area of Concern 2 Action **B:** To develop an accurate understanding of SEND across the local area, to support leadership and strategic decision making
- Area of Concern 8 Action **C:** To develop an effective strategy to improve the outcomes for children and young people with SEND

Working Group 2 - Commissioning and Access to Provision

Lead: Hilary Fordham (Chief Operating Officer - Morecambe Bay CCG)

- Area of Concern 3 Action **D:** To develop robust joint commissioning arrangements, which are regularly monitored and evaluated
- Area of Concern 7 Action **E:** To develop effective, evidence-based diagnostic pathways for Autism across the local area
- Area of Concern 9 Action **F:** To develop arrangements to support good transitions in health care services 0-25
- Area of Concern 11 Action **G:** To ensure that all children in Lancashire have equal access to provision regardless of location

Working Group 3 – Engagement

Lead: Sophie Valinakis (SEND Reforms Manager)

- Area of Concern 4 Action **H:** To ensure that parents and carers are fully engaged in decision making
- Area of Concern 12 Action **I:** To provide a local offer that is clear and accessible, and which provides high quality information

Working Group 4 – Identifying and Meeting Need

Lead: Janette Hastings (Integrated Assessment Manager - SEND)

- Area of Concern 5 Action **J:** To develop and implement simple, transparent and consistent procedures for identifying and meeting need
- Area of Concern 6 Action **K:** To develop systems to ensure the quality of EHC Plans

Working Group 5 – Improving Outcomes

Lead: Steve Belbin (Principal Advisor for School Improvement- LCC)

- Area of Concern 8 Action **C:** To improve the outcomes of CYP with SEND towards the national average and statistical neighbours
- Area of Concern 10 Action **L:** To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours

The partnership is committed to ensuring that this programme provides for greater joint working and co-production going forward. We acknowledge that some of the arrangements in place are interim and may evolve as the work progresses. The tables below outline the priorities and associated high level actions for each working group. Success measures and the more detailed actions required to achieve these will be agreed as part of the working group delivery plans. Some significant issues required immediate action and have either been completed or are underway.

Working Group 1: Strategy

Action A	Develop strategic leadership and vision for SEND across the partnership			
Action B	Develop an accurate understanding of SEND across the local area, to support leadership & strategic decision making			
Action C	Develop an effective strategy to improve the outcomes for children and young people with SEND			
Key tasks to address actions A - C		Date to Complete	Expected Outcome	Progress
A1	Agree the governance structure for SEND across the local area	July 2018	The line of accountability is clear to families and practitioners. The governance structure is agreed and published. Regular reporting takes place to the Health and Wellbeing Board and JCCCG and is scrutinised by the Children's and Education scrutiny committee	Action Underway
A2	Each partner organisation must agree a senior accountable officer to support regular and consistent communication of the SEND agenda across the local area	May 2018	Families and practitioners are informed of the identified senior officers via the Local Offer	Action Underway
A3	Senior accountable officers work together to create the SEND partnership vision across the local area in collaboration with CYP, Parent/Carers & Stakeholder's	July 2018	Families, practitioners and partners are clear about the SEND vision, through the Local Offer, as a driver for improvement	Action Planned
A4	CCGs to pool funding and recruit a single joint commissioning post for Health across pan-Lancashire.	April 2018	Funding agreed to support increased consistency pan- Lancashire	Action Complete
A5	Establishment of the Designated Clinical Officer (DCO) service across the area	May 2018	Families benefit from greater equity in access to provision and a timely response to requests for assessments in line with statutory timescales	Action Underway
A6	CCGs and LCC to include a contract variation with all their provider organisations to ensure that all provider senior management teams and staff receive appropriate training and information with regards to the ethos and the implications of the SEND reforms.	Sept 2018	Contract variations produced, training and information regularly shared. Provider services receive regular training which impacts positively on their professional practice	Action Underway

B1	Complete and publish a Joint Strategic Needs Analysis (JSNA) to support understanding of health, social care and education need across the local area ensuring CYP and Parent/Carers voice is clearly communicated.	Jan 2019	JSNA produced which provides clarity for all partners about the ongoing needs of the community	Action Planned
B2	Develop a data dashboard to share SEND performance outcomes including health and education, to inform CYP, parent/carers and stakeholders of progress.	Sept 2018	All stakeholders, including CYP and parent/carers, can assess progress across the performance measures	Action Underway
C1	Develop a Strategy for improving outcomes for CYP with SEND across the local area through co-production with stakeholders across the partnership	Oct 2018	<p>The SEND Strategy will result in improved outcomes for children and young people</p> <p>More children, young people and families will to be involved in the co-production of the assessment and EHCP, resulting in greater satisfaction</p>	Action Planned
C2	SEND partnership agree shared measures to monitor the Improvement Strategy	Oct 2018	The Partnership will be able to evaluate progress and develop or amend actions, according to outcomes achieved	Action Planned
C3	Establish and implement with CYP and parents/carers an agreed set of strategic principles to ensure that co-production is at the heart of strategic decision making and service delivery (see H2)	Oct 2018	Decisions taken by the local area partners are co-produced with parents/carers and lead to services which meet their needs	Action Planned

Working Group 2: Commissioning and Access to Provision

Action D	To develop robust joint commissioning arrangements which are regularly monitored and evaluated			
Action E	To develop effective, evidence-based diagnostic pathways for Autism across the local area			
Action F	To develop arrangements to support good transitions in health care services 0-25			
Action G	To ensure that all children in Lancashire have equal access to provision, regardless of location			
Key tasks to address actions D - G		Date to Complete	Expected Outcome	Progress
D1	Use the existing Joint Commissioning Framework (2017) to identify the appropriate level of commissioning for each service or function	April 2019	Levels of commissioning are clearly mapped	Action Underway
D2	Building on the work already being undertaken develop a commissioning plan based on JSNA including the joint commissioning strategy.	April 2019	Commissioning Plan sets out services across the geographical area which meet the needs of individual areas	Action Planned
D3	For those services to be commissioned at an ICS level agree joint commissioning function	Sept 2019	Families benefit from having easier access to services through joint commissioning agreements.	Action Planned
D4	Develop evaluation and monitoring system for jointly commissioned services at ICS level	Sept 2019	Services can demonstrate ongoing improvement, benefitting their users	Action Planned
E1	Implement an ASD diagnostic pathway for Morecambe Bay CCG (Lancs North)	Mar 2018	Families and practitioners have clear information about the pathway and how to access services	Action Complete
E2	Agree a pan-Lancashire NICE compliant diagnostic pathway for ASD as part of a neurodevelopmental diagnostic pathway	Dec 2018	Families benefit from a compliant pathway, which meets local need and supports consistent agreed outcomes pan Lancashire	Action Underway
E3	Implementation of NICE compliant diagnostic pathway across ICS as part of a neurodevelopmental diagnostic pathway	Dec 2019	Pathway implemented. Commissioners use the performance data collated in the dashboard to ensure families access high quality services Regular reviews ensure quality assurance	Action Planned

F1	Review and strengthen transition arrangements and ensure a 0-25 transition protocol is included as part of the joint commissioning plan	April 2019	All CYP passing through transition points have a quality service which supports a positive transition.	Action Planned
F2	Agree monitoring mechanism for transition processes	Oct 2018	Partners are able to see the impact of arrangements and make changes if required.	Action Planned
G1	Review and strengthen the health, social and education offer to ensure that services meet the needs identified in the JSNA to deliver consistent outcomes across the local area	April 2019	CYP and their families pan Lancashire increasingly have more equitable outcomes.	Action Planned
G2	Develop the healthcare offer to ensure that vulnerable groups have their healthcare needs identified, assessed and met, and that there is oversight across the local area.	Dec 2018	Vulnerable groups protocol published. Vulnerable groups are able to access services appropriate to their needs.	Action Planned

Working Group 3: Engagement

Action H	Ensure that parents and carers are fully engaged in decision making at a strategic and individual level			
Action I	Provide a local offer that is clear and accessible, and which provides high quality information			
Key tasks to address actions H & I		Date to Complete	Expected Outcome	Progress
H1	Ensure that CYP & parents / carers are fully represented throughout the SEND governance structure	July 2018	It is evident that SEND strategic decision making is influenced by CYP, Parent/Carers	Action Underway
H2	Inform and implement an agreed set of principles with CYP, Parent/Carers for co-production across the SEND Partnership (see C3)	Oct 2018	The principles are evident in the way parents, carers and CYP through increased co-production	Action Planned
H3	Embed and ensure Section 19 principles (found here) underpin a culture of co-production at an individual level	Sept 2018	CYP and their families/carers can recognise their views in co-produced plans	Action Planned
H4	Co-ordinate the delivery of an annual survey for CYP, Parents/Carers, and professionals and communicate findings of Personal Outcomes Evaluation Tool (POET found here)	June 2018	The outcomes of the annual POET survey drive improvements informed by parent views	Action Underway
H5	Develop a viable and robust two-way communication system to rebuild trust and regain positive relationships to facilitate wider participation and engagement with CYP & Parent/Carers	Dec 2018	CYP, Parents/Carers feel their feedback is reflected in service plans, delivery and ways of working	Action Underway
I1	Work with CYP, Parents/Carers and stakeholders to review the Local Offer and ensure the Local Offer is accessible and provides comprehensive high-quality information	Sept 2018	CYP, Parents/Carers are aware of the Local Offer web pages and find the information accessible and high-quality	Action Planned
I2	Develop mechanisms to collect and respond to Local Offer feedback	July 2018	CYP, Parent/Carer are clear that their views influence services through the 'You Said, We Did' report	Action Underway

Working Group 4: Identifying and Meeting Need

Action J		Develop and implement simple, transparent and consistent procedures for identifying and meeting need		
Action K		To develop systems to ensure the quality of EHC Plans		
Key tasks to address actions J & K		Date to Complete	Expected Outcome	Progress
J1	Implementation and integration of a transparent and consistent DCO service across the local area	Sept 2018	CYP & families have their needs assessed and met in a timely and consistent manner	Action Underway
J2	Co-produce, publish and implement a clear pathway for identifying and meeting need for CYP 0-25 across the local area	Oct 2018	CYP & families pan-Lancashire have information about and benefit from a clear pathway to services	Action Planned
K1	To review the current EHC Plan process to ensure the agreed pathway is fully embedded across all organisations including co-production and particularly from social care and health professionals	Oct 2018	CYP benefit from high quality EHC Plans, produced pan- Lancashire, which reflect co-production across all partners	Action Underway
K2	Define Lancashire quality standards for EHC Plan	Sept 2018	All partners understand what quality plans look like and the quality assurance processes reflect ongoing improvements	Action Planned
K3	To develop and implement an EHC Plan content audit process across the local area and participate in regional audit and training opportunities	Jan 2019	CYP benefit from high quality EHC Plans produced pan Lancashire. Plans demonstrate continuous improvement through analysis of audit outcomes	Action Underway
K4	Commence using the results of audit to inform the professional development of plan writers, advice givers and those supporting the delivery of the plans	Dec 2018	Outcomes for CYP are improved through the performance management and training of plan writers	Action Underway
K5	To develop planning and recording systems to support joint working and the improvement process of producing quality EHC plans	Jan 2019	Improved joint working ensures the needs of CYP and their families are assessed and responded to with improved timeliness and efficacy	Action Underway

Working Group 5 – Improving Outcomes

Action C	To improve the outcomes of CYP with SEND towards the national average and statistical neighbours			
Action L	To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours.			
Key tasks to address action C& L		Date to Complete	Expected Outcome	Progress
C4	Analyse the outcomes for CYP with SEND and agree targets for improvement	June 2018	Key themes for improvement, including a reduction in exclusions and raising attainment, are identified	Action Planned
C5	Implement a programme of action with schools to achieve the agreed targets with and Primary Heads in Lancashire (PHIL), Lancashire Association of Secondary Heads (LASH) and Lancashire Special School Head teacher Association (LASSHTA)	July 2019	CYP benefit from improved outcomes in line with agreed targets	Action Planned
L1	The newly established SEND Improvement Partnership Team will support the development of SEND Inclusion policy	July 2019	Increasing numbers of CYP will benefit from inclusive practice, by a reduction in exclusions, an increase in attendance and improvement in attainment	Action Underway
L2	Training package will be produced and delivered for the school workforce to promote inclusive practice	Jan 2019	Teachers will have increased skills and confidence to support inclusive practice	Action Planned
L3	Deliver a series of briefings to SEND Leaders, school governors and workforce to promote inclusive practice	Nov 2018	Governors and School leaders will support a reduction in permanent exclusions for CYP with an EHC Plan	Action Underway
L4	Review guidance for Lancashire's school behaviour policies to ensure reasonable adjustments for SEND needs are appropriately identified and managed	Dec 2018	Guidance published and issued to all governing bodies. CYP have increased access to education through reasonable adjustments.	Action Planned

L5	LCC Governors Service to provide training on the role school governing bodies have in avoiding the needs for permanent exclusion of pupils with EHC Plans (Equality Act for CYP with SEND found here)	July 2018	Inclusion of young people with SEND increases; exclusion from school is a standing item on governor training	Action Underway
L6	Support and intervention to be made available by LCC Educational Psychologist (EP) and Specialist Teachers Service for pupils with an EHC Plan identified as being at risk of permanent exclusion	Sept 2018	CYP benefit from support in school resulting in fewer exclusions	Action Underway
L7	SEND Exclusions will be a regular standing item on the School Improvement termly visits to schools and the Schools Service Guarantee meetings	Sept 2018	Reduction in exclusions and targeted action agreed where required.	Action Underway
L8	SEND Service champion will attend the Partnership Development Group termly meetings and contribute to the schools Governors newsletter	July 2018	Improved communication of local areas SEND development	Action Underway
L9	LCC will establish a new Lancashire Education Pledge for 'Inclusive Practice of SEND'	July 2019	More CYP benefit from an inclusive approach with increasing number of Lancashire schools recognised as having inclusive practice	Action Planned

Lancashire Health and Wellbeing Board

Meeting to be held on: 17th July 2018

Lancashire and South Cumbria Transforming Care Partnership Update: Inpatient Bed Developments and Public Consultation Update

Contact for further information:

Laura Fletcher, Programme Manager, Midlands and Lancashire Commissioning Support Unit
Laura.fletcher@lancashirecare.nhs.uk

Executive Summary

This report provides an update of the current status, progress and upcoming plans for specialist Learning Disability and Autism inpatient provision within the Lancashire and South Cumbria Transforming Care Programme.

Updates are provided on Medium Secure Units (MSU) and Low Secure Units (LSU) provision including the determined location of the MSU and the options for future provision of the LSU.

The paper also outlines plans for the future model of care for non-secure, Clinical Commissioning Group commissioned beds and the upcoming consultation process.

Recommendations

The Health and Wellbeing Board is asked to:

- i) Note the update for Secure Inpatient Services
- ii) Note the update for the CCG Commissioned Inpatient Service
- iii) Note the update on the CCG commissioned beds consultation process

Background

The *Transforming Care* Programme was borne out of the abuse scandal at Winterbourne View in 2011. In October 2015 a national plan, '*Building the Right Support*', was published by NHS England. The Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) supported the plan which publicly committed to a programme of review of inappropriate and outmoded in-patient facilities, with the aim of establishing stronger support in the community.

Lancashire, Blackburn with Darwen, Blackpool and South Cumbria Councils and their partner Clinical Commissioning Groups (CCGs) form the Pan-Lancashire Transforming Care Partnership (TCP). TCP is not only about bringing patients out of hospital into a community setting, but is also focussed on preventing the admission of people with learning disability into inappropriate hospital beds.

The programme sits within the 5 Year Forward View 2014, which sets out the change agenda for the NHS for the next 5 years and Next Steps on the NHS 5 Year Forward View March 2017. It also sits as a workstream within the Lancashire and South Cumbria Sustainability and Transformation Plan.

The original 'Right Track' plan was previously discussed and signed off at the H&WBB in 2015. This plan has enabled us to resettle nearly half of the original cohort of people identified for discharge from April 2016.

The programme officially finishes in March 2019 although it is unlikely that all people identified to move out of hospital settings will have been resettled into community placements by then. The development of an effective, innovative model and the right number of beds, as outlined in this paper will allow the process of resettlement to be more efficient.

List of background papers

'Building the Right Support' <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

'5 Year Forward View 2014' <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

'Next Steps on the 5 Year Forward View 2017' <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

'The Right Track – Transforming Care in Lancashire' <https://righttracklancashire.nhs.uk/publications/1-lancashire-learn-ing-disabilities-fast-track-plan/file>

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NHS England has set a target of 40 specialised commissioned beds and 36 CCG commissioned beds across Lancashire and South Cumbria by the end of Q1 2018. As of 27 June 2018, there are currently 97 individuals in inpatient beds, broken down as follows:

	Secure (Spec Comm)	Non-secure (CCG)
Lancashire & South Cumbria STP	51	46
Lancashire County Council	27	25

Patients are mainly based at the Whalley Site (formerly known as 'Calderstones') and now operated by Mersey Care Foundation Trust (MCFT). The facility consists of several different provisions for people with learning disability and/or Autism. These are:

- Medium secure services
- Low secure services
- CCG commissioned non forensic beds

NHS England Commissioned Secure Services

Medium Secure Unit (MSU)

A full business case for the 123 bed joint mental illness and learning disability Medium Secure Unit at the Maghull Health Park was approved by the Mersey Care Trust Board in April 2017. This has had approval from NHS Improvement (in September 2017) and Department of Health (in January 2018) and the Treasury (March 2018). The building is expected to complete by June 2020. It is anticipated that medium secure services will remain at MCFT Whalley site until summer 2020.

Low Secure Unit (LSU)

NHS England has confirmed that they will commission 40 Low Secure beds for people with learning disabilities (20 male and 20 female). Mersey Care has been asked to develop an Outline Business Case (OBC) for this service which will be presented to the MCFT Board in June/July 2018. It is unlikely that any new build would be ready before 2021 and therefore low secure services will remain at Whalley until this time.

Step Down Service: Enhanced Support Service (ESS)

NHS England no longer commission Step Down services from Medium and Low Secure. The service is now commissioned by CCGs, who will continue to pay for this until all current service users are discharged into and stable within suitable community placements. No new admissions are being made to the service.

CCG Commissioned Inpatient Provision

The national planning assumptions set out in *Building the Right Support*, specify that by March 2019, a range of inpatient provision should be in place to meet the national specification. Lancashire and South Cumbria TCP have identified the need for up to 24 non-secure Specialist Acute Learning Disability Inpatient Beds.

The current provision of CCG commissioned beds is through the Enhanced Support Service (ESS) based on the MCFT Whalley site. This is supplemented by a number of spot-purchased, out of area beds from independent providers. At the start of the TCP programme in 2016/17 Lancashire & South Cumbria were required to discharge 61 patients from Specialised Commissioning (SC) Beds and 46 patients from CCG commissioned beds. Any patients who are admitted to ESS/ out of area beds in the meantime are also added to the numbers counted.

Papers detailing transformational proposals and project timelines, in line with national requirements were presented and approved at the Collaborative Commissioning Board (CCB) and the Joint Committee of Clinical Commissioning Groups (JCCCG) in November 2017. The initial plan approved a 2 staged approach that incorporated an interim solution and the development of a long-term, permanent model.

Interim Solution - It was proposed that during 2018-19, care would be delivered through the optimisation and expansion of the existing ESS service on the MCFT Whalley Site. This would enable patients from out of area placements to return to Lancashire and South Cumbria and help retain a highly skilled learning disability workforce.

Permanent Model – was developed by clinical experts within the North West Learning Disability and Autism Operational Delivery Network (ODN). Their proposed model satisfies the Building the Right Support (BRS) target for the Lancashire and South Cumbria footprint. The model incorporates:

- Provision of 14-16 beds in a specialist in patient unit (a mix of rehabilitation and Assessment and Treatment beds) co-located / in close proximity to a hospital site and on a bus route and close to amenities/community.
- 10 step-up / step-down placements (homes not beds). It is proposed that these placements are CQC registered as Domiciliary Care and **not** as hospital beds. These placements would offer short term placements with a clear pathway into supported living once appropriate.

- In addition there will be a need for a number of individual tenancies for service users who will be provided with the necessary packages of support in their own homes. Initially it is suggested that 10 such tenancies will be required.

Based on this approach the total model would take up to 2021 to deliver. It is now clear that that this time line will not be acceptable to NHS England and that all learning disability patients must be relocated from the site by July 2019. On this basis it is now recommended that TCP move directly to implement the permanent model without an interim solution with the ambition to move all patients off the site at Whalley by April 2020.

Consultation and engagement

A plan for public, patient and stakeholder consultation on the model of care is in development, this will comply with NHS England's Four Tests for Service Change:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners.

For the consultation a six step process will be undertaken underpinned by engagement and involvement with patients and carers, public, clinicians, staff and stakeholders.

Phase	Activity	Progress
Strategy and planning	Develop communications strategy and plan	Complete
Emerging thinking	Develop engagement plan and process with Confirm and Challenge Assurance Group (23 rd June) Engagement activity to include co-design of process with: <ul style="list-style-type: none"> • Patient, public and stakeholder groups • Lancashire and South Cumbria clinicians. 	In process
Development of options	Further engagement with clinicians, patients, public and stakeholders to develop consultation options, materials (including easy read) and activity during consultation.	July to August 2018
Public consultation	Promotion, proactive and reactive media and social media activity. Deliberative events in addition to more innovative approaches.	Oct to end Dec 2018 (12 weeks)
Analysis	Evaluation of responses, engagement activity to support the final decision	January 2019
Final decision	Board support, promotion of decision and planned approach to decision event	February 2019

Further details are provided in Annex A.

Specialist Acute Learning Disability Inpatient Service Engagement and Consultation Timeline

The formal public consultation will consult on a new model of CCG commissioned inpatient provision utilising the Lancashire and South Cumbria Integrated Care System Board six-step consultation approach. The pre-consultation, consultation and post-consultation plans also comply with the Department of Health's Four Tests for Service Change:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners.

The table below is an expansion of the wider project timeline and highlights the draft consultation and engagement plans, timescales and progress:

Date Range	4 Tests Compliance	6 Steps Compliance	Activity	Status
	Test 1	Strategy	Develop communications strategy and plan	COMPLETE
April 2018 – July 2018	Tests 1, 2 & 3	Emerging thinking	<p>Pre-consultation Co-produce and develop Engagement Plan with Service Users</p> <p>Mapping and formation of stakeholder lists including liaison with Pathway Associates to identify service user groups</p>	<ol style="list-style-type: none"> 1. Laura and Neil will lead a session with service users at the confirm and challenge group on 23 May 2. A stakeholder list is under development using information from previous programme engagement events
April 2018 – July 2018	Tests 1, 2 & 3	Development of Options	<p>Further Engagement Engagement with clinicians, patients, public and stakeholders to develop consultation options, materials (including easy read) and activity during consultation as follows:</p> <ul style="list-style-type: none"> • Political engagement to outline how we will formally consult • Consultation and Engagement with: <ul style="list-style-type: none"> ○ Confirm and Challenge Group (This is the TCPs service user assurance group) ○ Health and Wellbeing Board ○ Heath Overview and 	<ol style="list-style-type: none"> 1. Engagement with HWBB deferred from 15 May until 17 July. Further consideration of other Boards to be considered 2. Progress as follows <ul style="list-style-type: none"> - Pathway Associates informed and have agreed to support the use of Confirm and Challenge forums to receive and input into the process - Attendance at the Lancashire HWBB organised for July 2018 - HOSC - tbc - Full stakeholder list under development 3. Laura, Neil and Lucy to progress

			Scrutiny Committee <ul style="list-style-type: none"> ○ Wider stakeholders e.g. Healthwatch, patient groups etc. ○ Arrange drop-in sessions at current inpatient sites ● Development of regular newsletters ● Full TCP Programme input including clinical consultation and technical appraisal of the NW LD&A ODN recommendations ● Revisit conversations with MPs to discuss how the Partnership will formally consult ● Public event to ensure we communicate: <ul style="list-style-type: none"> ● what we are planning to do ● how can we make sure we reach everyone ● Co design of stakeholder q'naire 	4. Laura and Lucy to progress. Services Users to advise on content and easy read 5. The ODN recommendations have been submitted to the lead CCGs. The Strategic Commissioners Group will lead the clinical consultation and technical appraisal with the wider TCP. This will include development of a number of potential options for delivery 6. To be progressed 7. To be progressed
Oct 2018 – Dec 2019	Test 1	Public Consultation	Public consultation (Minimum period of 12 weeks) <ul style="list-style-type: none"> ● Promotion, proactive and reactive media and social media activity ● Deliberative events in addition to more innovative approaches 	
Jan 2019 – Feb 2019	Test 1	Analys	Consultation Evaluation Evaluation of responses, engagement activity to support the final decision <ul style="list-style-type: none"> - Receive evaluation from consultation - Present to relevant Boards - Agree final model 	
Feb – March 2019	Test 1	Final Decision	Outcome Board support Promotion of decision and planned approach to decision event	

List of background papers

'Building the Right Support' <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

'5 Year Forward View 2014' <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

'Next Steps on the 5 Year Forward View 2017' <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

'The Right Track – Transforming Care in Lancashire'
<https://righttracklancashire.nhs.uk/publications/1-lancashire-learn-ing-disabilities-fast-track-plan/file>

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 17 July 2018

CCG Annual Reports 2017/18

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Executive Summary

Consultation on Clinical Commissioning Group (CCG) Annual Reports 2017/18, as part of the statutory requirement outlined in guidance, as noted below.

Recommendation/s

The Health and Wellbeing Board is recommended to:

1. Acknowledge the receipt of CCG Annual Reports, as per Board request.
2. Note the contribution and continued delivery of the joint Lancashire Health and Wellbeing strategy priorities at the neighbourhood level.

Background

Guidance¹ states that CCGs must review the extent to which they have contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.² The Chair of the Lancashire Health and Wellbeing Board made a request to each CCG to submit a copy of their 2017/18 Annual Report for consultation by the Board on the above recommendations.

Contributions to the health and wellbeing agenda from West Lancashire CCG include:

- Participation in the Lancashire Health and Wellbeing Board.
- Commitment towards the actions that will lead to achieving improvement in health and wellbeing in the short, medium and longer term, including the following priorities for action;
 - o create conditions for wellbeing and health;
 - o enable sustainable behaviour and lifestyle changes;
 - o joined up services to provide right care at the right time and right place;

- o develop the environment for innovation and continuous improvement.
- States the CCG's direction of travel is aligned with the emerging landscape of Integrated Care Systems that will hold collective responsibility for the prevention agenda, self-care strategies for patients, demand management and reducing unwarranted variation.
- Informs that local work with Partners will define the extent and shape of our integrated system, identifying work programmes that can commence in the short to medium term such as the review of our Estates and how streamlining the delivery of services can be achieved.
- Continued investment and commitment to keep people well in partnership with the Voluntary Community and Faith Sector (VCFS), working together to tackle the wider determinants of health.
- Learning from and working with the local community to facilitate a community partnership approach to health and wellbeing – e.g. Well Skelmersdale.

Contributions to the health and wellbeing agenda from Fylde and Wyre CCG include:

- Alignment with all Lancashire HWB strategy priorities:
 - o Early Years;
 - o Activating Communities for Health and Wellbeing;
 - o Early help and managing demand and
 - o Wider determinants of health.
- Actively support the Joint Strategic Needs Assessment (JSNA);
- Acknowledgement of the significant variation in health and wellbeing across the county and provides assurance to the Board that progress on priorities will be made through the wider health and wellbeing partnerships;
- Highlights links to the Better Care Fund (BCF) and the local Health and Wellbeing Partnership (HWP);
- Patient and public engagement for GP practice boundary change;
- Self-care agenda support through participation in the National Diabetes Prevention Programme (NDPP).

List of background papers

¹Health and Social Care Act, 2012 - (14Z15 part b)

<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

²Local Government and Public Involvement in Health Act 2007 – section 116B(1)(b)

<https://www.legislation.gov.uk/ukpga/2007/28/contents>