



Lancashire Health and Wellbeing Board
Tuesday, 20 November 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. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		10.00am
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meeting held on 18 September 2019	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 10)	10.05am
4. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 11 - 14)	10.10am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
5. Adult Services and Health and Wellbeing Update	Update	To receive an update on the: Care, Support and Wellbeing of Adults in Lancashire, Vision and Housing with Care Strategy	Louise Taylor	(Pages 15 - 54)	10.20am
6. Children's Services Update		To receive an update on: <ul style="list-style-type: none"> • Special Educational Needs and Disabilities (SEND) Improvement Plan • Children and Young People Emotional Wellbeing and Mental Health Transformation Plan 	Sian Rees Dave Carr	(Pages 55 - 108)	11.20am
7. 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		12.20pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 10am on Tuesday, 29 January 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.	Chair		12.25pm

L Sales
Director for Corporate Services

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 18th September, 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
Dr Sakthi Karunanithi, Lancashire County Council
Louise Taylor, Lancashire County Council
John Readman, Lancashire County Council
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
Dr John Caine, West Lancashire CCG
Dr Tom Marland, Fylde and Wyre CCG
Mark Youlton, East Lancashire CCG
Karen Partington, Lancashire Teaching Hospitals Foundation Trust
Gary Hall, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Lancashire Safeguarding Children's Board and Adult Board
Councillor Bridget Hilton, Central District Council
Cllr Viv Willder, Fylde Coast District Council
Councillor Margaret France, Central HWBP
Adrian Leather, Third Sector
Tammy Bradley, Housing Providers
Peter Tinson, Fylde and Wyre CCG
David Russel, Lancashire Fire and Rescue Service
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

County Councillor Geoff Driver	Lancashire County Council
CBE	
Stephen Young	Director of Growth, Environment, Transport and Community Services, LCC
Dr Geoff Jolliffe	Morecambe Bay CCG
Greg Mitten	West Lancashire HWBP
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust

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:

Peter Tinson, Fylde and Wyre Clinical Commissioning Group (CCG) for Jennifer Aldridge
Councillor Barbara Ashworth, East Lancashire District Council, for Councillor Lian Pate
Dr Geoff Jolliffe, Morecambe Bay CCG, for Dr Alex Gaw

Replacements were as follows:

Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG 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 17 July 2018

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

4. Action Sheet and Forward Plan

Updates on actions from 17 July 2018 meeting were received.

Appointment of Deputy Chair – The appointment of Deputy Chair for the Board was received from the CCGs and it was confirmed that Denis Gizzi would undertake this role for the remainder of the municipal year 2018/2019.

Better Care Fund – With regards how many people the 3,479 delayed days affected, Paul Robinson reported that these were not measured now. The planning of the workshop to scope and review the total system budget and develop an integration plan beyond 2019/2020 had not begun as information was required from the Green Paper and the NHS Plan which had not been published yet.

Transforming Care – In Patient Provision – This had been included on the forward plan for a future meeting.

All other items on the action sheet were included on this agenda.

If there were any items for the forward plan, these should be sent to Sam Gorton, email sam.gorton@lancashire.gov.uk who would bring them to the Chair's attention for consideration.

5. Review of Central Lancashire Plan - Improving Health Care and Wellbeing in Central Lancashire

Sarah James, Integrated Care Partnership Programme Director and Dr Geraldine Skailes, Medical Director were welcomed to the meeting to give an update on the Central Lancashire Integrated Care Partnership (ICP) and Acute Sustainability. They presented the attached PowerPoint to the Board.

The Central Lancashire Integrated Care Partnership Board was established in a Shadow form in April 2018 and the membership included acute provider, community and mental health provider, GPs, Commissioners (CCG), Lancashire County Council, District Councils and Voluntary, Community and Faith sectors. An initial recruitment was recently completed to appoint an Independent Chair and an Integrated Care Partnership Programme Director. The Our Health Our Care Change programme, which had been in place since 2016 was being built on. Focus to date had been on form – emerging models, benefits, the value proposition and design principles through which the ICP would operate, as well as the Blueprint which defined how the system would look in the future. Going forward, plans were in place to develop the big seven strategic platforms to deliver the change required in Central Lancashire,

As this work was ongoing, the Board asked that an update be brought to the Board early next year and that this was added to the Forward Plan.

Resolved: That a report be brought to a future meeting in the New Year and that this be added to the Forward Plan.

6. Review of Pennine Plan - Improving Health Care and Wellbeing in Pennine Lancashire

Mark Youlton presented the report which provided an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire had been developed and recommended the Pennine Plan for consideration and approval.

In December 2017, the Pennine Integrated Health and Care Partnership published a draft of the Pennine Plan to test proposals for change with a broad range of stakeholders, and to gather feedback and insight to inform more detailed service specifications and implementation plans. These had been used to shape the final version of the Pennine Plan, which was attached at Appendix A.

Collaboration between Health and Social Care agencies in Pennine Lancashire had a substantial history already. However, this was being given new impetus by emerging national policy developments regarding integration of health and social care services. There was also considerable local momentum in Pennine Lancashire to move progressively but decisively towards even closer and ultimately formal legal partnership arrangements.

Resolved: That the Health and Wellbeing Board:

- i) Approved the Pennine Plan as the blueprint for health and care transformation in Pennine Lancashire.
- ii) Sought assurance from the Pennine Partnership that in its delivery of the Pennine Plan it would also take account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.

- iii) Agreed any further requirements, aspirations or expectations that should be communicated on behalf of the Lancashire Health and Wellbeing Board in relation to the future development of the Pennine Partnership and the delivery of the Pennine Plan.

7. Lancashire Adult Learning - Opportunities for collaboration and partnership to support Health and Wellbeing strategies in Lancashire

Andy Parkin and Sarah Howarth were welcomed to the meeting and updated the Board on what Lancashire Adult Learning was and what it provided (see PowerPoint attached).

Lancashire Adult Learning is the second largest adult community learning provider in the country and provided exceptional learning opportunities across Lancashire. The primary objective of Lancashire Adult Learning was to deliver a wide range of high quality 'targeted' programmes, which focussed on the needs of disadvantaged people and those least likely to participate in learning. Those included people furthest away from the job market, on low incomes, and adults with low skills who lacked 'first rung' qualifications from 19+. The vast majority of the curriculum was unaccredited and had been developed in line with the three programmes of work in the Lancashire Health and Wellbeing Strategy, the seven health behaviours as identified in the Joint Strategic Needs Assessment. They also worked in partnership with Lancashire County Council's Public Health Team and the NHS where their aim was to support partners across Lancashire who were working to educate the public. They worked with partners to plan provision that responded to local needs and provided opportunities to engage learners who were disadvantaged and least likely to participate, including those in rural areas and people on low incomes with low skills. Their aim was to compliment the work that was going on in services around health and wellbeing and the approach was very flexible and designed their own outcomes according to individual's needs.

The Board were asked to keep Lancashire Adult Learning at the forefront of their mind and consider them as part of the system.

Resolved: That the Health and Wellbeing Board:

- i) Raised awareness of Lancashire Adult Learning and its curriculum offer within Lancashire County Council and Public Health in order to identify opportunities for collaboration and partnership.
- ii) Made recommendations to Clinical Commissioning Groups and locality managers to identify opportunities for Lancashire Adult Learning to support and contribute to health initiatives within districts and localities.
- iii) Supported Lancashire Adult Learning to ensure that the learning offer was directly linked to Lancashire's strategies to support adults.

8. Better Care Fund (BCF) and Active Ageing Alliance

The recent publication of the Integration and Better Care Fund (BCF) guidance 2017/19 had set out the continuing role for the BCF and confirmed the ongoing conditions and requirements that varied little from those set out at the creation of the current Lancashire BCF plan in September 2017.

The role of the Health and Wellbeing Board was reaffirmed as overseeing strategic direction and delivery of the BCF.

Whilst there was an option to revise three of the four national metrics the recommendation of the BCF steering group was that those remain as originally planned.

The fourth metric, Delayed Transfers of Care (DToC), (see attached PowerPoint and comparator document) was the subject of revised nationally imposed expectations which current performance trajectories showed Lancashire should be able to achieve in 2018/19. It was important to emphasise that this was only achievable because of the combined efforts across the Lancashire health and social care system that had resulted in significant improvement in performance and a drop of total delayed days from 4643 in June 2017 to 2758 in June 2018.

The guidance indicates a shift of emphasis towards impacting on and monitoring length of stays in hospital. For now, the BCF was expected to support reducing these through its efforts around DToC and the implementation of the High Impact Change Model although further requirements may be identified in coming months.

There was no requirement to create a revised BCF plan but any revisions had to be reported and must continue to meet the BCF/iBCF conditions. There had been a number of required changes identified in the Lancashire plan and those were set out in Appendix B.

Discussion ensued around the success of better working together across sectors and reducing delayed transfers of care figures, however the Board were reminded that the iBCF was non-recurrent and to ensure that the working targets were sustained, work that had been carried out by Newton Europe should be used to put schemes in place. This was something that the Better Care Fund Steering Group needed to take forward.

It was requested that the readmission rate figures were included in the report for future meetings. Paul Robinson agreed to ensure these were provided.

The Board agreed to include Residential Care on the forward plan as a future item as residential numbers were diminishing.

With regards winter plans, Central Lancashire's would be discussed at the A and E Delivery Board on 21 September 2018 and Lancashire County Council's Winter Plan was due to be presented to Cabinet on 11 October 2018.

Active Ageing Alliance

Adrian Leather, Active Ageing Alliance presented the Board with some background and Crispin Atkinson, Redhill Consultants presented the attached PowerPoint.

The Active Ageing Alliance was formed in 2016 from Voluntary, Community and Faith (VCF) sector organisations in Lancashire. A model had been developed of co-operative working based on a lead contractor and supply chain arrangement and would provide person centred support. The vision was a far greater role for the VCF sector in meeting the needs of people over 50 for non-medical support. It had a more efficient approach to

commissioning, procurement and supply of services through a lead contractor and co-ordinated supply chain.

59% of Lancashire are over the age of 50. Some of the benefits of the model were around person centred support and co-operative working which ensured investment, development and support for community assets.

It was noted that when developing the neighbourhood working models that the Active Ageing Alliance should be considered.

Resolved: That the Health and Wellbeing Board:

- i) Noted the guidance and its implications for the Lancashire BCF and Health and Wellbeing Board.
- ii) Approved the revisions to the BCF/iBCF plan, for 2018/19, as set out in Appendix B.
- iii) Approved the maintenance of the BCF metrics for Non Elective Admissions, Residential and Nursing Home Admissions and reablement at the original 2017/19 plan levels.
- iv) Noted the expected performance for Delayed Transfers of Care for 2018/19.
- v) Noted the success of joint working across health and social care in significantly improving DToC performance and enabling the expectations to be met.
- vi) Requested that the Better Care Fund Steering Group review the Active Ageing Alliance model, consider its inclusion as part of the wider Better Care Fund spending proposals for 2019/2020 onwards to be agreed at a future Health and Wellbeing Board meeting.
- vii) Requested that the readmission rate figures were included in the report for future meetings.
- viii) Agreed to include Residential Care on the forward plan as a future item.

9. Mental Health and Wellbeing - Time to Change Hub

Darren Bee, Time to Change Regional Co-ordinator was welcomed to the meeting and presented the attached PowerPoint to the Board on the proposed approach for developing a Time to Change Hub in Lancashire. Time to Change was a growing movement of people changing how everybody thinks and acts about mental health. Since 2007, Time to Change had been working to create major changes in national attitudes and behaviours, raising awareness and reducing the stigma associated with mental health. Its aim was to empower communities to lead and embed local change, and to do this had established 'Time to Change Hubs'. Mental health and wellbeing was identified in the Lancashire Health and Wellbeing Board Strategy as a priority for addressing health inequalities in Lancashire, especially for children and young people. Time to Change are currently running the In Your Corner [campaign](#).

A Time to Change Hub was a partnership of local organisations and people who were committed to ending mental health stigma and discrimination. Collectively and independently they initiate and run regular local activities to challenge mental health prejudice, coming together to align and maximise the impact of their combined activity. It

was a collaboration of the NHS, local employers, third sector partners, wider third sector, Local Authority, Emergency Services, Education Providers, local champions, with the Health and Wellbeing Board being the host.

It was noted that there was also another useful video that the NHS Trusts are encouraging staff to watch around [suicide](#) and this would link in with the Time to Change Hub.

Resolved: That the Health and Wellbeing Board:

- i) Endorsed an application and acknowledged the external funding stream associated with this, to become the Host for the Lancashire Time to Change Hub and support the Time to Change social movement to end the stigma and discrimination experienced by people with mental health problems
- ii) Agreed to oversee the local Hub Partnership and uphold the responsibilities of the Host as described
- iii) Nominated and endorsed the organisation proposed to fulfil the role of the Hub Co-ordinator
- iv) Delegated the responsibility for submitting the application to the Chair of Lancashire Health and Wellbeing Board, in consultation with the Director of Public Health and Wellbeing.

10. Lancashire Special Educational Needs and Disabilities (SEND) Partnership - Update on the implementation of the Written Statement of Action

Sian Rees, Improvement Partner SEND, Lancashire County Council updated the Board on the Lancashire local area Special Educational Needs and Disabilities services which were inspected by Ofsted and the Care Quality Commission in November 2017, to judge how effectively the special educational needs and disability reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a written statement of action, setting out the immediate priorities for action; the progress on implementing these actions is monitored by the Department for Education and NHS England.

The Health and Wellbeing Board had requested regular updates on progress at their bi-monthly meetings; this was the second update to the Board.

With regards engagement and wider partners, Adrian Leather, Third Sector Representative agreed to link in with John Readman, Executive Director, Children and Young People and Sian Rees.

The Board noted the progress being made and congratulated the service on this.

Resolved: That the Health and Wellbeing Board:

- i) Noted the progress of delivery on the written statement of action.
- ii) Received an update on progress at the November Board meeting.

- iii) Noted that Adrian Leather, would link in with John Readman and Sian Rees with regards engagement and wider partners.

11. Lancashire Safeguarding Boards Annual Report 2017/18

Jane Booth, Independent Chair, Lancashire Safeguarding Adults and Lancashire Safeguarding Children Boards reported to the Health and Wellbeing Board prior to publication of the Lancashire Safeguarding Adults Board/Lancashire Safeguarding Children Board Annual Report, to allow for comment on the draft report before it was finalised. The draft Annual Report was attached at Appendix 'A'. Within this report, points of progress and highlights specifically for this group were noted as well as in the PowerPoint attached.

The Board noted that there were lots of positives as well as challenges. The Annual Report would be presented to the Police and Crime Commissioner and Chief Constable, Cabinet as well as the Health and Wellbeing Board. John Readman was the link for the Children Board and Louise Taylor, Executive Director for Adult Services and Health and Wellbeing was the link for the Adults Board. The Health and Wellbeing Board requested to know what each of the Boards were doing with regards the key issues detailed in the report and present the findings to a future meeting of the Board.

Resolved: That the Health and Wellbeing Board:

- i) Noted the contents of the report.
- ii) Commented on any key issues and consider the implications for the conduct of business.
- iii) Louise Taylor and John Readman to report back at a future meeting on the key issues from the report and what the Lancashire Safeguarding Adults Board and Lancashire Safeguarding Children Board were doing with regards those issues.

12. Role of Lancashire Fire and Rescue Service on the Board

Dave Russel, Assistant Chief Fire Officer, Lancashire Fire and Rescue Service gave a brief presentation (as attached) to the Board. Fire and Rescue Services and health and social care partners operated in the heart of local communities to increase safety, health and wellbeing of the people living and working there. They were concerned with prevention and early intervention. Most importantly, all were reaching out to the same people and families who find themselves at risk of accident or ill health.

On 1 October 2015 NHS England, the Chief Fire Officers Association, the Local Government Association, Public Health England and Age UK published a joint 'Consensus Statement' setting out a national commitment to improve health and wellbeing. The aim being, to support vulnerable people and those with complex needs to get the personalised, integrated care and support they needed to live full lives and sustain their independence for longer, thus reducing demand on fire, health and social care services. By working in partnership in the wider health and wellbeing context, Fire and Rescue Services were well placed, to help enhance and improve shared outcomes beyond what could be achieved in isolation.

The purpose of the report was to share Lancashire Fire and Rescue Service progress to date, and to explore further opportunities for the Service to work in partnership going forward.

Lancashire Fire and Rescue Service are wanting to compliment services who were targeting hard to reach groups and how this could be done.

Safe Well Visits that were carried out by Lancashire Fire and Rescue Service should be made through a partner referral, however this was not happening. The reason this should happen was so the fire officers that were carrying the visits out had the background on the household before entering, which would inform the visit being undertaken and could discuss issues/concerns and support the household.

The Board agreed that there should be better working together across partners and this would be taken forward.

Resolved: That the Health and Wellbeing Board:

- i) Noted the preventative work which Lancashire Fire and Rescue Service currently undertake.
- ii) Explored [where appropriate] opportunities for Lancashire Fire and Rescue, to undertake preventative work, in partnership, aimed at improving health and wellbeing outcomes across Lancashire.

13. Urgent Business

Flu Immunisations

The Chair reminded the Board that flu immunisations were now available and encouraged the Board to participate.

14. Date of Next Meeting

The next scheduled meeting of the Board would be held at 10.00am on Tuesday, 20 November 2018 in Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Actions, September 2018

Action topic	Summary	Owner
Improving Health, Care and Wellbeing in Central Lancashire	<ul style="list-style-type: none">The Board to receive an update report on the ongoing work on the Our Health Our Care programme. (Included on forward plan)	Sarah James Dr Gerry Skailes
Better Care Fund (BCF) and Active Ageing Alliance (AAA)	<ul style="list-style-type: none">That the Better Care Fund Steering Group review the Active Ageing Alliance mode, consider its inclusion as part of the wider Better Care Fund spending proposals for 2019/2020 onwards to be agreed at a future Health and Wellbeing Board meeting. (Included on the forward plan)That the readmission rate figures are included in future reports to the Board.That an item on residential care be brought to a future meeting. (Included on the forward plan)	Paul Robinson Paul Robinson Louise Taylor
Mental Health and Wellbeing – Time to Change Hub	<ul style="list-style-type: none">That the Chair of Lancashire Health and Wellbeing Board, in consultation with the Director of Public Health and Wellbeing be responsible for submitting the application for a Time to Change Hub.	CC Shaun Turner Dr Sakthi Karunanithi
Update on the Implementation of the Written Statement of Action	<ul style="list-style-type: none">The Board to receive an update report on the progress of the implementation of the Written Statement of Action. (Included on the forward plan)That a link would be made with John Readman and Sian Rees with regards engagement and wider partners.	Sian Rees Adrian Leather

<p>Lancashire Safeguarding Boards Annual Report 2017/18</p>	<ul style="list-style-type: none"> • That a report on the progress of the key issues from the Safeguarding reports be given to the Board from the Lancashire Safeguarding Adults Board and Lancashire Safeguarding Children Board. (Included on the forward plan) 	<p>Louise Taylor John Readman</p>
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Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
January 2019	Care Home Collaborative Working	Board to receive an update on activity.	Lisa Slack/Louise Taylor
January 2019	Data Sharing	To develop a data sharing agreement between Primary Care/Hospitals/Local Authorities for planning purposes.	Dr Sakthi Karunanithi
January 2019	Transforming Care – In Patient Provision	To receive a further update in relation to life expectancy and health and wellbeing outcomes for people with learning and disabilities and their carers.	Rachel Snow-Miller
January 2019	Prevention and Population Health Plan and Neighbourhood Working in the Integrated Care System	To receive update and provide ongoing support to this programme.	Dr Sakthi Karunanithi
January 2019	Review Morecambe Bay Plan: Improving Health, Care and Wellbeing in Morecambe Bay	To receive an update about the Integrated Care Partnership plan	TBC
January 2019	Review Fylde Coast Plan: Improving Health, Care and Wellbeing on the Fylde Coast	To receive an update about the Integrated Care Partnership plan	Dr Sakthi Karunanithi
January 2019	Review West Lancashire Plan: Improving Health, Care and Wellbeing in West Lancashire	To receive an update about the Integrated Care Partnership plan.	TBC
January 2019	Central Lancashire Integrated Care Partnership Development	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	TBC

Date of Meeting	Topic	Summary	Owner
	and Future of Acute Services		
January 2019	Healthy Living Pharmacy Campaigns	To receive an update on the campaigns.	Dr Sakthi Karunanithi
January 2019	Children's Services Improvement Plan	To receive the improvement plan.	John Readman
January 2019	Lancashire Volunteer Partnership	To receive an update and explore a social action network for Lancashire.	Ian Sewart
January 2019	Motor Neurone Disease Association Charter	To request that the Council adopt the MND Charter.	Julie Compton
January 2019	Special Educational Needs and Disabilities (SEND) Improvement Plan	To receive an update on the SEND Improvement Plan.	Sian Rees
January 2019	Residential Care	To receive an update.	Louise Taylor
January 2019	Active Ageing Alliance	To report back on the consideration of its inclusion as part of the wider BCF spending proposals for 2019/2020 onwards and to be agreed by the HWBB.	BCF Steering Group
January 2019	Lancashire Safeguarding Boards Annual Report 2017/18	To receive a report from the Lancashire Safeguarding Adults Board and Lancashire Safeguarding Children Board on the progress of the key issues from the annual reports.	Louise Taylor John Readman
January 2019	Improving Health, Care and Wellbeing in Central Lancashire	To receive an update.	Sarah James Dr Gerry Skailes
January 2019	Digital Health Board	To receive the strategy.	Amanda Thornton/Declan Hadley

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 November 2018

Care, Support and Wellbeing of Adults in Lancashire Vision, and Housing with Care Strategy

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

Contact for further information:

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Executive Summary

Lancashire County Council's Cabinet recently agreed *The Care, Support and Wellbeing of Adults in Lancashire Vision* and *The Housing with Care Strategy*.

The Care, Support and Wellbeing of Adults in Lancashire Vision sets out how the county council, together with its partners, will help people to live as independently and healthily as possible. The document recognises the need to keep pace with people's changing needs and expectations, whilst addressing the increasing demands upon public services at a time of significant financial pressure.

The Vision also signals how services will be designed and delivered in the future, acknowledging that partners, the NHS in particular, have a key role to play in preventing and reducing long term physical and mental health conditions, and addressing the significant variations in health outcomes within the Lancashire population.

The Housing with Care Strategy outlines the county council's intentions in relation to the development of housing with care and support for older adults and younger adults with disabilities. It will be used to engage with a wider audience as part of a collaborative approach to developing a range of high quality housing with care and support schemes across Lancashire by 2025 for both older adults and younger adults with disabilities.

The Care, Support and Wellbeing of Adults in Lancashire, and the Housing with Care Strategy documents are attached as Appendices to this report. Both reports are currently being consulted upon.

Recommendation

The Health and Wellbeing Board are requested to receive a presentation from Louise Taylor, the Executive Director for Adults and Health and Wellbeing, who will outline the key elements of each of the documents, highlight the main issues, and discuss next steps.

Background

The Care, Support and Wellbeing of Adults in Lancashire Vision and *The Housing with Care Strategy* are two key strategic documents recently published and agreed by the county council's Cabinet. Both documents are public documents and are currently being consulted

on.

The county council's Care, Support and Wellbeing of Adults in Lancashire Vision document sets out how the county council, together with its key partners, will help people to live as independently and healthily as possible, with the right level of support for themselves and their carers, at home, or as close to home as possible.

The document recognises the need to keep pace with people's changing needs and expectations, whilst addressing the increasing demands placed upon all public sector services at a time of significant financial pressure across the whole economy. It signals how services will be designed and delivered in the future, acknowledging that partners, the NHS in particular, have a key role to play in preventing and reducing long term physical and mental conditions, and addressing the significant variations in health outcomes within and across the Lancashire population.

The Vision also sets out the county council's intention to rely less on long-term residential based services in the future, and how it will do more to signpost to community based services rather than placing people on to waiting lists for assessment for ongoing services or packages of care.

In a similar way, the Housing with Care Strategy outlines the county council's intentions in relation to the development of housing with care and support for older adults and younger adults with disabilities.

The document recognises that there is a lack of suitable modern housing to support adults with care and support needs across Lancashire, which means that some people move into residential care prematurely or some people receive care and support in housing that is not ideal. It will be used to engage with a wider audience as part of a collaborative approach in developing housing with care and support across Lancashire.

The development of Extra Care in Lancashire has not progressed, largely due to financial uncertainty regarding the welfare reforms in relation to housing benefit, which have now been resolved. The county council's ambition is to work with key partners to develop a range of high quality housing with care and support schemes across Lancashire by 2025 for both older adults and younger adults with disabilities. This will enable many more people to remain safe and independent in a suitable home environment that connects them to other people, their community, and services they need or might need in the future.

The Care, Support and Wellbeing of Adults in Lancashire, and the Housing with Care Strategy documents are attached as Appendices to this report.

List of background papers

Care, Support and Wellbeing of Adults in Lancashire – Appendix A & B
Housing with Care and Support Strategy – 2018 – 2025 – Appendix C

Care, Support and Wellbeing of Adults in Lancashire

OUR VISION

To enable people to live as independently and healthily as possible, with the right level of care and support for themselves and their carers.

We are working to ensure people in Lancashire are:

- safe, secure and connected to their local community;
- maximising their potential, remaining healthy and feeling well;
- living as independently as possible in their own home, or close to home, with appropriate care and support if needed;
- assured that our response, plans and the money we spend, is reasonable and proportionate.

OCTOBER 2018

Foreword

Lancashire County Council spends in the order of £1.3bn every year providing services for the 1.2 million people who live in Lancashire. We exist to serve everyone who lives or works in Lancashire, helping people to be healthy, happy and enjoy a good quality of life. We're also here to protect the most vulnerable members of our communities who need extra support.

Most of the services that we provide are 'statutory' services, which means we have a duty to provide them by law. Adult and children's services largely fall into this category. We also provide services to benefit wider health and wellbeing, including libraries, school crossing patrols, countryside services, and preventative measures such as smoking cessation services, trading standards, welfare rights and community transport.

Around £550m of the county council's annual budget is spent on adult services in Lancashire. This is primarily spent on providing care and support for our older population, and for adults with a learning disability, physical disability, autism and/or a mental health condition. This amount of money represents nearly half of the council's total spend on services, and despite our financial challenges, we have increased year on year the amount we spend on adult services. We currently support around 30,000 adults out of a total adult population in Lancashire of around 950,000.

It is important to recognise the very significant contribution that health and wellbeing services make in preventing, reducing, delaying and even reversing some of the physical and mental health issues that occur, especially as we get older. This includes diabetes, heart and breathing conditions, dementia, social isolation and obesity. The county council spends in the order of £96m per year on health and wellbeing services.

The county council has always endeavoured to provide the best care and support for the people of Lancashire. However we recognise that we need to keep pace with changing expectations and needs of the population, especially in relation to technology and where there is an opportunity to work 'smarter' with partners and providers.

We need to improve in a number of ways, which we set out in this document, for example, working with district councils, developers and providers to increase the number of places where people can live independently with day and/or night time support instead of relying on residential care. We also need to work more closely with health partners to reduce hospital admissions and enable those people who do have a stay in hospital to get home quicker, with the right support.

It is also important to recognise that we already do many things well, and we need to build on that success. For example we have a nationally recognised adult foster care service called Shared Lives where people can live independently with support, and our Telecare Service, which uses technology to provide support for people in their own homes. We are also a pilot area for the NHS Healthy New Towns initiative, where we are

working with partners to develop 'wellbeing design standards' for new 'homes for life'.

We understand that people's health and wellbeing is often affected by where they live and that people's healthy life expectancy is very different across parts of Lancashire. Whilst we are not prepared to accept that the level and type of care and support that you receive is dependent on where you live in Lancashire we respect that everyone in Lancashire is different and has a right to express their own individual choice.

We need people to play their part in helping to look after themselves and their families. Our reducing budgets mean that we cannot support as many people as we have in the past, or in the same way, and in many ways, the level and type of support that we have previously provided has reduced, and even removed, people's ability to live independently, which has a negative effect on their overall health and wellbeing. This means that we will provide services in a different way, or enable other providers and organisations to provide services, as they are best placed to do so.

The current financial climate that all of the public sector and some private sector providers operate within means that it is even more imperative that we work better and smarter together to provide services that people have a right to expect. The county council can play an important role in bringing organisations together, to provide services jointly, in a way and in a place that makes sense to people. We are working with health and other partners to enable health and care services to be delivered jointly in your local neighbourhood in line with the government's plans to bring health and social care services closer together.

This document outlines how we will work with you, whether you are a person who receives our services now or may need them in the future, a partner working in the health service, a district council or in the emergency services, a provider of care and support service or a member of the Voluntary, Faith and Community Services (VCFS) sector.

We very much welcome your views and hope that you will work with us to create a Lancashire where people can be healthy and well supported and cared for when the need arises.



Graham Gooch, Cabinet Member for Adult Services

Shaun Turner, Cabinet Member for Health and Wellbeing

Louise Taylor, Executive Director of Adult Services, Health and Wellbeing

1. Context

Lancashire's population, like the rest of the UK, is living longer. Estimates show that more than one in four people living in Lancashire in 2039 will be aged over 65, and the number of over-85s will more than double over that time. Although this is a cause for celebration, adults are also living for longer with poor health and disability, and healthy life expectancy is not keeping pace with longevity.

Old age is not a barrier to good health, but living longer often comes with complicated or long-term health conditions. Some of these conditions are avoidable, some can be delayed, and some can even be reversed.

With leadership from the county council, working with the NHS and others, people can be helped to delay or prevent the onset of many conditions such as diabetes, stroke, heart conditions and certain types of dementia.

It is imperative that we do this, not only to reduce costs and enable us to focus on providing services for those in greatest need, but also because there is a wider benefit to all people staying in good health. The consequence of this enables people to live independently, for longer, with support and care only when it is needed. This in turn reduces the need for long term, costly residential accommodation, which, for most, is not the way in which people want to live, albeit for some, it is the safest and most appropriate setting to receive the right kind of care and support.

There are big differences in life expectancy, up to 5 years in some cases, between different parts of Lancashire and this needs to change. We respect that people are individuals, with differences, and have a right to make their own choices about how and where they want to live, and what type and level of support they would like to receive.

We know that traditional health and care services determine around 20% of a person's health. But other factors – such as lifestyle choices, income, education and housing, and the support of friends and family close to home – play a huge role in how healthy we are. Many of the conditions that have a detrimental impact on healthy life expectancy are also preventable, strengthening the argument that we can make a real difference if we pool our plans and resources with partners, providers and the Voluntary, Faith and Community Faith Sector (VCFS).

Responding to changing demand

Our demand forecasts show that in the future, there will be more demand for support for adults of all ages with a learning and/or physical disability, autism, or a mental health condition. We know that there are more children, who when they turn 18, are needing our services. Newer social problems – like isolation and obesity – also add pressures on already stretched health and social care services and present challenges for individuals.

Expectations are changing. People want affordable, good quality, personalised care closer to home and good relationships with the people who care for them. They want to “tell their story once” when it comes to assessment and reviews to access health and care services.

The vast majority of people prefer to stay in their own homes and within their communities until it is no longer possible for them to do so. Residential care is not a first choice option for most. People are also expecting that technology will be available, either to access information easily and quickly about the services on offer to them in their local area, or for technology to play a part in providing support in some way.

Older people especially want help to meet their social and emotional needs – to go out, meet friends and take part in community life. Yet relatively few care packages include activities outside the home, inadvertently increasing the occurrence of issues like loneliness, or conditions such as depression, by failing to consider the importance of social contact. For young adults especially, we need to do more to meet their expectations of a meaningful life, recognising their potential to be more independent and involved in their care, helping them to access employment and training opportunities, and live independently with the right kind of support.

Because of these trends, we’ve taken a close look at the ways we deliver care, how many people we help, and how we compare with other councils.

We’ve found that most of the requests for help we receive could be met more quickly, and with better results, by other organisations working closer to the person.

We are providing a lot more care in people’s homes compared with other councils, and as a consequence, are reducing people’s independence and spending more than others. We do want to provide care for people in their homes, but we currently provide too much and for too long, which is reducing people’s overall independence and costing us too much money.

When we provide care to people, we tend to choose more intensive or longer-term support rather than refer to services like “reablement” that help people regain the ability and confidence to do the things they used to, like cooking, bathing, getting to the shops, or to learn new skills.

As a result, **permanent admissions to residential and nursing care homes in Lancashire are far too high** and part of our plans are to increase the availability of ‘supported accommodation’ options, which we know are working well in other places in the UK.

Keeping you independent and well

A shift to a different, more flexible approach that puts prevention, early intervention, and independence right at the heart of council and NHS services.

We will work with others to offer support for people to maintain good health, wellbeing and independence for longer. We will provide care and support services, when it's needed. This will include services to help support community based population health management where people are supported in their own neighbourhood to build knowledge and skills to manage their own health and wellbeing, and behaviour change such as stopping smoking, recovering from dependence on drugs and/or alcohol, and weight management. We will also help people to live independently with support through better use of technology and new housing models.

Lancashire Wellbeing Service

The service is targeted to work with people who are at high or moderate risk of developing health and wellbeing issues, particularly those with low level mental health issues or long term health conditions. Up to eight sessions of support are delivered to support people in building resilience, helping them to stay well and maintain independence through motivational interviewing and behaviour change. Individuals are also supported to identify local community groups they can join that will support them to maintain their wellbeing and reduce social isolation.

Assistive Technology – Telecare

We are using a type of assistive technology called Telecare to help support adults with care and support needs to be independent at home, and to reassure their carers. Telecare uses a range of equipment, such as personal alarms, falls detectors, medication dispensers and smoke detectors, linked to and alerts a 24/7 monitoring centre that will arrange the right response if someone needs further help. We currently support more than 8,000 people in this way.

Market Shaping – our Market Position Statement

Our Market Position Statement (MPS) will be published for consultation before the end of the year. The document will set out our understanding of the future trends, needs and requirements across a range of service areas, and will inform current and future providers about the type, range and volume of services required in Lancashire. We want to encourage providers and developers to invest in innovative and creative solutions to meet people's care needs, and reduce our current over reliance on residential based service provision.



We have acknowledged that there is too much variation in the quality of care and support across Lancashire and, although we acknowledge that local differences are part of what makes Lancashire the place it is, we cannot accept the differences in health outcomes that occur.

Preventing and reducing the occurrence of complex conditions also means people need to play their part by staying involved in and taking some responsibility for their own health, care and support.

Digital offer for help, advice and guidance

Currently, the county council provides information, advice and guidance on line through its website and over the phone through its customer contact centre. We are looking at ways to improve that first point of contact by, for example, using online technology to help people find information and advice quicker and easier, without the need to pick up the phone, and avoiding the need for them to go on a 'waiting list' for assessment.

Helping people to manage their conditions and access help and support early on to avoid the need for long term care and support is already a key factor in how we work. We know more about what helps people to be healthy and – when we do care for someone – **our services now do much more to help people gain, retain or regain their independence, and offer them new skills, so they can live a fuller life, safely and healthily, their way.**

Independence means different things to different people. Younger people may need help to move from children's services into adult social care. This is a vital time of life for young adults and we need to provide the right level of support which enables young people to live their lives as adults as independently as possible. For others, the type of support required may change as they get older.

Our ambition is to make sure the right level of care is available at the right time, in the right place and only for as long as it's needed. By over-providing care, not only do we spend more money than we need to, we deny people's ability to look after themselves and possibly even deny their independence completely.

We now work more closely with people to put them at the heart of decision making about the type and level of support they receive, and we make the most of the strengths and abilities they have, rather than focussing on the things they cannot do.

We want to do more to support and develop local communities and bring together the wealth of voluntary and community groups in Lancashire who do a great job of helping and supporting people in their local neighbourhoods.

Keeping you independent and well

We are starting to plan how we integrate our services much more closely with the NHS so we can make better, more informed decisions about where and what we spend public money on, and ensure that people only have to tell their story once. We will always work to prevent or stop abuse and neglect of people who need our help, whenever and wherever help and support is needed.

We are also working more closely with our providers and private sector partners to enable them to be 'Trusted Assessors' allowing them to review people's needs and packages of support, with a shared ambition of reducing or changing them to not only save money but to increase people's independence.

Telling your story once – using 'Trusted Assessors'

The county council is developing a 'trusted assessor' scheme with a number of providers who have volunteered to work with us, with a view to us rolling this out to more providers in the future. The trusted assessor scheme enables the county council to use the quality assessments that providers already undertake for the people in their care.

This way of working means that people receiving care and support only need to 'tell their story once', our staff can use their time in other ways, and, arguably, providers know the people they care for, and their families, and are better placed to assess need and put the right care and support in place, and we need to trust them to do that.

One of our key ambitions is to reduce the number of people who live in a residential care or nursing home. For some people this is the best option, but for most, it is not, and often results in people losing their independence and confidence, and not living their life in the most meaningful way. For those people who are living in our care homes we will make sure that their care is as safe, secure and of the best quality it can be.

Safeguarding

The county council's safeguarding service is an essential service which acts to protect vulnerable people, either in their own home, or living in residential care settings.

Some recent examples of the differences they have made include working with the police to take a case to court which involves an elderly couple being defrauded out of their house, working with GPs, nurses and the police to safeguard older adults who were being mistreated in a care home and working with Care Quality Commission (CQC) and the police regarding a domiciliary agency which was neglecting its service users.

This shift to a new way of providing care and support requires a strong commitment over time from the county council and our partners, especially the NHS. We are already seeing the benefits of change with reduced waiting lists and backlogs for assessments and reviews of care and support packages, lower costs for ongoing care and more people staying independent at home and out of hospital. By closer working with our NHS partners we have reduced the length of time for people waiting to get out of hospital because they need a care and support package.

Getting people home from hospital - Home First

Over the last 12 months we have been involved in the development of a 'Home First' pathway in East Lancashire which enables older people to return home from hospital in a more timely way, with the support that they need and want. Its success means we are now working to roll the approach out to other parts of the county.

Helping people to get back on their feet - Reablement

The service supports people to recover their independence following a long or short stay in hospital. People are assessed for the kind of short term support that they may need to help them regain skills and confidence, such as cooking, bathing and dressing.

Our services have already seen a significant increase in the number of people increasing or recovering their independence after a period of illness or crisis, and our Home First scheme has seen an increase in the number of people assessed for their care and support needs in their own home rather than in hospital.

Feedback to a social worker from the son of a reablement service user: *He said his mum's discharge from hospital was seamless, the integrated therapy and support from the reablement service had been amazing. He lives in France and said that the communication, co-ordination and success of all the services involved, working together, had been fantastic. He said his father had been poorly a few years ago, had a terrible experience, no-one communicated with each other. He thanked us for looking at his mum holistically and felt that he had to let us know.*

"I have been overwhelmed by the care and attention I have received after coming out of hospital. I can't thank everyone enough."

Night-time support service

The service provides short 'pop in' visits between midnight and 6am to people in their own homes.

Feedback from a Social Worker: *"Just emailing to let you know I am using the roving night service for a person. I wanted to let you know what a success this is. This person was in a Nursing Home but was desperate to come home. We supported them home, initially without the night support as they had declined this, however concerns came up from the agency and the district nurses. So they accepted the night support. It has made a massive difference and positive feedback has been given from the agency who now feel they are manageable....without this service the person would be at risk of skin breakdown, health deterioration, having a catheter which they really do not want and worse for them, 24 hour care."*

Keeping you independent and well

Adaptations and equipment for people's homes

Our public health teams have been working with housing partners to maximise the opportunities for housing services to contribute to keeping people as well and as independent as possible in their own homes.

Specific work has included aiding hospital discharge and preventing admission, standardising items provided via grants to include ceiling tracks and wash dry toilets, and improving the process for defining and processing minor adaptations. Additional support for vulnerable people includes advice, arranging and overseeing home repair work, and the provision of small items of equipment.

Feedback from a service user: *"I am emailing to say thank you for the care I have received. The physiotherapist, occupational therapist, reablement social work team and carers have all been caring as well as professional. I have felt that I have been listened to and talked with rather than at, allowing me to participate in my own healthcare. The men who delivered and fitted the extra stair rails and equipment were friendly and professional. All of this has been reassuring, not only for me but also to my husband, daughters, mother and wider family who worry about me."*

Finding a Care Home Bed

Healthier Lancashire and South Cumbria has recently launched an exciting new web-based portal that enables residential care homes to share their 'live' bed vacancies with social care and hospital discharge teams at the touch of a button. The portal is designed to minimise hospital discharge delays, and will enable staff to search for appropriate available nursing and residential beds without the continual need to phone numerous homes.

It offers care homes the opportunity to clearly communicate the categories of beds they provide and professionals will have quick and easy access to contact details and care home ratings as well as numbers of available beds in specific locations. The portal will improve the speed and efficiency of finding beds at the time they are needed, and allow for more informed discussions around longer term solutions in respect of care and bed requirements, based on live capacity data and the powerful reporting capability of the tool.

The Housing for Care strategy sets out the county council's ambitions to work with providers, developers and partners including district councils to encourage and enable investment in new types of innovative and flexible housing, which people can live in as they get older, with care and support as required.

It also encourages the development of newer, more innovative, supported living accommodation for people with a learning or physical disability, and/or a mental health condition.

Housing for Care

We have published our 'Housing with Care' Strategy which sets out how we will work with district partners, private providers and developers to encourage investment and promote '*healthy design standards*' in a range of '*supported accommodation*' options.

These options include 'Extra Care' and 'Supported Living' housing, which enable people to live independently, with the right level of support (a mixture of day and night-time support), primarily in shared flats or houses, with their own front door and access to communal facilities, such as on site hairdressers and cafes.

Such schemes already exist in limited numbers in Lancashire and we want to do more. There are examples in other parts of the UK where such housing options are popular and successful, and we know that there are developers in Lancashire who want to invest in these types of schemes.

We will also link this with our programme, which we call 'Meaningful Lives', which helps people with a learning or physical disability, mental health issues or autism, to access jobs, training and social events, and to have the same opportunities, expectations and ambitions in life as anyone else. We're proud of the improvements we have already made but we know we can do more.



Our priorities – providing the right level of support at the right time

We will help people live healthily and independently for longer, whilst caring for people who need support within, or near to, their home.

Health and care services have to be joined up near the places where people live so that people can get the right service quickly and easily. We will provide easy access to services that provide a 'little bit of help' when it is needed and prevent or delay further needs from arising.

Neighbourhood Working

The county council is working with health, district councils and VCFS partners to develop a way of working that we are calling 'total neighbourhoods'. We want to develop shared and joint services in local neighbourhoods, bringing together health, district councils and the VCFS to deliver health, care and support for people in the place that they live, at a time and in a way that suits them. Health and social care integration is complex and will require significant resource but it is the right thing to do, not only to save money for the public purse, but also to improve people's experiences and health outcomes.

The approach will be implemented in up to 5 local communities across Lancashire to explore how the county council can work closer with partners to deliver a small number of key services in a more joined up way.

We will offer more options for support to all types of carers, and families. We will continue to develop the skills of our workforce supporting innovation, with a greater focus on making people as independent as possible and connecting a community's strengths to support that independence.

Our Workforce

The county council recognises the skills, knowledge and dedication of the staff who provide health, care and support services for adults in Lancashire. However, it is widely acknowledged that our care staff do not always feel valued, do not receive the same level of pay as similarly skilled workers in other sectors, and often feel under pressure from high workloads. This is something that we want to address through a workforce strategy. We also recognise that care workers in the private sector and the NHS face similar issues.

One of the ways that we are currently seeking to increase the number of skilled workers coming into the care sector is by working with our NHS partners to develop an innovative Apprentice scheme, which takes advantage of the funding available from the national *Apprentice Levy*.

People will always require quality nursing and residential care but bed-based care shouldn't be the default option. Around half of such placements in our area come from hospitals but, with the right information and expertise, we can secure more effective solutions at home.

We have already significantly increased the numbers of people receiving short-term support to build skills and confidence, and we are reducing the number of people going into long-term residential care.

We will work with housing providers and district councils to develop and provide the right kind of supported housing to meet changing needs. We will make more use of the county council's economic development and planning roles to improve housing, job opportunities and transport in the county. This is especially important for people with a learning or physical disability, autism or mental health condition, as evidence shows that access to opportunities for work, training, social events and good housing can have a significant benefit for their long term health and wellbeing and quality of life.

We will continue to build on the success of some of the models and ways of working that we are using already and want to build on, and some new ideas for the future.

Fostering for Adults - Shared Lives

Our fostering for adults scheme, which we call Shared Lives, is a service that matches adults with learning disabilities, physical disabilities, older people and/or people with mental health needs with carers and their families, to live within their home. Shared Lives means people who need support can choose to become part of a real family, instead of staying in a residential facility or being looked after by a team of support workers.

Lancashire's Shared Lives service is the largest in the country and the service has recently been recognised as 'Outstanding' by the Care Quality Commission (CQC).

Support for people in their own home – Home Share

This is an emerging scheme, currently in its early planning stages. It seeks to enable people who need support to offer accommodation in their own home to someone who can provide some 'live in' support, for example an older person who has a spare room in their house for a younger person to live in, in exchange for an agreed amount of support. This of course will require a careful 'matching' process but is an innovative solution that has great potential to address a number of issues.

We will improve the way in which people can access information and guidance about our services and services provided by others. Our digital and online offer is not as good as that provided by 'best in class' authorities. We will continue to develop our relationships with the VCFS, and acknowledge the valued contribution that they can make to providing care, support, advice and guidance to people in their local community.

Our priorities – providing the right level of support at the right time

Working with the voluntary, faith and community sector

The county council acknowledges the great variety of voluntary, faith and community sector (VCFS) organisations that currently operate within Lancashire.

However in recent years, due to financial constraints and an inward focus on reducing costs and improving services, we have somewhat neglected these very important relationships. We are currently working with the VCFS on a document that will seek to address this, focussed on improving outcomes for the people of Lancashire and helping people to feel better connected within the communities and neighbourhoods where they live. We want to invest more in these types of organisations to recognise the valued work that they do.

We must continue to look beyond traditional health, care and wellbeing services and consider the impact on the wider determinants of health of issues such as housing, the local environment and employment, influenced by others such as district councils, in supporting early intervention and prevention, and maintain our sharp focus on keeping people healthy, safe and independent, with support when its needed, for as long as possible. We want to encourage others to invest in services which will enable independent and supported living.

We must also recognise the value of ‘co-producing’ our services with the people who receive those services, their families, providers and other partners, so that we do not ‘do to’ people, but ‘do with’. As an organisation, our corporate values are:

Supportive – we are supportive of our customers and colleagues, recognising their contributions and making the best of their strengths to enable our communities to flourish;

Respectful – we treat colleagues, customers and partners with respect, listening to their views, empathising with their needs and perspectives and are fair, open and honest in all we do;

Innovative – we deliver the best services we possibly can, always looking for creative ways to do things better, putting the customer at the heart of our thinking, and being ambitious and focused on how we can deliver the best services now and in the future;

Collaborative – we listen to, engage with, learn from and work with colleagues, partners and customers to help achieve the best outcomes.

We must also apply these values in the way that we work with others.

Building Great Relationships

The county council has developed a 'Quality Strategy' to help improve the quality of care in our care homes. As part of this strategy the team have been working closely with providers to help design our work going forward in building great relationships. The team have worked closely with providers, telephoning and visiting them, to ask what they want and how we can work better together. As a result, providers will have a named officer who they can call for support and advice and also share good practice across the sector.

We will continue to apply the rigorous approach to service improvement that we have learned through our *Passport to Independence* programme, and we will continue to drive out costs and improve efficiency and effectiveness in other areas of our business.

Improving how we work

We have already significantly improved the way in which we work internally through a programme of work called 'Passport to Independence'. This way of working has enabled us to apply a rigorous approach to the processes we use, the way in which our staff work, testing out new ways of working and learning from best practice. This approach has enabled us to reduce costs by working more efficiently and effectively.

Feedback from a staff member: *'The changes are having a positive effect – in my team we have more than doubled the number of service users we see and we are achieving that consistently month on month. This is obviously going to reflect in financial savings whilst we still provide the best service possible.'*



Our values

We will be a more open and accountable organisation that listens more to the people we support, and the providers, partners and families who help us deliver.

We will make it easier for others to talk with us about fixing things and won't let our way of doing things dictate that conversation. We acknowledge that other organisations could be better placed to provide services and we will be open and more willing to try new ideas. We will be less risk averse and will take a more positive approach to doing things differently.

We will change our model of care and support to one which 'helps people out' by giving good, early information rather than automatically 'helping people in' to services, unless this is appropriate. We will always do what is best and most cost effective to aid recovery and independence.

The county council must let go of a "doing to" culture and empower people to control their own care wherever possible, working to make the best use of what is "strong" in their lives and not what's "wrong". This means a new approach to how we look at risk and being more positive about the rewards of change. Younger people with learning disabilities, for example, have not traditionally been offered a chance to develop their skills and receive help and support to live independently. Offering people more control by giving them the money to choose and pay for the services they want is another part of this approach.

Most care assessments now focus more on what people can do for themselves, how their families, carers, neighbours, friends and the wider community can assist them, and how any formal care can complement these strengths. This approach can have a big impact on the size and type of care package a person might need.

Creating more trust between public organisations is a key part of this. For example, waiting times for community social work and occupational therapy assessments are often far too long. In hospitals, many discharge delays are caused by patients waiting for a formal assessment. So we need to ask whether an assessment in hospital is the best place and whether many of the important aspects of an assessment could take place in a setting outside hospital – preferably at the person's home. We will look to expand our Home First service which assesses people in their own home rather than in a hospital setting.



Working ‘smarter’ with our partners

It makes sense that the best way to make the most of public investment in our care, health and wellbeing services is to work more effectively with all of the organisations who provide those services. The county council is a big part of the local health and care economy but it does not and cannot work in isolation. The public is not concerned about who provides their care and support – so long as that support works for that person.

Our most important public partner is the NHS. Like the county council, the NHS faces increasing pressure to meet public demand. Lining up our services with the NHS is a major focus of our work to create better health and care services for the people of Lancashire.

We are building new, joined-up delivery models which, if done in the right way, will provide integrated care close to where people live, improve the customer’s experience, better manage demand and reduce cost. We are starting to explore ideas like pooled budgets, jointly commissioning, purchasing, and delivering services.

If you work in health or have come in to contact with health services recently, you may have heard of the term ‘Integrated Care System’ (ICS). In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. This ‘whole system’, strategic approach is based on the principle of decisions, commissioning activities and service delivery being done once, to improve whole system efficiency, avoiding duplication and making sense to people.

The ICS incorporates ‘Integrated Care Partnerships’ (ICP), which work on an area ‘place’ basis, which allow for services to be delivered in a way which meets local need but to a set of standards that are applicable to all areas, as set and agreed by the ICS. This is then further supported by Neighbourhood working, which is based around local communities, with services coming together to provide services for people locally. This whole system approach is often referred to as a ‘Neighbourhood Place System’.

As a county council we operate in a similar way. We have county wide, strategic services, which are commissioned and delivered ‘once’, such as Telecare. We organise some of our service delivery and management on an ‘area’ basis, for example our Reablement services, to ensure that we are responding to local need and working closely with hospital based health colleagues. And we have some Wellbeing services based in neighbourhoods, as our staff know their communities well and can provide a responsive service, close to people’s homes, taking account of what is important to people locally.

Working ‘smarter’ with our partners

Arranging our services around specific communities is a good example where the council and NHS can connect their services locally. We are starting to test some ideas in a number of neighbourhood areas in Lancashire, starting small, with a view to bringing more services in to these joint working arrangements and, over time, expanding into more neighbourhoods. This model promises to deliver many of our priorities and ambitions if done right but it will take time to put in place. In particular, the different rules within which public sector organisations operate can make change slow.

We need to continue to build on our successes, for example, working with the NHS to jointly fund and deliver services such as Night Time support and hospital discharge. Some of this funding is time limited so together we need to find ways to help this continue.

We are working with district councils and developers to plan new housing schemes which provide more flexible solutions and adaptations to people’s homes enabling them to stay living at home safely, for example, converting space downstairs for bathrooms or bedrooms, or grab rails.

We are building stronger links with the police and fire services, who often come into contact with many of the same people who receive services from us. The county council’s trading standards team work with our social care teams to identify people with care needs through their work to combat doorstep criminals, rogue traders and scammers. We must recognise the value of all of the county council’s services that can play a part in helping people to live as healthily and independently as they can.

The VCFS will always have a vital role in maintaining healthy communities. Despite a period of budget constraint, these groups and organisations are often ideally placed to deliver personalised care and support. We want to give them a greater part in the services that people receive.

Similarly, we are building a better relationship with providers and developing the local market for care, health and wellbeing. This means co-designing services that people want, applying innovation from elsewhere and drawing on new investment. We particularly want to help providers develop a more skilled and valued workforce and opportunities like the *Apprenticeship Levy* could encourage young people or those looking for a career change into the caring profession.

We will set out in our forthcoming ‘Market Position Statement’ how we can work better with developers and providers to achieve this change in direction. The document will set out our understanding of the future trends, needs and requirements across a range of service areas, and will inform current and future providers about the type, range and volume of accommodation based services for Lancashire.

Working better with others is essential to making our health, care and wellbeing economy sustainable for the future.

So What Does All of This Mean

We will build on what is already working well, for example:

- Our foster care for adult's scheme, Shared Lives;
- Our use of assistive technology, Telecare;
- The way in which we help people to get back on their feet after a period of ill health, Reablement;
- Our internal working practices, Passport to Independence.

We will improve the things that we need to do better, for example:

- Putting fewer people on a waiting list for an assessment that they may not need, by improving the way we provide advice and guidance to people who approach our 'front door';
- Telling your story once and reducing the delays in waiting times for assessments, by using a Trusted Assessor approach whereby we trust our providers to undertake assessments of people's needs;
- Reducing delays in leaving hospital by rolling out our Home First approach and using Reablement more;
- Reducing our reliance on long term, residential based care by working with providers and developers to build new types of accommodation such as Extra Care and Supported Living, which enable people to live independently, with care and support;
- Enabling more people to stay in their own homes, with support, by developing creative schemes such as Home Share;
- Building stronger and more resilient communities by working jointly with health, VCFS and other partners to jointly provide services in local communities, something we call Total Neighbourhoods.

We will do all of this to enable people to live as independently and healthily as possible, with the right level of care and support for themselves and their carers.



Glossary of Terms

The **Voluntary, Community and Faith Sector** (or **VCFS** for short) encompasses all not-for-profit voluntary, community and faith groups, organisations, charities, social enterprises, and mutuals, large and small.

Reablement is a short and intensive service to help people with disabilities and those who are frail or recovering from an illness or injury to relearn the skills and regain the confidence required to keep them safe and independent at home. People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.

Supported accommodation refers to housing schemes where care, support or supervision is provided to assist occupants to cope with the practicalities of day-to-day living OR is where housing, support and care services are provided together on-site.

Population Health Management seeks to improve outcomes for individuals and reduce demand for services. It is community based and relies on public sector organisations working together to support the personalized care agenda, which enables people to stay well and resilient by building knowledge and skills to manage their own health. This includes services such as stroke prevention, screening services, vaccination and immunization, and health coaching (which enables people to make informed choices and decisions about managing their general health, and/or any particular conditions they may have or develop).

Behaviour change means making changes such as stopping smoking, improving diet, increasing physical activity, losing weight or reducing alcohol consumption to help reduce the risk of disease and improve long-term health.

A **Trusted Assessor** is someone, usually an organisation, who is acting on behalf of the council to make an assessment of someone's care and support needs. The county council is using the trusted assessor model to reduce the waiting times for people waiting for the council's reassessment of their needs by using the assessments already undertaken by care providers.

Healthier Lancashire and South Cumbria is a partnership of organisations coming together to improve outcomes and care for local people, reduce pressures on services and make best use of our financial resources. There are five local areas in Lancashire which provide a way in which all organisations and groups involved in health and care can join up locally.

Extra Care is specialist, purpose-built housing designed for older people, combining accommodation with care and support services. It gives older people access to safe, high-quality care without having to give up all of their independence.

Supported living encompasses a range of services to help disabled adults live in their own home, giving them personal support to retain their independence in their local community.

Healthy design standards encompass a range of measures which are taken into account in the design and build of new housing, in recognition of the fact that the built and natural environment are both key factors in people's health and wellbeing. The healthy design standards take into account such factors as assistive technology, energy consumption, adaptability, air quality and transport planning.

Our **Passport to Independence** programme is a way in which we are systematically reviewing and redesigning our internal processes and service provision models to ensure that we are working as efficiently and effectively as possible, making the best use of our staff resources and understanding the key performance measures of our business in order to ensure that our customers are retaining their independence for as long as possible, or regaining their independence as quickly as possible.

Our new **Home First** service gives people the best possible care in their home instead of being admitted to hospital, using the same range of health and social care professionals who work on hospital wards.

The **National Health Service (NHS)** is the name used for the UK's publicly-funded health care service, founded on the principles that care should be comprehensive, universal and free at the point of delivery.

Responsibility for arranging and **purchasing** health and social care services – known as “commissioning” – is divided between the NHS, councils, and others. This fragmentation often makes it difficult for all partners to deliver coordinated and value for money care.

Pooling budgets between commissioners is one practical way to make sure care is focused on the person, no matter who is paying for or delivering the service, and making best use of the public purse.

The **Apprenticeship Levy** is a national scheme which raises additional funds to improve the quality and quantity of apprenticeships, and encourages employers to invest in apprenticeship programmes.

We're changing how we will help you with your care. We will:

Improve the information we have so you understand your choices

Listen to what you want so you have a say in your own care

Be honest about how we can and can't help

Ask you to share your story only once

Encourage you to live a healthier lifestyle and prevent illness in older age

Help you live at home, giving you the right care to keep you independent

Not stop you being independent by giving you too much help



Adult social care is changing how we work with partners. We will:



Be clear with you about what type of care we want for the future

Trust you to carry out assessments on our behalf

Be honest about how we can and can't help

Listen to you when you know our customers better than we do

Work with you to make it seamless for those we care for

Housing with Care and Support Strategy 2018 – 2025

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Appendix A: Glossary

1.0 Summary of key messages

- Housing with Care and Support is purpose built or adapted housing with a range of tenures and the availability of up to 24/7 care and support.
- We are seeking an open and collaborative relationship with partners and the public to deliver this strategy.
- We want to work with our partners to develop a range of high quality housing that can better meet people's care and support needs and to promote their health, wellbeing and independence.
- We need to reduce our reliance on residential care by ensuring alternative options are available to help us manage the growing demand and financial pressures.
- We are aiming to have at least one Extra Care scheme for older adults in each district and about 1,000 homes by 2025.
- We are aiming to have more smaller-scale Flat Schemes for younger adults with disabilities.
- We want to benefit the wider housing market through regeneration and releasing family housing.
- There are clear opportunities for existing and new providers to develop Housing with Care and Support options across Lancashire.

2.0 About this strategy

It is recognised that most people who have care and support needs now, or who may develop care and support needs in the future, wish to be supported in their own home or move to a home that can better meet their needs, instead of moving into a residential care home.

Our ambition is to work with our key partners to develop a range of high quality Housing with Care and Support schemes across Lancashire by 2025 for both older adults and younger adults with disabilities. This will enable many more people to remain safe and independent in a suitable home environment that connects them to other people, their community and services they need or might need in the future.

The strategy is aimed at:

- People who already use services and their carers
- People planning their future housing and care and support needs
- Our key partners, including district councils, the NHS and potential providers
- Elected members, other partners, local communities and neighbourhoods.

This strategy reflects the principles and vision outlined in Lancashire's Extra Care Strategy 2014¹, but seeks to provide a summarised document which will be accessible to and used for engaging a wider audience as part of a collaborative approach in developing Housing with Care and Support.

3.0 Setting the scene

3.1 What we mean by Housing with Care and Support

Housing with Care and Support is accommodation which has been designed, built or adapted to facilitate the care and support needs that its tenants or owners may have now or in the future.

For older adults, Housing with Care and Support means Extra Care schemes with each new scheme normally including a minimum of 60 homes. For younger adults with disabilities, it means new Flat Schemes with each scheme usually incorporating around 12 homes.

¹ Available at: <http://council.lancashire.gov.uk/mglIssueHistoryHome.aspx?IId=27888>

Housing with Care and Support schemes will or may, depending on whether a scheme is an Extra Care scheme for older adults or Flat Scheme for younger adults with disabilities, share the following characteristics:

Characteristic	Extra Care Schemes for Older Adults	Flat Schemes for Younger Adults
Self-contained one or two bedroom apartments or bungalows as part of a wider scheme	Yes	Yes
Available to people with eligible care needs under the Care Act	Yes	Yes
Available to people with no eligible care needs under the Care Act	Yes	No
Unplanned care available to meet urgent care needs	Yes	Yes
24/7 onsite care team to provide a response to unplanned or urgent care needs	Yes	Maybe
Planned care for those with eligible needs and outcomes under the Care Act	Yes	Yes
Communal facilities for activities to promote social inclusion and wellbeing.	Yes	Maybe
People will be tenants or owner-occupiers responsible for their housing and living costs.	Yes	Yes
Provision of respite care or intermediate care services	Maybe	Maybe
Equipped with assistive technology to promote independence and meet needs	Yes	Yes
A community hub providing a base for activities, facilities and services for the local community	Yes	Maybe
Links to volunteering, employment, training or leisure opportunities	Yes	Yes

3.2 Policy context and partnership working

The current Lancashire Health and Wellbeing Strategy², developed by Lancashire's Health and Wellbeing Board, includes important points that directly relate to this strategy and developing Housing with Care and Support, such as:

- The need for better collaboration by partners to have a greater impact on people's health and wellbeing

² Available at: <http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=6649&Ver=4>

- The importance of working with service users, communities, planners, developers, housing authorities, landlords and health services to improve the design, quality and availability of suitable housing
- The role that district councils play in providing services that make a significant contribution to people's physical and mental health
- The "triple aim" of improving outcomes, enhancing quality of life and reducing costs
- The rising proportion of people living alone putting more people at risk of social isolation, particularly in later life
- That many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support, healthier behaviours and better quality health and social care services
- Moving resources towards interventions that prevent ill-health and promote wellbeing, reduce demand for hospital and residential services and prolong quality of life
- Building and utilising the assets, skills and resources of our citizens and communities
- Promoting self-care, reducing social isolation and loneliness; placed based integration of services and supporting independent living.

Housing with Care and Support is also an effective means of the county council meeting its duties under the Care Act 2014³. From a national perspective, the Care Act places a duty on local authorities to cooperate with partners to ensure that care and support is delivered in an integrated way.

The Care Act is clear that housing is a health and social care related service as it plays a vital role in supporting people to maintain good health, independence and improve quality of life. Housing with Care and Support plays an important part in helping the county council to meet its duties under the Care Act in terms of:

- Promoting wellbeing – the Act makes reference to suitable accommodation for adults as part of the duty of promoting wellbeing, and the concept of 'independent living' as a core part of the wellbeing principle.
- Prevention – the Act states that housing must be considered as part of an assessment process that may prevent, reduce or delay adults' social care needs, and that care and support should be delivered in an integrated way, in cooperation with partner bodies, including housing.
- Provision of choice – the Act requires local authorities to ensure that sufficient services are available to meet the needs for care and support of adults and carers. It also requires that a diverse and efficient market with a 'variety of

³ Care and Support Statutory Guidance available at:
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

high quality services to choose from' exists. Increasing the availability of Housing with Care and Support will enable people to have the choice of housing that is more suited to their needs.

3.3 Where we are now and why we need to change

Older Adults

There are currently two purpose built Extra Care schemes in Lancashire, located in Ormskirk and Whitworth, and three schemes are under development in Chorley, Preston and Wyre.

There are also a number of sheltered schemes with a 24 hour care team based on site. We are currently consulting on the future of some of those schemes.

However, we still rely too much on the use of traditional models of residential care, but we want to help people maximise their independence through the accommodation in which they live where at all possible.

Key facts

- In June 2018, we were supporting 3,214 older adults in long-term residential care at an average gross weekly cost of £515 per person, and 1,077 older adults in nursing care at an average gross weekly cost of £745 per person.
- In 2016/17, the number of council-supported long-term admissions to residential or nursing care homes per 100,000 population was 742 in Lancashire – higher than both the shire counties average of 560 and the England average of 611.

N.B. There is variation in the profile at a district level in Lancashire

We need to reduce our reliance on residential care, as we know the majority of people would rather stay in a home of their own and have choice and control over their care and support needs. We also need to develop new models of care to help us meet the growing demand for services and to put the funding of care and support on a financially sustainable footing.

Key facts

Predicted changes to the older adults (aged 65 or over) population of Lancashire by 2025 (from 2017):

- 34,300 or 14% increase in the number of older adults
- 20,649 or 25% increase in the number of people with dementia
- 21,502 or 17% increase in the number of people with a limiting long-term illness

- 16,365 or 19% increase in the number of people living alone.

N.B. There is variation in the profile at a district level in Lancashire

Younger adults with disabilities

Current supply of Housing with Care and Support is not equitable across Lancashire – there are too many properties for shared households and not enough modern Flat Schemes which is restricting choice.

Shared households provision has been in existence for decades and, whilst this still represents one of the best ways of supporting some people, there is a need to offer more Flat Schemes. This is because many people expect to be able to live in their own self-contained accommodation with their own front door.

There is also a need to shift to a model of Housing with Care and Support which is more financially sustainable and enables opportunities for improved independent living. This includes an alternative to residential care settings, which can easily lead to a home for life, institutionalisation and create dependency unnecessarily.

There are people currently living in residential care who may want to progress to be more independent in a community setting, but there is a lack of availability of suitable accommodation, such as Flat Schemes.

Key facts

- There are approximately 1,500 people with learning disabilities and/or autism living in more than 700 shared households at an average gross weekly cost of over £850 per person.
- There are 185 people with mental health needs in shared households or Flat Schemes.
- In June 2018, we were supporting over 257 adults with learning disabilities and autism in long-term residential care at an average gross weekly cost of £1,321 per person.
- In June 2018, we were supporting 289 adults with mental health needs in residential care, which is very high when compared to other councils, at an average gross weekly cost of £966 per person.

N.B. There is variation in the profile at a district level in Lancashire

3.4 Where we want to get to

Vision

By working with our partners to develop innovative Housing with Care and Support options so more people have choice about where they live and receive care and support, are supported to live independently and have a better quality of life.

Strategic aims

- To have at least one Extra Care scheme for older adults in each district and about 1,000 homes by 2025
- To reduce the number of shared houses and increase the number of Flat Schemes for younger adults with disabilities
- To improve the Housing with Care and Support options for people with complex needs and conditions
- To provide a home for life and a viable and genuine alternative to residential care settings
- To provide ongoing care and support which delivers cost savings to the health and care system
- To provide a wider community resource and facilities to connect and benefit local residents
- To benefit the wider housing market through regeneration and releasing family housing

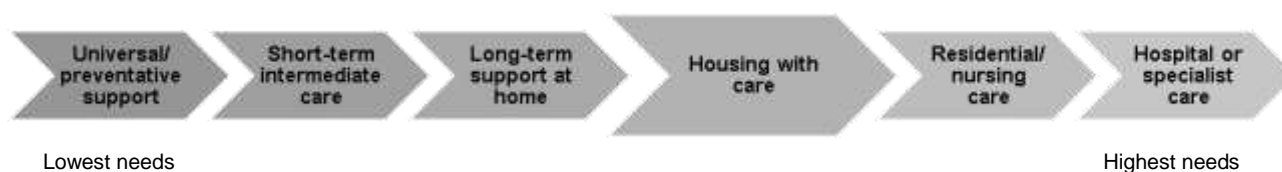
A measure of success will be if service users say:

- I have maintained or improved my independence, health and quality of life
- I can make informed decisions and I am empowered by having choice and control
- I am treated with dignity and respect and I have privacy when I want it
- I am safeguarded and protected from harm and abuse
- I feel safe and secure and my home is well maintained and looked after
- I feel part of my community and I am able to maintain or develop relationships.

With the ageing population and the increased complexity of people's needs there is a growing demand for care and support, which contributes to the financial challenges all councils are facing. Consequently, it is vital that people's independence is maximised to enable a more sustainable health, care and housing system.

This means ensuring that people have access to the right care, in the right place at the right time, so they can be supported effectively with an appropriate level of service to meet their needs now and in the future.

It also means acting early, helping people retain or regain their skills and confidence, and preventing, reducing or delaying the need for care and support. For example, by supporting more people in Housing with Care and Support instead of residential care, as shown in this continuum of services diagram:



4.0 Needs assessment for Housing with Care and Support

Extra Care for Older Adults

Nationally, the current average level of provision equates to 15 units per 1,000 people aged 75 or over⁴. As there are only two purpose built schemes in Lancashire and three in development, there appears to be a significant under provision of Extra Care schemes when we compare Lancashire to other areas.

The indicative figures shown below demonstrate the potential need for Housing with Care and Support for older people in Lancashire based on 15 units per 1,000 people aged 75 or over⁵. However, any developers intending to enter the Housing with Care and Support market are advised to undertake their own assessment of the need for Housing with Care and Support in the proposed development area.

District	Estimated no. of units needed	No. of units in existence or development
Burnley	134	0
Chorley	206	65
Fylde	194	0
Hyndburn	123	0
Lancaster	238	0

⁴ This methodology has been used following advice obtained from a consultant at The Housing Learning and Improvement Network

⁵ Based on projected population of people aged 75 or over by district in 2025

Pendle	138	0
Preston	165	60
Ribble Valley	125	0
Rossendale	107	42
South Ribble	204	0
West Lancashire	217	111
Wyre	265	72
Total	2,117	350

There are 13 sheltered based Extra Care schemes not included in the above table. We are currently consulting on the future of some of these schemes, which means they may not all be classified as Extra Care in the future.

The estimated potential demand of 2,117 Extra Care units is much higher than the approximate 1,000 units being proposed in this strategy. This is because we want to:

- set an ambitious target whilst at the same being realistic about what can be delivered during the lifetime of this strategy, and
- evaluate the actual impact and get a better understanding of future demand prior to any further expansion.

Flat Schemes for younger adults with disabilities

There is too much reliance on shared housing with over 700 properties across Lancashire.

There is a clear need for more Flat Schemes to modernise the offer of Housing with Care and Support and provide additional choice. A strategic review of accommodation will be undertaken which will identify gaps in provision across the county.

From this a specification will be produced, listing key requirements for Flat Schemes with regard to factors such a size and location.

This will lead to the remodelling of some existing Flat Schemes and enabling them to realise their full potential, in addition to having an open dialogue with district councils and housing developers to identify suitable sites for new build schemes.

5.0 The financial case for Housing with Care and Support

Extra Care for older adults

A recent evaluation of potential revenue savings to the county council, based on our financial modelling tool, suggests an average weekly saving of around £100 per person for those individuals who would otherwise have been living in residential care. However, as people living in Extra Care will have a range of needs, weekly care costs are likely to be an average of £33 per person less expensive when compared to other settings. These figures assume no capital investment in the scheme by the county council.

Flat Schemes for younger adults with disabilities

There will be a slightly different model of support for new Flat Schemes based on an equal contribution from all people who use the service to the background day and/or night support. Evidence from another council of implementing this model in Flat Schemes has realised average weekly savings of £295 per person for people moving from shared housing and £600 per person for people moving from residential care.

Background costs will vary dependent on size of the scheme but are estimated to be around £200 per week and individuals would then have additional staff hours for dedicated one to one support, dependent on their level of need. There will be economies of scale when compared to shared housing. This is because Flat Schemes will support more people with similar levels of background support.

The county council is not expecting to make any capital contribution to development costs or to pay for any vacancies within schemes.

6.0 Creating new Housing with Care and Support

A Housing with Care and Support development programme can only deliver to its full potential with strong partnership working between the county council, district councils, NHS clinical commissioning groups, service users, communities, providers and landlords. With the integration of health and social care moving forward and housing provision sitting with district councils, strong partnerships will deliver the best financial benefits and best outcomes for our older adults and younger adults with disabilities and all of the organisations concerned.

There is potential to co-locate other appropriate services within Housing with Care and Support developments, such as other public services, and to use Housing with Care and Support to promote regeneration.

There is a need to attract a range of housing landlords and developers to provide options for individuals, of all income levels, living in all areas of Lancashire, but especially for those from social, affordable and private rented sectors and home owners in lower value homes.

We are seeking to adopt an approach which is flexible and able to respond to the circumstances of the local community and different funding and support requirements, thereby enabling us to determine our contribution according to what can be achieved with other partners including district councils, the NHS, developers and registered housing providers.

We are aiming to deliver the new Housing with Care and Support schemes without the county council making a capital contribution. However, we may be prepared to contribute resources in the form of land, where this would be required to make the scheme financially viable, or in exceptional circumstances to make a financial contribution where there is a strategic need for a service which could not proceed without a county council capital contribution.

Consequently, we will develop a county-wide Housing with Care and Support delivery plan in partnership with the district councils and other key stakeholders that is sufficiently flexible to deal with local needs. Housing providers, developers and potential private investors will be engaged in the discussions about what new developments, or remodelling of existing stock, is possible. This will include agreeing a set of design principles for homes for life long living which provide a selection of minimum standards which aid improvement or maintenance of health and wellbeing.

In order to support a county-wide Housing with Care and Support delivery plan, we will need to develop and maintain clear pathways into all types of accommodation with care and support. For Flat Schemes for younger adults with disabilities and specifically people with a learning disability and/or autism, partners will need to have regard to the relevant principles and values of *Building the Right Support*⁶ and the accompanying service model and guidance.

⁶ Available at: <https://www.england.nhs.uk/learning-disabilities/natplan/>

7.0 The care and support model

Core care and support

Each scheme will provide access to a core onsite emergency or unplanned personal care available to everyone, which will also give people peace of mind. It will always be available 24 hours a day, 7 days a week in Extra Care for older adults.

For Flat Schemes for younger adults with disabilities, the core support will be provided in the form of shared background support. This may or may not be required onsite on a 24/7 basis, as it would be determined on scheme-by-scheme basis depending on the needs of the people living in a particular scheme.

The core service may include other elements of support, for example to promote social activities and relationships.

Personalised care and support

People who meet the national eligibility threshold under the Care Act 2014 will receive a personal budget to meet their planned personalised care needs from the onsite care provider, or may choose to receive services from a different care provider. Planned care will always be person-centred; focus on the individual's needs and outcomes; and promote their independence, health and wellbeing.

Other care and support

Assistive technology, such as telecare, will be used in all schemes to promote independence and help meet people's needs and outcomes, particularly where a physical presence may not be needed at times during the day or night.

On a scheme-by-scheme basis, and depending on local needs and services, the county council with its partners may explore the possibility of using a particular scheme to provide:

- Respite care to give carers a short break and/or intermediate care to help people avoid going into hospital or residential care unnecessarily, or to help people recover following a hospital stay
- A hub for providing services into the local community, such as home care services where availability of home care in the local area is a challenge, or health and wellbeing promotion programmes.

8.0 Acknowledgements

Lancashire Health and Wellbeing Board

Meeting to be held on 20 November 2018

Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme

Contact for further information:

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Executive Summary

The third year of delivery against the pan Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme has resulted in the delivery of a number of key objectives which enable children and young people to benefit from enhanced services and greater access to support. There has been significant engagement to inform the redesign of NHS funded Child and Adolescent Mental Health Services (CAMHS) and a core design developed for the future delivery of CAMHS services across the Lancashire and South Cumbria footprint. During the coming weeks, dialogue is expected to progress with NHS Providers and Clinical Commissioning Groups (CCGs) to agree a timeline for the further development of costed proposals, subsequent evaluation and implementation.

Recommendation

The Health and Wellbeing Board is recommended to note the report and accompanying presentation.

Background

This report provides an update relating to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme including an overview of achievements during the past year and progress in the redesign of community Child and Adolescent Mental Health Services (CAMHS).

The last update to the Lancashire Health and Wellbeing Board, in January 2018, highlighted good progress in delivery against the 26 objectives in the pan Lancashire Transformation Programme. Our work has continued during 2018. Key achievements include:

- Consulting with schools to inform the development of a Resilience Framework which will provide a common understanding of what is meant by resilience, the activities which can build resilience and provide opportunities to share good practice.
- Continued funding for the Lancashire Sports Trust to support young people in building resilience.
- Defining a "complementary offer" of non clinical support to children, young people and their families.

- Increasing access to Youth Mental Health First Aid (YMHFA) Training, delivered through the new network of Primary Mental Health Workers across Lancashire and complementing YMHFA training commissioned by the County Council.
- Engagement with children, young people and stakeholders and the first stages of development of a new "Digital" offer for professionals, children, young people and their families.
- Progressing the redesign of NHS funded CAMHS services. NHS CAMHS provider organisations have worked collaboratively with voluntary community and faith sector providers and with Clinical Commissioning Groups to co-produce a core model for CAMHS services across Lancashire and South Cumbria through a process of engagement and co-production with children, young people, families and wider stakeholders. Work is now progressing to establish the potential impact on funding and to agree timescales for the production of a final costed proposal, evaluation and potential implementation.
- Securing interim community services to support “children with behaviours that challenge”, pending the CAMHS redesign.
- Opening the Specialist In-patient Mother and Baby Unit in October 2018.

Across Lancashire, local data indicates that the Government's key target for 2018/19, that 32% of CYP aged 0-18 with a diagnosable mental health condition receive treatment during 2018/19, is expected to be met. Quarter 1 data indicated that the number of children and young people on CAMHS waiting lists have reduced across the Lancashire County Council footprint. Waiting times for community CAMHS services have remained relatively static. However, 93% of children and young people referred as urgent to the new Eating Disorder Service were seen within one week. The Lancashire Council commissioned Early Help service introduced new waiting time targets in May 2018 and the first contract monitoring data indicated that no child or young person was waiting for more than 4 weeks to access that service.

The Board will receive a presentation highlighting key achievements and challenges associated with the delivery of the Programme.

List of background papers

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme
Update to the Lancashire Health and Wellbeing Board 25th January 2018

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=6650&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme
Update to the Lancashire Health and Wellbeing Board 20th June 2017

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=6647&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme
Quarterly Update Presented to the Lancashire Health and Wellbeing Board
Monday, 24th October, 2016

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5299&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme
Update Presented to the Lancashire Health and Wellbeing Board 13 June 2016

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5297&Ver=4>

Lancashire Children and Young People Resilience, Emotional Wellbeing and Mental Health Transformation Plan Presented to the Lancashire Health and Wellbeing Board 29 October 2015 <http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=3971&Ver=4>

Children and Young People's Emotional Health and Wellbeing Services Update Presented to the Lancashire Health and Wellbeing Board 5th June 2015
<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=4996&Ver=4>



Lancashire Children
and Young People's
Emotional Wellbeing
and Mental Health
Transformation Plan

Lancashire Children & Young People's Emotional Wellbeing and Mental Health Transformation Programme - Update

Lancashire Health & Wellbeing Board

20th November 2018



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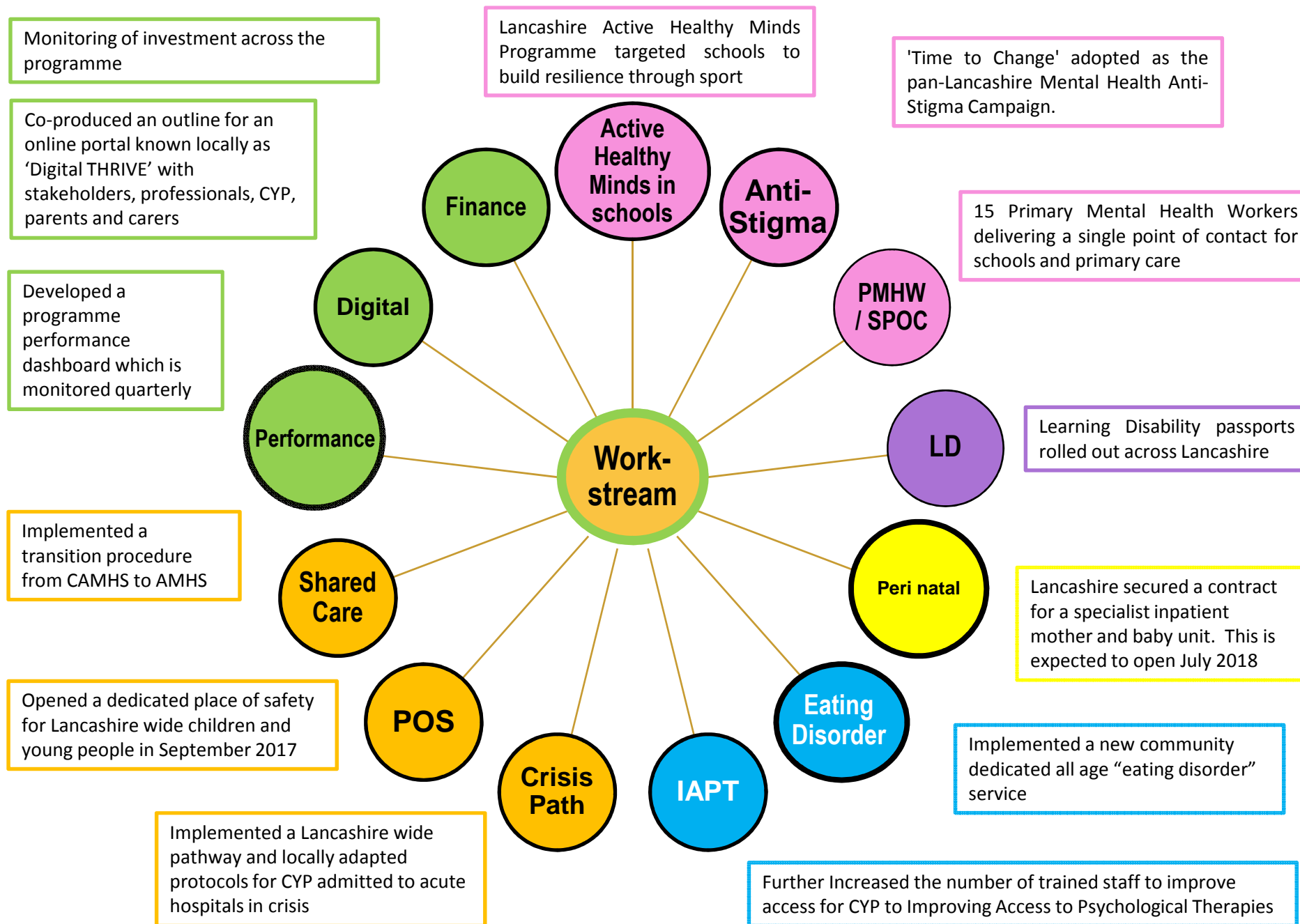
1. Transformation Plan
2. Challenges 2018/19 and beyond
3. CAMHS Redesign
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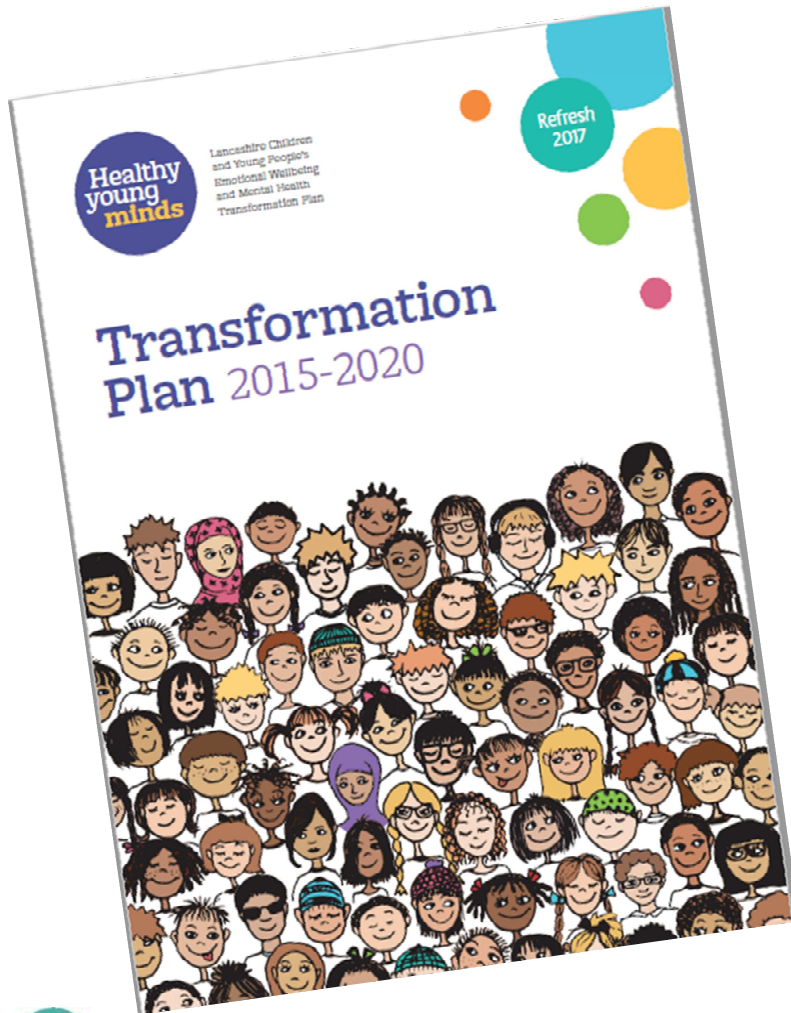
The CYPEWMH Transformation Plan – reminder

- Developed in 2015 in response to local concerns and in line with NHSE guidance
- Co-produced as a pan-Lancashire plan
- Based on engagement with a wide range of stakeholders including children, young people and families
- Signed off by the CCGs and Health and Wellbeing Boards
- Assured by NHSE on December 24th 2015. Published January 2016
- A 5 year plan for fundamental change; 200+ deliverables over 5 work streams





Plan Re-fresh – Workstreams and Objectives



- Re-freshed winter 2017/18
- Based on engagement with a wide range of stakeholders including CYP and families
- Consultation feedback appendix 4
- Signed off by CCB January 2018
- Signed off by JCCCGs March 2018
- Implementation 1.4.18 onwards
- 6 workstreams
- 28 objectives

Challenges 18/19 and onwards

- National Access Target for CAMHS from 17/18
- LCC £1.1 million re-prioritized investment into early help. Backfilled in CAMHS by transformation funding
- Variation in service provision and funding
- Transformation Plan aspiration to implement THRIVE
- Implications of green paper.
 - 4 week wait for specialist CAMHS,
 - designated lead for MH in all schools,
 - NHS MH support teams into schools/colleges for early intervention and ongoing help



More about variation

CCG's received an assessment of the significant variations in

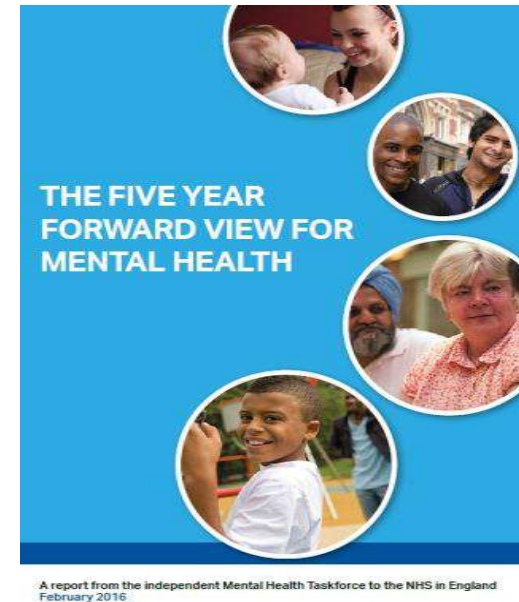
- Investment
- Access
- CYP experiences
- Audits and feedback from stakeholders



Access Targets

The Five Year Forward View for Mental Health introduced 2 access targets specific to children and young people:

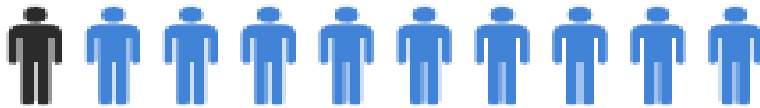
- At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.
- Children and Young People with an Eating Disorder to be able to access support in the community within 1 week if urgent and 4 weeks if routine.



2017/18 Performance- Locally reported

10%

1 in 10 children have a
diagnosable mental health
condition



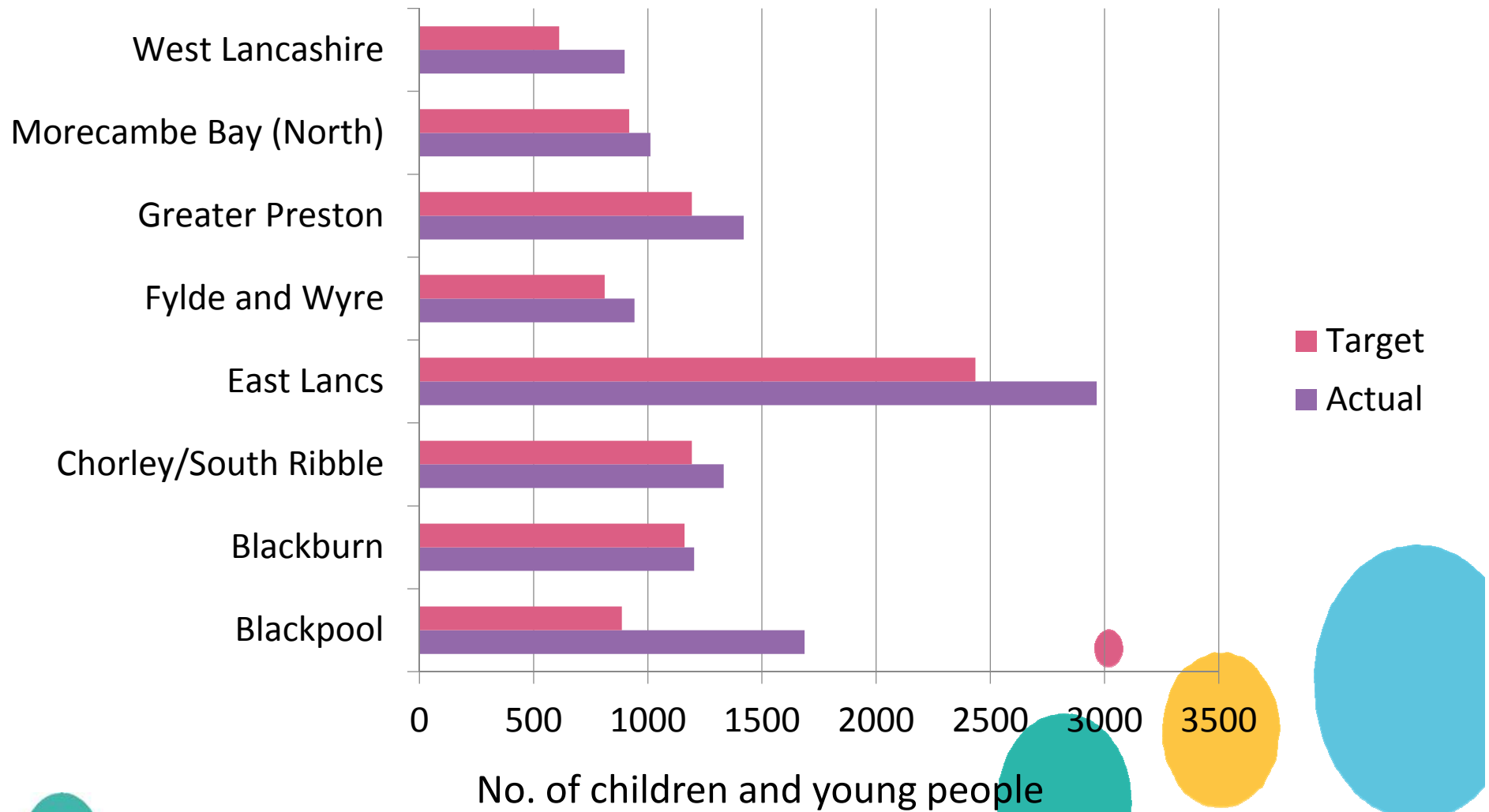
11,461 children accessed NHS funded
mental health services in 2017/18, which is
7% above the access target



Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan



2017/18 Performance by CCG area- No.'s accessing



Access for CYP with Eating Disorders Across Lancashire

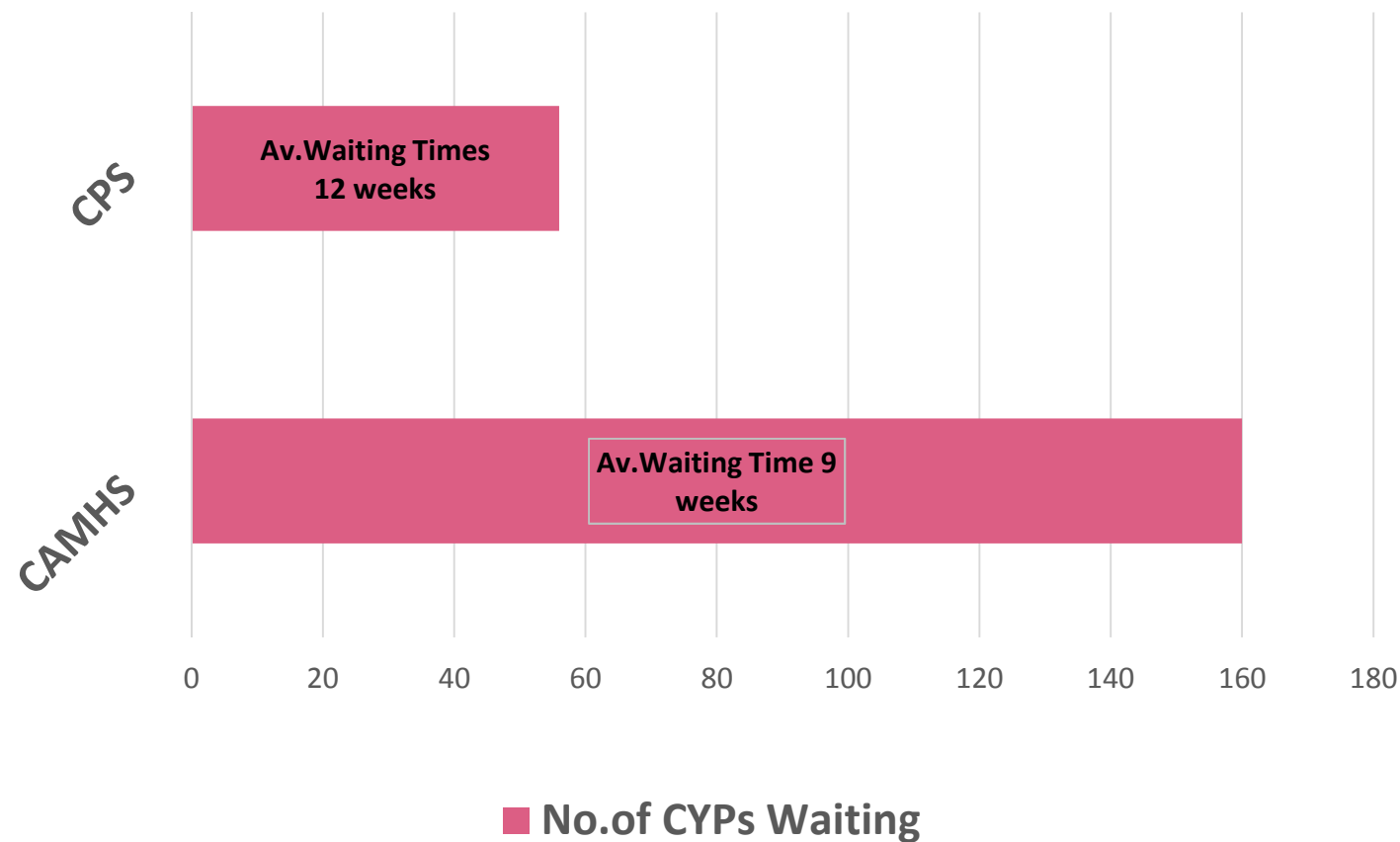
Urgent Cases
47 Children
57% (27)
seen within 1
week



Routine Cases
128 Children
and young
people
85% (109)
seen within 4
weeks



On average over 2017/18 period for Lancashire (Excludes ELCAS figures for Q2-4)



Current Investment levels

- CCG spend in 2017/18 was £15.2m

Annual Children's Services Spend - 2017/18									
Service	Blackpool CCG	Blackburn with Darwen CCG	Chorley & South Ribble CCG	East Lancashire CCG	Fylde & Wyre CCG	Greater Preston CCG	West Lancashire CCG	North Lancashire	Subtotal CCG Spend
TOTAL CORE	£1,922,157	£1,308,517	£1,301,419	£3,564,236	£1,078,165	£1,162,958	£866,207	£566,033	£11,769,692
TOTAL TRANSFORMATION (85% aligned)	£437,920	£376,040	£376,040	£847,280	£342,720	£447,440	£238,000	£333,200	£3,398,640
TOTAL CORE + TRANS. IN 2017/18	£2,360,077	£1,684,557	£1,677,459	£4,411,516	£1,420,885	£1,610,398	£1,104,207	£899,233	£15,168,332
Registered Population (under 19s)	34,658	45,068	38,819	88,476	32,686	45,633	23,097	31,200	339,637
Investment (£) per Reg. Population	£68.10	£37.38	£43.21	£49.86	£43.47	£35.29	£47.81	£28.82	£44.66

- LA spend in 2017/18 was £4.5m

Annual Children's Services Spend - 2017/18				
Service	Lancashire County Council	Blackpool Council	Blackburn Council	Sub Total Local Authority
TOTAL CORE	£3,979,668	£163,233	£350,700	£4,493,601



CCG Investment compared to national average

CCG Investment per population 0-18

Lancashire & South Cumbria	National Average
£38.39	£50.13

Funding
gap:
£4.9M



Lancashire & South Cumbria Children and Young People's
Emotional Wellbeing and Mental Health Transformation Plan

Key Priority Area

- We have reviewed our Transformation Plan in light of these challenges, issues, national requirements and the changing strategic context and agreed that a fundamental objective must be **to improve access** to CAMHS and **reduce variation** in service offer and investment
- Our ambition is to go beyond the national access target but this will be dependent on **increased investment** alongside service redesign.
- It has been agreed by the CCG's that this will be achieved through a co-produced **Service Redesign Project** in line with the nationally recognised model THRIVE
- At the same time, if we are to prevent more CYP developing MH conditions, **other partner investment** in resilience and prevention also needs to be increased.



Aim: To redesign and commission NHS funded children and young people's emotional wellbeing and mental health (CYPEWMH) services across Lancashire and South Cumbria in line with THRIVE



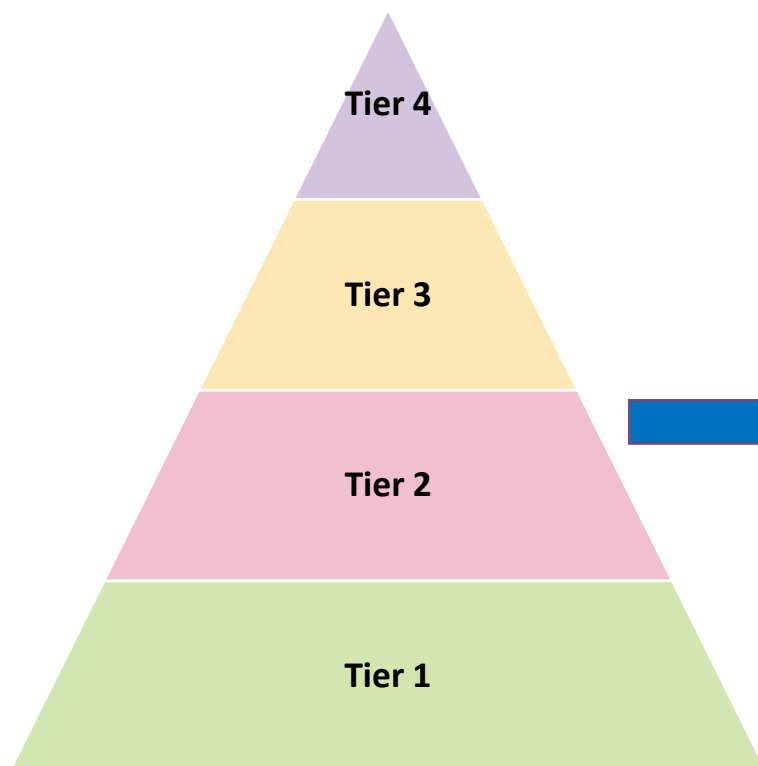
Services in Scope

**NHS funded services for children
and young people with a
diagnosable mental health
condition**



The Case for Change: Adopting THRIVE

Current Approach



“...a radical shift in the way that services are conceptualised and potentially delivered”.



“rather than an escalator model this is a conceptual framework that groups children and young people, goal focused, evidence informed.”





Lancashire Children
and Young People's
Emotional Wellbeing
and Mental Health
Transformation Plan

The Ask to Providers

Providers are asked to collaborate with each other, with VCFS providers and with CCGs to clinically lead the co-production of a core service model for NHS funded CYPEWMH Services (CAMHS) across Lancashire and South Cumbria



CCG's have agreed a 'collective' service redesign project. The outcomes will be:

- More children who need services are able to access them
- Waiting times are reduced
- Variations in service across Lancashire and South Cumbria are addressed
- Best practice both nationally and locally is shared and built upon
- Existing and additional investment is deployed in the best way to meet need.



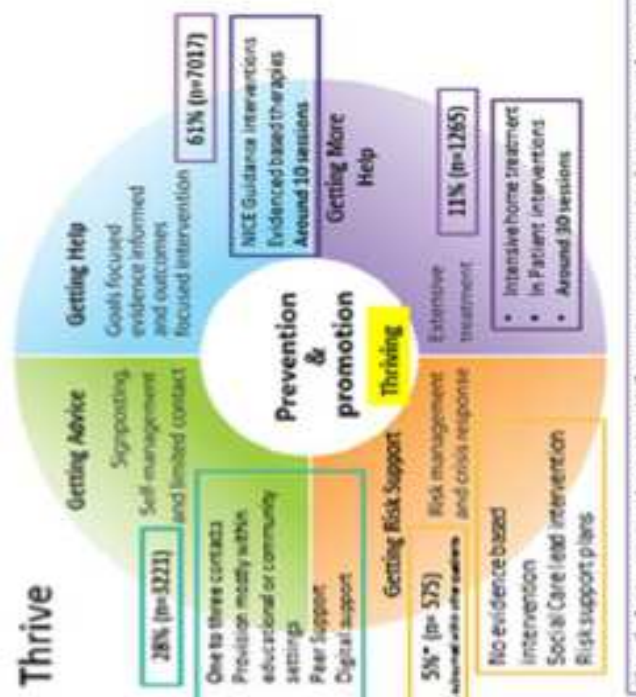
Providers

- East Lancashire Child and Adolescent Services
- Lancashire Care NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Cumbria Partnership NHS Foundation Trust
- Range of VCFS providers in scope



The Ask:

Providers are asked to collaborate with each other to clinically lead the co-production of a core service model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

Must Do's:	Pathways to be included:	Must Do's continued:
<p>a. Be co-produced with CYP, families, providers, commissioners and other stakeholders (see appendix A).</p> <p>b. Reflect and respond to previous consultation (see EIRA) and incorporate ongoing engagement with CYP and families.</p> <p>c. Offer quality services that result in positive patient experiences and deliver positive outcomes for children, young people and families in line with PREMS and PROMS.</p> <p>d. Respond to the needs of our diverse communities and vulnerable groups (see EIRA).</p> <p>e. Incorporate the use of digital therapies in line with evidence base and offering choice</p> <p>f. Incorporate clinical support to online parenting groups and peer support based on recommendation in the THRIVE consultation e.g. closed Facebook groups with clinical input</p> <p>g. Incorporate the full range of NHS funded interventions provided across sectors e.g. counselling (see appx B)</p> <p>h. Reflect the THRIVE model: evidence based and outcomes lead; options and information for children and young people in need but not in treatment; interventions are focused and time limited; and a clear approach to risk support.</p> <p>i. Support delivery of the national access target (see appendix B).</p> <p>j. Take referrals from birth up to 18th birthday and continue to support up to 19th birthday, as needed</p> <p>k. Offer a clear single point of contact for CYP, families, schools and primary care including providing consultation and advice.</p> <p>l. Offer clear referral pathways including self-referral.</p> <p>m. Incorporate a single point of access to all elements of the THRIVE model including a 'warm handover' to other services</p> <p>n. Offer a direct route from adult IAPT for 16-18s with anxiety/depression as part of 'getting help'</p> <p>o. Incorporate a range of roles including the new PMHVs and CWP's.</p>	<p>Pathways to be developed as part of the redesign, reflecting the national access target definition, the needs based groupings set out in THRIVE elaborated (p14) and NICE guidance. Pathways to include those delivered directly and those delivered in partnership with other services</p>  <p>Getting Advice (28% (n=3223))</p> <ul style="list-style-type: none"> One to three contacts Provision mostly within educational or community settings Peer support Digital support <p>Getting Help (61% (n=7017))</p> <ul style="list-style-type: none"> Goals focused evidence informed and outcomes focused intervention NICE Guidance Interventions Evidence based therapies Around 10 sessions <p>Prevention & promotion (59% (n=575))</p> <ul style="list-style-type: none"> Risk management and crisis response No evidence based intervention Social Care (and intervention) Risk support plans <p>Thriving (11% (n=1265))</p> <ul style="list-style-type: none"> Intensive home treatment In Patient interventions Around 30 sessions <p>Time limited, outcome focused, self directed, needs led and evidence based interventions</p>	<p>p. Ensures workforce requirements are delivered in line with Stepping Forward to 2020/21.</p> <p>q. Offer 7-day CAMHS crisis response with access to out of hours on-call services and places of safety alongside Core 24</p> <p>r. Offer access to the service in a range of CYP friendly settings.</p> <p>s. Work in partnership with in-patient services to ensure CYP are supported in the least restrictive setting.</p> <p>t. Allow for innovation and continuous improvement in response to national and local standards while enabling place based delivery and local variation, where appropriate. This should include the Green Paper (December 2017).</p> <p>u. Support a collaborative system and a positive culture around children and young people's mental health by working in partnership with non-NHS funded services that form part of the complementary offer; to tackle stigma and raise awareness; and positioning the new service within the context of an overall offer for 0-25.</p> <p>v. Work in partnership with AMH and physical health services to ensure CYP and families are supported holistically and that services recognise and respond to the impact that AMH may have on CYP</p> <p>w. CYP are appropriately supported to transition in line with pan Lancashire Transitions procedure and NICE quality standards and learning from recent CQUIN.</p> <p>x. Children and young people, who are vulnerable e.g. children looked after, young offenders, should have priority access to mental health assessments by specialist practitioners. Access to subsequent treatment should be based on clinical need.</p>
Performance and outcome measures and targets	Outcome measures:	
<p>1. Access Target: Included in THRIVE diagram above and CCS breakdown appendix B (Attached)</p> <p>2. Waiting List Measures: included as placeholders in FIPV MH dashboard and as part of national indicator set therefore may require further amendment once finalized nationally.</p> <p>a. Total number of CYP waiting for treatment by number of weeks waiting</p> <p>b. Average waiting time (days):</p> <ol style="list-style-type: none"> from referral to treatment/intervention (National proposed 4 weeks – Green Paper Dec 2017) from assessment to treatment/intervention from referral to assessment <p>3. Quality Measures</p> <p>a. Transitions out of Children and Young People's Mental Health Services as per Commissioning for Quality & Innovation (CQUIN) 2017/18 specification, with a goal to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.</p> <p>b. Additional measures to be developed by providers</p>	<p>4. Outcome measures:</p> <ol style="list-style-type: none"> No's of CYP with paired outcome measures % of CYP who show reliable improvement No's of CYP who have developed a goal based outcome % of those that show improvement on those goals No's of CYP who completed patient experience measure % of CYP reporting positive patient experience measure <p>5. Mental Health Service Data Set (MHSDS): Compliance to the minimum MHSDS submission of 100% completeness and full compliance against data quality as per the NHS Digital provider level data quality report, with ambition to be fully conformant to MHSDS by 1st June 2018 as per the Information Standard Notice.</p>	

Key Milestones & Progress to Date

Phase 1:

Checkpoint 1:- **Completed**

Confirmation of agreement to proceed with the redesign received from providers 10.11.17

Checkpoint 2: **Completed**

MOU submitted and agreed 5.2.18;

Co-production and Engagement plan submitted and signed off 20.4.18

Checkpoint 3:

Submission of outline proposal **Completed** and submitted **10.08.18** and evaluated.



CAMHS Redesign - achievements

- We have an agreed clinical model for CAMHS delivery across L and SC for the first time ever
- Staff are committed to delivery having been heavily engaged throughout the co-production
- Commissioning and provider roles integrating – breaking new ground. This is a real test case for new ways of working
- CYP and families are optimistic about the future – positive feedback from the co-production process so far



CAMHS Redesign – Next steps

Agreement of timeline and resourcing for phase 2 to include:

Refinement of Clinical model

- Significant further co-production with CYP, families, stakeholders
- Further communications & engagement
- Clinical modelling
 - Planned and unplanned care
- Demand & capacity modelling
- Estates
 - Delivery of service locations – influenced by engagement
- Workforce
 - Designing new roles, terms & conditions, TUPE

Development of Business Model

- Detailed bottom-up costing
- Organisational/provider delivery model
- Payment model
- Contract/commissioning model



Lancashire & South Cumbria Children and Young People's
Emotional Wellbeing and Mental Health Transformation Plan



Summary

- The Transformation Programme has made significant progress on improvements, after just 2 years of operation in a 5 year journey
- New challenges are ahead this year
- We have proposed a means of meeting those challenges, and we believe the redesign is the right approach
- We welcome feedback and are committed to work together on assurances around the whole system
- We must move forward and continue to make improvements
- We welcome the on-going input and support from the Lancashire Health & Wellbeing Board





Lancashire & South
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Thank You

[http://www.healthierlsc.co.uk/application/files/7815/2845/4017/Lancashire CYP EWMH Transformation Plan Refresh .pdf](http://www.healthierlsc.co.uk/application/files/7815/2845/4017/Lancashire_CYP_EWMH_Transformation_Plan_Refresh_.pdf)



Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 November 2018

Lancashire Special Educational Needs and Disabilities (SEND) Partnership - Update on the implementation of the Written Statement of Action (Appendix 'C' Refers)

Contact for further information:

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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 two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a written statement of action, setting out the immediate priorities for action; the progress on implementing these actions is monitored by the Department for Education (DfE) and NHS England (NHSE).

Since the last meeting work has continued to progress the actions set out in the written statement of action.

This is the third update to the Health and Wellbeing Board.

Recommendation

That the Health and Wellbeing Board:

- (i) Note the progress of delivery on the written statement of action;
- (ii) Receive an update on progress at the January Board meeting
- (iii) Note the likely changes to the external monitoring process in 2019 as described in paragraph 4.

1. Background

- 1.1 The Lancashire SEND Partnership Board is responsible for ensuring the delivery of the written statement of action (action plan) and for reporting on progress bi-monthly to the Health and Wellbeing Board. John Readman, interim Executive Director for Education and Children's Services and Mark Youlton, CCG Chief Officer are the accountable officers for SEND and Chair and Vice-Chair of the Board respectively.
- 1.2 The action plan is supported by five thematic delivery plans which are monitored monthly against the action plan deadlines by the SEND Partnership team. Progress is reported bi-monthly to the SEND Partnership Board and the DfE/NHSE.

2 Progress since the 18 September 2018 report

2.1 The actions in the delivery plans are RAG rated; those which are completed are rated green when supporting evidence has been provided, whilst actions rated amber are in progress, with/without evidence. The following has been completed since the last report to the Board:

- ✓ Partnership vision and strategy (attached as appendix A)
- ✓ Interim joint commission strategy for SEND
- ✓ Pan-Lancashire Neurodevelopmental Assessment and Diagnostic Pathway (high-level)
- ✓ Interim Chair and Vice-Chair of Parent Carer Forum appointments
- ✓ Quality Standards for Education Health and Care Plans co-produced, including contributions from 241 SENCO's representing 218 schools
- ✓ Designated Clinical Officer service in place
- ✓ System to monitor children with an EHCP at risk of permanent exclusion in place – two of the last three exclusions rescinded
- ✓ Third SEND Partnership Newsletter (attached as appendix B) published

2.2 In addition:

- ✓ Provider contracts formally amended to require a SEND Champion and SEND training for staff
- ✓ Tender prepared for the re-build of the Local Offer
- ✓ SEND service supported to lead 18 events across the county, involving 285 educators (Head teachers, SENCO's/SENDOS and Early Years leaders)
- ✓ Review and redesign of SEMH/Alternative Provision implemented

3 Key action over the next reporting period

3.1 The following key actions have deadlines for December 2018 and will be reported on at the next meeting:

- Determine impact measures as part of the strategy
- Develop transitions policy
- Agree co-production strategy
- Commence build of Local Offer
- Test Quality Standards for Tier One audits
- Hold conferences for Chairs of Governors
- Implement training programme for SEND reviewers

4 Monitoring progress

4.1 Internal monitoring of delivery takes place monthly by the SEND Partnership team and is reported to the SEND Partnership Board at their bi-monthly meeting.

4.2 External monitoring by the DfE and NHSE takes place quarterly; the last meeting took place on 11 October, with a further meeting scheduled for 18 December. The overall assessment, on the progress the Lancashire SEND Partnership is making to date, by the DfE/NHSE is expected to be Amber, concurring with our own view.

- 4.3 The review of progress in December with DfE/NHSE appointed advisors will consider whether satisfactory progress has been made overall; an improvement plan will be required for that meeting, along with assurance that the governance arrangements will continue to be robust.
- 4.4 Following the meeting a decision will be made about the continued monitoring of progress in Lancashire, though a report to the Children's Minister, either on a three monthly or six monthly basis.
- 4.5 In addition to this, those areas that have a written statement of action in place are expected to be re-inspected by Ofsted in 2019. Inspections are likely to occur 18 months from the date of the original inspection letter i.e. June 2019 in Lancashire.

Conclusion

Progress to develop and implement service improvement continues to be in line with the requirements of the action plan. Delivery plans were reviewed at the end of October, when progress was judged to be on schedule or sufficiently in train to give confidence that action will be completed. Any actions not completed will be included in the Improvement Plan referred to in paragraph 4.3 above.

List of background papers

Appendix C Lancashire SEND Partnership draft vision and strategy

Lancashire SEND Partnership Newsletter <https://www.lancashire.gov.uk/children-education-families/special-educational-needs-and-disabilities/shaping-send-together/lancashire-send-partnership/send-partnership-update/>

Lancashire SEND Partnership
Strategy: 2019 – 2021
(DRAFT)



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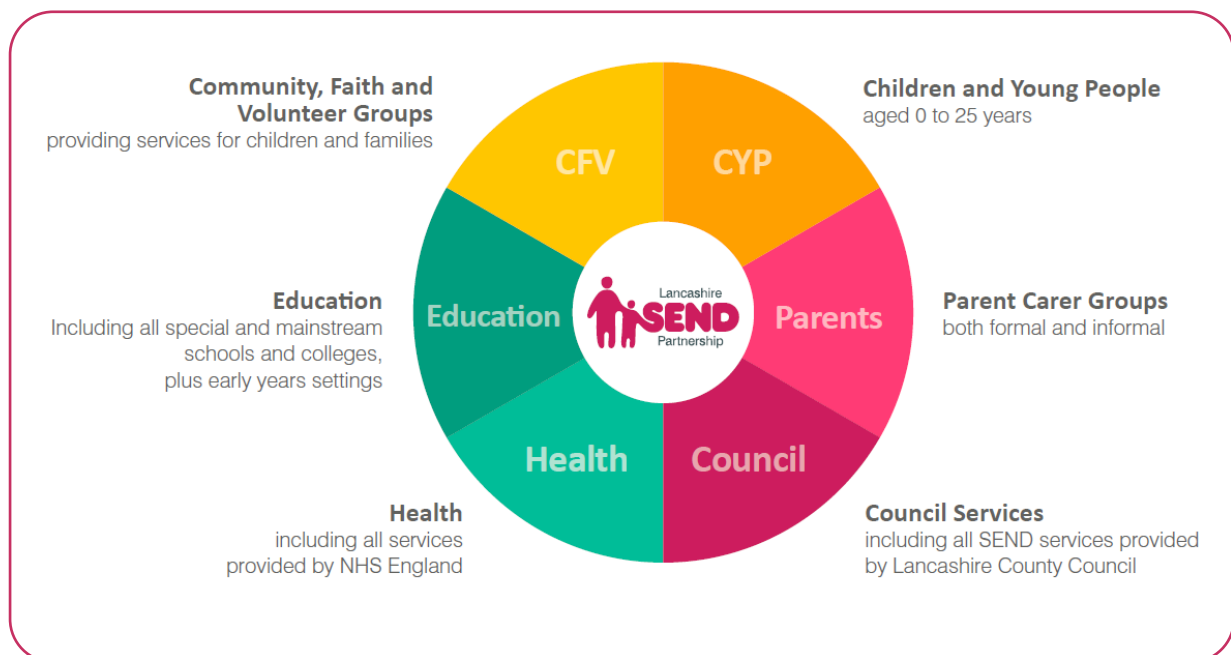
The Lancashire SEND Partnership

The Lancashire SEND Partnership brings together all the agencies in Lancashire which provide special educational needs and disabilities support for children and young people from birth to twenty-five.

The purpose of the Partnership is to ensure agencies work with each other, and with parents and carers, to provide information, advice and support so that together we achieve the best outcomes for children and young people.

We use the SEND Partnership symbol, often known as a logo, when we meet together, work together, produce documents and materials together. The SEND Partnership symbol does not replace the identity used on the communication and materials of individual organisations.

We can describe the SEND Partnership as the agreement of organisations and people to work together:



A Strategy for SEND in Lancashire

A strategy is a plan of action to help achieve a vision.

The strategy covers the support and services for children and young people with Special Educational Needs and Disabilities, often known as **SEND**, and sets out the improvements we want to make as a partnership over the next two years. It also suggests some things we need to consider about the way we deliver and fund services.

It is important that we have a strategy so that we can:

- Share our ambition for the future;
- Be clear about our priorities and the things we want to do;
- Make sure we are improving our support and services, to ensure children, young people and families are at the heart of what we do.

Just Count to Five

One vision for the future

Two-way communication model

Three shared values

Four strategic priorities for action

Five principles for the way we work



Feedback from children and young people, parents, carers and partners has informed the development of this strategy

One Vision for SEND in Lancashire

The Lancashire SEND Partnership has a vision for the future.

Although there is a great deal of work to be done and we know we are not there yet, we have high aspirations and share a commitment to achieve change. It is our vision to be able to describe our services and our partnership in this way:

- We are passionate about planning for and meeting the needs of children and young people with special educational needs and disabilities;
- We work together, as equal partners, who understand and listen to each other;
- Our highly regarded services are child centred, accessible and responsive;
- Our children and young people are supported to achieve their potential and ambitions, as valued members of the community.

Two-way Communication Model

We know that improving communication between us all is a priority.

We will put in place a Lancashire SEND Partnership model so that we can communicate more easily and effectively.

This model aims to improve access to senior practitioners, for children and young people, parents and carers within the local area through three **SEND Local Area Partnerships**.

The **SEND Local Area Partnerships** will also help to identify and resolve any local issues and share information about available support and services. Where services are not available or not working well, this will be shared with the SEND Partnership Board to help inform service development and improvement.



Three Shared Values

We share these values as the basis of our work together to support children and young people.

Inclusion: Belonging and involvement

Integrity: Honesty, trust and fairness

Respect: Value, regard and reliability

When we use these words, we mean that they will guide the way we behave towards each other, so that we create a culture of understanding as the foundation for excellence.

Four Strategic Priorities

We are committed to achieving our vision for children, young people with SEND and their families.

Over the next two years we will focus our joint action in four priority areas. We will be tenacious and courageous as we change the way we work together to:

- Priority 1:** Plan for and meet the needs of children and young people
- Priority 2:** Become equal partners who understand and listen to each other
- Priority 3:** Develop services that are child centred, accessible and responsive
- Priority 4:** Ensure children and young people achieve their potential and ambitions

The Lancashire SEND Partnership Board will support staff teams to deliver the priorities by:

- Encouraging a culture of mutually respectful working relationships;
- Recruiting and retaining a high performing workforce;
- Developing transformational leaders.

Priority 1: *Plan for and meet the needs of children and young people*

We want to identify children and young people's needs earlier by increasing our knowledge and understanding and improving access to support. We will work together, using shared processes to plan for and meet the needs of children and young people.



Young people, parents, carers and partners told us we need:

- To involve everyone in strategic decision making, including difficult decisions about priorities and funding;
- Better training for all professionals to increase knowledge and understanding;
- Robust policies and procedures, which are consistent;
- Clear routes to access support;
- High quality Education Health and Care Plans;
- A multidisciplinary approach to meet need.

In taking action we will:

- Develop a SEND workforce programme, particularly for SENCO's and SENDO's
- Review and share policies and procedures, starting with referral routes and threshold guidance
- Put in place a multi-agency audit process, to improve the quality of Education Health and Care plans
- Be creative in providing easier and earlier access to specialist services
- Share the effective practice that is taking place more widely
- Expect all partners to contribute to the consideration and analysis of children's needs

Priority 2: *Become equal partners who understand and listen to each other*

We want to be inclusive in the way we work as partners, living by our values and developing trusting relationships. We are committed to co-production in all aspects of our work as partners and with children, young people and their parents/carers. We will improve our information and keep on talking to each other.



Young people, parents, carers and partners told us we need to:

- Involve everyone in strategic decision making, including difficult decisions about priorities and funding
- Work together in a joined-up way
- Be open and transparent to re-build trust
- Listen to and value each other's views
- Communicate regularly using simple language
- Inform everyone when there are staff changes
- Have people on the ground to talk to and sign post
- Share information through an accessible 'Local Offer'
- Consider each other's needs when we need to meet

In taking action will:

- Include all partners in our improvement and development work
- Put in place SEND Local Area Partnerships to improve communication and share information
- Continue to develop the 'Local Offer' so that it is user friendly and useful
- Share our data to help us all make more informed decisions
- Collate and analyse feedback from children, young people, parents/carers and practitioners to inform improvement
- Consider how we can use our collective resources more creatively

Priority 3: *Develop services that are child centred, accessible and responsive*

We want to ensure that children, young people, parents and carers are at the heart of what we do by developing a child centred approach. We will develop services that are more accessible and responsive, whilst targeting services at those who need them most. We will treat everyone with respect and involve those who use our services in decision making.



Parents, young people and partners told us that we need to:

- Develop services with a ‘family first – child centred’ culture
- Treat everyone fairly, with compassion and understanding
- Involve a broader range of providers in the delivery of services
- Provide services consistently across the county
- Be accountable for the quality of our services

In taking action we will:

- Target the support available from specialist services more effectively
- Ensure SENDO’s and DCO’s are well known and active in the local area
- Implement a partnership model with schools for Alternative Provision
- Consider a coherent model to deliver outreach from special schools
- Re-commission Speech and Language and Occupational Therapy Services
- Develop a commissioning plan which is informed by the JSNA
- Implement the neurodevelopmental diagnostic pathway
- Continue to review service provision so that it is more consistent
- Develop arrangements to improve transition across our provision and services
- Improve our processes so that we reduce the bureaucracy

Priority 4: Ensure children and young people achieve their potential and ambitions

We want to support children and young people to achieve in learning, work and the community in which they live. We will work together to plan for more effective transitions and to prepare children and young people for adult life. We will support them to make their own choices, so that they can enjoy life as independently as possible.



Parents, young people and partners told us that we need to:

- Value and respect all young people as individuals
- Plan early for young people's transition into adulthood
- Develop pathways into employment and independent living
- Help young people understand all the options available to them
- Set ambitious, meaningful and up to date targets for children and young people

In taking action we will:

- Work with POWAR and school councils to involve more children and young people in the development of services
- Ensure children and young people achieve in their education at least as well as in other parts of the country
- Implement the SEND Review process in partnership with schools to support the inclusion of children and young people
- Develop post-16/19 provision which supports increased choice and independence to prepare young people for adulthood
- Consider the role of advocates for children and young people with SEND as they become young adults

Five Partnership Principles

The **principles which are the foundation** for how we work are set out in the Code of Practice 2015. They make clear that we must take the views, wishes and feelings of children, young people and their parents/carers into account, support them to take part in decision making and together enable children and young people to achieve in education and adulthood.

In practice, the **FIVE principles** from the Code that guide our work are:

- **Choice and control** for children, young people and parents
 - Taking children and young people's views seriously
 - Involving parents and carers in decision making
- **Collaboration** between education, health and social care
 - Building trusting relationships
 - Ensuring coordination of support
- **Quality** provision and services
 - Delivering consistently
 - Communicating clearly
- **Inclusive** practice and removing barriers to learning
 - Behaving fairly and with compassion
 - Assuring children and young people's dignity
- **Preparation** for adulthood
 - Being proactive and ambitious
 - Providing options and choices

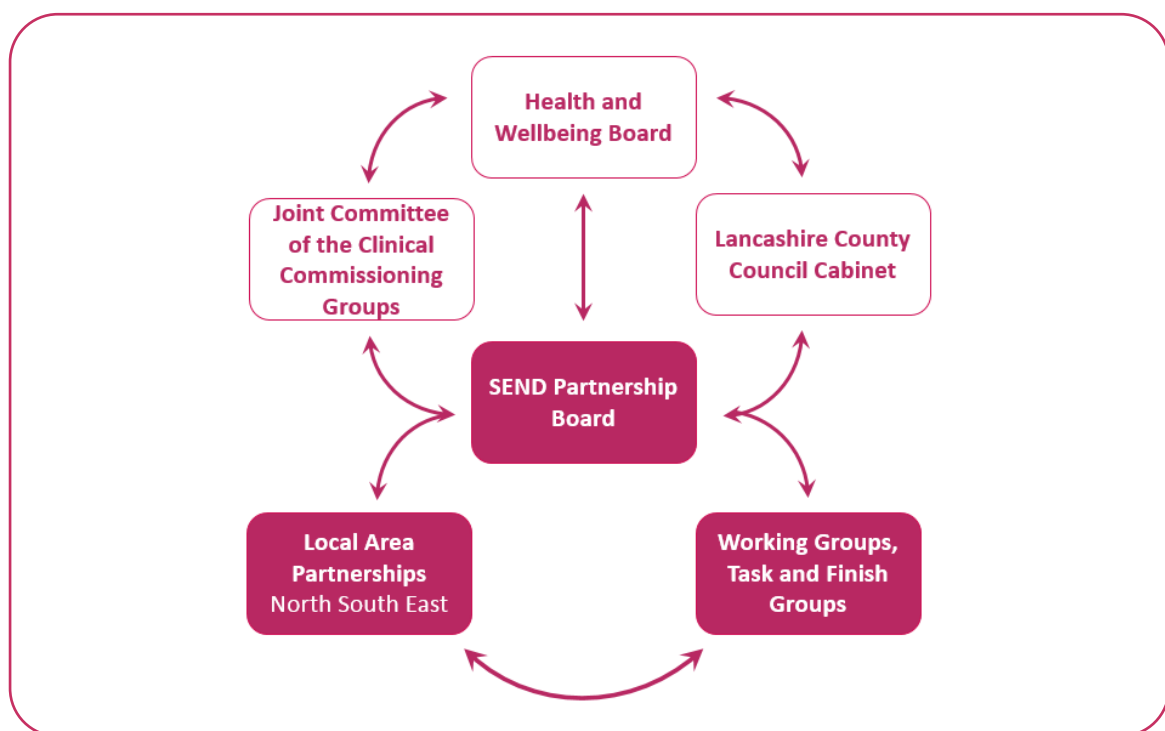
Delivering Change

The Lancashire SEND Partnership Strategy 2019-2021 will be overseen by the Lancashire SEND Partnership Board and delivered by the partners.

The SEND Partnership Board brings together partners who will work together to deliver our shared vision and priorities. The Board will monitor an Improvement Plan which sets out the detailed action, timelines and leadership responsibilities.

The SEND Partnership Board will establish working groups and task groups, as these are needed, to deliver the change with the involvement of all partners. Board members will act as representative for their sector, sharing their own perspective, whilst engaging and keeping others informed.

The SEND Partnership Board is accountable for the delivery of the strategy and plan to the Lancashire Health and Wellbeing Board, Lancashire County Council Cabinet and the Joint Committee of the Clinical Commissioning Groups.



Measuring Our Progress

For each of our strategic priorities we have agreed a number of measures to help us to judge if things are changing. We will also use other information, such as the feedback from surveys with parents and carers, to assess the progress we are making. We will share the information about our progress with all our partners and use this to keep on improving.

Priority 1: Plan for and meet the needs of children and young people

- Exclusion from and attendance at school
- Timeliness and quality of EHC Plans

Priority 2: Become equal partners who understand and listen to each other

- Feedback and complaints from parents and carers
- Number of tribunals

Priority 3: Develop services that are child centred, accessible and responsive

- Service waiting lists
- The number of children and young people in out of county provision

Priority 4: Ensure children and young people achieve their potential and ambitions

- Attainment for children and young people with SEND
- Number of young people in Education, Employment and Training

Other Useful Information

The legal context for our work

We need to reflect the changes in the law about how we support children, young people with SEND and their families. This is set out in the Children and Families Act 2014: Part 3 and in the SEND Code of Practice.

We must also have regard to:

- the Care Act 2014
- the Equality Act 2010
- the Lancashire Health and Wellbeing Strategy
- the Lancashire Accessibility Strategy
- Health Young Minds: Transformation Plan 2015-2020

The terms we use in this document

Within this document '**partners**' means all public and voluntary, community and faith sector agencies and can also mean parent/carers when they are not specifically named.

Education Health and Care Plans (**EHCP's**)

We mention **SENCO's** and **SENDO's** are key professionals who work with children, young people, parents and carers. A Special Educational Needs Coordinator (SENCO) works in a school; they are responsible for the operation of the school's SEN policy. A Special Educational Needs Disability Officer (SENDO) works in the local authority; they advise parents, carers and professionals about the additional needs of children and young people.

Designated Clinical Officers **DCO's** play a key role in supporting joined up working between health services and local authorities.

The Joint Strategic Needs Assessment or **JSNA** is a way of assessing the health and wellbeing needs of the local community to inform local decision making.

SEND stands for children and young people with Special Educational Needs and disability.



A group of young people with SEND work with the Lancashire County Council **POWAR** (participation opportunity win achieve and respect) to influence decision making.

Other documents which are linked to this Strategy

SEND Partnership Communication Model [Add link](#)

SEND Partnership Working Together – Co-Production Strategy [Add link](#)

SEND Partnership Board Terms of Reference [Add Link](#)

For Further Information

Please contact us at: SENDPartnership@Lancashire.gov.uk