

Lancashire County Council

Health Scrutiny Committee

Tuesday, 2nd April, 2019 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
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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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.

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|-----------|---|-----------------|
| 3. | Minutes of the Meeting Held on 5 February 2019 | (Pages 1 - 6) |
| 4. | Housing with Care and Support Strategy 2018 - 2025 | (Pages 7 - 36) |
| 5. | Whyndyke Garden Village Healthy New Town | (Pages 37 - 54) |
| 6. | Report of the Health Scrutiny Steering Group | (Pages 55 - 62) |
| 7. | Health Scrutiny Committee Work Programme 2018/19 | (Pages 63 - 78) |
| 8. | 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.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 14 May 2019 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 5th February, 2019 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	S Holgate
J Burrows	S C Morris
B Dawson	J Rear
G Dowding	P Steen
C Edwards	C Towneley
N Hennessy	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Alistair Morwood, (Chorley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

County Councillors Lorraine Beavers, Bernard Dawson and Jayne Rear replaced County Councillors Hasina Khan, Margaret Pattison and Eddie Pope respectively.

1. Apologies

Apologies were received from Councillor Matthew Tomlinson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 11 December 2018

In response to a question it was confirmed that the clerk would continue to source replies to a number of questions raised at the last meeting regarding the Lancashire and South Cumbria Transforming Care Partnership Update which were issued to NHS colleagues by email following the meeting.

Resolved: That the minutes from the meeting held on 11 December 2018 be confirmed as an accurate record and signed by the Chair.

4. Lancashire and South Cumbria - Integrated Care System update

The Chair welcomed Gary Raphael, Executive Director for Finance and Investment; Andrew Bennett, Executive Director for Commissioning and Neil Greaves, Communications and Engagement Lead; all representing Healthier Lancashire and South Cumbria.

The report presented provided an overview of the partnership in Lancashire and South Cumbria working as an Integrated Care System (ICS) which covered five local areas: Central Lancashire, West Lancashire, Pennine Lancashire, Fylde Coast and Morecambe Bay, collectively known as Integrated Care Partnerships (ICP). The report also detailed the early implications from the recent publication of the NHS Long Term Plan.

In response to questions raised by members, the following information was clarified:

- Concerns were raised around the sustainability of hospitals given that at least £4.5 billion of the £20.5 billion national five year funding settlement for the NHS had been budgeted for expenditure on primary and community services to support local solutions to healthcare through the expansion of neighbourhood teams. The Committee was informed that there would be specific direction as to how this money would be used to ensure accountability and accessibility. Hospitals accounted for approximately 50% of NHS expenditure and work was underway to make them more sustainable in the longer term as hospitals across Lancashire were currently in financial deficit. The proposals to change the services provided aimed to improve public health and wellbeing and therefore reduce the demand on hospitals.
- With regard to recent issues in relation to mental health service provision in accident and emergency departments, it was confirmed that the local NHS and the county council were working through the reasons for this. It was highlighted that this year, £4million of additional funding had been budgeted to facilitate the management of mental health services with a focus on mental health pathways and appropriate settings for recovery and crisis prevention.

- Members highlighted the need for them to be informed and involved in the neighbourhood model to support population health management. Assurance was sought on the governance arrangements at this level which included GPs, pharmacists, district nurses to physiotherapists, social care workers and colleagues in the voluntary sector. The Committee was informed that GPs and other recipients of additional local funding would be held to account for expenditure and would be expected to adhere to the national direction of investment in health in consultation with the community.
- Members expressed concern regarding the effectiveness of a Community Action Network (CAN) and the lack of engagement from the public. It was confirmed that an NHS colleague in this area would look at this with the relevant members to identify the best course of action.
- Members sought assurance on the £471,000 investment to design better care around communities' needs; when this was going to happen and the outcomes this would have for the people living in the proposed five test areas including Barrow, Blackpool, Burnley, Chorley and Skelmersdale. It was suggested that the next report should detail what has been done.
- Concerns were raised regarding the lack of baseline figures in the report which were necessary to evaluate the effectiveness and impact of expenditure. Members felt that many of the initiatives proposed to be new were already in place and were not working. In response it was acknowledged that the NHS faced a considerable challenge and the proposals endeavoured to repair the current fragmented system and to address health inequalities by working with local councils and engaging with communities. The most significant difference in the new plan was the fundamental move away from competitive to partnership working. Members requested additional detail in future reports regarding the impact of expenditure and specific examples of how additional spending had made a positive change.

In considering the recommendation in the report, it was;

Resolved: That the Healthier Lancashire and South Cumbria five year local strategy be presented to the Committee at its meeting scheduled on 24 September 2019.

5. Stroke Programme Update

The Chair welcomed Gemma Stanion, Programme Director and Programme Team Member, Healthier Lancashire and South Cumbria and Elaine Day, representing NHS England.

The report presented provided an update on the current position within Lancashire and South Cumbria and outlined, at a high level, the work which was being progressed and the key decisions which would need to be made during the coming months of the programme.

In response to questions raised by members, the following information was clarified:

- It was noted that stroke was not an older person's disease and that disabilities were lifelong. Stroke was the fourth major cause of death and the principal cause of disability in the UK. The Committee was informed that lifestyle was a major contributing factor. On how the council and the NHS could work together to improve lifestyles, it was noted that a strategy was in place across NHS providers including GPs and the NHS Clinical Commissioning Groups to prevent strokes through education and training regarding lifestyle choices in communities. This was also embedded in GP contracts. It was acknowledged, however, that regardless of intervention, incidences of stroke continued to rise and timely services were essential to mitigate the long term impact on public health.
- In noting that a considerable number of patients were not being appropriately treated for Atrial Fibrillation and hypertension, it was explained that approximately 30% of patients were discharged from hospital with no plan.
- With regard to access to support for patients and carers post-stroke and the pressures on local authority budgets increasing inequity for these services, assurance was sought that the programme would review life after stroke support with councils and not just with the Stroke Association. It was confirmed that only some district councils provided life after stroke classes. It was hoped that a report would be presented in March 2019, asking those district councils to enable provision.
- The findings of all the engagement sessions with Stroke Association Groups and staff would be shared with the Committee.
- Members sought assurance on the ambulatory model and asked what had been learned from the pilot and how this would be embedded across the footprint to reduce inequality of service. The Committee was advised that the trial had been successful with stroke specialist nurses giving a quick diagnosis and ensuring patients were treated accordingly via the correct pathway, making appropriate referrals within 12 hours. This had enabled the correct referral for those presenting as 'stroke mimics' and had enabled the most appropriate treatment and rehabilitation programme.
- It was noted that psychological services was not highlighted in the report. It was felt that the emotional aspect and impact on mental health from stroke needed to be addressed.

Following consideration of the report, it was;

Resolved: That;

- (i) The content of the report be noted.
- (ii) The decisions to be made about the Stroke programme by commissioners and providers in the next few months be noted.
- (iii) The programme and work going forward be endorsed.

6. The appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System

The Committee considered a proposal to appoint a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care system.

In response to questions it was confirmed that the joint committee would include representation from the two county councils (Lancashire and Cumbria) and the two unitary authorities (Blackpool and Blackburn with Darwen) in order to consider issues which impacted on all areas. This would remain separate to the Health Scrutiny Committee and it was recommended that the terms of reference and membership be developed by the Health Scrutiny Steering Group.

Following consideration of the report, it was;

Resolved: That;

- (i) The appointment of a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care System be agreed in principal.
- (ii) The Health Scrutiny Steering Group be tasked with developing and finalising the terms of reference for the joint health scrutiny committee in collaboration with the other relevant authorities for submission to the Internal Scrutiny Committee, in order to formally agree the appointment at the earliest opportunity.

7. Report of the Health Scrutiny Steering Group

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 16 January 2019.

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

8. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

Resolved: That the report be noted.

9. Urgent Business

There were no items of Urgent Business.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 April 2019 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, 2 April 2019

Electoral Division affected: (All Divisions);
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Housing with Care and Support Strategy 2018 - 2025

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

Contact for further information:

Louise Taylor, (01772) 531646, Executive Director of Adult Services and Health & Wellbeing, louise.taylor@lancashire.gov.uk

Executive Summary

This report provides an update on the implementation of the county council's Housing with Care and Support Strategy 2018 – 2025.

Recommendation

The Health Scrutiny Committee is asked to:

- i. support the intention to promote the development of more Extra Care Schemes for older adults and Flat Schemes for younger adults with disabilities;
- ii. provide feedback on the draft Strategy, as set out at Appendix 'A', prior to it being finalised following consultation; and
- iii. note the current position and progress in relation to Extra Care Schemes for older adults and Flat Schemes for younger adults with disabilities.

Background and Advice

On 13 September 2018, and in recognition that there is a lack of suitable modern housing to support people with care and support needs across Lancashire, the county council's Cabinet endorsed a draft Housing with Care and Support Strategy 2018 – 2025 ("draft Strategy"), as set out at Appendix 'A', and approved the undertaking of consultation with key partners.

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

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

The key messages of the draft Strategy are as follows:

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

It should be noted that:

- the county council's 'modernisation of supported housing' savings proposal, approved by Full Council on 14 February 2019, is predicated on the development of more Flat Schemes for younger adults with disabilities (<http://council.lancashire.gov.uk/mgAi.aspx?ID=64954>)
- the draft Strategy complements the county council's:
 - new corporate strategy entitled 'Our Vision for Lancashire', approved by Full Council also on 14 February 2019 (<http://council.lancashire.gov.uk/ieDecisionDetails.aspx?ID=16140>); and
 - 'Care, Support and Wellbeing of Adults in Lancashire – Our Vision', approved by Cabinet on 11 October 2018 (<http://council.lancashire.gov.uk/ieIssueDetails.aspx?Id=76704&Opt=3>).

Following Cabinet's endorsement of the draft Strategy, the county council has been undertaking preparatory work. As effective partnership working is essential to deliver the draft Strategy, this has mainly involved early engagement with district councils and the NHS through a combined workshop, dialogue with the Integrated Care System Board, initial discussions at a Lancashire Chief Executives meeting and a series of local meetings to explore potential development sites and service models. To date there has been a strong appetite to collaborate.

In addition, the county council has been obtaining guidance and assistance from specialist advisers at the Local Government Association and advice from Homes

England, the government's housing accelerator, about their specialised housing and affordable homes funding programmes. We are also taking steps to produce a new detailed needs analysis at a district and neighbourhood level to ensure an evidence based approach to implementation of the draft Strategy.

Appendix 'B' provides a district level summary of the current position in relation to both purpose built Extra Care Schemes for older adults and Flat Schemes for younger adults with disabilities.

Consultations

A public consultation has been undertaken with key stakeholders, such as district councils, clinical commissioning groups, care providers and housing providers. The county council received 121 responses to the consultation. Respondents indicated a strong degree of support for the proposals. Agreement with each of the proposals was at no time less than 69% and the average percentage of those who agreed across all proposals was 77%. Many respondents provided further feedback about the draft Strategy, including their concerns.

The report at Appendix C provides details of the consultation approach, a summary of the key findings and an overview of the next steps.

Implications:

This item has the following implications, as indicated:

Risk management

No significant risks have been identified.

Legal

Legal services will provide advice on any legal issues arising as individual Housing with Care and Support schemes are progressed.

Procurement

Any care and support in schemes commissioned by the county council will be secured in accordance with procurement regulations and its own procurement rules.

Financial

The draft Strategy outlines that the county council is aiming to promote the delivery of the new Housing with Care and Support schemes without making a capital contribution. However, the county council may be prepared to contribute resources in the form of land where this would be required to make the scheme financially viable or to help in case making to secure funding from outside agencies where appropriate. In exceptional circumstances, the county council may make a financial contribution where there is a strategic need for a service which could not proceed without such a capital contribution.

The capital and revenue (relating to care and support) implications of each specific scheme will be the subject of future Cabinet report as appropriate.

Equality and Cohesion

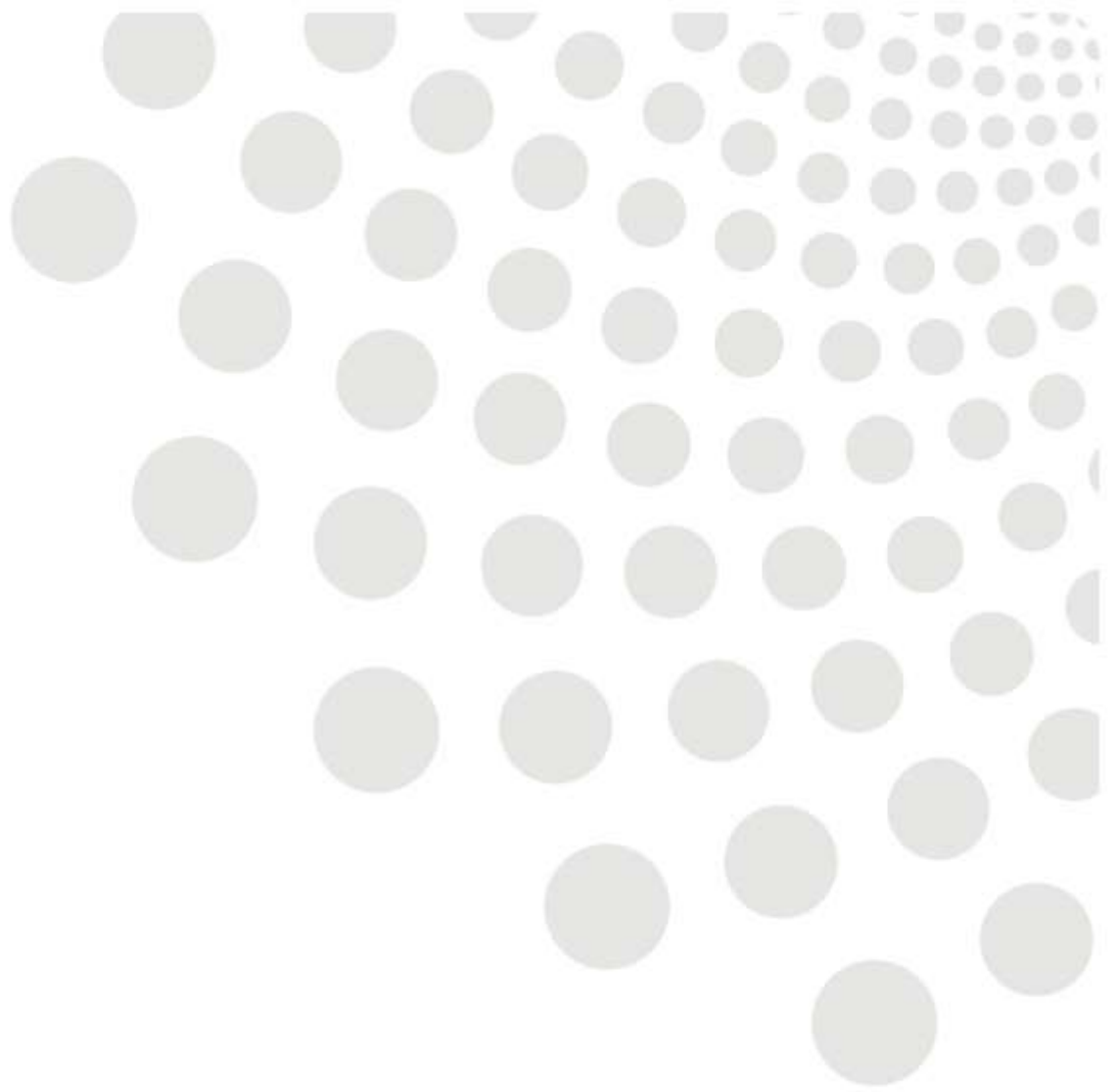
The draft Strategy seeks to promote increased choice and provision for older adults and younger adults with disabilities. People with all protected characteristics who meet the eligibility criteria will be able to access Housing with Care and Support schemes. Consequently, there will be no adverse impact on any group as a result of new Housing with Care and Support schemes.

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

Paper	Date	Contact/Tel
Report to Cabinet: Housing with Care and Support Strategy 2015 – 2018 http://council.lancashire.gov.uk/ielIssueDetails.aspx?Id=76618&Opt=3	13/09/2018	Sarah McCarthy, 01772 540551; Craig Frost, 01282 470823

Reason for inclusion in Part II, if appropriate

N/A



Housing with Care and Support Strategy 2018 – 2025

www.lancashire.gov.uk



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1.0 Summary of key messages

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

2.0 About this strategy

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

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

The strategy is aimed at:

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

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

3.0 Setting the scene

3.1 What we mean by Housing with Care and Support

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

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

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

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

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

3.2 Policy context and partnership working

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

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

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

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

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

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

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

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

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

3.3 Where we are now and why we need to change

Older Adults

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

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

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

Key facts

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

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

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

Key facts

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

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

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

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

Younger adults with disabilities

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

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

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

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

Key facts

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

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

3.4 Where we want to get to

Vision

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

Strategic aims

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

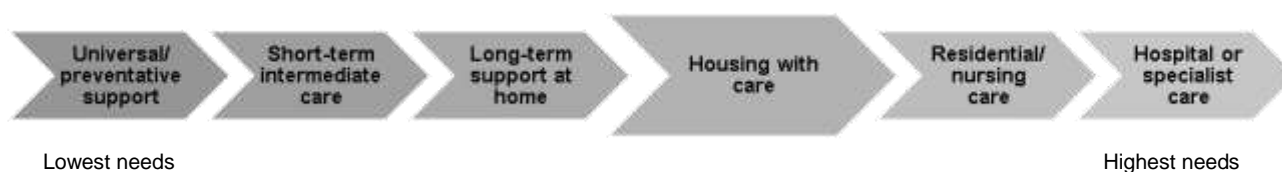
A measure of success will be if service users say:

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

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

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

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



4.0 Needs assessment for Housing with Care and Support

Extra Care for Older Adults

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

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

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

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

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

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

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

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

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

Flat Schemes for younger adults with disabilities

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

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

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

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

5.0 The financial case for Housing with Care and Support

Extra Care for older adults

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

Flat Schemes for younger adults with disabilities

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

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

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

6.0 Creating new Housing with Care and Support

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

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

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

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

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

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

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

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

7.0 The care and support model

Core care and support

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

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

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

Personalised care and support

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

Other care and support

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

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

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

8.0 Acknowledgements


Purpose Built Extra Care Schemes for Older Adults – Current Position

District	Key points
Burnley	<ul style="list-style-type: none"> • No current purpose built extra care scheme • LCC priority to develop following decision to close Lower Ridge residential care home • Discussions with Burnley Borough Council ongoing • Plan to engage East Lancashire CCG, East Lancashire Hospitals Trust and UClan • LCC proposal to undertake market engagement event with landlords/registered providers
Chorley	<ul style="list-style-type: none"> • 65 unit extra care scheme, Primrose Gardens, opening April 2019
Fylde	<ul style="list-style-type: none"> • No current purpose built extra care scheme • Discussions with Fylde Borough Council and a landlord/registered provider ongoing
Hyndburn	<ul style="list-style-type: none"> • No current purpose built extra care scheme • Discussions with Hyndburn Borough Council and East Lancashire CCG ongoing
Lancaster	<ul style="list-style-type: none"> • No current extra care scheme • Lancaster City Council has started exploring options and intends to work with LCC
Pendle	<ul style="list-style-type: none"> • No current purpose built extra care scheme • Discussions with Pendle Borough Council and East Lancashire CCG ongoing
Preston	<ul style="list-style-type: none"> • 60 unit extra care scheme in Ingol in development by Community Gateway, which is due to open 2020
Ribble Valley	<ul style="list-style-type: none"> • No purpose built current extra care scheme
Rossendale	<ul style="list-style-type: none"> • 42 unit extra care scheme at Green Brook House in Whitworth
South Ribble	<ul style="list-style-type: none"> • No current purpose built extra care scheme • Discussions with South Ribble Borough Council ongoing
West Lancashire	<ul style="list-style-type: none"> • 111 unit extra care scheme at Brookside in Ormskirk
Wyre	<ul style="list-style-type: none"> • 72 unit extra care scheme in Fleetwood in development by Regenda Homes, which due to open autumn 2019 • Discussions with Wyre Council about potential for a further scheme due to take place

N.B. The above relates to purpose built and affordable extra care. Therefore, it does not include sheltered based extra care schemes, or extra care schemes developed for the private market.

Flat Schemes for Younger Adults with Disabilities – Current Position

District	Key points
Burnley	<ul style="list-style-type: none"> • 1 x 12 units flat scheme • Initial discussions held with Burnley Borough Council
Chorley	<ul style="list-style-type: none"> • 3 small schemes with 20 flats in total; 1 scheme up to 14 flats
Fylde	<ul style="list-style-type: none"> • 7 small schemes supporting between 5 to 10 people in each scheme • Discussions with Fylde Borough Council and a landlord/registered provider ongoing
Hyndburn	<ul style="list-style-type: none"> • 5 schemes supporting between 6 – 9 people and 3 schemes supporting up to 12 people
Lancaster	<ul style="list-style-type: none"> • 2 schemes supporting up to 12 people in each scheme and 2 schemes supporting between 5 to 9 people • Lancaster City Council has started exploring options and intends to work with LCC
Pendle	<ul style="list-style-type: none"> • 2 schemes supporting up to 13 people in one and up to 12 people in the other • Initial discussions held with Pendle Borough Council
Preston	<ul style="list-style-type: none"> • 5 small schemes supporting between 5 to 9 people in each scheme; 3 schemes supporting between 10 to 12 people
Ribble Valley	<ul style="list-style-type: none"> • 1 scheme of 9 units
Rossendale	<ul style="list-style-type: none"> • 1 scheme of 10 units • Initial discussions with Rossendale Borough Council
South Ribble	<ul style="list-style-type: none"> • 1 scheme of 10 units • Discussions with South Ribble Borough Council ongoing
West Lancashire	<ul style="list-style-type: none"> • 1 scheme but not individual flats
Wyre	<ul style="list-style-type: none"> • 5 schemes: 3 are supporting up to 9 people each; 2 are supporting up to 12 people each



Summary of Key Findings of the Consultation on the Draft Housing with Care and Support Strategy 2018 – 2025

March 2019

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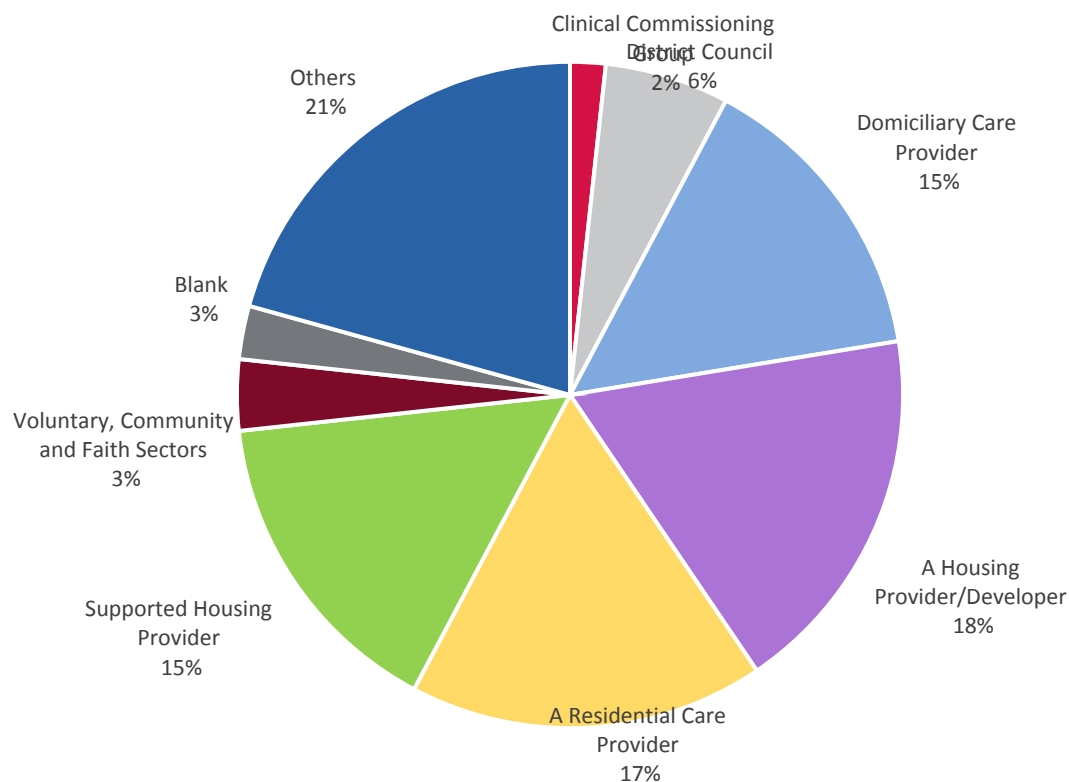
Introduction

On 13 September 2018, the county council's Cabinet endorsed a draft Housing with Care and Support Strategy 2018 – 2025 and approved undertaking of consultation with key partners on the draft Strategy.

The main purpose of the consultation was to seek feedback on how the draft Strategy could be improved prior to it being finalised and implemented.

A public consultation ran from 28 November 2018 to 31 January 2019 and was undertaken via online questionnaire and easy read questionnaire. 121 responses were received.

Stakeholders that responded



N.B. The 21% categorised as 'others' were mainly family members, members of the public or unspecified.

Responses to the Strategy's Vision and Key Aims

How strongly do you agree or disagree that this is a suitable vision for the housing with care support strategy?

81% of responders agree that it is a suitable vision.



For each of the following, how strongly do you agree or disagree that it should be a key aim of the strategy to deliver....

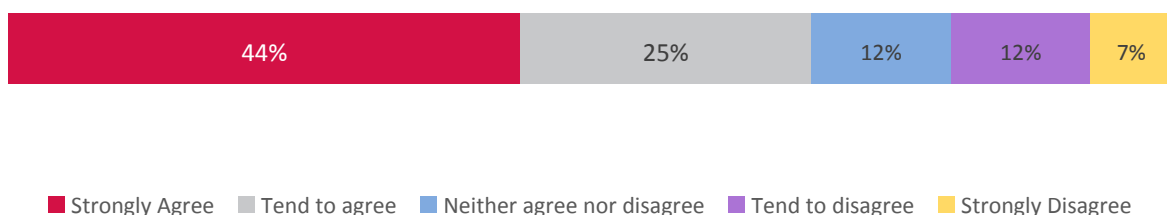
a) At least one extra care scheme for older adults in each district by 2025 (totalling about 1,000 homes across Lancashire)

80% of responders agree that it should be a key aim of the strategy to deliver at least one extra care scheme for older adults in each district by 2025.



b) An increase in the number of flat schemes for younger adults with disabilities and a reduction in number of shared houses

69% of responders agree that it should be a key aim of the strategy to deliver an increase in the number of flat schemes for younger adults with disabilities and a reduction in number of shared houses. This aim is also the largest margin of responders disagreeing.



c) Improved housing with care and support options for people with complex needs and conditions

73% of responders agree that it should be a key aim of the strategy to deliver improved housing with care and support options for people with complex needs and conditions.



■ Strongly Agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly Disagree

d) A viable and genuine alternative to residential settings (a home for life)

85% of responders agree that it should be a key aim of the strategy to deliver a viable and genuine alternative to residential settings. This is the biggest margin for strongly agreeing out of all of the key aims given. And the biggest response overall for agreement.



■ Strongly Agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly Disagree

e) Ongoing care and support that delivers cost savings to the health and care system

73% of responders agree that it should be a key aim of the strategy to deliver ongoing care and support that delivers cost savings to the health and care system.



■ Strongly Agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly Disagree

f) *The integration of housing schemes within communities by offering facilities such as meeting rooms, cafes etc*

82% of responders agree that it should be a key aim of the strategy to deliver the integration of housing schemes within communities by offering facilities such as meeting rooms, cafes etc.



■ Strongly Agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly Disagree

g) *Benefits to the wider housing market through regeneration and the release of family housing*

69% of responders agree that it should be a key aim of the strategy to deliver benefits to the wider housing market through regeneration and the release of family housing. This has the smallest margin of the responders strongly agreeing with this key aim.



■ Strongly Agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly Disagree

Comments Received

Within the consultation, responders were invited to give their views and opinions in response to a number of questions. It has been decided that the most appropriate approach to analysing the responses is to bring together the responses from all questions and to group them within themes, as this avoids the duplication that would have occurred had we analysed the responses by question. This includes responses to the electronic questionnaire and emails and letters sent to the County Council.

The comments listed below include those received in relation to Housing with Care and Support for both older adults and younger adults with disabilities. The top ten ranked most common themes are shown in order. Additional comments which are mentioned by fewer respondents are listed below in no particular order.

Top Ten Ranked Comments

1. **Partnership working:** The importance of partnership and integrated working, especially involving all partners within the delivery of the strategy.
2. **Social isolation:** Increased social isolation of younger adults in flat schemes. Concern that younger adults living in a larger shared setting can lead to social isolation and may feel like a congregated setting which historically has been an issue.
3. **Choice and control:** Ensuring choice and control for service users and the importance of being person-centred i.e. control and engagement at an individual level when discussing needs and outcomes.
4. **Engaging service users, carers and communities:** Managing the change from shared houses to flat schemes for younger adults needs to fully involve individuals, their families and support providers.
5. **Range of options:** Importance of other options: ensuring there is a range of accommodation options available for both older adults and younger adults e.g. residential care, group supported living and ordinary housing with home care support.
6. **Size of flat schemes:** Concerns that flat schemes will be too large and be a congregated setting/institution based.
7. **Voids:** Issues with voids needs to be resolved.
8. **Location:** Importance of the right location of schemes.
9. **People seeing this as cost cutting exercise:** There is a need to assure the public that new arrangements are valued not just in financial terms and are not a 'cost cutting exercise'.
10. **Technology:** Greater use of technology. An opportunity to consider new ways of meeting need informed by best practice e.g. health promotion, technology enabled care increased use.

Other Comments Received

Additional comments are listed below in no particular order:

General

- The importance of needs analysis including an evidenced based approach to planning and delivery to ensure individual outcomes are achieved alongside the strategic aims.
- Comments regarding lengthy procurement processes.
- Measuring progress and performance in relation to accommodation and care.
- Anxiety about the approach to implementation.
- The need to be more ambitious in our approach to implementation and scale.

Accommodation

- Accommodation and design standards including the ability to address specific issues e.g. noise, lighting.
- The need for affordable rents.

Community Assets

- Community facilities within developments of flat schemes for younger adults could increase the risk to vulnerable people.

Support

- Some specific comments were made to ensure planning takes account of the specific needs of people e.g. those with dementia, autism, profound intellectual multiple disabilities (PIMD), sensory impairments.
- The importance of good care and support to address the risk of social isolation and other identified needs.
- Too much emphasis on the built environment and not enough on models of support and achieving outcomes.
- Utilising informal supports and new ways of working with positive examples provided.

Next Steps

The feedback falls into four distinct categories:

- a. Confirmation that the proposals are appropriate
- b. Comments which require changes to text to improve clarity of message
- c. Feedback regarding approaches to implementation
- d. Some concerns about the substantive proposals.

As stated in the introduction to this report, in September 2018 Cabinet endorsed the draft Housing with Care and Support Strategy 2018 – 2025 and approved the undertaking of consultation with key partners on the draft Strategy. In addition, Cabinet also authorised the Executive Director of Adult Services and Health & Wellbeing, in consultation with the Cabinet Member for Adult Services and the Cabinet Member for Health and Wellbeing, to make any necessary amendments to the Strategy at the conclusion of the consultation.

This report will be shared with the Executive Director and the Cabinet Members. Where proposals need to be clarified to improve understanding then the text of the Strategy will be amended. Comments about implementation will inform the next stages of this Project. Where concerns have been expressed regarding service models then these issues will be brought to the attention of the Executive Director and Cabinet Members for consideration.

A final version of the Strategy will be available by 30th April 2019.

Health Scrutiny Committee

Meeting to be held on Tuesday, 2 April 2019

Electoral Division affected:
(All Divisions);

Whyndyke Garden Village Healthy New Town (Appendices A and B refer)

Contact for further information:
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andrea.smith@lancashire.gov.uk

Executive Summary

This report provides an update on the NHS Healthy New Towns Programme, its inception and most up to date national position. It gives a general overview on the proposed Whyndyke Garden Village Healthy New Town in the Fylde district with specific information on the current activity for development of Homes for Life Long Living.

Recommendation

The Committee is asked to consider the report and agree any recommendations for consideration by the Cabinet Member for Health and Wellbeing.

Background

This report was requested following an earlier presentation from Fylde and Wyre CCG to the Health Scrutiny Steering Group about the developments in the area.

NHS Healthy New Towns

Creating places that enable people to lead healthier lives requires the collaboration of a range of professions and policymakers. The Healthy New Towns programme addresses these issues and unites the professions required to work together – and in different ways – to effect change. In 2014 the NHS published its Five Year Forward View. This highlighted a string of challenges, including the need for diverse health and care support to treat people with multiple, concurrent long term health conditions. It also recognised the possibilities of a focus on illness prevention and innovative ways of providing healthcare. Current housebuilding targets present an opportunity to create places that support people of all abilities, and in all stages of life. They present the potential to facilitate healthier lifestyles and to meet demand for well-designed new homes in attractive communities where it is convenient to walk or cycle.

The NHS England Healthy New Towns aims to look at how health and wellbeing can be planned and designed into new places. It brings together partners in housebuilding, local government, healthcare and local communities to demonstrate how to create places that offer people improved choices and chances for a healthier life. It is essential to help prevent ill health by planning, designing and developing higher quality places. There is growing evidence of how this can be done.

The Healthy New Town programme's priorities are:

1. Planning and designing a healthy built environment
2. Creating innovative models of healthcare
3. Encouraging strong and connected communities.

In 2016, ten NHS Healthy New Town Demonstrator Sites were announced. Whyndyke Garden Village (WGV) was one of these.

In the recent NHS Long Term Plan, out for consultation from January 2019, the Healthy New Town Programme continues to take a leading role in shaping the NHS's future intention of shaping the built environment, by looking beyond healthcare provision, the understanding of its (the NHS) wider role influencing the shape of local communities. It is intending to set out the principles and practice for *Putting Health into Place* guidelines for how local communities should plan and design a healthy built environment in spring 2019. These principles have been developed with a network of twelve housing developers who are committed to developing homes that fit these principles. This covers approximately 70,000 homes over the next five years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing. Embedding these principles within local planning guidance would ensure all future developments have a focus on design that support prevention and wellbeing.

Whyndyke Garden Village

The Whyndyke Garden Village is a 91 hectare proposed development. The site sits on the Fylde and Blackpool border, with approximately 90% of the site sitting within Fylde and 10% sitting within Blackpool.

The objective of the development is to design a town that will facilitate a healthy community, with education, health, work and neighbourliness at its core. Outline planning permission has been granted for the site, a Section 106 agreement has been signed and work is currently underway to appoint a developer. No building on the site has yet started.

The five priorities for Whyndyke Garden Village are:

1. Developing a new model of healthcare provision.
2. Pushing the telehealth care and digital health agenda.
3. Developing a multi-purpose single community facility
4. Encouraging physical activity through design and technology
5. To create a dementia friendly home for life long living.

In advance of a developer being appointed, Whyndyke Garden Village NHS Healthy

New Town Board, chaired by the Chief Executive of Fylde Council, is progressing work around the following workstreams:

- Home for Life Long Living (Led by Lancashire County Council, Public Health and Wellbeing)
- Digital Health
- Community Asset Ownership Model
- Physical Activity
- Community Hub

Whyndyke Garden Village Board Membership:

- Fylde Borough Council
- Blackpool Council
- Lancashire County Council
- New Progress Housing
- Fylde & Wyre Clinical Commissioning Group
- Lancaster University
- Cassidy & Ashton (Architects, Building Surveyors & Town Planners)
- Blackpool Football Club

Section 106 Agreement

The case study prepared for NHS England by the Whyndyke Garden Village Board (**Appendix A**) details the complexity, risks and opportunities and shared learning involved in developing such a complex legally binding arrangement. It has been a major accomplishment of the Healthy New Town pilot.

One of the key drivers for the Healthy New Town (HNT) pilot sites was to bring planning and health closer together, it was evident that there was, and probably still is on many developments, disconnect between the planning process and health requirements of the local community. One of the primary mechanisms that can help to formally bring health into the planning process is the Section 106 Agreement. The Whyndyke Healthy New Town pilot site had the advantage that at the time NHS England chose it as a pilot, the Section 106 had not been drafted but the grant of planning permission had been approved. The timing was ideal to examine how healthy living principles could be integrated into the Section 106 Agreement. A Section 106 is a legal agreement between an applicant seeking planning permission and the local planning authority, which is used to mitigate the impact of the proposed development on the local community and infrastructure.

The Section 106 agreement for Whyndyke Garden Village NHS Healthy New Town contains a requirement for the development to encompass the ten Healthy Living Principles (**Appendix B**).

The Whyndyke Garden Village site found itself in an ideal position to pilot the integration of healthy living principles into a Section 106 Agreement, with the added challenge of the agreement involving three different local authorities, a district, a county and a unitary, as well as the Highways Agency due to the proximity of the M55 motorway to a cross boundary development. The added complexity of the

different partners provided the opportunity for additional learning that can be shared through the pilot scheme benefitting future arrangements.

Healthy New Town Milestones detailed within the Section 106:

- Primary School – 1.56 hectare site to be transferred and school to be completed prior to occupation of 300th dwelling
- Health Facility – 1 acre site to be provided adjacent to school site prior to the occupation of 150 dwellings, delivery to be in accordance with a strategy to be agreed
- Community Building – A 500sqm building to be built prior to the occupation of 300 dwellings.
- Sports Pitches/Open Space – Details of phasing and funding to be submitted prior to commencement of any development
- Bus Service - £1,283,836 split into 10 annual payments following occupation of the 100th dwelling
- Cycle links - £244,000 to cycle links in surrounding area on occupation of 100th dwellings
- Affordable Housing – 20% of first 1000 dwellings to be affordable, 30% of the remaining dwellings to be affordable

Home for Life Long Living Workstream:

Developing a Home for Life Long Living [HFLLL] is a home that is able to be adapted to accommodate the needs of individuals and households as they change throughout their life. It should be flexible, adaptable and able to cope with the changing needs and be able to improve the life experience and living with long term conditions including dementia. This document outlines a suggested realistic minimum standard for Homes for Life Long Living on Whyndyke Garden Village.

The Board vision is that Whyndyke Garden Village will be a community where the healthy option is the default lifestyle option, and health and wellbeing are second nature, not after thoughts. A desk top review on assisted design and assistive technology was carried out by Lancashire County Council Public Health and Wellbeing which reviewed current best practice and evidence. A health profile for the area which combined information from the known population of both Fylde and Wyre and Blackpool was also compiled. Both of these documents informed the Whyndyke Garden Village workstreams. The health profile for this area determined that:

- Prevalence, for all ages, across Fylde and Wyre of dementia is significantly higher when compared to England average
- That a significant proportion of Fylde's electoral wards sit within the top 20% nationally for limiting long term illness or disability with between 20.6% and 40.8% of the population are effected. Amongst those long term conditions are cancer, cardio vascular disease and dementia
- Fylde has a greater proportion of older residents than the England average and this is projected to increase. Future developments will need to cater for Fylde's aging population and provide appropriate facilities for Fylde's residents across the age groups.

- The Health Deprivation and Disability domain is based on health outcomes, not lifestyle or environmental factors. Most of the district sits within the top 50% for health deprivation.

The next step was to develop a minimum set of standards for a Home for Life Long Living and working with the district council, develop a Supplementary Planning Document to embed this good practice into its Local Plan. LCC Public Health has undertaken structured discussion with Whyndyke Board members, Fylde Council and Blackpool Council to develop a document to influence the production of these standards in conjunction with a range of professionals including:

- Planning policy officers
- Building control officers
- Architect
- Clinical Commissioning Group Representatives
- Public Health Representatives
- Social Housing Providers
- Care and Repair Service Provider

The HFLL standard

The need for adaptable homes is not specific to an ageing population. Adaptable homes can also meet the needs of individuals with a range of physical disabilities or illnesses as well as the needs of young families requiring homes that are accessible for prams and pushchairs. Lifetime Homes was developed in the early 1990s by a group of housing experts. Lifetime Homes are ordinary homes incorporating 16 Design Criteria that can be universally applied to new homes at minimal cost and state 'Lifetime Homes are all about flexibility and adaptability; they are not 'special', but are thoughtfully designed to create and encourage better living environments for everyone. From raising small children to coping with illness or dealing with reduced mobility in later life, Lifetime Homes make the ups and downs of daily living easier to manage'.

Fylde Local Plan

As per Policy H2 in the Fylde Local Plan 20% of homes on Whyndyke Garden Village should be compliant with Building Regulations M4 (3) 'Access to and use of buildings' so they are wheelchair accessible.

The aim of the Home for Lifelong Living theme is to develop a Home for Lifelong Living Standard to be applied to the remaining 80% of homes on Whyndyke Garden Village. This standard aims for homes to be built in a way that allows them to be adapted to meet the varying needs of individuals throughout their lifetime, with a range of physical disabilities or illnesses, the needs of young families requiring homes that are accessible for prams and pushchairs and the needs of an ageing population.

The ask is that all homes on Whyndyke Garden Village are built to a recognised adaptability standard so that all individuals on the development live in homes that can be adapted to meet their needs throughout their lifetime. Further work under this

workstream includes completing the Home for Life Long Living Adaptability Standard and embedding the Whyndyke Garden Vision into the Fylde Council Healthy Living Supplementary Planning Document.

This workstream is led by LCC Public Health and Wellbeing. Links have been made across service areas to ensure that learning and information can be shared to influence the council's Housing with Care Strategy. Learning is also shared across other spatial planning areas across the county.

Digital Health Workstream

Activities achieved up to date include:

- Links have been made with the Fylde Coast Vanguard and the Lancashire & Cumbria Innovation Alliance (LCIA) Test bed have been established including a monthly health care facility operational group to shape proposals, engage with providers and to establish internal health governance.
- A Smart Home digital proposal being worked up with Lancaster University's Digital Health Chair. Agreement with Lancaster University for a PHD student to focus on Whyndyke Garden Village Healthy New Town outputs.

Planned activities include:

- A digital infrastructure that supports health self-care will be established, including a vision and requirements for developing a digital masterplan for Whyndyke Garden Village (a platform/base technology for affordable smart homes and digital community infrastructure).
- Partnership interest with commercial technology partners is currently being explored.
- Strengthened link with Lancaster University Health Innovation Campus and operational working groups.

Community Asset Ownership Model

Activity achieved to date:

- A range of options for a Community Asset Ownership Model for Whyndyke Garden Village have been developed

Planned activities include:

- Completion of a communications plan to support the Communications and Engagement group.

Physical Activity Workstream

Activities achieved up to date include:

- Used Strava data and to join up the site to existing trail, cycle and road routes, creating better environments and safer place for people to go

Community Hub Workstream

Activities achieved up to date include:

- An agreement has been established to bring together school, health and community facilities into a central community hub.
- Secured a Free School Sponsor and agreed an independent schools advisor to act as client management between Whyndyke Garden Village and Free

School Sponsor

Planned activities include:

- A specification for a planned health hub will be designed. This will include a healthcare facility, which focuses on self-care and prevention strategies that incorporates learning from Fylde Coast Vanguard and the Lancashire and Cumbria Innovation Alliance (LCIA) test bed.
- Establish a legal and financial framework to link school, health facility and community facilities into a single Community Hub.
- Submit a Free School expression of interest application.
- Identify selection criteria following the community asset ownership visit programme.

Overall, the Whyndyke Garden Village Healthy New Town Board are working to achieve a masterplan design (travel planning, wayfinding, walking to school etc), which reflects local Healthy New Town collaboration to be produced.

Consultations

N/A

Implications:

N/A

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A



Creating communities
for a better tomorrow

Healthy New Town Case Study

Whyndyke Garden Village - Section 106 Agreement Learning

One of the key drivers for the Healthy New Town (HNT) pilot sites was to bring planning and health closer together, it was evident that there was, and probably still is on many developments, disconnect between the planning process and health requirements of the local community. One of the primary mechanisms that can help to formally bring health into the planning process is the Section 106 Agreement. The Whyndyke HNT pilot site had the unique advantage that at the time NHS England chose it as a pilot, the Section 106 had not been drafted but planning permission had been granted. The timing was ideal to examine how healthy living principles could be integrated into the Section 106 Agreement.

The Section 106 Agreement and in some cases the Community Infrastructure Levy (CIL), are powerful mechanisms to secure planning gains that will shape the nature of a development. The agreement influences the physical environment covering necessary infrastructure and community facility requirements. Without a Section 106 Agreement, a development cannot begin and the agreement requires the developer to deliver compulsory elements within the community. It is legally binding. If planning and health are to come together to create healthier environments that support healthier living, using the Section 106 to embed healthy living principles ahead of the development being constructed is essential.

The Whyndyke Garden Village (WGV) site found itself in an ideal position to pilot the integration of healthy living principles into a Section 106 Agreement, with the added challenge of the agreement involving three different local authorities, a district, a county and a unitary, as well as the Highways Agency due to the proximity of the M55 motorway to a cross boundary development. The added complexity of the different partners provided the opportunity for additional learning that can be shared through the pilot scheme benefitting future arrangements.



The Partnership Board established to deliver a Healthy New Town at Whyndyke Garden Village developed a number of healthy living principles designed to shape elements of the Section 106 Agreement, bringing planning and health together. The healthy living principles were developed in consultation with stakeholders from health, housing, planning, highways, education and the local community and are include below:

- Actively promoting and enabling community leadership and participation in planning, design and management of buildings, facilities and surrounding urban landscape to improve health and reduce health inequalities.
- Reducing health inequalities through addressing wider determinants of health such as the promotion of good quality local employment, affordable housing, environmental sustainability and education and skill development.
- Providing convenient and equitable access to innovative models of local healthcare services and social infrastructure, with the promotion of self-care and prevention of ill health.
- Ensuring the development embodies the principles of lifetime neighbourhoods and promotes independent living.
- Promoting access to fresh, healthy and locally sourced food (e.g. community gardens, local enterprise) and managing the type and quality of fast food outlets.
- Encouraging active travel, ensuring cycling and walking is a safer and more convenient alternative to the car for journeys within and without the development and providing interesting and stimulating cycle and foot paths.
- Creating safe, convenient, accessible, well designed built environment and interesting public spaces and social infrastructure that encourages community participation and social inclusion for all the population groups including, older people, vulnerable adults, low income groups and children.
- Embracing the Smart Cities agenda by incorporating and future proofing for new technology and innovation that improves health outcomes across a range of areas both at an individual level and also within the public realm.
- Ensuring workplaces, schools, indoor and outdoor sports and leisure facilities, the public realm and open spaces are well designed in ways which promote an active and healthy lifestyle, including regular physical exercise, healthy diet and positive mental health.

A private sector legal firm was commissioned to facilitate the Section 106 Agreement at a cost of £20,000, which is in excess of the average fee for a Section 106 but reflected the size of the development and the added complexity of the multiple compulsory partners. The agreement took two years to complete requiring significant time and resource from all partners in addition to the fee. The following sections of this case study include forthright and honest feedback from those involved in the process which is intended to provide insight, guidance, advice and tips for anyone involved, in the future, in developing an agreement designed to bring planning and health together to create a healthier community.

What Went Well

The fact the Section 106 Agreement was completed to the satisfaction of all parties is a success in itself, although it took almost 2 years due to the scale of the development and the number of partners. The agreement was complex, with the added challenge of being a pilot that sought to embed healthy living principles in the Section 106 legal agreement.

Everyone was engaged in something new, different and challenging that led to great relationships and new learning in an environment that was always positive, constructive and supportive despite the challenges and continual deadlines for completion being thwarted by fresh challenges.

We were successful in incorporating the healthy living principles. This should ensure that future developments benefit from this pilot under the HNT banner. It was achieved principally because the principles were incorporated into Local Plan policies and the National Planning Policy Framework. It was then possible to include reference to the site as a HNT through a modification to the Local Plan as part of health and wellbeing.



The Challenges

Tracking changes and co-ordinating comments on the master document was haphazard and confusing leading to duplication, waste, errors and frustration amongst partners, most of whom were anonymous faces at the end of an email so it was easier to get frustrated. The usual way to amend Section 106 Agreements is through tracked changes. Each party amends the draft in turn – to avoid multiple drafts circulating – and the document evolves so that if you approve of someone's changes you don't amend it, and if you don't approve, you make the amendment. These are all then visible in different colours on the draft. In this instance, all the legal bodies were asked to make their comments

and the commissioned external solicitor confirmed that they would make a composite draft incorporating them all. This is not the way it is normally done and the composite draft when it eventually came through missed out some amendments which, in turn, shook confidence in what was, in any event, an unaccustomed procedure. In hindsight the lead legal officer should have set out a framework for the process and secured agreement from all partners to deliver this.

Some partners had not been briefed about the details of the pilot, the healthy living principles or the HNT project resulting in the Section 106 being seen as 'just another agreement' rather than an innovation, as a consequence everything took too long. This has a further impact in that partners did not dedicate enough time and resource to this element of the pilot through a properly agreed plan with mutually acceptable milestones. The result was a mix of lack of leadership with no clarity of purpose or objective resulting in individuals from different organisations with different cultures, values, beliefs and attitudes criticising or pointing out errors, none productive and negative behaviours which simply added to the challenge.

The different hierarchical structures of the partner organisations resulted in differences in terms of delegation, empowerment, confidence and decision making. As the agreement involved a county, a unitary, a district council and central government Highways Agency, it was not recognised in advance that all of those employees operate in different work environments shaped by different governance, managerial arrangements, organisational behaviours and cultures. As a consequence the ability to get tasks completed and the expectation of time frames or deliverables were all different. There was little co-ordination and communication between the individuals responsible for action in each organisation. The difference was sometimes evident within the same organisation with different service areas demonstrating different attitudes and approaches to the same project.



What Could Have Been Done Better?

The project would have benefitted from early engagement between all partners to agree common goals and understand fully the uniqueness of the pilot. It would have also been beneficial to have agreed the methodology across all partners.

An agreement made at the outset on how to manage the master document and how to track all edits, share updates, control deadlines and connect and involve individuals across organisations simultaneously. This would have introduced measures that promoted an environment of co-operation, trust, priority and team work. Instead, despite being formal partners on a development and national pilot scheme, the perception was that organisations were working against each other.

The decision to appoint an external legal practice to facilitate and co-ordinate the agreement did not enhance the experience and was, on occasions, contributing to the challenges. An agreement that is part of a national pilot and involves so many local authority partners probably should not have been led by a Manchester based private legal practice.

Triggers in the agreement were not agreed prior to drafting resulting in negotiation taking place after drafts had been produced which lead to further confusion. An arrangement between the partners prior to the start of the process to agree to deadlines and milestones would have saved considerable resource. A dedicated task and finish group with an agreed scope to project manage the agreement would have proved useful and would have negated many of the challenges.



The Key Learning Points

The experience of drafting what was a complex and unique Section 106 Agreement has drawn out several learning points that would support a more efficient and effective process in the future:

- **It is essential that the objective to create a healthier community than those that have been built before is clearly articulated and agreed with all partners in advance of starting the process.** This would have saved a significant amount of time. The lack of clarity amongst some partners was evident and was a direct result of those engaged in the strategic vision of delivering a healthy new town not having the 'buy in', commitment or support from the leadership of their organisation. The use of a memorandum of understanding signed between the partners would have articulated and formalised the commitment that could have been shared across the various organisations and with employees responsible for doing the work on the ground.
- **Employees in the various organisations responsible for delivering the agreement on the ground must be fully and appropriately briefed on the strategic outcome and objectives.** A communication plan, agreed by the partners at the pre-planning stage, with key messages on the corporate importance of the project, would have achieved this ensuring that the necessary commitment, enthusiasm and importance is achieved from all the participants in each organisation.
- **Set key milestones which partners commit to communicating in person through face to face meetings.** A significant amount of time and resource was wasted because of the reliance on emails which led to long gaps before responses and were sent, ad hoc, and as and when someone had completed their task or identified the need to gather additional information. It is necessary for the importance of the agreement to be made explicit and a priority by organisational strategic leaders so that the employees responsible for delivering on the ground will give it the required priority and fully commit to appropriate deadlines and meetings set in the communications plan.
- **Consider in advance how to pitch or 'sell' the healthier principles and associated additional or different requirements that make the development unique, or the future of communities, to the developers.** There is no avoiding the fact that there has to be profit margins, the developers and the Housing Associations are not charities. In the pre-planning stage, ensure that all partners are on message with the benefits, to the developer.
- **Know the individuals involved in the process from each organisation.** It is important at the outset to set up an initial face to face meeting or conference call to make a connection with those you will be emailing, to build a relationship and start a rapport that will facilitate and accelerate the process of dealing with any differences. This will save time, resource and cost and reduce frustration in the future. Establish a 'team' ethos with shared values, objectives and priorities for the project and perhaps even arrange a team building session. The investment in people at this stage of the process will reap significant benefits at later stages.
- **Challenge the local authority to have planning policy that incorporates the healthy living principles through supplementary guidance or corporate priorities associated with health and wellbeing.** This provides an evidence base when introducing healthy living principles into Section 106 Agreements. This is necessary for health and planning to come together to create healthier communities and embeds the behaviour change and prevention for future planning and developments. It ensures that the wider determinants of health are able to positively influence future health outcomes

- **Build relationships and develop an effective collaborative attitude.** Property development is a competitive environment driven by margins and one of the most influential elements of the national and international economy, a primary reason that planning and health have moved so far apart as recognised by the HNT pilots. The success in bringing health and planning together will depend on the value to the developer which starts with the Section 106 Agreement and provides the opportunity to shape the health and wellbeing of future and existing communities through legal requirements. If negotiation of the Section 106 is approached by all stakeholders with a collaborative attitude the process of moving from a competitive paradigm to one of co-operation can begin.
- **Innovation is required in the Section 106 Agreement to embed healthy living and lifestyle principles because some elements are not tangible.** However, it is challenging to innovate in a framework founded on contractual and legislative requirements. The WGV Section 106 was restricted in terms of innovation because of legislation but this pilot has started to point towards change. Don't underestimate the important and influence of the Section 106 which shapes the development on the ground.
- **To achieve step change leaders need to have the integration of health and planning on the strategic agenda at sub regional and regional level.** It was the experience of the Whyndyke Garden Village HNT that not all leaders in the partner organisations involved were cognisant of the pilot. Communication cannot be left to each organisation's representative as once they leave the meeting, officers go back to the day job. A clear communication strategy needs to be prepared at the outset and agreed to and supported by every partner at the highest level of leadership.

Many of the key learning points above are integral to essential pre-planning arrangements that will save considerable time, resource and cost by investing in a pre-planning process which includes communications, memorandum of understanding, agreed outcomes, committed deadlines and shared objectives, as well understanding the culture of the various partner organisations. The WGV Partnership signed up to a partnership protocol in a bid to get different organisations with different cultures and values to work towards a common goal. Partnership working is essential to develop new communities therefore goal setting can only be achieved through consensus. Achieving this was challenging because partners held different values, came from different cultures and placed different levels of importance and value on the pilot and the Section 106. The partnership would have benefited by establishing shared values, beliefs and objectives at the outset.

In conclusion, despite the clear challenges highlighted in this case study, it is essential that Section 106 agreements and CIL policies embed the principles of healthy living. This will ensure that these are then credible tools that are able to influence not only the physical and built environment but also the behaviours within the local communities, and the attitudes and actions of those who will populate tomorrow's healthy towns and villages. **By learning from the experience of this pilot agreement it will be possible to reduce the time, cost and resource to reach innovative agreements that put health at the core of communities that developers can deliver.**

For more information: contact Allan Oldfield (allan.oldfield@fylde.gov.uk)

Healthy Living Principles

1. Actively promoting and enabling community leadership and participation in planning, design and management of buildings, facilities and the surrounding environment and infrastructure to improve health and reduce health inequalities.
2. Reducing health inequalities through addressing wider determinants of health such as the promotion of good quality local employment, affordable housing, environmental sustainability and education and skill development.
3. Providing convenient and equitable access to innovative models of local healthcare services and social infrastructure, with the promotion of self-care and prevention of ill health.
4. Providing convenient and equitable access to a range of interesting and stimulating open spaces and natural environments ("green" and "blue" spaces) providing informal and formal recreation opportunities for all age groups.
5. Ensuring the development embodies the principles of lifetime neighbourhoods and promotes independent living.
6. Promoting access to fresh, healthy and locally sourced food (e.g. community gardens, local enterprise) and managing the type and quantity of fast-food outlets
7. Encouraging active travel, ensuring cycling and walking is a safer and more convenient alternative to the car for journeys within and without the development and providing interesting and stimulating cycle/footpaths.
8. Creating safe, convenient, accessible, well designed built environment and interesting public spaces and social infrastructure that encourages community participation and social inclusion for all population groups including: older people, vulnerable adults, low income groups and children.
9. Embracing the Smart Cities agenda by incorporating and future-proofing for new technology and innovation that improves health outcomes across a range of areas both at an individual level and also within the public realm.
10. Ensuring workplaces, schools, indoor and outdoor sports and leisure facilities, the public realm and open spaces are well designed in ways which promote an active and healthy lifestyle, including regular physical activity, healthy diet and positive mental health.

Useful links:

King's Fund: Putting Health into Place Interim Report (2018) Accessible here:
<https://www.kingsfund.org.uk/sites/default/files/2018-09/putting-health-into-place-nhs-england.pdf>

NHS England Healthy New Town Programme. Accessible here:
<https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/>

NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Health Scrutiny Committee

Meeting to be held on Tuesday, 2 April 2019

Electoral Division affected:
(All Divisions);

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 meeting held on 13 March 2019.

Recommendation

The Health Scrutiny Committee is asked to:

1. Receive the report of its Steering Group.
2. Note the factual error in relation to the report of Steering Group presented at the Committee's meeting on 11 December 2018.

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 20 February 2019:

❖ Response to the Group's recommendation on the NWAS Nursing and Residential Home Triage Tool (NaRT)

County Councillor Graham Gooch, Cabinet Member for Adult Services, Helen Speed, Head of Transformation and Delivery, Blackpool Clinical Commissioning Group (CCG), Sumaiya Sufi, Quality Improvement and Safety Specialist – Health and Residential Settings, Lancashire County Council and Lisa Slack, Head of Service Patient Safety and Safeguarding, Lancashire County Council attended the meeting to present the joint response to the Steering Group's recommendation which was:

"The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group (CCG) give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire."

In response to questions raised by members on the model, challenges to wider implementation and next steps, the following information was clarified:

- On take-up, it was noted that the triage tool had been introduced to 50 of 130 care homes in the east Lancashire area. It was confirmed that these care homes had been identified by East Lancs CCG as the highest callers to the North West Ambulance Service (NWAS). Reasons for take-up therefore did not relate to reluctance.
- It was noted that there were a number of factors as to why the triage tool had not been rolled out across the county. Cost was the biggest reason. The Steering Group was informed that East Lancs CCG had used vanguard monies (additional time-limited funding) made available to them at the time to fund the pilot. Not all CCGs in the Lancashire area had been given vanguard status. An element of the cost was the £100 annual charge payable to the organisation holding the intellectual rights to the triage tool - notwithstanding the cost to the North West Ambulance Service to sustain the provision of training which had been paid at overtime rate.

- It was pointed out that the triage tool's weakness was its lack of alignment with other work streams and triage tools such as; end of life, falls prevention, sepsis and NEWS2 (National Early Warning Score – early warning score system used to identify and respond to patients at risk of deteriorating).
- It was suggested that the county council in conjunction with clinical commissioning groups perhaps consider developing a similar model without affecting intellectual property/rights. Whilst it was accepted that this could be an option going forward, the Steering Group was informed that NHS Vale of York CCG had successfully trialled its own approach to a similar triage tool known as 'stop and watch'. This approach was currently being favoured by Cumbria County Council.
- It was noted that not all CCGs in Lancashire commissioned additional care home support such as care home support teams with many taking different approaches and using different models to provide interventions within the regulated care sector. Other additional support included commissioning of advanced nurse practitioners and telemedicine.

Resolved: That the joint response be noted.

❖ **Healthwatch Lancashire and Quality Accounts**

Sue Stevenson, Chief Operating Officer for Healthwatch Lancashire and Healthwatch Cumbria, attended the meeting to discuss how Healthwatch could assist with the Committee in its work. In addition to this a proposal to work together to respond to NHS Trust Quality Accounts was suggested to the group for consideration.

It was highlighted that Healthwatch is the independent consumer champion for health and care, ensuring the views and experiences of people from all localities and communities including protected characteristics informed service design. In addition to this it was acknowledged that the Health Scrutiny function also had a role in influencing service design of health and care. It was pointed out that Healthwatch could share intelligence and advice with the Health Scrutiny function, which might assist with topics and key lines of enquiry that are scheduled on its work programme and welcomed the opportunity to attend future meetings.

Examples of current projects were highlighted which included:

- Temperature test – noises within the system;
- Enter and View in Care Homes;
- Digital offer;
- Thrive – redesigning mental health services for children and young people;
- Cancer screening for people with learning difficulties; and
- Chatty van.

On NHS Trust Quality Accounts, it was suggested that Healthwatch Lancashire and Lancashire County Council Health Scrutiny function establish small working groups

to consider NHS Trust Quality Accounts and for both parties to come together to share findings and agree key points to feedback collectively.

In considering the proposal it was noted that there were eight NHS Trusts operating within the Lancashire County Council's administrative boundary. It was felt that given the relatively short timescales with which Health Scrutiny and Healthwatch are given to respond, criteria should be set to narrow the focus by considering factors such as Care Quality Commission (CQC) ratings, locality/cross-boundary providers and topics the Health Scrutiny function had reviewed since the start of the new administration. It was suggested that the focus for responses be on Lancashire Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust. In considering the matter further it was;

Resolved: That;

1. Responses to NHS Trust Quality Accounts be provided to Lancashire Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust.
2. Healthwatch be invited to attend a future meeting of the Steering Group to share findings and agree key points to feedback. The timing of which to coincide with when draft Quality Accounts are received and the deadline with which to respond.

Meeting held on 13 March 2019:

❖ North West Clinical Senate

The Chair welcomed Caroline Baines, Senate Manager, North West Clinical Senates.

The report and handout presented provided an overview of the independent work undertaken by the Clinical Senates, including the purpose, structure, accountability measures, past and current work and the benefits of NHS services working with the Senates. A copy of the handout is set out in the minutes.

It was important that the Health Scrutiny function understood the work and purpose of the Clinical Senate in providing independent strategic clinical advice to commissioners and the benefits of a clinical service requesting a review. As well as providing independent advice, Clinical Senates undertook independent clinical reviews to support significant service reconfiguration and the work of Integrated Care Systems (ICS).

Members were advised that in future when considering key questions on proposals for change the Health Scrutiny Committee could ask NHS partners if they had requested a Clinical Senate review, if not and depending on the level of assurance the Committee needed to then recommend that a Clinical Senate review be undertaken. Members were also advised that if the NHS body concerned had commissioned a review to request and examine the resulting recommendations.

In response to questions raised by members, the following information was clarified:

- Although the Senate undertook clinical reviews, the review panel included an experienced patient representative in order to take into account the service users' perspective. It was explained that the Senate's role was not to rate services but to be a critical friend and challenge processes in place or proposed changes.
- On accountability and governance arrangements, it was confirmed that the Clinical Senate had a robust selection criteria for a broad range of expert clinicians to carry out reviews, ensuring that conflicts of interest were declared. Expert clinicians would be identified dependent on the work being undertaken.
- The Senate provided advice that was non mandatory and independent of NHS England, however service providers under review tended to follow the recommendations made. Responses to the recommendations were taken into consideration in any referrals made to the Secretary of State or at a judicial review when a substantial variation had been identified.
- It was noted that the Senate's current areas of work in the North West included the Central Lancashire 'Our Health Our Care' and the Lancashire and South Cumbria Stroke Services.

Resolved: That the role of the Clinical Senate and the advice for Health Scrutiny members be noted.

❖ **Blackpool Council scrutiny review of Lancashire Care Foundation Trust**

A request had been made by County Councillor Steve Holgate to review mental health services provided in A&E departments across Lancashire following recent media reports on Blackpool Council's scrutiny review of mental health services provided by Lancashire Care Foundation Trust. In order to avoid any duplication of work, it was felt that the Steering Group be appraised of Blackpool Council's review before embarking on its own review should the request be agreed.

The Chair welcomed Sharon Davis, Scrutiny manager for Blackpool Council.

Members were given an overview of the background to Blackpool Council's scrutiny review of the Lancashire Care Foundation Trust. It was explained that they had initially requested that the Trust present their improvement plan to its Adults Social Care and Health Scrutiny Committee, following the outcome of the Care Quality Commission (CQC) inspection in May 2018 when the Trust's overall rating fell from 'Good' to 'Requires Improvement' since its last inspection in September 2016. Due to concerns regarding lack of engagement with the Committee from the Trust, a further special meeting was arranged on 24 January 2019 which included representation from the police, community and Healthwatch Lancashire. The Committee had recommended that the Trust engage community groups via a forum. The Director of Public Health in Blackpool had expressed that a re-work of how mental health services were commissioned was required as the current provision

was based on an outdated model of need. This would ultimately impact Lancashire as a whole. The Steering Group was informed that Blackpool's review focussed on services provided at The Harbour and within the community and the wider concerns of patient safety.

In response to questions raised by members, the following information was clarified:

- It was important that the Lancashire County Council Health Scrutiny Committee were kept informed about any issues or proposed changes brought to Blackpool's Scrutiny Committee.
- The Blackpool Health Scrutiny Members had requested that the Trust engaged with community groups via the recommended forum, however it was too early in process to shape definite ideas for change. Blackpool was currently in the pre-election period so members were unable to take any proposals forward. The Committee's primary focus was to require the Trust to make improvements; the request to change how services were commissioned had come from professionals such as the Director of Public Health. It was emphasised that Members were not mental health professionals and it was not a function of Scrutiny to plan how services should be changed. The Committee would continue to review all the relevant sources of information and to hold providers and commissioners to account, challenging them to make improvements where required. It was hoped that the community forum would help shape future proposals for change. Currently, pathways for those with mental health issues were unclear. When the Blackpool Council elections had been completed the committee would look further at specific recommendations.
- The complexity of the link between drug use and mental health was acknowledged and that there was a requirement to address this cycle. The Steering Group highlighted that there may be opportunities to apply for grant funding to support this.
- Members asked about the third sector partner Calico, mentioned in the Trust's report. It was confirmed that this was a pilot initiative by the Lancashire Care Foundation Trust involving 18 recovery workers supporting patients with social issues and mental health diagnosis in the community.
- It was noted that although deprivation was high in Blackpool, Lancashire also had areas with similar social determinants that impacted on mental health.

Programmes such as HeadStart Blackpool, were reintroducing early help and aimed to build resilience in young people as a preventative measure against potential mental health issues.

- It was emphasised that communication between the work of Lancashire County Council and Blackpool Council Health Scrutiny functions would prevent duplication of work. This could include some joint working on the potential proposal to change the four hour target for waiting times for accident and emergency.

In considering the request to review mental health services provided in A&E departments across Lancashire, it was reported that evidence had been received from the police constabulary highlighting the impact on policing in the community. Members expressed that this had also been raised during Blackpool Council's review. With this in mind it was agreed that the Steering Group should carry out the review.

Resolved: That the request to review mental health services provided in A&E departments across Lancashire be accepted and carried out by the Steering Group.

Future meetings of the Steering Group

Future meetings of the Steering Group have been scheduled for the following dates:

- 17 April 2019;
- 14 May 2019;
- 19 June 2019;
- 17 July 2019;
- 11 September 2019;
- 16 October 2019;
- 20 November 2019;
- 18 December 2019;
- 15 January 2020;
- 19 February 2020;
- 11 March 2020 and
- 6 April 2020

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

Report of Steering Group – 11 December 2018

A factual error has been identified within the report of the Steering Group as presented to the Committee at its meeting on 11 December 2018, under the Vascular Position Statement item. The report referenced that "patients in West Lancashire would travel to sites belonging to Mersey Care NHS Foundation Trust" when it should have referred to "patients in West Lancashire would travel to services in Merseyside". The Committee is asked to note this point.

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
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N/A		
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Reason for inclusion in Part II, if appropriate		
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N/A		
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Health Scrutiny Committee

Meeting to be held on Tuesday, 2 April 2019

Electoral Division affected: (All Divisions);
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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
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N/A		
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Reason for inclusion in Part II, if appropriate		
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N/A		
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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.

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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	<p>The report be noted; and</p> <p>The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.</p>	<p>-</p> <p>Report scheduled for 2 April 2019</p>
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	<p>Dr Gerry Skales, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs</p> <p>Jason Pawluk, NHS Transformation Unit</p>	3 July 2018, 25 September and 2 July 2019/24 September 2019	<p>3 July: The update be noted;</p> <p>Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018;</p>	<p>-</p> <p>Update scheduled for 2 July 2019</p>

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					<p>The importance of all partners working together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and</p> <p>Public information and education be included in the new model of care for acute services in central Lancashire.</p>	<p>Awaiting response</p> <p>Awaiting response</p>
Delayed Transfers of Care (DToC) and Winter 2019/20	Update on performance as a whole system and preparations for winter 2019/20	Committee	Sue Lott, LCC and Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG	6 November 2018 and 5 November 2019	<p>The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted.</p> <p>The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.</p>	<p>-</p> <p>-</p>

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					A further update on Delayed Transfers of Care be scheduled in 6 months' time for the Health Scrutiny Steering Group and in 12 months' time for the Health Scrutiny Committee.	Updates scheduled for May '19 Steering Group and Nov '19 Committee
Transforming Care (Calderstones)	Model of care for CCG commissioned learning disability beds	Committee	Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism	11 December 2018 and 10 December 2019	<p>The performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) be noted.</p> <p>A written report and action plan on performance against these targets be presented to the Health Scrutiny Committee in 12 months' time</p>	<p>-</p> <p>Update to be scheduled for 10 December 2019</p>

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Integrated Care System	Delivery of strategic transformational plans - finance	Committee	Dr Amanda Doyle, Neil Greaves and Gary Raphael, Healthier Lancashire and South Cumbria	5 February 2019	The Healthier Lancashire and South Cumbria five year local strategy be presented to the Committee at its meeting scheduled on 24 September 2019.	To be scheduled
Lancashire and South Cumbria Stroke Programme	Consultation	Committee	Gemma Stanion, Healthier Lancashire and South Cumbria	5 February 2019	The content of the report be noted. The decisions to be made about the Stroke programme by commissioners and providers in the next few months be noted. The programme and work going forward be endorsed.	- - -
Housing with Care and Support Strategy 2018- 2025		Committee	CC S Turner, Cabinet Member for Health and Wellbeing, CC G Gooch, Cabinet Member for Adult Services, Louise Taylor, Joanne Reed/Craig Frost, Sarah McCarthy LCC	2 April 2019		

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Healthy New Towns – Whyndyke Garden Village, Fylde		Committee	Andrea Smith and Andrew Ascroft, Public Health, LCC, Alan Oldfield, Chair of WGV	2 April 2019		
Social Prescribing	Overview and consultation on social prescribing	Committee	Linda Vernon, Healthier Lancashire and South Cumbria and Dr Sakthi Karunanithi, LCC	14 May 2019		
Tackling period poverty	Full Council Notice of Motion 8 October 2018 - a report on the issue and how it can best be addressed.	Committee	Dr Sakthi Karunanithi, LCC	14 May 2019		

Future meeting dates:

2019/20 – 2 July; 24 September; 5 November; 10 December; 4 February 2020; 31 March; and 13 May.

2 July 2019/24 September 2019 – Healthier Lancashire and South Cumbria ICS Five Year Local Strategy

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	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.	
NWAS	Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital pharmacy waiting times and delays for NWAS transport)	Steering Group	Peter Mulcahy and Julie Butterworth, NWAS	19 September	<p>The Health Scrutiny Steering Group recommends that;</p> <p>The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.</p>	Initial update to be presented on 21 November meeting

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Vascular Service Improvement	Improving quality and access to Vascular Services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	21 November (10:30) and 14 May 2019 move to June/July?	<p>The establishment of the Lancashire and South Cumbria Vascular Programme Board and the progress to date be noted.</p> <p>An update on the work of the Programme Board and the model of care be presented to the Health Scrutiny Steering Group in six months' time.</p>	<p>-</p> <p>Update to be scheduled for 14 May 2019</p>
NWAS	Update on recommendations from the Steering Group on the potential roll out of NWAS' new Nursing and Residential Home Triage (NaRT) Tool across Lancashire Care Homes.	Steering Group	<p>CC G Gooch, Lisa Slack and Sumaiya Sufi, LCC</p> <p>And Blackpool CCG, NWAS representatives</p>	<p>21 November and</p> <p>20 February 2019 (10:30)</p>	<p>The formal response be noted.</p> <p>Representatives from the North West Ambulance Service, Blackpool Clinical Commissioning Group and the County Council be invited to attend the next meeting of the Health Scrutiny Steering Group to consider how the triage tool could be progressed and rolled out across Lancashire.</p> <p>The joint response be noted.</p>	<p>-</p> <p>Report scheduled for 20 February 2019</p> <p>-</p>

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
East Lancs CCG	Pennine Lancashire Regulated Care Transformation Programme Update	Steering Group	Adele Thornburn and David Rogers, East Lancs CCG, Sumaiya Sufi LCC	16 January 2019 (10:30am)	The upskilling programme for care staff be explored beyond insulin administration and form a part of the Pennine Lancashire Regulated Care Transformation Programme's key area of work for 2019/20.	Awaiting response
Quality Accounts	Preparations for responding to NHS Trusts Quality Accounts	Steering Group	David Blacklock, Sue Stevenson, Healthwatch Lancashire	20 February 2019 and 17 April 2019	Responses to NHS Trust Quality Accounts be provided to Lancashire Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust. Healthwatch be invited to attend a future meeting of the Steering Group to share findings and agree key points to feedback. The timing of which to coincide with when draft Quality Accounts are received and the deadline with which to respond.	Scheduled for Steering Group in 17 April

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
North West Clinical Senate	Role of senate	Steering Group	Prof. Donal O'Donoghue and Caroline Baines	13 March 2019	That the role of the Clinical Senate and the advice for Health Scrutiny members be noted.	-
Blackpool Council's scrutiny review of LCFT	Consider request to review mental health services provided in A&E departments across Lancashire Update from Blackpool Council on its review of mental health service provision by LCFT.	Steering Group	Sharon Davis, Blackpool Council	13 March 2019	That the request to review mental health services provided in A&E departments across Lancashire be accepted and carried out by the Steering Group.	tba
Local Government and Social Care Ombudsman	Annual Review of Complaints: 'assessments and care planning' and 'other' (such as blue badges and disabled facilities grants) – systems, policies and procedures	Steering Group	Tony Pounder, Angela Esslinger, Kieran Curran, LCC	17 April 2019		
Care For You: Transforming hospital services and care for people in Southport,	Consultation	Steering Group	Silas Nicholls, Southport and Ormskirk Hospital Trust	14 May 2019		

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Formby & West Lancs						
Delayed Transfers of Care	Progress update and learning from ECIST event.	Steering Group	Sue Lott, LCC Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG	14 May 2019		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Steering Group	Dr Sakthi Karunanithi/Clare Platt and Chris Lee, LCC	17 July 2019?		
Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System	Developing terms of reference and composition	Steering Group	With Blackpool Council, Blackburn with Darwen Council and Cumbria County Council	Tbc after elections in May		
Rossendale Birth Centre	Proposals	Steering Group	Kirsty Hamer and Christine Goodman, East Lancs CCG	tbc		
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Steering Group	Sally Napper, NHSE, Lisa Slack, LCC	Tbc		

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Childhood immunisations	Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee)	Briefing note	Jane Cass?/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC	Tbc		
Health in All Policies	Embedding spatial planning and economic determinants	Briefing note (and Steering Group)	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		Awaiting briefing note
Scrutiny of Budget Proposals 2018/19	<ul style="list-style-type: none"> 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 Kisson/Richard Hothersall, LCC	-		Briefing note received and circulated to members

Future meeting dates: 14 May, 19 June (workshop on the priorities of the ICS and work programming), 17 July, 11 September, 16 October, 20 November, 18 December, 15 January 2020, 19 February, 11 March, and 16 April.

Other topics to be scheduled:

- Review of Mental health provision in A&E departments across Lancashire
- Integrated Care Partnerships (ICP) – Central Lancashire; Fylde Coast; Morecambe Bay; Pennine; West Lancashire
- Chorley A&E, GTD Healthcare and CCGs - performance
- NWAS – transformation strategy and future

- Secondary Mental Health Services in Lancashire – Charlotte Hammond, LCC
- Disabled facilities grants and housing associations
- Assess and identify better joint working opportunities that might exist between the county council and the NHS (recommendation of the Local Authority Funding and Income Generation Task and Finish Group)