Lancashire County Council

Health Scrutiny Committee

Tuesday, 14th May, 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	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 2 April 2019**	(Pages 1 - 6)
4.	**Social Prescribing**	(Pages 7 - 60)
5.	**The issue of Period Poverty and how it can best be addressed**	(Pages 61 - 64)
6.	**Report of the Health Scrutiny Steering Group**	(Pages 65 - 74)
7.	**Health Scrutiny Committee Work Programme 2018/19**	(Pages 75 - 96)
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.	

Lancashire County Council

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 July 2019 at 10.30am at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2nd April, 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

J Burrows	E Nash
N Hennessy	M Pattison
S Holgate	E Pope
H Khan	C Towneley
S C Morris	

Co-opted members

Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Alistair Morwood, (Chorley Borough Council)

1. Apologies

Apologies were received from County Councillors Gina Dowding and Charles Edwards and Councillors Barbara Ashworth, Rossendale Council, Glen Harrison, Hyndburn Borough Council, Colin Hartley, Lancaster City Council, Julie Robinson, Wyre Council, Matthew Tomlinson, South Ribble Borough Council and Viv Willder, Fylde Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 5 February 2019

In response to a request the Chair agreed to write to NHS colleagues regarding the Lancashire and South Cumbria Transforming Care Partnership Update presented at the Health Scrutiny Committee held on 11 December 2018.
The chair would ask for a response to unanswered questions raised, as the clerk had been unsuccessful in securing a reply.

Resolved: That the minutes from the meeting held on 5 February 2019 be confirmed as an accurate record and signed by the Chair.

4. Housing with Care and Support Strategy 2018 - 2025

The Chair welcomed Lancashire County Council officers: Joanne Reed, Head of Service for Policy, Information & Commissioning (Live Well), Craig Frost, Policy, Information and Commissioning Manager (Age Well) and Julie Dockerty, Policy, Information and Commissioning Senior Manager.

The report presented provided an update on the implementation of the county council's Housing with Care and Support Strategy for 2018 – 2025.

The Committee provided feedback regarding the draft Strategy, as presented and sought further clarification as follows:

- Members commented that the key investigations from the consultation centred on working with developers and service providers, rather than meaningful engagement with families. The consultation responses showed that only 21% of feedback on the draft strategy was from family members, members of the public or unspecified, meaning that the most vulnerable had not been reached for their comments. Officers countered that although the exact number of family members who had responded could not be confirmed, a significant number had been family members. Regular local meetings with stakeholders and family members had taken place to share information and establish common concerns and a number of mechanisms had been put in place such as a Transfer and Challenge group to engage those who would be affected. It was also confirmed that the initial work had been at a strategic level and this would be followed by more detailed work by Social Care officers regarding gathering information about individuals' circumstances for the next stage.

- Concerns were expressed regarding the risk assessment of housing providers' finances which had been raised by the Care Quality Commission (CQC) and the Regulator of Social Housing. It was clarified that the district council partners would need to comment on this and that the county council were awaiting further guidance from central government regarding equity-linked supported housing.

- The vision and strategic aims of the previous strategy had also committed to having at least one extra care scheme per district. Members asked why only a third of districts had implemented this. Officers clarified that many of the issues causing a lack of confidence in the market from developers and registered providers, arising from welfare reforms had now been resolved. Districts were committed to developing extra care schemes and there was an enthusiasm to move forward and make investments.
  The schemes relied on funding from Homes England and other partners. However Lancashire County Council may make a financial contribution for high priority areas, where there was a strategic need for a service which could not proceed without such a capital contribution.

- Members stated that the focus of provision of extra care units for older adults should be prioritised according to need rather than aiming for an additional one per district. The report indicated that some districts already had some units in existence or were being developed, when others had none. Officers clarified that the county council was undertaking a needs analysis at both district and neighbourhood level to determine the number of care schemes required, in terms of risk and need according to health and social care data. The county council also needed to consider what land opportunities were available in the districts. The aim of one unit per district was a starting point and the additional needs analysis would highlight where more were needed.

- Members requested that data detailing estimated numbers of units needed compared to the number already in existence or under development, be provided for the supported places for young adults with disabilities.

- Members expressed concern that the data indicated that currently only 16.5% of need for older adult care units had been met and suggested that county council work with planning authorities (district councils) to ensure housing developers were required to provide a percentage of supported housing. In response to a question it was clarified that the flat scheme for younger adults with disabilities largely consisted of renovating existing buildings. Members commented that district councils need to be more involved at the planning stage and suggested including district council members on the Transfer and Challenge group.

- Members asked how supporting services peripheral to the strategy, e.g. public transport, would be considered as part of the strategy. It was confirmed that access to facilities, either on site or close by would be built into the specifications to mitigate the risk of isolation.

In response to further questions it was confirmed that:

- Work was being undertaken to identify the population profile per district. The county council had secured consultants from the Local Government Association to look at the approach to development and this included taking into account an environmentally sound methodology for provision.

- Assistive technology would include a range of devices to assist with falls management and included mobile technology to support interaction in the community. There was an increased focus on introducing assistive technology and it was necessary that this was kept up to date. This gave an opportunity to support respite for family members by giving them peace of mind.

- The county council had worked with L'Arche (a charity that offered support for adults with learning disabilities) on a flat scheme in Preston. It was acknowledged that housing schemes away from communities could be isolated, but conversely a scheme within a community had the potential for residents to be taken advantage of. Some would be integrated depending on

the needs of the residents. The county council would act on the advice of providers and developers with the necessary expertise when planning sites and facilities.

The establishment of a task and finish group to review the strategy in more detail was suggested. In considering the suggestion it was felt that the Committee's Steering Group be asked to consider the request in the first instance.

Resolved: That the Health Scrutiny Committee;

1. The intention to promote the development of more extra care schemes for older adults and flat schemes for younger adults with disabilities be supported.

2. The request for a task and finish group to the Health Scrutiny Steering group to review the Housing with Care and Support Strategy in more detail be considered by the Health Scrutiny Steering Group at its earliest convenience.

3. Noted with concern the discrepancies between planned development compared with the estimated units needed.

5. Whyndyke Garden Village Healthy New Town

The Chair welcomed Allan Oldfield, Chair of Healthy New Town Board and Chief Executive of Fylde Council and Lancashire County Council Officer Andrea Smith, Public Health Specialist.

The report presented provided an update on the NHS Healthy New Towns Programme, its inception and up to date position, as well as an overview on the proposed Whyndyke Garden Village Healthy New Town in the Fylde district and the development of Homes for Life Long Living.

In response to questions it was confirmed that:

- Currently there were no elected members or health representatives from NHS Foundation Trusts on the Board, however this could be considered at the annual review of membership. The board did link in with NHS providers and Clinical Commissioning Groups and representatives were involved and attended meetings depending on the relevance of the discussion to their expertise.

- Five expressions of interest had been received from developers and all were aware of the inclusion of the ten healthy living principles in the Section 106 agreement and the additional implications of the project as outlined in the report.

- Members stated that initiatives such as community park runs and working to increase physical activity in schools were already in place across the county

and questioned whether this would be encouraged within the project. This was an NHS initiative and the Board would work with developers to design the area and use the environment to support healthy and sustainable methods of travel. Health initiatives would be piloted to engage the community.

- With regards to timings, the design and infrastructure would be finalised with the developer once this was announced. Additional grants for an early community facility would also be discussed at this stage to promote community cohesion from the beginning.

- The current plan was for 1450 properties to home in the region of 3,500-3,700 people. However this could increase as there was some adjacent commercial land that may not be required for its original intended purpose.

- During initial planning, the Board had looked at best practice and learning points from other similar successful and unsuccessful preceding projects. The key learning point was influencing behaviour change in terms of self-care of physical, mental and spiritual wellbeing. The programme aimed to improve attitudes, behaviours and lifestyle in terms of health, including the use of digital resources.

- Environmentally sound innovations were also included in the principals of the Section 106 agreement for both the properties and the public infrastructure. Homes for Life Long Living included adaptations such as digital 'plumbing' to ensure homes were enabled for digital assistance as and when needed. National funding would be accessed for change management, for example ensuring families and practitioners were upskilled to use assistive technology.

- The position of the site meant that it would easily integrate into the wider network of other local cycle routes. It was requested that the paths were made multi-use to incorporate the needs of all non–motorised users, not just walkers and cyclists. Currently the Board was debating how the site could be linked to neighbouring communities as it was currently isolated by a motorway and dual carriageway.

It was noted that the Home for Life Long Living standard had not been embedded into all Lancashire district councils' Local Plans. Additionally, it was reported that not all district councils across Lancashire had been asked to embed the ten Healthy Living Principles into future Section 106 Agreements.

Resolved: That

1. The achievements made by collaborative working with partners be acknowledged.

2. In order to support Health in All Policies, the Cabinet Member for Health and Wellbeing give consideration to writing to all Lancashire's district councils, except Fylde requesting them to consider:

a) Embedding the principles of Home for Life Long Living (adaptable homes standards) into their Local Plans.

b) Embedding the ten Healthy Living Principles into future Section 106 Agreements.

c) Ensuring that multi-user paths proposed in future developments cover all non-motorised users and also extend to the wider network.

6. 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 meetings held on 20 February 2019 and 13 March 2019.

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

7. 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.

8. Urgent Business

There were no items of Urgent Business.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 14 May 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, 14 May 2019

Electoral Division affected:
(All Divisions);

Social Prescribing
(Appendices 'A' and 'B' refer)

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

Executive Summary

An overview of the key programmes of work (underway and proposed) for developing the digital infrastructure to support local social prescribing programmes across Lancashire and South Cumbria Integrated Care System (ICS).

Recommendation

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

Background and Advice

Linda Vernon, Healthier Lancashire and South Cumbria and Michelle Pilling, East Lancashire Clinical Commissioning Group (CCG) will attend the meeting to present an overview of the current position and plans for developing the digital infrastructure to support local social prescribing programmes across Lancashire and South Cumbria Integrated Care System (ICS). A summary of this is set out at **Appendix A**. Detailed background information to this work is set out at **Appendix B**.

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

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The reports at Appendices A and B represent the views of Healthier Lancashire and South Cumbria and are not those of Lancashire County Council.

Lancashire County Council

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

Paper	Date	Contact/Tel

None

Reason for inclusion in Part II, if appropriate

N/A

Healthier Lancashire & South Cumbria

Digital Social Prescribing Summary ~ presented to

LCC Health Scrutiny Committee 14th May 2019

1. Introduction

1.1. This document summarises the key programmes of work (underway and proposed) for developing the digital infrastructure to support local social prescribing programmes across Lancashire and South Cumbria Integrated Care System (ICS).

1.2. NHS England published its plans for implementing the Comprehensive Model of Personalised Care in January 2019, which sets out the full array of different delivery support actions that will be taken nationally to ensure effective implementation.

The Comprehensive Model has six main evidence based components:

(i) shared decision-making;
(ii) enabling choice, including legal rights to choice;
(iii) personalised care and support planning;
(iv) **social prescribing and community-based support;**
(v) supported self-management; and
(vi) personal health budgets and integrated personal budgets.

The deployment of these six components will deliver:

- Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes.
- A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health conditions.
- Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive.

Digital is a key enabler for transformation and for supporting a more strategic, system-wide approach to social prescribing.

1.3. Under the *Additional Roles Reimbursement Scheme,* Primary Care Networks will soon (July 2019) be supported to develop one new Link Worker post (up to Band 5) per neighbourhood. The Comprehensive Model outlined above, including the development of link worker posts is expected to benefit 2.5

million people across England by 2023/24, including over 900,000 referrals for social prescribing, which can be extrapolated as almost 28,000 referrals across Lancashire and South Cumbria.

The expectation is that social prescribing and community-based support, if delivered according to this standard model, will result in:

- 100% of GPs and GP practices able to involve link workers in practice meetings and making referrals to them.
- 90% of link workers receiving accredited training and feeling confident in carrying out their role.
- 80% of people taking up their social prescription after referral
- A positive impact on GP consultations, A&E attendances and wellbeing for those referred, achieving:
    - 14% fewer GP appointments
    - 12% fewer A&E attendances

Digital tools will enhance the quality of offer and the productivity of these link workers, allowing them seamless referral mechanisms with outcomes reporting, affording them time to conduct meaningful person-centred coaching conversations with their patients based around “what matters to you?”

1.4. Healthier Lancashire and South Cumbria have been a NHS England demonstrator site for Universal Personalised Care since April 2018. Digital is seen as a key enabler for social prescribing developments, alongside the link worker posts. As such, the Personalised Care demonstrator site steering group requested an overview of the social prescribing landscape (including but not limited to, digital) across the system, and this paper made recommendations for further development. These recommendations can be found in the accompanying paper, and are illustrated in section 2.1 below.

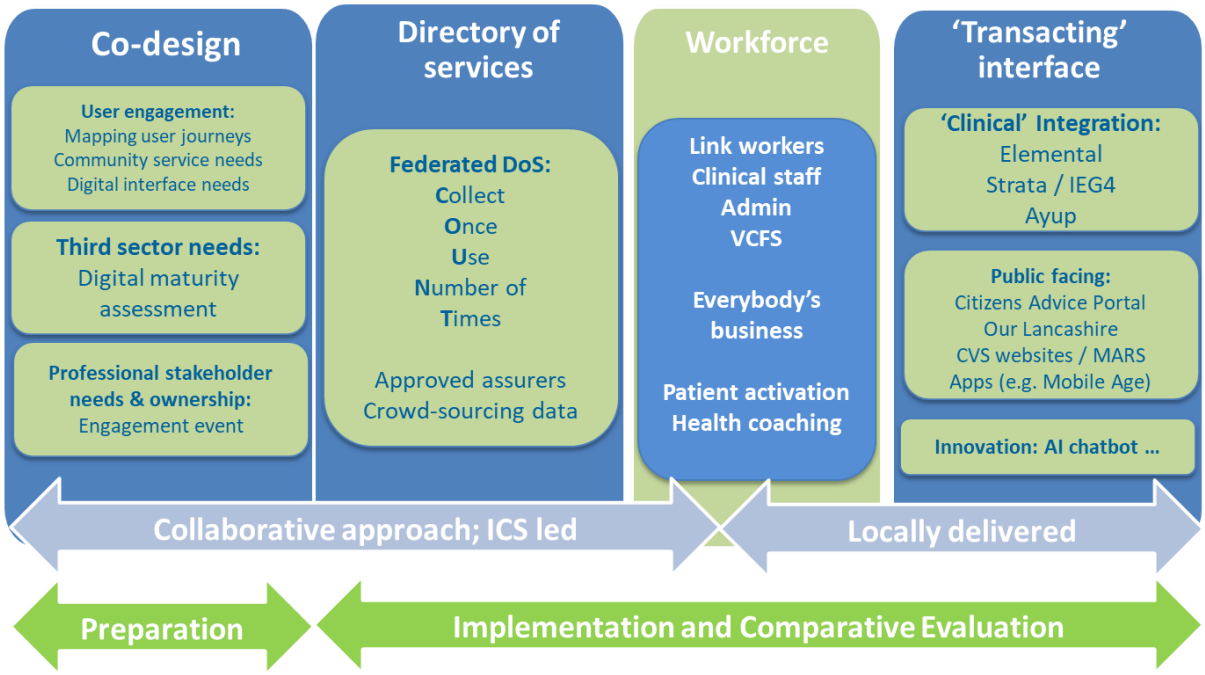
The demonstrator site programme is currently developing plans to support neighbourhoods in 3 CCGs (in East Lancashire, Central Lancashire and Fylde Coast) to pilot the social prescribing referral software Elemental, as a proof of concept of front end transactional (referral management and outcomes reporting) software used in a clinical setting. If successful, local commissioning arrangements would need to be made to scale up this approach across the wider neighbourhood footprint.

1.5. Our Digital Future[1], sets out the local strategic direction and the design principles which form this programme of work. Fundamental to our approach, will be the co-creation of solutions with patients, the public, and our frontline.

This process is already under way, with the formation of a community of practice for social prescribing, where the ideas within this paper have been reviewed by stakeholders including the Personalised Care Co-Production Group. Some exploratory work assessing the digital maturity of the VCFS is already under way and is outlined in 2.3 below.

2. Delivery plan

2.1. A model for developing a strategic approach to social prescribing across the system has been worked up with some stakeholders and is illustrated below and outlined in the subsequent points:



2.2. It is implicit in any digital developments that co-designing with citizens will form the basis of those developments. The ICS digital team are exploring collaboration opportunities with Lancaster University to conduct some user research, exploring the journeys an individual person might make to access the resources in their community, the information that can support them in making that journey, and how digital can support this. Further, the existing Personalised Care strategic co-production group will be used to sense-check proposals with people who have lived experience on an ongoing basis.

[1] Our Digital Future - L&SC Digital Strategy

2.3. The ICS digital team have partnered with Active Lancashire to undertake a digital maturity and 'social prescribing readiness' assessment of the third sector/VCFS, with a particular focus on small, grass roots organisations. The project will run during quarters 1&2 of 2019/20 and will be reported back to the digital team for wider dissemination and to inform future iterations of the ICS digital plan. The aims are to:

i. Provide a picture of the digital maturity of VCFS organisations in Lancashire in order to help inform the digital strategy for Healthier Lancashire and South Cumbria.
ii. Provide an understanding of VCFS organisations interest, readiness and support requirements to be part of a social prescribing programme.

The objectives regarding digital maturity assessment are to:

- Understand the current 'digital picture' within the VCFS.
- Explore the VCFS willingness to display their offer in a digital format.
- Understand the barriers that VCFS organisations have to presenting their 'offer' in a digital manner.
- Identify areas of support that VCFS organisations need to present their offer digitally.

The objectives regarding the wider aspects of social prescribing are to:

- Understand the willingness of VCFS organisations to be involved in a social prescribing programme.
- Understand the barriers that VCFS organisations perceive to being involved in a social prescribing programme.
- Identify areas of support and development that VCFS organisations may need to be part of a social prescribing programme.

The results of this study will be used to inform future iterations of the digital delivery plan, and to assist in identifying partners to support service directory data collection. The report may well also identify the resource input that organisations feel they need to engage in social prescribing programmes.

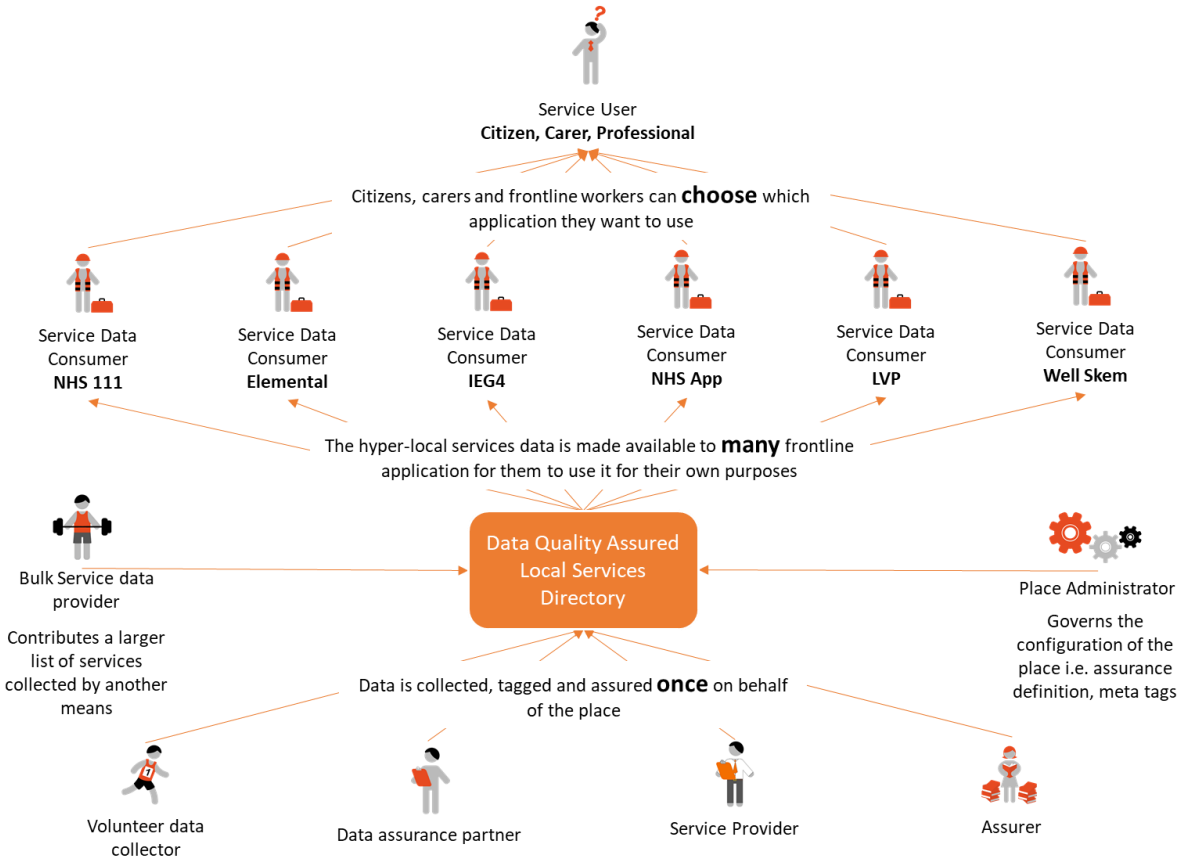
2.4. Central to any future social prescribing developments is the creation and maintenance of a single hyper-local place-based Directory of Services (DoS). This will address the challenges of multiple small DoS, the inherent costs of duplication, and issues regarding accuracy and currency of service data.

The benefits of this approach are discussed in detail in the paper referenced above but the simple aim is to maintain a single reliable place-based directory

of hyper-local services which can feed the service (open) data to many frontline applications seeking to help people and frontline professionals find appropriate support services. The outcomes of this approach include:

- Frontline applications have access to reliable hyper-local service data
- Savings from public sector spend on data collection
- Ability to aggregate data across organisational and geographical boundaries

A conceptual model of a hyper-local place-based DoS is illustrated below (credit Digital Gaps).



2.5. Concurrent to the digital developments under way or proposed is a further programme of work to develop link worker posts as outlined above, and to continue to train existing frontline staff in methods and tools to support self-management such as health coaching and the use of the patient activation measure. This will support better social prescribing decision making and identification of the support needed for individuals to succeed in making the most of a social prescribing referral. Lancashire and South Cumbria are doing a considerable amount of work in the area under the Personalised Care workstream, and are mentoring leads from other parts of the country.

2.6. Many different public and professional-facing products can then consume data from the central directory and surface it in a manner that suits public / professional needs. Elemental is currently the product that offers the most complete package for clinical and professional users, and as outlined above, is due to be piloted in 3 neighbourhoods across the ICS.

2.7. Evaluation of the pilot sites and the different strategies of facilitating the journey from an individual or health care professional identifying a need or desire to access community resources, to the actual connection being made, following through to measuring the outcome of that connection, will help identify successes and areas for improvement, strategies worth spreading and scaling, and which digital opportunities support the processes best.

2.8. Benefits of this system-wide approach to social prescribing include but are not limited to:

A. Benefits to the public / patients:
- Accurate, reliable and current information available on the services that matter to them and that meet their needs and circumstances
- Choice in the way they find and access community resources (multiple possible website and app interfaces all accessing a single version of the truth)
- More time having conversations that matter with link workers or health care professionals (HCPs)

B. Benefits to referrers (link workers, HCPs, public health practitioners, VCFS staff and volunteers)
- Seamless workflow between clinical and social prescribing systems
- Easy access to information to inform choices and decisions
- Ability to see where a patient or service user is up to on their journey
- Outcomes monitoring to help identify the impact of social prescribing on individuals

C. Benefits to organisations
- Ability to analyse service directory information & utilisation to identify demand, service gaps and inform commissioning decisions
- Ability to analyse wellbeing and/or clinical outcome measures via referral systems (such as Elemental) to assess the impact of social prescribing programmes
- Ability of VCFS organisations to demonstrate the impact they are creating and potentially the positive economic or social impact they are creating

3. Conclusion

In summary, this digital social prescribing plan seeks to develop a strategic approach to social prescribing that employs system-wide digital infrastructure and co-design principles to support enhanced local delivery. This is building on existing pieces of work and the great success of many long-established grass-roots programmes that have been supporting our public since long before the term social prescribing was coined. This cannot happen in isolation from the work that needs to happen in order to sustain and develop that often fragile third sector who are supporting our public and patients in the community.

"If social prescribing is going to work, I think leaders of commissioning organisations (and in the future, integrated care systems) need to be serious about their role in supporting a vibrant voluntary and community sector, over and above investing in specific services."

Beccy Baird, Kings Fund Blog

Healthier Lancashire & South Cumbria

An overview of Social Prescribing in Lancashire and South Cumbria and appraisal of digital options to support delivery

April 2019

Version 1.2

Lancashire County Council

Blackpool Council

Blackburn with Darwen

Cumbria County Council

NHS

Healthier Lancashire & South Cumbria

Contents

1. Background

This paper was prepared as part of the Healthier Lancashire and South Cumbria Personalised Care Demonstrator Site, supported by NHS England, 2018-2019. It was written for presentation to the Personalised Care steering group, chaired by Dr Sakthi Karunanithi, and is designed to:

- provide an overview of the current status of social prescribing across the region
- compare digital products to support the social prescribing process and
- make recommendations to support the further development of social prescribing projects across the region.

Key points are made in **bold** throughout the document.

1.1 What is social prescribing and why do we need it?

There is an increasing body of evidence to support the impact of wider behavioural and social determinants on health and wellbeing, including lifestyle behaviours, mood, social inclusion and loneliness, employability, financial and debt situations. It has been estimated that healthcare input may represent as little as 15% of the total determinant of health with genetic, health behaviour, socioeconomic circumstances and environmental exposure contributing the remainder.

Determinants of Health: [1]

Further, it is estimated that approximately 20% of patients consult their general practitioner (GP) for what is primarily a social problem (Low Commission, 2015[2]). These non-medical factors often present alongside one or more long term conditions. In England, more than 15 million people have at least one long-term condition (LTC). This group tend to be heavy users of the health service, accounting for at least 70% of all NHS spend.

Loneliness, in particular, has been identified as one of the greatest public health challenges of our time:

- Loneliness is linked to a greater risk of inactivity, smoking and risk-taking behaviour, increased risk of coronary heart disease and stroke, an increased risk of depression, low self-esteem, reported sleep problems and increased stress response and with cognitive decline and an increased risk of Alzheimer's
- There is evidence showing loneliness can be as damaging to health as obesity or smoking
- There are around 200,000 older people reported not to have had a conversation with a friend or relative in more than a month, and
- Up to a fifth of all UK adults feel lonely most or all of the time.

In light of this evidence, the UK government has recently appointed a Minister for Loneliness and just launched the first Loneliness Strategy, confirming that **all GPs in**

[1] , Reproduced in Broader Determinants of Health: Future Trends, The King's Fund report: https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health

[2] Low Commission (2015): The role of advice services in health outcomes: evidence review and mapping study.

England will be able to refer patients experiencing loneliness to community activities and voluntary services by 2023.

Social prescribing is considered a means for healthcare practitioners to address these non-medical causes of ill-health with non-medical interventions, and has been described simply by Ceri Jones (Nesta, 2017[3]) as a "process for healthcare professionals to connect people with non-medical community interventions which enable them to become confident in managing their conditions. These could be for arts and creative activities, social groups, physical activity, education and learning new skills, self-help, volunteering and befriending as well as support with welfare advice." Social prescribing can add social value and reduce health inequalities[4].

These non-medical interventions are usually provided by the community, VCSE (voluntary, charity and social enterprise) or VCFS (voluntary, charity and faith sector), which may be commissioned by the local health and care ecosystem, grant funded or independently resourced. These resources may have been developed following identification of a community or systemic need:

a) using a top-down approach, led by the public sector,
b) following a collaborative co-production model, or
c) taking an asset-based community development approach, whereby the residents and community members build on the assets they have to support their community needs best.

Social prescribing doesn't replace the opportunity for individuals to access community resources independently, but offers support for those who require signposting and assistance in identifying needs and accessing local resources. While the term has been criticised for promoting a medical model, if the correct systems are in place social prescribing can be seen as a mechanism to facilitate signposting of people toward services that can help them live healthier lives - promoting a salutogenic approach to health (with the emphasis on a positive state of wellbeing, rather than a focus on illness or disease). Further information on salutogenesis and its relation to social prescribing can be found in Social prescribing at a glance ~ A scoping report of activity for the North West (Health Education England, 2016) section 2.2.2.

1.2 Commissioning and funding for social prescribing schemes

[3] https://www.nesta.org.uk/blog/social-prescribing-and-innovate-to-save/
[4] Institute of Health Equality 2018 Report Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models

NHS England estimates that 60% of Clinical Commissioning Groups (CCGs) have commissioned some form of social prescribing scheme[5]. Alongside this, a number of voluntary sector organisations, such as the British Red Cross and its Connecting Communities initiative supported by the private sector, run referral or connector schemes to support public services.

The NHS Long Term Plan, published in January 2019, sets out a vision and actions to be taken to ensure that people have more access to personalised care including social prescribing. NHS England have shown commitment to supporting developments by funding over 1,000 additional trained social prescribing link workers across the country by the end of 2020/21, rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

In July 2018, the Department of Health and Social Care announced that 23 social prescribing projects in England would receive a share of £4.5 million to extend existing schemes or establish new ones through its Health and Wellbeing Fund.

Through the £3.3 million Communities Fund, the Ministry of Housing, Communities and Local Government has also funded partnerships to deliver social prescribing interventions to help tackle loneliness amongst the elderly and young people.

A further Local Digital Fund - a “digital pledge” backed by £7.5 million of government funding – was announced in July 2018 to help councils transform their digital services in line with the Local Digital Declaration. This initiative is helping to change the way councils invest in technology, share expertise and ensure members of the public are receiving the best quality digital services and some of that funding, available for the financial years 2018/19 to 2019/20, has been awarded to social prescribing schemes.

1.3 Delivery models for social prescribing

The goal of social prescribing is to address people’s needs more holistically and therefore more effectively, and social prescribing may reduce demand for health services in a cost-effective way, by improving health and wellbeing measures, as well as confidence in self-managing health conditions (see below for evidenced impact).

There are many models of delivery, whereby a person can access resources in their community, and often these models exist side by side within a locality, as follows:

[5] A connected society A strategy for tackling loneliness – laying the foundations for change, Department for Digital, Culture, Media and Sport (October 2018). This publication is available for download at www.gov.uk/government/collections/governments-work-on-tackling-loneliness

- The person can be referred by a GP or other health care professional (HCP) (or administrative staff in a clinical environment) direct to community / VCSE / VCFS providers
- The patient can be referred by a GP (or other HCP or administrator as above) to a link worker / community connector / wellbeing worker / health advisor who then performs a holistic assessment and signposts the patient to appropriate community / VCFS services
- Referrals can be generated from within other sectors, e.g. Citizen's Advice Bureau, non-health council services, religious or other community groups, VCFS internal referrals
- A person may independently research and access via self-referral local community / VCSF services independently, to meet their individual needs and interests.

1.4 Impact of social prescribing

At the recent King's Fund Social Prescribing conference, Matt Hancock, current Secretary for State, said the following in his address:

> "Music and the arts aren't just the foods of love. They're not just right in their own terms as the search for truth and expression of the human condition.
>
> We shouldn't only value them for the role they play in bringing meaning and dignity to our lives. We should value the arts and social activities because they're essential to our health and wellbeing.
>
> And that's not me as a former Culture Secretary saying it. It's scientifically proven. Access to the arts and social activities improves people's mental and physical health. It makes us happier and healthier."

Social prescribing has been subject to a surge of recent study and analysis, in an attempt to demonstrate what seems apparent anecdotally, that the arts, nature and social activities are essential to our wellbeing.

1.4.1 Cost effectiveness and impact on healthcare resource utilisation

A review of the literature by Polley et al (2017)[6] reports quite inconsistent but notable service demand changes demonstrated following referral to social prescribing interventions:

- Reduced demand on GP services by 2 to 70% (average 28%),
- Reduced attendance at Accident & Emergency (A&E) departments by 8 to 26.8% (average 24%)
- Reduced emergency hospital admissions by 6 to 33.6% in the "months following referral"
- Statistically reduced secondary care referrals at 12 months (55%) and 19 months (64%) following referral
- One study however showed that the likelihood of referral to secondary care mental health care more than doubled following referral.

The same review reported a Return on Investment (ROI) of only 0.11 to 0.43 or indeed higher costs of care per patient in an intervention group than a control group, and a mean Social Return on Investment (SROI) of £2.3 per £1 invested in the first year. It was noted that in one study, reduced demand on health services only applied to sub-groups of patients who completed the interventions, and in another study, patients who failed to engage fully with social prescribing had much higher rates of health service use both before and after referral.

This highlights the need to track people's attendance as well as outcomes for a given intervention, and may support use of an integrated Patient Activation Measure (PAM) to identify patients who are more likely to engage fully by their prior level of knowledge, skills and confidence; it may also help identify people who may require further support for example through befriending services due to lower levels of activation. Evidence has shown that patients who have higher Patient Activation Measure scores utilise healthcare resources less. [7]

The inconsistent results of the studies reported in the review above may reflect the variability in the nature and quality of a local social prescribing offer and / or the reporting mechanisms, and were attributed to a high drop-off rate in many evaluations, with loss to follow-up biasing results as only those who completed interventions gave feedback. Further, many studies seeking to determine the impact

[6] A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K., and Refsum, C. June 2017

[7] Barker I, Steventon A, Williamson R, *et al* Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy: cross-sectional analysis of electronic health records. BMJ Qual Saf Published Online First: 23 August 2018. doi: 10.1136/bmjqs-2017-007635

of a social prescribing scheme on demand compared rates of use before and after referral, rather than between a control and intervention group.

This highlights the need to be able to cross-reference social prescribing reported data with other patient healthcare data such as GP attendances and secondary care referrals, in order to demonstrate the impact of social prescribing schemes on healthcare resource utilisation. It suggests that commissioning could be better targeted to yield a higher Return on Investment with better, digitised, referral and reporting processes.

The review concludes "the evidence that social prescribing delivers cost savings to the health service over and above operating costs is encouraging but by no means proven or fully quantified."

1.4.2 Clinical and wellbeing outcome measures

A review by Chatterjee et al (2018)[8] provides the most comprehensive summary to date of the evidence regarding clinical and wellbeing improvements following referral to social prescribing schemes.

These authors reviewed 40 research papers including pilot studies, of which comprised:

- 14 for exercise referral
- 9 for arts on prescription
- 3 for supported referral
- 2 for sign posting
- 1 for each of education on prescription, health living initiatives and time banks, and
- 9 for social prescribing in general containing a range of local offers.

Positive outcomes included:

- Increases in self-esteem and confidence, sense of control and empowerment
- Improvements in psychological or mental wellbeing, and positive mood
- Reduction in anxiety and / or depression, and negative mood
- Improvements in physical health and lifestyle
- Reduction in visits to general practitioners, referring health professionals and primary or secondary care services

[8] Helen J. Chatterjee, Paul M. Camic, Bridget Lockyer & Linda J. M. Thomson (2018) Non-clinical community interventions: a systematised review of social prescribing schemes, Arts & Health, 10:2,97-123, DOI: 10.1080/17533015.2017.1334002

- Provision to general practitioners of a range of options to complement medical care for a more holistic approach
- Increases in sociability, communication skills and social connections
- Reduction in social isolation and loneliness, support for hard-to-reach people
- Improvements in motivation and meaning in life providing hope and optimism
- Acquisition of learning, new interests and skills.

This highlights the need to measure wellbeing or clinical impact of interventions in order to demonstrate efficacy and improve commissioning processes.

2. Overview of the (Digital) Social Prescribing landscape across Lancashire and South Cumbria

Across the region, we see various models in place for the commissioning, development of, and signposting toward community resources. These include:

- grass roots (locally / independently funded) asset-based community developments (ABCD),
- third sector collaborations,
- micro-commissioning facilitated by an intermediary such as a Council for Voluntary Services (CVS).

Referral routes include self-referral and referral via an intermediary link worker / wellbeing practitioner / care navigator (role titles vary across the region and nationally). While Making Every Contact Count underpins many clinicians' practice, often time restraints mean that auxiliary staff are better placed to deliver the more personalised aspect of care. Referrals are made by paper and in some locations electronically, either by email or within a bespoke social prescribing system or the GP EMIS patient record.

Here follows examples of different approaches across the region; these examples are not meant to be exhaustive, as it is beyond the scope of this paper to report every opportunity to access community resources across the region. Some of these and other local examples are documented in Social prescribing at a glance ~ A scoping report of activity for the North West (Health Education England, 2016) which also highlights the importance of asset-based approaches to social prescribing delivery.

2.1 Morecambe Bay

Community activities to support the health and wellbeing of residents are quite well established and developed across the Bay region. An example of this is the Morecambe Community Collective where local residents have connected to drive forward a social movement to address health and wellbeing, loneliness and social isolation, education, employment, belonging and purpose. This has been grass roots driven, supported by a local GP, and without any digital means of referral or impact monitoring. In terms of CVS presence/support, Penrith CVS provide some support to South Cumbria, but the VCFS network is mostly supported through Mind and AgeUK.

In (South and North) Cumbria and under development in Morecambe Bay, the fully EPR-intergrated (primary, secondary care and local authority) system Strata Health (see further detail below) has been deployed, the social prescribing element of which is supported and maintained in collaboration with AgeUK. This Whole System Patient Flow mechanism also facilitates referral from primary or secondary care to care homes, public community services (e.g. physiotherapy), hospices and social care.

To date they have begun rolling out a number of social prescribing workflows as follows:

- Slimming World
- Bereavement services – self-referral as well as clinical referral
- Positive Living Group
- Complementary Therapy services
- Community neighbours programme
- Age UK - Referrals and integration that includes 25 separate services including the following -
    - Welfare benefits
    - Debt advice
    - Sensory loss support
    - Poverty crisis / support
    - Home aids and adaptations.

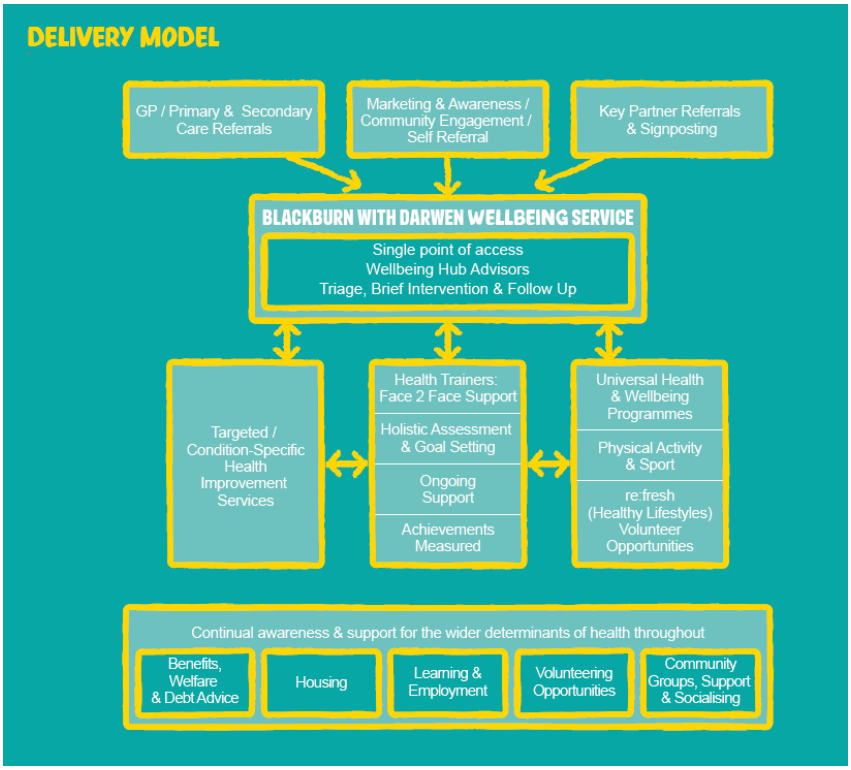
2.2 Pennine Lancashire

Blackburn with Darwen have had care navigation in place through their Wellbeing service, Re:fresh since 2014. The service has hub advisors, and offers face to face appointments with health trainers, who are behaviour change specialists, offering brief interventions as well as signposting to further services. The service receives approximately 2000 referrals per year via a single point of access, and utilises the DCRS – national data collection and recording system – which accompanies their

health trainer IT package and incorporates the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) wellbeing assessment tool.

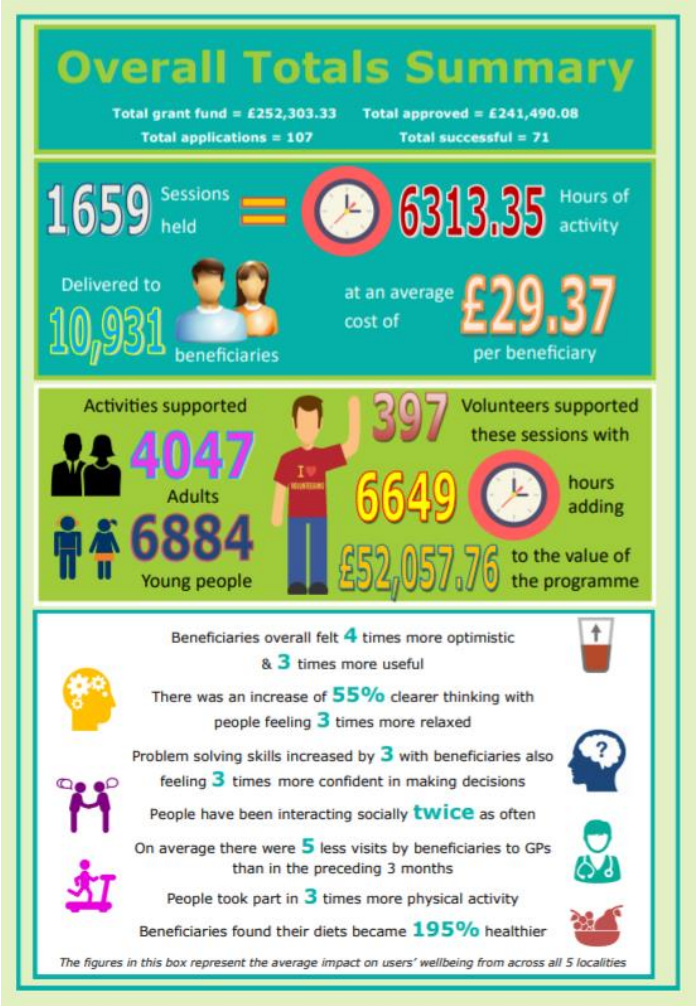
GPs make approximately 60 per cent of referrals via EMIS to a secure inbox. Patients can also self-refer, and it is believed that a number of 'self-referrals' are indirectly from GPs who have given a leaflet about the service to patients. Reporting is available, but is felt not to be very systematic or convenient. The Re:fresh website does contain a directory of services which hosts contact details for community groups.

Delivery model for Re:fresh Wellbeing service, Blackburn with Darwen:



East Lancashire CCG hosts a Prescription for Wellbeing Service in collaboration with their local CVS organisations, who micro-commission services from third sector providers. A summary of the activity for the Prescription for Wellbeing service for 2017-2018 is provided below, and the final 2017-18 report can be viewed here. Care navigation can be directed from a GP or receptionist, via EMIS to community connectors in the CVS (who all have a social work, health or third sector background) who perform an holistic assessment centred around the question "what matters to you?" and with outcome monitoring via the WEMWBS tool mentioned above.

Total activity in the East Lancashire Prescription for Wellbeing service 2017-2018:



Outcomes are mostly reported in the form of case studies, and the success of the service is believed to be due to underlying "human desire to help others with compassion" (Michelle Pilling, Deputy Chair of NHS East Lancashire CCG), and due to the investment that has been provided to more than 600 groups, the strong relationships between stakeholders, and the fact that local stakeholders have prioritised investment based on the needs identified by the local communities and the Joint Strategic Needs Assessment, where asset development has been led by the communities themselves. East Lancashire CCG also commissions the award-winning Green Dreams CIC project.

East Lancashire also has a third-sector held hyper-local directory of services in the form of the REAL website, an information and service directory supporting connecting communities, volunteering, and information to people living in the Rossendale area as well as patient support in the area.

A request from East Lancashire regarding digital support for social prescribing is around **how we can better capture data, avoid onerous reporting mechanisms by having a central point for data capture and build our relationships with academic institutions, to better understand the impact of social prescribing across the region**. There are also some local concerns in the Pennine Lancashire region that a digital solution might leave some third sector organisations behind – this **highlights a possible need to include digital upskilling and training to third sector providers to facilitate rollout and uptake of any digital solutions procured.**

2.3 Central Lancashire

Lancashire Wellbeing Service is a key deliverer of social prescribing in Central Lancashire, is funded by Lancashire County Council, and delivered by a consortium of three established charities: Age Concern Central Lancashire, Richmond Fellowship & n-compass. The website hosts a directory of services, and an online referral form, and reports a social return on investment of £7 for every £1 spent (see Appendix A for full report).

The Lancashire Wellbeing Service offer:

Further social prescribing is offered via the Building Recovery in Communities fund, managed by Red Rose Recovery, which supports open cinema, arts workshops, and referral on to physical activitiy, singing groups, etc. CVS organisations across Central Lancashire have closed over the past few years, and so VCFS organisations support each other with more local network arrangements; e.g. Chorley has a strong VCFS network. The VCFS network does hold a seat on the Central Lancashire ICP board.

2.4 West Lancashire

West Lancashire CCG has been host to a Well North Pathfinder for some years now and is currently piloting the Elemental platform (commenced July 2018, further details of platform below) for digital social prescribing in the Skelmersdale region, as follows, with a view to rolling out more widely in the future:

“West Lancs GP Federation are working in partnership with West Lancs CVS to deliver a Social Prescribing pilot in the Skelmersdale locality. The life expectancy in Skelmersdale is lower than in other parts of West Lancashire and the difference is patterned by deprivation, lifestyles and other social and economic influences. By addressing social issues through a holistic approach to health and wellbeing we are

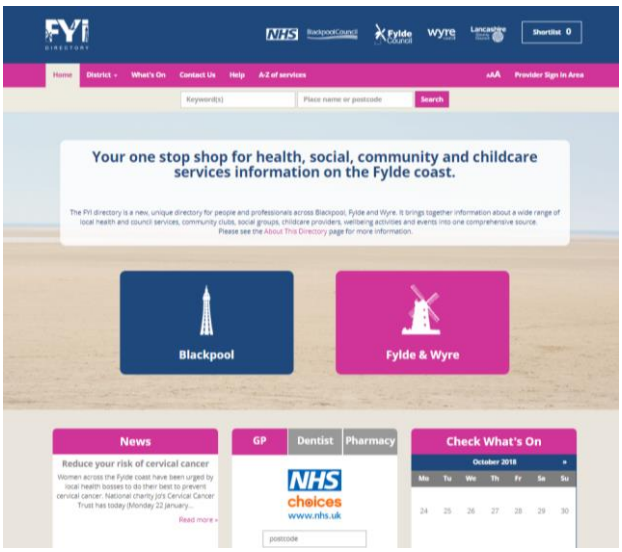
hoping that we will prevent individuals from developing long term conditions and ultimately increase their life expectancy and quality of life.

Elemental will bring this vision together and allow for collaborative working between primary care and community and voluntary sectors. The ability to measure the impact that these community services have on patients will be instrumental in designing new models of care. The use of Elemental will empower patients to take responsibility for their own health and wellbeing resulting in improved access to a GP for those that really need them. Time with patients is limited in a GP practice, therefore processes need to be quick and easy, Elemental is both of those things which really impacts on the buy-in we need from the primary care workforce in order adopt this approach" (Alex Rowlands, Operations Manager, West Lancashire GP Federation - OWLS CIC Ltd.).

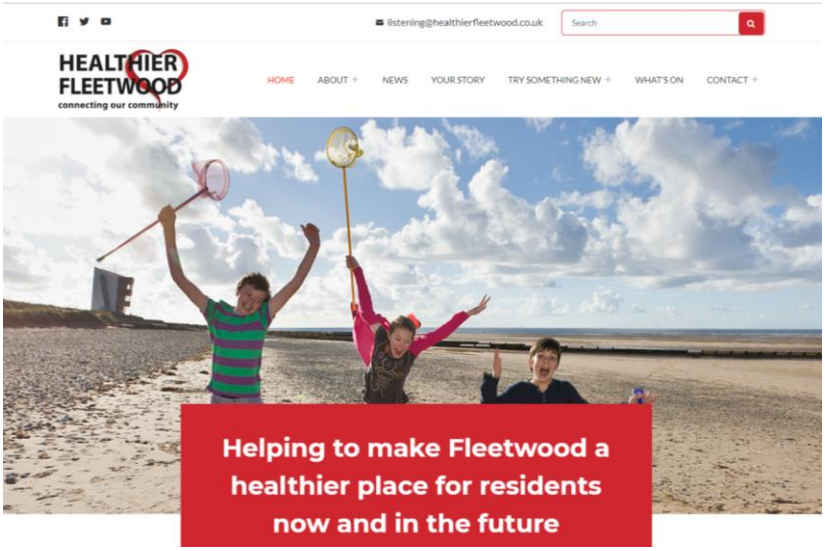
2.5 Fylde Coast

Across the Fylde Coast, NHS organisations and councils have collaborated to create a public-facing directory of local community services. The FYI Directory is a new information resource that can be accessed by the public and health and care professionals across Blackpool, Fylde and Wyre, bringing together information about a wide range of local health and council services, community clubs, social groups, wellbeing activities and events into one comprehensive source. It also includes Blackpool's Local Offer for Children and Young People with Special Education Needs or Disabilities. The FYI Directory was accessed by 117,035 users over 161,556 sessions from its launch in September 2017 to June 2018.

FYI Directory Homepage, to be found at https://www.fyidirectory.co.uk/ :



In the Wyre region, Healthier Fleetwood (HF) is an example of another grass-roots community movement which has actively engaged and empowered community members taking a proactive asset-based approach. Established in Spring 2016 as a partnership of residents, healthcare professionals, local authorities and services, businesses, voluntary and faith groups to improve the health and wellbeing of those living and working in the town, from approximately Spring 2017 social prescribing was available on a self-referral basis through the HF website to activities including gardening, walking sports, beach cleans, swimming, singing, dancing and much more.
Healthier Fleetwood homepage, accessed at https://www.healthierfleetwood.co.uk/ :



The service now employs two wellbeing workers who receive direct paper referrals from GPs and follow this up with a phone call or email to patients for a conversation about their needs and signposting to appropriate community activities. Outcomes are good in terms of quality of life improvement, but are anecdotal to date as the group are looking to embed WEMWBS or a similar outcome measure in their impact monitoring. A report on the activity and impact of Healthier Fleetwood can be found in Appendix A, and HF are keen to engage in conversations about a more robust digital referral and impact monitoring solution.

As part of the Enhanced Primary Care Fylde Coast vanguard site developments, neighbourhood based wellbeing support workers are now signposting patients and their carers in Blackpool to appropriate voluntary sector services including carer support, whilst also offering direct provision of health coaching and PAM measurement. A further pilot project run by Social Enterprise Solutions, a Blackpool third sector organisation, is offering social prescribing to the patients of two GP practices with anecdotal improvement in health outcomes. Blackpool CVS has

folded but Wyre and Fylde CVS provide some ongoing support to Blackpool VCFS organisations.

3. Digital support for social prescribing

3.1 Defining standards

Explicit standards for social prescribing or IT system functionality to support social prescribing do not exist at present; however we may extrapolate standards from existing personalised care standards and data standards provided by NHS England, NHS Digital and the Local Government Authority (LGA), and can also consider embedding quality standards within commissioning processes for providers.

3.1.1 IT requirements for personalised care

NHS England has outlined the IT requirements for personalised care, expecting all IT solutions to integrate with the NHS.uk platform, which will be the common platform for public access to NHS IT services. Solutions should take into account NHS Digital standards (the three products appraised below are measured against the standards in Appendix B), some of which are highlighted below.

Core IT requirements for personalised care, from IT requirements for personalised care, NHS England 2017:

- An IT solution must have been designed with people at the heart, such as through agile development methodology
- An IT solution must enable genuine choice and control for people and their families to achieve the desired outcomes from the personalisation agenda, in line with the IPC key shifts and consistent with the statutory regulations. It should allow for flexibility and innovation in people's lives
- An IT solution must meet the relevant data security and privacy standards, in line with NHS policy, and must be consistent with the IT security requirements of the Information Governance (IG) toolkit
- An IT solution must allow appropriate access, taking into account different user needs and including the capability to verify identity
- An IT solution must enable connectivity and interoperability to support integration between health, social care and education in a local area
- An IT solution must allow for the analysis and reporting of data, to understand whether and how the outcomes from personalisation are being delivered
- The individual's information must be portable between different IT solutions to facilitate ease of movement
- An IT solution must be capable of providing management information and user feedback that will enable development and improvement, to ensure it is successfully supporting the policy outcomes
- The solution must provide appropriate availability to meet people's needs, through appropriate access channels, and support assistive technology

- IT solutions must provide accurate record keeping for all users

Community IT requirements for personalised care, from IT requirements for personalised care, NHS England 2017:

- [Community]: this functionality, if available, should support health empowerment and service improvements, including access to peer support.
- [Individual] "I can access peer support through a safe, online forum. This helps me make choices about my care and support"
- [Individual] "I can rate and comment on services; this feedback supports my care and support review and enables the system to identify common issues and / or successes"
- [Individual] "I am able to link my other health apps / health data to the IT solutions so that I can better self-manage my health condition"
- [Professionals] "The IT solution helps me to understand better what services people are choosing and benefiting people in my local area so that I can improve the way I commission services and investigate where there appear to be problems.

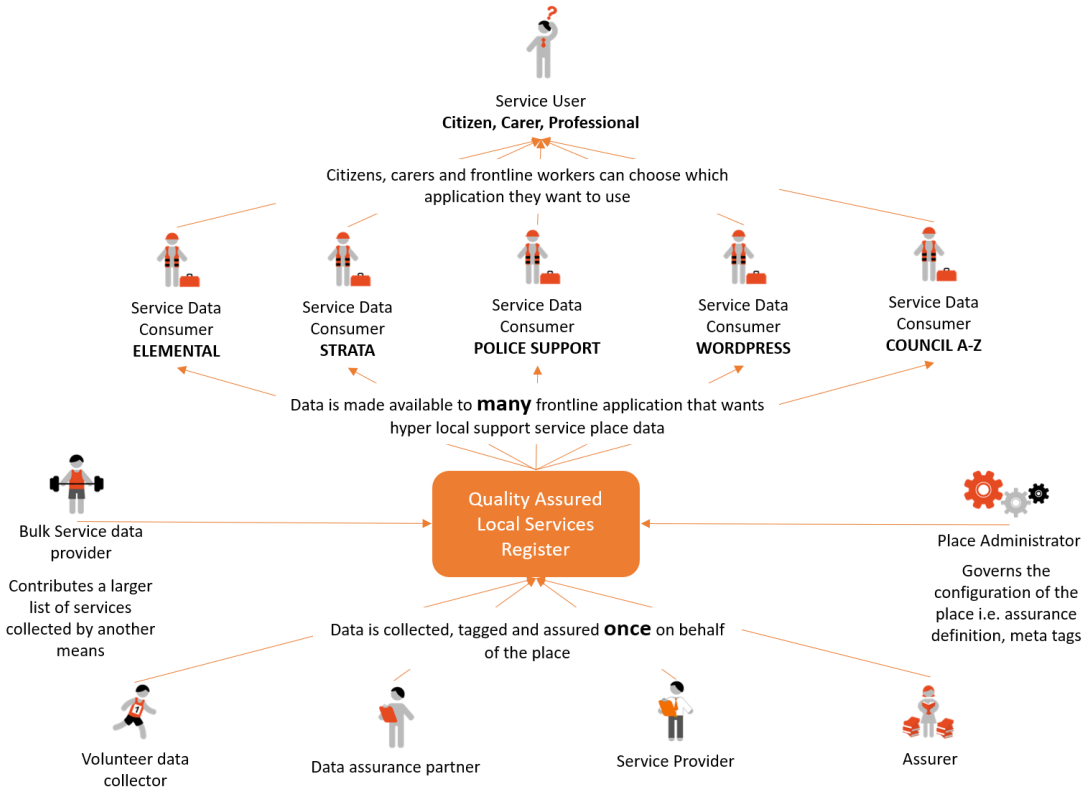
3.1.2 Local Government Association Data Standards

The Local Government Association (LGA) has defined standards that can support the nomenclature of service descriptions and needs assessments when creating directories of services. These have been developed into LGA Locally Delivered Services Schema Guidance (see Appendix A for full details) and **these data standards ideally should underpin any platform Healthier Lancashire & South Cumbria or any of our partner organisations decide to procure. Opportunities are currently under discussion to host an LGA pilot site within Lancashire and South Cumbria. The LGA hope to run four national pilots in the next few months to work with local government "places," health, voluntary and private sector to collect and publish data about local services in a standard capable of being consumed by apps for use in social prescribing.**

A pilot site project would involve the creation and maintenance of a single, place-based directory of services which would collect hyper-local service information once and make it available to many, allowing any platform/app procured across health and care, Citizens' Advice Bureau or other organisations (e.g. Our Lancashire, see below) to consume such single-source

service data and make it available to the public and professionals on a variety of platforms, where overlap might exist.

The diagram below provides an overview of this model, which is further expanded upon in Appendix A, in the documents 'Place-based Directory of Services pilot project proposal based on LGA Data Standards' and 'LGA proposal to cabinet office for local services data collection to address loneliness.'



3.1.3 Quality standards for service providers

When commissioning services from third sector organisations, commissioners may wish to consider embedding quality standards into the commissioning process. Examples of these might include the NCVO Quality Standards, which although not specific to health "offer organisations, both in and outside the voluntary sector, an externally-verified seal of approval, which publicly demonstrates your organisation's commitment to quality assurance and continuous improvement."

Another quality framework and certification process is offered by the Quality Improvement for Self-Management Education and Training who are "an independent not-for-profit body that supports self-management providers and commissioners to

achieve the highest possible quality service for people living with long-term health conditions" … "by developing Quality Standards defining good practice and certificating providers against these Standards."

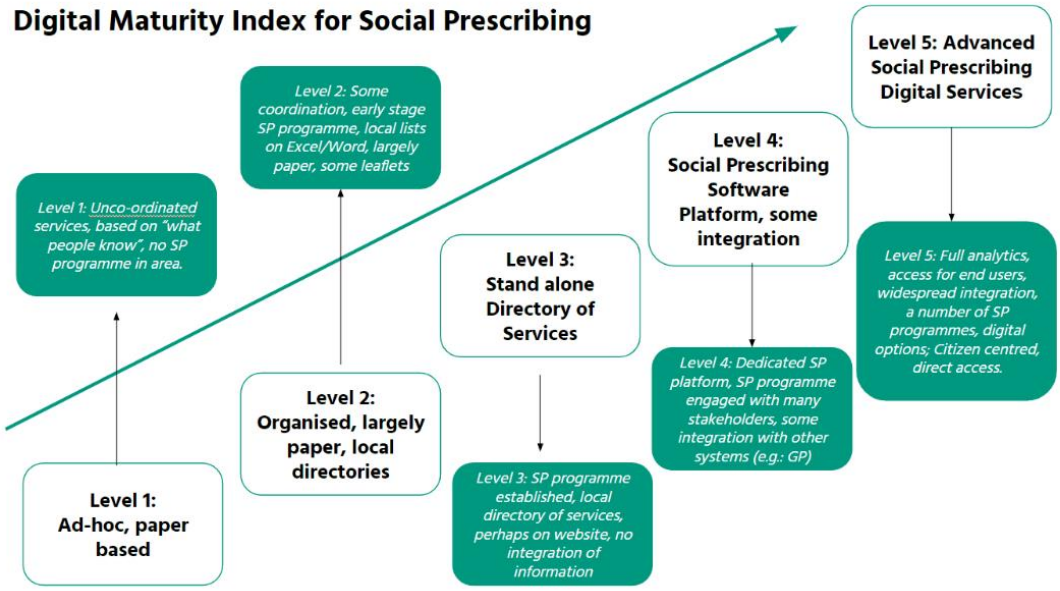
However, it must be considered that rigidly applying a quality standard may exclude small third sector providers who are offering very meaningful support to individuals to manage their health and wellbeing.

3.2 Local digital requirements to support social prescribing, identified by stakeholder engagement

Consultation and engagement with a range of stakeholders – including commissioners, referrers, link workers, service providers and users - across Lancashire and South Cumbria during September-October 2018 identified some core requirements central to any digital offer, all of which are compared across platforms in Appendix B:

- Integration with clinical (EMIS in primary care and other EPR systems utilised in secondary care) and other systems (e.g. those used by council services) to ensure referral process is simple and quick, without requiring duplication of demographics, etc.
- Integrated Patient Activation Measure to help identify pre-referral activation levels and possibly assist needs assessment
- Reporting of (at a minimum):
    - Referral numbers, reason for referral
    - Attendances
    - Final outcome (qualitative and / or use of PROMs / PREMs ~ WEMWBS is of particular interest as a standardised measurement of wellbeing, and may permit outcome comparison between services)
- Correlation/cross-referencing of:
    - Referrals and outcomes with GP attendance data
    - Author's note: correlation of referrals and outcomes with medication usage and attendance at other services, e.g. mental health/emergency department, may also prove valuable in terms of demonstrating impact
    - Comparison of pre- and post-intervention PAM and outcome data
    - Author's note: correlation of attendances and PAM score may prove valuable in identifying those who require enhanced support, e.g. befriending services to support initial attendance at groups for those who are particularly socially isolated and/or have social anxiety.

The Digital Maturity Index for Social Prescribing is a useful resource created by Elemental Software - one of the software providers discussed below - and might be a useful self-assessment starting point for the Integrated Care Partnership localities within Lancashire and South Cumbria to determine their current status and future digital social prescribing requirements. It is recommended that all our ICP organisations undertake this assessment in order to establish the digital maturity of their current social prescribing offer, and their ambitions for service enhancement.



3.3 Digital social prescribing platforms currently/imminently deployed

Three main platforms for digital social prescribing are currently in use or under development by Lancashire and South Cumbria health and care providers (Elemental and Strata) and the Citizens' Advice Bureau (Refernet), and are summarised below with links to documents containing full details of the respective functionality of the former two in Appendix A.

A table comparing core features of the products, comparing functionality against the standards outlined in 3.1.1 above, and comparing indicative costs can be found in Appendix B. Due to the commercial sensitivity of costing information, this appendix will be shared on a limited basis.

Further platforms/directories in use or development outside of health and care in Lancashire and South Cumbria, or in use or development elsewhere in the country, are outlined briefly, as a detailed evaluation of every product on offer is outside of the scope of

this paper. **Some conclusions can be drawn from the detail below, but given the breadth of the landscape (both locally and digitally), it is recommended that should the scope be insufficient, a full options appraisal is commissioned.**

3.3.1 Elemental

3.3.1.1 Overview

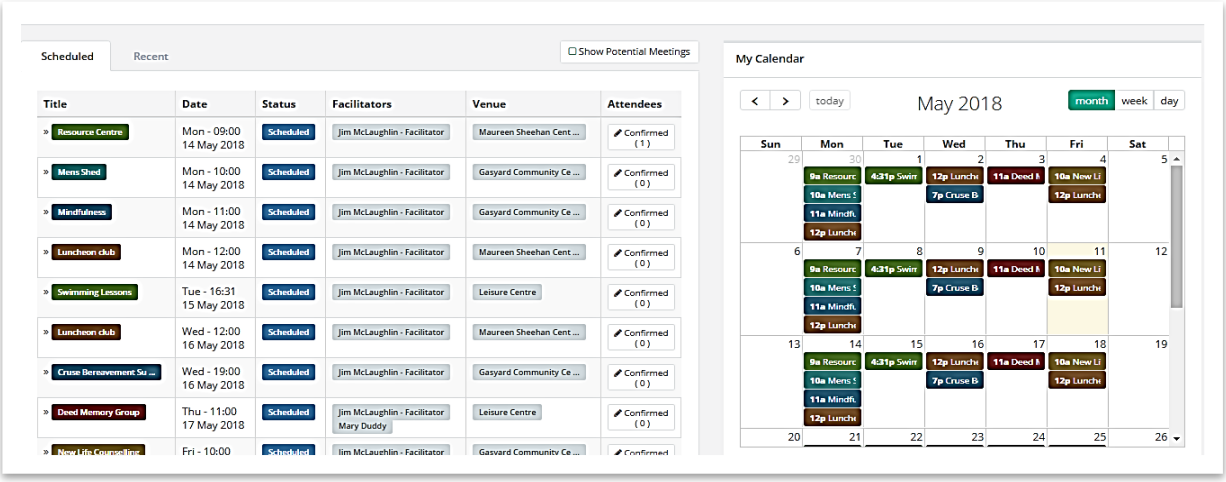
Elemental Software is a Tech For Good company with the purpose of engaging and empowering communities towards better health outcomes. Co-founded by former community development workers, and developed with input from service users and providers, Elemental's bespoke social prescribing platform connects, supports, measures and evaluates the uptake and impact of social prescribing referrals.

A full features document, platform overview and self-referral portal overview can be found in Appendix A, under separate cover. The Elemental proposal for Lancashire and South Cumbria can be found embedded in Appendix B, with limited access.

3.3.1.2 Clinical / social utility

The Elemental platform is easy to use, responsive and enables community referrals to be implemented, measured and delivered across numerous health and social care scenarios. The Elemental platform can be used by multiple health and wellbeing professionals as well as commissioners and providers of community based interventions such as smoking cessation, employability skills, mental health support and physical activity interventions. The platform facilitates tracking of attendance by service providers as the facilitators will be provided with a list of attendees, and to run attendance reports on their own interventions.

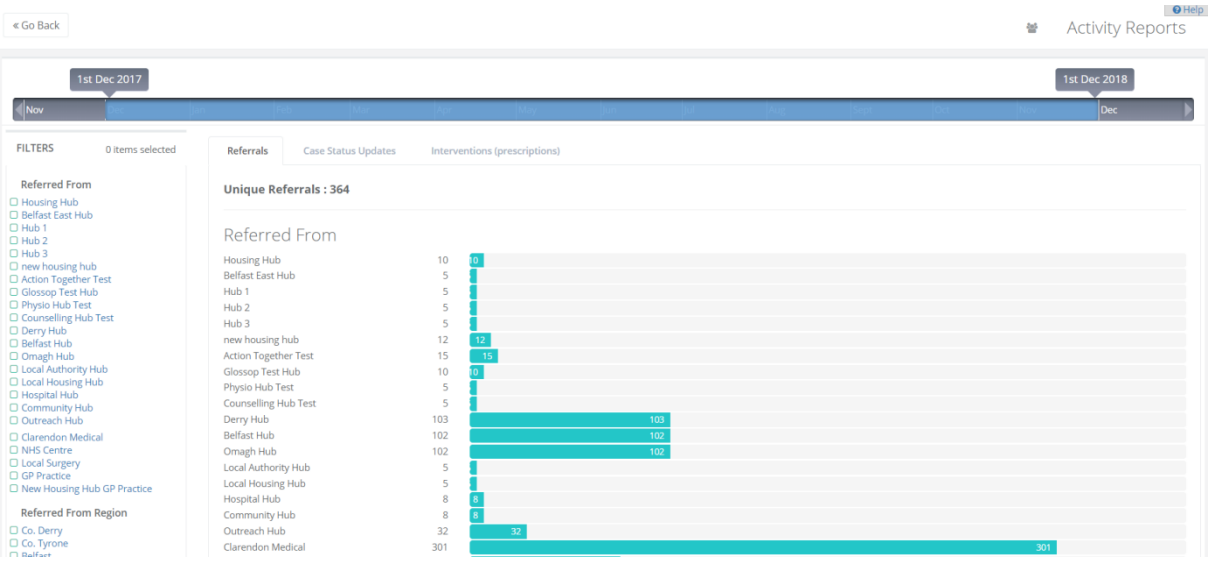
Elemental Service Provider view:

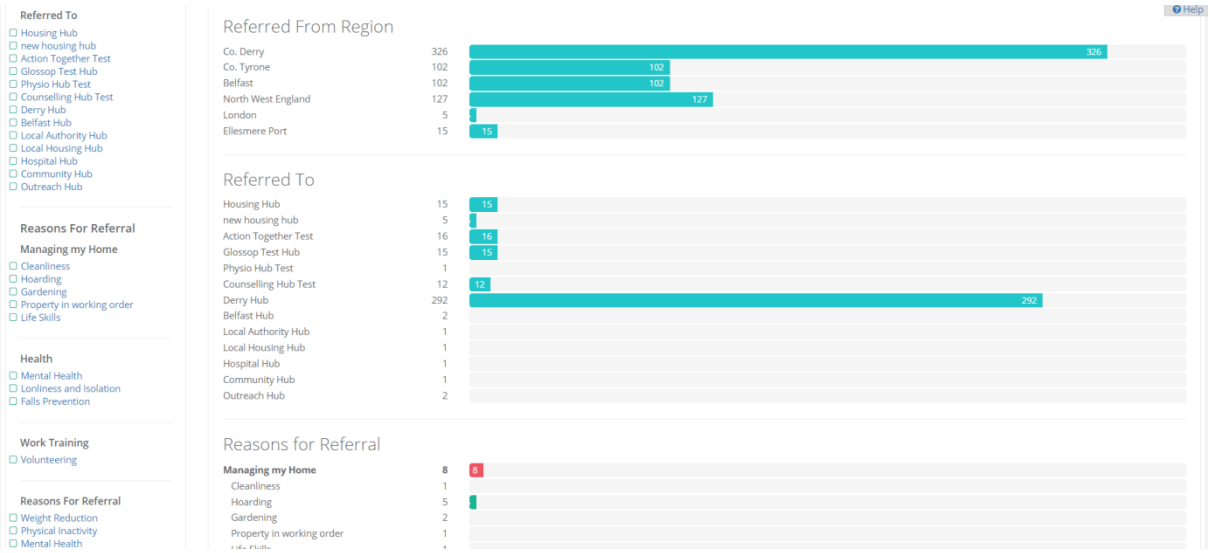


3.3.1.3 Data reporting

The platform contains a suite of measuring tools used to capture data and track measurements for individuals. The data entered into these tools populate dashboards and reports to monitor progress and track impact. The system is updated with new tools regularly and can be added to as part of the implementation process to suit the needs of your project.

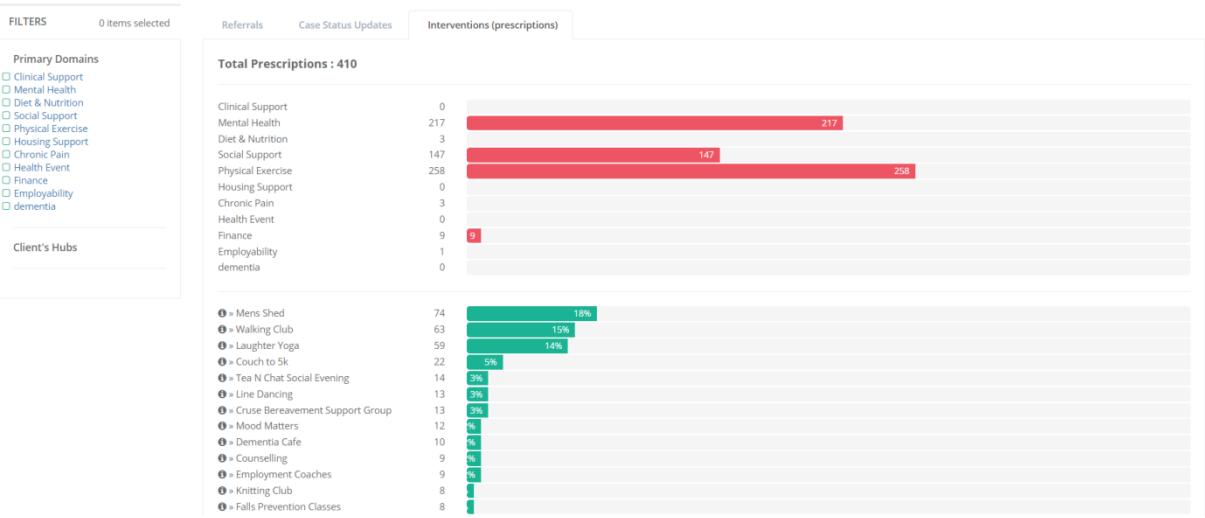
Elemental activity report (part 1):





Data captured within Elemental can be used to provide impact reporting and will aid in the evaluation of services. Further developments within the platform will combine the social economic value of outcomes within the reporting module.

Elemental activity report (part 2):

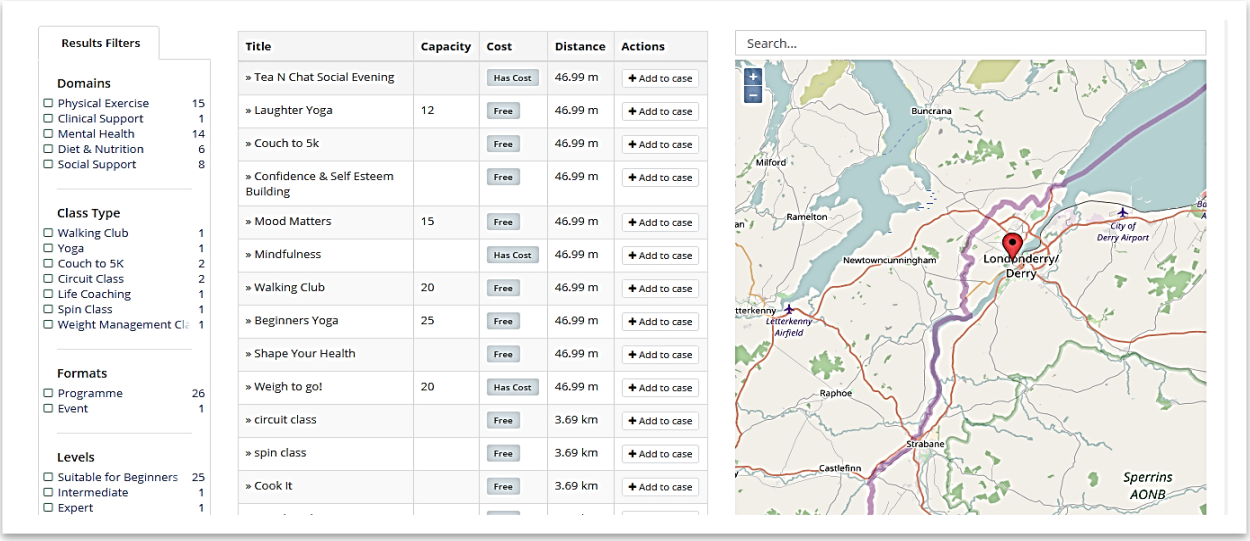


3.3.1.4 Technical / Integration

Elemental are an EMIS Accredited Partner and an approved supplier on the G-Cloud 10 framework. Elemental can work with existing directories of services (DoS) or create an enhanced directory of services which can be populated in a number of ways:

- Option 1 - Integrate via the Elemental API to existing DoS in the area
- Option 2 - Provide login details to the select list of providers
- Option 3 - A static list is created by the social prescribing link workers
- Option 4 - A combination of the above 3 options

Example Elemental Directory of Services:



Extracts of data from Elemental can be provided or a direct link via an API to connect to other BI / Analytic software that may be in use in order to collate data from other sources. Elemental are researching correlating different data sets such as A&E attendances with the social prescribing data captured within the platform to be used at a local level.

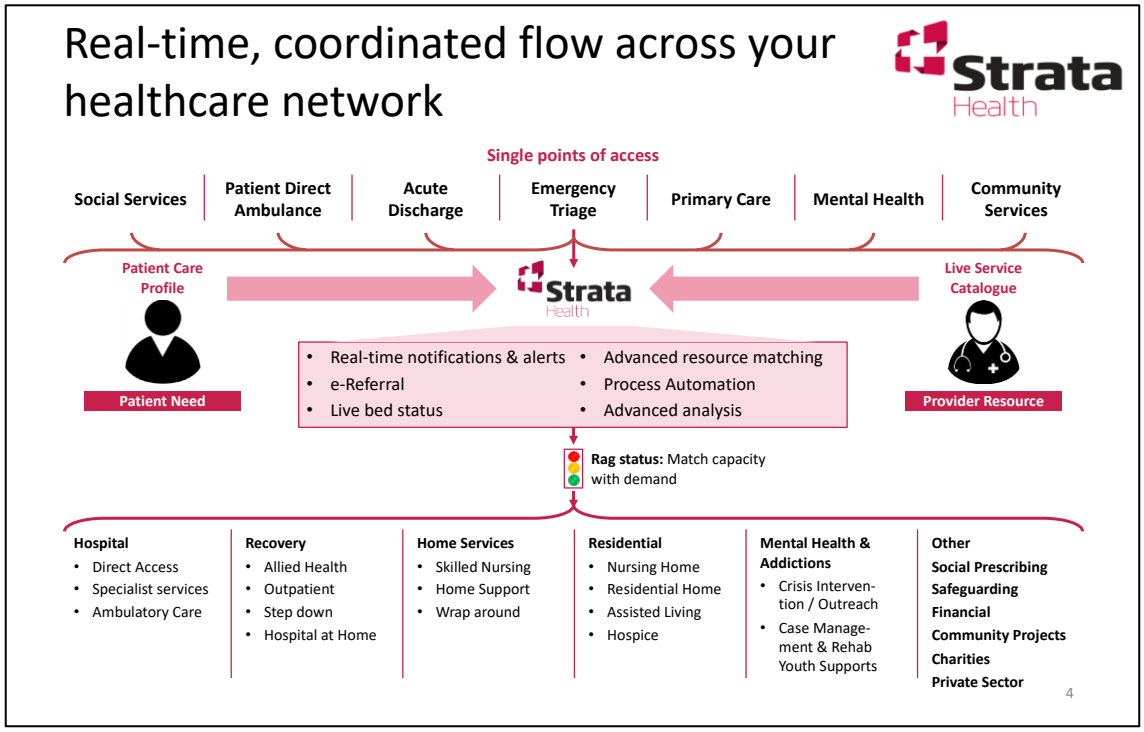
3.3.2 Strata

3.3.2.1 Overview

Delivered through a fully integrated cloud-based platform, Strata Pathways™ is a whole health and social care flow system that includes, but is not limited to, social prescribing to services delivered by charities, social enterprises, private sector and health and wellbeing programmes etc. Strata optimise the transition of patients to the most appropriate setting of care across the health and care system.

A full paper outlining Strata functionality can be found embedded in Appendix A, under separate cover.

Strata flow overview:



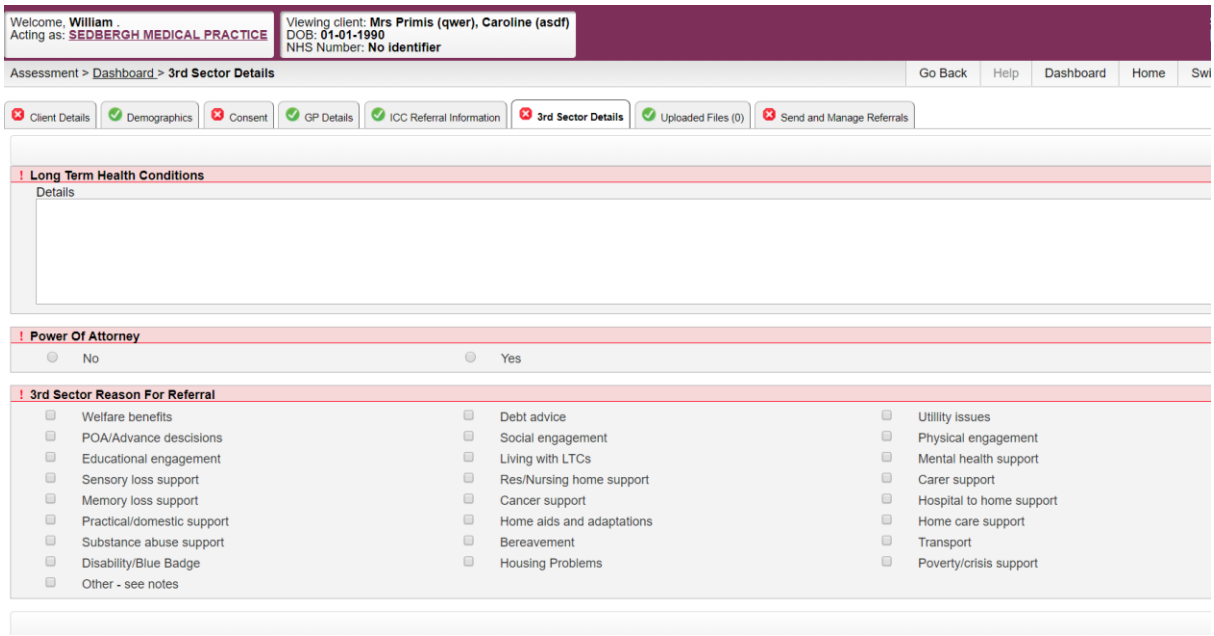
3.3.2.2 Clinical / social utility

Strata matches patient needs, including clinical information, geographical preference, and financial capabilities to the best available resources from a live directory of services. For frontline staff, it means that they can see real-time availability of the services and with the bi-directional transfer of care; all stakeholders are continually updated on progress of the patient and adherence to the pathway.

Social prescribing referrals are treated exactly as a clinical referral would be and are encompassed into other care types, where a referrer can complete a single referral form (several pages) that can be matched to all available and appropriate services and then sent to multiple endpoints (providers) within the Strata directory of services.

Through the use of PathWays™, patients can be directed to the most appropriate care settings; the solution would match a list of relevant places or packages of care based on the patient's specific criteria, and then flag the results based on availability. The referral can be sent digitally from the GP EMIS system. In Cumbria the matching has also been linked to a GP clinical decision-making tool to show available services matched to NICE guidelines for the presenting condition.

Strata third-sector referral options:



Once the referral is sent and accepted, the GP will receive notification that the referral has been acted upon and even that the patient has been adhering to the services prescribed, all within their GP system. This will allow effectiveness to be tracked using the data behind the Pathways system to manage outcomes from the social prescribing services.

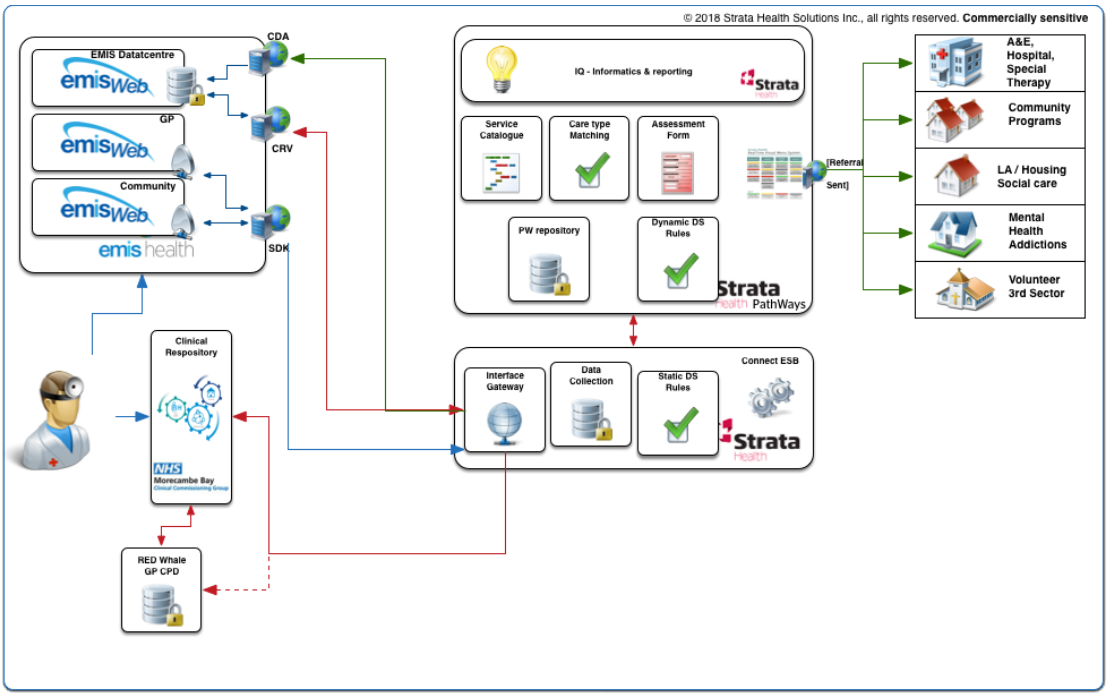
3.3.2.3 Data reporting

A full suite of reports and dashboards are also available through Strata IQ™ in order to provide a full view of solution performance and to help direct clients towards good decision making based on real-time evidence. As an example, the diagram below demonstrates how referrals are delivered from primary care with a CCG.

3.3.2.4 Technical / Integration

PathWays™ can integrate and communicate with existing health and social care applications through its integration engine, Strata Connect™ and has in-built communication tools for messaging and alerting.

Strata integration overview:



As well as bringing improvement to managing the flow of service users / patients, integration across NHS and Local Authority IT systems will improve process, collaboration and information flow. By then adding service integration with the external health and social care providers, the entire health and care system would see significant service benefits in transitioning patients to the most appropriate service. Throughout the process activity data allows measurement of improvements against set targets and metrics.

3.3.3 Refernet

3.3.3.1 Overview

Across all of Lancashire, the Citizens' Advice Bureau (CAB) have developed and are working toward full deployment of Refernet later this year, and are keen to engage partners from health and care. Refernet is a secure, online referral management system developed to provide secure communication between partners, offering external agencies and organisations a fool-proofed method of referring their clients for help.

Following almost ten years of development and after successful testing in other geographical areas, CAB have secured the licence for the whole of Lancashire and see this as a pan Lancashire project, with initial rollout due imminently in Chorley. In

the lead up to that initial launch, Chorley Borough Council / Lancashire Care Foundation Trust Integrated Wellbeing Team are currently testing the system.

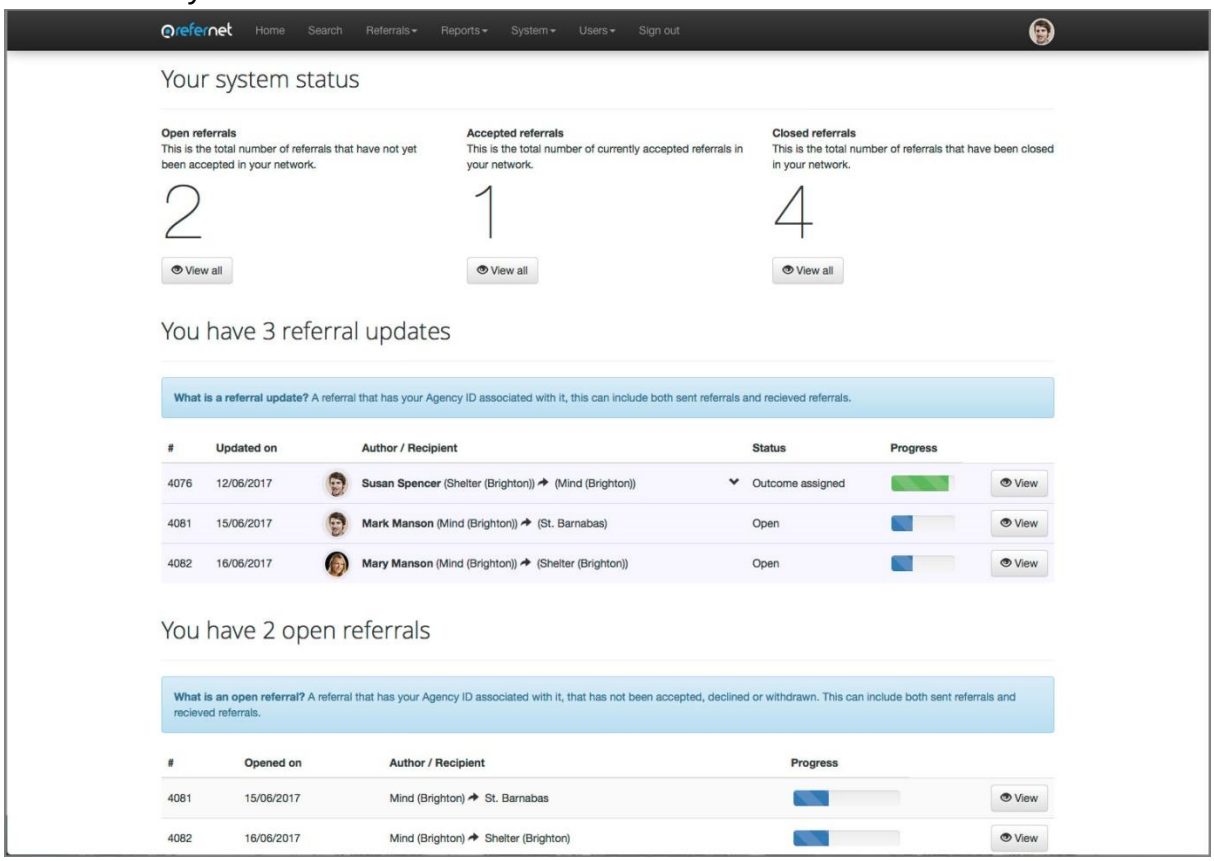
Full details of the Refernet platform can be found on the product website.

3.3.3.2 Clinical / social utility

Refernet is designed to complement existing case management tools or it could act as a simple case management system in its own right. It can be accessed by Citizens Advice, legal services, GP surgeries, housing trusts, mental health services, debt advice agencies, parole services and education services.

Referrals are made in-system (not within EPR; during an initial referral, demographics must be populated but are pre-filled for future referrals for the same individual) and received by the third sector organisation or care navigator in-system with an email alert. The patient interface is by text message only, and self-referral is not currently an option but may be developed at a later date.

Refernet in-system referrer view:



The overall goal of Refernet is one referral system that brings together all Statutory Bodies, Local Authorities, Health Agencies and the Third Sector in one place

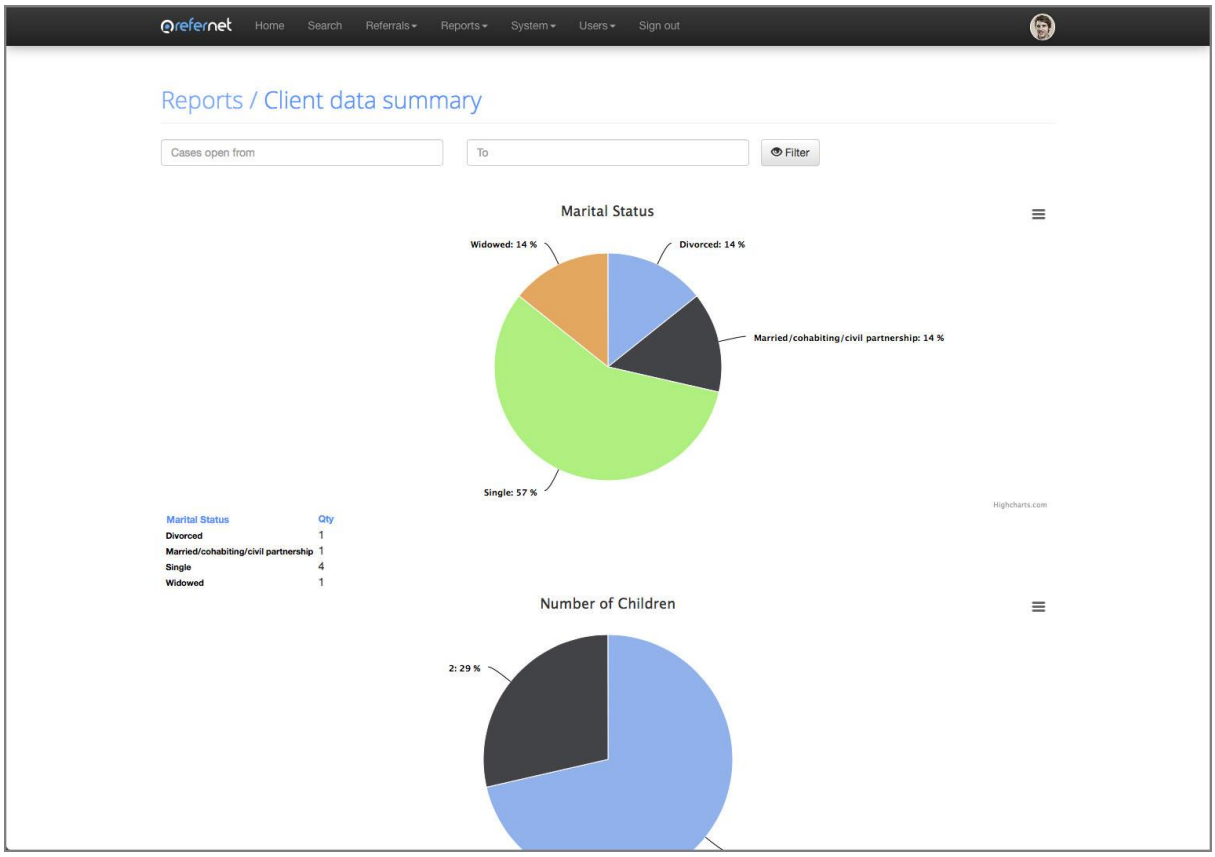
together with some carefully selected commercial organisations. It is completely customisable and is a bespoke system that can be adjusted in every way to tailor it to the needs of the partners.

Refernet provides network of partners with:

- An easy to use, simple and intuitive system
- Bespoke branding and identity
- Password protected accessibility for different user levels
- Network and individual agency reports available to system administrators
- Data security and password protected accessibility
- Wide application for national, regional and sub-regional partnerships
- No limit to the number of organisations or users
- Full search facility and filtering by category and level of service, geographical locations and more
- Enhanced service profiles
- Secure document transfer.

3.3.3.3 Data reporting

Refernet provides a trackable and auditable client journey with recorded outcomes:



3.3.3.4 Technical / Integration

Refernet does not currently offer integration with clinical or council EPR/PAS systems, and is only available as a stand-alone cloud-based system.

3.4 Other platforms/models outside the scope of detailed discussion in this paper

3.4.1 IEG4

IEG4's software solutions promote digital engagement between citizens and Local Government and Health Service providers. Together with the LGA and iStandUK, IEG4 worked toward the development of the LGA Data Standards discussed above and further in documents embedded in Appendix A. Due to commercial restrictions and the lack of alignment of public and commercial needs, pilot projects that were due to be completed in Blackburn with Darwen, West Lancashire and Central Lancashire never came to fruition.

The IEG4 platform has therefore not been explored in further depth. However, further details of their place-based solutions for social prescribing can be found on their website.

3.4.2 Our Lancashire

Lancashire Volunteer Partnership (LVP) are a well-established county-wide volunteer matching agency with the vision that "Lancashire Public Services have an integrated, efficient, effective and high quality Public Service Volunteer offer that matches resource with need, supports vulnerable people to get the help they need to become stronger and more resilient whilst reducing the demand on statutory services." A multi-agency strategy works toward integrated leadership and commissioning, integrated teams and workforce development, integrated data sharing and ICT systems, and the programme has delivered a social return on investment of £9.97. The impact of LVP in 2017/18 can be seen in the diagram below.

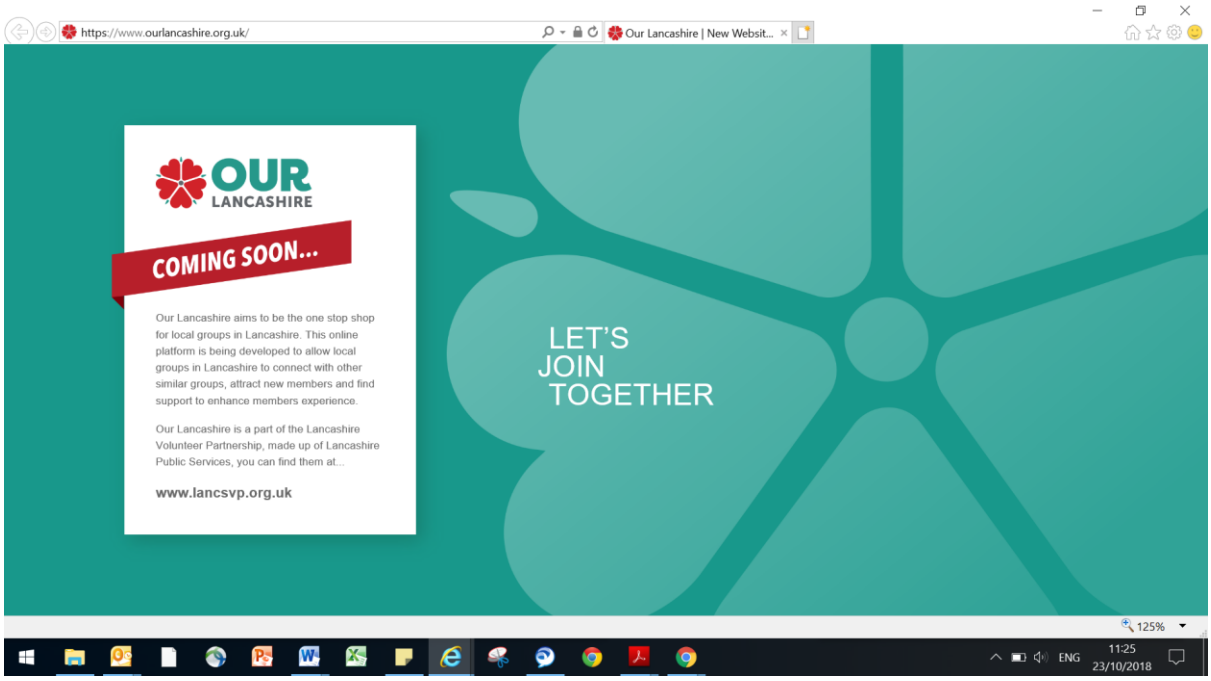
LVP by Numbers 2017/2018

Next steps for LVP are to expand their work to "Our Lancashire," a new social action network for Lancashire hosting a new online platform/directory which would facilitate:

- A space where social action groups can register and advertise their work and interest category
- Linked to LVP ICT system and volunteer database
- Incorporate a crowd sourcing tool for good causes and provide access to partner funding grants
- An events diary for each area which would highlight the activities people could get involved in i.e. a litter pick, neighbourhood clear up, park support or public meetings etc.
- A mapping function allowing public services to target development time at those areas with less coverage
- A resource for public services, place based leaders and LVP Community Support Volunteers to see what community assets are available in any given area
- A facility that would allow similar social action groups or groups in the same neighbourhood to be able to contact each other and collaborate
- A data base of social action leaders across the County that public services could invite to local place based meetings

The vision for Our Lancashire is to:
"Bring together small local groups, clubs and associations across the county in one place, showcasing the work they do to support people in their community and helping them to grow." Our Lancashire aims to be more than a directory, it will be the place where people can find activities to get involved in, from go karting to knitting to litter picking, somewhere to make new friends and make communities stronger, providing a support network for people– hosted by the community for the community. It will feature an events diary for every area of Lancashire and will also serve as a resource for public services to see what community groups exist within an area, allowing them

to signpost people who could benefit from the network and to involve groups in meetings to improve where they live.



For the first time it will enable groups in the same neighbourhood to register their work, to see each other and create the opportunity to work together and access funding and support. This new and exciting programme will complete Lancashire's vulnerability triage and widen the County's capacity to keep people engaged and connected."

Our Lancashire will provide a county-wide directory of services, but not a professional referral mechanism. It must be noted, however, that the platform will offer further support and networking to registered community groups that does not appear to exist elsewhere at present. As this work is in progress (Project Manager currently being recruited and funds in place for website and database development) and will significantly overlap with existing and developing social prescribing models, collaboration should be considered to prevent duplication or inequality of community support (see 5.3 below)

3.4.3 FYI Directory

As discussed under section 2.5 above, the FYI Directory has been developed across the Fylde Coast as a public facing directory of services. However, like many directories, maintaining accuracy of the information can prove a challenge, and ICS engagement has suggested that many link workers/care navigators no longer access it due to lack of information currency. This could prove an excellent opportunity for collaboration and development under the LGA pilot proposals below (section 5.3).

3.4.4 MECCLink

MECC Link is a simple online tool designed to support to anyone delivering Making Every Contact Count within Yorkshire and the Humber, and is currently under consideration for rollout across Lancashire and South Cumbria.

MECC Link is designed to provide Very Brief Intervention (VBI) and signposting, to support people to embed and extend prevention and promotion of wellbeing and resilience into everyday practice by providing:

- Easily accessible information on key healthy lifestyle topics
- Suggested open questions using the Ask, Assist, Act model
- Information on a range of primary Self-care tools and resources
- Signposting to recommended national and local support services.
- On opportunity promote a social movement for MECC #MECCithappen

Although overlap exists with existing and future digital social prescribing and digital prescribing (via Orcha and the NHS Apps site) initiatives, MECCLink adds the unique opportunity for online very brief interventions. A single place-based directory of services, as proposed in section 5.3 below would ensure that this offer avoids duplication of service directory information and adds further value without additional costs of creating and maintaining a directory.

3.4.5 Active Lancashire

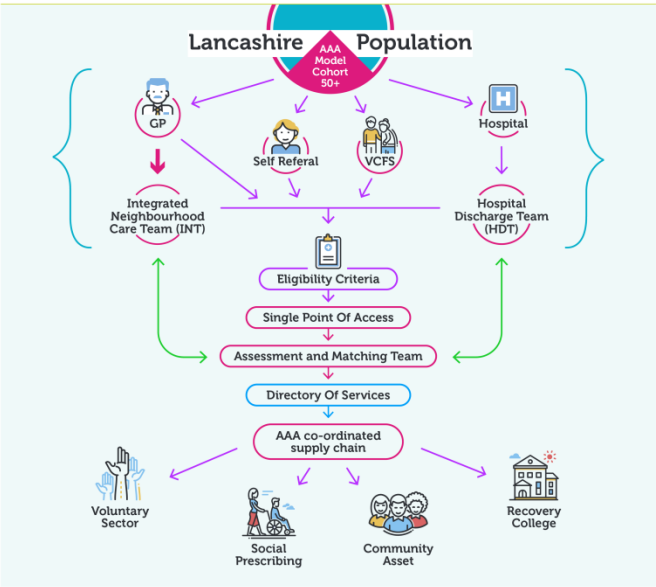
Active Lancashire have been supporting the Lancashire and South Cumbria health and care system with opportunities to increase access to physical activity for some years, and have actively engaged in supporting the third sector as a whole to support better health and wealth for all.

Active Lancashire have proposed an Active Ageing Alliance (full details in Appendix A) which aims to coordinate the social prescribing offer for people aged over 50 in Lancashire. This model could be incorporated into the proposals made in section 5.3 below, with Active Lancashire essentially acting as a broker for third sector organisations, offering the VCFS support and micro-commissioning third sector services in parts of Lancashire where multiple small contractual arrangements exist, rather than a unified approach such as in East Lancashire.

Active Lancashire proposed model for Active Ageing Alliance:

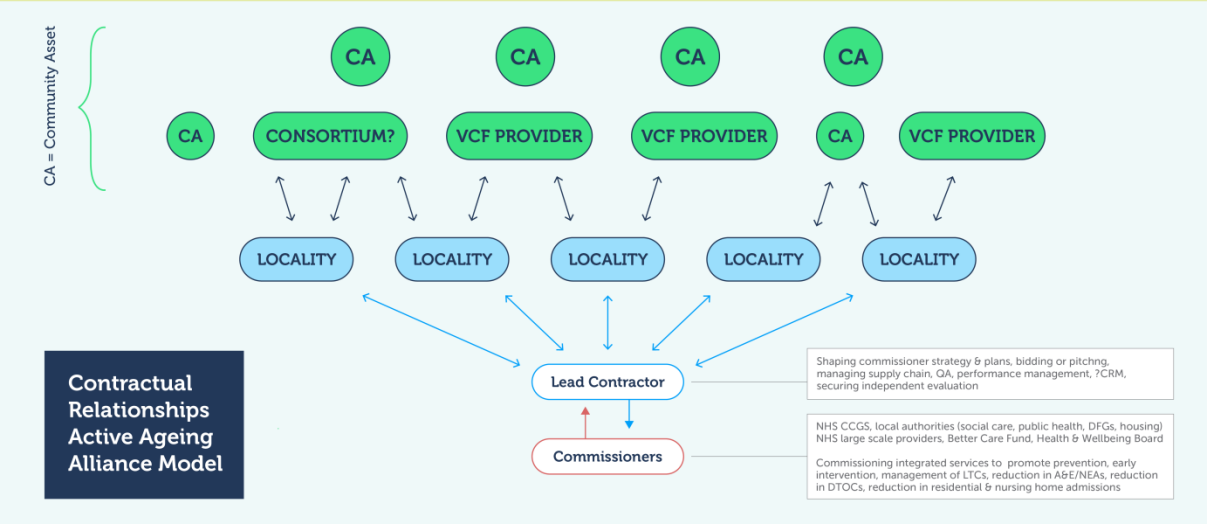
HOW DOES THE AAA WORK FOR THE CUSTOMER (1)?

- Person 50+ with LTC has non-medical need for support
- Identified/referred by self, GP, INT, VCF organisation
- Assessment and matching team works with customer to identify VCF support using Directory of Services
- Locality VCF provider works with others and community assets to deliver support by co-ordinated supply chain



7

HOW DOES THE MODEL WORK FOR COMMISSIONERS AND PROVIDERS?



4. Other considerations

4.1 Integration with existing and proposed HLSC digital developments

At present, we are piloting a patient-facing app as a central portal to all our citizens' healthcare needs, the NHS Online Orb app. We are also in the process of

developing a Person-Held Record in collaboration with Parsek Vitaly, who host our shared care records platform; and a wellbeing platform, similar to the Good Thinking digital wellbeing service in London, is currently being considered as part of our delivery plan, but will be worked up with our citizens prior to any major financial investment or implementation. Any of these options, which would be fully implemented across the ICS, could offer a single point of access to any locally (ICP) procured social prescribing platform or directory of service. Further, these citizen-facing platforms would allow for a much more targeted approach to disseminating health, wellbeing, and health and care information, including both personalised care information as well as population and public health messaging.

Following successful adoption of the Patient Activation Measure (PAM) and training of both qualified professionals and those in care navigator roles as part of a Fylde Coast Vanguard, this model is now being rolled out across the Healthier Lancashire and South Cumbria integrated care system, including a Train the Trainer scheme. The Personalised Care demonstrator site programme provides an opportunity to facilitate this adoption at an increased pace, and adopting a digital social prescribing platform offers us an opportunity to embed PAM usage at scale across the region.

4.2 Digital literacy of third sector organisations

We take the view that digital literacy underpins digital health literacy, and recognise that not all of our frontline, including some smaller third sector organisations, will have high levels of digital literacy to support them to communicate digitally, to access social prescribing platforms at the provider end, or to gather and collate patient-reported or other outcome measures in a digital manner. Further exploratory work is being undertaken to see how we can support these smaller organisations across the system who may be delivering only small pockets of support, but which is very meaningful to the citizens they serve.

4.3 Co-production and digital delivery planning

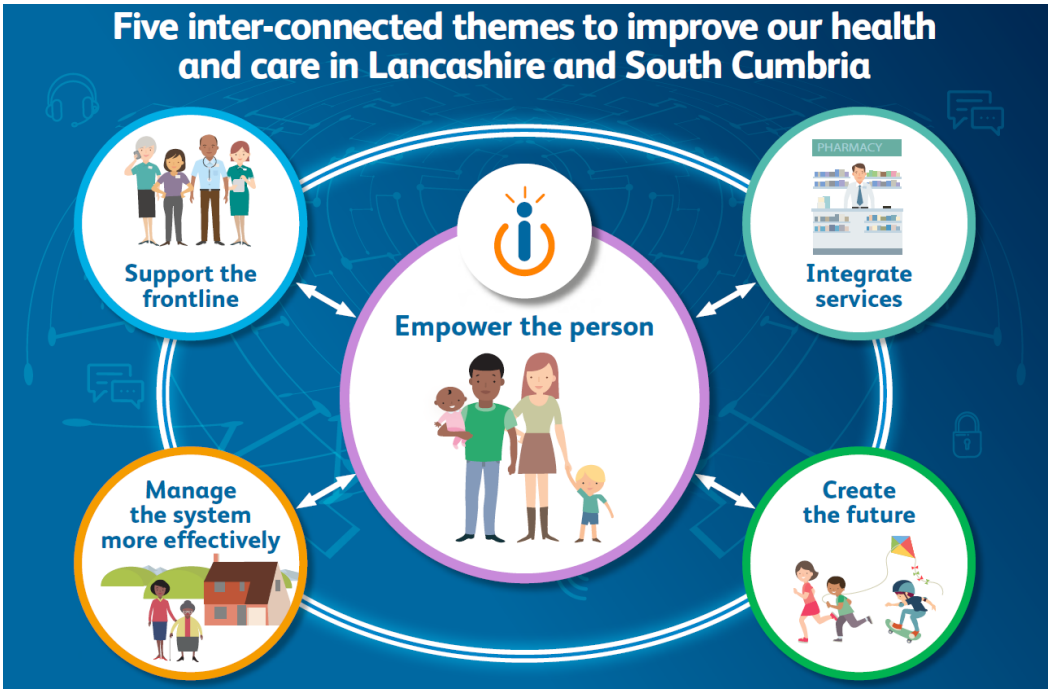
NHS England (2017[9]) have emphasised the importance of co-production with people with lived experience in delivering personalised care. They recommend that personalised care planning should:

- include patients and carers with lived experience on the development of the specification and the interview panels

[9] https://www.england.nhs.uk/wp-content/uploads/2017/09/harnessing-technology-personalised-care.pdf

- ensure co-production starts at the beginning of the development of the specification and not as an afterthought
- fully explore the requirements of care and support planning by identifying the experiences patient and carers want to have using a service
- understand what areas are important to the patient and carer
- think through and work with their IT supplier about how they link the different patient datasets to summarise and tell their story once
- facilitate engagement of IT suppliers with people with lived experience
- include people with lived experience in consideration of issues of information governance, information sharing and privacy.

At Healthier Lancashire and South Cumbria, we aim to embed co-production within all our digital transformation programmes, engaging authentically and proactively with our service users and partner organisations, including third sector organisations. Our Digital Delivery plan has recently been worked up with our stakeholders and service users to reflect our Digital Strategy and the needs of those partners. Our Digital Strategy can be seen to place Empowering the Person at the very heart of all our digital programmes of work (see diagram below) with all other workstreams being for the central goal of empowering our citizens and communities.



To take involvement of people with lived experience to a further level would mean to engage in an asset-based approach to community development, as detailed by McKnight and Russell (2018).

5. Recommendations

5.1 Proposed investment opportunities within Personalised Care demonstrator site year (2018/19)

Any proposals to invest in social prescribing should address the goal of empowering communities and individuals, rather than focussing purely on referral mechanisms.

Opportunities our stakeholders have expressed interest in support with include:

- A system-wide mechanism for measuring use and socioeconomic, as well as wellbeing outcomes, of social prescribing
- Deployment of one of the above platforms to facilitate local ICP referral pathways into social / community resources, including a self-referral pathway – this could be achieved across a single CCG locality, or in testbed areas across multiple CCGs within the ICS with a view to wider rollout if successful and sustainable funding sources secured
- Academic support for evaluation of the wider clinical, wellbeing and socioeconomic impact of social prescribing
- Supporting the integration/development of a place-based directory of services
- Supporting communities to adopt an asset-based community development approach – some useful tips to consider when developing a community's assets are explored by Russell (2017).

5.2 Wider considerations / potential collaborators

As referenced in the above discussion, opportunities exist to collaborate at scale with the Local Government Association, independent organisations such as Digital Gaps (supported the LGA place-based directory work in Bristol), Flexidigital (see below, and have worked extensively with Active Lancashire to create health data ecosystems and develop predictive modelling based on open-source data), and VCFS brokers such as Active Lancashire or the local CVS organisations.

Flexidigital's HealthHub gives people the power to share their health data with providers that can provide better care and services. They also help providers access, understand, and leverage their consumers' health information. Through a growing distribution network of integrations, Flexi have created a simple, on-demand way for everyone to exchange and use the health data they need, pioneering data-driven, consumer-centric health care.

Flexidigital approach to connecting healthcare data:

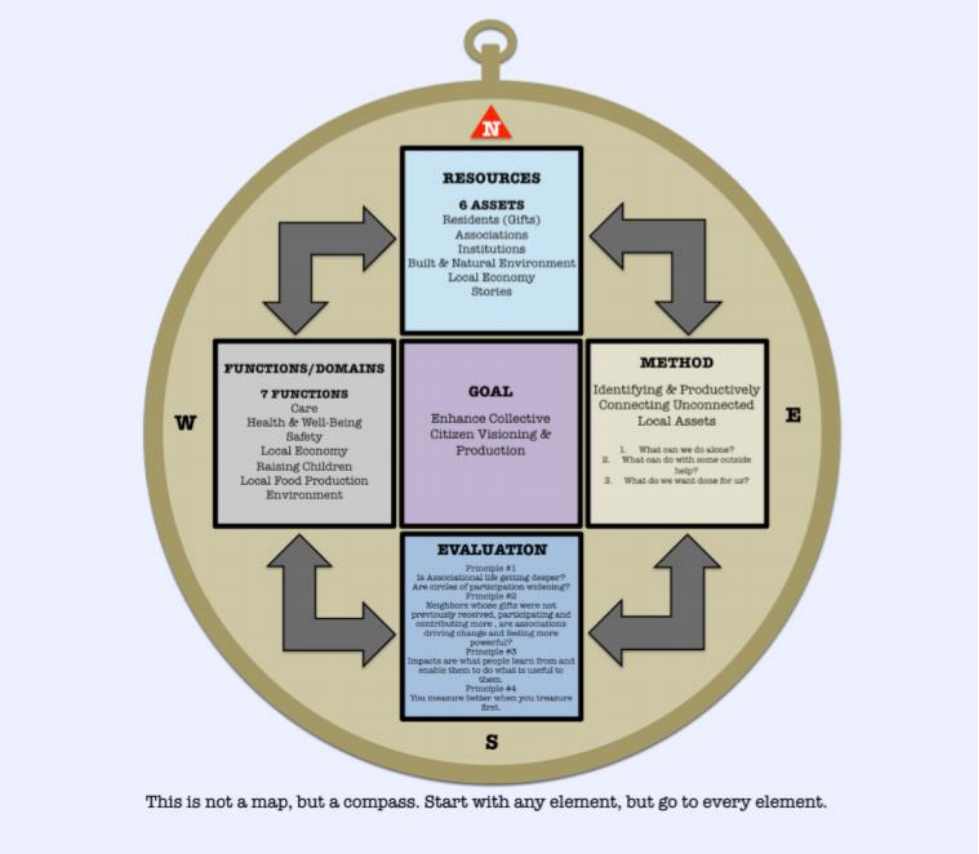
Further areas for exploration during and beyond the demonstrator site year could include:

- Incentivising volunteering and social activities. Well Skelmersdale in West Lancashire have been utilising the Better Points app to reward people for activities, this is discussed in more detail on the Well Skelmersdale blog. A similar scheme, Chorley Time Credits has been rewarding people for their time spent volunteering for local communities and public services. In East Lancashire, volunteer community connectors are recruited who provide a sustainable approach to expansion of the community connector scheme and are supporting groups to set up peer to peer support groups from external funding outside of the CCG social prescribing grants.

  Consideration should be given to integrating such schemes with a digital social prescribing offer in the future.

- Considering ways to support the development of sustainable cohesive communities. The work of Cormac Russell and Nurture Development is quite well known, and the principles of Asset-Based Community Development (ABCD) should be considered when developing any

community offering. The principles guiding this can be found in The Four Essential Elements of an Assed-Based Community Development Approach, and are illustrated below:



Further opportunities for community development could include exploring the approach taken by TGL Hubs who are currently exploring a community platform with Mydex, which will be available in 2019.

And any development of communities cannot overlook the funding and other resource necessary to support community development. In a recent Kings Fund blog, it was highlighted that Integrated Care Systems and their organisations "need to be serious about their role in supporting a vibrant voluntary and community sector, over and above investing in specific services."

5.3 Recommendations

Based on the overall findings and information reported in this paper, it is recommended that the Personalised Care Steering group propose the following on behalf of Healthier Lancashire & South Cumbria:

- **Community of Practice**

The ICS should support the development of a community of practice that includes representation from each ICP, including public sector providers and commissioners, members of VCSF organisations and patients/members of the public to share learning and help shape the strategic expansion of local social prescribing programmes and a standardised approach to the digitisation of social prescribing access and reporting across the region. This would help improve the equity of the social prescribing offer across the region and help facilitate streamlined regional support for local implementation. This group would feed into the Building Health Partnership group, the Personalised Care steering group under the Population Health portfolio and the Out of Hospital portfolio.

- **ICS-wide infrastructure: place-based directory of services**
  To further develop a unified regional social prescribing strategy, it is strongly recommended that we work in collaboration with the LGA and possible collaborators mentioned above to develop a single open-source place-based directory of services that can be maintained by a single team, the data of which can be consumed by any locally held and procured digital platforms, as well as other organisations seeking to develop alternative routes to community-based services, such as the Citizens' Advice Bureau and Our Lancashire.

  This will prevent the otherwise inevitable duplication of service lists as well as the inaccuracy and lack of currency of directories that are not maintained in a 'live' setting. Many of the organisations discussed above have expressed interest in working in a collaborative manner, and the work already conducted in Bristol has created the foundations on which this work can be built.

- **Support personalised care by offering digital social prescribing**
  Currently West Lancashire and Morecambe Bay are developing their social prescribing offer via a digital platform. It is recommended that East Lancashire and Blackburn with Darwen, Fylde Coast and Central Lancashire undertake the Digital Maturity Index assessment linked in 3.2 above, with a view to centrally procuring a digital social prescribing platform with demonstrator site funds, which would require ongoing local financial support after the first year. This support would facilitate an equal opportunity to access digital social prescribing across the region.

  During consultation, ICPs have expressed interest in piloting the Elemental platform, and it is proposed that the learning from the West Lancashire Elemental pilot study should be used as a basis for wider rollout across the

ICS, rather than repeating pilot studies within further neighbourhood localities.

The following conclusions can be made on the three digital social prescribing platforms reviewed:

- Refernet does not currently meet requirements, as it does not support integration with clinical or social care systems, and does not support a self-referral mechanism.
- Elemental meets all requirements and standards set out above, and could be considered by ICPs seeking to adopt a bespoke social prescribing platform without the added complexity of whole system patient flow. Elemental offers the most affordable option of those reviewed for system-wide rollout within this financial year. Other products not reviewed above may also meet requirements and be suitable for consideration.
- Strata meets all requirements and standards set out above, and could be considered by ICPs seeking to adopt a whole system patient flow approach across primary, secondary and social care, within the context of a wider review of inter-dependencies with other systems and processes (e.g. eRS). Other products not reviewed above may also meet requirements and be suitable for consideration.

Author	Responsibility	Date	Version
Linda Vernon	Digital Leader	01.11.18	V1.0
Linda Vernon	Digital Leader	30.04.19	V1.2

Health Scrutiny Committee
Meeting to be held on Tuesday, 14 May 2019

Electoral Division affected:
(All Divisions);

The issue of Period Poverty and how it can best be addressed

Contact for further information:
Dr Sakthi Karunanithi, Andrea Smith, sakthi.karunanithi@lancashire.gov.uk, andrea.smith@lancashire.gov.uk

Executive Summary

This report as requested by Full Council provides an outline of the issue of period poverty and how engagement with the work of the national government taskforce would further support a collaborative approach across Lancashire.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the information contained in the report
2. Formulate any recommendations on how to engage with the Government's joint taskforce on period poverty
3. Formulate any recommendations as to how to collaboratively develop and implement supportive interventions as a result, across Lancashire.

Background and Advice

Full Council at its meeting held on 18 October 2018, resolved that:

"Council welcomes the recent commitment from the Scottish Government to tackle Period Poverty and the pledge from the Minister for Women, Victoria Atkins, to remove VAT from sanitary products following Brexit.

Council notes research that suggests one in ten girls have at some point been unable to afford sanitary products with 49% having missed an entire day of school because of their period.

Council also notes some of the work already going on in this area from the likes of Red Box, The Girl Guiding Association and the sanitary product manufacturer, Always.

Lancashire County Council

Council recognises however that whilst many women and girls will benefit from this, there is scope to work with partners to provide help to others who may be in vulnerable situations.

Lancashire County Council therefore:

- Instructs the Director of Public Health to produce a report to the Health Scrutiny Committee on the issue of Period Poverty and how it can best be addressed.

- Commits to work and consult with all our partners including the NHS, girls, Schools, Colleges, Universities and those mentioned above to understand the local issues, raise awareness and tackle stigma."

Period poverty is a global issue. Worldwide, across low and middle-income countries it is estimated that over half of all women and girls are forced to use homemade products, rags, grass or paper to manage their periods. In many countries there is a lack of information and appropriate water, sanitation and hygiene facilities.

It is also an issue in the UK and in Lancashire. Research suggests one in ten girls between the ages of 14 to 21 years in the UK have, at some point, been unable to afford sanitary products with 49 per cent having missed an entire day of school because of their period. 64 per cent of girls have missed a PE or sport lesson because of their period, of which 52 per cent of girls have made up a lie or excuse. There is no specific information available on period poverty within Lancashire.

There is work already going on in this area from organisations such as Red Box, The Girl Guiding Association and the sanitary ware manufacturer, Always. In addition to this, there is activity in some local schools across Lancashire.

Government's Response to Period Poverty:

On 4 March this year the Minister for Women and Equalities, Penny Mordaunt, announced that the Government would establish a **new joint taskforce** on period poverty in the UK. This initiative recognises the importance of tackling period poverty for the dignity and empowerment of women and girls. Ms Mordaunt announced that up to £250,000 has been committed in seed funding to support the work. An update on the Government's response on Period Poverty made on 24 April 2019, is available on Parliament's website.

The **taskforce** will launch in June 2019 and will bring together a range of different organisations working on period poverty from across the public, private and third sectors. Its objective will be to join up learning and ideas and develop a comprehensive, sustainable response. By linking different sectors, it will build on the range of diverse initiatives that already exist, promoting those which are delivering impact, and helping them to grow and become sustainable. Priorities for the taskforce include:

- Obtaining better evidence and understanding of how period poverty affects different groups in our society;
- Addressing the stigma;
- Role of education, communications and role models in shifting social attitudes

In the Spring Statement of 13 March 2019, the Chancellor, Phillip Hammond, announced support for a new scheme to provide free sanitary products in secondary schools and further education colleges.

On April 16th, it was further announced that free period products will be offered to girls in all primary schools in England from early next year. Extending the programme to all primary schools follows feedback from teachers, students and parents. The Department for Education is now working with key stakeholders in the public and private sector to roll-out the programme in a cost-effective manner that supports girls and young women across the country.

Useful links:

Research on period poverty: https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma

For consideration:

A population-wide approach is required in order to break the stigma, foster dignity and raise awareness to address the reality that too many girls lack the knowledge and understanding of how to manage their period, are too afraid to ask for advice, and are unable to afford the products to support them.

We intend to continue:

1. Elected member engagement to review the outcomes and findings of the new taskforce and their application to Lancashire.
2. Sharing of best practice and evidence based approaches from this taskforce with a view to implementation in Lancashire in conjunction with our communities, schools and local partners including the NHS, girls, schools, colleges and universities.

The Health Scrutiny Committee is asked to:

1. Note the information contained in the report

2. Formulate any recommendations on how to engage with the Government's joint taskforce on period poverty

3. Formulate any recommendations as to how to collaboratively develop and implement supportive interventions as a result, across Lancashire.

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
None		

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee
Meeting to be held on Tuesday, 14 May 2019

Electoral Division affected: (All Divisions);

Report of the Health Scrutiny Steering Group

Contact for further information:
Debra Jones, Tel: (01772) 537996, Democratic Services Officer,
Debra.jones@lancashire.gov.uk

Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 17 April 2019.

Recommendation

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

Background and Advice

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

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

- To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the Committee;
  - Determine who to invite to the Committee.

- To act as the first point of contact between Scrutiny and the Health Service

- Trusts and Clinical Commissioning Groups;

- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

Lancashire County Council

- 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 17 April 2019:

❖ **Adult Social Care Learning from Complaints**

Tony Pounder and Angela Esslinger presented a report regarding Adult Social Care: Learning from Complaints and distributed a supporting document detailing a review of progress of the Care Act Policies, Procedures and Guidance as of February 2019. A copy is set out in the minutes.

The Chair asked for assurance and understanding of improvements to assessments and care planning, charging policies and the administration of blue badges and disabled facilities grants. These had been highlighted as areas that Lancashire County Council recorded the highest number of complaints as identified in the Local Government and Social Care Ombudsman's annual review of complaints for 2017/18.

The following questions were asked and responded to:

- In respect of Lancashire, is the Ombudsman correct that there's been a shift from one-off mistakes to problems with the whole system and the county council's policies and procedures being incorrectly applied?

  It was confirmed that Adult Social Care worked closely with the internal audit and complaints team to identify any potential emerging themes and to respond to any patterns. For example, in 2016 there were long waiting times for occupational therapy assessment and provision, for which a public apology was given at Full Council. A service review was undertaken and extra staff were budgeted for, resulting in an increase of 15 to 40 occupational therapists, including additional management. The 2017 internal audit provided positive assurance of policies and procedures for occupational therapy. This showed how the service had reacted to complaints in a robust and systematic way.

  The Ombudsman had highlighted a high number of complaints regarding the accuracy and charging for adult social care in Lancashire. Again the service responded to this by ensuring additional staff were in place for more timely assessments for direct payments and the internal audit review had revealed substantial assurance was in place for this area.

There had been recent issues regarding top-up payments, where an additional cost was incurred by the family for care homes charging a higher rate than the council allowed for. The Local Government and Social Care Ombudsman had identified that authorities were not explaining top-up payments and a policy to take account of the required improvements that need to take place had been drafted.

When there was evidence of emerging problems, the service was open and honest with the complaints team and worked together to frame a policy response that reflected best practice and to ensure appropriate measures were put into place to reduce problems.

Some complaints to the Ombudsman had highlighted that the council was charging people in a way that was unreasonable and had resulted in reimbursements.

- Have all the county council's adult social care policies been amended to reflect the Care Act 2014?

  The Steering Group reviewed the Care Act Policies, Procedures and Guidance Review of Progress as of February 2019. The most up to date (March 2019) version is set out in the minutes). It was explained that policies had been updated where required and measures were in place to approve others. It was highlighted that the list included existing policies and practices that required reshaping as a result of lessons learned from complaints. In 2015, the Senior Leadership Team had agreed to prioritise the review of those policies which would give maximum benefit to the largest numbers of the population who would be affected.

- Are there any longstanding or emerging issues that may be the root cause to the number of complaints (irrespective of population size/deprivation/health) lodged with the Ombudsman?

  It was explained that the publicity around the anticipated Green Paper on social care for adults to explore the issue of how social care is funded (which continued to be delayed) had made the public more aware. There was an expectation that individuals should have a clearer account of what they are being charged for, why and what the affordable options were. Often the journey from hospital to a care home resulted in complaints from families that they have been charged without being warned in advance and the council needed to ensure that systems were robust enough to prevent this. Care from the NHS was not chargeable, but social care was and complaints often arose when someone was discharged from the NHS but required continuing health care.

  It was confirmed that the complaints process for the NHS was the same as the council's, but was much slower and included the opportunity to appeal decisions. Due to the extended length of time, social care costs often would remain unpaid as the power to claim money back was time limited. However 97% of charges were paid.

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

- The trend for supporting adults at home rather than in a care home could be attributed not only to cost savings but also to cultural and altruistic reasons. A small number of complaints had been received regarding reclaiming equity from home for care.

- The council accepted verbal complaints as well as electronic submissions via the telephone contact centre. Complaints were kept within a single team to ensure they were logged, addressed and tracked, in order to make the process simpler and to ensure a swift response. The team also dealt with the Ombudsman and advocacy services to ensure support was provided where needed. The public were also able to complain via a councillor.

- Members were pleased to note that council had increased staffing of occupational therapists in response to complaints regarding delays in and lack of assessment.

- It was noted that although the service was good at assisting adults with complex needs, there were issues supporting people with Special Educational Needs or a Disability (SEND) into adult life. The council had responded to the Ofsted inspection which had highlighted shortcomings in this area by recruiting a lead for SEND. Work was underway to address the concerns and Tony Pounder would discuss the joint work underway with Children's Services colleagues and report back to the Steering Group via Democratic Services. Members expected that the progress made in Adult Services could also be made for young adults with a special educational need or disability.

- Relatives were made aware of the costs and options for paying for care from the start and this was done correctly in the majority of cases. Due to work pressures, in some cases officers and NHS staff had not given families enough time to reflect on the impact and the options available. In a crisis, relatives were often compelled to make decisions regarding care in a short and often emotional period of time. There was a strong argument for the production of public information for relatives to take away and reflect on. Getting it right could be a significant challenge and social workers and occupational therapists worked hard to explain the options so families could make informed choices.

  If there were no capital assets or savings, the council often met the greater share of costs and the family could make top-up payments if they preferred to select a different care home than Lancashire County Council chose. Where there were assets, arrangements would be made to release the capital. The Care Act 2014 made provision for deferred payments to allow families to make a decision and pay for care when the house was sold.

- The council bought in independent advocacy services via Lancashire Hub, where people could be signposted for their specific issue.

- The difficulties around the slow handling of complaints by NHS Trusts was a common theme. There was generally an increased peak in activity around winter discharges. Clinical Commissioning Groups delegated continuing healthcare complaints upon discharge, however Lancashire Care Foundation Trust and Lancashire Teaching Hospitals Foundation Trust were no longer part of this arrangement which could create a risk for the future handling of complaints.

- Lancashire County Council currently employed 40 occupational therapists and were currently looking at recruiting 3 more. Looking at the ideal staffing level, for comparison purposes Oxfordshire County Council employed 70 and Lancashire was on a journey of growing this workforce. However the occupational therapists did work closely with NHS colleagues. Recruitment was proactive and Lancashire had invested in more occupational therapist management to ensure that all aspects of the role were made clear. The post had been made more attractive and management were ensuring staff would be given a manageable workload. The council were transforming services for older people, improving outcomes and making pathways more efficient. Effective occupational therapists focused on reducing long term costs through improved prevention and the budget was rebalanced to reflect this.

It was suggested that a report regarding the impact of additional recruitment on waiting times for assessment be presented at a future meeting of the Health Scrutiny Committee.

Resolved: That;

1. A briefing note be circulated to the Steering Group reporting on how public complaints would be dealt with effectively under the new arrangements.

2. A report regarding the impact of recruitment of additional occupational therapists on waiting times be presented to a future meeting of the Health Scrutiny Committee.

❖ **Responses to Quality Accounts 2018/19**

The Chair welcomed Oliver Pearson, who explained his role and responsibility for responding to the annual Trusts' Quality Accounts.

It was noted that Healthwatch provided a commentary regarding the appearance of the accounts and how they could be made more user friendly. He also checked if the priorities were correct compared to recent Care Quality Commission (CQC) reports and patient feedback as the accounts should show a clear pathway to improvement. It was stressed that it was important to provide high quality, balanced feedback, including suggestions for improvements for future accounts.

The following positives from the Lancashire Teaching Hospital Foundation Trust Quality Accounts were shared:

- The views regarding priorities matched those of Healthwatch surveys and CQC reports.
- The Chief Executive's statement set the scene, however there were incorrect links to the Trust's intranet site rather than internet.

- The STAR team who carried out checks on wards, however more information regarding who was involved would have been useful. Many trusts invite councillors, lay people, and sometimes carry out mock CQC inspections.
- The appointment of a Director of Continuous Improvement and a Head of Continuous Improvement.
- Comprehensive information regarding the required clinical audits.
- Achievements against delivery of Commissioning for Quality & Innovation (CQUINs). If the Trust achieved certain standards they received additional funding.
- Inclusion of their provision for whistleblowing, required for adherence to a recent change in legislation following the Gosport Inquiry.

Areas that would be highlighted for improvement included:

- The inclusion of complicated graphs that were confusing for members of the public.
- The lack of benchmarking against similar organisations in terms of response times and other areas.

The following positives from the Lancashire Care Foundation Trust Quality Accounts were shared:

- The Trust was working with Northumberland Tyne and Wear NHS Trust, who were rated as excellent.
- The accounts honestly stated what work needed to be done.
- The Trust was looking to improve peer support.

Areas that would be highlighted for improvement included:

- The accounts were too reliant on narrative and needed more visual aids. They were very descriptive, but too wordy to be user friendly.
- The accounts didn't give an idea of the scale of work that needed to be done.
- There was no benchmarking, Healthwatch would suggest this as an addition for next year, alongside the inclusion of charts for comparison purposes.
- The accounts would benefit from more data around staff morale, specifying which services were affected.
- There was no reference to whistleblowing provision, i.e. Freedom to Speak Up and the Gosport Inquiry.

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

- Non-executive directors did play a major role in influencing and challenging the Trust and its executive directors. For example in Morecambe they had undertaken ward inspections with Healthwatch, talking directly to patients, introducing staff from different sites. In terms of non-executive directors giving timely responses, Healthwatch may be able to help make organisations more open, but did not have the power, unlike the Health Scrutiny function to insist on the provision of information. Healthwatch would be pleased to work together with Health Scrutiny and to liaise to make positive changes to the culture of NHS transparency.

- The content that had to be included in the Quality Accounts was statutory and therefore may not necessarily include current local issues such as the closure of Accident and Emergency, the temporary closure of maternity services at Chorley hospital and the Our Health Our Care Programme. However it was confirmed that if Health Scrutiny wanted the inclusion of topical local issues this could be suggested for the 2019/20 accounts and this response would be published.

- It was confirmed that the Quality Accounts for the University Hospitals of Morecambe Bay NHS Foundation Trust were commended as an excellent example of Quality Accounts.

The Steering Group agreed to use the stakeholder Feedback Questionnaire provided by a different Trust as a template for providing a statement to the Quality Accounts.

It was suggested that in view of the discussions held, the clerk could formulate a draft statement for inclusion in the formal statements to the 2018/19 Trusts' Quality Accounts for Lancashire Teaching Hospitals and Lancashire Care Foundation Trust. And for these to be circulated to members of the Steering Group for approval prior to submission.

Resolved: That draft statements be compiled from the points highlighted at the meeting and circulated to the Steering Group for final approval prior to submission.

❖ **Housing with Care and Support Strategy task and finish group request**

Joanne Reed, Head of Service for Policy, Information & Commissioning; Craig Frost, Policy, Information and Commissioning Manager and Julie Dockerty, Policy, Information and Commissioning Senior Manager attended the meeting to respond to any questions raised in relation to the request for a task and finish group to review the Housing with Care and Support Strategy in more detail.

It was reported that the comments raised in the 2 April Health Scrutiny meeting had been discussed with County Councillor Gooch and Louise Taylor, Executive Director of Adult Services and Health and Wellbeing and as a result some revisions to the language of the strategy were being progressed in order to emphasise the strategy would provide more choice. It was also confirmed that it needed to make clear how housing with care and support supports the continuum of need and was not replacing current services. The detail that had been queried at the Health Scrutiny meeting would be included in the delivery of the strategy at a local level. This included engagement with individuals, which would be undertaken at the planning and decision making stage, not at strategy level. The draft strategy had opened up opportunities to discuss a best practice approach with partners. It was noted that case studies had been submitted for modern living and these were circulated for review (copies of which are set out in the minutes). It was clarified that once the strategy had been agreed, the planning stage could take up to 5 years, therefore local engagement would be appropriate at a later stage as needs identified now were likely to change before implementation.

In terms of housing provision a discrepancy had been highlighted between district expectation and actual requirements. A needs analysis at a district and a neighbourhood level would take place and Lancashire County Council would consult with districts on a draft framework for implementation. It was emphasised that the strategy signalled the intent and would inform a range of work strands to ensure the right services were in place at the right time.

Members made the following comments:

- The Scrutiny function would like to have sight of the implementation document that demonstrated how the strategy was working and emphasised the importance of undertaking due diligence for providers expressing an interest.

- In line with the responsibility to support people to live healthy lives, there was a need to plan for those with higher levels of complex needs and options for housing would need to reflect this on an individual level.

- In response to a question it was confirmed that the funding would be from a combination of registered providers and Homes England. It was not anticipated that Lancashire County Council would be required to provide funding. There had been some clarity regarding welfare reforms which had assuaged concern in the development sector for this type of housing, resulting in increased confidence in the market. It was clarified that rental levels for specialist housing was high due to the necessity of individual specifications and therefore there was no cap on housing benefits.

Following a discussion members concluded that it was not appropriate to set up a task and finish group as the strategy was an overarching document, broad in intent and any issues raised would be dealt with at the planning and implementation stage.

Resolved: That

1. The request for a task and finish group to review the Housing with Care and Support Strategy be refused.

2. The Cabinet Members for Adult Social Care and Health and Wellbeing provide assurances to the Health Scrutiny function that closer working relationships are established between the county council and all district councils to ensure provision is in place so that the strategy can be successful.

3. The county council takes every opportunity to respond to district council consultations on their forthcoming local plans to encourage the implementation of the Strategy's intentions.

4. The final approved Housing with Care and Support Strategy be circulated to all members of the Health Scrutiny Committee in May 2019.

5. An update report on the implementation of the Strategy be presented to the Health Scrutiny Committee in 12 months' time.

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

None

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee
Meeting to be held on Tuesday, 14 May 2019

Electoral Division affected: (All Divisions);

Health Scrutiny Committee Work Programme 2018/19
(Appendix A refers)

Contact for further information:
Debra Jones, Tel: 01772 537996, Democratic Services Officer,
Debra.Jones@lancashire.gov.uk

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

1. Note and comment on the report.

2. Note that work programming for 2019/20 municipal year will be undertaken by the Health Scrutiny Steering Group at its meeting scheduled for Wednesday 19 June 2019 at 10:30am.

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.

The work programme for the 2019/20 municipal year will be discussed by the Steering Group at its meeting held on 19 June 2019. All members of the Health Scrutiny Committee are invited to the meeting.

Consultations

N/A

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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
None		

Reason for inclusion in Part II, if appropriate

N/A

Appendix 'A'

Health Scrutiny Committee Work Programme 2018/19

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

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

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

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

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

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- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.

- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.

- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.

- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.

- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.

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

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

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

Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Dementia Strategy	Opportunities and challenges	Committee	Dr Z Atcha, LCC	3 July 2018	The report be noted; and 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.	- Report scheduled for 2 April 2019
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	Dr Gerry Skailes, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs Jason Pawluk, NHS Transformation Unit	3 July 2018, 25 September and 24 September 2019	3 July: The update be noted; Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018;	- Update scheduled for 24 September July 2019

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					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 Public information and education be included in the new model of care for acute services in central Lancashire.	Awaiting response Awaiting response
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	The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted. The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.	- -

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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	The performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) be noted. A written report and action plan on performance against these targets be presented to the Health Scrutiny Committee in 12 months' time	- Update to be scheduled for 10 December 2019

Appendix 'A'

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 and 2 July 2019	The Healthier Lancashire and South Cumbria five year local strategy be presented to the Committee at its meeting scheduled on 24 September 2019.	Scheduled for 2 July 2019
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	The intention to promote the development of more extra care schemes for older adults and flat schemes for younger adults with disabilities be supported.	-

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					The request for a task and finish group to the Health Scrutiny Steering group to review the Housing with Care and Support Strategy in more detail be considered by the Health Scrutiny Steering Group at its earliest convenience. Noted with concern the discrepancies between planned development compared with the estimated units needed.	Completed (Steering Group meeting April 2019) -
Healthy New Towns – Whyndyke Garden Village, Fylde		Committee	Andrea Smith and Andrew Ascroft, Public Health, LCC, Alan Oldfield, Chair of WGV	2 April 2019	The achievements made by collaborative working with partners be acknowledged. In order to support Health in All Policies, the Cabinet Member for Health and Wellbeing give consideration to	- Awaiting response from Cabinet

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					writing to all Lancashire's district councils, except Fylde requesting them to consider: a) Embedding the principles of Home for Life Long Living (adaptable homes standards) into their Local Plans. b) Embedding the ten Healthy Living Principles into future Section 106 Agreements. c) Ensuring that multi-user paths proposed in future developments cover all non-motorised users and also extend to the wider network.	
Social Prescribing	Overview and consultation on social prescribing	Committee	Linda Vernon, Healthier Lancashire and South Cumbria and Michelle	14 May 2019		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
			Pilling, East Lancs CCG			
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, and Andrea Smith, 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 – a) Healthier Lancashire and South Cumbria ICS Five Year Local Strategy and b) Vascular Service Improvement

Appendix 'A'

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	The Health Scrutiny Steering Group recommends that; 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.	Initial update to be presented on 21 November meeting

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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 move to Committee in July	The establishment of the Lancashire and South Cumbria Vascular Programme Board and the progress to date be noted. 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.	- Update to be scheduled for Committee
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	CC G Gooch, Lisa Slack and Sumaiya Sufi, LCC And Blackpool CCG, NWAS representatives	21 November and	The formal response be noted. 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.	- Report scheduled for 20 February 2019

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
				20 February 2019 (10:30)	The joint response be noted.	-
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	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	- Scheduled for Steering Group in 17 April

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
				and 17 April 2019	when draft Quality Accounts are received and the deadline with which to respond. That draft statements be compiled from the points highlighted at the meeting and circulated to the Steering Group for final approval prior to submission.	Statements issued to the Trusts
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

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
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	A briefing note be circulated to the Steering Group reporting on how public complaints would be dealt with effectively under the new arrangements. A report regarding the impact of recruitment of additional occupational therapists on waiting times be presented to a future meeting of the Health Scrutiny Committee.	To be requested – date to be confirmed To be scheduled
Housing with Care and Support Strategy task and finish group request	Consider request for a task and finish group to review the strategy	Steering Group	-	17 April 2019	The request for a task and finish group to review the Housing with Care and Support Strategy be refused. The Cabinet Members for Adult Social Care and Health and Wellbeing provide assurances to the Health Scrutiny function	- Awaiting response from Cabinet

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
					that closer working relationships are established between the county council and all district councils to ensure provision is in place so that the strategy can be successful.	
					The county council takes every opportunity to respond to district council consultations on their forthcoming local plans to encourage the implementation of the Strategy's intentions.	Awaiting response from Cabinet
					The final approved Housing with Care and Support Strategy be circulated to all members of the Health Scrutiny Committee in May 2019.	To be received
					An update report on the implementation of the Strategy be presented	To be scheduled

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
					to the Health Scrutiny Committee in 12 months' time.	
Head and neck	Improving quality and access to head and neck services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	14 May 2019 (2:30)		
Care For You: Transforming hospital services and care for people in Southport, Formby & West Lancs	Consultation	Steering Group	Silas Nicholls, Southport and Ormskirk Hospital Trust	14 May 2019 (1:30)		
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		
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 – Children's Services Scrutiny Committee		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
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	• Sexual Health • Advocacy Services • Learning, disability and autism: Enablement • Older persons in-house residential services: self-funder fees • Extra sheltered care services	Briefing note	Neil Kissock/Richard Hothersall, LCC	-		Briefing note received and circulated to members
2019/20						
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 – 19 June 2019? tbc		

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Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Work programming workshop	workshop on the priorities of the ICS and work programming	Steering Group with open invite to Committee	Healthier Lancashire and South Cumbria and Healthwatch?	19 June 2019 tbc		
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	17 July 2019 (11:30am)		
Our Health Our Care	Update on the future of acute services in central Lancashire	Steering Group	Jason Pawluk, NHS Transformation Unit	17 July 2019 (10:30am)		
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	September/November 2019?		

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

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- 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)