

Appendix 1

Health & Wellbeing Strategy Programme Update

Programme Name: Starting well		
Area of work / action	Progress update	Programme Leads Notes
Delivery of the Children and Young People's Plan	<ul style="list-style-type: none"> ▪ Children and Young People's Plan Performance Scorecard(Appendix A) provides an overview of the key performance measures in the Children and Young People's Plan for quarter 1 ▪ There is good progress against Priority 2 (to do well) but a number of indicators in Priority 4 (to be healthy) have worsened ▪ There is no reporting against the priority 5 (to be listened to). This is a new priority and metrics, baselines and targets are in development 	The Lancashire CYP Trust Board meets on 25 September 2014 and a key part of the agenda will be focussed on improving health outcomes for children and young people
Develop links between HWB Partnership and new local children's Partnership arrangements	<ul style="list-style-type: none"> ▪ New arrangements have been agreed by the Lancs CYP Trust and the LSCB for the local delivery of the Children and Young People's Plan and the oversight of safeguarding practice and arrangements 	<p>12 District Trust and 3 Locality Safeguarding Children Groups have been disestablished</p> <p>5 Children's Partnership Boards (CPBs) have been established and will meet for the first time in October</p> <p>Terms of Reference for the CPBs include a remit to formalise links with the local HWB Partnership</p>
To provide clarity and develop coherence across those key strategic partnerships that improve outcomes for children, adults and families	<ul style="list-style-type: none"> ▪ Proposals have been developed that will seek to improve understanding across key strategic partnerships ▪ 	<p>These proposals will be shared, for agreement, across the governance structures of the strategic partnerships highlighted:</p> <ul style="list-style-type: none"> ▪ Lancashire Children's Safeguarding Board ▪ Lancashire Adult Safeguarding Board ▪ Community Safety Strategy Group ▪ Health and wellbeing Board ▪ Lancashire Children and Young People's Trust ▪ Corporate Parenting

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Board

Programme Leads summary

Below is a summary of some key areas of focus:

Integrated Inspection Framework - the CYP Trust submitted a consultation response to proposals for new integrated inspection arrangements from April 2015 which will include the following inspectorates: Ofsted; CQC; Probation; Prisons; Constabulary. The response supported the principle of an integrated inspection but questioned some of the detail around implementation.

Workforce Development – the CYP Trust Board will agree a new framework on 25 September 2014 for the development of the children's workforce which will prioritise activity around three key strands – prevention, early help and maximising resources

Health Visiting and Family Nurse Partnerships – supporting the transition from October 2015 of 0-5 services to public health and how this provision will support the delivery of a prevention and early help offer to families

Prevention and Early Help – continuing to embed district early help panel arrangements, respond to areas of improvement identified through the early help thematic inspection and develop our collective understanding of early help and the multi agency response

Child Sexual Exploitation – the LSCB is leading work to consider the Rotherham report and any implications for Lancashire

Children in Need – refining our understanding of Children in Need and the service offer available

Summer holiday activities – the CYP Trust co-ordinated a programme of activities in July and August. Tens of thousands of children and young people participated and the programme was specifically promoted to the most vulnerable families. A full evaluation will be available in October.

Special Educational Needs and Disability (SEND) Reforms – from 1 September as part of the Children and Families Act 2014, implementation includes new Education, Health and Care Plans and the development of a Lancashire Local Offer which provides information about support and service for children with SEND.

Key risks

Embedding Liquidlogic Children's System – a new electronic social care monitoring, recording and reporting tool

Performance of key children and young people's health measures and an ongoing concern around Child and Adolescent Mental Health Services

In addition, there are a number of indicators that are considered as potential key lines of enquiry for any future safeguarding inspection:

- Re-referrals to children's social care within 12 months of previous referral
- Rate of Initial Assessments per 10,000
- Care leavers in Suitable Accommodation
- Care leavers in Education, Employment and Training
- Children Looked After with 5 GCSEs A* - C inc Eng & Maths
- Children in Need – Persistent Absence
- Children in Need – Fixed Term Exclusions
- Children in Need – KS2 – 4: Expected Progress in Eng
- Average time from child entering care to moving in with adoptive family (days)
- Average time from local authority receiving court decision to place child and deciding on the match
- Children waiting less than 20 months between entering care and moving in with adoptive family
- Adoptive families matched to child who waited more than 3 months to being matched

Programme Name: Living Well		
Area of work / action	Progress update	Programme Leads Notes
Develop a work programme with registered social landlords to address health inequalities	Meeting with key stakeholders to scope main areas for collaboration and intervention planned for November 2014.	Event planned.
All partner organisations to maximise opportunities for workstart and apprenticeships	Baseline and update data not currently available across all organisations.	Need consensus from HWB members about how this information will be collected. Request that all members of the Board identify a point of contact for this element of the workstream within the organisation(s) they represent.
Develop a multi-agency work programme to address premature mortality	<p>Hospital Mortality Work is ongoing to support East Lancashire CCG to undertake an audit of deaths which occur within 30 days of discharge from hospital, with a view to making wider recommendations for better integration of services to support discharge from hospital. Similarly work is under consideration with Fylde & Wyre CCG to audit hospital deaths from stroke, with a view to making recommendations for improving quality or care for stroke patients. There is also work ongoing with AQUA (Advancing Quality Alliance) to support a hospital mortality collaborative in the North West with a view to sharing learning and best practice. Learning shared with the QSG to spread good practice across other CCG areas.</p> <p>Screening and Immunisation A paper is being presented to the HWB recommending that it seeks regular assurance from NHS England and PH England on performance of all screening and immunisation programmes.</p> <p>Health Checks Increasing uptake through community and workplace settings - pilot ongoing, with full procurement planned; through primary care by commissioning of a local improvement service from community pharmacy; through general</p>	<p>Work is progressing well.</p> <p>A county wide lead for this element of the workstream will be identified, so that learning and best practice is disseminated.</p>

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	<p>practice by CCG engagement, training and support with a specific focus on targeting high risk groups and areas of higher deprivation; through communications campaign to increase public awareness and uptake.</p> <p>Performance A monitoring system has been developed to measure local trends in premature mortality at county and district level. Work is also ongoing to capture health and wellbeing outcomes delivered through locally commissioned healthy lifestyle services, which are key to preventing ill health.</p>	
Housing authorities (district councils) be requested to consider opportunities for the use of selective licensing arrangements to improve the quality of privately rented housing, working with the local health & wellbeing partnerships as appropriate	<p>Once the draft minutes of the meeting are agreed, the programme lead to contact the housing authorities to advise them of the request, and also raise awareness of the local health and wellbeing partnerships of potential involvement.</p> <p>This is also an agenda item for the next district officer Health Leads group in November 2014.</p>	Will be progressed after October meeting of HWB.
Programme Leads summary		
To date there has been activity across this programme although some areas of work require acceleration. Some further capacity has been identified as other areas of work are completed.		
Key risks		
Risk: The potential of interventions are not realised due to capacity of partner organisations to progress. Control measure: activity undertaken needs to be targeted and proportionate.		
Risk: Commitment of partners to the areas of work may be variable. Control measure: members of the Board to act as champions for implementation of relevant actions within their organisations, and to identify key contacts.		

Programme Name: Ageing Well		
Area of work / action	Progress update	Programme Leads

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		Notes
<p>Early identification: For partners to routinely come together at both a population, neighbourhood and GP practice level and by using a wide range of risk assessment tools (both in relation to health conditions and well-being indicators) to identify those people at current and future risk if adverse impacts on their health and well-being.</p>	<ul style="list-style-type: none"> • Risk identification is a key element of the Better Care Fund Plans submitted 19 September 2014. • Neighbourhood team development is gathering pace in all areas of Lancashire as operational plans to reduce risk of admissions start to be implemented. • In Fylde & Wyre there is a programme of work in partnership with Blackpool to develop an 'Extensivist' model of support to those most at risk. The clinical blueprint for work to establish the team on a pilot basis in Lytham has just been agreed and so is at a very early stage. • In Lancaster there is joint work with the District Council to prepare a bid for an approach targeting those at risk in poor private tenancies. Data from the sector has been overlaid with health deprivation and social care data to potentially target those households at risk. • Healthier Lancashire Partners are awaiting the outcome of a Tech Fund bid to resource a web-based data-sharing platform that will allow key individual information to be shared. • In Preston, Chorley & South Ribble GP surgeries across this footprint have gone live on using risk stratification, Multi-Disciplinary neighbourhood team meetings, at a GP footprint, focus on citizens who are most at risk of admission and those who may be a future risk and can benefit from low level support and intervention, delivered through a form of local area coordination (Connect4Life), harnessing local community assets. The Local Area Coordination offer is established in each GP led integrated team. 	<p>Most of the development is currently at a neighbourhood level via the development of neighbourhood teams. Risk stratification tools are being utilised to identify the needs profile of the population to help inform the shape, make-up and focus of the neighbourhood teams. Increasingly there is a recognition that this needs to extend beyond clinical risk indicators to looking at social factors.</p>

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	<ul style="list-style-type: none"> • There is similar activity and outputs in West Lancashire, through the 'Care Closer to Home' transformation programme, which includes the Sefton ICO. Integrated neighbourhood teams are live in 12 of the 26 GP sites, with activity increasing month on month. 	
<p>Connectivity/Navigation: For all areas of Lancashire all older people should have robust access to people who can connect/navigate/support people to the information and advice, community networks, and voluntary, community and faith sector assets where they need this support. This is much more than "signposting", but allows the opportunity to build a relationship to get to know someone, explore the things that matter to someone and tailor makes a plan that achieves some personal goals. Although time limited, and designed to support rather than create dependence, the support would follow up and checks the differences made to enhanced quality of life.</p>	<ul style="list-style-type: none"> • LCC is currently developing an Integrated Wellbeing Service (IWS) to support people to maintain health, wellbeing and independence, and to connect to the health and wellbeing assets that are in their community. This will align with the Health and Wellbeing Strategy across the life course particularly with regard to Living Well and Ageing Well. • In Preston, Chorley, South Ribble and West Lancashire a form of Local Area Coordination (Connect4Life) has been developed across GP practice and Neighbourhood team arrangements. Over 400 referrals in the past 4 months, reducing social isolation, linking and connecting people to sustainable activities and groups that help to keep them safe and well. • In the East the Building Resilience programme of work is focused on community asset development and linking people identified by other services, G.Ps and Wellbeing workers into their local community. The Job spec for GP link workers is just being developed and will compliment but not duplicate the IWS wellbeing workers, there is intended investment in time banking and connecting communities approaches. 	<p>The Better Care Fund plans across Lancashire recognise the need for more active support to connect those people at risk to the rich asset base in neighbourhoods. Whilst directories, self-serve information etc. is essential as part of the shift to "self-management" across the system, it needs to respond to those who are unlikely to engage with support.</p>
<p>To declare Lancashire as a Dementia Friendly</p>	<ul style="list-style-type: none"> • Local health & Wellbeing Partnerships across Central locality 	

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County:
Dementia-Friendly Communities (whether cities, towns, villages or streets) do as much as possible to remove the barriers to everyday living that people with dementia and their carers face. They also help people with dementia to make the most of their own capabilities, encouraging them and including them in what is going in the community.

- have had presentations on Dementia Friends initiatives, with a view of incorporating this action within their local plans.
- Presentations have been made to Elected Members
 - Health Advocate Training programme in April and in September 2014
 - The South Asian Dementia Friendly capacity building and community awareness pilot programme for East Locality is being implemented, targeting both community and faith settings. Findings to be linked to proposed revision of locality strategy for 2015
 - Central & West Lancashire have a new website and have launched 4 short films titled 'Life with dementia' to showcase and to provide information about the range of supports and services available.

Please find the link to the website:
www.lifewithdementia.org

- In the North of Lancashire a number of Dementia Friends sessions coordinated and facilitated by LCC staff who are Dementia Champions have been organised
- To date in excess of 130 staff have become Dementia Friends. In North Lancashire and Fylde and Wyre LCC staff are participating in and supporting the development of the creation of Dementia Friendly communities. Lancaster currently being led by Age UK, Wyre by Wyre Borough Council, Fylde by local MP and the Borough Council.
- In Morecambe, with a significantly high older population the focus has been businesses, shops, community resources etc. signing up and participating

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To reduce social isolation/loneliness in Lancashire Communities.

- Unfortunately, the Big Lottery bids from Lancashire (East Lancs and Wyre) to address loneliness have been unsuccessful. However, a lot of work across the County is still progressing to address loneliness and isolation. The challenge is to identify those at risk and supporting them prior to the loneliness having an impact on their overall Health & Wellbeing. It is intended that the new Health & wellbeing Service mentioned above along with risk stratification will lead to those on the brink of isolation to be identified and supported effectively.

Currently LCC is investing in a range of community based services and provision to support vulnerable people to develop their community networks to help reduce social isolation/loneliness and build community resilience, these include Help Direct, Connect for Life, the East Lancashire Befriending service and the East Lancashire Clinical Commissioning group funded building individual and community resilience programme

Social isolation is a key risk being discussed at GP level multi-disciplinary team meetings and is a key area that the asset-based approaches can address. As well as people living alone, risk stratification and data sharing can potentially highlight those people recently bereaved, retired or unemployed.

Programme Leads summary

Overall all 3 Breakthrough Outcomes are progressing well. Neighbourhood working is continuing to develop across the county, which is leading to identifying more and more individuals most at risk. As the Better Care Fund working principles come into force, this activity will be strengthened and systematised. Support mechanisms for those at risk are in place across the county, and access/navigation/support to the asset based is now being structured into the system. This is a key element of the Health and Well-being Framework and is being structured into infrastructure of integrated neighbourhood working.

Dementia Friendly Lancashire work across the County is progressing well, with some very good examples and commitment to this particular issue. This work does however require a multi-agency input and support across the county. This will be developed with the Health & Wellbeing Partnerships.

It was disappointing that the Lancashire "loneliness in older people" Big Lottery bids were not

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successful. However, this has not deterred the efforts from partners across the county to continue the good work in this area. Again this work will be developed further with the Health & Wellbeing Partnerships.

Key risks

There is a high risk of duplication of effort and initiatives as localities seek implement the priorities. Work on directories, IT solutions, risk assessment tools and individual core data sets needs to be coordinated and communicated to people on the ground.

The benefits and impacts of the community assets in reducing isolation and improving well-being will not be realised if clear navigation capacity is not built into and funded as part of the neighbourhood infrastructure