



Lancashire Health and Wellbeing Board  
Tuesday, 3 November 2020, 2.00 pm,  
Virtual Meeting - Teams

**AGENDA**

**Part I (Open to Press and Public)**

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>1. Welcome, introductions and apologies</b>	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
<b>2. Disclosure of Pecuniary and Non-Pecuniary Interests</b>	Action	Members of the Board 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.	Chair		
<b>3. Minutes of the Last Meeting held on 8 September 2020</b>	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 6)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>4. Action Sheet and Forward Plan</b>	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 7 - 10)	
<b>5. Lancashire Health and Wellbeing Board - SEND Sub-Committee</b>	Action	To receive an update from the SEND Sub-Committee and to agree the revised Terms of Reference.	Sarah Callaghan	(Pages 11 - 42)	2.10pm
<b>6. Blackburn with Darwen, Blackpool and Lancashire Child Death Overview Panel Annual Report 2019-20</b>	Update	To note the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) during 2019/20, which includes key findings from child death data, progress made on last year's recommendations (2018/19), partnership achievements, and priorities and recommendations for 2020/21.	Ruksana Sardar-Akram	(Pages 43 - 46)	2.30pm
<b>7. Integration Care Fund and Winter Grant Spending Plan 2021/2021</b>	Information	To note the agreed spending plan for the COVID-19 Grant and Winter Pressures grant and the additional winter capacity Lancashire County Council's funding model.	Louise Taylor	(Pages 47 - 50)	2.50pm
<b>8. Adult Social Care Winter Plan 2020/21</b>	Information	To note the report which provides details of the Lancashire County Council Adult Social Care winter plan for 2020-21 and the additional capacity that will be mobilised to meet the anticipated demand.	Sue Lott	(Pages 51 - 80)	3.20pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>9. Lancashire COVID-19 Outbreak Management Update</b>	Information	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi	(Verbal Report)	3.50pm
<b>10. Urgent Business</b>	Action	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 Members' intention to raise a matter under this heading.	Chair		4.20pm
<b>11. Date of Next Meeting</b>	Information	The next scheduled meeting of the Board will be held on Tuesday, 19 January 2021 at 2pm, format to be confirmed.	Chair		4.25pm

L Sales  
Director for Corporate Services

County Hall  
Preston



## **Lancashire Health and Wellbeing Board**

### **Minutes of the Meeting held on Tuesday, 8th September, 2020 at 2.00 pm in Teams Virtual Meeting**

#### **Present:**

#### **Chair**

County Councillor Shaun Turner, Lancashire County Council

#### **Committee Members**

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG  
County Councillor Graham Gooch, Lancashire County Council  
County Councillor Phillippa Williamson, Lancashire County Council  
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council  
Sarah Callaghan, Education and Skills, Lancashire County Council  
Kirsty Hollis, East Lancashire CCG  
Sam Proffitt, Lancashire Care Foundation Trust  
Gary Hall, Lancashire Chief Executive Group  
Stephen Ashley, LCSAP, LASB  
Councillor Bridget Hilton, Central Lancashire, Lancashire Leaders Group  
Councillor Jayne Nixon, Fylde Coast, Lancashire Leaders Group  
Councillor Jackie Oakes, East Lancashire, Lancashire Leaders Group  
Councillor Margaret France, Central Health and Wellbeing Partnership  
Greg Mitten, West Lancashire Health and Wellbeing Partnership  
Adrian Leather, Third Sector  
Stephen Spencer, Housing Providers

#### **Apologies**

Dr Sakthi Karunanithi	Public Health, Lancashire County Council
Stephen Young	Growth, Environment, Transport and Community Services, Lancashire County Council
Dr Geoff Jolliffe	Morecambe Bay CCG
Dr Peter Gregory	West Lancashire CCG
Karen Partington	Lancashire Teaching Hospitals Foundation Trust
Councillor Viv Willder	Fylde Coast, Lancashire Leaders Group
David Russel	Lancashire Fire and Rescue Service
Clare Platt	Health Equity, Welfare & Partnerships

#### **1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting.

Apologies were noted as above.

A New Board Member was welcomed to the meeting:

- Cllr Jackie Oakes replacing Cllr Steve Hughes, East Lancashire, Lancashire Leaders Group

Replacements for the meeting were as follows:

- Denis Gizzi for Dr Lindsey Dickinson, Chorley and South Ribble CCG and Dr Sumantra Mukerji, Greater Preston CCG
- Sarah Callaghan for Edwina Grant, OBE, Lancashire County Council
- Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group
- Stephen Spencer for Tammy Bradley, Housing Providers

Additional apologies were received from Blackburn with Darwen Council

- Dominic Harrison

## **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

There were no disclosures of interest in relation to items appearing on the agenda.

## **3. Minutes of the Last Meeting held on 21 July 2020**

**Resolved:** That the Board agreed the minutes of the meetings held on 21 July 2020.

## **4. Action Sheet and Forward Plan**

**Resolved:** That the action sheet and forward plan was noted.

## **5. Lancashire Special Educational Needs and Disabilities (SEND) Partnership – SEND Inspection Re-visit**

Sarah Callaghan, Director of Education and Skills, Lancashire County Council and Hilary Fordham, Chief Operating Officer, Morecambe Bay Clinical Commissioning Group introduced the item.

Lancashire local area Special Educational Needs and Disabilities services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

Partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action. The Written Statement of Action was subsequently updated and progress on the implementation of these actions monitored by the Department for Education (DfE) and NHS England. Progress has been reported regularly to the SEND Partnership Board and the Health and Wellbeing Board.

An inspection revisit by Ofsted and the Care Quality Commission (CQC) took place in February and March 2020; the report was published on 5 August 2020 and circulated to members of the Board on the same day which set out that of the 12 areas of significant concern, seven the inspectors believed, had been sufficiently addressed and five still remained with some issues outstanding. The areas where there had been sufficient progress made included the strategic leadership and vision across the partnership, engagement with parents and carers, although it is always acknowledged that there is more to do on that particular agenda and the quality of the Education, Health and Care plans with further details included in the report which was circulated with the agenda.

For the five areas where sufficient progress had not been made, there is an expectation to produce an Accelerated Progress Plan which will be submitted to the Department for Education/NHS England (DfE/NHS(E)) on 28 September 2020. Due to the tight timescales to prepare, the plan is currently in development and a working draft was attached to the report circulated with the agenda. This Plan will be formally monitored by the Department for Education/NHS England (DfE/NHS (E)) and progress reported to the SEND Partnership Board and Health and Wellbeing Board.

The five areas where sufficient progress had not been made were:

- (i) Leaders understanding of the local area – the inspectors felt that progress had been made, although there were still some issues with sufficiency of data and ensuring that it is utilised to make the correct decisions for the benefit of Lancashire's children and young people.
- (ii) Weak joint commissioning arrangements – again this reflects some of the issues around the data provision and the need to appropriately monitor the Services that are commissioned.
- (iii) The absence of effective diagnostic pathways for young people on the Autistic spectrum disorder – the inspectors felt that it had been addressed at primary level which was the diagnostic pathway itself, however it was found that there were some long waiting lists in some parts of the County and these will now have been exacerbated by the COVID-19 pandemic.
- (iv) Poor transitions from Children's Services to Adult Services within Health Care. This area was acknowledged as part of the introduction to the inspection that more needed to be done.
- (v) Inaccessibility of the Local Offer – again work has been done to develop a revised Local Offer and work has been undertaken with parents and carers around that, however the feedback to the inspectors was that it still was not sufficiently accessible for parents and carers.

For each of the five areas which require monitoring due to sufficient progress not being made, there needs to be an Accelerated Progress Plan and it is essential going forward, to be able to demonstrate clear key performance indicators (KPIs) which evidence that the actions being taken are having a significant impact on the lived experience of children and young people who are accessing the service. Further details of the targets can be found in the Accelerated Progress Plan for each of the five areas.

As the accountable body for the Accelerated Progress Plan it is proposed that the Health and Wellbeing Board establish a formal sub-committee to ensure robust oversight of the Plan on behalf of the Board, so that progress achieved to date is maintained. The formal sub-committee has powers delegated to it by this Board.

Following discussions it was:

**Resolved:** That the Health and Wellbeing Board:

- (i) Noted receipts of the report from Ofsted/Care Quality Commission following the joint area SEND inspection re-visit;
- (ii) Considered the draft Accelerated Progress Plan to address the five areas where it has been judged that sufficient progress has not yet been achieved;
- (iii) Established a sub-committee of the Health and Wellbeing Board and Terms of Reference to scrutinise the progress on the implementation of the Plan and the associated Key Performance Indicators.

## **6. Lancashire COVID-19 Outbreak Management Update**

In the absence of Dr Sakthi Karunanithi, Director of Public Health, the Chair of the Lancashire Outbreak Engagement Board provided a brief current situation report on the Lancashire COVID-19 outbreak.

It was reported that the current situation is deteriorating slightly both locally and nationally, particularly with areas in East Lancashire and Preston showing high rates of infections. Discussions are taking place locally on how to ease lockdown fatigue and prevent confusing messages and ensure that the people of Lancashire are supported in understanding the messages to restrict a further rise in cases. When requested, Dr Sakthi Karunanithi provides recommendations for Lancashire, with Central Government having the ultimate decision on what restrictions are put in place for Lancashire.

A brief update from the Lancashire Resilience Forum was that we are currently in a place where behaviour has changed so inevitably the virus will spread and it is about ensuring the basics are maintained – socially distancing, act reasonably, wash hands and continue to protect the vulnerable as their risk increases when the virus increases. We are in a better place with the majority of people following guidance and behaviours have changed since the start of the outbreak. The key area of work now is winter preparation and how are the more vulnerable protected along with the NHS.

Concerns were raised regards people in care homes, particularly those with Dementia and who can visit them and a request has been made to the Director of Public Health to provide some guidance on this which will then be shared with service providers in the care homes.

**Resolved:** The Board noted the update.

## **7. Urgent Business**

There was no urgent business received.



**8. Date of Next Meeting**

It was noted that the next meeting of the Board would take place on 3 November 2020 with the format of the meeting to be confirmed.

L Sales  
Director of Corporate Services

County Hall  
Preston



**Lancashire Health and Wellbeing Board**

**Actions, September 2020**

<b>Action topic</b>	<b>Summary</b>	<b>Owner</b>
<b>Lancashire Special Educational Needs and Disabilities (SEND) Partnership – SEND Inspection Re- visit</b>	The Board agreed: <ul style="list-style-type: none"><li>• To note receipts of the report from Ofsted/Care Quality Commission following the joint area SEND inspection re-visit;</li><li>• To consider the draft Accelerated Progress Plan to address the five areas where it has been judged that sufficient progress has not yet been achieved;</li><li>• That a sub-committee of the Health and Wellbeing Board would be established and Terms of Reference to scrutinise the progress on the implementation of the Plan and the associated Key Performance Indicators.</li></ul>	HWBB  HWBB  Sarah Callaghan/ Democratic Services



**Lancashire Health and Wellbeing Board**

**Forward Planner**

<b>Date of Meeting</b>	<b>Topic</b>	<b>Summary</b>	<b>Owner</b>
January 2021	Voluntary Community and Faith Sector Strategy	To receive the VCFS Strategy.	Lynne Johnstone
January 2021	Lancashire COVID-19 Outbreak Management Update <b>(Standing Item)</b>	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi
January 2021	Adult Community Learning Supporting Primary Care Networks and Social Prescribing	To launch the Memorandum of Understanding	Sarah Howarth/Dr Sakthi Karunanithi
January 2021	Individual Patient Activity Programme	To receive the Individual Patient Activity Programme Board report from the Joint Commissioning Clinical Commissioning Group.	Jerry Hawker
January 2021	Lancashire Health and Wellbeing Board – SEND Sub-Committee <b>(Standing Item)</b>	To receive an update from the SEND Sub-Committee.	Sarah Callaghan
TBC	Review Fylde Coast Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC

**Joint HWBB Meetings – Pan Lancashire**

TBC	ICP/ICS Strategy	To consider the strategy.	Amanda Doyle/Andrew Bennett
TBC	Commissioning Reform in Lancashire and South Cumbria – A Case for Change	To receive a report on the Commissioning Reform.	Louise Taylor



## Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 3 November 2020

### Update and the Revised Terms of Reference of the Health and Wellbeing Board - Special Educational Needs and Disabilities (SEND) Sub-Committee

(Appendices 'A' and 'B' refers)

Contact for further information:

Sarah Callaghan, Director of Education and Skills, Lancashire County Council,

Tel: 01772 538840, [sarah.callaghan@lancashire.gov.uk](mailto:sarah.callaghan@lancashire.gov.uk)

#### Executive Summary

Lancashire local area Special Educational Needs and Disabilities services were revisited by Ofsted and the Care Quality Commission (CQC) in February and March 2020; the report was published on 5 August 2020 and circulated to members of the Board on the same day. The report concluded that of the initial twelve areas of concern, seven had now made sufficient progress and no longer require monitoring.

For the five areas where further work is required an Accelerated Progress Plan (Appendix 'A') was submitted to the Department for Education (DfE) on 29 September 2020, following approval received from the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub-Committee at its inaugural meeting on 24 September 2020. This Plan will be formally monitored by the Department for Education/NHS England and progress reported to both the Special Educational Needs and Disabilities (SEND) Partnership Board and Health and Wellbeing Board.

In addition, following a review of the Terms of Reference at the initial Special Educational Needs and Disabilities Sub-Committee meeting on 24 September 2020, this report also proposes changes to the Terms of Reference for the Sub-Committee as set out at Appendix 'B'.

#### Recommendations

That the Health and Wellbeing Board:

- (i) Note the Accelerated Progress Plan (APP) submitted to the Department for Education (Appendix 'A') to address the five areas where it has been judged that sufficient progress has not yet been achieved;
- (ii) Note the establishment of the Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board, which met for the first time on 24 September 2020;
- (iii) Receive a verbal update on the progress of actions in the Accelerated Progress Plan due to be completed at the end of October 2020.
- (iv) Approve the revised Terms of Reference for the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities Sub-Committee as set out in Appendix 'B'.

## **Background**

### **Accelerated Progress Plan for Special Educational Needs and Disabilities services across Lancashire**

The local area was required to submit an Accelerated Progress Plan to the Department for Education Special Educational Needs and Disabilities Intervention Unit, setting out the action leaders will take over the next six to twelve months, the milestones to assess progress and the key performance measures to demonstrate impact.

The Accelerated Progress Plan was submitted on 29 September 2020 using the required format, following consideration by a range of governance forums and scrutiny by the newly established Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board. At the time of writing this report formal feedback from the Department for Education on the Accelerated Progress Plan is awaited.

The Accelerated Progress Plan will be monitored monthly by the Special Educational Needs and Disabilities Operations Group and progress will be reported to the Special Educational Needs and Disabilities Partnership Board and the Health and Wellbeing Board. The Department for Education case lead for Lancashire will attend a meeting of the Special Educational Needs and Disabilities Operations Group every six weeks.

The Accelerated Progress Plan will be presented recurrently to the Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board for scrutiny and challenge. At the first meeting of the Special Educational Needs and Disabilities Sub-Committee it was agreed that a baseline position for each of the five areas of improvement be presented to facilitate this process. A required outcome of the activity which is taking place to improve leaders' view of the local area is to create a data dashboard; this will be shared and reported against at Special Educational Needs and Disabilities Sub-Committee meetings.

The Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board will consider the progress and impact at its meeting in December 2020 prior to the next meeting of the Health and Wellbeing Board and all subsequent meetings.

Progress on the Accelerated Progress Plan will be reviewed formally by the Department for Education and NHS England/Improvement (E/I) after six months and twelve months; there will be no further Ofsted/Care Quality Commission revisit inspections.

A verbal update on the progress of actions in the Accelerated Progress Plan, due to be completed at the end of October 2020, will be shared at the meeting. These relate to the remaining five areas where further action is required to:

- Continue to improve the understanding of the local area
- Further develop and evaluate the commissioning arrangements
- Improve the effectiveness of the new neuro-developmental pathway
- Improve transition arrangements in 0 to 25 healthcare services
- Implement the changes to the Local Offers.



## Revised Terms of Reference

At its meeting on 8 September 2020, the Lancashire Health and Wellbeing Board approved the establishment of the Special Educational Needs and Disabilities Sub-Committee, and agreed its Terms of Reference which detailed membership as follows:

- Lancashire County Council Cabinet member for Health and Wellbeing
- Lancashire County Council Cabinet member for Children and Young People
- Two Non-Executives from the Joint Committee of the Clinical Commissioning Groups (CCG)
- Chief Operating Officer Morecambe Bay Clinical Commissioning Group (responsible lead officer for Special Educational Needs and Disabilities)
- Lancashire County Council Director of Education and Skills (responsible officer for Special Educational Needs and Disabilities services)

Following the inaugural meeting of the Sub-Committee held on 24 September 2020, it reviewed the Terms of Reference and agreed to recommend that the Chief Operating Officer Morecambe Bay Clinical Commissioning Group (responsible lead officer for Special Educational Needs and Disabilities) and Lancashire County Council Director of Education and Skills (responsible officer for Special Educational Needs and Disabilities services), be removed from the Sub-Committee membership. The reason for this decision was that these members will be held accountable to the decisions being made by the Lancashire Health and Wellbeing Board and its Sub-Committee, which would not be possible if they were part of the membership.

Therefore, it is proposed that the membership of the Sub-Committee be revised as follows:

- Lancashire County Council Cabinet member for Health and Wellbeing
- Lancashire County Council Cabinet member for Children and Young People
- Two Non-Executives from the Joint Committee of the Clinical Commissioning Groups

In addition it is proposed that the Quorum for the Sub-Committee would remain as three comprising of at least one County Councillor and one NHS Non-Executive members. A copy of the revised Terms of Reference for the Sub-Committee is attached at Appendix 'B'.

## List of background papers

*Report from Ofsted/CQC following the [Joint area SEND revisit in Lancashire](#)*



## Lancashire Local Area - Accelerated Progress Plan for SEND following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

<b>Name of the Local Area</b>	Lancashire
<b>Date of Inspection</b>	Notification 24 March 2020 Inspectors on site 9 - 12 March 2020
<b>Date of Publication of the Revisit report</b>	Delayed due to CoViD-19 – PUBLISHED 05/08/20
<b>Accountable Officers from the LA and CCG</b>	Edwina Grant OBE, Executive Director of Education and Children's Services, Lancashire County Council (Lancashire SEND Partnership Board Vice Chair)  Dr Julie Higgins, Joint Chief Officer with responsibility for SEND, BwD and East Lancs Clinical Commissioning Group (Lancashire SEND Partnership Board Chair)
<b>DfE and NHSE Advisers</b>	Cath Hitchin, SEN and Disability Professional Adviser, Department for Education (DfE)  Glenn Harrison, Senior Clinical Manager NHS England and NHS Improvement – North West Lancashire and South Cumbria

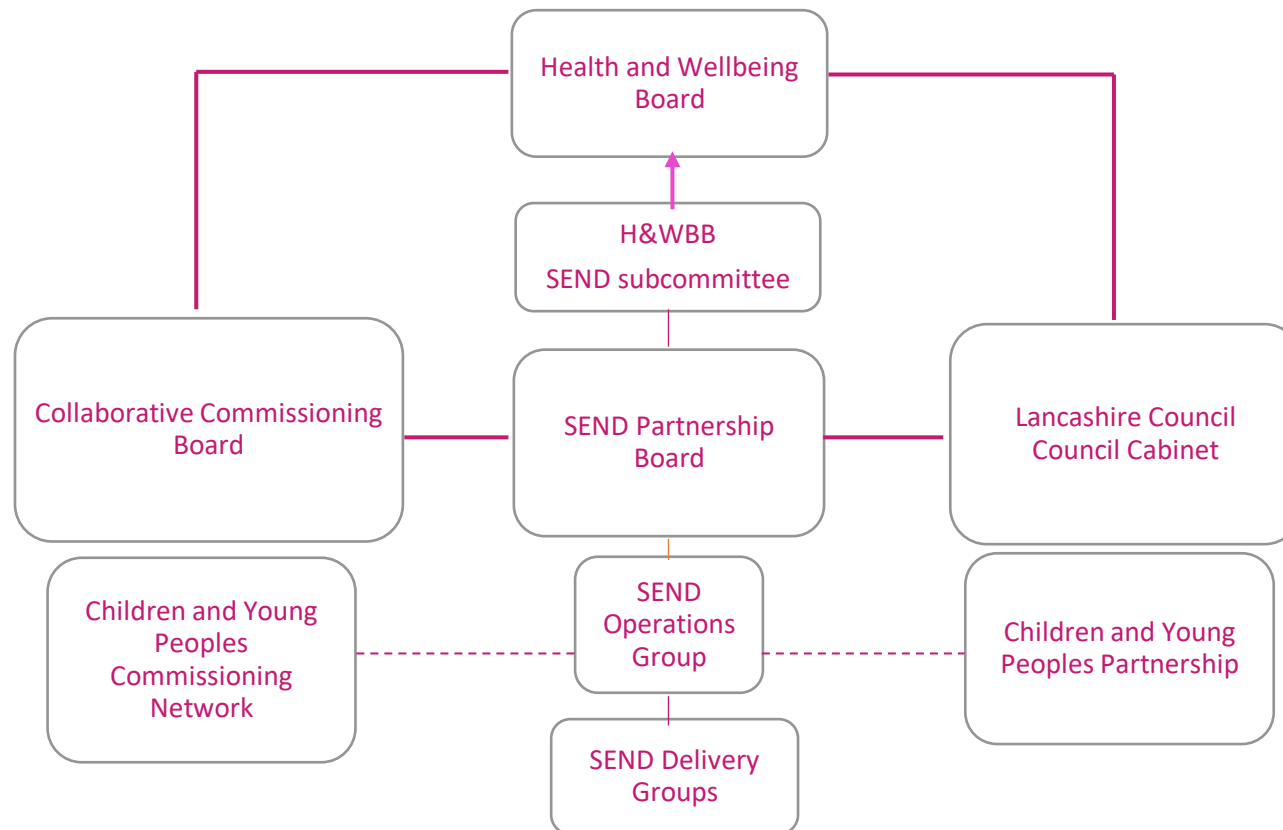
## Governance and Accountability

Governance and accountability structures and processes			
<p>The Partnership governance arrangements are driven by the SEND Partnership Board to ensure the delivery of improvement and the assessment of progress, including this Accelerated Plan. This is supported by the SEND Operations Group which drives delivery, monitors progress and ensures coherence across the delivery groups, which in turn involve a range of partners aligned to the local priorities. The Health and Wellbeing Board is the accountable body; the Board has recently established a sub-committee for SEND to scrutinise progress on the implementation of the Plan and the associated Key Performance Indicators.</p>			
Board/Group	Chair/Vice Chair	Accountability	Connectivity
Health and Wellbeing Board	County Cllr Shaun Turner County Cllr Phillippa Williamson  Chief Officer East Lancashire CCG and AO for CCGs, Dr Julie Higgins (SEND health representative)	HWBB is the lead accountable body for the SEND Improvement work	Chair of HWBB HWBB and SEND Partnership Board member HWBB Board member and Chair of SEND Partnership Board
Health and Wellbeing Board  SEND sub-committee	County Cllr Shaun Turner County Cllr Phillippa Williamson Non-executive Director CCG Debbie Corcoran Non-executive Director CCG Kevin Toole  <b>In attendance</b>  Director of Education and Skills, Sarah Callaghan Chief Operating Officer, Morecambe Bay CCG, Hilary Fordham	Health and Wellbeing Board	Chair

SEND Partnership Board	Chief Officer of East Lancs CCG and AO for CCGs, Julie Higgins (Chair) Executive Director of Education and Children's Services, Edwina Grant (Vice Chair)	Joint Committee of CCGs Health and Wellbeing Board	AO for CCGs reports to all CCG Chief Officers through JCCCG Cabinet lead member SEND Partnership Board
SEND Operations Group	Director of Education and Skills, Sarah Callaghan Chief Operating Officer, Morecambe Bay CCG, Hilary Fordham	SEND Partnership Board	Members of SEND Partnership Board CCG COO reports to CCB
Delivery Groups	Multi-agency partners work collaboratively in Delivery Groups to action the accelerated progress plan and the broader SEND improvement plan	SEND Operations Group	Members of SEND Operations Group and SEND Partnership Board

This governance structure, as illustrated below, requires the Chair and Vice Chair of the SEND Partnership Board to report to the Health and Wellbeing Board and the Joint Committee of CCGs on progress with delivery of the Improvement Plan and the Accelerative Progress Plan. Additionally, the SEND sub-committee of the Health and Wellbeing Board, Council's Cabinet, the Council's Scrutiny Committee and the Collaborative Commissioning Board review and challenge progress.

There is interconnectivity with the Children and Young People's Partnership and the Children and Young People's Commissioning Network, both of which consider children and young people's needs including, but not solely, those with SEND e.g. development of Early Years, CAMHSs and exclusions. SEND improvement is also a regular agenda item on the Boards of the NHS CCGs.



Exception reporting is used throughout the governance structure, using the RAG rating system. Data and information are shared with leaders to support both their assessment of the impact of actions on the lived experience of children and young people with SEND, and to inform on-going decision-making. The wider Improvement Plan, of which this Accelerated Progress Plan is a part, is being currently being reviewed by the SEND Partnership Board to ensure continuous progress with and priorities. This broader plan covers the ongoing priorities identified in the original inspection report, the actions in this Accelerated Progress Plan, and other areas for improvement which our own review processes have identified.

**Area of weakness identified in the original inspection****1. Leaders had an inaccurate understanding of the local area.**

Leaders have a better view of strengths and weaknesses across the partnership. Recently, more comprehensive and reliable datasets are informing area plans, such as the early years strategy. However, it has taken a considerable length of time to reach this point and there is still much more to do.

Following the 2017 inspection, action plans did not clearly indicate how leaders would measure success in resolving each of the significant weaknesses identified by inspectors. Also, leaders did not set out step-by-step targets to help them check how well their plans were progressing at key points. This has made it hard for leaders to know whether actions are on track and effective. For example, there was and still is no system in place to collect the views of parents and carers at the point of service delivery. This means that leaders and managers do not find out how well new systems and services are working quickly enough. They rely on the results of the online personal outcomes evaluation tool (POET) survey. These results are published annually, which is too infrequent to be the only measure of parental views, given the pace of change. Consequently, leaders do not always know whether their actions have made the positive difference for children, young people and their families that was intended.

<b>1. Leaders had an inaccurate understanding of the local area</b>			
Actions designed to lead to improvement			
<b>Area Lead – Sarah Callaghan LCC</b>			
Action 1	Responsible officers	By When	Action RAG
1.1 Establish a lead for data quality across the partnership and key co-ordinators within the council and health to manage the data flow	Sally Richardson LCC Zoe Richards NHS	October 2020	
1.2 Review project and action plans to ensure they have step-by-step targets that illustrate progression towards the agreed measures of success	Sarah Callaghan Zoe Richards	October 2020	
1.3 Develop a consistent, accessible, and meaningful data dashboard for the partnership, informed and shaped by CYP and parent carers and supported by Whole School SEND, to inform leaders about the measures of success for each area of improvement	Zoe Richards	November 2020	
1.4 Present the performance report recurrently to the SEND Partnership Board for check and challenge	Sarah Callaghan Zoe Richards	November 2020	
1.5 Review the on-going use of the POET survey, including the frequency of analysis and reporting, making recommendations for future use	Sally Richardson Zoe Richards	November 2020	
1.6 Implement systems for securing feedback from parent carers at the point of service delivery, so that leaders are assured current information is used to support decision-making	Sally Richardson Zoe Richards	January 2021	
1.7 Implement a range of feedback reporting mechanisms across the partnership to significantly improve the sharing of current views and experience of parent carers	Sally Richardson Zoe Richards	January 2021	
1.8 Ensure that feedback from parent carers about service effectiveness contributes recurrently to each delivery group meeting and SEND Partnership Board.	Sally Richardson Zoe Richards	January 2021	



1. Leaders had an inaccurate understanding of the local area.						
Impact measures and milestones to be achieved						
<p><b>We know we have achieved sufficient progress when ...</b> 100% of leaders confidently and consistently describe each of the 5 areas of improvement, with a shared understanding, giving examples that demonstrate progress.</p> <p><b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carer feedback tells us that SEND services are good or better.</p>						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
1	<p>100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress</p> <p>70% of parent carer feedback tells us that services accessed for SEND are good or better.</p>					
1.1	<p>Data leads are in place for LCC and for Health, and Data QuIP is established Data dashboard developed and agreed</p> <p>Implement the Partnership Board 'quiz' to test leaders' knowledge and understanding of the local area</p>		<p>Data dashboard is being recurrently reported to SEND Partnership Board</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p>		<p>100% of leaders can confidently describe the data dashboard and are using the data to challenge progress with improvements, and to inform decision-making</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p>	
1.2	<p>Review current feedback mechanisms</p>		<p>Implement additional / new feedback mechanisms 50% of parent carers who provide feedback tell us that SEND services are good or better</p>		<p>70% of parent carers who provide feedback tell us that SEND services are good or better</p>	

### Area of weakness identified in the original inspection

#### **2. There were weak joint commissioning arrangements that were not well developed or evaluated.**

At the initial inspection, leaders had not evaluated the impact of their actions or taken into account the views and lived experiences of children and young people with SEND and their families. This contributed to weak arrangements for joint commissioning. A well-established group of commissioners from across the partnership work well together now. They have made sure that they are better informed about children and young people's needs. Effective co-production is helping commissioners to decide what services they need to provide and where they need to provide them. Commissioners are now prioritising some of the more pressing issues, such as re-designing the short breaks offer and improving the speech and language therapy (SALT) service.

However, these arrangements are not sufficiently well developed or evaluated. At the initial inspection, inspectors found weaknesses in the services for consumables, such as continence products. Twenty-eight months later, families still struggle to get these consumables. Furthermore, there remains inequitable special school nursing provision and gaps in specialist children's nursing services. Children and young people's access to public health nursing in special schools is not well understood and therefore not routinely used. Commissioners are currently reviewing these services. But it is unacceptable that some children, young people and their families have not had access to these important healthcare services for over two years.

<b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Hilary Fordham NHS, Dave Carr LCC</b>			
Action 2	Responsible officers	By When	Action RAG
2.1 Review the local area joint commissioning arrangements against the Children and Families Act 2014, setting out how each is being delivered	Dave Carr Hilary Fordham	November 2020	
2.2 Specify and share the public health nursing arrangements for special schools	Claire Platt LCC	December 2020	
2.3 Implement an evaluation process to assess the effectiveness of jointly commissioned services	Dave Carr Hilary Fordham	December 2020	
2.4 Secure good quality data from a range of sources to inform joint commissioning decision-making e.g. JSNA; EHCP's; feedback from parent carers, SENDIAS, DCOs and schools (Whole School SEND)	Dave Carr Hilary Fordham	December 2020	
2.5 Review and address the specific inequalities in special school nursing provision	Dave Carr Hilary Fordham	March 2021	
2.6 Review and address the specific inequities in specialist children's nursing services	Hilary Fordham Kirsty Hamer NHS	June 2021	
2.7 Agree and implement consistent policy arrangements for the provision of continence services, ensuring appropriate services can be accessed in all areas of Lancashire	Hilary Fordham Steve Flynn NHS	March 2021	

<b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>						
<b>Impact measures and milestones to be achieved</b>						
<b>We know we have achieved sufficient progress when ...</b> 70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service						
<b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carer feedback tells us that SEND services are good and better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
2	70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service 70% of parent carer feedback tells us that SEND services are good or better.					
2.1	Publish a clear written explanation of the local area joint commissioning arrangements set against the Children and Families Act 2014 on the Local Offer website		90% of leaders score 90% or more in the Partnership Board 'quiz' (aligned to Action 1)		100% of senior leaders responsible for commissioning can accurately describe the local area joint commissioning arrangements	
2.2	Identify those special schools without a named public health school nurse		100% of special schools informed of public health school nurse			
2.3	Establish a mechanism to bring together and jointly review data and intelligence that will be used to assess the effectiveness of jointly commissioned services		Commissioning Dashboard including data and intelligence that highlights the effectiveness of jointly commissioned services is recurrently reported to the Joint Commissioning Network, and SEND Partnership Board as appropriate			

			100% of senior commissioners can confidently describe the Commissioning Dashboard and use it to provide evidence of the impact of jointly commissioned services		
2.4	Finalise service specification for special school nursing services		Agree arrangements for future provision of special school nursing services ensuring that appropriate nursing services are available to all maintained and academy special schools in Lancashire  Source provision against revised service specification		80% of Special Schools report that they are aware of how the health needs of their population are supported
2.5	Review joint commissioning arrangements for specialist children's nursing services		Agree arrangements for future provision of specialist nursing services ensuring appropriate services can be accessed in all areas of Lancashire		Source provision against revised service specification  Local Offer website provides up to date information on available services and how to access them  70% of parent carer feedback tells us the experience of the service was good
2.6	Review joint commissioning arrangements for continence services		Agree and implement consistent policy arrangements for the provision of continence services ensuring appropriate services can be accessed in all areas of Lancashire		Source provision against revised service specification  Local Offer website provides up to date information on services available and how to access them

			Local Offer website provides up to date information on services available and how to access them		70% of parent carer feedback tells us the experience of the service was good	
--	--	--	--	--	--	--

**Area of weakness identified in the original inspection**

**3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.**

There are now diagnostic pathways for ASD in place across the county, including in the north of the area. However, long waiting times in some areas are limiting the effectiveness of these pathways.

Professionals co-produced the pathway in the north with children, young people and parents. This approach means that this service reflects their needs. But, the partnership underestimated the demand for this service. The service has been swamped by four times the anticipated number of referrals and, as a result, children and young people are waiting too long for an initial appointment. There is often little communication with these families about how long they should expect to wait for an appointment. A new county-wide neuro-developmental pathway integrates assessment and support for autism and attention deficit hyperactivity disorder. This single diagnostic pathway provides some consistency, while allowing providers to respond to local needs. Behavioural, sleep and sensory workshops are offered to families when they are referred into the pathway. These sessions are valued highly by the parents who have attended. Unfortunately, few parents have taken up this offer of support to help them better meet their child's needs. Leaders are looking at other ways to provide this support that may better suit parents, such as offering different times and locations.

Across Lancashire, leaders have put in measures to assure themselves that pathways are compliant with National Institute for Health Care and Excellence (NICE) guidance. This is regularly monitored. However, long waiting times for an initial appointment, combined with too little communication with families, are creating frustration and anxiety for some families.

<b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Hilary Fordham NHS</b>			
Action	Responsible officers	By When	Action RAG
3.1 Develop an ASD waiting time recovery plan	Hilary Fordham	October 2020	
3.2 Commence implementation of rapid recovery plans for those areas with long waiting lists	Hilary Fordham	November 2020	
3.3 Use established intelligence sources to undertake a demand analysis for ASD assessment and diagnosis	Hilary Fordham	November 2020	
3.4 Improve the feedback loop with parent carers, and with children and young people, so that leaders and practitioners can support the ongoing improvements with the ASD pathway	Hilary Fordham	November 2020	
3.5 Implement the triage approach so that CYP can be put onto the correct pathway as early as possible	Hilary Fordham	January 2021	
3.6 Identify and implement ASD information, advice and support, which provides parent carers with: access to online triage systems; support videos, webinars and training; information leaflets; and links to existing online resources, so that they feel supported through the Local Offer during the waiting period	Hilary Fordham	February 2021	
3.7 Implement systems to communicate with parent carers to keep them informed about the length of wait, and to provide them with information, advice and support throughout the waiting period	Hilary Fordham	March 2021	



<b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>						
<b>Impact measures and milestones to be achieved</b>						
<b>We know we have achieved sufficient progress when ...</b> CYP have a timely diagnosis for neurodevelopmental needs and receive the subsequent support that meets their needs						
<b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carers who tell us in feedback that the ASD / ND support their child or young person is receiving is good or better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
3	70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better					
3.1	Identify the baseline of current numbers on waiting lists		Review of the impact of lockdown on waiting lists and support offered, and agree opportunities and processes for managing the waiting lists, including implementing a waiting list initiative		Reduction in numbers on waiting list – actual % difficult to identify as dependent on the on-going impact of the COVID situation  Increase in the support offered to parent carers	
3.2	100% of people who are on the waiting list sent first of 4 letters about the length of wait and what that might mean for them post-COVID lockdown		100% of people on waiting list have been communicated with and have been informed of the support offer that is available to them whilst on the waiting list		100% of people on waiting list sent 3 letters if the CYP is still on the waiting list at 12 months, or have had their first appointment and have either had a follow-up, or have a date for it	
3.3	Implement a satisfaction rating		40% of parent carers tell us their experience was good or better		70 % of parent carers tell us their experience was good or better	
3.4	Map support offers with Parent Carer Forum Communicate support offers on local offer, PCF website, newsletters, to professionals		100% of parent carers offered support whilst on waiting list and after diagnosis		100% of parent carers offered support whilst on waiting list and after diagnosis Evidence the % of parent carers who take up support offers	

	% of parent carers offered support whilst on waiting list and after diagnosis % of parent carers who take up support offers		Evidence the % of parent carers who take up support offers			
3.5	30% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better		50% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better		70% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better	

**This area is difficult to confirm percentages for, as the COVID situation has impacted on the ASD pathway. We don't know how long this will continue for, or how long it will take to manage the increase in waiting list and referrals at this stage. Health partners will set a target in October following a data cleanse and presentation of a business case to CCB on 13 October 2020.**

**Area of weakness identified in the original inspection****4. Transition arrangements in 0 to 25 healthcare services were poor.**

Inspectors reported that transition arrangements across Lancashire were 'splintered'. At that time, there was no evidence of a strategy to ensure that young people transitioned effectively into adult services.

There has been limited progress in resolving the weaknesses found at the initial inspection. While there has been some activity, this has been piecemeal. For example, there are well-developed plans to extend the delivery of the existing child and adolescent mental health service (CAMHS) to young people up to 19 years old. Also, the early years strategy sets out how young children, including those not in schools or settings, will be supported to be school ready.

However, there are still not enough commissioned services for young people up to the age of 25. There is limited effective joint working between children's and adults' services. This results in poor experiences for young people.

<b>4. Transition arrangements in 0 to 25 healthcare services were poor.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Zoe Richards NHS</b>			
Action	Responsible officers	By When	Action RAG
4.1 Develop and implement a joined up ICS strategy to support young people's transition through 0-25 healthcare services	Zoe Richards	November 2020	
4.2 Identify the data required to monitor transitions across providers, and implement within providers through the Data Quality Improvement Project	Zoe Richards	December 2020	
4.3 Agree and implement a set of protocols/healthcare model that secures effective joint working arrangements which support transition from children to adult services	Zoe Richards	January 2021	
4.4 Review current service provision between children's and adult services, and identify gaps in commissioned services up to 25 years of age to inform the on-going development of commissioning arrangements	Zoe Richards	February 2021	
4.5 Implement mechanisms to share and disseminate learning from the implementation of transition arrangements across partnership	Zoe Richards	March 2021	
4.6 Put arrangements in place for those young people whose needs are at a level that do not require specialist intervention, but may need support in how to manage their on-going condition	Zoe Richards	July 2021	

4. Transition arrangements in 0 to 25 healthcare services were poor.						
Impact measures and milestones to be achieved						
We know we have achieved sufficient progress when ... CYP have a transitions plan in place and progress out of children's services to age and needs-appropriate services						
We know this has made a positive impact on the lived experience of children and young people with SEND when ... 80% of young people who need to transition to age and needs-appropriate services tell us that their experience was good or better						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
4	80% of young people who need to transition to age and needs-appropriate services tell us that their experience of the transition process was good or better					
4.1	Approach developed to identify CYP at 14 years old who will require transition arrangements		Transition identification process agreed by all providers		75% of 14 year old CYP who will require transition arrangements are identified as needing transition	
4.2	Transition plan approach developed and agreed		50% of CYP who are 14yrs or older and who have an appointment with Children's Services are told about creating a Transition Plan		75% of CYP who require transition arrangements have started working on a transition plan from 14yrs	
4.3	Satisfaction rating model in place		50% of CYP needing transition support report that conversations about transitions are good or better		70% of CYP needing transition support report that conversations about transitions are good or better	

**Area of weakness identified in the original inspection****5. The local offer was inaccessible, and the quality of information published was poor.**

In 2017 Inspectors found that the local offer was not used effectively, parents' awareness of the local offer was poor, and the information provided was not useful.

Since then, leaders have engaged well with parents, children and young people and other partners to redesign the local offer. Unfortunately, there have been delays in its delivery. This means that the new offer was only launched in January 2020. Furthermore, this work is not yet complete. Parents do not find the information it provides useful. Leaders have a plan to add a directory of services to the local offer and also appoint an officer to keep the information up to date and relevant.

<b>5. The local offer was inaccessible, and the quality of information published was poor.</b>			
Actions designed to lead to improvement			
<b>Area Lead – Dave Carr LCC</b>			
Action	Responsible officers	By When	Action RAG
5.1 Appoint the partnership post of Local Offer Development Officer to further develop the local offer website, alongside the broader communication and engagement activity	Dave Carr	October 2020	
5.2 Complete and implement the directory of services, to improve the information about local provision in the area	Ian Forsyth LCC	October 2020	
5.3 Implement a tool to enable parent carers to share their views about the local offer and analyse the findings	Ian Forsyth	October 2020	
5.4 Report timely feedback received through the local offer website to the SEND Partnership Board and the Joint Commissioning Group, to improve understanding about parent carer experience of service provision	Ian Forsyth Local Offer Development Officer LCC	November 2020	
5.5 Schedule regular reviews of the information on the local offer website, to ensure it remains up to date, relevant and informs ongoing improvement	Local Offer Development Officer	December 2020	
5.6 Agree and implement a variety of methods of communication and engagement links with parent carers over a 12-month rolling period to support required improvement in the local offer	Local Offer Development Officer	January 2021	
5.7 Implement the changes to the local offer proposed by parent carers, young people and professionals, to increase the value of the information and ensure the platform is easy to navigate/use	Local Offer Development Officer	March 2021	

5. The local offer was inaccessible, and the quality of information published was poor.						
Impact measures and milestones to be achieved						
We know we have achieved sufficient progress when people can access information easily through the local offer and are engaged in its ongoing development as a source of support.						
We know this has made a positive impact on the lived experience of children and young people with SEND when 75% users of the Local Offer tell us they were able to find the information they needed and that it was useful.						
KPI reference	By 3 months	RAG	By 6 months	RAG	By 12 months	RAG
5	Of those using the local offer 70% tell us that they were able to find the information they need					
	Of those using the local offer 70% of people using the local offer tell us that the information they accessed was useful					
5.1	The directory of services is implemented.		Regular reviews of the information on the local offer website are taking place  70% of people using the local offer tell us that they were able to find the information they need		Structural changes to the local offer take place to ensure the platform is easy to navigate/use  75% of parent carers tell us that they are able to find the information they need	
5.2	A feedback system is established as part of the Local Offer website and a baseline established		Communication with parent carers is taking place increase awareness of and develop the local offer  70% of parent carers tell us that information they accessed was useful		Feedback from parent carers is informing improvement in the local offer  75% of parent carers tell us that information they accessed was useful	



**Risk Register**

Date	Risk	Severity/ Impact	Mitigation	Severity / Impact Post-mitigation	Progress following action
09/20	ASD waiting times have been significantly impacted by COVID-19 and the inability to do a full assessment	High	<p>Workshop held 12/08/20 with providers and commissioners to identify blocks and enablers related to a rapid recovery plan – includes review of thresholds and gold standards for assessments</p> <p>Business case to CCB re solution on 13 October.</p> <p>Working with NHSE/I autism team re best practice</p>	Potentially remains high risk – unknown due to on-going situation with COVID-19 and how it affects ASD assessments	

**Score card**

KPI Reference	KPI	Baseline	3 months	6 months	12 months
1a	100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress	0%	35%	90%	100%
1b	70% of parent carer feedback tells us that services accessed for SEND are good or better.	0%	20%	35%	70%
2a	70% of parent carers for those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service	0%	30%	45%	70%
2b	70% of parent carer feedback tells us that SEND services are good or better.	0%	30%	45%	70%
3a	70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better	0%	30%	50%	70%
4a	80% of young people who need to transition to age and needs-appropriate services tell	0%	20%	45%	80%

	us that their experience of the transition process was good or better						
5a	70% of those providing feedback on the local offer tell us that they were able to find the information they need	0%	50%	70%	75%		
5b	70% of those providing feedback on the local offer tell us that the information they accessed was useful	0%	50%	70%	75%		



## **Lancashire Health and Well-being Board**

### **SEND Sub-Committee Terms of Reference**

#### **Purpose**

To scrutinise the progress on the implementation of the Accelerated Progress Plan and the associated Key Performance Indicators on behalf of the Health and Wellbeing Board.

To make recommendations as appropriate to the Health and Wellbeing Board and/or the responsible officers for the county council and CCG's to secure improvement.

To oversee reports as required to the DfE SEND Intervention Unit and NHS England/Improvement (E/I),

#### **Membership**

- LCC Cabinet member for Health and Wellbeing
- LCC Cabinet member for Children and Young People
- Two Non-Executives from the Joint Committee of the Clinical Commissioning Groups

Members may nominate a substitute or replacement in accordance with the arrangements within their own organisations

#### **Chair**

The Chair will be appointed at the first meeting by the members.

In the absence of the Chair at a meeting, the Chair for that meeting will be chosen from among the members present

#### **Meetings**

Meetings will be monthly or as otherwise determined by the membership.

#### **Quoracy**

The quorum is 3 members, including at least one County Councillor and one NHS non-executive member.

**Voting**

Wherever possible, decision should be by consent of the meeting. Where a vote is necessary, it will be by show of hands. In the event of a tie, the Chair does not have a second or casting vote, and the decision in question shall be deferred.

**Support**

Administrative support for the meeting will be provided by Lancashire County Council

**Other provisions**

Where not covered by the above provisions, the existing Constitution and Standing Orders of the County Council shall apply.

## Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 3 November 2020

### Blackburn with Darwen, Blackpool and Lancashire Child Death Overview Panel Annual Report 2019-20

Contact for further information:

Ruksana Sardar-Akram, Lancashire County Council, Tel: 01772 537839, [Ruksana.Sardar-Akram@lancashire.gov.uk](mailto:Ruksana.Sardar-Akram@lancashire.gov.uk)

#### Executive Summary

The purpose of this report is to update the members of the Health & Wellbeing Board of the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) during 2019/20, which includes key findings from child death data, progress made on last year's recommendations (2018/19), partnership achievements, and priorities and recommendations for 2020/21.

During the 2019/20 reporting year, CDOP was notified of 108 child deaths (20 Blackburn with Darwen (BwD) residents, six Blackpool residents and 82 Lancashire residents) that were in line with Working Together to Safeguard Children definition and therefore considered by the Pan-Lancashire CDOP. An additional 14 notifications were received which fell outside the statutory guidance and therefore not reviewed. The total number of unexpected deaths in 2019-20 was 36. The Sudden Unexplained Death in Childhood (SUDC) Service has recorded the lowest number of deaths in 2019-20, since the service began (apart from 2008 when the service began in September and the figures were recorded for a six month period only).

#### Recommendations

The Health and Wellbeing Board is recommended to:

- i) Note the update and priorities identified.
- ii) Seek confirmation from each organisation that Child Death Overview Panel (CDOP) forms are returned within the statutory three week deadline and are completed as fully as possible, including details of father or other male carers in the household, before they are submitted to CDOP. (The CDOP Business group monitors this on a monthly basis. Whilst there have been measureable improvements over the course of the year, there are still gaps in information which are being followed up).
- iii) Assure themselves that there are relevant interagency initiatives in place to reduce the prevalence of modifiable factors, identified in the under one population including:
  - Safe sleeping
  - Risk factors for reducing premature births including:
    - High body mass index (BMI) (including healthy diet and physical activity)
    - High blood pressure (linked to high BMI)
    - Smoking
    - Alcohol use
    - Substance misuse
    - Domestic violence
    - Mental health

- |  |
|--|
| <ul style="list-style-type: none"><li>• Diabetes (often linked to BMI)</li><li>• Lack of physical activity</li></ul> |
|--|

## **Background**

There is a statutory requirement for the statutory partners to make arrangements to carry out child death reviews. The three local authorities have delegated the responsibility of the child death review arrangements to their respective Directors of Public Health (DsPH). The eight Clinical Commissioning Groups (CCGs) maintain accountability and have delegated the same responsibility to their Health Executive Group who will co-ordinate with NHS England.

The Pan-Lancashire CDOP will, on behalf of the statutory partners will review all infant and child deaths under 18 years of age, with a view to identifying modifiable factors that may reduce future deaths or risk of harm.

## **Progress on 2019/20 priorities**

CDOP successfully completed four out of the six priorities for 2019/20

- Monitor the delivery of the 7-day Sudden Unexplained Death in Childhood (SUDC) service.
- To implement the recommendations from the reviews into trauma and infection - A summary of the actions from the thematic review(s) are included in the report.
- Engagement with GPs - GPs have started completing the reporting pro-forma and this is being monitored by the business group.
- To implement the recommendations from the Adverse Childhood Experience (ACE) Audit – a summary of actions are contained within the full report.

Progress has been made on the remaining two priorities, but as this is on-going, these will carry over to 2020/21 priorities.

## **Child Death Overview Panel (CDOP) Key Successes 2019/20**

- Safer Sleep Campaign: this year's campaign has seen a revision in the materials to consider hard to reach parents, guidance about the suitable sleeping environment up to the age of two years. The campaign work has also promoted the need for more professional curiosity and questioning when parents are being asked about where their child sleeps.
- CDOP Development Day: at which members discussed the CDOP priorities for 2019/20 and some of the challenges CDOP have faced over the past twelve months transitioning to the new Child Death Review Process.
- Positive Recognition: In order to recognise and encourage good practice, or where agencies have gone above and beyond their expected duties, CDOP continue to send letters of good practice where good practice has been identified.
- Pharmacy Campaign: The campaign, which ran throughout November 2019 coincided with the Safer Sleep Christmas messages designed to warn parents of the dangers of falling asleep with baby after drinking alcohol.
- Water Safety Campaign: The CDOP Panel were heavily involved in supporting Lancashire Fire and Rescue and the Royal Life Saving Society promote drowning prevention week which took place in June 2019.



## **Subgroups**

### **Sudden Unexplained Death in Childhood (SUDC) Prevention Group**

The SUDC Prevention Group is coordinated by the pan-Lancashire CDOP and is funded by the CDOP budget (£15,000). The funding maintains the supply of safer sleep materials to agencies across Pan-Lancashire.

### **Child Death Investigation Group**

Lancashire Constabulary continue to host the monthly multi-agency Child Death Investigation Group which aims to promote best investigative practice, identify areas for development and continue the established partnership working in this critical area.

### **Sudden Unexplained Death in Childhood (SUDC) Service**

The Sudden and Unexpected Deaths in Children (SUDC) Service, is a unique nurse-led service that has provided the health element of the Pan-Lancashire multi-agency Rapid Response process to a sudden and unexpected death of a child since September 2008.

### **Provision of a 7-day Sudden Unexplained Death in Childhood (SUDC) Service**

The SUDC Service commenced a 7-day service delivery model in January 2019. This has led to improved equity in the responses undertaken. The service have recently completed their first full year.

The total number of unexpected deaths in 2019-20 was 36.

The SUDC Service has recorded the lowest number of deaths in 2019-20, since the service began (apart from 2008 when the service began in September and the figures were recorded for a six month period only).

## **Themes**

There has been several baby deaths where co-sleeping/inappropriate sleeping arrangements have been a feature. Alcohol and substance misuse has possibly been a contributory factor in some of these cases. The SUDC service has seen an increase in co-sleeping deaths in recent years, however this year's figures show a significant and encouraging reduction. This decrease in co-sleeping figures is significant in terms of a reduction in infant deaths across Lancashire. Deaths of this nature will continue to be monitored alongside wider SUDC prevention strategies.

During 2019-20 a small number of young people have ended their own lives, however this year's figure represents a fifty percent reduction from the figures of last year and the previous two years.

During 2019-20 there was a slight increase in the number of children dying from medical related conditions, particularly those that have developed acute illnesses, such as gastrointestinal bleeds, asthma, allergies and infections. There has been an increase from 27% in 2018-19 to 33.3% in 2019-20 of children dying that were known to have complex health needs or underlying health conditions.

Out of the 36 unexpected child deaths in 2019-20, Children's Social Care were involved (at the time of death or following death) in 47% of the cases. Domestic violence was reported between parents/carers in 25% of the cases. 27% of the parents were reported to have had mental health problems. In 16% of the cases, parents reported consuming alcohol/or taking substances on the night prior to their child's death. 19% of the cases were referred for Child Safeguarding Practice Reviews (CSPR) consideration. 11% met the criteria for a CSPR. This evidences the significant number of complex social circumstances and chaotic family dynamics that some of these children were living in at the time of their deaths.

A modifiable factor is defined as "one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths" (Working Together, 2018).

Across pan-Lancashire modifiable factors were identified in 43% of all deaths. Compared to 2018-19 where by 51% of cases reviewed had modifiable factors. The number of cases with modifiable factors across England is 30%. The most common modifiable factors identified in 2019-20 across pan-Lancashire were smoking and substances abuse (alcohol and/or drugs).

### **CDOP Priorities for 2020/21**

- Promotion of the Safe Sleep Campaign throughout pharmacies during November 2020.
- Ensure the sleep assessment tool is embedded in practice.
- Ensuring fathers are included in all aspects of antenatal and postnatal care and are made aware of the safer sleeping campaign.
- Improve the quality and outputs of the child death review processes by ensuring all agencies understand the new guidance and relevant processes.
- Demonstrate improvements against national standards through self-assessment Continue to collect data for Adverse Childhood Experiences (ACEs), and analyse patterns in links between ACEs and child deaths.
- Ensure that any preventive strategies and initiatives link with any existing health and wellbeing/ clinical workstreams.
- Ensure that the reduction of infant/child death forms part of integrated multi-agency strategies.

### **List of background papers**

*A copy of the full Blackburn with Darwen, Blackpool & Lancashire Child Death Overview Panel Annual Report 2019-20 is available to members of the Health and Wellbeing Board upon request.*

# Agenda Item 7

## Lancashire Health and Wellbeing Board

Meeting to be held on 3<sup>rd</sup> November 2020

### Funding Arrangements to Support Additional Health and Social Care Winter Capacity in Lancashire

(Appendix 'A' refers)

Contact for further information:

Louise Taylor, Executive Director of Adult Services and Health & Wellbeing, Lancashire County Council, Tel: 01772 531646 Email: [louise.taylor@lancashire.gov.uk](mailto:louise.taylor@lancashire.gov.uk)

#### Executive Summary

The need to respond to the COVID-19 pandemic has seen the suspension of the Advancing Integration governance arrangements in Lancashire. To enable decisions to be made on the use of funding allocation of the Winter Pressures grant and the additional Covid Grant monies the Out of Hospital cell of the Lancashire and South Cumbria NHS Command and Control Structure has been used as it contains the required level and breadth of NHS and social care representation. That body has agreed the plan for the use of the above grant monies with a continued emphasis on increasing capacity in core community/intermediate care services and doing all we can to support people to stay or return to their own home.

The planned spend on additional staffing and externally commissioned services is:

- Covid Grant £4.772m until 31st March 2021
  - LCC Staffing £1.028m
  - Externally Commissioned Services £3.743m
- Winter pressures grant £3.0m from 1 April 2021
  - LCC Staffing £2.057m
  - Externally Commissioned Services £0.944m

There is a potential need for a further £4.3m for continuation of the externally commissioned services for a further six months. This is to be considered further.

#### Recommendation

The Health and Wellbeing Board is asked to:

Recognise the validity of the decision making process, under current arrangements, and to support the spending plan as outlined.

#### Background

As a result of the demands of the response to the COVID-19 pandemic Better Care Fund (BCF) planning has taken a significantly different course during 2020/21 than previously. To free up key officers' time the work on Advancing Integration has been paused along with its governance arrangements.

The expectation has been that the Better Care Fund would support existing services to best enable the response to COVID-19. As a result, Better Care Fund delivery, across Lancashire, has been very much as in 2019/20. National guidance on Better Care Fund plans has been delayed but once received, and applied, the complete picture of Better Care Fund planning and delivery will be presented to the Health and Wellbeing Board.

There is though a key requirement to put in place plans for the coming winter and it is acknowledged that the combination of ordinary winter pressures, COVID-19, increased health inequalities, the new Hospital Discharge Guidance and urgent and emergency demand has the potential to put significant pressure on the system as a whole, including social care, primary care and secondary care.

The impact and context of COVID-19 presents additional pressures that have been incorporated within the winter planning process.

In addition to the existing Winter Pressures grant, incorporated in 2020/21 into the improved Better Care Fund, this year there is the additional support made available through the COVID-19 grant. Both are received by Lancashire County Council with a requirement for agreement to be reached with NHS partners on the use of the first and a transparent approach being taken by the Council in allocating the latter to significantly support the adult social care sector and services.

This agreement has been reached through the Out of Hospital cell within the Lancashire and South Cumbria NHS Command and Control Structure. This body provides the representation and expertise necessary to assume the role of the Advancing Integration Board, in this agreement process, without the need for reinstatement of the board i.e. avoiding unnecessary meetings and bureaucracy. Louise Taylor, Executive Director of Adult Services and Health and Wellbeing, represents Lancashire County Council on the cell and also chairs the Social Care sub cell of the Lancashire Resilience Forum. NHS representation is provided by Jerry Hawker, Chief Officer, Morecambe Bay CCG.

The agreed approach is for £4.77m of the Covid grant to be spent up to the end of March 2021 and for the £3.0m of the Winter Plan grant for the period from 1<sup>st</sup> April 2021 to increase capacity in core community/intermediate care services to meet anticipated increase in admissions and discharges. This will allow for the recruitment of additional staff for a 12 month period and increased levels of commissioning of services from external providers for a six month period.

Profiling assumptions suggest that a further £4.3m of funding will be required to support continued commissioning activity at this level until September 2021. The validity of the assumptions and options to fund are to be explored further.

It is important to note that this planned spend supplements existing core funding.

### **List of background papers**

Additional Winter Capacity – Lancashire County Council Funding Model (Appendix 'A')

# Appendix A

## Additional Winter Capacity – Lancashire County Council Funding Model

- i) There are two existing funding sources held by LCC which are confirmed and available to allocate to this programme totalling £7.772m:
- Covid Grant – Variable to cover all expenditure to 31<sup>st</sup> March 2021 and based on the spend profile detailed below would total £4.772m.
  - Additional iBCF Winter Pressures Grant – Fixed £3.000m.
- ii) Based on the following assumption the funding would be allocated as per the table below:
- For those schemes requiring additional LCC staff it has been assumed that these would be recruited for a 12 month period and expenditure would be profiled from December to take into account recruitment processes.
  - For those schemes requiring additional commissioned services (Crisis, Reablement etc.) the remaining funding available would cover approximately 6 months of expenditure which would run from November to April.

	<u>Covid Grant</u>		<u>Winter Pressure</u>		<u>Total Use of</u>
	<u>Funded</u>		<u>Grant Funded</u>		<u>Available</u>
					<u>Funding</u>
	<u>Forecast</u>		<u>Forecast</u>		
	<u>Expenditure</u>		<u>Expenditure</u>		
<u>Service Category</u>	<u>to 31st March 2021</u>		<u>from 1st April 2021</u>		
	£m		£m		£m
LCC Staffing	1.028		2.057		3.085
Externally Commissioned Services	3.743		0.944		4.687
<b><u>Total</u></b>	<b><u>4.772</u></b>		<b><u>3.000</u></b>		<b><u>7.772</u></b>

- iii) Based on profiling assumptions referred to above a continuation of the commissioned services for a further 6 month period (April to September) would require additional funding of £4.3m.



# Agenda Item 8

## Lancashire Health and Wellbeing Board

Meeting to be held on 3<sup>rd</sup> November 2020

### Funding Arrangements to Support Additional Health and Social Care Winter Capacity in Lancashire

(Appendix 'A' refers)

Contact for further information:

Sue Lott, Head of Service, Community North and County Acute & Prisons, Lancashire County Council, Tel: 01772 538230, Email: [sue.lott@lancashire.gov.uk](mailto:sue.lott@lancashire.gov.uk)

#### Executive Summary

The report provides details of the Lancashire County Council Adult Social Care winter plan for 2020-21 (Appendix 'A') and the additional capacity that will be mobilised to meet the anticipated demand.

#### Recommendations

The Health and Wellbeing Board is asked to:

- (i) Note the report.
- (ii) Support the ongoing work of Adult Social Care to ensure vulnerable people who need social care support across the winter period and continuing pandemic, receive the right support the right time.

#### Background

Adult Social Care has published an annual winter plan for the last 5 years. The Winter Plan for 2010/21 will be considered by Cabinet when it meets on 5 November 2020 and copy of the plan is set out at Appendix 'A'.

This year, the Adult Social Care plan has required the Council to take account not just of typical winter pressures, but also the added challenges that are still evident across the social care sector from the first wave of the COVID-19 pandemic, dealing with the 'second wave' and preparing for any further spikes which may occur in the months ahead.

In addition, local NHS organisations are working hard to restore services that were paused during the earlier phases of pandemic, such as orthopaedic operations, which will bring greater demand to social care.

Ensuring the stability of the care market and the sufficiency of care and support services remains of paramount importance and is a critical part of this winter plan.

The Plan sets out the actions adult social care will take across winter, including the additional services that are being established to support more people to return directly home from hospital when they no longer need to be there, or for people to remain in their

own home and avoid an unnecessary hospital admission. It also details how risks will be managed and the contingencies that will be in place during times of enhanced pressure.

The plan also notes the recent requirement for Local Authorities to identify designated care settings for people discharged from hospital who have a COVID-19 positive status, and the significant challenges this brings for all areas including Lancashire.

The Adult Social Care Winter Plan sits alongside and is interdependent with local NHS winter plans of each of the Integrated Care Partnerships (West Lancashire, Pennine, Fylde Coast, Morecambe Bay, Central Lancashire) and with the Lancashire and South Cumbria Integrated Care System level. It also aligns with the national Adult Social Care Plan and the requirements set out within it.

## **Consultations**

The Lancashire County Council Adult Social Care Winter Plan 2020/21 has been developed with the close involvement of local NHS stakeholders.

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

The Winter Plan will be subject to monitoring through the Lancashire County Council Winter Board to ensure its full delivery and the achievement of key outcomes.

## **Financial Information**

The need to respond to the COVID-19 pandemic has seen the suspension of the Advancing Integration governance arrangements in Lancashire, where relevant financial discussions would have previously taken place.

To enable decisions to be made on the allocation of the Winter Pressures grant and the additional COVID-19 Grant monies, the Out of Hospital cell of the Lancashire and South Cumbria NHS Command and Control Structure has been used as it contains the required level and breadth of NHS and social care representation. That body has agreed the plan for the use of the Winter Pressures grant and the COVID-19 grant monies, with a continued emphasis on increasing capacity in core community/intermediate care services in supporting people to stay or return to their own home.

The planned spend on additional staffing and externally commissioned services is:

- Covid Grant £4.772m until 31st March 2021
- Winter pressures grant £3.0m from 1st April 2021

There is a potential need for a further £4.3m for the continuation of these services until September 2021. This is to be considered further.

## **List of background papers**

N/A



Lancashire County Council  
Adult Social Care  
Winter Plan 2020/21

Author: Sue Lott, Head of Service

Date

Version: 1

## Document Version Control

Version	Issue Date	Changes from Previous Version	Approver's Name	Approver's Title	Sent To	Date Sent
V1	29.9.2020				Louise Taylor, Ian Crabtree, key subject experts	29.9.2020
V2	5.10.2020	Updated with comments /amendments			Directors, Finance, key subject experts	5.10.2020
Final (V2a)	14.10.2020					

# Contents

<b>Section</b>	<b>Title</b>	<b>Page No</b>
1.0	Introduction	4
2.0	National and Local Planning Context (Our Plan)	5
3.0	Aims and Objectives	8
4.0	Preventing and Controlling the Spread of Infection in Care Settings	8
5.0	Flu	10
6.0	Service Capacity and Expansion	11
7.0	Collaboration Across Health and Care Services	14
8.0	Supporting People Who Receive Social Care, The Workforce, and Carers	16
9.0	Prisons	18
10.0	Public Health	19
11.0	Communications	20
13.0	Appendix 1 – Additional Service Capacity and Costs	21

## 1. Introduction

Winter planning is a necessary and critical part of business planning in order to set out business continuity and managing major areas of risk during what is typically a more pressured part of the year.

This year, planning has required the Authority to take account not just of typical winter pressures, but also the added challenges that are still evident across the social care sector from the first wave of the COVID-19 pandemic, alongside ensuring readiness for a second wave or further spikes. Combined with this the NHS have targets to meet as part of its post COVID restoration work (commonly known as 'phase 3 planning') which will also bring greater demand to social care. Ensuring the stability of the social care market and sufficiency of care remains of paramount importance and is a critical part of this winter plan.

The Lancashire County Council Winter Plan for Adult Social Care formally comes into effect from 1<sup>st</sup> October 2020 and will run until the 31<sup>st</sup> March 2021. To shore up the ability of Adult Social Care to respond to the ongoing pandemic, several elements of this winter plan are in place prior to the official commencement date and will also need to continue beyond the end of the winter period. The plan aligns to both local Integrated Care Partnership (ICP) and Integrated Care System (ICS) plans, as well as the national Adult Social Care: Our COVID-19 Winter Plan for 2020-21. The National Social Care Task Force published its report on the 18<sup>th</sup> September 2020, and where relevant, this winter plan incorporates recommendations from it.

This winter plan sets out the measures that Lancashire County Council are taking as part of collective planning across the ICS to ensure high quality and responsive services that enable people to maximise their independence, leave hospital as soon as they no longer need a hospital bed or avoid an unnecessary admission, and remain living in their own home for as long as possible. It also sets out the measures being taken to support the care market to be as resilient as possible across the winter months and during the pandemic, and the work underway to restore social care services in a safe and COVID secure way, which had been paused during the first wave of COVID-19.

When systems are under pressure it remains important to collaborate to make best use of public funding and to reduce duplication, and Lancashire County Council will continue to plan with partners to ensure that these principles underpin our collective response to winter resilience.

The LCC Adult Social Care Winter Plan version 2, dated 1<sup>st</sup> October 2020 has been signed off by the Adult Services Senior Leadership Team and shared with relevant managers and staff within the Council. In accordance with the national Adult Social Care: Our COVID-19 Winter Plan 2020/21, Lancashire County Council have written to the Department of Health and Social Care confirming we have put in place a winter plan and have either undertaken actions or are continuing to work with care providers across Lancashire in order to receive the second instalment of the Infection Control Fund.

The range of measures and actions set out in the plan and delivery against it will be monitored on a regular basis by the LCC Adult Social Care Winter Board, which will also agree mitigating actions where required.

A copy of the Lancashire County Council Adult Social Care winter plan will be forwarded to each of the 5 A&E Delivery Boards for inclusion in the system wide winter planning and delivery reporting.

Any significant amendments will be communicated via the issue of a new version

## 2. National and Local Planning Context

In addition to the usual considerations of winter and the extra demand that the time of year places on social care, there are a number of additional factors, risks and reports that have been taken into consideration and influenced the planning for this year.

These include:

**COVID-19** – all the additional pressures that delivering services in the context of COVID-19's continued presence creates for LCC, the NHS and social care providers;

**National Social Care Action Plan (15.4.2020)** - This plan set out a range of measures for Local Authorities to ensure a response to, and which were aimed at

1. controlling the spread of infection
2. supporting the workforce
3. supporting independence, supporting people at the end of their lives, and responding to individual needs
4. supporting local authorities and the providers of care

**National Adult Social Care Winter Plan (DHSC 18.9.2020)** – this plan sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. It incorporates many of the recommendations set out in the national Social Care Task Force report as well as building on the learning and the work undertaken by Adult Social Care across the pandemic so far.

The key elements of the plan include:

1. Confirmation of the continuation of the Infection Control Fund, with an additional £546 million being allocated 'to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection' – including payment of staff who need to self-isolate.
2. The provision of free Personal Protective Equipment (PPE) for 'care workers and people receiving social care' until 31st March 2021 for all Care Quality Commission (CQC) registered adult social care providers (via PPE portal and Local Resilience Forums (LRF)) and a commitment to also support the wider PPE needs of the sector (via Local Authorities).
3. The appointment of a new national Chief Nurse for Adult Social Care to provide clinical leadership to the social care nursing workforce, and who will work alongside the national Chief Social Worker.
4. Proposals for a strengthened monitoring by CQC jointly with Local Authorities where there are concerns for safety or quality.
5. Development of a designation scheme with CQC to designate premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result
6. Make available for free and promote the flu vaccine to all health and care staff, personal assistants and unpaid carers
7. Publish the new online Adult Social Care Dashboard which brings together information from a range of existing sources to give visibility of real time data at a national, regional and local level

**National Social Care Task Force Report (18.9.2020)** – this report summarises the work and recommendations of the Social Care Task Force which was set up to

consider the needs of the social care sector across winter and beyond in the response to COVID-19. It was supported in its work by 8 advisory groups looking into specific areas of care. The final report sets out the critical requirements in increasing resilience in the social care sector at a national, regional and local level and actions that are required to enable people who need social care support to live as safely as possible, whilst maintaining critical contacts and activities that support their health and wellbeing.

**NHS Winter Planning** – the NHS have this year been required to submit, in collaboration with key partners at ICP/MCP and ICS levels, winter planning templates that set out key risks and actions to be taken in respect of Demand, Capacity, Workforce, Exit Flow and External Events.

**NHS Phase 3 Planning & Restoration of Services** - the additional mandate that came to the NHS in July 2020 on how to prepare for the rest of the year, including a return to normal in community health services and a catch up on treatments and operations delayed from earlier this year

**Hospital Discharge Service: Policy and Operating Model (21.8.2020)** – sets out a nationally mandated discharge process and set of discharge pathways that require people to leave hospital within the same day that they no longer have a 'reason to reside' in a hospital bed. This will improve the safety of individuals and the resilience of community services if people spend as little time as possible in hospital, but presents challenges in ensuring people are discharged to the right service for them, at the right time.

**Local NHS Hospital Bed Deficits** – local bed modelling shows an anticipated significant bed deficit to meet the demands of winter and COVID-19, and winter planning needs to provide mitigation for this.

**Workforce** – requirement to consider recruitment and retention both for new or expanded services, along with the resilience and wellbeing of staff which could further impact on already fragile services. Issues such as vacancies, absences and high turnover not only lead to a higher risk of infection transmission, but also mean that capacity is at greater risk of being insufficient to respond to need during the height of the winter.

**Funding** - there is a funding shortfall in what's required to deliver the additional capacity. Proposals have been shared with the ICS regarding system support to this, plus the continuation of essential Improved Better Care Fund (iBCF) funded teams for a further year

**Market Stability / Sufficiency / Suitability** - responding to uncertainties in how the care market may operate in the months ahead, and the difficulties in reliably estimating demand and capacity in the context of so many other variables

**Mental Health** – demand for mental health services is already growing in the aftermath of the COVID-19 peak. Winter and the other pressures listed here are likely to add to that demand both for in-patient services, for safe and speedy discharges and for community services.

**Working to Reduce Inequalities** – we know that the virus has had a disproportionate effect on people from some minority ethnic backgrounds and with certain health conditions and disabilities. People in some care settings have been disproportionately affected in terms of face to face contact with their loved ones and many people have not been able to access their usual support settings and networks. Our aim is to support communities to minimise the risks of transmission of the virus, whilst reducing inequalities in the impact the COVID-19 restrictions has on people who need health and social care support.

**Lancashire County Council Social Care priorities** – areas where improvements or opportunities have been identified that will make a difference to performance or financial controls. Restoration of paused services such as Day Services, and work to ensure the resilience of social care delivery.

**Restoration of Continuing Health Care (CHC) processes** – these were suspended from the 19<sup>th</sup> March 2020 as part of the national response to the pandemic, but they are now being restarted which will have implications for the social work workforce too, as the backlog is tackled and the speed of decision making is expected to quicken. Getting this right has benefits both to individuals, the care market and also to LCC budgets. Getting it wrong could lead to poorer outcomes for people, additional pressures on the market and a potential pressure on the Adult Social Care budget.

**Brexit** - it is unclear at this stage just how severely the health and social care system may be affected by Brexit. It's most likely direct impact on social care is a loss of some workforce capacity, however we know that Lancashire is likely to be at lower risk than some other parts of the UK. Its impact on the NHS workforce and on essential supplies is potentially greater if contingency and resilience plans are not successful, and this could have a knock on impact onto social care in terms of additional demand.

We have worked in collaboration with key partners to develop our winter plan, including the NHS, the 3<sup>rd</sup> Sector and providers across the care market. In turn, we have collaborated with the NHS and key partners in the development of the ICP and ICS system plans. Our adult social care plan is not limited to only those people who receive Local Authority funded care, but also ensures that key actions apply to those who fund their own care. We have also detailed the support offered to informal carers.

Across the winter period and beyond we will continue to work closely with partners, in particular the care market to ensure that relevant advice and guidance is promoted through the fortnightly provider webinar and implemented, and where appropriate localised flexibility is applied.

Responding to and managing the impact of COVID-19 remains of critical importance across the winter period and into 2021. The Lancashire Local Outbreak Management Plan is in place to take actions and support the containment of COVID-19. To minimise the risks of transmission of the virus when moving from healthcare to and between social care settings, an Admissions Policy is in place, endorsed by the Lancashire Local Resilience Forum (LRF). The Policy sets out that individuals must be tested prior to hospital discharge and only where a provider indicates they can safely isolate the person should they be discharged into the preferred social care setting. The Admissions Policy is regularly reviewed and updated in response to new guidance and Infection Prevention considerations.



### **3. Aims and Objectives**

The aims and objectives of the Lancashire County Council Adult Social Care Winter Plan are:

- To ensure that the Lancashire Adult Social Care Winter Plan meets the requirements of the national Adult Social Care COVID-19 Winter Plan
- Ensure the provision of social care services, of a sufficient volume and quality, and that have a focus on maximising independence are in place across the winter period
- To maximise adult social care resilience and support wellbeing, both across the care market and in the Lancashire County Council adult social care assessment and support teams
- Identify, mitigate and minimise risks across the social care system, and work collaboratively with partners to reduce risks across the ICS
- Ensure that people are supported in a safe and COVID secure way, with the right services available in a timely way
- Ensure that a 'home first' focus is maintained throughout all decision making at individual and wider commissioning levels
- Maintain a balance between reducing the risks of the virus and responding to the need for people to receive care and support
- Ensure high quality care and support is designed, commissioned and delivered in a way that upholds peoples' dignity and affords choice and control
- Wherever possible, to ensure care will be provided in a way that supports people to remain connected with families and loved ones, supports emotional wellbeing and reduces loneliness
- To put into practice locally, the recommendations of the Social Care Taskforce
- Have due regard and take relevant actions in relation to individuals and communities who may be more susceptible to the transmission of COVID-19
- To continue work to identify and minimise inequalities across the health and care system

The following sections highlight the activity/work taking place across a number of key areas to meet the aims and objectives stated above.

### **4. Preventing and Controlling the Spread of Infection in Care Settings**

Significant work has been undertaken locally and continues to be in place to prevent and underpin the control of the virus across care settings.

#### **Provider Engagement & Guidance**

Fortnightly webinars are held with all care providers across Lancashire where amongst other key messages, relevant information is shared in relation to Infection Control and COVID-19 Testing guidance and procedures. This information is delivered by subject matter experts from Public Health, and questions raised by providers are responded to and placed on the provider portal for reference purposes.

Guidance has been issued to Care Homes based on national data and information in relation to enabling COVID safe visiting for residents. A localised visiting policy for professionals has also been developed, and is used to minimise footfall into care



settings and ensure all protection measures including risk assessments and use of PPE are in place.

Our Lancashire Local COVID19 Outbreak Management Plan sets out how we will prevent and manage coronavirus cases and outbreaks in the county, including in high-risk settings such as care homes, as well as workplaces and schools. The plan sets out the definitions of outbreaks, actions that will be taken, and support that will be offered to vulnerable people as part of the outbreak management. The plan has been shared widely, and is publically accessible via the LCC Coronavirus webpage.

Information is shared regularly from the Lancashire Health Protection Board with relevant teams in adult social care who are managing the response to provider resilience, COVID incidents and outbreaks.

### **Outbreak Support Team**

Recognising that the challenges of the pandemic are likely to continue through winter and beyond, the Quality, Contracts and Safeguarding Adults Service has recently organised the Covid Outbreak Support Team to assist providers to manage their COVID-19 incidents/outbreaks as effectively as possible, and provide support throughout their recovery. The team work closely with the county council's Infection, Prevention and Control team and NHS partners.

Aligned to this, the county council commissioned My Home Life to deliver wellbeing support to care homes, many of whom suffered excess loss of life during the early stages of the pandemic; we are continuing to explore how we can progress to offering this support more widely.

In each ICP, Outbreak Control Groups are in operation across health and social care, ensuring a coordinated response to prevention and outbreak control that is bespoke to the needs of each care setting.

### **Testing**

Locally, NHS partners have delivered training to all Care Homes in relation to swabbing staff and residents. Care Homes are able to request additional support or refresher training where required.

Testing is a vital part of ensuring the prevention of transmission of the virus and in managing outbreaks, and all eligible care settings are encouraged to register with the national portal to receive the testing kits and ensure that they follow the testing strategy.

### **Workforce**

The importance of restricting the movement of staff between Care Homes, along with a range of workforce measures to limit the transmission of COVID-19 has been shared with providers. The 1<sup>st</sup> tranche of the national Infection Control Fund (c £16m) which was passported directly to providers by the Council, set out further requirements to be met in order to receive and use the monies to support the prevention and management of COVID related challenges. The extension of this fund with a second tranche (c£14M) under the national Adult Social Care Winter Plan is welcomed, and will be similarly distributed to care providers in line with the regulations.

All providers have in place business continuity plans that many have enacted at times during the first wave of the pandemic, and will continue to do so during the winter period if needed.

As part of the initial COVID-19 response to the needs of Care Homes, the Lancashire Temporary Staffing Agency (LTSA) was formed in April 2020 by the Council, to support the resilience of the Care Homes where they had sudden staffing gaps due to COVID related absence. In recognition of the continuing fragility of the care sector, Lancashire County Council has taken the decision to continue this additional capacity until at least 31<sup>st</sup> March 2021 at a current cost of around £50,000 per month. The LTSA at one stage had approximately 140 staff, however as people have started to return to their usual jobs or back to University etc, we are now about to commence a further round of recruitment to shore up capacity for the winter period. So far, we have supported more than 30 Care Homes across Lancashire through the LTSA, and ensured safe services could continue. In compliance with effective infection control, staff require a negative test result before being deployed into any Care Home requiring additional support.

### **Personal Protective Equipment**

The provision of PPE remains of critical importance and Care Home and Homecare providers have been encouraged to register with the national portal to obtain free supplementary supplies. The extension of this scheme until the end of March 2021 is set out in the national Adult Social Care Winter Plan, along with the plans for PPE to be provided via the LRF or Local Authorities to other care providers not eligible for registration on the national portal. Lancashire already has arrangements in place to monitor and distribute PPE to personal assistants operating under Direct Payments.

### **Designated Settings – Winter Discharges**

On the 12<sup>th</sup> October 2020 the Department of Health & Social Care notified Local Authorities of the requirement for designated care settings for people discharged from hospital who have a COVID positive status. The requirement applies to people being discharged into or back into a registered care home setting across the winter period.

The requirement applies to residential and nursing homes for older people, people with dementia and people with a learning disability, mental health and/or other disabilities. Local Authorities are directed to work with the Care Quality Commission to identify local designated accommodation and work to assure their compliance with the Infection Prevention Control protocols.

The requirement for designated settings for people who have a positive COVID-19 test presents significant challenges for health and care organisations, not just in Lancashire but across all areas. The Local Authority has commenced this work with the Care Home providers, the Care Quality Commission and the NHS locally.

## **5. Flu**

As we move into the winter period, the prevalence of flu increases. The ability to implement a successful national vaccination programme will be more important than ever.

In addition to the national programme, LCC will be undertaking an annual workforce programme to increase staff protection via the offer of a free flu vaccination; the programme will be extended out to all staff(except mainstream schools teaching staff

where different arrangements apply) to ensure essential services are unaffected over the winter period

All staff across Adult Social Care have been encouraged to take up the seasonal flu vaccine to support keeping our teams well over winter.

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas, to protect the health of the population and the Lancashire County Council Flu Team provide this advice and support along with other actions to increase uptake of the vaccine.

This year, the community pharmacy seasonal influenza advanced service framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and reduce footfall. The Council are working closely with the NHS locally to ensure that flu vaccinations reach the widest audience including more difficult to reach communities. A joint communications campaign has been developed and will be shared widely across a range of platforms.

## **6. Service Capacity and Expansion**

Work has been undertaken to identify the range of COVID-19 response actions that need to continue and extend across the winter period and beyond, plus new or expanded service capacity to meet the social care demands of the continuing pandemic and the winter period. (See **Appendix A** for consolidated table and breakdown of costs of additional winter capacity)

These include:

### **Consolidation / continuation of existing iBCF funded teams**

We continue to use the iBCF to fund staffing and services that ensure we can provide essential functions including Mental Health Act assessments on a 24/7 basis, effective hospital discharge and admission avoidance, and intermediate care triage, allocation and case management. Funding arrangements are in place to continue these essential teams and services through to March 2022.

The iBCF funded teams/services agreed for continuation are:

**Mental Health** – continuation of 24 hour AMHP service and Integrated Discharge Service

**Intermediate Care (ICAT and CATCH) and D2A assessment services** – continued funding of social work, occupational therapy and care navigation posts

**Promoting Independence Team** – continuation of this team which undertakes a range of cross cutting work to address pressures and deliver budget savings

### **Crisis & Reablement Hours**

An additional 1,600 crisis hours per week for winter and beyond if required, have been identified that support people to remain in their own home who are at risk of hospital or residential care admission without urgent support. The support is provided for up to 72 hours and can be anything from a one-off hour to continuous support.

An additional 2,700 'Home First' crisis hours per week for winter and beyond if required, have been identified that will support more people to leave hospital and return directly home as soon as they no longer need to be there. The home first hours are used to support discharges with and without therapy input, and support people for up to 5 days where formal support is required to recover, with the assessment for onward support taking place at day 3.

An additional 3,000 crisis hours per week and beyond if required, have been identified to enable Adult Social Care to offer enhanced support to those people who have more complicated urgent social care needs and would otherwise be facing an unnecessary admission to a Care Home. The additional hours will enable people to remain in their own home for longer, plus where appropriate they will also enable more rapid hospital discharge and reduced length of stay.

An additional 57 Reablement places per week for winter and beyond if required have been identified in anticipation of more people being discharged from hospital more quickly as part of NHS phase 3 restoration, plus the continuing effects of COVID-19. As the demand on community services grows, the need to maximise peoples' independence becomes ever more critical, and the enhanced service provision may well be required on a long term basis as per the ICS Intermediate Care Review.

### **Roving Nights Service**

An additional 3 'shift runs' per night for winter and beyond if required, have been identified to provide care visits throughout the night for people who have needs but no need of continuous contact throughout the night time period. The service supports people who have more complicated care needs to return to, or remain in, their own home for longer.

This additional capacity could support between an additional 60 - 126 people per week dependent upon care needs.

### **Residential Rehab/Community Beds**

Across the county there are 115 residential rehab/community beds, providing 24hr bed based rehabilitation for people who need a higher level of care and support to achieve their optimum independence. These beds are sited within existing Care Homes, and are provided via the Lancashire County Council Older Peoples' Service working in partnership with NHS community services who provide the therapy services to facilitate rehabilitation.

Additional care staff capacity has been identified for winter and beyond if required, to enable the service to maximise the use of the beds and safely meet the needs of increased volumes of people with more complicated needs and who require support overnight.

A trial referral management service is also proposed across the next 12 months, which sees a dedicated centralised triage function for the countywide residential rehab services. This will enable faster responses to referrers, focussed accuracy checking of information in relation to needs, and free up the Registered Care Home Managers to focus on other critical tasks.

### **Care Provider Resilience**

Within the plans for winter, additional management capacity is costed to support the Crisis and Reablement providers. This is in relation to the increased volume of hours

to be coordinated and rostered, plus link in with and provide feedback to social care assessment teams on increased volumes of service users.

The proposal will also support the crisis and Reablement providers to be able to shore up their management capacity to operate more robustly across 7 day working. This will support both the requirement to deliver a more rapid discharge process and enable people with urgent social care needs to be supported in their own home rather than an unnecessary admission to hospital or a care home, thus freeing up services for people who need that level of support.

The continuation of the Lancashire Temporary Staffing Agency will continue to support the resilience of care homes, in particular where there are staffing gaps due to staff sickness, or in the management of COVID-19 outbreaks.

The Quality, Contracts and Safeguarding Adults Service continues to support providers across a wide range of pandemic related areas, and additional staff are detailed in the winter plan to bolster this service. The service has also developed a specific covid-19 provider failure plan which can be initiated should services be at risk of not being able to meet people's care and support needs as a result of the pandemic. This bespoke provider failure plan is supplementary to the existing plans in place which supports the county council's responsibilities under the Care Act and has been stress tested by the Military.

Providers also receive a daily call from the council where they are asked a range of questions including their PPE status, the staffing capacity and any new or suspected cases of COVID-19. They are also asked how they are managing and whether any additional support is required. This information is shared with contract management teams within the service to follow up and ensure that providers receive the information, advice and guidance they need, linking in to relevant support pathways where necessary.

The government has made available to care providers a grant (with conditions) to support infection control. The funds will be administered by the council, with the period covered by the grant ending March 2021.

### **Hospital Aftercare Service (Age UK)**

The Hospital Aftercare service is present in each Acute Trust across Lancashire, and works alongside discharge teams and NHS colleagues in the Emergency Department to support timely discharge for those people not requiring specialist transport or social care.

The service which is delivered by Age UK on behalf of Lancashire County Council includes "Take Home & Settle" (Tier 1) which provides support for up to 3 hours, and "Follow-up and Support" (Tier 2) which provides low level support for up to six weeks of up to 15 hours over the period.

The planned expansion for this winter and beyond if required, will support up to an additional 800 people per year.

### **Integrated Home Response and Falls Lifting Service**

These services went live in October 2019 across Lancashire, and offer an alternative response to an Ambulance for people who have fallen within their own home and have no injury but need help in getting back on their feet or for those who receive LCC's or Blackpool Council's telecare service and require a wellbeing check. The

service aims to avoid unnecessary call outs of emergency ambulances to older and vulnerable people. Instead of being attended to by North West Ambulance Service (NWAS) the individual is visited by a response and lifting service, building on existing local authority telecare provision.

Up to the end of June 2020, the service responded to over 11,500 calls. Those are potentially visits which an emergency ambulance would need to respond to, if this service wasn't in place. Average response times for the service are just over 27 minutes, which is much better for the individual as they will wait for less time on the floor.

### **Workforce**

Additional Social Work, Occupational Therapy and related social care assessment workforce have been proposed which will expand the capacity of a range of teams to support amongst other things:

- the rapid discharge of people ready to leave hospital
- assessments and reviews
- triage and facilitate admissions into intermediate care services
- support people to move through intermediate care services
- support providers with outbreak management and recovery, and respond to provider failure
- minimise delays in adult safeguarding work
- sourcing appropriate care in a timely way
- support to people who are homeless and at risk of COVID transmission
- meet the increased demand for 'single handed care' assessments

### **Mental Health**

It is recognised, that as a result of the Covid-19 pandemic, the demand for mental health services is likely to increase further, due to both increased mental health prevalence within the population, as well as from suppressed access to mental health support during the lockdown period and continuing social restrictions. Additionally services both nationally and locally are beginning to see an increased acuity in first time presentations to our services. Adult Social Care teams and the 24/7 AMHP service work together with NHS partners to support to access the right treatment and support for their needs, in a timely way.

## **7. Collaboration across Health and Care Services**

LCC Adult Social Care have worked together with the NHS and other partners on winter planning, risk mitigation and opportunities for mutual aid.

### **Hospital Discharge**

The updated national Hospital Discharge Service Policy and Operating Model was published 21<sup>st</sup> August 2020. Work is underway to agree a standardised set of principles, pathways and an operating model for Lancashire and South Cumbria aligned to the national guidance that will enable people leaving hospital to experience the same process, receive the same information and have access to the same service opportunities on discharge. This work also includes developing and agreeing locally the financial arrangements that underpin the operating model.



The updated national model aims to keep people as safe as possible by putting in place pathways that enable people to leave hospital as soon as they no longer need an Acute bed. The expansion of the service capacity set out in the LCC Adult Social Care Winter Plan supports this aim by ensuring there is sufficient service capacity to enable this to happen in a timely way, in the majority of cases on the same day. The expanded services focus on enabling people to have period of recovery and maximise their independence. Planning and decision making at both an individual and commissioning level has a clear 'home first' focus.

In line with the updated guidance, people who are discharged with new or extended care are fully funded for up to 6 weeks. LCC and NHS staff work closely together to ensure that peoples' needs are assessed within that time, and longer term care needs are identified and appropriate support put in place

### **Care Settings**

The Lancashire Admissions Policy is in use and followed by the Hospitals which ensure that people must be tested prior to discharge into a care setting. The Policy further sets out the requirement to communicate the results to the providers and confirm that they can receive the person and provide the appropriate isolation measures. As a health and care system we will be working together to support people to return to the home they were in prior to a hospital admission wherever possible, and avoid unnecessary disruption to their lives.

Adult Social Care are working locally with NHS partners and Care Providers to look at alternative safe options for people who need to leave hospital, cannot return home even with a high level of support and cannot be discharged to their chosen Care Home as the provision of appropriate isolation is not possible. We will also be working closely with the CQC in their role under the national Adult Social Care Winter Plan to designate premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result

Provision under the Enhanced Health in Care Homes framework is in place across Lancashire, with all Care Homes having been designated a clinical lead. Various arrangements are in place across the County under the framework including the sharing of health advice and information with Care Homes through local digital platforms, the provision of enhanced support through health Care Home support teams, the ability to provide GP consults via video technology and the clustering of Care Homes into designated Primary Care Networks.

### **Continuing Health Care (CHC)**

National guidance on the restoration of NHS Continuing Health Care processes was issued on the 21<sup>st</sup> August 2020. The guidance outlines that from the 1<sup>st</sup> September 2020, the CHC process should resume with people who are eligible being assessed in the usual way.

The guidance also sets out the requirement to assess and review everyone who is currently receiving fully funded support through the national hospital discharge arrangements in place from 19<sup>th</sup> March – 31<sup>st</sup> August 2020, by the 31<sup>st</sup> March 2021. Additional funding has been made available nationally, and Adult Social Care are working closely with the NHS locally to agree additional workforce capacity, communications and joint processes to ensure everybody who needs an assessment has one by the deadline. We have approximately 2000 'deferred assessments' to undertake by March 2021.

Collaborative and innovative ways of undertaking the volume of assessments are being developed, including the use of Trusted Assessments and video consults to minimise any unnecessary visits to care settings.

### **Escalation and Resilience**

Adult Social Care have worked with the NHS locally to agree daily reporting into the Escalation Management System Plus (EMS Plus) escalation system in place across the ICS. Hospital Discharge, and Intermediate Care Allocation Teams (ICAT)/Central Allocation To Care and Health (CATCH) teams will add their weighted team status into the dashboard each day giving visibility of capacity and pinch points. Work is underway to look at how service capacity for community intermediate care services such as crisis support and Reablement can be auto-uplifted into the dashboard each day from our existing systems, avoiding the need for additional manual input.

Sitting behind the escalation system is a set of action cards detailing the response of each organisation when any ICP reaches set standardised escalation trigger levels (OPEL 1-4).

LCC Adult Social Care have resilience and business continuity plans in place and have operated these across the pandemic so far. Care providers equally have these plans in place and many have enacted them in recent months. The Quality, Contracts and Safeguarding service work closely with care providers in ensuring plans are in place and appropriate business continuity actions are mobilised as required.

During the pandemic, LCC developed a Care Capacity Tracker and a daily contact process to further support the resilience of the care market. The information supplied by providers enables full visibility of pinch points and where urgent support is required, for example with PPE or new COVID infections. The tracker auto-uploads into the national tracker on behalf of care providers if they want us to do that, and the process has regularly ensured that the Lancashire data into the national tracker is the most complete nationally. Locally, the tracker enables a wider health and care system view of the care market, and high level data extraction is used as part of the ICS system resilience reporting.

## **8. Supporting people who receive social care, the workforce, and carers**

Keeping people as safe as possible, whilst ensuring they get the social care and support needed is integral to this winter plan. Ensuring resilience across the workforce is critical to being able to assess for and deliver social care support.

### **Workforce**

Across winter and the continuing pandemic, Adult Social Care continue to ensure that people receive timely social work and Occupational Therapy assessments, to get the right support at the right time. Additional staffing capacity has been identified to support the response to the anticipated increases in demand from hospital discharge and avoidance, safeguarding work, care sourcing and provider failure & outbreak management. This will minimise the need to pull on community teams who are working at full capacity. Business continuity and resilience plans are in place across all LCC Adult Social Care services.



7 day working is in place across Acute, ICAT, CATCH, Care Navigation and Approved Mental Health Professional (AMHP) teams, with the AMHP team operating a 24/7 service. Outside of core working hours, the Emergency Duty Team (EDT) responds to urgent situations.

As with previous years, annual leave is restricted across December and January to ensure 80% of the workforce is in work, with a minimum of 60% in work in-between Christmas and the New Year. The Acute, ICAT, CATCH and Care Navigation staff rostered to work across the Christmas and New Year period to support the hospitals are shared within each ICP. The response to hospital discharge continues to be a 7 day service, except for Christmas Day which is covered by the Emergency Duty Team.

LCC have put in place a range of measures to support the health and wellbeing of the Adult Social Care workforce. Information, help and advice is available on the intranet dedicated Coronavirus pages, and regularly updated. This includes information for example on COVID-19 testing, symptoms, answers to commonly asked questions, HR and Health & Safety guidance, risk assessments, working from home and mental health & wellbeing advice and resources. Staff are supported by their team managers and 1:1s have a focus on wellbeing. Fortnightly staff webinars are in place to ensure staff have access to important updates, and have the opportunity to ask questions.

The wellbeing and resilience of care staff and providers across the wider care market is equally critical. Providers have business continuity plans in place that contain actions to be taken in respect of winter challenges such as inclement weather alongside many other actions take in the continued response to the pandemic. LCC are further supporting potential capacity gaps across winter with the Lancashire Temporary Staffing Agency.

The national weekly testing programme is in place across Care Homes which supports the health and wellbeing of staff, and homecare providers have been encouraged to adopt similar regimes where they become available. The national Infection Control Fund has been used by care providers to support the control of the virus by enabling actions such as maintaining payments to staff who are needing to isolate, and other measures.

The fortnightly provider webinars set up by LCC during the pandemic will continue across winter, and these will continue to provide and interpret important information and updates along with answers to queries raised.

### **People Who Receive Social Care**

A range of measures have been outlined in the plan to ensure sufficient care and assessment capacity is in place to support people across the winter period and beyond, given the continuing challenges caused by the pandemic.

The additional capacity and measures in place focus on people who need care and support being able to get the right care, in the right place at the right time. Care is provided in a safe way that helps prevent the spread of COVID-19, and upholds peoples' dignity.

Due to the continuing pandemic, additional restrictions may occur both nationally and locally on peoples' lives. Adult Social Care will continue to respond to and work

within, the required public health guidance in place at any one time to ensure that peoples' needs are met. Locally, the Director of Public Health will continue to review and issue guidance as required for care providers to be able to protect their services users with a balanced risk approach. This includes Care Home visiting policies and ways to ensure that people can remain meaningfully connected within the restrictions in place.

Adult Social Care are working through the re-opening of day services for adults with disabilities and older people, with both the LCC services and with providers across the wider care market. Services will be re-opened where possible and provide much needed support for people in a COVID-19 secure way. Where people need alternative services these are being sourced.

During the pandemic, Adult Social Care worked closely with Housing Authorities and NHS services to provide a coordinated response to people who are homeless or rough sleepers, ensuring that they had the support they needed to minimise the transmission of the virus and maintain their health and wellbeing. Work is continuing to look at the coordinated response across the winter period to enable people to get access to the care and support they need.

This winter plan sets out the range of actions and measures being put in place not just for those people who need Local Authority funded care including people who manage their care via a Direct Payment, but also people who self-fund their care and support. People who self-fund their care have access to the range of intermediate care services such as crisis support and Reablement, and to the fully funded 'discharge to assess' pathways operating out of the hospitals under the national guidance.

## **Carers**

Unpaid carers make up a vital part of the support networks for people who need care, with many unpaid carers being the sole carer for their loved ones.

Our support for unpaid carers remains robust and resilient. During the pandemic Carers identified by the council receive regular welfare checks, guidance and support using a range of technological channels. We have provided carers with official letters from the county council so they can evidence their vital role and continue their hugely important work to protect and support the most vulnerable.

Support for carers that was previously delivered at drop-in centres or coffee mornings has now moved to online peer-support platforms and many carers have signed up for this type of online peer support, which includes social activities such as quizzes and information, advice and guidance on health and wellbeing.

There is a range of information available to carers both on the LCC website and also through Carers Centres. Where unpaid carers are approaching Adult Social Care for support in their caring role, specific Carers assessments are undertaken by local Carers Centres and where required formal support is provided to the cared for person.

## **9. Prisons**

There are 5 male prisons within Lancashire, with varying degrees of social care demand. Winter resilience planning has taken place with the two social care providers

who are contracted to deliver support across the Prisons, to ensure that they have contingency plans in place to meet unexpected challenges.

Measures are in place to ensure that the men receive essential social care assessments and support even when tighter restrictions are in place as a COVID-19 prevention or outbreak response.

Adult Social Care are working closely with Prison Governors to ensure the delivery of social care to the men in custody mirrors as closely as possible the care and support they would expect to receive in the community.

A new 'Buddy' scheme is now in operation as a shared programme between the Prisons and Adult Social Care locally and the national organisation RECOOP, training a small number of prisoners to deliver some defined low level support, which enables those men receiving it to have greater levels of independence and emotional support.

## **10. Public Health**

### **Affordable warmth**

LCC works with the district councils to secure national Energy Company Obligation and other external funding through the [Cosy Homes in Lancashire](#) (CHiL) scheme for interventions such as first-time central heating, replacement boilers and insulation measures. CHiL can also offer a home visit that looks at the property, heating type and state of repair, energy usage and will provide support with fuel debt, fuel bills, switching energy supplier etc. Cosy Homes in Lancashire projects target those households living in fuel poverty and at greatest risk of their health being affected by having a cold home, particularly those recently leaving hospital, but also provides an offer of support to all households.

### **Crisis Support**

Help with essential furniture items and white goods is available for those on a low income needing help to maintain or set up a home. Applications to the Scheme are made by an approved referral organisation via the [online application form](#). To support residents with fuel payments LCC works with the Energy Debt Team based at Citizens Advice Preston (who cover all Lancashire districts for this service) to provide discretionary awards for fuel tops ups as part of a package of wider advice and support provided by experienced energy debt advisors.

### **Welfare Rights**

Following some changes, as from April 2020 the Welfare Rights Service (WRS) provides comprehensive and independent advice and assistance to Lancashire residents with appeal tribunal representation, comprehensive benefit advice for people over pension age, consultancy and training. Customers can access the service by referral from our referral partners i.e. any LCC service, other community services such as Citizens Advice, local councils, MPs, specialist nurses, mental health services and any other community service and organisations signed up as a referrer.

Further information on benefits and how to access the service can be found at <https://www.lancashire.gov.uk/health-and-social-care/benefits-and-financial-help>.

Contact is made within 10 working days or 2 working days for very urgent queries. During the current pandemic, arrangements are in place to undertake hearings and give advice remotely. The Welfare Rights Service is also developing an online training

program which can be accessed by LCC staff, other professionals and residents. A guide on how to complete a Personal Independence Payment form is currently available by registering on the LCC website and more courses and guides will be available shortly. The Welfare Rights Service uses social media (Facebook and Twitter) to keep people up to date with any relevant changes and information.

## **11. Winter and COVID-19 – Communications Arrangements**

### **Winter**

LCC has a dedicated 'Winter' page on the website delivering advice to residents such as how to keep warm and well plus information regarding travel, gritting and weather forecasts. Links are provided to partner sites including advice from the NHS and Lancashire Fire and Rescue. Between the 1<sup>st</sup> November 2019 - 31<sup>st</sup> March 2020 the site received 14,584 unique hits showing the importance and value of the provision of information to the citizens of Lancashire.

Helpful advice is provided on the site regarding how to prepare for inclement weather and advice around 'choosing well' with regard to accessing health services and not increasing unnecessary pressure on GP surgeries and Hospitals. Residents are encouraged to take up the flu jab, particularly if they are entitled to a free vaccination, and to encourage older or vulnerable friends, family and neighbours to do the same.

The LCC Winter site will continue to be updated with relevant information and advice throughout the winter period. During bad weather social media and press releases are used to remind people to take care and encourage neighbours to visit those who may be vulnerable living nearby. Key stakeholders are updated about the situation and any effects on service delivery.

### **Intermediate Care Capacity**

Capacity and usage information regarding intermediate care services is circulated daily to key staff across partner agencies via the Lancashire County Council care navigation service. This gives critical information to help good decision making in supporting people to access the right services for their needs.

### **COVID-19**

LCC has dedicated COVID-19 advice and information on the website, including the latest figures, health and wellbeing advice and where to access support, and also a myth-busting section to promote accurate information and help people make informed decisions.

The site includes information on prevention, self-isolation and the Test and Trace service, along with key information about Council services and how they are operating during the pandemic.

Information regarding the Community Hubs that were set up by the District Councils to provide support to vulnerable people during the pandemic, is detailed including direct links to their websites.

**Appendix A – Table of Additional Service Capacity and Costs**

<b>Service</b>	<b>Approximate Number of People Who Could be Supported (per annum)</b>	<b>Half year cost to end March 2021) £</b>	<b>12 month cost £</b>
Crisis (Home First, Crisis, Alternative to Residential)	Home First & Crisis Hours: up to 7000 people  Alternative to Residential: up to 1250 people	3,226,600	6,453,200
Reablement	Up to 2,964 people	987,012	1,974,024
Roving Nights	Up to 3,000 people	116,967	233,934
Additional Social Workers (ICAT/CATCH/Reablement/Safeguarding/MH)	Required to meet demand	618,950	1,237,901
OT's	Required to meet demand	328,957	657,915
Increased Provider Leadership	Required to ensure timely response across 7 days	34,500	69,000
Additional Provider on-call	Required to ensure timely response across 7 days	22,500	45,000
SCSOs, Res Rehab referral management & Care Co-Ordination (G6	Required to meet demand	204,821	409,643
Additional Care Staff - res rehab	Required to meet demand	282,000	564,000
BSO	Required to meet demand	107,744	215,488
Additional Age UK Provision	Up to 800 people	105,000	210,000
Restoration of CHC systems and backlog	Required to meet demand	125,000	250,000
<b>Total</b>		<b>6,160,052</b>	<b>12,320,105</b>



# Adult Social Care Winter Plan Health & Wellbeing Board 3<sup>rd</sup> November 2020

# Winter Planning - Context

For the last 5 years, Adult Social Care have developed a winter plan that sets out the challenges of winter and the response to it. The plan sits alongside and contributes to the mandatory NHS plans produced by each Integrated Care Partnership.

This year is anticipated to be a 'winter like no other' in terms of the multiple challenges that health and social care could face. Our planning has therefore been driven by the following areas of (potential) pressure:

Page 7 of 6

- |   |  |
|---|--|
| Usual winter pressures                              | - COVID-19                             |
| Avoidable Care Home admissions                      | - Market Stability / Sufficiency       |
| NHS Phase 3 Planning & Restoration                  | - Designated Settings                  |
| National Adult Social Care Winter Plan              | - New Discharge to Assess Arrangements |
| Mental Health / Safeguarding                        | - Recruitment Timescales               |
| Resilience of social care workforce                 | - Social Care priorities               |
| Restoration of Continuing Healthcare processes      | - Brexit                               |
| Continuation of existing iBCF / Winter funded posts |  |



# Winter Planning - Funding

For the last 3 years, Adult Social Care have received 'winter funding' in the form of a ring-fenced grant as part of the Better Care Fund. This year's allocation is not ring-fenced specifically, but fully pooled into the Fund. The allocation is £5.5m.

This year, due to the unprecedented challenges across both social and health care, alongside the need to continue to fund some existing critical temporarily funded teams, the financial implications are significant. Planning is not limited just to winter, but across the next 12 months.

Costs have been calculated for 6 and 12 months, based on reasonable assumptions:

	6 Months	12 Months
Winter Capacity	£6,160,052	£12,320,105
Continuation of iBCF Funded Teams		£4,700,000

As part of the Integrated Care System (ICS), LCC shared financial proposals based on the above table, setting out that the extension of iBCF-funded teams for 12 months and 6 months worth of our winter schemes can be funded within LCC winter and COVID-19 grant allocations, but there will be a shortfall if capacity is required beyond April 2021.

The winter funding required to ensure risks are managed, people are supported to be safe and well, and wherever possible able to be supported in their own homes, is supported by Corporate Management Team

# Winter Planning – What's In The Plan

The winter plan sets out a range of service enhancements and adult social care responses designed to enable more people to return directly home after a stay in hospital, avoid unnecessary hospital or Care Home admissions and have the opportunity to maximise their independence. Plans are in place to support the management of service capacity, to ensure the right service will be available to people at the time when they need it.

The Plan sets out what we will do in response to winter including:

Service capacity enhancements including :

- Additional Crisis Hours
- Additional 'Home First' Hours
- Additional Reablement Hours
- Additional 'Roving Nights'
- Shoring Up Intermediate Care Provider Leadership across 7 days
- Mobile Telecare
- Home First Hours for people with more complex needs
- Residential Rehab Referral Management Hub

Additional Staffing Capacity

Continued Support to Care Homes – recovery and outbreak management

Designated Care Settings

Resilience and Escalation

# Winter Planning - Next Steps

Continue to work collaboratively with the NHS and other organisations regarding implementation of winter plans and resilience across the winter period

Continue to support the sufficiency and stability of the care market as part of winter and COVID-19 response planning

Work quickly with care providers to recruit and get required additional capacity in place

Winter recruitment campaign for additional LCC staff

Work with the Care sector, the Care Quality Commission and local NHS partners in relation to Designated Settings

Monitor the implementation, progress and effectiveness of the Winter Plan via the LCC Adult Social Care Winter Board

