Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 8 March 2022, 2.00 pm,
Stubbylee Community Greenhouses, Stubbylee Lane, Bacup, OL13 0DD

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		
2. Disclosure of Pecuniary and Non-Pecuniary Interests	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		
3. Minutes of the Last Meeting held on 25 January 2022	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Appointment of Deputy Chair	Action	To note the NHS appointment to the role of Deputy Chair of the Health and Wellbeing Board.	Chair		
5. Healthy Hearts Strategy Development	Discussion and Action	To receive an update on the Healthy Hearts Strategy Development and agree ongoing system wide commitment and collaboration and to receive and endorse the refreshed Local Government Declaration on healthy weight.	Dr Sakthi Karunanithi	(Pages 9 - 16)	
6. Health Equity in Lancashire	Discussion	To receive an update from the Health Equity Commission and endorse the leadership role of the Health and Wellbeing Board in promoting a system wide health equity approach across Lancashire.	Tammy Boyce - Institute of Health Equity	(To Follow)	
7. Better Care Fund	Action	To confirm the Chairs approval, given under delegated powers, to the Lancashire Better Care Plan for 2021/22.	Paul Robinson	(Pages 17 - 78)	
8. Urgent Business	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.	Chair		

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.			
9. Date of Next Meeting	Information	It is proposed that the next scheduled meeting of the Board will be held at 2pm on 10 May 2022 in at a venue to be confirmed in West Lancashire.	Chair		

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 25th January, 2022 at 2.00 pm in Committee Room 'A' - The Tudor Room, County Hall, Preston

Present:

Chair

County Councillor Michael Green, 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
County Councillor Jayne Rear, Lancashire County Council
County Councillor Mrs Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Dave Carr, Policy, Commissioning and Children's Health, Lancashire County Council
Dr Geoff Jolliffe, Morecambe Bay CCG
Councillor Matthew Brown, Central, Lancashire Leaders Group
David Blacklock, Healthwatch
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

Stephen Young	Growth, Environment, Transport and Community Services, Lancashire County Council
Dr Julie Higgins	East Lancashire CCG
Suzanne Lodge	North Lancashire Health & Wellbeing Partnership
Gary Hall	Lancashire Chief Executive Group
Councillor Viv Willder	Fylde Coast, Lancashire Leaders Group
Councillor Mark Hindle	East Lancashire Health and Wellbeing Partnership
Greg Mitten	West Lancashire Health and Wellbeing Partnership
Tammy Bradley	Housing Providers
Jon Charters/Mark Hutton	Lancashire Fire & Rescue Service (LFRS)

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

- Denis Gizzi is attending on behalf of Dr Lindsey Dickinson, Chorley and South Ribble CCG and Dr Sumantra Mukerji, Greater Preston CCG

- Dave Carr is attending on behalf of Edwina Grant OBE, Education and Children's Services, Lancashire County Council

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance.

2. Constitution, Membership and Terms of Reference of the Committee

The Board were informed that the Terms of Reference had been amended and approved at the Full Council meeting of the County Council on 16 December 2021 and that County Councillor Michael Green, Cabinet Member for Health and Wellbeing had been confirmed as Chair of the Board.

The Board noted that the Deputy Chair of the Board had previously been a representative from the NHS and going forward the new Terms of Reference remained the same, however as the NHS Reforms were still ongoing, it was agreed that Denis Gizzi, NHS would remain as the interim Deputy Chair of Lancashire Health and Wellbeing Board, until a formal appointment was received from the Integrated Care System Board.

Resolved: That the Lancashire Health and Wellbeing Board:

i) Noted the revised Terms of Reference and membership as set out in Appendix 'A' of the agenda and agreed by Full Council on 16 December 2021.
ii) Noted the appointment of Chair as agreed at Full Council.
iii) Agreed the appointment of Deputy Chair.
iv) A formal note of thanks be sent to the former Chair of the Lancashire Health and Wellbeing Board thanking him for his services.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

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

4. Minutes of the Last Meeting held 9 March 2021

Resolved: That the Board agreed the minutes of the meeting held on 9 March 2021.

There were no matters arising from the minutes.

5. Lancashire Health and Wellbeing Board - SEND Sub-Committee

Julie Bell, Interim Director of Education, Culture and Skills, Lancashire County Council presented the final report of the Special Educational Needs and Disabilities (SEND) Sub-Committee which was requesting that it be disestablished as it has successfully achieved a good result.

There were five interventions that were in place for the Special Educational Needs and Disabilities (SEND) Service, and it was confirmed that sufficient progress had been made in all five areas in November 2021.

It was noted that there had been a high level of challenge and that colleagues from the NHS had been extremely helpful in the proceedings and that collaboration working between the NHS and the County Council, both with officers and with Elected Members, had worked really well and as a result, positive progress had been achieved.

The Chair formally thanked everyone that had been involved with the Sub-Committee, particularly the excellent work of the officers and the Elected Members both past and present, who had worked hard to ensure that good results were now being achieved. Julie Bell, County Councillor Phillippa Williamson, Leader of Lancashire County Council and County Councillor Jayne Rear, Cabinet Member for Education and Skills also echoed their thanks to all involved.

Resolved: That the Lancashire Health and Wellbeing Board:

i) Noted the report of the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub-Committee from its meetings on 22 March 2021, 21 June 2021, 13 September 2021 and 30 November 2021.

ii) Approved that the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub-Committee be disestablished with immediate effect.

6. Lancashire Health and Wellbeing Priorities and Next Steps

John Morrissy, Director of Organisational Development and Change, Lancashire County Council gave a presentation (attached to the minutes) to the Board following three workshops sessions that had been held during Autumn 2021 where engagement with key stakeholders took place on how the Board could be further developed and strengthened.

The presentation provided an overview of the outcomes from the workshop sessions and further information was provided on:

- Recap and Feedback – Key themes and messages emerging from the workshop discussion.
- Responding to Feedback – Strategic actions and initial continuous improvement priorities.
- Operating differently – Suggestion that the Board should focus on three key elements:
  i) Better Start in Life
  ii) Healthy Hearts
  iii) Healthy Minds

  And in doing so, the Board should encourage all partners to ensure the Board are linking its priorities to all of the available policy levers.
- Moving from ambition to delivery – Key requirements/elements that require resources to support the three key areas:
  i) Board development
  ii) System improvement
  i) Community engagement
- Draft vision and purpose (based on staff/partners engagement so far)
- Initial priorities for a Better Start in Life, Healthy Hearts and Healthy Minds:

  - Achieving the best start in life for all our children and young people.
  - Prevention and early detection of long term conditions and their root causes.
  - Promoting wellbeing in Lancashire's communities, workplaces and economy.
- Governance and meetings – particularly place-based locations wherever possible, so that the Board can benefit from lived experience and successful examples. Also the format of Board meetings going forward, should look at:
  - Bringing together data and analysis to illustrate an issue.
  - Experiencing examples of successful approaches.
  - Identifying rapid solutions which can be developed and scaled.
- Proposed next steps:
  - Development of implementation plan and ongoing engagement.
  - Identify continuous improvement support capacity.
  - Refresh the Health and Wellbeing Board Strategy using the Joint Strategic Needs Assessment (JSNA) and the Health Equality Commission (HEC).

Following the presentation, comments received from members of the Board, were that in terms of structure and the current COVID pandemic, which has raised further concerns with Long COVID, mental health, loss and grief within communities as well as economy, would this be something the Board could pursue. It was noted that the priorities identified were immediate, whilst still in the pandemic and that there will be a continuous programme of work on understanding how health and wellbeing has been affected over the last two years, in particular the economy and environment and will require a joint action approach of which, this is just the start of it.

County Councillor Sue Whittam, Lead Member for Health commented that it was clear from the workshops that people wanted a fresh approach to the Board and that visiting communities and districts, to witness some of the work in practice and see the outcomes that are going to make a real difference to residents in Lancashire would be beneficial in the Board moving forwards.

David Blacklock, Healthwatch Lancashire indicated that they would be willing and able to support the reaching out to communities and carrying out engagement activities and suggested that Board members could take responsibility and accountability for particular issues or topics and drive an agenda forward. Also, it was reported that Healthwatch has been working with local citizens and the NHS on creating a new model of engaging in the five local areas that the NHS work on and are about to establish some Health and Care Forums which are about having regular ongoing dialogue with local communities about the big issues that matter to them around health and care and that it would be useful to join these up with the Board to avoid duplication.

It was noted that it was crucially important to find more effective ways of working together as partners and as members of the Board moving forwards and being able to focus very much on outcomes whether it be in the short or long term.

Discussion took place about moving Lancashire Health and Wellbeing Board out into the communities and districts of Lancashire and that this was an important aspect of the Board moving forwards in having an opportunity to go to parts of the County where there was some really good practice taking place so that lessons can be learned and replicated elsewhere in Lancashire or where there is a particular issue that needs to be addressed as a collective and allows the Board to take action collectively. As agreed in the Terms of

Reference, it states that "Meetings will be held at County Hall, Preston, unless otherwise agreed by the Board". There were no objections to this taking place.

The Chair also formally noted his thanks to all former members of the Lancashire Health and Wellbeing Board, who have made a difference for the people of Lancashire throughout their time as members on the Board.

Resolved: That Lancashire Health and Wellbeing Board:

i) Noted the update from the workshops held in Autumn 2021.
ii) Noted the Lancashire Health and Wellbeing priorities and next steps.
iii) Agreed to hold meetings outside of County Hall as often as possible.

7. Annual Report of the Director of Public Health 2021-22

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council presented the Annual Report 2021-22 to the Board. The report (Appendix 'A' in the agenda pack) details an analysis of key indicators of health, outcomes and equalities in Lancashire. It was noted that the Annual Report would also be presented to Lancashire County Council's Cabinet on 3 February 2022 and Full Council on 24 February 2022. Dr Sakthi Karunanithi, Director of Public Health also thanked the Public Health Team for the Annual Report as well as wider partners who had also been involved in the compilation of it.

Directors of Public Health have an annual duty to describe the state of health and wellbeing and highlight challenges and point to areas of collective actions as a society and continue to promote good health and prevent illness and deaths. The Board were informed that how healthy somebody was, is determined by a wide range of factors, ie 20% is influenced by the NHS, health care and clinical services and 80% is determined by the wider/social determinants of health.

It was reported that there are two key measures that are globally recognised to describe the health of society and how it is distributed within communities:

i) Life expectancy at birth
ii) Healthy life expectancy at birth

In Lancashire the life expectancy at birth for:

i) Females is 82 years
ii) Males is 78.3 years

And for healthy life expectancy for:

i) Females is 62 years
ii) Males is 60 years

This highlights that 75% of your life is spent living healthily with 25% not in good health, which is a stark realisation.

The Board were informed that throughout the COVID pandemic is has highlighted how intrinsically health and economy are linked and it is imperative to be prepared for responses to future threats and to reduce inequalities in Lancashire. The immediate priority in Lancashire is school readiness and cuts across shared goals, whilst not losing focus on issues such as overweight and obesity in children. During COVID it was noted that the community effort in Lancashire in communities, voluntary community and faith sector (VCFS), volunteers rose to the challenge to help each other in times of need which recognised the value of the VCFS colleagues that are helping to improve health and wellbeing and will continue to embrace that and support the sector.

It was highlighted that there were three "E's" that were key levers to improving health and wellbeing more than anything else and they are:

i) Education
ii) Environment
iii) Economy

The Board also noted that alliances and partnership working on mental health had already commenced with various programs across Lancashire and also working with employers to address the issues surrounding mental health.

It was outlined to the Board, the key findings detailed in the covering report and the six high level recommendations included in the Annual Report which were:

i) Adopt a health in all policies approach to reducing health inequalities across Lancashire.
ii) Work more closely with wider system partners to support and improve how we do things, working alongside the voluntary, community, faith and social enterprise (VCFSE) sector as more equal partners.
iii) Harness the relationships and ways of working which have developed during the pandemic to improve the health and wellbeing of children and young people and reduce child health inequalities.
iv) Align health and climate goals, working with partners and our communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change.
v) Ensure all key interfacing strategies in Lancashire have a healthy ageing focus and to demonstrate commitment to healthy ageing by signing up as a co-signatory to the Public Health England (PHE) Healthy Ageing Consensus statement.
vi) Address low in-work productivity, as the biggest single contributor to Lancashire's productivity gap, through work-based health programmes, supportive workplace practices and closer working relationships with key agencies such as Department of Work and Pensions (DWP).

Following the presentation, the Chair formally thanked Dr Sakthi Karunanithi and the Public Health Team for the excellent Annual Report and requested that his thanks be passed on to the Team.

It was also suggested that the economy be restructured to tackle inequalities across Lancashire and that groups within communities are set up to tackle the issues of loneliness, particularly with men.

In terms of the what the Lancashire Health and Wellbeing Board can do going forward with regards to the information highlighted in the report is that it needs to link the report with the Board development conversation and its' work programme to ensure the Board moves forwards in a different way and look at members being champions/ambassadors for a particular topic, as well as a commitment from the Public Health Team and wider health and wellbeing teams across Lancashire to support the endeavour in bringing more intelligence on what works and good practice in terms of polices. It was agreed that Dr Sakthi Karunanithi, Director of Public Health would speak further with regards to this in how to move this forward, with individual Board members.

Resolved: That the Lancashire Health and Wellbeing Board:

i) Received the Annual Report of the Director of Public Health 2021-2022.
ii) Supported the high-level recommendations contained within the Annual Report.
iii) Agreed that Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council speaks individually with members of the Board on how the Board can support the Annual Report and be ambassadors/champion issues for better outcomes in Lancashire.

8. Strategic Approach to Care, Health and Wellbeing

Denis Gizzi, Deputy Chair of Lancashire Health and Wellbeing Board, NHS led a strategic discussion on the approach to care, health and wellbeing which is just the start of a much broader conversation engagement with partners and stakeholders.

The Board were informed that discussions have been taking place with different people in various meetings over the last two years as the pandemic was being managed and that there are three parts to those discussions:

i) Context – what has been learned from the last 18 months – 2 years.
ii) Consider what can be done better together and move forward.
iii) What third party essential requirements would be needed to do it and do it well.

It was suggested that as a system it needs to get better at predicting risk by using data and science to ensure there is organised and structed action in the way in which services fit together to ensure better quality and outcomes for residents in Lancashire. There is also the prediction of model of care so that it is structured in such a way that it delivers a better quality of care overall and be much more prescriptive around that system of care and if all those suggestions are balanced, and the resources are available, there would be a more structured, organised, systematic process of care planning.

Following the update, it noted that from a longer term strategic approach there is something about how this links with the broader digital strategy across the Integrated Care System and how it is embedded within that.

As a Board, it was suggested as to whether it should be driving this or using its' influence in the wider partnership. It was felt that the Board should not own this itself, however it

should be setting the scene and setting the strategy and holding the system to account for sticking within that strategy.

The Board noted that having a good understanding in the analysis of different segments of the population and how there needs to be a "prescribed" set of care, one of the things that Lancashire Health and Wellbeing Board is ideally placed is to champion what really matters for someone's health and wellbeing and is captured as part of the care plan such as housing, education and employment.

Resolved: That the Lancashire Health and Wellbeing Board engaged in a strategic discussion on recovery from the pandemic and looked at ways of developing a longer term health and wellbeing strategy.

9. Urgent Business

There was no urgent business received.

10. Date of Next Meeting

The next scheduled meeting of the Board will be held on Tuesday, 8 March 2022 at 2pm in Committee Room 'C', County Hall, Preston.

As discussed previously in the meeting, the venue for the next meeting, may be elsewhere in the County and will be confirmed to members as soon as possible.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday 8 March 2022

Corporate Priorities:
Delivering better services;
Caring for the vulnerable;

Healthy Hearts Strategy Development
(Appendix 'A' refers)

Contact for further information:
Aidan Kirkpatrick, Consultant in Public Health, Lancashire County Council, Tel: 01772 539889
Aidan.Kirkpatrick@lancashire.gov.uk
Alison Moore, Public Health Specialist, Lancashire County Council, Tel:01772 532508
Alision.Moore2@lancashire.gov.uk

Executive Summary

This report articulates the pressing need for the development of a Lancashire wide Healthy Hearts strategy, which will outline the scope of its' intended strategic intent and proposes key recommendations to the Health and Wellbeing Board in order to seek a mandate for this area of work and ensure system wide buy-in.

Recommendations

The Health and Wellbeing Board is asked to:

i) Endorse the strategic development of the proposed Healthy Hearts Programme.
ii) Sign the Healthy Weight Declaration (Appendix A) pledging to tackle unhealthy weight within Lancashire.
iii) Support the targets currently being developed for the emerging Healthy Hearts Strategy.
iv) Endorse a joined up collaborative approach with the emerging Integrated Care System Cardiovascular Disease Prevention Programme, to support cross organisational leadership and delivery responsibilities.
v) Receive future updates as this programme of work develops further.

Background

Cardiovascular Disease (CVD) is the leading cause of death worldwide and accounts for one in four of all deaths in England, the equivalent of approximately one death every four minutes.

Cardiovascular Disease morbidity is also a major issue for health and social care and places a considerable financial burden on the NHS and wider society with cardiovascular disease related healthcare costs alone in England amounting to an estimated £7.4 billion per year, and annual costs to the wider economy being an estimated £15.8 billion.

Lancashire County Council

From a Lancashire perspective, cardiovascular disease premature mortality rates are well above the English average, which is in part likely to be associated with correspondingly high levels of deprivation.

Figure One: Premature (under 75) mortality rates in Lancashire relative to England (2016 - 2019)

Indicator	Lancs		England		England	
	Count	Value	Value	Worst	Range	Best
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2,890	83.7	70.4	121.6		43.6
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 3 year range)	1,168	33.7	28.1	49.3		15.0

The timing of this report aligns with both the recent commitment of the Lancashire Health and Wellbeing Board to prioritise Healthy Hearts as one of its' initial three priorities and also with the Government's 'Levelling Up' agenda; that by 2030 the gap in Healthy Life Expectancy between local areas where it is highest and lowest will have narrowed and that by 2035 Healthy Life Expectancy will rise by five years.

This latter policy intervention is particularly pertinent for Lancashire given not only the wide variations in both Life Expectancy and Healthy Life Expectancy across Lancashire; but also crucially the fact that when considering the expectancy gap between the most and least deprived quintiles of Lancashire, just over 24% of this gap is attributed to circulatory disease related mortality (ahead of all other causes of death), hence underlining the key importance of doing everything we can to address this across our county.

Recognising that locally within Lancashire, Cardiovascular Disease has such a strong impact on the measure of life expectancy figures it is proposed to establish a Lancashire wide Healthy Hearts Programme based on a Best Practice Framework as outlined in Table One below:

Table One: Best Practice Framework to support a Healthy Hearts Programme
(Public Health England and the Association of Directors of Public Health)

1)	Make a healthy diet the easy choice: work to continue to reduce the salt and saturated fat content of food consumed inside and outside the home.
2)	Improve air quality by taking action to reduce emissions.
3)	Make physical activity the easy choice by developing an environment which encourages active travel and physical activity in public spaces.
4)	Identify and assess people for their risk of cardiovascular disease through the NHS Health Check programme, with effective strategies for assessing the risk of developing Type 2 diabetes hence allowing referral to the NHS Diabetes Prevention Programme.
5)	Support individuals to reduce their risk of cardiovascular disease by becoming more active, maintain a healthy weight, stay within safe levels of drinking and stop smoking.
6)	Optimise clinical treatment so that health outcomes can be improved for people at risk of cardiovascular disease and those diagnosed with disease receive optimal clinical treatment.

In doing so, this is broadly in line with the published international evidence base that the key risk factors encompassed within this Healthy Hearts framework account for somewhere in the region of 90% of the population attributable risk for cardiovascular disease related conditions.

Although the Healthy Hearts programme and associated long term strategy is currently in the early stages of being developed, there is the ability to build on some of the pre-existing work that had to be temporarily paused during COVID-19, and in particular:

1) Relaunching Lancashire's Healthy Weight Declaration (Appendix A).
2) Restarting Lancashire's NHS Health Checks Programme with a particular emphasis on new transformational models in Primary Care Networks such as Rossendale.
3) Commissioning a new community Blood Pressure Case Finding Service as well as supporting NHS colleagues to implement a Home Blood Pressuring Monitoring service.
4) Supporting NHS Colleagues in undertaking a health profile around cholesterol management for patients at increased risk of developing cardiovascular disease.
5) Starting to roll out a nicotine addiction service to be offered to all hospital in-patients.

Arrangements are underway for an initial wider council workshop later this month to scope out how best to develop a Healthy Hearts Strategy and associated work programmes. In doing so, this will help to build upon a range of emerging national targets related to cardiovascular disease (indicative examples as outlined in Table Two below) and is intended to be incorporated as a formal part of the strategy.

Table Two: Indicative Key Targets for partners to sign up to as part of Lancashire's Healthy Hearts Approach

Domain	National Targets	National Timelines
Reduction in Smoking Prevalence Rates	5%	2030
Reduction in levels of childhood obesity (from baseline)	50%	2030
Detection rate for all cases of hypertension (including those undiagnosed)	80%	2029
Proportion of people with hypertension being treated to national clinical targets	80%	2029
Proportion of people aged 40-74 receiving a formal validated CVD risk assessment and having a cholesterol measurement recorded on a primary care data system	75%	2029
Proportion of people aged 40-74 who have a 20% or greater 10-year risk of developing CVD being treated with statins	45%	2029

Finally, as part of the approach, there is a commitment to working with NHS colleagues and wider partners to embrace the three key national components of Placed Based approaches i.e. civic interventions, community engagement and service interventions to reduce health inequalities and to build on the best practice transformational approaches currently being undertaken in both Rossendale and other areas within the wider Lancashire and South Cumbria Integrated Care System.

List of background papers

1) What Good Cardiovascular Disease Prevention Looks Like - https://www.adph.org.uk/wp-content/uploads/2019/06/What-Good-Cardiovascular-Disease-Prevention-Looks-Like.pdf

2) Why a Local Authority Declaration on Healthy Weight is Needed – Evidence Briefing (Food Active Health Equalities Group, 2020) - https://foodactive.org.uk/wp-content/uploads/2020/09/HWD_Evidence-Briefing_Update_July-2020-FINAL.pdf

Appendix A

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday 8 March 2022

Corporate Priorities:
Delivering better services;
Caring for the vulnerable;

Local Authority Declaration on Healthy Weight

Contact for further information:
Alison Moore, Lancashire County Council, 01772 532508, Alison.Moore2@lancashire.gov.uk

Executive Summary

Unhealthy weight is a significant issue within Lancashire. The Healthy Weight Declaration outlines sixteen commitments which tackle a range of issues influencing unhealthy weight.

Recommendations

Lancashire Health and Wellbeing Board is as to to sign the refreshed Healthy Weight Declaration, re-stating the commitment to tackle unhealthy weight in Lancashire.

Background

Being overweight or obese can affect both a person's physical health, increasing their risk of developing many life-threatening conditions such as cancer, Type 2 diabetes, and heart disease; and their mental health, being linked to high rates of depression and anxiety.

As such, it has been estimated that cost to society for obesity related conditions is £27 billion per year. This is an issue across all age groups within Lancashire, with 24% of four-year-olds, 35% of 11-year-olds and 67% of adults being classified as overweight or obese.

The Local Authority Healthy Weight Declaration (HWD) has been developed by Food Active, a healthy weight programme commissioned by local authority public health teams, NHS organisations, and government teams at both regional and national level. It works to address the social, environmental, economic and legislative factors which influence people's lifestyle choices and behaviours, with a specific focus on healthy weight.

Lancashire County Council initially signed the Healthy Weight Declaration in 2017. However, during 2020 the commitments were reviewed and refreshed:

Strategic / System Leadership
1. Implement the Local Authority HWD as part of a long-term, 'systems-wide approach to obesity
2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place-based system' (e.g. Integrated Care System)

Lancashire County Council

3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias)
4. Invest in the health literacy of local citizens to make informed healthier choices; ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines
5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's Whole System Approach to Obesity, including its tools, techniques, and materials
Commercial Determinants
6. Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products
7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Such funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions
8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions at schools; at events on local authority controlled sites
Health Promoting Infrastructures / Environments
9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited
10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment, and food security (consider an agreed process for local plan development between public health and planning authorities)
11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc
Organisational Change / Cultural Shift
12. Review contracts and provision at public events, in all public buildings, facilities and 'via' providers to make healthier food and drinks more available, convenient, and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions & scrutiny given to any new contracts for food & drink provision, where possible)
13. Increase public access to fresh drinking water on local authority controlled sites; (keeping single use plastics to a minimum) and encouraging re-usable bottle refills
14. Develop an organisational approach to enable and promote active travel for staff, patients & visitors, whilst providing staff with opportunities to be physically active where possible (e.g. promoting stair use, standing desk, cycle to work/school schemes)
15. Promote the health and wellbeing of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to each well and move more

Monitoring and Evaluation
16. Monitor the progress of our action plan against commitments, report on and publish the results annually

Since the initial commitment, progress has been made across a number of areas, including school catering standards, the Food4Life in schools' pilot, and gaining traction with the Hot Food Takeaway Advisory Note. However progress has recently stalled due to the COVID-19 pandemic.

As a consequence the Health and Wellbeing Board is requested to sign the refreshed Healthy Weight Declaration, re-stating the commitment to tackle unhealthy weight in Lancashire.

Lancashire Better Care Fund Plan

2021-2022

Lancashire Health and Wellbeing Board

NHS East Lancashire Clinical Commissioning Group

NHS Chorley and South Ribble Clinical Commissioning Group

NHS Fylde and Wyre Clinical Commissioning Group

NHS Greater Preston Clinical Commissioning Group

NHS Morecambe Bay Clinical Commissioning Group

NHS West Lancashire Clinical Commissioning Group

Lancashire County Council

Contents

Summary

Health and Wellbeing Board	**Lancashire**
Local Authority	**Lancashire County Council**
Clinical Commissioning Groups	**Chorley and South Ribble** **Greater Preston** **Morecambe Bay** **West Lancashire** **East Lancashire** **Fylde and Wyre**
Boundaries	**Lancashire County Council upper tier authority** **12 District Councils** **Burnley Borough Council** **Chorley Borough Council** **Fylde Borough Council** **Hyndburn Borough Council** **Lancaster City Council** **Pendle Borough Council** **Preston City Council** **Ribble Valley Borough Council** **Rossendale Borough Council** **South Ribble Borough Council** **West Lancashire Borough Council** **Wyre Borough Council** **Borders with 2 Unitary Authorities within the Lancashire footprint:** **Blackburn with Darwen Council** **Blackpool Council** **Borders also with South Cumbria within the STP footprint**

Authorisation and sign off

Signed on behalf of **Lancashire Health and Wellbeing Board**	
By	
Position	**Chair, Lancashire Health and Wellbeing Board**
Date	

Signed on behalf of **East Lancashire Clinical Commissioning Group**	
By	
Position	**Chief Officer,** **NHS East Lancashire CCG**
Date	

Signed on behalf of **Fylde and Wyre Clinical Commissioning Group**	
By	
Position	**Chief Officer,** **NHS Fylde and Wyre CCG**
Date	

Signed on behalf of **Greater Preston Clinical Commissioning Group and Chorley and South Ribble Clinical Commissioning Group**	
By	
Position	**Chief Officer, NHS Greater Preston CCG and Chorley and South Ribble CCG**
Date	

Signed on behalf of **Morecambe Bay Clinical Commissioning Group**	
By	
Position	**Chief Officer, Morecambe Bay Clinical Commissioning Group**
Date	

Signed on behalf of **West Lancashire Clinical Commissioning Group**	
By	
Position	**Chair, NHS West Lancashire CCG**
Date	

Signed on behalf of **Lancashire County Council**	
By	
Position	
Date	

Executive Summary

The Lancashire Better Care Fund plan for 2021/22 was created against a backdrop of the ongoing Covid-19 pandemic, an emergency response to managing patient flow and a move to changes in NHS structures.

It has been a period when partnership working, and collaboration has been seen at its best but also been most tested.

The Better Care Fund plan has been a place of stability with the services it has delivered at the core of delivering support to those most vulnerable and in ensuring service continuity.

Although pre pandemic there were aspirations for significant change and acceleration in the integration of health and social care in Lancashire it has not been possible to pursue those at any pace. The lessons learned over the last year+ and the networks and relationships created will be will though be invaluable in growing and achieving those aspirations.

This plan shows that in all locations across Lancashire that the principles behind the better Care Fund have been applied to provide valuable services that are robust and delivering agreed outcomes

Each partner has the autonomy to shape its services and spending plans. Each ICP level plan looks different but also shares more in common with others. This reflects the level of collaboration at a county level and beyond.

There has grown a strong sharing of learning across BCF partners and across BCF boundaries in Pennine Lancs, Fylde Coast and Morecambe Bay for example around Discharge to Assess and Home First. This stands Lancshire and its neighbours in good stead for greater cooperation as the ICS comes into existence.

The restart of the Lancashire and South Cumbria Intermediate Care programme will now give the opportunity to meaningfully reshape investment in integrated service to support people to remain at home and avoid hospital admissions.

The priorities for the remainder of 2021/22 are to:

- Keep current services safe and consistent
- Use learning of the past year to shape plans for 2022/23
- Tackle health inequalities through the sharing of data and information through a population health management approach
- Provide the shape of future BCF spend through the Intermediate Care Business Case
- Provide monitoring against the BCF metrics that meaningfully shows barriers and success
- To explore opportunities to work more collaboratively with neighbouring BCF areas using existing ICP connections.
- Confirm new governance arrangements or BCF and Intermediate Care Programmes.

Stakeholders

The Lancashire BCF engages with stakeholders at a number of levels.

This is primarily at ICP level where ICP /CCG leads engage with their “home” acute trust, District councils, voluntary and community organisations and patients and service user groups. This is through bodies such as A&E delivery boards, local health partnerships and provider alliances.

At a county level there are residential and domiciliary care groups run by social care commissioners and a voluntary sector group.

While the Covid-19 pandemic has resulted in less formal contact with all stakeholders around BCF the structures have morphed to deal with the immediate challenge while retaining the relationships and networks that will help as new arrangements come into being.

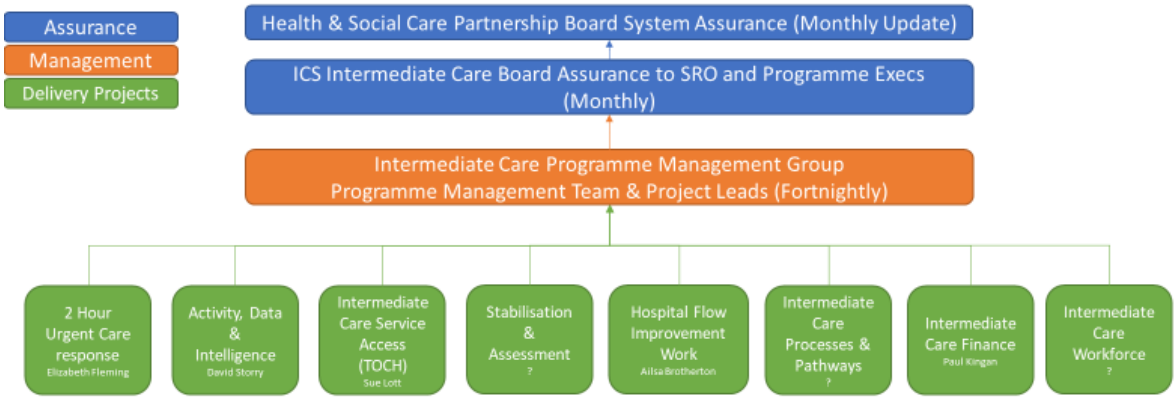
Governance

Prior to the onset of the Covid-19 pandemic considerable progress had been made in shaping the direction of travel and supporting structures for integration across health and social care in Lancashire. This approach known as Advancing Integration had in place governance that incorporated the BCF, the Intermediate Care Review programme and the wider approach to integration. Of necessity the resources with the Advancing Integration board were directed elsewhere. Oversight of the BCF has been managed through the Lancashire and South Cumbria Out of Hospital Cell. The programme group has continued to meet providing oversight and low-level monitoring.

As we now move to recovery the governance arrangements are being strengthened but now with greater emphasis on ICS/ICP configuration.

This will be led by a Health and Social Care Partnership Board that will have oversight of the BCF through an Intermediate Care Board. BCF will sit within the Intermediate Care finance group. There is already in existence a D2A ICS level finance group whose membership is made up of a CCG Chief Finance Officer, CCG Director of Performance and Delivery, social care senior managers and health and social care commissioners.

The graphic below sets out the proposed structure.



The links with and accountability to the Lancashire Health and Wellbeing board will be maintained although it is anticipated that as BCF plans across the ICS align that a common assurance process can be put in place across all Lancashire and South Cumbria Health and Wellbeing Boards.

At ICP level there are established partnership arrangements in place across the health and social care economy, that contribute to the governance and delivery of joint initiatives which impact on the BCF and beyond. These include the A&E Delivery Boards and Place Based Partnership Boards.

Each ICP / CCG provides leads programme managers for the Better Care Fund. Not surprisingly they are in the main also those involved in the Intermediate Care Programme so ensuring a consistency of narrative and direction of travel.

In addition, there are also BCF dedicated finance leads in each partner organisation. The BCF pooled fund is managed by Lancashire County Council with agreed finance schedules and invoicing in place.

Intermediate Care Programme

The Lancashire and South Cumbria Intermediate Care programme was paused for a period during the Covid-19 pandemic.

It had grown out of a review of Intermediate Care Services, the bulk of which BCF funded, carried out in 2019.

The programme was formally restarted in March 2021.

Its aims are that:
By 2026 anybody in Lancashire & South Cumbria

- Who no longer need to be in hospital
  or
- Who would have been admitted to hospital because of a lack of options to get better at home
- Will instead receive:
  - Urgent Response & Assessment
  - Reablement & Rehabilitation
  - Recuperation & Recovery
  - Respite
  - At Home, supported by new dedicated home-based support and recovery services
  - Working alongside local communities
  -

Discussions are ongoing around amending the scope of the Intermediate Care Programme to include the aspects around 2 Hour Rapid Response and Implementation of the Hospital Discharge Policy.

Changes are to be made to the Intermediate Care Business Case that will be presented to the ICS Strategic Commissioning Committee soon. The business case will set out the need for significant additional investment and clarify the role of the BCF in this.

Overall Approach to Integration

Our BCF plans recognise that we are still in a significant period of change, emerging from the pandemic, alongside moving to an Integrated Care System, and therefore reflect the need to flex and adapt to the changing landscape to ensure alignment across wider local system plans.

The Better Care Fund provides the opportunity to improve the lives of some of the most vulnerable people in our community, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life. The aim is to deliver effective, efficient, high quality and safe integrated care to enable residents to live longer and live better.
BCF funded services contribute to a wide range of integrated services and support integration and linking of uni-professional services across ICP footprints. The aim across 2021-22 is to solidify and further embed these services, with a focus on prevention, proactive and reactive care models and safe and timely discharge from hospital.

In Morecambe Bay local priorities for 2021/22 continue to focus on current workstreams and priorities including:

Prevention and Early Intervention: Focus on prevention and early intervention to support people to remain independent in their own communities for as long as possible

Community Services / Place Based Delivery: We have continued to progress integrated place-based delivery models (including integrated neighbourhoods) through the ICCs and a continued focus on developing thriving communities

Hospital Discharge/Flow: Refinement and improvement of Discharge to Assess and 'Home First' model, embedding the outcomes from ongoing improvement work

Example:

Launched in December 2020, the hub has ensured that 400 people have avoided coming to hospital and continued to be cared for in their residence.

The hub runs seven days a week and consists of specialist frailty clinical specialist assessors and referral coordinators who give expert advice and support to clinicians attending a person with frailty. Those clinicians using the service are from primary care, North West Ambulance Service and the community services team at University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT).

Clinicians attending a person at home can ring the hub where admission avoidance is clinically appropriate or when the individual has capacity and declines a recommended admission or the individual (or their representative) wishes to remain in their permanent place of residence. The hub can also be used if the clinician wishes to avoid hospital admission but would welcome a supportive conversation or help to reach a decision and/or access support available in the community including Rapid Response.

A GP from North Lancashire said: "It's brilliant. I have been so impressed by this service - how quick and easy it is to refer patients who are in the precarious zone between home and

hospital. Long may this service continue. I would have admitted patient to hospital if the Frailty Coordination Hub was not available.".

Fylde and Wyre CCG are key partners in the adoption and delivery of the Fylde Coast Self-Care Strategy 2017-2020. Prevention and self-care are at the heart of this strategy, which requires all partners across the Fylde Coast to look at innovative approaches to address the health inequalities that exist in our communities whilst responding to the prevalence increase in long-term conditions, including those with multi-morbidity. We have already made good progress in working towards a vision of achieving greater levels of integrated services and self-care across the Fylde Coast. This work will be further embedded within the delivery of the new models of care neighbourhood teams, and the Primary Care Networks (PCNs), which became operational in July 2019.

The organisations which commission and deliver services are becoming more joined-up across geographical 'places'. Primary care networks have been developed by geographical areas with populations of between 30,000 to 50,000. Fylde and Wyre current have 4 Primary Care Networks. A Fylde Coast group has been established for the PCNs to discuss and coordinate their work for areas such as mental health and community integration. This approach brings groups of GP practices together with community health services, social care, mental health services, voluntary and third sector, and others, to provide a joined-up health and wellbeing services. Working together in this joined-up way, the teams can make a complete assessment of a person's health, wellbeing and social needs and liaise with their colleagues to make sure they receive the right support.

A Standard Operating Framework is currently being developed to align the neighbourhood teams across the Fylde Coast as part of the community integration. This recognises that an integrated, multi-disciplinary approach is central to designing patient-centred care plans and goals. This includes the development of a unique non-clinical role of a 'Health and Wellbeing Support Worker'. Use of the PAM tool will also help to identify the knowledge, skills, and confidence an individual must manage their own health and wellbeing, and then for services to tailor their approach to supporting the individual. This is also linked into the ARRS roles for the PCNs.

The voluntary, community, faith, and social enterprise sectors (VCS) provide a rich range of activities, including information, activities, support, advice, and advocacy. They deliver vital services with paid and volunteer expert staff. The NHS Five Year Forward View recognised that they are often better able to reach under-served groups and are a source of advice for commissioners on needs. They are essential partners in Empowering Patients and Communities in health and care and are an important aspect of the development of integrated prevention and self-care strategies in Fylde and Wyre. The VCS Lead is integral to the Integrated Primary and Community Care Transformation, and VCS services are a key part of the Standard Operating Framework model.

Pennine Lancashire has been particularly affected by the COVID-19 pandemic with some of the highest cumulative case rates in England. This has had a significant impact on the health and wellbeing of its citizens and on the services that are commissioned to support these individuals. Services are working together to support both citizens and each other, including

the sharing of resources and the use of multi-skilled professionals and multi-disciplinary teams to ensure that citizens receive holistic care and support. Clearly across the course of 2021-22 there will be an element of ongoing recovery and stabilisation of the system, with much still unknown as to how the pandemic will continue to manifest across the course of the year and in particular, the winter months.

From a primary and community care perspective, Pennine Lancs is undertaking a Population Health Management pilot which is centred on prevention. The process uses combined data to identify the need for health and social care services by a specific population. The pilot aims to reduce the number of avoidable admissions from Care Homes and for older people unable to leave their own homes, living with moderate frailty. In addition to this, East Lancashire has established nine Integrated Neighbourhood teams (INTs) which are responsible for jointly planning health and social care for residents aged 18 years plus who have multiple needs. They provide effective, efficient, high quality and safe integrated care to enable local people to live well for longer and reduce, delay and prevent unplanned admissions to hospital or residential care.

The INTs utilise a strengths-based approach to ensure that assessment and care support is holistic, multi-disciplinary in nature and actively works with the individual to promote their wellbeing and achieve their goals.

The West Lancashire Partnership is made up of partners including Health, Social Care, District Council and CVS. To enable this integrated working a Provider alliance has been formed which has been asked to work on 3 priority areas for integration. These are 2hr Community Response, Transforming Intermediate Care and Out of Hospital Urgent demand. Of these priorities, two BCF integration schemes.

Neighbourhood working has been introduced, but these now need to adapt to support emerging PCNs and population health approaches to risk stratification and population health. Further steps to integration are required to ensure there are fully integrated teams, that join up population intelligence capability, and health and local authority planning, including joint commissioning, transformation and at-scale change programmes, quality improvement, service delivery and empowered communities.

To enable to 2hr response, community services will work with Social Care, DFG and housing, to prevent admissions and respond rapidly. There will also need to be greater integration with Mental Health and the emerging IRS (single point of contact) for mental health across the ICS.

In the West Lancashire ICP, there will need to be integration between the discharge planning team, ICAT and community intermediate care nursing and therapy teams. There is a short-term plan to co-locate and integrate these teams to become the transfer of care/care co-ordination hub that is outlined in the ICS plan and national discharge requirements. The BCF is the main enabler to this work, as all the teams are funded via the BCF, and the BCF in Lancashire has been the main forum to plan and develop the Lancashire wide approach and strategy

At a county level it has been recognised that integrated services created through the Better Care Fund have proven their value and where there are uncertainties about future funding

these should be removed. Lancashire County Council has agreed to take on the future, permanent, funding of a number of Intermediate Care Assessment Team services where potential short-term funding through iBCF put them and importantly their staffing at risk. This has cemented those services into core delivery and provided both service users and staff with certainty and reassurance.

Supporting Discharge

In response to the Hospital Discharge imperatives, health and social care implemented a jointly commissioned discharge to assess (D2A) pathway to ensure appropriate capacity was in place to respond to the demands of the pandemic. Strong system leadership has continued to jointly design, implement and redeploy resources to support rollout of the D2A/Home First model. The system has worked jointly to support providers throughout the pandemic, ensuring we have consistent messaging and a central coordination point for management of issues with the development of a care home support hub, Public Health, Infection control and Quality/Safeguarding Teams providing training and guidance. Similarly, there has been substantial admissions avoidance work including the extension and expansion of community and domiciliary care teams

- We have implemented the criteria to reside in our hospitals
- We have increased community and social care and community support capacity
- We have ensured daily discharges are maximised and continued to pro-actively troubleshoot system issues through our steering groups and MADE events
- We have continued to develop our integrated care home medicines optimisation services in line with EHCH requirements, reviewing those at greatest risk, to support early discharge and prevent readmission for those residents in care homes or assisted living

Over the next 6 months partners will build on this good work and lessons learned (locally, regionally and nationally) to develop a sustainable, equitable and resilient D2A pathway and intermediate care/reablement model that incorporates our patient and service user feedback, is outcomes focussed and financially sustainable. We will review our system capacity for intermediate care and review and improve the commissioning framework for D2A beds to ensure that the system has the flexibility to adjust what we commission in response to unplanned events.

On the Fylde Coast the Urgent and Emergency Care Transformation Programme is primarily looking at improving the way patients move throughout the hospital, improving waiting times in the emergency department and tackling delays when discharging patients out of hospital to home or to other care settings. The schemes within the Better Care Fund align and support the programmes' key priorities of 'admission avoidance' and 'return to home'.

The Transfer of Care Hub (TOCH) went live from Monday 6th September. The Transfer of Care Hub is a system level co-ordination centre that links together all local Heath & Social Care services to aid timely discharge from hospital. It consists of multi-disciplinary & interdisciplinary working, encompassing contribution from, and access to, a wide range of services including community, primary care, social care, housing & the voluntary sector. It will develop timely & person-centred discharge plans for individuals based on the principles of "Home First," recognising the complexities of positive risk taking & maximising independence. The Hub will bring together the current Discharge Services and co-locate them in one central area on the Acute site to streamline processes and increase collaborative working.

The first step to improve patient flow is the role of the Discharge Facilitator's (DF's). They are based on each ward of Blackpool Teaching Hospital. They gather pre-admission information for each patient and documenting it on Ward Tracker. It is then possible to anticipate who may need intervention from TOCH. The DF's ensure all Estimated Dates of Discharge are updated and discussed at board round and monitored these throughout the patient journeys, adjusting them as patients' needs change. They also provide patients the Discharge Information Pack developed so patients and their families feel fully informed throughout the whole discharge journey and know who to contact at what stage.

When the patients no longer meet the criteria to reside an anticipated 50% of patients will be able to go home straight from the ward, pathway 0.

For the remainder that need some health or social care support in the community (pathways 1's, 2's and 3's), the DF's will support the wards in completing the Strata referral into TOCH. Step 4 is the problem solving, decision making, triage process where patients are allocated to an appropriate discharge pathway by a health and social care professional.

TOCH work in 2 huddles with one focusing on our pathway 1 patients so those going home, and the other focusing on pathway 2 and 3 patients which is the rehab and placement patients.

As well as covering acute wards there is also cover within the Accident and Emergency department with adult social care supporting triage functions to avoid unnecessary admissions. They have access to several well-established services operating on a 7-day basis, such as the Rapid Response Service, Rapid Response Plus and our residential intermediate care facilities. These teams have direct access to Council funded short term intensive domiciliary support avoid admission to an acute setting. he Rapid Intervention and Treatment Team provide a 7-day service within the referral and support pathway for Older Adults Mental Health.

In Morecambe Bay**:**
Rapid Response is made up of different health and social care professionals including Nurses, Physiotherapists, Occupational Therapists, Assistant Practitioners, Therapy Assistants and Administrators.

Rapid Response is for people who do not need acute hospital admission but need support to recover from an acute illness or an accident. The aim of RR is to help prevent people from having to go into hospital or a care home unnecessarily for the purpose of admission avoidance and to support people on their discharge from hospital, where appropriate, to help them continue their acute recovery regain and maintain as much independence as possible.

REACT are based at the Royal Lancaster Infirmary and assess patients within the first 48 hours of admission or in ED to support with Rapid discharge back into the community to receive their treatment if this is appropriate. They work closely with the Frailty pathway and ICAT (Social Care) to support admission avoidance and can commission crisis care and refer onto Community Teams to facilitate a discharge.

In Central Lancashire, health and care partners are committed to continuing to apply and embed the national 'Hospital discharge and community support: policy and operating model'

and the discharge to assess process and principles contained with it, including an ethos of maximising the number of patients who are safely discharged home.

It is within this context that the placed-based partnership is working collaboratively to ensure, through BCF, iBCF, Winter Pressures Grant and other winter funding, that we have the right services available to support patients on their optimum pathway to improve their outcomes, maximise their independence and ensure timely discharge.

These services include low level services such as hospital aftercare to support pathway 0 discharges; additional CATCH, Home First, Crisis Support and Reablement services with a clear aim of increasing the volume of pathway 1 discharges where an individual needs care and support; and bed-based rehabilitation services in relation to pathway 2 discharges.

Our commitment to improving outcomes for people being discharged from hospital is exemplified by the fact that the local authority and clinical commissioning groups have jointly agreed further recurrent and non-recurrent funding in relation to pathway 1 related services and the place-based partnership is working together to mobilise the additional workforce.

An integrated approach is used with Health and social care being involved in the triage of referrals for patients who are fit for discharge

A clinical triage process completed by both Health and Social Care staff to identify the most appropriate destination on discharge to meet the patients' needs to ensure they meet their full potential and promote independence for all patients. The options may be the patient's own home without or without a care package or therapy input, residential rehab unit, D2A bed or residential care.

For those patients returning home our Home first service enables the patient's needs to be assessed in their home and the appropriate level of care is provided to keep them safe at home.

It increases the home first slots to allow patients where Home is deemed to be safe discharge to be discharged with the right level of care and equipment to maintain them safely at home and avoid further admissions It allows for Integrated working to ensure that the triage looks at all the patients' needs both Health and social care.

It is important to emphasise that the CCGs and the acute trust work closely together to best manage patient flow admission avoidance and to discharge. As a large trust with a number of specialisms it is not only busy but also faces challenges through patient flow in its specialist pathways. Currently Chorley and South Ribble and Greater Preston CCGs are taking the following actions to support the trust.

1: Discussions are being held with LTHTR to confirm the actions to achieve a reduction down to the England average Length of stay.

2: Discussions are also being held to confirm a stretch target that LTHTR will work towards and the timescales for achievement. This is within the overall Lancashire target.

3: Weekly reports are being produced by LTHTR to understand the drivers. This will form part of the improvement programme launched by the Trust on 03/11/21.

In West Lancashire the primary focus for supporting discharge is the Southport and Ormskirk Hospitals Trust there has developed a good relationship with the trust that has accelerated the integrated approach to manging discharge.

In West Lancashire ICP the BCF is supporting Home First and discharge co-ordination via the Intermediate Care Allocation Team. The BCF is also supporting the therapy roles required for Home First, these are Health employed posts, deployed and working with the ICAT Social Care team. The BCF is also supporting the voluntary sector take home service, which supports patients to go home from A&E, from the wards and helps patients on the Home First pathway with shopping, bills, confidence and befriending.

In 2020/21 the focus was on establishing a West Lancashire Social Care ICAT (allocation Team) to enable co-ordination of Home First and increase the number of patients able to access the Home First pathway. This is now in place and working jointly with Discharge planning, Trust and Community services. Community Therapists, funded via BCF, support the take home element of Home First. However further integration is required.

In 2021/22 the plan is to build on the success of CERT and SISS in West Lancashire, by combining these nursing and therapy teams, so they are more responsive. These teams will form the 2Hr Community response in West Lancashire. This new team will also integrate with Discharge planning and ICAT (Social Care Intermediate Care allocation team), to become fully integrated and co-located. This is a key step to aligning resources and integration for discharge, but also step up and admissions avoidance. Integration will simplify the discharge process and align the local provision to national and ICS strategy. This is one of the Key priority areas for the West Lancashire Partnership and PAG (Provider Alliance).

The Better Care Fund is used to fund a number of hospital discharge initiatives across Pennine Lancashire, either partially or in their entirety. These services range from Pathway 0 through to Pathway 3 and include both hands on care, access and navigation of intermediate care services and assessment and care planning services.

Services work in an integrated fashion across the ICP footprint to ensure that discharges are facilitated in a safe, timely and effective manner. Services include both short and medium term options and seek to promote the independence of those that use them utilising a Home First and Discharge to Assess ethos.

Home First and Discharge to Assess pathways were already well embedded across Pennine Lancashire prior to the implementation of the Hospital Discharge and Community Support: Policy and Operating Model and work has continued to further improve access and flow through the various pathways; Better Care funded services are central to the delivery of this.

Age UK deliver a Hospital After Care Service which supports people with lower-level needs that might otherwise fall through gaps in services. This service has continued to be provided in its entirety throughout the pandemic and has even seen an increase in activity across all localities. The service is typically accessed by people on Pathways 0 and 1, however, can also be used by people discharged on Pathways 2 and 3 where this is required. The service will typically support people with social and domestic tasks including, finances, shopping, cleaning, cooking and housing. They provide people with vital links into the wider community enabling them to maintain and sustain their place in the community.

Home First and reablement services primarily support people on Pathway 1 and include a focus on assessing people in their own familiar home environment as opposed to in an acute/community hospital setting which can often result in a false presentation and lead professionals to over-commission care which can have a negative impact on a person's level of independence. Home First and reablement are goals driven services which support a person in a strengths-based fashion, enabling them to achieve the goals that are important to them.

Pathway 2 services funded via the Better Care Fund include some community hospital provision as well as residential rehabilitation and sub-acute bedded provision in a community setting. These services provide an option for people who are not yet ready to return to their own home to further recover and rehabilitate with access to a range of professionals to support their health and care requirements. People within some of these services will be case managed by services that benefit from elements of BCF funding including the Intermediate Care Allocation Team in East Lancashire and the Intermediate Tier Team in Blackburn with Darwen. These teams also support people on Pathway 1, ensuring that health and care needs are assessed and reviewed in line with the persons care and support plan.

Access to most of these services is via a Trusted Assessment Document (TAD). Work is ongoing to digitalise the TAD which will support more effective integration across all services.

Professionals from across the ICP meet on a twice weekly basis to escalate and resolve any operational issues that might impact on safe, timely and effective discharge. The group also plans at an operational and strategic level to ensure continuous improvement and to support activity and flow during key periods throughout the year, such as Winter planning. There is also a monthly Intermediate Tier Delivery Board which is attended by all partners (acute trust, community providers, both local authorities, both CCGs and VCFS).

Both East Lancashire and Blackburn with Darwen successfully applied for some BCF small grants monies earlier in the year and have utilised this to fund a shared post across both Local Authorities and East Lancs Hospitals Trust. This post provides a dedicated resource to manage the Home First transport, including the scheduling, coordination and booking of patient journeys. This has led to a reduction in the number of cancelled Home First slots which has had a positive impact on both patient experience, in-hospital flow and the use of resources. This is a further example of how partner organisations seek to integrate and align services to ensure equity of access across the ICP footprint.

Disabled facilities Grants

Traditionally there has been little use of Disabled Facilities grant allocations beyond district councils' provision of grants services.

This year though, Lancashire County Council has commenced discussions with District Councils across the County on a test of concept to site some housing expertise with the Intermediate Care Allocation Teams (ICAT). This will focus initially on people being discharged from hospital who may have housing related challenges such as homelessness, rough sleeping, have home hazards or self-neglect in unsanitary or unsafe housing conditions. We're hoping to commence it across this winter.

This is a pre cursor to some wider innovation work that was started pre pandemic. This is to look at the potential for more innovation within the use of the DFG and flexibilities. LCC is to partner with Foundations (The National Body for Home Improvement Agencies in England) to help take this forward – this will link with NHS colleagues to explore joining up housing, social care and health in a housing related coordinated strategy.

Fylde and Wyre CCG work closely with the District Councils and Lancashire County Councils to ensure an integrated approach to health, care and housing.

This integrated approach is also key to the urgent and emergency care work programme we have on the Fylde Coast.

As part of the Primary Care Network work programme, council colleagues are now part of the process for reviewing local services and health inequalities. This includes developing a community integration model with local health and social care services.

In Central Lancashire the CCGs fund support to Preston Care & Repair, a non-profit organisation that provides practical support and independent advice.

Preston Care and Repair work with older, vulnerable and disabled people and anyone with a long-term health condition that affects their mobility or independence in their home by giving impartial advice and practical help including Handyperson & Minor Works services; Healthy home checks to improve home safety and security, advice and assistance with larger adaptations and home repairs; Practical support to people returning home from hospital etc.

The county wide jointly funded telecare home response and assisted lifting service helps support independent living in a person's home of choice.

In Morecambe Bay the integration of housing with health and care services is a crucial element to supporting the outcomes of the BCF and housing colleagues are actively integrated with commissioning arrangements. Integrated Care Communities (ICCs) – ICCs were established in Morecambe Bay in 2014 as part of a 10-year journey to localise care. Bay ICC is led by a Bay PCN GP and Clinical services manager. It provides a local focal point for place-based partnership collaboration and is a delivery vehicle for holistic integrated care delivered by a range of providers including voluntary community and faith sector, secondary and primary care.

Example: homelessness in Lancaster

Sustaining rough sleepers is a challenge and an effective Health and Wellbeing partnership has been created bringing Lancaster local authority, NHS and criminal justice departments together. The focus of this group is to develop bespoke health pathways to improve access to health services and improve the health of the homeless population, recognising that other groups, particularly the Homeless Advisory Group and Homelessness Forum, are working on the wider housing, economic and welfare issues. MBCCG also directly support Carers Link and n-compass work in partnership to deliver The Lancashire Carers Service to provide support across the CCG footprint.

Example: The Well – Lived Experience Recovery Support

The Well is supported by MBCCG BCF funding and is a Lived Experience Recovery Organisation (LERO) founded in 2012. With hubs across the North West, they provide support to more than 700 people every year who are facing complex and often interdependent problems including substance misuse, mental ill-health, long-term physical conditions, homelessness, trauma, and offending behaviours. There are over 2,500 members across the North West which offer a range of services including supported housing, mutual aid support and a social activities programme to work with people inside and outside the prison establishment. Since 2019 and through lockdown, the Well has worked with 3,645 people.

Equality and health inequalities

As we move towards the delivery of integration and integrated care through the Lancashire and South Cumbria Integrated Care System, we will aim to adopt its vision within the Lancashire BCF:

Together we can make things better

- The partnership of organisations working across the Integrated Care System have agreed a clear purpose for our work together.
- This will happen in neighbourhoods, local places and across the whole of Lancashire and South Cumbria. Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

At the heart of this vision are the following ambitions:

- We will have healthy communities
- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff.
- Our vision for Lancashire and South Cumbria

In your neighbourhood and community

- Health and social care will work together to support your social needs, physical and mental health and wellbeing
- You will be supported to care for yourself where you can, including using digital technology
- Community groups and local teams, including your GP, will work with you
- You will be encouraged take an active role in managing your own health and wellbeing and to support others in your community.

In your local area

- Most care will be locally delivered, managed and planned
- We will make the best use of all the expertise and staff skills available to us
- We will talk to you and your community about how best to provide care
- You know best what you and your community needs.

Population Health Management

We will shape the BCF development and delivery through using Population Health Management, where we can use information which is already held about people to look at the best way to help people live longer, providing personalised care tailored to their needs. One example is using data to identify people who have multiple long-term conditions and understanding the ways in which they can be supported to prevent complications and live independently. This approach will be developed across Lancashire and South Cumbria to make a real difference to people's lives. This approach is recognised as leading the way in starting to improve outcomes, reduce inequalities and address the broad range of individual, social and economic factors affecting the health of local people.

As we better understand the needs and wishes of the population, we will better focus resources on these.

We will also use better the data that is available to us to shape services and expectations about service access and use. For example, the data that shows the difference in Length of Stays in acute settings between younger and older patients and between those from white and ethnic minority backgrounds along with their discharge destinations.

Our BCF plan has not changed significantly in its content over the last year. However, as services have rolled forward or been renewed, they have been and will continue to be subject to the scrutiny of such processes as Equality Impact Assessments and patient experience review.

Each partner in the Lancashire Better Care Fund is clear on expressing its desire to recognise and respond to protected characteristics in individuals and communities.

Health Equity Commission (HEC).

All BCF partners are committed as members to the Lancashire & South Cumbria Health Equity Commission (HEC).

The HEC aims to provide local organisations, partners and Integrated Care Partnerships the support to make health inequalities and the 'prevention agenda' our joint priority and provide them with a clear voice in the region & ICS.

Its initial scope is:

- Influence all LSC partners in mobilising care to reduce health inequalities and its role in the economy
- Focus on the social determinants for health, with reference to poverty/deprivation, building on the work of the health focus in the Local Enterprise Partnerships and the Greater Lancashire Plan & equivalent Cumbria plan
- Creating healthy and sustainable places and communities with a focus on empowerment of people in decision-making that shapes policy at neighbourhood, place and system
- Creating good/healthy workforce and a focus on technology and innovation that supports prevention to aid economic recovery
- Important times of life, in particular giving children and young people a good start in life with a focus on the first 1000 days

Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in ‘yellow’. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric
3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Lancashire
Completed by:	Paul Robinson
E-mail:	Paul.robinson27@nhs.net
Contact number:	7920466112

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director of Adult Services and Health & Wellbeing
Name:	Louise Taylor

Has this plan been signed off by the HWB at the time of submission?	Delegated authority pending full HWB meeting
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Tue 25/01/2022

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	County Councillor	Michael	Green	michael.green@lancashire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Alex	Walker	alex.walker5@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Dennis Andrew	Gizzi Bennett	Dennis.gizzi@nhs.net andrew.bennett5@nhs.ne
	Local Authority Chief Executive		Angie	Ridgwell	angie.ridgwell@lancashire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Louise	Taylor	Louise.taylor@lancashire.gov.uk
	Better Care Fund Lead Official		Paul	Robinson	Paul.robinson27@nhs.net
	LA Section 151 Officer		Neil	Kissock	neil.kissock@lancashire.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence -->					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Lancashire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£16,714,881	£16,714,881	£0
Minimum CCG Contribution	£96,447,087	£96,447,087	£0
iBCF	£53,331,389	£53,331,389	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£286,362	£286,362	£0
Total	**£166,779,719**	**£166,779,719**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£25,672,753
Planned spend	£65,842,087

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£17,633,888
Planned spend	£43,530,768

Scheme Types

Assistive Technologies and Equipment	£12,816,282	(7.7%)
Care Act Implementation Related Duties	£5,424,000	(3.3%)
Carers Services	£10,119,489	(6.1%)
Community Based Schemes	£24,343,760	(14.6%)
DFG Related Schemes	£16,714,881	(10.0%)
Enablers for Integration	£149,000	(0.1%)
High Impact Change Model for Managing Transfer of	£3,373,000	(2.0%)
Home Care or Domiciliary Care	£31,983,000	(19.2%)
Housing Related Schemes	£80,000	(0.0%)
Integrated Care Planning and Navigation	£30,377,400	(18.2%)
Bed based intermediate Care Services	£11,587,927	(6.9%)
Reablement in a persons own home	£15,333,298	(9.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£3,006,000	(1.8%)
Other	£1,471,682	(0.9%)
Total	**£166,779,719**	

Metrics >>

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	803.0	1,003.7

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	12.0%	12.0%
	LOS 21+	6.4%	6.4%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	91.1%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	444	600

Reablement

	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (Annual (%))	87.4%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: Lancashire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Lancashire	£16,714,881
DFG breakerdown for two-tier areas only (where applicable)	
Burnley	£2,722,544
Chorley	£878,988
Fylde	£1,237,227
Hyndburn	£1,095,958
Lancaster	£2,144,278
Pendle	£1,104,815
Preston	£1,680,459
Ribble Valley	£393,008
Rossendale	£1,160,053
South Ribble	£774,141
West Lancashire	£1,443,446
Wyre	£2,079,964
Total Minimum LA Contribution (exc iBCF)	**£16,714,881**

iBCF Contribution	Contribution
Lancashire	£53,331,389
Total iBCF Contribution	**£53,331,389**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

CCG Minimum Contribution	Contribution
NHS Chorley and South Ribble CCG	£14,032,613
NHS East Lancashire CCG	£30,947,471
NHS Fylde and Wyre CCG	£15,220,864
NHS Greater Preston CCG	£15,397,525
NHS Morecambe Bay CCG	£12,061,436
NHS West Lancashire CCG	£8,787,178
Total Minimum CCG Contribution	**£96,447,087**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS East Lancashire CCG	£286,362	Additional support to Intermediate Care
Total Additional CCG Contribution	**£286,362**	
Total CCG Contribution	**£96,733,449**	

	2021-22
Total BCF Pooled Budget	**£166,779,719**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: Lancashire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£16,714,881	£16,714,881	£0
Minimum CCG Contribution	£96,447,087	£96,447,087	£0
iBCF	£53,331,389	£53,331,389	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£286,362	£286,362	£0
Total	**£166,779,719**	**£166,779,719**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£25,672,753	£65,842,087	£0
Adult Social Care services spend from the minimum CCG allocations	£17,633,888	£43,530,768	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Carers - Respite	The aim of the scheme is to provide and develop good quality	Carers Services	Respite services		Social Care		LA			Private Sector	Minimum CCG Contribution	£7,500,000	Existing
2	Carers - Carers Assessment & Support Contracts	The aim of the scheme is to provide and develop good quality	Carers Services	Other	Carer Advice & Support	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,569,000	Existing
3	Residential Rehab	Provision of residential rehab services	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,632,000	Existing
4	Urgent Care - Crisis Support	Crisis Care - Core Hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Minimum CCG Contribution	£1,619,000	Existing
5	Care Act	Care Act - carers including personal budgets, information,	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum CCG Contribution	£5,300,000	Existing
6	Equipment & Adaptions	The Lancashire Community Equipment Service provides	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum CCG Contribution	£5,785,000	Existing
7	Integrated Neighbourhood Teams	Community Area Staff Teams	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,600,000	Existing

8	Intermediate Care Team	Countywide Intermediate Care Staff Team	Community Based Schemes	Other	Countywide Intermediate Care Staff Team	Social Care		LA			Local Authority	Minimum CCG Contribution	£470,000	Existing
9	Lancashire Safeguarding Board	Providing ths structure and governance to support the protection	Care Act Implementation Related Duties	Other	Board and suppor	Social Care		LA			Local Authority	Minimum CCG Contribution	£124,000	Existing
10	Fee & Demand Increases	Securing & Creating Market Capacity for commissioned social	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum CCG Contribution	£2,006,000	Existing
11	Hospital Aftercare	Block Contracts with Age Concern	Community Based Schemes	Low level support for simple hospital		Social Care		LA			Charity / Voluntary Sector	iBCF	£685,000	Existing
12	Roving Nights	The roving nights service is a domiciliary home care service that	Community Based Schemes	Other	The roving nights service is a domiciliary	Social Care		LA			Private Sector	iBCF	£660,000	Existing
13	Telecare	Provision of telecare services using technology such as	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	iBCF	£6,000,000	Existing
14	Reablement	Provider Contract & LCC Reablement & OT Staffing Teams	Reablement in a persons own home	Reablement to support discharge -step down		Social Care		LA			Private Sector	iBCF	£8,643,000	Existing
15	Fee & Demand Increases	Securing & Creating Market Capacity for commissioned social	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£28,918,000	Existing
16	DToC Additional Packages	Securing & Creating Market Capacity for commissioned social	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£1,000,000	Existing
17	High Impact Changes Fund	Various staffing across social care teams to support timely and	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£1,924,000	Existing
18	Promoting Independence Project Team	Enabling the review of people in STC both on discharge from hospital	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	iBCF	£1,151,000	Existing
19	Urgent Care - Crisis Support	Crisis Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Local Authority	iBCF	£1,446,000	Existing
20	Community Equipment	Equipment for the intermediate care units across Lancashire to	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	iBCF	£130,000	Existing
21	Intermediate Care Unit management and additional	Increased capacity to continue the ongoing quality improvement	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	iBCF	£400,000	Existing
22	Additional Staffing Capacity across Discharge	Additional D2A Social Worker support across the County to meet the	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£1,349,000	Existing
23	Housing Options Programme including	Develop and test the options of 'neighbourhood	Housing Related Schemes			Social Care		LA			Local Authority	iBCF	£80,000	Existing
24	Transport Options	Support LCC transport to provide some additional transport	High Impact Change Model for Managing	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£100,000	Existing
25	Capacity to lead the implementation	Dedicated team to provide pace and detailed work necessary	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£149,000	Existing
26	Winter schemes development	Further flexibilities of service provision being worked up and costed,	Other		Further flexibilities of service provision	Social Care		LA			Private Sector	iBCF	£696,389	Existing

27	Disabled Facilities Grant	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£16,714,881	Existing
28	Community Specialist Services	Community Based Schemes	Other		Community Health	Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£775,293	Existing
29	IMC Care Co-Ordination	Intermediate Care Services	Community Based Schemes	Multidisciplinary teams that are supporting	Other	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£5,371,925	Existing
30	Dementia advisors / carer support	Dementia advisors / carer support	Carers Services	Other	Carer Support	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£31,648	Existing
31	MH carer support	MH carer support	Carers Services	Other	Carer Support	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£18,841	Existing
32	GP advisors	Support to LCC	Community Based Schemes	Integrated neighbourhood services		Community Health		Joint	100.0%	0.0%	NHS Community Provider	Minimum CCG Contribution	£43,321	Existing
33	Solutions Plus	Mental Health Recovery	Reablement in a persons own home	Other	Recovery Support	Mental Health		Joint	100.0%	0.0%	NHS Mental Health Provider	Minimum CCG Contribution	£47,784	Existing
34	REACT	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Acute Provider	Minimum CCG Contribution	£106,000	Existing
35	ICAT (UHMB)	Rapid Response	Reablement in a persons own home	Preventing admissions to acute setting		Continuing Care		Joint	100.0%	0.0%	NHS Community Provider	Minimum CCG Contribution	£52,561	Existing
36	Community stroke early supported discharge	6-Month check for stroke survivors	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Primary Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£63,997	Existing
37	Community equipment (MBCCG)	Admission avoidance, discharge to assess etc	Assistive Technologies and Equipment	Community based equipment		Continuing Care		Joint	100.0%	0.0%	Local Authority	Minimum CCG Contribution	£901,282	Existing
38	Enhanced Care Home Support	Care Home Support from Primary Care	Community Based Schemes	Multidisciplinary teams that are supporting		Continuing Care		CCG			CCG	Minimum CCG Contribution	£846,169	Existing
39	Intermediate Care Redesign Fylde and Wyre	Community Based Schemes	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,597,154	Existing
40	Admissions Avoidance Fylde and Wyre	Community based Schemes	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,483,953	Existing
41	Intermediate Care Beds	Nurse-led rehabilitation and D2A beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum CCG Contribution	£4,730,572	Existing
42	Rehab Beds, Intermediate Care Therapist Services	Therapeutic input into LCC commissioned beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,474,200	Existing
43	Community Hospitals - Longridge	Inpatient facility to support early discharge from LTH and to preent	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£1,351,155	Existing
44	Falls Lifting	Assisted lifting service for individuals (over 65) who have fallen	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£67,691	Existing
45	Frality Home Based	To enable patients to remain at home and avoid unnecessary acute	Community Based Schemes	Integrated neighbourhood services		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£1,187,560	Existing

46	Develop Integrated Care Teams	Integrated Neighbourhood Teams	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£11,574,613	Existing
47	Building for the Future - West Lancashire	Provision of integrated out of hospital care provision in West	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			Private Sector	Minimum CCG Contribution	£5,886,290	Existing
48	Intermediate Care Services	Developing Intermediate Care Services: Step-Up and	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£17,218,278	Existing
49	Intermediate Care Services (additional)	Developing Intermediate Care Services: Step-Up and	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£286,362	Existing
50	Neighbourhoods and Primary Care Networks	Development of Population Health Management to	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,928,650	Existing
51	Access into Urgent and Emergency Care	Enable navigation of patient flow across the hospital and integrated	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£83,150	Existing

2021-22 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes
5	DFG Related Schemes

6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services
12	Reablement in a persons own home
13	Personalised Budgeting and Commissioning
14	Personalised Care at Home

15	Prevention / Early Intervention
16	Residential Placements
17	Other

Sub type
1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other
1. Respite services 2. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other
1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other

1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other

1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other

1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Lancashire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	803.0	1,003.7	NB 20/21 actual is based upon aligning avoidable admissions with the observed reduction in presentations during that time. This has been estimated at 20%. Stretch target is set equal to 19/20 actual as against the backdrop of recovery, ongoing impact of Covid and winter period this is a real stretch.	**Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

>> link to NHS Digital webpage

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	12.0%	12.0%	We have five acute trusts that directly serve the population of Lancashire. These are: University Hospitals of Morecambe Bay Trust Blackpool Teaching Hospitals NHS Foundation Trust Lancashire Teaching Hospitals Trust East Lancashire Hospitals Trust Southport and Ormskirk Hospital Trust. Each CCG/ICP works closely with its home trust to jointly identify and own the ambition across the range of	**Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**
	Proportion of inpatients resident for 21 days or more	6.4%	6.4%		

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.1%	The rational for the setting of the ambition for this metric is that it represents the average for a period (April to August inc 2021) when patterns of patient flow returned to as near normal as recent events have allowed ie post the covid peak. Given the ongoing pressures in the system from ongoing Covid response,	**Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	687	673	444	600	The actual figure for 2020-21 is potentially under represented due to impact of Covid. The 2021/22 plan is managed to support this.
	Numerator	1,730	1,702	1,135	1,560	The number of older adults being admitted to a residential /nursing setting has increased significantly
	Denominator	251,958	253,027	255,637	259,985	over the 2nd quarter; this is coupled with the number of

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.0%	84.3%	87.4%	The plan anticipates greater levels of activity although should the discharge numbers be lower then planned % should still be achieved.
	Numerator	1,680	1,070	1,311	We have implemented the Home First pathways which supports more people to return home and be assessed
	Denominator	2,000	1,269	1,500	for short-, medium- and long-term care and support. Our

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Lancashire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes			
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes			
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes			
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes			

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes			
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes			

Lancashire BCF 2021/22 Expenditure plan summary

Area	Scheme Name	Source of Funding	Expenditure (£)
Lancashire	Carers - Respite	Minimum CCG Contribution	£7,500,000
Lancashire	Carers - Carers Assessment & Support Contracts	Minimum CCG Contribution	£2,569,000
Lancashire	Residential Rehab	Minimum CCG Contribution	£3,632,000
Lancashire	Urgent Care - Crisis Support	Minimum CCG Contribution	£1,619,000
Lancashire	Care Act	Minimum CCG Contribution	£5,300,000
Lancashire	Equipment & Adaptions	Minimum CCG Contribution	£5,785,000
Lancashire	Integrated Neighbourhood Teams	Minimum CCG Contribution	£1,600,000
Lancashire	Intermediate Care Team	Minimum CCG Contribution	£470,000
Lancashire	Lancashire Safeguarding Board Contribution	Minimum CCG Contribution	£124,000
Lancashire	Fee & Demand Increases	Minimum CCG Contribution	£2,006,000
Lancashire	Hospital Aftercare	iBCF	£685,000
Lancashire	Roving Nights	iBCF	£660,000
Lancashire	Telecare	iBCF	£6,000,000
Lancashire	Reablement	iBCF	£8,643,000

Area	Scheme Name	Source of Funding	Expenditure (£)
Lancashire	Fee & Demand Increases	iBCF	£28,918,000
Lancashire	DToC Additional Packages	iBCF	£1,000,000
Lancashire	High Impact Changes Fund	iBCF	£1,924,000
Lancashire	Promoting Independence Project Team	iBCF	£1,151,000
Lancashire	Urgent Care - Crisis Support	iBCF	£1,446,000
Lancashire	Community Equipment	iBCF	£130,000
Lancashire	Intermediate Care Unit management and additional night staff capacity	iBCF	£400,000
Lancashire	Additional Staffing Capacity across Discharge to Assess, Peripatetic Team, Care Navigation, Area Based CATCH/ICAT Teams and Social Work Teams	iBCF	£1,349,000
Lancashire	Housing Options Programme including Neighbourhood Apartments	iBCF	£80,000
Lancashire	Transport Options	iBCF	£100,000
Lancashire	Capacity to lead the implementation of IC	iBCF	£149,000
Lancashire	Winter schemes development	iBCF	£696,389
Lancashire	Disabled Facilities Grant	DFG	£16,714,881
Morecambe Bay	Community Specialist Services	Minimum CCG Contribution	£775,293

Area	Scheme Name	Source of Funding	Expenditure (£)
Morecambe Bay	IMC Care Co-Ordination	Minimum CCG Contribution	£5,371,925
Morecambe Bay	Dementia advisors / carer support	Minimum CCG Contribution	£31,648
Morecambe Bay	MH carer support	Minimum CCG Contribution	£18,841
Morecambe Bay	GP advisors	Minimum CCG Contribution	£43,321
Morecambe Bay	Solutions Plus	Minimum CCG Contribution	£47,784
Morecambe Bay	REACT	Minimum CCG Contribution	£106,000
Morecambe Bay	ICAT (UHMB)	Minimum CCG Contribution	£52,561
Morecambe Bay	Community stroke early supported discharge	Minimum CCG Contribution	£63,997
Morecambe Bay	Community equipment (MBCCG)	Minimum CCG Contribution	£901,282
Morecambe Bay	Enhanced Care Home Support	Minimum CCG Contribution	£846,169
Fylde and Wyre	Intermediate Care Redesign Fylde and Wyre	Minimum CCG Contribution	£3,597,154
Fylde and Wyre	Admissions Avoidance Fylde and Wyre	Minimum CCG Contribution	£6,483,953
Chorley/ South Ribble and Greater Preston	Intermediate Care Beds	Minimum CCG Contribution	£4,730,572
Chorley/ South Ribble and Greater Preston	Rehab Beds, Intermediate Care Therapist Services (includes RAPIDs and Therapy support to Rehab beds)	Minimum CCG Contribution	£1,474,200

Area	Scheme Name	Source of Funding	Expenditure (£)
Chorley/ South Ribble and Greater Preston	Community Hospitals - Longridge	Minimum CCG Contribution	£1,351,155
Chorley/ South Ribble and Greater Preston	Falls Lifting	Minimum CCG Contribution	£67,691
Chorley/ South Ribble and Greater Preston	Frality Home Based	Minimum CCG Contribution	£1,187,560
Chorley/ South Ribble and Greater Preston	Develop Integrated Care Teams	Minimum CCG Contribution	£11,574,613
West Lancashire	Building for the Future - West Lancashire	Minimum CCG Contribution	£5,886,290
East Lancashire	Intermediate Care Services	Minimum CCG Contribution	£17,218,278
East Lancashire	Intermediate Care Services (additional)	Additional CCG Contribution	£286,362
East Lancashire	Neighbourhoods and Primary Care Networks	Minimum CCG Contribution	£3,928,650
East Lancashire	Access into Urgent and Emergency Care	Minimum CCG Contribution	£83,150

Lancashire Health and Wellbeing Board
Meeting to be held on 8 March 2022

Corporate Priorities:
Delivering better services;

Lancashire Better Care Fund Plan 2021/22
(Appendices refer)

Contact for further information:
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing
Lancashire County Council, Tel: 01772 530454, louise.taylor@lancashire.gov.uk

Executive Summary

The Better Care Fund (BCF) programme began in 2015. Lancashire has had in place Better Care Fund (BCF) plans since, based upon a clear governance structure and planning process. This provided the Health and Wellbeing Board regular updates and engaged with it, in its role as the Better Care Fund (BCF) accountable body.

This process has been changed over the last two years as resources needed to be refocussed. The Better Care Fund (BCF) has continued but in a more discreet manner. It has though provided some basis for accelerated collaborative working and services funded through it have been at the core of supporting NHS and social care systems to respond to the pandemic. Such was the position in 2020/21 that no Better Care Fund (BCF) plans were produced nationally in year, but activity reflected end of year reporting.

In 2021/22 planning has been delayed but through partner collaboration, the plan has been produced and presented to the chair of the board previously and today for consideration by the full board. This has allowed consolidation and clarity that will support the Better Care Fund (BCF) going forward and on a much wider scale the delivery of the Intermediate Care Programme for which it is an enabler.

To enable the completion of the national assurance process, that requires Health and Wellbeing Board sign off, the chair of the board has approved the plan having consulted board members through email and received no comments to the contrary.

This report provides a high-level view of the plan. Detail and background are available in the appended briefing and background papers.

Recommendations

The Health and Wellbeing Board is asked to:

i) Confirm the chairs approval, given under delegated powers, to the Lancashire Better Care Plan for 2021/22.
ii) Receive, at a future meeting, the 2021/22 Better Care Fund year-end report when produced.
iii) Receive further updates on Better Care Fund activity and development into 2022/23.

Lancashire County Council

Background

The Better Care Fund (BCF) programme was launched in 2015 to support local systems to successfully deliver the integration of health and social care. It established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams.

It is a requirement that each Health and Wellbeing Board area produces a plan for the spend of the pooled budget, that is agreed by all partners. The Lancashire Health and Wellbeing board is the accountable body for the Lancashire Better Care Fund (BCF). This paper sets out the status of and seeks the board's approval for the 2021/22 plan.

Unfortunately, the beginning of the pandemic in 2020 halted the process of all Better Care Fund (BCF) planning. The necessary approach, nationally, was to roll forward the 2019/20 plans with planned spend uplifts applied. In common with many aspects of collaborative working across health and social care pragmatic thinking was applied to the use of Better Care Fund (BCF) during this period. The assurance process was satisfied through an end of year report that was constructed through collaboration in the Advancing Integration (AI) programme group and submitted in May 2021. The Advancing Integration programme group has maintained an oversight of Better Care Fund (BCF) throughout the period of the pandemic as a remaining part of the previous governance arrangements.

For 2021/22 the Better Care Fund (BCF) Policy Framework was published in August 2021 and Better Care Fund (BCF) Planning Requirements at the end of September 2021.

Following the period of development and confirmation, mainly through the Advancing Integration programme group, the 2021/22 Lancashire Better Care Fund (BCF) plan was created, and the final draft version considered by partners before submission to NHS England (NHSE)/Department of Health and Social Care (DHSC) on 16 November 2021.

Lancashire Better Care Fund Plan 2021/22

Finance

The Lancashire Better Care fund for 2021/22 is a total of £166.48m. It is made up of three elements shown below:

	CCG Minimum Contributions £m	Disabled Facilities Grant £m	Improved Better Care Fund £m	Total £m
2021/22	96.44	16.71	53.33	166.48

The fund is managed under a single pooled arrangement administered by Lancashire County Council within a s75 agreement.

The planned spend is set out on the appended Lancashire Better Care Fund Plan 2021/22 template submission and summarised in the appended document.

Metrics

For 2021/22 a new set of Better Care Fund (BCF) metrics has been introduced to attempt to measure system effectiveness for the Better Care Fund (BCF). These are:

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions. (Conditions that respond to timely and effective outpatient care to reduce the risks of hospitalisation by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition, eg Asthma, Heart disease, diabetes, high blood pressure, COPD etc).
- Percentage of in patients, resident in the Health and Wellbeing area, who have been an inpatient in an acute hospital for:
  i) 14 days or more
  ii) 21 days or more
- Percentage of people, resident in the Health and Wellbeing area, who are discharged from acute hospital to their normal place of residence.
- Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The targets set against these metrics and rationale for them are set out in the template submission attached. Reporting on these will be at year end for 2021/22.

Planning requirements and Assurance

There are eight key considerations for meeting the Better Care Fund (BCF) planning requirements. These are referenced in the template submission attached.

Positive feedback has been received at regional and national level for the Lancashire Better Care Fund (BCF) plan. The approval of the Health and Wellbeing Board will enable it to be formally approved nationally and provide the basis for the s75 agreement to be signed by all parties. To speed this process approval was given by the Health and Wellbeing Board chair on 17 February 2022 under delegated powers. The Board is asked support this decision.

The Intermediate Care Programme

Intermediate Care is a term used to describe an approach and range of services that offer responsive, proportionate and time-limited enhanced support based on the person's needs to enable them to remain in or return home or as close to home as possible.

Examples of current Intermediate Care Services include:

- Intermediate Care Allocations Team – Single Point of Access
- Reablement and Community Rehabilitation Services
- 2-hour Urgent care response and Crisis Support
- Discharge to Assess - Home First and Short stay community beds
-

The intermediate care programme aims to deliver a cost effective, person focussed, integrated end to end service for short term health and care provision across Lancashire and South Cumbria, with an Integrated Care System (ICS) level core offer and accountability and local services in places but operating as a single team.

Governance

Prior to the pandemic the Better Care Fund (BCF) was overseen and managed through the Advancing Integration Board and Advancing Integration Programme group.

When the NHS moved to the highest level of emergency preparedness, Incident Level 4, in response to the pandemic the need to redirect resources and activity resulted in the suspension of the Advancing Integration Programme board and the running of the programme group at a much reduced level.

As the health and social care system emerges from pandemic response and the Intermediate Care programme begins to mature and deliver the Better Care Fund (BCF) governance arrangements can be further strengthened. The Better Care Fund (BCF) plan narrative gives further detail of the proposed approach with the Better Care Fund (BCF) management and oversight being placed within the Intermediate Care finance group while retaining its pan system enabling role.

The future of the Better Care Fund

The 2021/22 Better Care Fund (BCF) Policy Framework indicated that the Better Care Fund (BCF) would continue into 2022/23 and this was further confirmed in the NHS 2022/23 priorities and operational planning guidance and in the Provisional Local Government Finance Settlement. No further detail is currently available.

List of background papers

- 2021 to 2022 Better Care Fund policy framework
- Better Care Fund planning requirements 2021-22
- Lancashire Better Care Fund Plan 2021/22 narrative
- Lancashire Better Care Fund Plan 2021/22 template submission
- Lancashire Better Care Fund Plan 2021/22 Expenditure Summary

Reason for inclusion in Part II, if appropriate

N/A