

Care, Support and Wellbeing of Adults in Lancashire

OUR VISION

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

We are working to ensure people in Lancashire are:

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

OCTOBER 2018

Foreword

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

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

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

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

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

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

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

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

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

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

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

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

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



Graham Gooch, Cabinet Member for Adult Services

Shaun Turner, Cabinet Member for Health and Wellbeing

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

1. Context

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

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

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

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

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

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

Responding to changing demand

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

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

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

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

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

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

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

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

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

Keeping you independent and well

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

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

Lancashire Wellbeing Service

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

Assistive Technology – Telecare

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

Market Shaping – our Market Position Statement

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



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

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

Digital offer for help, advice and guidance

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

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

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

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

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

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



Keeping you independent and well

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

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

Telling your story once – using 'Trusted Assessors'

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

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

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

Safeguarding

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

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

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

Getting people home from hospital - Home First

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

Helping people to get back on their feet - Reablement

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

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

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

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

Night-time support service

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

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

Keeping you independent and well

Adaptations and equipment for people's homes

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

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

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

Finding a Care Home Bed

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

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

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

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

Housing for Care

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

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

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

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



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

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

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

Neighbourhood Working

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

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

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

Our Workforce

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

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

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

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

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

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

Fostering for Adults - Shared Lives

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

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

Support for people in their own home – Home Share

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

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



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

Working with the voluntary, faith and community sector

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

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

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

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

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

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

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

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

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

Building Great Relationships

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

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

Improving how we work

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

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



Our values

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

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

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

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

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

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



Working ‘smarter’ with our partners

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

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

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

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

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

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



Working 'smarter' with our partners

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

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

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

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

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

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

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

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

So What Does All of This Mean

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

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

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

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

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



Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



