

Lancashire County Council

Health Scrutiny Committee

Tuesday, 3rd July, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

| No. | Item | |
|-----|------|--|
|-----|------|--|

- | | | |
|----|--|-----------------|
| 1. | Apologies | |
| 2. | Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group | (Pages 1 - 10) |
| 3. | Disclosure of Pecuniary and Non-Pecuniary Interests Members 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. | |
| 4. | Minutes of the Meeting Held on 17 April 2018 | (Pages 11 - 14) |
| 5. | Our Health Our Care Programme – Update on the future of acute services in central Lancashire | (Pages 15 - 28) |
| 6. | Lancashire Dementia Strategy – Dementia Friendly Lancashire 2018-2023 | (Pages 29 - 66) |
| 7. | Report of the Health Scrutiny Steering Group | (Pages 67 - 76) |
| 8. | Health Scrutiny Committee Work Programme 2018/19 | (Pages 77 - 86) |
| 9. | Urgent Business 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 Member's intention to | |

raise a matter under this heading.

10. Date of Next Meeting

The next scheduled meeting of the Health Scrutiny Committee will be held on Tuesday 25 September 2018 at 10.30am at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

| |
|---------------------------------------|
| Electoral Division affected: None; |
|---------------------------------------|

Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group (Appendix A refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

This report sets out the constitution, membership, chair and deputy chair and terms of reference (remit) of the Health Scrutiny Committee for the municipal year 2018/19.

Recommendation

The Committee is asked to note:

- i. The appointment of County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the Committee for the remainder of the 2018/19 municipal year;
- ii. The new Membership of the Committee following the County Council's Annual Meeting on 24 May 2018; and
- iii. The Terms of Reference of the Committee.

Background and Advice

i) Constitution and Membership of the Health Scrutiny Committee

The Full Council, at its meeting on 24 May 2018, agreed that the Health Scrutiny Committee shall comprise 12 County Councillors (on the basis of 7 Conservative, 4 Labour and 1 from either the Liberal Democrat or Independent groups) and 12 non-voting co-opted members, with each District Council being invited to nominate a representative.

It was also agreed that County Councillor nominations to serve on the Committee should be submitted to the Director of Corporate Services by the respective Political Groups. Accordingly, the membership of the Committee, as confirmed by the

Political Group Secretaries and the 11 out of the 12 Lancashire District Councils, is as follows:

County Councillors (12):

| | |
|--------------|------------|
| P Britcliffe | H Khan |
| J Burrows | S Morris |
| G Dowding | M Pattison |
| C Edwards | E Pope |
| N Hennessy | P Steen |
| S Holgate | C Towneley |

Non-voting co-opted members (12):

| | |
|---------------------------------|--------------------------------|
| Burnley Borough Council | - Councillor Margaret Brindle |
| Chorley Council | - To be confirmed |
| Fylde Borough Council | - Councillor Viv Willder |
| Hyndburn Borough Council | - Councillor Glen Harrison |
| Lancaster City Council | - Councillor Colin Hartley |
| Pendle Borough Council | - Councillor Wayne Blackburn |
| Preston City Council | - Councillor Peter Moss |
| Ribble Valley Borough Council | - Councillor Bridget Hilton |
| Rossendale Borough Council | - Councillor Barbara Ashworth |
| South Ribble Borough Council | - Councillor Matthew Tomlinson |
| West Lancashire Borough Council | - Councillor Gail Hodson |
| Wyre Borough Council | - Councillor Julie Robinson |

The Full Council also appointed County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the Committee for the remainder of the 2018/19 municipal year.

ii) Health Scrutiny Steering Group

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups as follows:

County Councillors (4):

| | |
|--------------|-----------|
| P Britcliffe | J Burrows |
| S Holgate | S Morris |

The Committee's terms of reference (remit) are set out at appendix A.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk management implications arising from this item.

**Local Government (Access to Information) Act 1985
List of Background Papers**

| Paper | Date | Contact/Tel |
|-------|------|-------------|
|-------|------|-------------|

N/A

Reason for inclusion in Part II, if appropriate

N/A

Part 2 – Article 5 (Overview and Scrutiny)

The council has established the following Overview and Scrutiny Committees:

| Committee | Responsibility | Membership |
|--|--|--|
| Internal Scrutiny Committee | Review and Scrutinise decisions, actions and work of the Council | 12 County Councillors |
| Health Scrutiny Committee | Statutory responsibility for scrutiny of adult and universal health services | 12 County Councillors, plus 12 non-voting co-opted members, nominated by the 12 district councils |
| Children's Services Scrutiny Committee | Review and scrutinise children and young people's services including the statutory powers of a scrutiny committee as they relate to the NHS. | 12 County Councillors, one non-voting co-opted youth council representative, and five non-voting district council members with one member being nominated by each Children's Partnership Board |
| Education Scrutiny Committee | Review and scrutinise issues around education services provided by the council including those education functions of a Children's Services authority. | 16 County Councillors and 5 co-optees, (comprising three Church representatives and two parent governor representatives) who shall have voting rights in relation to any education functions which are the responsibility of the Executive |
| External Scrutiny Committee | Review and scrutinise issues, services and activities carried out by external organisations | 12 County Councillors |

All Overview and Scrutiny Committees have the following Terms of Reference:

1. To review decisions made, or other action taken, in connection with the discharge of any functions which are undertaken by the Cabinet collectively, or in the case of urgent decisions which cannot await a Cabinet meeting by the Leader of the Council (or in his/her absence

**(Approved and last updated under the Council's Urgent Business Procedure on behalf of the Urgency Committee, 20 June 2017
Owner – Chris Mather)**

the Deputy Leader) and the relevant Cabinet Member, or Cabinet committees.

2. To make reports or recommendations to the Full Council, the Cabinet, the Leader, Deputy Leader or other Cabinet Members as necessary or Cabinet committees with respect to the discharge of any functions which are undertaken by them or in respect of any functions which are not the responsibility of the Cabinet.
3. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council or the Cabinet, individual Cabinet members, Cabinet committees, or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to the Cabinet, individual Cabinet members, Cabinet committees, Full Council or external organisations as appropriate.
4. To consider any matter brought to it following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.
5. To consider requests for "Call In" in accordance with the Procedural Standing Orders – Overview and Scrutiny Rules at Appendix C – Appendix 3 of the Constitution
6. To request a report by the Cabinet to Full Council where a decision which was not treated as being a key decision has been made and the Overview and Scrutiny Committee is of the opinion that the decision should have been treated as a key decision
7. To request the Internal Scrutiny Committee to establish task groups and other working groups and panels as necessary.
8. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities
9. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.
10. To require any Councillor, an Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.

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Owner – Chris Mather)**

Internal Scrutiny Committee

1. To review and scrutinise all services provided by the authority, unless specifically covered by the Terms of Reference of another Overview and Scrutiny Committee.
2. To consider matters relating to the general effectiveness and development of Overview and Scrutiny in the authority including training for county councillors and co-optees.
3. To consider requests from the other Overview and Scrutiny Committees on the establishment of task groups, and to establish, task groups, and other working groups and panels as necessary, as well as joint working arrangements with District councils and other neighbouring authorities including joint committees to exercise the statutory function of joint health scrutiny committees under the NHS Act 2006.
4. To determine which Overview and Scrutiny Committee considers a particular matter where this is not clear.
5. To establish arrangements for the scrutiny of member development, and receive reports from the Member Development Working Group.
6. To recommend the Full Council to co-opt on to a Committee persons with appropriate expertise, without voting rights

Children's Services Scrutiny Committee

1. To scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners.

The following provisions relating to scrutiny of health and social care relate to services for children and young people:

2. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate,
3. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
4. The review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and

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the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate

5. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
6. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
7. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
8. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.
9. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
10. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
11. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
12. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

Education Scrutiny Committee

1. To scrutinise matters relating to education delivered by the authority and other relevant partners.
2. To fulfil all the statutory functions of an Overview and Scrutiny Committee as they relate to education functions of a Children's Services Authority.

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Health Scrutiny Committee

1. To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
2. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
3. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
4. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
5. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
6. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.
7. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
8. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
9. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
10. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
11. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
12. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.

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13. To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

External Scrutiny Committee

1. To review and scrutinise issues, services or activities carried out by external organisations including public bodies, the voluntary and private sectors, partnerships and traded services which affect Lancashire or its inhabitants, and to make recommendations to the Full Council, Cabinet, Cabinet Members, Cabinet committees or external organisations as appropriate.
2. To review and scrutinise the operation of the Crime and Disorder Reduction Partnership in Lancashire in accordance with the Police and Justice Act 2006 and make reports and recommendations to the responsible bodies as appropriate
3. In connection with 2. above, to require an officer or employee of any of the responsible bodies to attend before the Committee to answer questions
4. To co-opt additional members in accordance with the Police and Justice Act 2006 if required, and to determine whether those co-opted members should be voting or non-voting
5. To review and scrutinise the exercise by risk management authorities of flood risk management functions or coastal erosion risk management functions which may affect the local authority's area

**(Approved and last updated under the Council's Urgent Business Procedure on behalf of the Urgency Committee, 20 June 2017
Owner – Chris Mather)**

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 17th April, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

| | |
|-----------|------------|
| L Beavers | M Iqbal |
| J Burrows | S C Morris |
| B Dawson | E Pope |
| G Dowding | P Steen |
| C Edwards | C Towneley |
| S Holgate | |

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Jean Cronshaw, Chorley Borough Council
Councillor Tony Harrison, (Burnley Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Viv Willder, Fylde Borough Council

County Councillor Bernard Dawson replaced County Councillor Margaret Pattison and Councillor Jean Cronshaw replaced Councillor Hasina Khan.

The Chair welcomed Councillor Viv Willder from Fylde Council who permanently replaced Councillor Shirley Green on the Committee.

1. Apologies

Apologies were received from Councillors Gail Hodson and Julie Robinson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 5 March 2018

Resolved: That the minutes from the meeting held on 5 March 2018 be confirmed as an accurate record and signed by the Chair.

4. Sustainability and Transformation Partnership (STP) - Update

The Chair welcomed Neil Greaves and Gary Raphael from Healthier Lancashire and South Cumbria; and Mark Youlton from East Lancashire Clinical Commissioning Group, to the meeting.

The report presented provided an update from the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP) including progress of working to become an Integrated Care System (ICS) and the development of a strategic framework for delivery of activity. The presentation detailed progress, activity and milestones for 2018/19.

Lancashire and South Cumbria was working to become a shadow integrated care system made up of five Integrated Care Partnerships. A strategic framework had been developed to coordinate activity across the whole system.

Twelve refreshed portfolio areas were being adopted to design, mobilise and lead the work across the whole system. Each portfolio would have identifiable leadership and resource and would report through the ICS Strategic Framework to the shadow ICS Board. The portfolios were set out across three key areas:

- Strategic Portfolios – how services would be commissioned in the future
- Clinical Change Portfolios – what was being done with Mental Health services, Out of Hospital services, and Acute and Specialised services
- Enabling Portfolios – finance, IT, workforce, and communication

There were detailed implementation plans in place for all portfolios and a future overall design had been agreed.

On short term objectives, members were informed that the Better Care Fund had provided for significant improvements in reducing delayed transfers of care. However, it was acknowledged that on the transformation of health and social care, a significant level of pooled budget would be needed to manage the process.

It was reported that Healthier Lancashire and South Cumbria was hoping to hold engagement events on stroke during the summer of 2018, and was establishing a network for communication and engagement. Whilst resources were now in place to ensure more robust consultations would take place with the public, members stressed the importance of communication and engagement with residents in rural areas.

On decisions taken by clinical commissioning groups (CCGs) and the Joint Committee of CCGs, a request was made for information on accountability of those organisations that had been commissioned to provide services on behalf of the NHS.

Resolved: That;

1. The report be noted and progress made to date be supported;
2. Information on how those organisations providing services on behalf of the NHS are held to account be provided to the Committee;
3. Any further engagement and communication should take account of the rural parts of Lancashire
4. The principle of any new funding or available budgets continuing to be invested in the population health and the prevention and early intervention be supported; and
5. Financial information in relation to the transformation of the health and social care system in Lancashire be presented at a future meeting of the Committee.

5. Report of the Health Scrutiny Steering Group

The report provided an overview of the matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 14 March 2018.

Resolved: That the report of the Steering Group be received.

6. Health Scrutiny Committee Work Plan 2017/18

The Work Plans for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified at the work planning workshop held on 20 June 2017.

A request was made for the North West Ambulance Service (NWAS) to present to the Health Scrutiny Steering Group on their performance in relation to the new government reporting standards.

Resolved: That;

- i. The report be noted; and
- ii. An update from the North West Ambulance Service on their performance in relation to the new government reporting standards be added to the work plan.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 3 July 2018 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

Electoral Division affected:
(All Divisions);

Our Health Our Care Programme – Update on the future of acute services in central Lancashire

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

An update from the Our Health Our Care Programme on the future of acute services in the central Lancashire area detailing the case for change, process and next steps.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the update; and
2. Formulate any recommendations on the Our Health Our Care Programme's case for change, process and next steps.

Background and Advice

Dr Gerry Skales, Medical Director from Lancashire Teaching Hospitals Foundation Trust and Sarah James, Our Health Our Care Programme Director will attend the meeting to present an update on the future of acute services in the central Lancashire area detailing the case for change, process and next steps.

Health and care partners within central Lancashire have been working alongside each other to develop new approaches to shape how services are designed and run in the future, ensuring that they are clinically and financially viable and able to meet the needs of the 380,000 people living and working in Chorley, South Ribble and Greater Preston areas.

A clinical case for change has been produced which has examined the evidence base for what needs to change. Their case for change uses insight from a range of sources, and have developed six key drivers for change:

1. Health Inequalities;
2. Changing population demographics;

3. Limited workforce;
4. Bed occupancy;
5. Variation in meeting standards; and
6. Decrease in planned surgery.

A copy of the key findings is set out at **appendix A**.

The Our Health Our Care programme continues to work with clinicians to capture their ideas for potential new ways of delivering services with the aim of improving patient care and creating clinically and financially viable hospital services for the future. These clinical ideas will be brought together in the form of a 'model of care'. A model of care broadly defines the way services are delivered by outlining best practice patient care through a set of principles. It aims to ensure people get the right care, at the right time, by the right team and in the right place. The Committee should note that only once the programme has an agreed model of care, will they begin to look at the ways in which it can be delivered.

It is intended that further updates on this matter will be presented to the Committee in September and December 2018, detailing progress and the models of care and options.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985

List of Background Papers

| Paper | Date | Contact/Tel |
|-------|------|-------------|
|-------|------|-------------|

N/A

Reason for inclusion in Part II, if appropriate

N/A



Our Health Our Care

**Developing health and care
that is fit for the future**

Introduction

Our Health Our Care is a partnership of NHS organisations, local councils, charity, voluntary and faith groups, and local communities and patients; working together to improve the health and wellbeing of people in central Lancashire. Our Health Our Care is one of five integrated care partnerships within Healthier Lancashire and South Cumbria - the region's Integrated Care System.

This booklet shares the journey Our Health Our Care has taken to date, how input from clinicians, partners, public and patients have shaped health and care in the area, and outlines the next stage of the work – improving hospital care.



Why our local health and social care services need to change

1. Health inequalities

There is great variation across the central Lancashire area, where the place you live can have a significant impact on life expectancy and health issues.

3.7%

- In the **South Ribble** area, **3.7%** of the population live in the 20% **most deprived** areas in England

37%

- In the Preston area, **37%** of the population live in the 20% **most deprived** areas in England

12%

- In the **Chorley** **12%** of the population live in the 20% **most deprived** areas in England

Residents who live in our most deprived areas are:

51%

- **51%** more likely to **die from cancer** than those in the least deprived

x2

- **Twice** as likely to **die prematurely from stroke** as those in the least deprived areas

6

- **Six** times more likely to experience **severe anxiety and depression** compared to those in the least deprived areas

15%

- The age-standardised **suicide rate** is **15% higher** in Lancashire than the England average

Life expectancy for women:

- South Ribble is **83.7 years**
- Chorley is **82.3 years**
- Preston **81.5 years**
- National average of **83.1 years**

Life expectancy for men:

- South Ribble is **80.1 years**
- Chorley is **78.9 years**
- Preston is **78.8 years**
- National average is **79.5 years**

Across Central Lancashire...

- Levels of **smoking and drinking** are **higher** than the national average
- The number of people living with **long term conditions** is **higher** than national average
- Lancashire's rate of Chronic Obstructive Pulmonary Disease (**COPD**) **mortality** is significantly **worse** than the England average
- Deaths from **cancer and cardiovascular disease** in people under 75 is significantly **higher** than the England average

2. Changing population demographics

The population landscape across central Lancashire is changing, and the needs of these people are becoming more complex, leading to a greater use of services across all aspects of the hospitals.



- During 2015/16 the hospital has seen **11,245 more** outpatients, than in 2014/15



- During 2015/16 the hospital has admitted **1,087 more** patients than in 2014/15



- During 2015/16 the hospital has provided **10,374 more** operations than in 2014/15

Alongside this, the population, as it does across the country, continues to age.



- The **number of people over the age of 65** in Chorley, Preston and South Ribble is forecast to **increase by 33,000** in the period 2014-2037



- The number of **patients admitted** to a geriatric medicine ward is **expected to rise** as the population ages

Older people have more complicated care needs that need complex coordination. As the population ages, this will put increasing pressure on health and social care services.



- The proportion of A&E attendances for **over 65** year olds has been **increasing**



- Between April 2015 and January 2018, over 65 year old attendances **increased** from **21% to 32%** at Royal Preston Hospital



- Between April 2015 and January 2018, over 65 year old attendances **increased** from **23% to 34%** at Chorley and South Ribble Hospital

3. Limited workforce

There is a national shortage of a range of specialist staff including nurses, emergency department doctors, anaesthetists, physiotherapists and occupational therapists, amongst others. When a hospital doesn't have enough of the right staff they often have to rely on agency workers to provide safe care on the wards, and make sure patients don't have long waits for outpatient appointments, planned operations and other treatments. Relying on the fluctuating availability of agency workers can affect the quality of care provided, and disrupt services. And using agency workers is very expensive and means they overspend the budget, which isn't sustainable.

If the right number of the right staff can't be recruited, the hospitals won't be able to provide safe services or care.



- Between April 2015 and December 2017 the **gap** in medical staffing within the Emergency Department was between **5 and 10 full time positions**



- There has been a **continued gap in Professionals Allied to Medicine**, for example physiotherapists and Occupational Therapists over the last 3 years



- There has been a sustained **gap** in medical staffing in the Emergency Department over the **past three years**.

16

A red double-headed arrow pointing left and right, positioned below the number 16.

- During this period the average **gap** was equivalent to **16 full time equivalents**

4. Bed occupancy

Both Lancashire Teaching Trust hospitals are already very busy. Without change, they will struggle to deal with the projected increasing demand as the population grows and ages, and as we are faced with more people living with long term conditions. This means patients may need to wait longer for their care.

90/40

- Critical care bed occupancy is **significantly different** for the two sites, with the Royal Preston often above 90% and Chorley and South Ribble frequently below 40%

93.4%

- Overnight bed occupancy rates for the trust are **consistently above** the national average at 93.4% (quarter 2 of 2017/18) and above the recommended rate of 85%

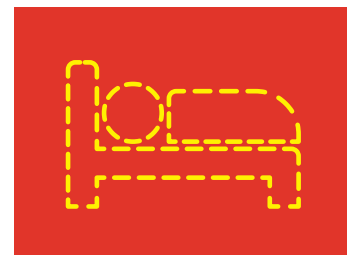
A hospital with such a higher than recommended bed occupancy rate isn't as safe as it should be. When hospitals are this full, some patients have to be cared for in wards that don't specialise in their condition. These patients are more likely to have a poor experience, delayed treatment, and end up staying in hospital for longer than they should.



- In central Lancashire, acute and emergency care beds occupied by patients with long-term conditions is **worse than average**, when compared to both county and national occupancy rates



- When wards are busy there are delays admitting patients from emergency department, which means people can have a long wait to be seen. **Since April 2015** at Royal Preston Hospital when **nearly 95%** of emergency department patients were admitted or discharged **within the recommended 4 hours**, gradually, more people have started to wait longer for treatment. **By January 2018 only 60%** of people were admitted or discharged within the recommended 4 hours



- Following April 2015 Lancashire Teaching Hospitals reported **777 bed days lost** due to Delayed Transfer of Care compared with 2,369 in November 2017 – an increase that is significantly higher than the rate of increase for England

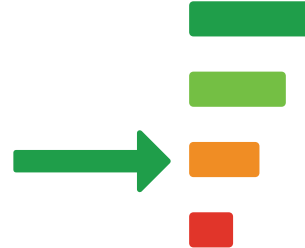
5. Variation in meeting standards

Increasing demand and busy wards also affect the ability to provide planned operations and treatment on time, and this means more people are waiting longer for procedures. These delays are also seen in A&E departments.

Waiting times in A&E for both assessment and treatment are getting longer.



- A&E performance at Royal Preston Hospital has been **deteriorating significantly** since April 2015. In Quarter 1 of 2015/16 A&E 4-hour performance was close to 95%, however this has now **dropped to 60%** in January 2018



- Lancashire Teaching Hospitals had the **second lowest score in England** for patient satisfaction with Access and Waiting Domain on the 2016/17 A&E survey



- **85% of cancer patients** should start treatment **within 62 days** of referral, and the hospital has increasingly struggled to manage this because operations have had to be postponed, usually because no critical care bed is available at the Cancer Centre at Preston. **Providing critical care at two hospitals creates a challenge for the workforce**, which is stretched, but is often under used at Chorley where there are fewer critical care patients



- 92% of surgical patients should receive treatment within 18 weeks, however, in **December 2017 just 84%** had their **procedures on time** because operations had to be postponed due to the wards already being full. A hospital would not have been able to provide safe care after the operation

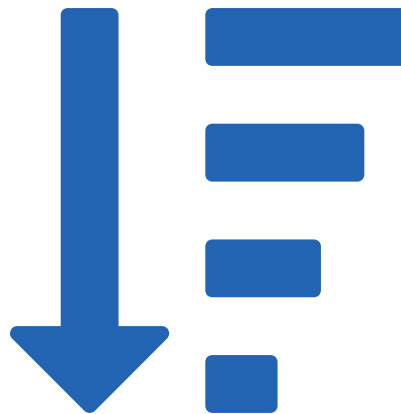


- **16% of patients** have been waiting for **18 weeks or more** and are yet to receive their first definitive treatment

6. Decrease in planned surgery

Planned surgery is being cancelled more and more often. This means patients have the inconvenience and worry of having to reschedule surgery for a later date. In some cases, patients may get sicker during the delay.

Planned elective surgery cancellations for non-clinical reasons are increasing at a higher rate than across England, nearly always higher each quarter than the England numbers.



- There has been a **decline** in the number of **planned elective surgical admissions** at both sites. This is from a high of 1,875 admissions at Royal Preston Hospital in July 2015 to 1,506 in January 2018. Over the same period elective admissions reduced from 1,130 to 984 at Chorley and South Ribble Hospital.

The journey so far

In autumn 2016, we began to have conversations with local people about what was important to them, and how they would like to receive services in the future. We've also heard from local charities, patient advisory groups, MPs, local councillors, staff and trade unions, to get an in-depth view from those who would be most affected by potential changes to services.

Patient experience

You have told us that health and social care services:

- Are too complicated
- Offer limited choice
- Are confusing and frustrating to use

What can we do?

- Make it much easier for you to get the care you need
- Provide a much better experience of care
- Give you more choice about how, when and where to access services

The way we deliver care

You have told us that:

- Services are not joined up
- There is variation in the care you receive
- You want information on how to stay healthy and well

Clinicians have told us that:

- Care outcomes could be improved
- More care could be delivered in local communities
- Care for mental and physical health could be more coordinated

What can we do?

- Improve the way services work together
- Learn from other areas
- Modernise services using medical and technological advances
- Provide more information and support for people to stay healthy for longer

Our finances

We don't have enough money to run services as they are currently designed

Costs are increasing and budgets are not keeping pace

What can we do?

Work together to manage our limited resources better

Look at removing duplication by sharing more information and working differently

Our staff

We have difficulties in recruiting and retaining a skilled workforce leading to challenges with:

- A high vacancy rate for health and care roles
- A costly reliance on temporary workers

What can we do?

- Work to make central Lancashire an attractive place to study or work in health and care
- Look at the skills we have, and how we can use them differently
- Support staff to learn new skills and to professionally develop

Our buildings

Some of our buildings used for health and care services are no longer fit for purpose.

They were built for different times and needs, and are costly to maintain

What can we do?

- Invest in and modernise buildings
- Look at where care is currently delivered and how it could be done differently
- A wide range of evidence together with your feedback has been reviewed by clinicians, with support from other experts including patient representatives, to develop ideas about how to address these challenges.

The improvement work being looked at comprises of three programmes:

- **Prevention, early help and self-care:** focusing on helping people to live well and stay as well as they can be for as long as possible
- **Out of hospital care:** how services that are provided outside of a traditional hospital setting can be improved
- **In hospital care:** making sure that the care that can only be provided in a hospital setting can be improved

We are making good progress to improve prevention, early help and self-care, as well as services that are provided at home and in the community. But we now need to focus on improving hospital services.

So, what are we going to do?

The evidence clearly demonstrates that we cannot continue to run services as they are. Hospital services can't cope with demand, staff are stretched to capacity, and the financial position isn't sustainable.

We will be working with people in the community to develop ideas and possible solutions into more detailed proposals. We will continue to hear from as wide a range of people as possible, particularly those who have had first hand experience of services in central Lancashire.

How you can be involved

To be among the first to hear latest news, updates and information about the programme and opportunities to become involved make sure you are registered with us. You can keep up to date with the progress of this work by checking our website www.ourhealthourcarecl.nhs.uk, calling us on **01772 214323** or writing to us at Our Health Our Care, Chorley House, Leyland, Lancashire PR26 6TT.

Are you a community group or existing health advocacy group?

Would you like to share your experience of your care and treatment? We are creating a number of service user impact groups and would like to hear from as many voices as possible.



Our Health Our Care

To request this document in other formats or languages
email **enquiries.ohoc@nhs.net**

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

Electoral Division affected:
(All Divisions);

Lancashire Dementia Strategy – Dementia Friendly Lancashire 2018-2023

(Appendix 'A' refers)

Contact for further information:

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Executive Summary

A presentation will be delivered to the Committee setting out the opportunities and challenges in implementing the council's dementia strategy within the context of an ageing population and the implications.

Recommendation

The Health Scrutiny Committee is asked to formulate any recommendations in relation to the opportunities and challenges in implementing the council's dementia strategy.

Background and Advice

The Dementia Strategy was agreed by Cabinet at its meeting on 12 April 2018. The strategy which is set out at appendix A, provides a strategic direction for the council in supporting people with dementia and their carers and families.

In addition to this, the strategy aims to facilitate a dementia friendly Lancashire which will support prevention, awareness, early diagnosis and support for people with dementia in partnership with other organisations.

The strategy action plan contains five strategic objectives to:

1. Take action to reduce the prevalence of dementia in Lancashire;
2. Raise awareness of all types of dementia amongst all population groups in Lancashire;
3. Promote early diagnosis and increase diagnosis rates across Lancashire;
4. Facilitate action to early treatment and appropriate support to allow people with dementia to live well and independently in Lancashire and;
5. Become a 'Dementia Friendly' organisation and to continue to develop partnerships in Lancashire.

Dr Zakyeya Atcha, Consultant in Public Health, Lancashire County Council will attend the meeting to give a presentation setting out the opportunities and challenges in implementing the council's dementia strategy within the context of an ageing population and the implications.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

| Paper | Date | Contact/Tel |
|-------|------|-------------|
|-------|------|-------------|

N/A

Reason for inclusion in Part II, if appropriate

N/A

Dementia Friendly Lancashire

Dementia Strategy 2018 - 2023

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Executive Summary

Lancashire County Council is committed to supporting people across Lancashire to live well with dementia by improving the care, support and experience of people with dementia, their family and carers. Dementia is a devastating diagnosis which is feared by many, but there is much we can do to help people to reduce their risk of developing the condition, and for those diagnosed in supporting them to live fulfilling lives.

This strategy aims for us to become a Dementia Friendly Organisation, recognising that we not only have a role as an authority which serves the people of Lancashire, but also as a large employer who is likely to have employees who are diagnosed themselves or live with or care for family/friends with dementia. In order to make this happen, it is essential that we work with people with dementia, their family and carers to ensure that we are guided by them, continue to collaborate with our partners to build on previous success and drive further improvements.

Our strategic objectives

1. Take action to reduce the prevalence of dementia in Lancashire;
2. Raise awareness of all types of dementia amongst all population groups in Lancashire;
3. Promote early diagnosis and increase diagnosis rates across Lancashire;
4. Facilitate action to early treatment and appropriate support to allow people with dementia to live well and independently in Lancashire and;
5. Become a 'Dementia Friendly' organisation and to continue to develop partnerships in Lancashire.

Introduction

Dementia is one of the greatest challenges facing our ageing society. With better understanding of prevention, diagnosis, treatment and care for dementia, and an understanding of the local population, there is opportunity to improve the quality of life and wellbeing of people with dementia and their carers in Lancashire.

There are thought to be around 15,500 people living with dementia in Lancashire, and as a result of population growth in the older age groups, this is set to rise by around 27% by 2026 (based on NHS dementia prevalence estimates combined with the ONS 2014 population projections). Consequently, early diagnosis and support for people with dementia are vital components of maximising healthy life expectancy in Lancashire.

Context

Dementia is not a disease, but a collection of symptoms characterised by an ongoing decline of the brain and its abilities ⁽¹⁾. Common problems may include memory loss and personality changes ⁽¹⁾. There are many different types of dementia and some are far more common than others. Alzheimer's disease accounts for the majority of cases, followed by vascular dementia ⁽¹⁾. Other types include but are not limited to dementia with lewy bodies; frontotemporal dementia; and creutzfeldt-jakob disease. Furthermore, the most common form of Alcohol-related brain damage (ARBD) is alcoholic dementia which may also be called alcohol-related dementia. ARBD also includes Korsakoff's syndrome which is a chronic memory disorder. Anybody can be affected by dementia, however there are some factors that increase the risk, including increasing age, learning difficulties, female gender and lifestyle factors such as smoking, drug and alcohol misuse ⁽²⁾. Dementia however is not an inevitable part of ageing, thus not everyone who has dementia is older, and not everyone will have dementia in older age.

It is estimated that 850,000 people are living with dementia across the UK and there are in the region of 670,000 carers of people with dementia ⁽³⁾. People living with dementia are requiring increasing levels of care and support across the wider health and social care economy, with an estimated financial cost to the UK of £26 billion per

annum ⁽³⁾. Dementia is now the leading cause of death in the UK ⁽⁴⁾; however, currently only 42–49% of people with symptoms of dementia receive a diagnosis, and this diagnosis is often too late to enable them to plan their support and care needs. Dementia is not purely a condition of old age and more than 40,000 people in the UK under the age of 65 have early-onset dementia ⁽⁵⁾. As highlighted in a recent Lancashire County Council needs assessment, younger people with dementia have a unique set of difficulties and opportunities compared to older people, such as requiring support to continue to be economically active ⁽⁶⁾.

In Lancashire it is estimated that 0.9% of the population are living with dementia, which is slightly above the England average of 0.76% ⁽⁸⁾. Of those living with dementia 97% are aged 65 and over. The total population of people aged 65 and over in Lancashire is some 244,400, so 6.2% of this cohort are living with dementia. Lancashire has significantly higher (than the England average) rates for inpatient hospital use, emergency admissions and mortality amongst people with dementia aged over 65 ⁽⁸⁾.

Why is Action Needed

A diagnosis of dementia is often devastating to the person concerned, their family and carers. The symptoms are progressive and may develop unpredictably. It could be months or years before the symptoms become advanced and quality of life can be dramatically reduced. For example, in a survey by the Alzheimer's Society ⁽⁹⁾:

- 35% of people with dementia said that they only go out once a week or less and 10% said once a month or less;
- 9% of people with dementia said they had to stop doing all of the things they used to do and;
- 63% of people with dementia did not want to try new things.

Whilst there is currently no cure, with simple actions such as enabling people to take part in ‘everyday activities’ - including meeting up with friends and shopping, people living with dementia can still live full and active lives, whilst reducing and delaying their need for health and social care services ⁽⁹⁾. Consequently, receiving a diagnosis early is essential because not only does it allow people and their carers to put plans in place early to ensure that they receive the appropriate care and support, in some cases, it allows for medications that slow disease progression ^(10,12). Furthermore, early diagnosis is also cost-effective for public sector organisations as it facilitates independent living and prevents crisis ⁽¹⁰⁻¹³⁾.

The 2016 Report of Lancashire County Council's Director of Public Health and Wellbeing highlighted that in Lancashire, although life expectancy is increasing, healthy life expectancy is falling and it is essential to try and align these measures more closely and to extend healthy life expectancy ⁽¹⁴⁾. We now also have increasing evidence about how to prevent dementia, with the risk of dementia significantly increased by factors such as type 2 diabetes, high blood pressure, high cholesterol, obesity, brain damage as a result of drug and alcohol use and air pollution ^(2,15). This applies to both vascular dementia and Alzheimer's disease and there is good evidence that the risk of these conditions can be reduced by regular physical activity, smoking cessation, a healthy diet and weight, alcohol consumption within recommended limits, avoiding illicit drug use, remaining mentally active, and clean air ⁽²⁾.

It is crucial that local authorities and partner organisations act to prevent chronic diseases and conditions such as dementia and in doing so safeguard the future health of their populations. People can live well with dementia if they have the information, support and skilled care they need. And if they receive a timely diagnosis – which is essential.

Building on success

Dementia has long been a priority in Lancashire. In 2009, the Department of Health published 'Living well with Dementia: A National Strategy', which set out the need for progress in meeting the health and wellbeing needs of people with dementia and their carers ⁽¹⁰⁾. Following this, the three Primary Care Trusts of Lancashire co-produced strategies and action plans with their partners and these have been in place since 2010. They set out a number of objectives and initiatives that have considerably improved dementia awareness and support across Lancashire.

Much work has already been done within Lancashire which has been developed and delivered by a range of stakeholders including Lancashire County Council but also NHS England, Clinical Commissioning Groups, Alzheimer's Society, Age UK, Age Concern, Dementia Action Alliances, volunteers and people living with dementia, their families and carers. We are keen to further the success of this and have captured some of the key elements below:

Dementia prevention

Weight management and physical activity

In recognition of increasing obesity rates that are above the national average, putting people at risk of dementia as well as other conditions such as heart disease and type 2 diabetes, Lancashire County Council commissions an integrated "Active Lives and Healthy Weight" service. This service brings together previously fragmented services and incorporates weight management, obesity prevention and opportunities for physical activity. The service takes a life course approach, with services available for people of all ages. As well as helping to prevent dementia, activities are also available for people with dementia, including health walks and community food growing.

Social isolation and loneliness

Lancashire County Council has produced a report called 'Hidden from view: tackling social isolation and loneliness in Lancashire' ⁽¹⁹⁾. This report aims to provide practical information and advice on understanding and addressing social isolation and loneliness for local partner organisations and their employees, including professionals and those working and volunteering in public and third sector organisations.

We estimate that at least 22,000 households across the Lancashire County Council area are affected by social isolation. Most, though not all, affected households are older adults aged over 70. We know from evidence that being socially isolated or lonely has significant impacts on people's physical and mental health, with people who are lonely being more likely to visit their GPs or accident and emergency departments, and more likely to have emergency admissions. In addition, estimates suggest that people who are socially isolated and lonely are three times more likely to enter local authority funded residential care, over three times more likely to suffer depression and twice as likely to develop dementia ⁽¹⁹⁾. With growing evidence highlighting links between dementia and social isolation/loneliness, we will continue to work with partners to highlight the importance of the service user/provider relationship and champion the 'making every contact count (MECC)' approach to tackle social isolation.

Early diagnosis and dementia awareness

Dementia campaigns

Lancashire County Council in partnership with the Alzheimer's Society has previously run an Early Diagnosis Dementia Campaign. This campaign aimed to raise awareness about the early signs of dementia, the importance of diagnosis, support and treatment that is available, and how to seek this. It is important for us to continue to run campaigns both internally and externally to support our strategic objectives.

Dementia insight stories and awareness sessions for Lancashire County Council staff

People living with dementia and their carers and family have told their story about living with dementia, with the aim of raising awareness and challenging misconceptions. In June 2016, Lancashire County Council launched half day Dementia Awareness Workshops for staff and councillors. These incorporated Dementia Insight Stories, a reminiscence session using memory boxes, quizzes and activities around dementia and the opportunity to become a Dementia Friend. These sessions received extremely positive feedback and our aim is to provide more of these opportunities and to share them with our partners.

Effective treatment and support

Guardian Angels

Getting lost and feeling disorientated is a common problem for people with dementia and their loved ones and can place additional strain on services such as the police and A&E. The Guardian Angels scheme, previously championed by Lancashire County Council, provides devices, such as a badge or wristband, to identify people who are lost. By simply holding a smartphone over the device, the person's first name and emergency contact number will be displayed. All emergency services in Lancashire are able to use the devices, which are provided and programmed at various locations including memory assessment services, day services and by Lancashire Fire and Rescue Service when they perform home safety checks. We will continue engage with partners to support schemes such as these for people living with dementia.

Alternative care provision

Pressures to reduce demand on hospitals can mean that people with dementia are moved into long-term residential care prematurely, despite people wishing to remain at home which is more cost effective for public services. Consequently, Lancashire County Council's Quality Improvement and Review Team are supporting residents to move to alternative care provision; for example, community living with active social work involvement.

Lancashire County Council is working with partners including NHS England and the Lancashire Clinical Commissioning Groups in supporting the Morecambe Bay Health Community and the Fylde Coast Local Health Economy to develop new models of care in accordance with the NHS Five Year Forward View. This includes care in relation to dementia. For example, Integrated Care Teams in Morecambe Bay and an 'extensive care service' on the Fylde Coast that combine mental, physical and social care experts in local communities to keep people out of hospital and living in the community.

Playlist for Life

Playlist for Life recognises the power of music in dementia to unlock memories, increase responsiveness, stimulate conversation and connect with family and friends through shared memories. Family, friends or care staff are encouraged to compile a playlist of music that is meaningful to the person with dementia that they can listen to on a portable device. This can be listened to with family and friends and can also be integrated into an individual's care plan. Playlist for Life is being piloted in care homes in East Lancashire, with the potential to disseminate it further and to integrate it with other initiatives such as 'Singing with the Brain' in the future.

ATTILA project (Assistive Technology and Telecare to maintain Independent Living At home for people with dementia)

This project is a registered clinical trial which commenced in 2013 and is due to conclude in late 2018. It aims to support people with dementia to remain more independent for longer in their own home with the help of assistive technology and telecare (ATT). The study has used a multicentre randomised controlled trial design, and Lancashire County Council has been one of six local authorities involved in the recruitment of research participants. The research is sponsored by King's College London. The trial has involved 50% of the cohort receiving an ATT intervention and 50% being a control cohort and therefore not receiving an intervention. The research's primary outcome measure was to determine whether the application of ATT will significantly extend the time that people with dementia can be helped to continue to live independently and safely in the community. The study is also considering which ATT works well and which is less effective. The trial is ongoing and the results are due to be published in August 2018. We will take account of the results of this study to consider ways in which we may be able to improve telecare services for people with dementia.

Housing, environments and dementia

Sector-led housing group

Lancashire County Council has been involved in a sector-led housing group that aims to ensure that housing is adaptable to the changing needs of its occupiers with a particular focus on dementia. Work to date includes developing a tool with Public Health England to assess current housing stock against dementia standards ⁽¹¹⁾ and a workshop bringing together housing associations with other partners such as Blackpool Council, Cumbria County Council, the Alzheimer's Society and Public Health England. Housing associations are then able to collaborate and develop action plans as to how to make their housing dementia friendly.

Planning and new homes

An important aspect of a Dementia Friendly Community is planning and shaping communities around the views of people with dementia and their carers, providing appropriate transport and easily navigable physical environments. An approach to this is the 'Healthy New Towns' initiative where NHS England is working with ten housing developments to rethink how the health of communities can be improved through the built environment. One such project is the Whyndyke Garden Village Healthy New Town in Lancashire, which members of Lancashire County Council's Public Health team have been involved in developing.

It is expected that the learning from housing, environments and dementia will inform future approaches to housing planning, ensuring the needs of the ageing population are adequately met.

Partnership working

Dementia Action Alliances and Dementia Friendly Communities

Partnership working has been key to the success of many initiatives that Lancashire County Council has been involved in. A good example are Dementia Action Alliances (DAA) and Dementia Friendly Communities (DFC), which bring together local people, public and private sector organisations to support people living with dementia and their family and carers. There are currently several local groups in Lancashire, plus a county-wide alliance. Their work operates throughout the dementia journey, from early diagnosis to work with nursing homes about

advanced dementia at the end of life. They are also able to bring together local services and signpost people living with dementia and their carers, as well as health and social care professionals, to the range of services available in an area. Examples of recent work undertaken by groups across Lancashire include education sessions with schools and Girl Guides, work with GPs to make them aware of community services to support people with dementia and to train practice staff as Dementia Friends, Dementia Cafes, dementia friendly market places and dementia friendly business awards. We will continue to support and consult with DAAs and DFCs across Lancashire, to ensure that we can be informed of best practice for dementia, and by those who are living with dementia in local communities.

Dementia Hubs

Dementia hubs allow people with dementia and their carers to drop in if they have queries about their condition or if they wish to connect and socialise with other people and their carers. The hubs are supported by the Dementia Action Alliances and attended by various different organisations and professionals such as nurses, social workers, solicitors, care homes and the Alzheimer's Society, with people able to get advice on many areas, including health, benefits and legal issues. Dementia Hubs are well established in Lancaster and Hyndburn, with other areas looking to replicate similar models in the future.

Lancashire's Vision

'Our vision is to facilitate the development of a Dementia Friendly Lancashire, to make a positive difference to the lives of people with dementia, so that they can 'live well' with dementia'

We want to ensure that people affected by dementia and their carers can be as independent as possible, for as long as possible, and feel understood and included, so they can confidently contribute to community life. In order to achieve this vision we will take action across the spectrum of dementia, and aim to ensure that the services that we provide and the workforce that deliver them are responsive to the needs of people living with dementia and their carers.

National policy

In order to plan how we are going to improve dementia provision in Lancashire, it is vital to take account of current guidance and best practice. There are a number of key national policy documents specific to dementia which are listed in Appendix I, though some of the core themes, recommendations and standards from these documents are presented below:

- Health information and awareness raising

Dementia health information campaigns should be developed that are locally relevant, especially for people with undiagnosed dementia. The importance of health information also extends to people that have a diagnosis of dementia and their carers, who should be given comprehensive information on local services available, including those in the voluntary and independent sectors (10,17).

- Dementia prevention

Primary prevention is cost-effective and has the greatest impact on later dementia occurrence and disability⁽¹⁶⁾. Any health information campaign should have a strong prevention message, incorporating actions that individuals, along with public services, can take to reduce the risk of dementia ^(10,16). Primary prevention is central to the Five Year Forward View, with the importance of dementia prevention specifically referenced ⁽¹²⁾.

- Early diagnosis

Closely linked to health information and the core to all guidance is the importance of early diagnosis. A national diagnosis indicator exists which compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is that two thirds (67%) of people with dementia are diagnosed.^(12,13,16) In order to facilitate early diagnosis, information campaigns should explain the benefits of prompt diagnosis and dispel misconceptions ^(10,16). Clear local pathways for diagnosis, referral and care must be developed for health and social care professionals ^(16,17).

- Early treatment and effective support

In order to realise the benefits of early diagnosis, it is essential that prompt treatment, advice and support are subsequently available. There should be a consistent standard of support for newly diagnosed people, supported by named persons ⁽¹²⁾. Dementia advisors are the recommended model for this, acting as a single point of contact and signposting people and their carers to local services and support ⁽¹⁰⁾. Peer support and learning networks should also be used to provide local support, which should encompass advocacy services and practical support, such as advice about benefits ^(10,17).

- Services and support for everyone

Appropriate dementia services and support must be available for all social groups, including people with early onset dementia, learning difficulties and ethnic minorities ^(10,16,17). Where it is not possible to provide these within

more general dementia services, specialist services should be provided and targeted information campaigns developed (10,16,17).

- Social actions and integrated care

The challenge of dementia requires a broad response, drawing together statutory services, communities and businesses, ideally as 'Dementia Friendly Communities' (16). By 2020 over half of people should live in recognised Dementia Friendly Communities (12,16). In conjunction, all tiers of local government should be part of a Dementia Action Alliance by 2020 and an additional 3 million people in England should be trained as Dementia Friends (16).

- Maximising independence

All services should aim to maximise the independence and quality of life of people with dementia. Suitable housing is central to this. Local authorities and housing associations should prioritise reducing the number of care home residents and developing housing to prolong independent living (10). Environmental modifications should be made, both to individual homes and care environments, to aid independent functioning and people provided with greater support to access housing options that meet their needs (16,17). Intermediate care services should be increased to allow rehabilitation and prevent unnecessary long-term residential placements (10). In addition, assistive technology and telecare should be utilised to delay reliance on more intensive services (10,17).

- High-quality social care

The NHS Five Year Forward View highlight that many people with dementia living in care homes do not have their health needs regularly assessed and met, resulting in avoidable hospital admissions (12). New shared models of in reach support should be developed to address this (12). Leadership is also important and care homes should have a named senior staff member to take the lead for dementia (10). Residential settings should cater for the needs of different groups and their carers, such as arranging social activities for younger people with dementia and taking account of dietary preferences for people from certain ethnic minorities (17). To maximise independence, activities and social interaction opportunities that enable individuals to remain active

should be provided for people with dementia in care homes ⁽¹⁶⁾. Similarly, social care in the home should incorporate activities that people can do after care staff leave, such as developing memory boxes ⁽¹⁶⁾. Care plans should be developed for every social care patient that include consistent staffing and retaining a familiar environment by minimising relocations ⁽¹⁷⁾.

Education and training of the social care workforce is vital. All social care support workers that work with older people should receive appropriate dementia training ^(16,17). This allows staff to care for service users with dementia, as well as to recognise early signs of dementia in others ⁽¹⁶⁾. Finally, care homes should enable people with dementia to die well, such as by allowing family to stay through the night and perform care functions ^(10,16).

- Support for carers

Providing carer support is one of the most important aspects of dementia care ⁽¹²⁾. Local authorities have a responsibility to ensure that all carers have an assessment of their needs and that a support plan is in place^(10,16,17). Support plans should be individualised and involve a range of interventions such as respite care, education, peer support and emotional support ^(16,17).

- Preventing abuse

People with dementia are known to be an at-risk group in terms of abuse, particularly financial exploitation, fraud and theft ^(10,17). Thus local services should take action to protect and safeguard people with dementia and all health and social care staff should receive information and training about abuse and neglect ⁽¹⁷⁾.

- Data and intelligence

There is some evidence that dementia prevalence in Western countries is stabilising and not increasing at projected rates; therefore, it is essential that public sector organisations collect data and monitor prevalence to ensure that services are planned and matched to need ^(16,18).

Strategy Action Plan

Strategic Objective 1

Take action to reduce the prevalence of dementia in Lancashire

| We will | Where we are now | Expected Outcomes | How we will measure progress |
|--|---|---|--|
| <ul style="list-style-type: none"> • Continue to seek opportunities to promote healthy brain ageing and advice on preventive action e.g. "One You", weight management and physical activity. • Embed dementia risk reduction messages within diabetes, cardiovascular disease, blood pressure prevention, and healthy lifestyle programmes. • Continue to train dementia friends/champions to | <ul style="list-style-type: none"> • Lancashire County Council currently commissions an integrated "Active Lives and Healthy Weight" service, a substance misuse service and a smoking cessation service. • Lancashire County Council is working with District Councils to understand the health impacts of air pollution and deliver actions that will improve air quality across Lancashire. • Lancashire County Council's Trading | <ul style="list-style-type: none"> • Dementia prevalence will plateau or start to fall. • Individuals in key risk groups (diabetes/CVD/smoking/etc.) will have an understanding of how to reduce their risk of developing dementia. • Children will have an increased awareness of dementia and its prevention. • Air quality across Lancashire will improve. • Development of a peer learning | <ul style="list-style-type: none"> • Monitor dementia prevalence as recorded in the NHS Quality and Outcomes Framework (QoF) • Number of people that have accessed the "One You" initiative. • Number of dementia friends/champions involved in awareness raising. • Measurement and analysis of Lancashire's air quality. |

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| <p>disseminate the dementia risk reduction message.</p> <ul style="list-style-type: none">• Hold dementia health information campaigns each year in association with partners, with emphasis on prevention and early diagnosis.• Implement actions to improve air quality.• Continue to invest in prevention services, such as physical activity, weight management and substance misuse services.• Contribute to the delivery of dementia sessions in schools that incorporate a dementia prevention aspect.• Recognise positive impact 'making every contact count' | <p>Standards team have developed a range of educational resources about dementia that are used in Lancashire schools.</p> <ul style="list-style-type: none">• LCC has developed a social isolation and loneliness toolkit (Hidden from View). | <p>package for MECC in association with partners to help tackle social isolation.</p> | <ul style="list-style-type: none">• Assess whether dementia health information campaigns have included a prevention element.• Number of children provided with an understanding of dementia and its prevention.• Collect data on obesity, smoking, alcohol use, diabetes and cardiovascular disease as prevalence of these conditions will predict future dementia rates.• Monitor dementia diagnosis rates (although may take many years for any effect to be seen).• MECC peer learning package in place. |
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(MECC) can have, and emphasise the importance of relationships between service providers and users. The problem of social isolation needs to be tackled by a range of services collectively, not just by organisations that exist to tackle social isolation.

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Strategic Objective 2

Raise awareness of all types of dementia amongst all population groups in Lancashire

| We will | Where we are now | Expected Outcomes | How we will measure progress |
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| <ul style="list-style-type: none"> • Increase the number of dementia friends across Lancashire. • Train young dementia friends. • Make dementia awareness training available to all Lancashire County Council staff. • In association with partners, identify and train further Dementia Champions across the Council to provide education and Dementia Friends sessions within the council and more widely within the community. | <ul style="list-style-type: none"> • Dementia campaign in 2016 raised awareness of dementia in Lancashire. • Lancashire County Council has a dementia website. • Lancashire County Council's Trading Standards team has developed a range of educational resources about dementia that are used in Lancashire schools. | <ul style="list-style-type: none"> • Improved public and professional awareness and understanding of dementia. • Increased awareness of dementia amongst the younger generation • Increased awareness of early onset dementia. • Increased awareness of the impact of lifestyle factors (e.g. obesity) on early onset dementia. • Increased awareness of the impact of lifestyle factors on dementia within black and minority ethnic | <ul style="list-style-type: none"> • Service users, carers and staff feedback. • Increases in activity on Lancashire County Council's dementia website, and other specific dementia information websites. • Living Lancashire Surveys • Number of Dementia Friends sessions delivered in Lancashire. • Number of Dementia Friends in Lancashire. • Number of young Dementia Friends (<18 years). • Assess whether further health information |

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| <ul style="list-style-type: none">• Invite people with dementia and their carers to facilitate training.• Run further dementia health information campaigns each year across the life of the strategy in association with partners, with emphasis on prevention and early diagnosis.• Include in contract service specifications that staff will receive dementia training. This includes services such as the Lancashire Wellbeing Service, and the Lancashire Carers Service. | | <p>(BME) communities and people with learning disabilities.</p> | <p>campaigns have taken place.</p> <ul style="list-style-type: none">• Assess whether any health information campaigns have included early onset dementia and information on all types of dementia, including as a result of drug and alcohol misuse.• Number of staff who have received dementia awareness training (LCC, partners, commissioned services).• Assess the accessibility of health information to BME communities e.g. sessions delivered to BME religious and other groups and the availability of information in other languages. |
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Strategic Objective 3

Promote early diagnosis and increase diagnosis rates across Lancashire

| We will | Where we are now | Expected Outcomes | How we will measure progress |
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| <ul style="list-style-type: none"> • Embed dementia health information (including prevention and early diagnosis) into relevant information/advice disseminated by the County • Deliver training sessions for social care staff to enable them to identify service users who may have early dementia. • Ensure that clear referral and care pathways are in place for social care and health staff to facilitate early diagnosis. | <ul style="list-style-type: none"> • Dementia campaign in partnership with the Alzheimer's Society in 2016 with supporting resources encouraging family and friends to start a conversation where behaviour changes or memory changes have been noticed. • Lancashire County Council has a dementia website, which includes the importance of early diagnosis. • Work by Dementia Action Alliances to raise awareness of early diagnosis amongst the public | <ul style="list-style-type: none"> • Improved public and professional awareness and understanding of dementia. • Good-quality early diagnosis for all. • Good-quality information available for those with memory problems and suspected dementia and their carers. • All areas of Lancashire are meeting national targets for dementia diagnosis. • Improved diagnosis of early onset dementia. | <ul style="list-style-type: none"> • Service users, carers and staff feedback. • Diagnosis rates – measured against national target of 66.7%. • Data on dementia screening is collected at NHS Health Checks and evaluated in their annual healthy equity audit. • Data collected on training delivered to social care staff about early diagnosis. • Evaluate whether referral and care pathways are in place in the health and social care sector for people with suspected dementia and to what |

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| | <p>and health and social care partners.</p> <ul style="list-style-type: none"> • Lancashire County Council commissions NHS Health Checks, which include a mental state examination to check for dementia in people aged 65 and over. | <ul style="list-style-type: none"> • Improved diagnosis of dementia amongst BME communities. | <p>extent they are effective.</p> <ul style="list-style-type: none"> • Evaluation of any dementia health information campaign to determine whether early diagnosis was included in the campaign. • Evaluation of any dementia health information campaign to determine the impact of the campaign on referrals to the memory service and subsequent diagnosis rates. |
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Strategic Objective 4

Facilitate action to early treatment and appropriate support to allow all people with dementia to live well and independently in Lancashire

| We will | Where we are now | Expected Outcomes | How we will measure progress |
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| <ul style="list-style-type: none"> • Ensure that pathways are effective to facilitate easy access to care, support and advice both pre and post diagnosis. • Ensure that the Council's single point of access is dementia friendly and effective in signposting those affected by dementia and their carers to relevant information, advice and support. • Work with partners to facilitate the wider promotion of | <ul style="list-style-type: none"> • Lancashire County Council has developed a website to provide information to support people with dementia and their carers. • Lancashire County Council Trading Standards team lead work streams to prevent financial abuse and exploitation of people with dementia. • A range of services and support are available across Lancashire in association with partners including | <ul style="list-style-type: none"> • Improved access to telecare and assistive technology opportunities to support service users and carers to live independently. • High quality services available to support carers. • Access to good quality social care in the community to prevent admission to hospital and to long-term residential care beds. • A greater proportion of people with dementia are living in the community. | <ul style="list-style-type: none"> • Action plan on early onset dementia completed and agreed with partners. • Feedback gathered on services from service users and implemented where appropriate. • Feedback gathered on residential care settings from service users, their carers and families, including those with early onset dementia and from BME communities. • CQC inspections of social care providers monitored. |

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| <p>Guardian Angels devices.</p> <ul style="list-style-type: none"> • Develop an action plan with partners to take forward learning from the needs assessment on early onset dementia. • Develop opportunities for appropriate services designed to support people within BME communities living with dementia. • Develop opportunities for appropriate services designed to support people with learning disabilities living with dementia. • Support to prevent abuse, including fraud and theft, amongst people with dementia. • Ensure that community housing | <p>Dementia Advisors, Guardian Angels and Dementia Hubs for people living with dementia.</p> <ul style="list-style-type: none"> • A sector-led housing group has been established to support dementia friendly housing. • A needs assessment for early onset dementia has been completed. • A needs assessment for dementia in BME Communities has been completed. • A needs assessment for people with learning disabilities and dementia has been completed • A needs assessment for people in prison with dementia has been completed. • A needs assessment for people with | <ul style="list-style-type: none"> • Provision of services and support for those living with dementia will cater for the needs of the locality. • Services are supporting positive outcomes for all people living with dementia. • Produce a desktop review of current best practice associated with assistive design of homes and the use of assistive technology (not telecare) which can be included in homes to support people to live longer in their own homes with dementia and other long term conditions – part of the HFLLL theme. | <ul style="list-style-type: none"> • Completion of needs assessments for dementia in BME communities, people living with dementia as a result of substance misuse and people living with dementia in prison. • Data is collected on the numbers of people with dementia living in community settings and care homes. • Data is collected on the number of local authority and housing association properties that are dementia friendly. • Data is collected on the number of telecare and assistive technology packages that are put in place for those living with dementia. |
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| <p>options are available that are appropriate for people with dementia.</p> <ul style="list-style-type: none">• Ensure that all care homes in Lancashire have a named lead for dementia.• Ensure that all Lancashire County Council social care staff have received dementia training appropriate to their role by 2020.• Ensure that residential care, both commissioned and provided by the County Council, is able to meet the needs of all people with dementia, including those with early onset dementia and have taken steps to allow people with dementia to live as | <p>dementia as a result of substance misuse has been completed.</p> <ul style="list-style-type: none">• Lancashire County Council is on the steering group for the 'Playlist for Life' initiative which has been piloted in East Lancashire care homes.• Memory boxes have been created by County Council libraries to enable reminiscence and facilitate communication for people with dementia.• Lancashire County Council runs a volunteers service whereby volunteers support people with dementia and their carers.• Lancashire County Council commissions | | <ul style="list-style-type: none">• Evaluation performed of services in place to support carers.• The number of carers who care for someone with dementia who have a carers' assessment completed.• Evaluation performed of services in place to support people with early onset dementia, people within BME communities living with dementia, people with learning disabilities living with dementia and people with dementia as a result of substance misuse.• Data collected on the number of emergency hospital admissions and hospital inpatient use amongst people living with dementia.• The proportion of people with a |
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| <p>independently as possible.</p> <ul style="list-style-type: none"> • Develop care pathways to ensure effective access to services that support those living with dementia and their carers, such as "Books on Prescription". • Work with elected members, planners and developers, where possible, to influence the design of homes and the built environment to enable 'Homes for Life Long Living' (HFLLL). • Seek Cabinet endorsement for the development of a housing strategy for an ageing population. | <p>telecare packages in the community and in care homes.</p> <ul style="list-style-type: none"> • Alternative care provision is being utilised to reduce the number of people living in residential care homes. • LCC is part of the Whyndyke Garden Village Healthy New Town Board and leads on the Homes for Life Long Living [HFLLL] theme. • LCC Public Health Wider Determinants Team works with local authority planners to influence population health interventions in strategic local development plans across Lancashire. | | <p>diagnosis of dementia living in the community.</p> <ul style="list-style-type: none"> • The proportion of County Council social care staff having received dementia training. • HFLLL themed review produced and shared with local partners and planning authorities |
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Strategic Objective 5

Become a 'Dementia Friendly' organisation and to continue to develop partnerships in Lancashire

| We will | Where we are now | Expected Outcomes | How we will measure progress |
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| <ul style="list-style-type: none"> • Support and facilitate the development of Dementia Friendly Communities. • Engage closely with partners and community groups to ensure that all services and support across Lancashire are linked. • Actively involve people with dementia, their carers and families with groups, forums and partnerships which design and develop, and influence and shape services in Lancashire. | <ul style="list-style-type: none"> • Lancashire County Council has an internal dementia strategy officers group that meets regularly, supports work with internal and external partners and is responsible for implementing the strategy. • Many Council staff have undertaken dementia awareness training and are Dementia Friends/Champions. • Dementia awareness training and review is part of the training and development programme for all care staff within the | <ul style="list-style-type: none"> • People with dementia, their carers and families help to shape future dementia services. • All LCC staff will have completed dementia awareness training sessions appropriate to their role by 2020. • To have reviewed the LCC Working Carers Policy provide supporting information and advice for employees to support them and their managers. | <ul style="list-style-type: none"> • Number of staff who have received Dementia Awareness training. • Lancashire County Council is a named partner of the Lancashire Dementia Action Alliance. • Increased number of Dementia Friendly Communities across Lancashire. • Feedback from and consultation with partner organisations about input from Lancashire County Council. • Service users, carers and staff feedback about links and integration between |

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| <ul style="list-style-type: none"> • Engagement and consultation with community groups such as Dementia Action Alliances when designing and reconfiguring dementia services. • Continue to provide dementia awareness training to our staff. • Share information, skills and assets within the Council and with our partners to improve services and support for people with dementia in Lancashire. • Become a named partner organisation and supports the Lancashire Dementia Action Alliance. • Support the work of other partners in relation to dementia within the public, | <p>Council's residential and day time support services.</p> <ul style="list-style-type: none"> • Obtained permission from the Councillors for Lancashire County Council to demonstrate commitment to the Lancashire Dementia Action Alliance. • Created a dementia campaign in 2016 in partnership with the Alzheimer's Society to raise awareness of dementia and encourage early diagnosis. • Lancashire County Council continues to work with partners including NHS England and the Lancashire CCGs in the 'vanguard' areas of Morecambe Bay and the Fylde Coast to develop new | | <p>services and organisations.</p> <ul style="list-style-type: none"> • Minutes of forums demonstrating Lancashire County Council contribution. • Minutes of forums and groups demonstrating the involvement of people with dementia, their carers and families. • Number of partnerships and initiatives where Lancashire County Council is a named partner. • Project summaries and outcomes focussing on dementia from partnership work. • Project summaries and outcomes demonstrating consultation with groups such as the dementia action alliances, as well as |
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| <p>private and voluntary sector.</p> <ul style="list-style-type: none"> • Produce and implement a training framework to ensure all social care staff meet national requirements for training in dementia. • Produce a policy to support people living with dementia who work at the County Council and gain political sign off. • Ensure that we are able to support, recruit and retain the service of valued employees who have caring responsibilities outside of the workplace. • Ensure that LCC buildings including older people's residential care homes are or are working towards | <p>models of health and social care.</p> <ul style="list-style-type: none"> • Lancashire County Council has worked with partners to develop and support several projects across the county including The Bay dementia hub in Lancaster and the Guardian Angels scheme. • The County Council have approved a £6.6 million programme of renovation works to 17 older people's residential homes which will include the replacement of fittings in line with best practice for accommodating residents with dementia. | | <p>service users, their carers and families have been involved.</p> |
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| becoming dementia friendly. | | | |
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Strategy Review

To ensure that progress is made against the strategy, we will produce an annual report outlining what has been achieved, the opportunities and challenges. In addition, the strategy will be formally reviewed and updated in 2023.

Appendix I – Key Documents

- Living Well with Dementia: a National Dementia Strategy 2009 ⁽¹⁰⁾
- Prime Minister's challenge on dementia 2020 ⁽¹⁶⁾
- Dementia: supporting people with dementia and their carers in health and social care 2016 ⁽¹⁷⁾
- The Five Year Forward View 2014 ⁽¹²⁾
- The Lancashire and South Cumbria Sustainability and Transformation Plan 2017 ⁽¹³⁾

Appendix II - References

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Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

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| Electoral Division affected: None; |
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Report of the Health Scrutiny Steering Group

Contact for further information:

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Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 11 April, 16 May and 13 June 2018.

Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
 - Reasons/focus, objectives and outcomes for scrutiny review;
 - Develop key lines of enquiry;
 - Request evidence, data and/or information for the report to the Committee;
 - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement.

Meeting held on 11 April 2018:

LCC Adult Social Care Winter Plan

Sue Lott, Head of Service for Adult Social Care gave a presentation to the Steering Group. A summary of the discussion was as follows:

- All NHS organisations are required by NHS England to submit a winter plan. Local Health Economy plans need to ensure that actions and spending is in place to keep the flow going through the Hospitals throughout the winter season with a focus on timely discharge and admission avoidance.
- County Council had always contributed to the plan. However, for past two years Adult Social Care has produced a Local Authority winter plan to incorporate the contribution across many of its services. The Local Authority winter plan is shared with all NHS partners in Lancashire as well as with NHS England. Also shared with the Lancashire Health and Wellbeing Board and Cabinet.
- On working with providers the new Reablement contract enabled admissions seven days a week. Increased crisis hours through the improved Better Care Fund and NHS winter resilience monies.
- On social work capacity annual leave requests were restricted through December and January. Social workers in Hospitals seven days a week. Commenced recruitment to a Peripatetic Team to fill gaps in Hospital discharge teams. Should be in place ready for winter 2018/19. Escalation Plan also in place across the Acute and Community to respond to highest priority work.
- Acute Mental Health Professional (AHMP) teams working 8am-8pm seven days a week in A&E departments across Lancashire.
- All staff encouraged to take up flu vaccinations.
- County Council's winter webpages updated with advice on transport, keeping well and keeping warm. Number of website visits to the website approximately 38.5k throughout the winter season. 28k hits for travel but only 596 hits for keeping well. The disparity of website visits would be reviewed.
- Reflecting on winter 2017/18, across Lancashire all Hospitals remained in an escalated position through summer of 2017 on the back of the most challenging winters witnessed with highest levels of Delayed Transfers of Care (DToC). Attended regional and national events on learning from winter 2016/17.

- Introduced the NHS England and ADASS (Association of Adult Social Services) 8 High Impact Changes (High Impact Change Model) to reduce delayed discharge:
 - early discharge planning
 - systems to monitor patient flow
 - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
 - home first/discharge to assess
 - seven-day services
 - trusted assessors
 - focus on choice
 - enhancing health in care homes.
- NHS winter monies came late in winter and at too short notice to plan.
- Commenced implementation of Discharge to Assess (D2A) in East Lancashire with the introduction of the Home First service – a collaboration between the county council, CCGs, Trusts and Blackburn with Darwen Borough Council. D2A yielding positive outcomes (96% success rate). Using the learning from the East Lancs Home First model to roll out across the County to all Hospitals.
- DToC shows a continued downward trend. Business Intelligence produce a monthly performance report.
- On learning from winter 2017/18, it was noted that D2A was making a real difference. However, there was a need to review how this function would be resourced for the future as it was more labour intensive. It was suggested that consideration be given to a pool of Occupational Therapists for this purpose.
- All Trusts had implemented a frailty pathway within A&E departments ensuring older people are assessed quicker. It was suggested that this pathway include vulnerable people.

Resolved: That;

1. In preparing the County Council's Adult Social Care Winter Plan for 2018/19, the Cabinet Member Adult Services consider:
 - a) The creation of a strategy on how any future emergency NHS monies should be distributed and for the strategy to form a part of the Winter Plan;
 - b) The implementation of a fast track pathway for vulnerable people in A&E similar to the frailty pathway for older people; and
 - c) A pool of Occupational Therapists;
2. The Cabinet Member for Health and Wellbeing consider making flu injections even more available by targeting large employers in the County and utilising alternative venues such as libraries.
3. The Director of Adult Services shares the Business Intelligence reports on Delayed Transfers of Care with the Health Scrutiny Steering Group members on a monthly basis.

Health Education England – formulating recommendations

As resolved by the Health Scrutiny Committee at its meeting on 5 March 2018, the Steering Group in considering the Committee report and the extract of the minutes of that meeting formulated the following recommendations:

Resolved: That, Health Education England be asked to;

1. Consider the option of ring fencing placements so that people must remain and practice in the NHS for a specified time frame and to be remunerated accordingly to assist the NHS in accessing a more proportionate share of the supply;
2. Consider additional career pathways for increasing overall workforce numbers such as attracting people back in to the NHS or a fast track scheme for people with transferable skills;
3. Provide further information on:
 - a. The outcome of the Draft National Strategy for the Health and Social Care Workforce; and
 - b. The engagement exercise on the tariff currencies and structure of payments

Child poverty and health – Morecambe and Lunesdale

Local County Councillors Charlie Edwards, Margaret Pattison and Jean Parr attended the meeting for this item.

Dr Sakthi Karunanithi, Director of Public Health and Wellbeing introduced the report produced by Morecambe Bay CCG and the County Council. A summary of the discussion is as follows:

- Vitamin D deficiency can affect people of all ages. A lack of vitamin D or calcium is the most common cause of rickets in children and osteomalacia or soft bones in adults.
- Vitamin D largely comes from exposing the skin to sunlight but also found in some foods.
- Diagnosing vitamin D deficiency is common and was an issue for our population based primarily on low level exposure to sunlight. Data showed this had been rising since 2012/13. Diagnosing rickets is uncommon. It was not directly caused by poverty – the issues were multifactorial.
- Available data for under 19s from the Lancaster area showed low levels of hospital care. Annual data received covered spells of hospital activity as day cases and elective and non-elective admissions either as primary or secondary diagnosis since 2014-15 had remained in single digit figures.
- Lack of vitamin D may be due to a number of social, economic or genetic factors such as people spending more time indoors, use of sun screen (in contrast with increased skin cancer awareness and the guidance to cover up) when outside and a poor diet.
- The Healthy Start scheme promotes uptake of vitamin D.
- The report was shared with the local MP and GPs in Lancaster.

- It was suggested that officers consider additional options for promoting vitamin D such as via the Minor Ailment Scheme.
- It was noted that the Healthy Start scheme was promoted (for children up to 4 years old) by Midwives, Health Visitors and Pharmacies. It was suggested that this be extended to include schools, school nursing service and other opportunities in the community.
- It was confirmed that officers had written to the head teacher at Morecambe Bay Primary School to advise on this matter.
- A request was made for direct sign posting to information for schools and elected members.

Resolved: That the Cabinet Member for Health and Wellbeing and the Director of Public Health and Wellbeing should:

1. Consider additional options for promoting vitamin D such as via the Minor Ailment Scheme;
2. Consider how to increase uptake of vitamin D supplements where there is medical evidence of need in children above the age of 4 years such as via schools, school nurses or in the community; and
3. Implement direct signposting to all available schemes to assist elected members and schools by utilising the county council's Schools' Portal, website and social media channels.

Meeting held on 16 May 2018:

Single handed GPs: Viran Medical Practice update

Officers from West Lancashire Clinical Commissioning Group (CCG) and H2A Partnership Limited provided an update to the Steering Group on finding a permanent provider and location for the Viran Medical Centre, Tarleton – a single handed provider of primary medical services. This matter had been considered by the Steering Group at meetings held on 30 January, 13 March and 4 July 2017. A summary of the discussion was as follows:

- Current holder of the contract was in a caretaker role delivering primary medical services to a registered list of 2,191 people. Medical grade portakabin situated in the car park of another practice in the area.
- Contract was extended until 31 January 2019 to allow for a procurement process to take place.
- West Lancs CCG have been considering all opportunities to meet requirements with consideration to the Five Year Forward View.
- Patient engagement sub-group established collaborating with the CCG to plan and deliver a set of patient engagement events scheduled for May/early June 2018. H2A Partnership Ltd were supporting the CCG with patient communication and engagement element of the project. Patients given multiple options to respond.
- Initial feedback from patients was a sense of misinformation. Since the establishment of the sub-group, expectations were now better met.

- Acknowledged the practice was not financially viable to run or sustainable. It was stated that the optimum number of patients was around 6-7k for a sustainable practice.
- Patient numbers registered (practice list) to the practice in decline.
- CCG receiving feedback from the market.
- Patients have the right to choose any existing GP provider. There were no closed practice lists in West Lancashire.
- Comparisons were made with single handed provider in Merseyside – patients there were in favour of procurement. However, no provider came forward. Patients in that area suggested that more money be offered to prospective providers. However, there was a risk in setting a precedent. Provider came forward at last minute to take on as a part-time practice only.
- Age demographic of patients was mostly 60 years and above. It was recognised that approximately 300 new homes would be built in the area which could bring down the age demographic. There were no plans from the bus company to alter routes. However, there would always be the opportunity to call out a GP.
- Similarly, age demographic of GPs getting older. Struggling to recruit.
- It was noted that some pharmacists were looking to attract advanced practitioners.
- It was suggested that single handed providers might not have the skillset to support the community.
- The CCG would hopefully be in a position to announce the outcome of the procurement exercise around July/September.

In noting the update, the Steering Group acknowledged the problematic situation the clinical commissioning group faced with this matter and requested that it be notified of the outcome of the procurement exercise.

Work planning 2018/19

The Steering Group considered a report on work planning for 2018/19 municipal year which set out all previous topics and requests that had been made by both the Committee and the Steering Group for further scrutiny.

In considering the report and reflecting on meetings held in the previous municipal year, the Chair felt that the Health Scrutiny function would benefit from a more targeted approach to scrutinising health and social care services across Lancashire and suggested that for the next municipal year the Committee should focus on a single theme. It was further suggested that the theme should be on ageing population and the implications. In discussing this suggestion aspects such as dementia, loneliness, obesity, prevention and digital innovation were raised as potential topics.

On matters that have been requested to come back for further scrutiny by the Committee, the Chair suggested that those matters be handed to the Steering Group for consideration during 2018/19. With this in mind, it was subsequently suggested that all members of the Committee be given an open invite to attend any future

meeting of Steering Group where they feel a particular matter is of concern and or interest to them.

The Steering Group agreed all the suggestions as the basis for both the Committee and the Steering Group's work programme for 2018/19 municipal year.

Meeting held on 13 June 2018:

Fylde Coast: Integrated Care Partnership (ICP)

Wendy Swift, Kate Hurry and Andrew Harrison provided the Steering Group with an update on the work of the Fylde Coast Integrated Care Partnership (ICP) known as Healthier Fylde Coast – one of five sub Lancashire and South Cumbria level systems (previously referred to as Local Delivery Plans/Partnerships) within the whole Integrated Care System (ICS). A summary of the discussion was as follows:

- It was noted that eleven neighbourhoods had been established within the partnership's area where GPs and other health and care services would work together to ensure joined up care was tailored to the needs of local populations of between 30,000 and 50,000 people.
- Implications of growing care needs and an ageing population were highlighted. Joined up multi-disciplinary teams key to addressing some of the problems faced. New and flexible roles to be created to support a sustainable future.
- Demand on services rising faster than budgets were increasing. Facing a funding gap. Need to make the best use of the 'Fylde coast pound'.
- Artificial barriers existing between services which meant patients didn't always get the best possible service, with delays and duplication often occurring. For example, different assessment and referral processes between health and care services frustrate professionals as well as patients who have to tell their 'story' multiple times.
- The partnership was working towards a common vision with a single set of goals across ICP partner organisations to improve the health and care of the Fylde Coast population.
- Four key areas of transformation include:
 1. Urgent care,
 2. mental health,
 3. cancer services, and
 4. general practice.
- Partnership to link in with county council's proposed priorities:
 1. Developing neighbourhood level integrated care systems
 2. Improving delayed transfers of care
 3. Improving stroke outcomes
 4. Address variation in diabetes care
 5. Reduce suicides
- Working with AQuA (Advanced Quality Alliance) on developing a frailty pathway – gathering evidence on best practice.
- Making progress across clinical and non-clinical areas such as:

1. Urgent care - developing improved ways of working to reduce delays with the new primary care streaming service at the front door to A&E. A new mental health ward has also been built within the A&E department at Blackpool Hospital so that people experiencing a crisis can be assessed and receive support in a more appropriate setting.
 2. Extended access - all patients now have access to pre-bookable and same-day GP appointments on weekday, evenings and at weekends at a number of sites across the Fylde coast.
 3. Neighbourhood care teams - locally-based care teams have been established within each of the eleven Fylde coast neighbourhoods. The teams see a range of professionals such as nurses, therapists, wellbeing workers, mental health workers and social workers provide support to people deemed by their GP to need some extra help to stay well.
 4. FYi directory - the Fylde Coast Directory of Services which provides a single portal for residents and professionals to get information about a range of services to support individual health and wellbeing - at www.fyidirectory.co.uk
 5. Clinical Senate - a new Fylde Coast Clinical Senate has been set up to drive improvements in the care and experiences of local people. Members include GPs, nurses, hospital consultants, therapists, and public health practitioners.
 6. Nexus Intelligence - real-time information for real-time decisions. The Fylde coast NHS has created an innovative web-based dashboard which allows more informed, real-time decisions about local health and care services to be made.
 7. Care Home Connect - care homes across the Fylde coast have been supplied with a secure internet connection and the ability to use iPads to speak directly with clinicians. Care homes use iPads with Cisco Jabber instant messaging software installed. This is a communication software which can also be used for video calls.
 8. Communications and engagement teams working together and reducing duplication.
 9. Finance teams working closer together to discuss common issues and ensure consistent approaches.
- Reference was made to the Whyndyke Garden Village project in Fylde and Section 106 monies being agreed to develop health facilities for the town.

The Steering Group agreed that an item on Healthy New Towns and the Whyndyke Garden Village in Fylde be presented to a future meeting of the Health Scrutiny Committee.

Innovation in care exhibition and lecture 23 May 2018

County Councillor Stuart Morris provided the Steering Group with a verbal update on the Innovation in care exhibition and lecture hosted by the University of Cumbria at the Lancaster campus which he attended on 23 May 2018. The event was a free to attend and sought to highlight opportunities for service improvement with an exhibition of organisations and applications relevant to the redesign of care and

support services through digital care technologies. Technologies included facilities such as Wellpoint health kiosks, virtual doctors, telecare and fit watches. The lecture was delivered by Dr Kevin Doughty, a telecommunications lecturer and gerontechnology researcher - an interdisciplinary field of scientific research in which technology is directed towards the aspirations and opportunities for the older persons.

The Steering Group noted the update.

Work programme for 2018/19

A draft work programme for 2018/19 municipal year was presented to the Steering Group for comments prior to its submission at the next scheduled meeting of the Health Scrutiny Committee on 3 July 2018.

The Steering group noted the work programme for 2018/19.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

| Paper | Date | Contact/Tel |
|-------|------|-------------|
|-------|------|-------------|

N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

| |
|---------------------------------------|
| Electoral Division affected: None; |
|---------------------------------------|

Health Scrutiny Committee Work Programme 2018/19

(Appendix A refers)

Contact for further information:

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Executive Summary

The work programme for both the Health Scrutiny Committee and its Steering Group is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the work and potential topics to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2018/19 municipal year is set out at appendix A, which includes the dates of all scheduled Committee and Steering Group meetings. The work programme is presented to each meeting for information.

The work programme is a work in progress document. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

| Paper | Date | Contact/Tel |
|-------|------|-------------|
|-------|------|-------------|

N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee Work Programme 2018/19

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
- To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Health Scrutiny Committee work programme

| Topic | Scrutiny Purpose (objectives, evidence, initial outcomes) | Scrutiny Method | Lead Officers/organisations | Proposed Date(s) | Recommendations | Progress |
|--|---|------------------------|--|-------------------------------------|------------------------|-----------------|
| Dementia Strategy | Opportunities and challenges | Committee | Dr Z Atcha, LCC | 3 July 2018 | | |
| Central Lancashire Integrated Care Partnership (ICP) | Presentation on the case for change and the process and next steps | Committee | Dr Gerry Skales, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs | 3 July 2018, September and December | | |
| Ageing population and the implications | Overview on the implications for Lancashire | Committee | Louise Taylor, Dr Sakthi Karunanithi, Tony Pounder, LCC and Dr Amanda Doyle, Healthier Lancashire and South Cumbria | 25 September 2018 | | |
| Hyper Acute Stroke Services | Consultation | Committee | Gemma Stanion, Healthier Lancashire and South Cumbria | 6 November | | |

Future meeting dates: 11 December; 5 February 2019; 2 April and 14 May.

Other topics to be scheduled:

Healthy New Towns – Whyndyke Garden Village, Fylde

Health Scrutiny Steering Group work programme

| Topic | Scrutiny Purpose (objectives, evidence, initial outcomes) | Scrutiny Method | Lead Officers | Proposed Date(s) | Recommendations | Progress |
|--|--|-----------------|---|------------------------------|-----------------|----------|
| Fylde Coast Integrated Care Partnership (ICP) | Update on the work of the partnership | Steering Group | Wendy Swift, Blackpool Teaching Hospitals Foundation Trust and Andrew Harrison, Fylde and Wyre CCG | 15 June | | |
| Central Lancashire Integrated Care Partnership (ICP) | Presentation on the case for change and the process and next steps | Steering Group | Karen Partington, Lancashire Teaching Hospitals Foundation Trust and Denis Gizzi, Greater Preston and Chorley and South Ribble CCGs | 19 September and 21 November | | |
| NWAS | Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital | Steering Group | Peter Mulcahy and Julie Butterworth, NWAS | 19 September | | |

Appendix 'A'

| Topic | Scrutiny Purpose (objectives, evidence, initial outcomes) | Scrutiny Method | Lead Officers | Proposed Date(s) | Recommendations | Progress |
|---|---|------------------------------------|---|------------------|-----------------|----------|
| | pharmacy waiting times and delays for NWS transport) | | | | | |
| Health in All Policies | Embedding spatial planning and economic determinants | Briefing note (and Steering Group) | Dr Aidan Kirkpatrick and Andrea Smith, LCC | | | |
| Scrutiny of Budget Proposals 2018/19 | Sexual Health Advocacy Services Learning, disability and autism: Enablement Older persons in-house residential services: self-funder fees Extra sheltered care services | Briefing note | Neil Kissock, LCC | - | | |
| Delayed Transfers of Care (DToC) and Winter 2019/20 | Update on performance as a whole system and preparations for winter 2019/20 | Steering Group | Louise Taylor, Tony Pounder, LCC and NHS Trusts/Chairs of A&E Delivery Boards | 24 October | | |
| NHSE – Quality Surveillance Group | Overview and relationships with scrutiny | Steering Group | Sally Napper, NHSE | 24 October | | |
| Integrated Care Partnership | Delivery of strategic transformational plans - finance | Steering Group | Gary Raphael, Healthier Lancashire and South Cumbria | 21 November | | |

| Topic | Scrutiny Purpose (objectives, evidence, initial outcomes) | Scrutiny Method | Lead Officers | Proposed Date(s) | Recommendations | Progress |
|--|---|-----------------|---|------------------|-----------------|----------|
| Suicide Prevention in Lancashire | Progress report/annual update on outcomes set out in the Logic Model | Steering Group | Dr Sakthi Karunanithi and Chris Lee, LCC | 16 January 2019 | | |
| Quality Accounts | Preparations for responding to NHS Trusts Quality Accounts | Steering Group | Healthwatch Lancashire | 16 January | | |
| Secondary Mental Health Services in Lancashire | Update | Steering Group | Charlotte Hammond, LCC | 20 February | | |
| Childhood immunisations | Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee) | Steering Group | Jane Cass/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC | 20 February | | |

Future meeting dates: 20 February, 13 March, 17 April and 14 May

Other topics to be scheduled:

Chorley A&E, GTD Healthcare and CCGs - performance

NWAS – transformation strategy and future

Disabled facilities grants and housing associations

Healthy Child Programme contract – outcome of appeal*

*assign to Children's Services Scrutiny Committee

