

Lancashire County Council

Health and Adult Services Scrutiny Committee

Wednesday, 8th May, 2024 at 10.30 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. Apologies

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any pecuniary and non-pecuniary interests they may have to disclose to the meeting in relation to matters under consideration on the agenda.

3. Minutes of the Meeting Held on 20 March 2024 (Pages 1 - 8)

4. Living Better Lives in Lancashire (Pages 9 - 40)

5. Lancashire and South Cumbria Integrated Care Board - Transforming Hospital Care and New Hospitals Programme Update (Pages 41 - 48)

6. Report of the Health Scrutiny Steering Group (Pages 49 - 54)

7. Health and Adult Services Scrutiny Committee and Steering Group Work Programme 2023/24 (Pages 55 - 74)

8. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the minutes, the chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the chief executive should be given advance warning of any member's intention to raise a matter under this heading.



9. Date of Next Meeting

The next meeting of the Health and Adult Services Scrutiny Committee will be held on Wednesday 26 June at 10:30am in Committee Room C – The Duke of Lancaster Room, County Hall, Preston.

H MacAndrew
Director of Law and Governance

County Hall
Preston



Lancashire County Council

Health and Adult Services Scrutiny Committee

**Minutes of the Meeting held on Wednesday, 20th March, 2024 at 10.30 am in
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillor David Westley (Chair)

County Councillors

L Collinge	S Rigby
J Burrows	A Whittaker
N Hennessy	J Couperthwaite
E Pope	

Co-opted members

Councillor Tony Austin, Ribble Valley Borough Council
Councillor Chris Church, Pendle Borough Council
Councillor Margaret France, Chorley Council
Councillor Jennifer Mein, Preston City Council
Councillor Fiona Wild, Burnley Borough Council
Councillor Viv Willder, Fylde Borough Council
Councillor Vickie Cummins, West Lancs Borough
Council

1. Apologies

Apologies were received from County Councillors Erica Lewis and Usman Arif and District Councillors Barbara Ashworth, Martin Gawith, Lou Jackson and Julie Robinson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

A non-pecuniary interest was declared by Councillor Fiona Wild, Burnley Council, as an employee for East Lancashire Hospital Trust.

3. Minutes of the Meeting Held on 22 January 2024

Resolved: That the minutes of the meeting held on 22 January 2024 be confirmed as an accurate record.

4. Workforce Strategy and New Ways of Working Opportunities

County Councillor Graham Gooch, Cabinet Member for Adult Services, Mark Howe, Director of Quality Improvement and Principle Social Worker, Joanne Reed, Head of Business Development, Katie Grant, Adult Social Care Strategic Workforce Lead, Andrea Smith, Public Health Specialist, Lucy Thompson, Director of People and Andrea Anderson, Director of People – Place and Programmes attended the meeting to partake in discussion regarding the report from the county council on the social care workforce in Lancashire.

The reports circulated in the agenda pack provided an overview on the workforce strategy for Adult Social Care (ASC) and the NHS. The reports included information on the Adult Social Care Academy, the ICB 'One Workforce' strategy and integrated care within the NHS, as well as information on vacancies, sickness, Employee Support Services and career development framework.

The Chair invited questions from committee members and a summary is outlined below:

- The committee raised concern over the average number of sick days taken by employees in Adult Social Care (17.5 days per annum). It was confirmed to the committee that sickness rates were a national challenge for authorities. Members were informed that the workforce strategy focused on provisions to improve sickness rates including communication with the employee and the implementation of a re-entry interview. It was further confirmed to the committee that figures could be provided on the overall 5-year trend regarding sickness rates, and a target figure for sick days in relation to other authorities could be provided to the committee and reviewed at scrutiny level.
- In regard to vacancies within the workforce, members raised concern over 90% of Occupational Therapist positions being vacant and queried the steps being taken to fill these positions, as well as the impact on Disabled Facilities Grants. It was noted to members that the figure of 90% referred to one specific area within the directorate and faced significant recruitment challenges due to national skills shortages across all frontline services. The committee were informed that the directorate were focused on strategic workforce planning, utilising data, and identifying gaps within data to understand skills challenges within the workforce, vacancy and agency gaps, and this information fed into Lancashire County Council's 'attraction strategy' to recruit and retain the frontline workforce. It was noted that utilising this data to inform the adult social care workforce strategy was in its early stages, and progress could be reported back to the committee at a future meeting.
- Further to the information regarding return-to-work interviews, it was queried if these were standardised across ASC, and if the cause of sickness had been identified from these interviews. It was confirmed that return to work interviews were standard management action across every



directorate, and their purpose was to understand the reason for absence and how to further support an employee. The committee were informed there were a multitude of reasons for sickness, and effective planning took place for any potential planned absence to reduce the pressure on other employees. It was also confirmed that one off sickness was monitored.

- Members were assured that services operated a no tolerance policy to bullying within the workplace, and this key message was communicated to staff through a variety of platforms e.g. management meetings.
- Regarding the cause of sickness, it was queried if causes were specific to ASC and if industry specific steps were needed to be taken to reduce sickness. Members were informed certain causes were industry specific (e.g. home care services experienced higher absence rates for musculoskeletal issues). It was explained to members that team managers received monthly data regarding absences, this helped predict numbers and inform appropriate actions. The committee were also informed the key reasons for absence in February 2024 in ASC was mental health, followed by respiratory illnesses and musculoskeletal issues. It was explained this data informed the response of the service, as preventative provisions such as flu jabs for staff, which were put in place during winter months.
- Further to queries on the causes of sickness, members raised concern around indoor clean air policies and requested further information to support the reduction of respiratory illnesses.
- In regard to mental health, the uptake for staff accessing mental health support was queried. It was highlighted to members that all support offered was voluntary. Furthermore, data on the uptake of this support could be compiled and presented to the committee at a later date however, it was noted that since the implementation of the Employee Assistance Programme, mental health support accounted for 44% of all support looked at by staff online. The committee were informed this support was available 24/7, and mostly accumulated of mental health support and counselling. However, within ASC it was noted many staff members did not have regular access to a computer, therefore steps were taken to ensure this information also reached these employees. It was highlighted that due to the nature of the work carried out by ASC, regular debriefings were held within teams as well as options to referral to mental health services.
- A query was raised as to whether managers received training on mental health. It was explained that a process was in place regarding more acute mental illness, underpinned by the Mental Health Act 1983. It was confirmed to members that there were a number of mental health first aiders and wellbeing champions within the authority, and early intervention was key to support employees in work.



- Members queried if return to work meetings were audited, and lead to wellness action plans for the employee to prevent further sickness. It was confirmed that these meetings were monitored, and communication was imperative to ensure the work environment and support given was suitable, supportive, and personalised.
- In regard to sickness within the NHS, it was queried if Trusts faced the same challenges as ASC around sickness absences and if the strategies for improvement were the same. It was confirmed that the NHS faced similar challenges regarding sickness, and the most prevalent reason for sickness was also mental health, followed by musculoskeletal issues. However, absence rates had started to recover from the pandemic. It was explained to members that particular professions within the NHS faced poorer sickness rates, and this was seen to be influenced by the work environment.
- The committee heard that the Shared Lives service was rated outstanding in all categories by the CQC. Members were informed of the success of the centralised recruitment process that had streamlined the process for applicants. They also noted the positive feedback from student employees and highlighted how the career landing page had focused on providing perspective employees with information about Lancashire County Council as an employer. Regarding challenges, it was noted that ASC was a vast sector, and the organisation could not rely on agency staff permanently, and the workforce strategy highlighted the need for permanent employees.
- Members questioned when results would be seen from the recruitment strategy. It was noted to the committee that workforce dashboards were used and supplied data on turnover, leavers, and their reasons for leaving. The committee were informed that the position with the highest number of vacancies was Residential Care Assistants, followed by Social Workers and this data informed the focus on the career landing page. Furthermore, it was noted that more work was required within the 'attraction strategy' and to target those most needed roles.
- In regard to the largest number of vacancies in ASC being residential care assistants, members raised concern over the recruitment process not being streamlined for potential applications and if work was being done surrounding this issue. It was confirmed that the initial application experience was crucial to their judgement of the authority as an employer. It was confirmed significant steps were being taken surrounding the recruitment and interview process, focusing on more timely engagement with an applicant and ensuring ability to get an individual into post quickly.
- Concern was raised regarding the low number of exit interviews being recorded on Oracle Fusion (5-10%) and queried if exit interviews were being recorded by other methods. The committee also queried the delivery of these interviews (e.g., a questionnaire, a phone call, face to face) and if the method was optional. Members were informed that an exit interview



was offered to every employee leaving the organisation, the figure shown in the report was the uptake. It was highlighted that they were voluntary, and the council were looking to shift priority to potential 'stay' interviews. It was explained that significant steps were taken to ensure employees could give honest feedback on their experience with Lancashire County Council, for example through staff voice groups in every area of work and the challenge for the council was to ensure centralisation of this information to inform policies.

- It was requested by members that figures regarding progress on recruitment be brought to the committee at a later date.
- Regarding the NHS 'One Workforce' approach, it was queried what measures were in place to facilitate this strategy. The committee heard that a specific team at Lancashire Place focused on partnership working and facilitating the 'One Workforce' approach. In Lancashire, 3 locality-based workforce groups were being set up to target specific obstacles their economically inactive members of the community faced, and the 5-year strategy highlighted within the report had a seamless workforce as a main priority. In regard to working across settings, it was highlighted that integrated neighbourhood teams were in place and improvement had been made to create the 'One Workforce' across Lancashire.
- A further query was raised if an employee could work across hospital trusts, care organisations, GP practices etc. It was explained to members that digital passports facilitated this, however each setting was a separate employer regarding pay and employment checks. The committee were assured the issue of fluidity was being addressed.
- The committee queried what was being done regionally regarding oversubscribed training places. Members were advised the 5-year strategy was underpinned by training and education, the implementation of a strategic and collaboration group would specifically focus on training and education, the training hub was already in use. It was noted that additional responsibility roles (Physicians Associates) within the NHS and primary care had benefited significantly from these. Further work was being carried out to ensure roles were being adapted to reflect current qualifications being undertaken by perspective employees.
- The committee requested that a report containing similar information on sickness, vacancies, education, and training specifically from the NHS Integrated Care Board could be brought to the committee at a later date to be reviewed at scrutiny level.
- In regarding to the part of the NHS report containing information on staffing groups, it was requested by the committee that further information be provided on the breakdown of these groups, and the roles within them.



- The committee queried if pay rates could be improved, to increase interest in employment. It was confirmed that pay was a consideration for an individual when applying for positions, however the pay structure within Lancashire County Council was agreed nationally and any pay award or progression followed clear governance and policy.
- Further to the query on pay rates, it was queried if the foundation living wage was met across Adult Social Care. It was confirmed across any contract to an outsourced care provider, it was a requirement to pay the foundation living wage however this was difficult to enforce.

Resolved: That

- i. With regards to sickness absence across adult services, consideration be given by the Cabinet Member for Adult Services to the following to further support employees and the potential reduction of sickness absence going forward:
 - a. Identification of additional early intervention practices to support staff in areas with high prevalence of sickness absence resulting from mental health challenges.
 - b. Analysis of uptake and impact on the provision of employee support offered to staff to include feedback on staff experience – how the support is accessed, staff journey, outcomes etc.
 - c. Further analysis on the definition of mental health sickness absences and reasons behind absence to ensure level of appropriate support is identified and offered to employees.
 - d. Matter of indoor clean air be reviewed through analysis of the impact of respiratory illnesses, potential prevention practices that could be undertaken in line with health and safety policy measures, impact on premises and cost analysis.

- ii. With regards to strengthening recruitment and retention across adult services, further consideration be given by the Cabinet Member for Adult Services to the following:
 - a. An 'Attraction Policy' for recruitment to support what more could be done to further highlight Lancashire County Council as an employer of choice.
 - b. Provision of information to all county councillors to help support/promote messages around recruitment and in particular information to councillors on vacancies/recruitment challenges in their areas.
 - c. The centralisation and analysis of information collated as part of Exit interviews to further understand trends and identify early intervention practices.
 - d. A review of the processes for staff Exit interviews to include how they are undertaken, when, by whom and the potential utilisation of different platforms to receive information.



- e. Implementation of 'Stay' interviews to be further explored to include ways to support managers to retain staff, career pathways for employees, and particularly targeted to those areas where workplace mental health challenges are increasing, and those areas showing greater sickness absence rates.
 - f. An action plan to be identified and reported back to the committee on the challenge in recruitment of occupational therapists, what the impact is on services such as Disabled Facilities Grants, any agreements in place with NHS Trusts to support this work and plans in place to reduce current wait times.
- iii. A briefing note be provided to the committee on a further breakdown of vacancy and retention rates to include benchmarking with neighbouring authorities.
 - iv. Further NHS Integrated Care Board workforce report to a future meeting of the committee be provided to include the following:
 - a. Overall picture of workforce across the Lancashire and South Cumbria Integrated Care Board to include GP's and dentists with challenges, opportunities and financial implications.
 - b. Further breakdown on the 'One Workforce' staff groupings detailed on page 31 of the agenda pack.
 - c. Further detail on the role of Physician Associate to include plans for the new role and appropriateness of new roles being established to support services.
 - d. Sufficiency of training places for NHS clinical positions such as medical/nursing degree courses.

5. Report of the Health Scrutiny Steering Group

County Councillor Lizzi Collinge presented a report on the Health Scrutiny Steering Group meeting which took place on 21 February 2024.

There was an update provided on the NHS Community Mental Health Transformation Programme.

The report contained information on inpatient bed capacity across Lancashire, it was noted that the capacity was steadily increasing however the service did face challenges surrounding the length of stay. It was reported that out of area placements had decreased, as well as a decrease in spending and an improvement in staff turnover.

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



6. Health and Adult Services Scrutiny Committee and Steering Group Work Programme 2023/24

The committee received a report which provided information on the work programme of the Health and Adult Services Scrutiny Committee and Health Scrutiny Steering Group.

Resolved: That Health and Adult Services Scrutiny Committee and Health Scrutiny Steering Group work programme be noted.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

It was noted that the next meeting of the Health and Adult Services Scrutiny Committee would be held on Wednesday 8 May 2024 at 10.30 am in Committee Room C, County Hall, Preston.

H MacAndrew
Director of Law and Governance

County Hall
Preston



Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Caring for the vulnerable;

Living Better Lives in Lancashire
(Appendices 'A' and 'B' refer)

Contact for further information: Mark Howe, Director of Quality Improvement and Principal Social Worker and Kerry Ross, Head of Service Quality and Improvement

Brief Summary

Living Better Lives in Lancashire (LBLiL) serves as the overarching vision for Adult Social Care, designed to empower Lancashire residents to live their life the way they want, with the maximum level of independence.

This report seeks to provide the Health and Adult Services Scrutiny Committee with information in relation to Living Better Lives in Lancashire.

The information in this report is summarised by a short presentation (as at Appendix 'A') that will be provided on the day by way of an introduction to a question-and-answer session conducted by members of the Committee.

Recommendation

The Health and Adult Services Scrutiny Committee is asked to:

- i. Consider the information provided by way of meeting preparation.
- ii. Reflect and feedback on the work undertaken to support pathways into the VCFSE provision.
- iii. Support the introduction of the Living Better Lives in Lancashire Practice Model through adoption of a strengths based approach and the Wellbeing and Early Support operating system.
- iv. Discuss and identify any additional recommendations for consideration by the Cabinet Member for Adult Services to further support the work outlined.

Detail

Background and Context:

As set out in the Care Act 2014 'A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- (b) contribute towards preventing or delaying the development by carers in its area of needs for support.
- (c) reduce the needs for care and support of adults in its area.
- (d) reduce the needs for support of carers in its area.

Living Better Lives in Lancashire (LBLiL) serves as the overarching vision for Adult Social Care, designed to empower Lancashire residents to live their life the way they want, with the maximum level of independence.

To view the vision on one page, please see Appendix 'B'.

Since its initiation in 2021, LBLiL, along with the trajectory of its development, particularly our adoption of a strengths-based practice model, has undergone significant evolution.

In the autumn of 2022, the Older Adult and People with Physical Disabilities Service in Central Lancashire (OPPD-C) within adult social care embraced the Three Conversations™ model. This innovative approach to assessment involves a structured series of conversations geared towards facilitating independent living, with conventional support packages being offered as a last resort after exploring alternative options. The integration of the Three Conversations™ in OPPD-C followed a successful pilot involving five teams that commenced in 2021.

This process of integration was facilitated by Partners4Change, culminating in the commencement of innovation towards the end of November 2022 and the onset of December 2022. Initially scheduled for a thirteen-week duration, the innovation period was subsequently extended to twenty weeks.

Partners4Change are a consultancy who use The Three Conversations to support local authorities and the NHS to make change to the conversations they have with people to enable them to really change their lives. They work through a series of specific stages that start with understanding the local authority's / NHS's story, attract people to get involved, and then deliver a collaboratively designed new way of working. Partners4Change advise that their work is precise and well defined – but it is the local authority / NHS will make it their own.

Upon the conclusion of the twenty-week innovation period, six teams conducted evaluations of their experience. These evaluations were presented to the LBLiL



delivery team in place at the time, and members of adult social care, the LBLiL delivery team subsequently generated a comprehensive evaluation report.

Ultimately, the evaluation report concluded that during the innovation period, there was a notable decrease in staff morale, wellbeing, and resilience. Moreover, the relationships among Partners4Change, the LBLiL delivery team, and OPPD-C became strained, impeding the development of Lancashire County Council's strengths-based model for adult social care.

Despite the challenges encountered by OPPD-C, the evaluation also yielded promising data, demonstrating:

- A decrease in the number of individuals accessing commissioned services.
- Overall reduction in the waiting list for assessments.
- Fewer individuals requiring repeat interventions from adult social care.

Moreover, qualitative data analysis revealed a positive impact on individuals receiving support, highlighting improvements in the connections and collaborative relationships among adult social care community teams, especially with occupational therapy and reablement services. Consequently, the recommendation for implementation favoured adopting a strengths-based approach, accompanied by various considerations aimed at refining the existing model.

A series of workshops and engagement sessions were conducted to plan the future approach. Subsequently, adult social care has transitioned away from Partners4Change and has devised a strengths-based practice model, incorporating insights from the Three Conversations™ framework and feedback from stakeholders, including our workforce.

Living Better Lives in Lancashire – Strengths Based Practice

The newly developed Living Better Lives Strengths-Based Practice Model is designed to revolutionise the interaction between professionals and individuals in need of support. It defines three distinct stages of assessment aimed at promoting independence, with traditional funding for support packages being considered only after exploring alternative options. Some individuals may find that information and advice be adequate to meet their presenting needs, while others may benefit from specific equipment or local community engagement. However, there will be provision for care and support for those who require it.

Rooted in our social work principles, the newly developed strengths-based practice model places professional practice and accountability at its forefront. It focuses primarily on people's strengths and community assets with frontline practitioners undertaking three stages of assessment. The practice model is underpinned by enablement and independence and promotes the understanding that people are the expert in their own life, empowering people to express their own wishes and preferences. Throughout all adult social care interventions, the model adheres to and embeds the Wellbeing Principle outlined in the Care Act 2014.

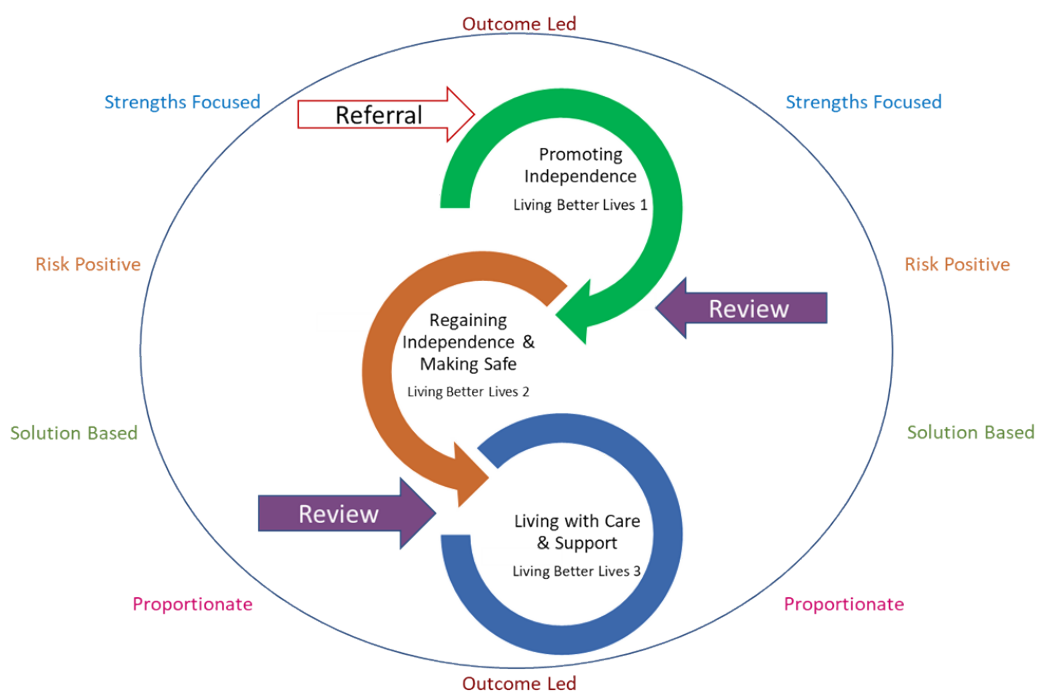


The following visual summarises the Wellbeing Principle, with all areas of wellbeing considered of equal importance:



Our assessment framework will be centred around three distinct stages:

- Living Better Lives 1 – Promoting Independence
- Living Better Lives 2 - Regaining Independence & Making Safe
- Living Better Lives 3 - Living with Care and Support



The entire process of the three-stage assessment model is geared towards empowering individuals, promoting independence, and leveraging community resources. Whenever feasible, the aim is to prevent or minimise the necessity for long-term service provision or resource allocation.

To put people at the heart of practice, adult social care aims to replace any 'assessment for services' culture with a commitment to proper conversations. To do this we will commit to the following:

1. Ensure people do not wait for support.
We will ensure that people do not wait for support by reducing the time spent screening, prioritising and reorganising people around our systems based on an assumption of need.
2. Allocation
Team managers will manage risk in our waiting lists alongside Service Managers and Heads of Service. Allocation of work to practitioners will be undertaken by management.
3. Minimise transfers between services, and reconsider how we make referrals.
We will not process people and move people around lengthy waiting lists. When people require another team or service more suitable to them, we will support them to connect to that team or service, without simply moving them around our systems.
4. Move away from traditional approaches to assessments.
We will move away from assessing for services and move towards a conversational method to allow the person to identify and define what good looks like for them. We will not focus on problems and apply quick fixes; instead, we will proportionately explore what a good life looks like to someone and how we can work with them to achieve it. We will recognise people as unique individuals and think about their lives as a whole.
5. Commissioned services no longer seen as the only solution.
We start with our communities. Commissioned services are beneficial when the right amount of care is provided for the right amount of time. We will move away from the idea that commissioned services are the main or only option all the time.
6. We will not long-term plan in a crisis
We will support people through their difficult period, and long-term plan once their situation has stabilised.
7. We will not move on to stage 3, before exhausting stage 1 and 2
We will exhaust the first stages of our assessment, 1 and 2, before moving to stage 3. This ensures we really listen to people and explore all their options before moving to more formal interventions.

Our assessments will be appropriate and proportionate, minimising intrusiveness to the necessary extent. It's crucial to grasp the purpose of our involvement from the



outset while also delving into and comprehending any underlying needs. Timeliness is key to our assessments, acknowledging urgent needs and recognising the potential for evolving needs. Transparency regarding our timelines and consistent communication with individuals and carers will be imperative throughout the process.

We will instil confidence in our workforce, encouraging them to rely on their professional judgment and expertise to understand the individual and their situation, to determine appropriate actions, and provide rationale behind them. Conducting assessments in this manner ensures they are legally literate, person-centred, solution-oriented, strengths-based, and outcome-focused.

Living Better Lives in Lancashire – Operating Model

As previously stated, Living Better Lives in Lancashire is our overarching vision for Adult Social Care Vision designed to empower Lancashire residents to live as independently as possible.

In performing [its Care Act] duty, a local authority must have regard to:

(a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty;

(b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);

(c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).

The current operating model of adult social care is complex and varies across different service areas, often resulting in those accessing adult social care having to re-tell their story multiple times to various practitioners. The LBLiL operating model aims to streamline this process by implementing a unified operating system across adult social care. This unified approach will ensure greater continuity for residents and eliminate the need for people to re-tell their story.

Under the LBLiL operating model, trained Customer Access Service (CAS) staff will provide prompt and efficient responses to enquiries. CAS will gather initial information, including demographic details, and provide appropriate guidance where necessary. CAS will continue to adhere to safeguarding protocols, connecting individuals to safeguarding services when appropriate. In cases where CAS cannot offer suitable advice or support for self-service, the call will be transferred to the Wellbeing & Early Support function.

The Wellbeing & Early Support function will play a pivotal role in gathering further information and ensuring individuals are triaged effectively, considering their immediate needs, strengths, responses, and risks. This function will serve as a county-wide coordinating role, facilitating a seamless front door for adult social care, with integrated place-based operations.



The Wellbeing & Early Support function will encompass three distinct delivery methods: telephone and virtual assessments, access through community delivery points, and traditional face-to-face visits. Each delivery method will encompass all aspects of the practice model as appropriate, ensuring comprehensive support across all channels.

Our community teams will initiate introductions with individuals during the initial review process. In addition to conducting these initial reviews, the community teams will also carry out annual reviews, manage a duty function for individuals known to adult social care and case manage those who require on-going social work intervention, handle unscheduled reviews and requests for reassessments. Individuals with long-term care and support plans will continue to be supported by our community long-term teams, without the need to go through CAS or the Wellbeing and Support Function again.

To reiterate, the Wellbeing and Early Support function will be the 'front-door' to our adult social care community teams. The function will be delivered by skilled professionals who will take calls, offer social care information and advice, direct individuals to local community groups or Voluntary, Community, Faith, and Social Enterprise (VCFSE) resources, and arrange access to short-term support as appropriate, with the aim of preventing, reducing, or postponing the need for long-term care and support. Following this, where necessary, the function will assess Care Act eligibility, discuss the individual's indicative budget, and collaborate on the development of long-term care and support plans.

Alongside the development of the LBLiL operating model, across the last 18 months transformation work has been taking place across the Lancashire 'intermediate care' services, which Adult Social Care delivers in partnership with the NHS, the VCFSE sector and independent sector care providers. A new 'Short Term Support Service' has been developed based on feedback from people who have lived experience of home and bed based intermediate care services, our partners and our staff as well as incorporating national guidance and good practice seen elsewhere.

The Short-Term Support Service comprises the teams formerly known as Acute, Intermediate Care and Reablement, and retains the Intermediate Care Allocation Team (ICAT) hubs as well as the existing NHS and other partnerships in the integrated hubs. It supports people to avoid unnecessary hospital or care home admissions, remain in their own home, as well as supporting people to be discharged from hospital as quickly as possible. New homebased intermediate care services have been commissioned, called 'Short Term Care at Home'; an end-to-end service replacing the previous crisis support, home first, and reablement services, that is a much more responsive service to the needs of people using it. The intermediate care transformation is also implementing changes to the existing bed-based services and the commissioned low level social care support provided via the VCFSE sector.

Aligned to the LBLiL vision, the new Short Term Support Service promotes independence underpinned by the Adult Social Care strengths-based practice model of 3 stages of conversation and assessment. Enabling more people to have access to services to maximise independence will further support the community teams and



the Wellbeing and Early Support function to connect people quickly to the right recovery and reabling support at the right time.

The implementation of the Wellbeing and Early Support function will be phased. Phase 1 is in development with implementation planned for 1st July 2024. The overall aim is:

- Ensuring residents have access to the right information, advice, and guidance.
- Ensuring residents are signposted to appropriate community assets.
- Ensuring residents have access to short term support, where appropriate.
- Ensuring residents who are eligible for services under the Care Act are provide with holistic long-term care and support plans that are outcome focused and evidence that needs are met via a range of interventions and services,
- Creating equitable access across the County.
- Managing demand on long term care services.

Delivering our vision and implementation of a truly effective and efficient Adult Social Care Service will be dependent on mature system and we recognise that there is further work to in this area.

Adult Social Care Service Plan

Our service plan is built on 4 key programmes:

- Digital and Systems: Developing a robust information, advice, guidance, and signposting (IAGS) offer as well as access to a comprehensive Director of Services. In addition, the technology offered by the Liquid Logic Adult Social Care Case Management and Recording System (LAS) Portal can be utilised to support more efficient operational processes to enable a timely response to professionals and those in need of support from Adult Social Care. A focus in this area will streamline and modernise the way resident and professionals' access local authority services, providing a more intuitive and user-friendly way of interacting with the Council. The implementation of the LAS Portal aligns with Lancashire Council's Digital First strategy by:
 - Reducing the need to repeat information / enter information in several places.
 - Reducing waiting times.
 - Improve professional and citizen engagement.
 - Optimise service delivery.
 - Where possible, redirect demand to online platforms.
 - Realise operational efficiencies and create a more effective, future proof digital platform for accessing adult social care.
 - The development and implementation of the LAS portal will enhance access to Adult Social Care through digital solutions and provide self-service options for residents and professionals.
- Workforce and Culture: We have our adult social care workforce strategy and will be working to implement this over the coming year alongside a



comprehensive learning and development offer. To support our workforce, we are undertaking a comprehensive analysis of capacity and demand to align workforce capacity with demand and ensure Lancashire is effective in preventing, reducing and or delaying the need for long term care and support.

- Quality and Practice: Our core ambition is to deliver the vision of adult social care (LBLiL), which includes:
 - Reduced backlogs: Ensuring fewer people are waiting, and that waiting times continue to reduce. This includes those people waiting for occupational therapy and deprivation of liberty safeguarding (DOLS) assessments. Additional funding to reduce waiting times was obtained in January 2024 (Market Sustainability and Improvement Fund funded).
 - Provide strength-based practice training between March – July 2024 for all adult services staff.
 - Successful roll out of a new supervision framework has been completed, and a survey of our workforce to inform further improvements has been undertaken. Further work on our supervision framework and recording tools has commenced.
 - Practice audits and moderation of our casework has started and been reviewed, resulting in a review and amendment of guidance, a revision of the recording tools and a transition of the audit tools into LAS. Training has also been further developed and is taking place between April-July 2024.
 - The remainder of the Quality Assurance Framework will be planned and rolled out.
 - All Care Act policies have refreshed and published on the Adult Social Care policy portal, with non-Care Act policies now starting to be reviewed.
 - Align services to local footprints.
 - Embedding the Wellbeing and Early Support function into the social care operating model.
 - Transferring remaining care-service-finding activity from operations to commissioning.
 - Developing a Countywide strength-based community Occupational Therapy model.

- Market Shaping and Value for Money: Outlined in the commissioning and the VCFSE section below.

Commissioning and the VCFSE

Adult social care commissioners have been working with local VCFSE infrastructure leads for a number of years to enhance connectivity between the sector and adult social care. This collaboration extends to commissioning VCFSE services to support sections of our provision, such as Age UK providing our Short-Term Support at Home provision and N-Compass and Advocacy Focus who provide our advocacy services.

Our commissioning efforts encompass a range of strategies aimed at aligning with strengths-based principles. These include initiatives such as the:



- Carers Strategy
- Early Intervention and Prevention Draft
- Dementia Strategy
- Technology Enabled Care

These strategies collectively aim to fortify our support systems and services within the community.

Commissioners are actively developing resources to facilitate the dissemination of information, advice, and guidance to both the public and practitioners. This includes the commissioning of several key initiatives:

- AskSara (Equipment and minor adaptations public portal) of £60,000.
- Direct payments – (Commissioned with Lancashire Independent Living Service (LILS) of approx. £800k per annum – dependent on demand).
- Digital support within our Digital Health and Care offer (£2m per annum).
- Combined Directory of Services across Lancashire County Council with an organisation called Digital Gaps (currently being scoped).

We acknowledge the ongoing need to further develop our efforts in this area, particularly in terms of streamlining the linkage between our care and support sourcing (brokerage) services through Care Navigation into VCFSE provision and alternative options to regulated care.

Additionally, collaboration is underway with colleagues from other directorates within Lancashire County Council to develop a strategic approach to wellbeing and prevention. This initiative aims to link the work around Early Help Hubs within Children's services and the Community Wellbeing Programme under Public Health. Operationally, we are engaged in ongoing coordination with other directorates, such as the current review of Public Health, to minimise duplication and optimise resources.

Challenges

Workforce and Practice

Following the pandemic, the care sector throughout the UK has encountered significant hurdles. Those in the health and care fields were at the forefront of the COVID-19 response, dedicating themselves to supporting individuals, caregivers, and families, both on-site and remotely. Understandably, this exertion has taken a toll on the workforce, which continues to grapple with fatigue, while waiting lists and backlogs persist at elevated levels.

Peer Challenge reports from Northwest Association of Directors of Adult Social Services and the Local Government Association conclude there is a lot to celebrate in Lancashire and that there are clear opportunities to really accelerate our LBLiL agenda jointly with staff, partners, and communities.

Peer challenge case audits reveal an improving pattern of strengths-based practice in adult social care. Audits by peer challenges generally rate outcome assessments and interventions as 'requiring improvement' or 'good'. This pattern of audit outcome



aligns with the outcomes of adult social care case audit moderation. Efforts to develop practice with the workforce have been underway, including the rollout of a strengths-based practice model and the initial stages of implementing the Quality Assurance and Practice Improvement Framework.

Commissioning

Within commissioning, there is a requirement to invest in a number of areas to support the delivery of a strengths-based approach to social care. Our model of provision has been traditional and rooted in regulated care provision, so our commissioning approach is required to make a fundamental shift alongside the practice shift.

Traditionally, our commissioning efforts have primarily focused on fulfilling legal and statutory obligations, largely centred on care provision. However, this narrow focus has inadvertently channelled individuals into social care pathways, predominantly reliant on formal care services. Consequently, we have inadvertently fostered dependency among individuals and failed to present viable alternatives to formal care. This not only limits choice but also poses financial risks to the authority due to the limited range of options available.

We have tended to commission mostly on the areas where we have a legal and statutory responsibility to do so, and this has restricted our offer to primarily care provision. This has funnelled people into social care and ultimately, care provision because we have created dependency in people and not been able to offer an alternative to formal care. This is a financial risk to the authority due to the restrictive options available. Short term planning and budget allocations across adult social care also make it difficult for Commissioning to commit to strategic or longer-term plans.

Several challenges persist within the commissioning landscape, including:

- Budgets for preventative services: Current budgets within adult social care are focused on delivering provision to people who are in receipt of care or require care as part of a short-term package of support. Funding for preventative services is often short term and non-recurrent which makes longer term planning a challenge.
- Capacity within the Commissioning team: Presently, there is one Commissioner recently allocated to this work with one additional fixed term support officer funded through Accelerated Reform Funding.
- Tight timescales for implementing necessary changes within Care Navigation.
- Resources within Care Navigation to adequately support the Wellbeing and Early Support function.
- Evolving approach to Contracting and Contract Monitoring: Very limited resources are allocated to preventative or VCFSE contracts.
- Ensuring the ability to demonstrate effectiveness through robust Business Intelligence reporting systems.



Solutions

Workforce and Practice

There are a number of initiatives that align with LBLiL and will support in the success of achieving adult social care's vision:

Workforce Strategy: In late 2022 Adult Services developed and began to implement a Workforce Strategy. It has been commended corporately and is a blueprint for the organisational workforce plan currently in development.

Training of Workforce: There has been a recent substantial review of the training and development offer for all staff within Adult Services. Furthermore, the Quality and Improvement service is in the process of procuring the Social Care Institute of Excellence (SCIE) to provide strengths-based training to all practitioners in readiness for the roll out of the strengths-based practice model. The Quality and Improvement service has recently concluded a number of engagement sessions with adult social care practitioners, which focused on familiarising staff with the new practice model, and this has been well received by the workforce. Discussions are also underway with the esteemed Siobhan McClean (Honorary Secretary of the International Federation of Social Workers (European Region) and trainer and author in relation to social work theory and critical reflection) to provide training on supervision.

To ensure alignment with strengths-based practice principles, leadership in adult social care will undergo strengths-based leadership training with SCIE. This initiative aims to enable leaders to support and promote strengths-based practice while maintaining responsibility for performance management.

Refresh of Policy, Procedure and Policy Guidance: We have conducted a review of all Care Act policies, procedures and practice guidance and launched the new Lancashire County Council Policy Portal, which will eventually replace the Policy and Practice Guidance (PPG) intranet page. We are now embarking on a review of non-Care Act policies which are currently on the PPG intranet page and will transfer these over to the Policy Portal once refreshed. This will reassure staff that policy and guidance is current and aligned with the new practice model. Additionally, we have finalised a set of practice principles and a practice handbook to assist practitioners in implementing the strengths-based approach in adult social care. A manager's handbook is also in development and will be shared with staff shortly.

LAS Re-Implementation: Work around the LAS reimplementation is aligned with the roll-out of the strengths-based practice model and initial phase of adult social care's new operating model. This will allow for streamlined processes within our case management system, along with the introduction of strengths-based recording tools. These tools serve as supportive mechanisms for staff as they undertake the three-stage assessment process. Training and support will be provided to staff throughout implementation and for a short period afterwards, aligned with the support around the practice model.



Commissioning Solutions

The ambition within Commissioning is to establish a sustainable framework for preventative and support services, empowering individuals to maintain active independence. Collaborating closely with our partners in public health, children's services, and initiating joint working with our VCFSE partners, Integrated Care Boards (ICB), and District Councils, we aim to gain insights into the factors driving individuals to seek adult social care support.

This collaborative effort will enable adult social care to identify and devise strategies to address the root causes of such needs. It serves as a pilot initiative to see what resources different organisations have now and help decide where to put resources in the future for prevention services. It will also inform the development of the directory of services and support adult social care's operational model.

Commissioning aims to be in a position to align with best practice councils by ensuring comparable expenditure on VCFSE and community asset provision. Our aspiration is to establish a robust infrastructure across adult social care and the Council to promote wellbeing as a primary offer.

From a commissioning perspective, the proposed solution entails establishing a sustainable investment framework and budget specifically geared towards Early Help and Prevention initiatives. This strategic allocation aims to address areas where we currently deviate from national norms in terms of demand and expenditure on regulated social care, while also addressing high-cost care packages.

Dedicated staff within this commissioning structure would collaborate closely with the adult social care Quality and Improvement team. This partnership ensures that frontline practices and resources are effectively aligned to tackle identified priority areas.

As relationships with the VCFSE evolve and strengthen, we are presented with opportunities to explore diverse funding mechanisms aimed at ensuring sustainability. We have the opportunity to consider different funding mechanisms to ensure sustainability such as match funding, resource contributions (i.e. estate space) or joint applications for national funding. We also have an opportunity through recent commissioning activity to further develop our Pseudo Dynamic Purchasing System (PDPS) as a tool to develop our VCFSE market.

Additionally, the introduction of social value metrics (using the National Themes, Outcomes and Measures Framework - which provides a minimum reporting standard for measuring social value) within procurement and contracting means that there is an emerging opportunity to financially demonstrate the value of preventative and avoidance spending as a return on investment for the local authority. We will be working with our partners to consider how to test this out with our VCFSE colleagues as a means of demonstrating the effectiveness of commissioned services.

Appendices

Appendix 'A' and 'B' are attached to this report. For clarification they are summarised below and referenced at relevant points within this report.



Appendix	Title
Appendix 'A'	Living Better Lives in Lancashire Overview
Appendix 'B'	Vision on a page

Consultations

Implications:

This item has the following implications, as indicated:

Risk management

Finance

There are no significant financial risks detailed in this report.

Legal

The three conversations model will embed the Wellbeing Principle and adhere to the Care Act 2014.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA





Living Better Lives in Lancashire



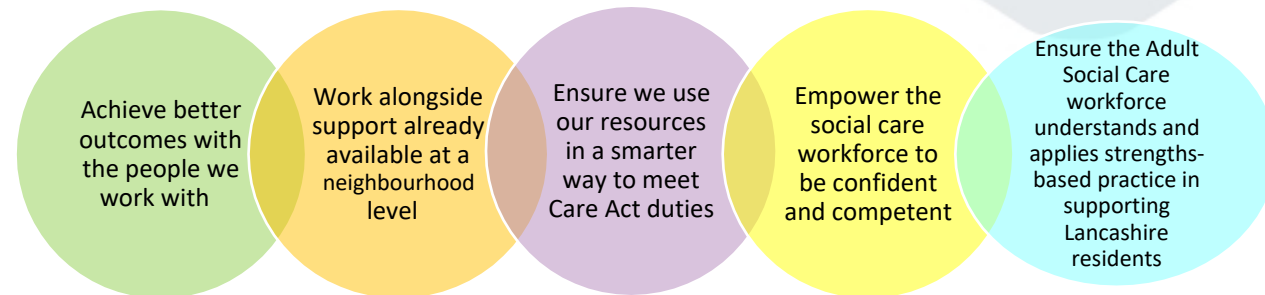
Appendix A



We are committed to delivering strength-based support which:

- Offers advice, information and signposting to support, which is close to where people live, to prevent, reduce or delay the need for formal social care support
- Offers short-term support (up to 6 weeks) to enable people to regain skills, confidence and independence so that they can live at home safely where it is possible for them to do so
- Ensures that when adult social care does assess people against Care Act (2014) eligibility that we do so in a timely way and offer support which enables them to live their best lives

Practice led Transformation will:



Listening to people with lived experience and treating them as equal partners in shaping future support



Creativity & innovation

LBLiL Values

Listening to our communities



Embracing collaboration with staff, providers and partners

Making use of information and data to inform our decision making



What does this mean for the people we support:

- “I matter”
- “I will be listened to”
- “I will have care and support that is coordinated, and everyone works well together and with me”
- “I will have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals”
- “I will be supported close to where I live”
- “I will be asked about my experiences and my suggestions for improvement”

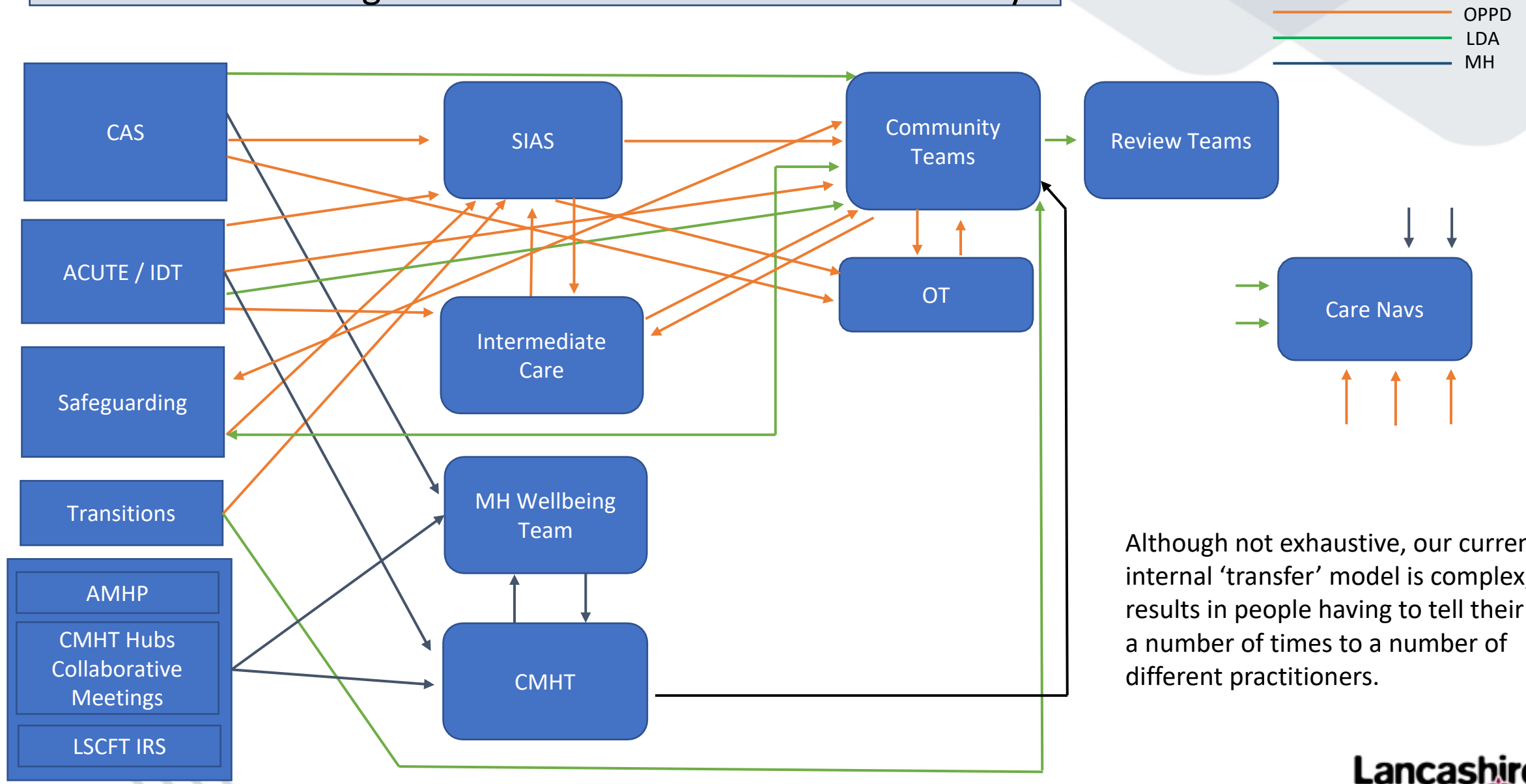
What does this mean for social care professionals:

- We will ensure practitioners have access to strengths-based training to facilitate a culture change process to deliver our new vision for our people and our communities
- We will build upon the core values of social care practice within our new approach
- We will enable creative, effective and collaborative working
- We will experience a richer working environment with high satisfaction rates for staff and the people we serve
- We will significantly reduce bureaucracy, ensuring it is at the minimum that it needs to be
- We will ensure that our systems are improved and support best practice

And our partners and care providers:

- We will develop connections with our VCFSE sector, and as equal partners develop agreements on how we work with some groups
- We will become data led to support our new ways of working, to improve lives and to support people to live a good life
- We will change what we do through adopting a strengths focused, community first commissioning strategy.
- We will adapt our culture, basing it on trust, empowerment, and shared values across all our teams

Rationale for Change – Current Internal Transfers Pathways



Page 25

Although not exhaustive, our current internal 'transfer' model is complex, and results in people having to tell their story a number of times to a number of different practitioners.

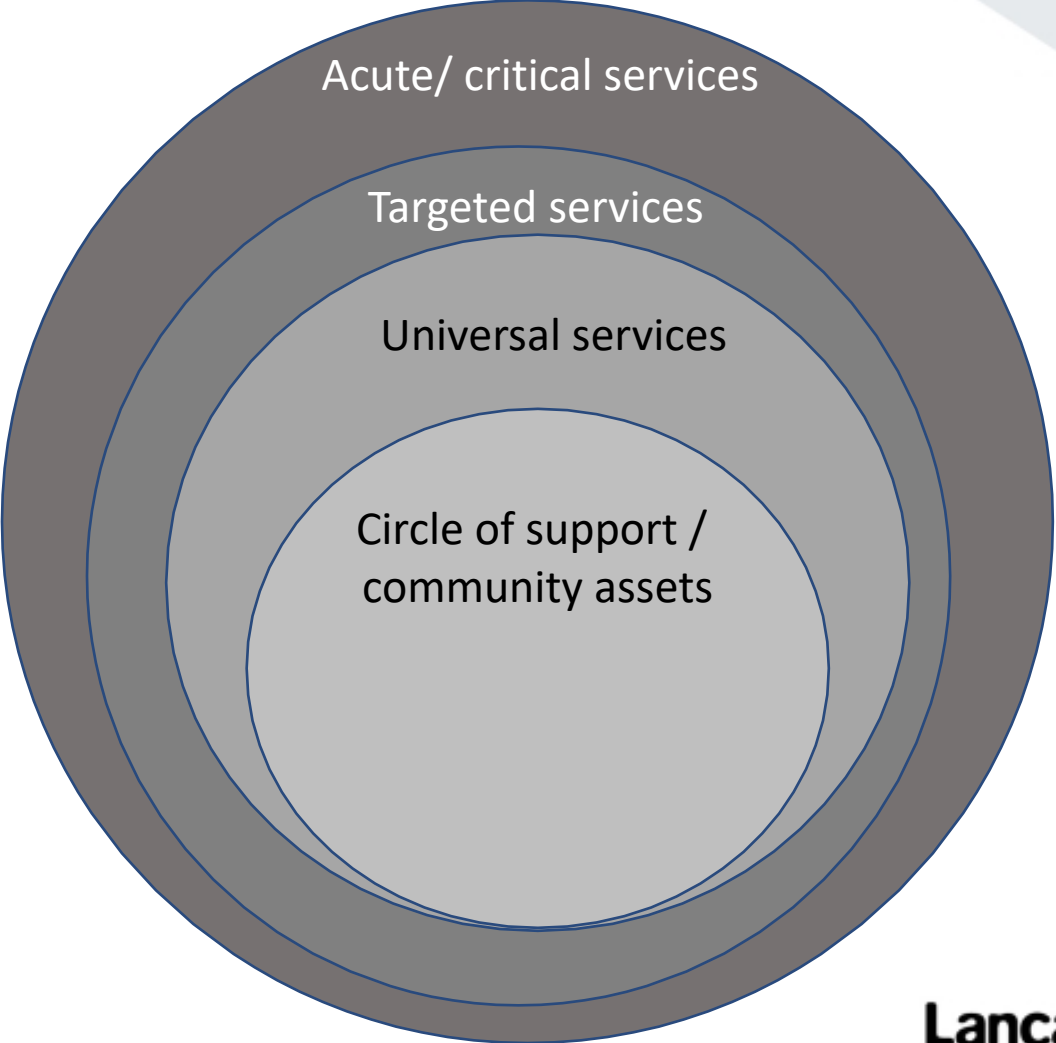


Adopting a Strengths-Based Approach

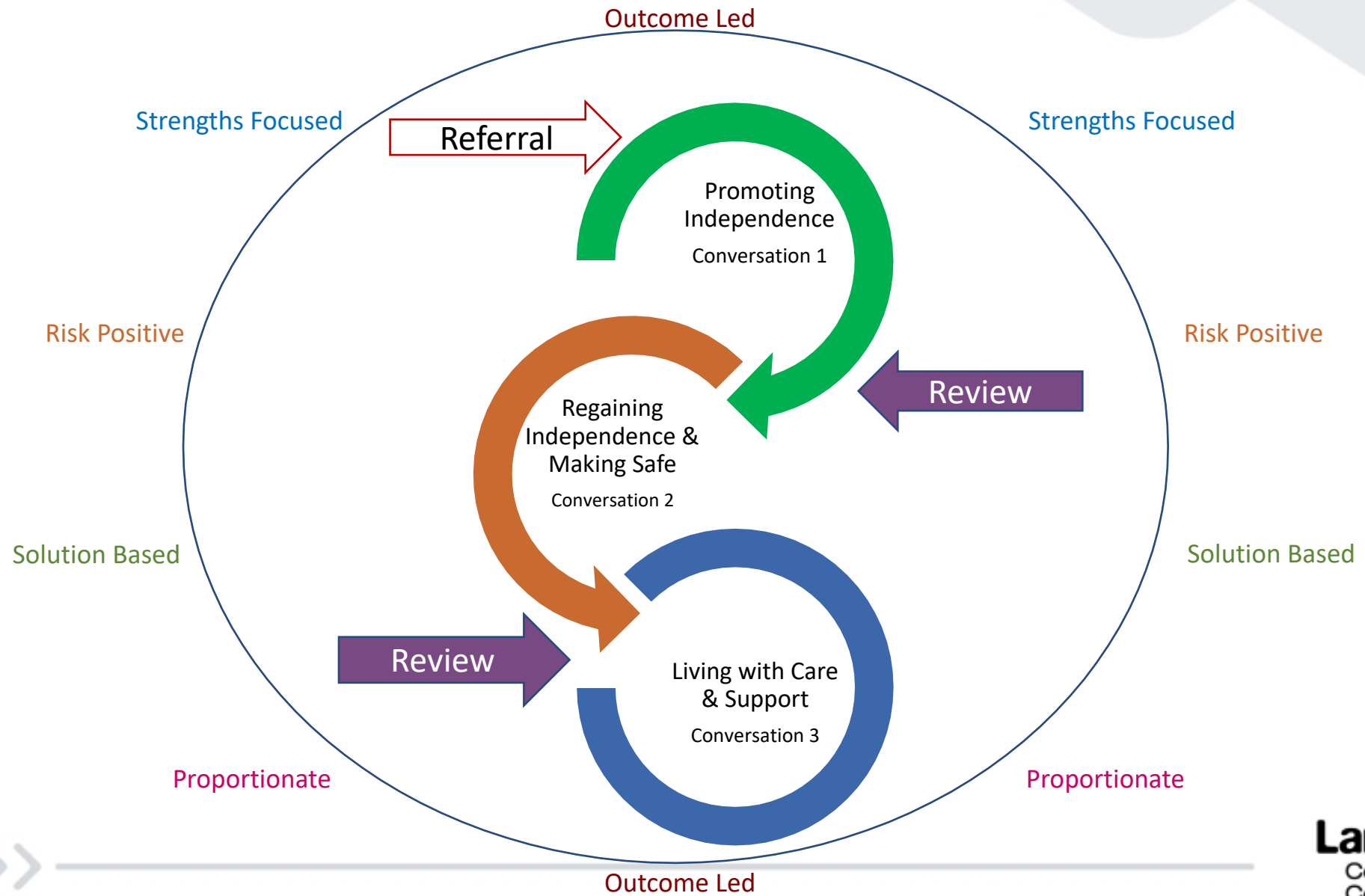
Key elements of strengths-based approach



Strengths-based social care



Living Better Lives in Lancashire Practice Model



Living Better Lives in Lancashire Practice Model

Promoting Independence

Living Better Lives 1

This is our first conversation with people who access Adult Social Care. This is not a tick-box exercise or an assessment for formal care services. It is a strengths-based, solution-focused conversation to find out what the person wants to achieve.



- We will not exclude people who we may initially think are not eligible for support - this is to reduce/delay or prevent long term support
- We will listen to the person and their relevant parties, including those that they have asked us to talk to
- We will listen to and understand why the person has approached us - this is our focus
- We must understand and document their wishes and feelings
- Our work with people in this stage will capture and document what they can do for themselves, what their family and carers can do to support them, and how their community can support them
- We will collaboratively plan how to utilise these strengths to meet initial need(s)
- We will work with the person to ensure they are safe
- There are no resources committed at this stage of the assessment. If we need to look at more focused support that may require care or professional intervention, you should move on to the second conversation.



Living Better Lives in Lancashire Practice Model

Regaining Independence & Making Safe

Living Better Lives 2

In step 1 we looked at what the person wants to achieve, gathering information about their own strengths and abilities, personal networks, and local area which could help them. Sometimes, having explored these options, it is not possible to achieve all of their outcomes without some additional, short-term support or equipment.

Additionally, sometimes people contact us when they are in situations whereby something needs to happen quickly as they may not be safe, or those who help them to remain independent are not available. An urgent short-term plan, for up to 6 weeks, can be part of step 2.

Universal services



We will not spend time assessing for Care Act 2014 eligibility; however, we need to be sure that we are meeting social care needs, and that the time-limited intervention will help to reduce and delay Care Act 2014 eligible needs.



We will listen to the person and their relevant parties



We will understand from the people, and those who are important to them, what needs to change quickly to help people regain resilience and stability



We will ask and document what needs to change to make them safe and regain control. Who is involved in their life? What does their community offer?



We will enable people to gain the confidence to learn new skills, promoting their independence



We will support people to regain skills, and delay and reduce needs where possible.



We will check back with the person after 1 week, 3 weeks and 5 weeks whilst they regain stability and/or independence



If the person continues to require intervention after approximately 6 weeks, we will move to a Living with Care and Support assessment to consider Care Act 2014 eligibility



Living Better Lives in Lancashire Practice Model

Living with Care and Support

Living Better Lives 3

Our emphasis is to listen to people, connect people to their own and community assets. Some people will require long-term support linked to Care Act 2014 eligibility. Meeting someone's Care Act 2014 eligible needs does not always require commissioned services, the long-term support plan should include support from a range of services.



Care Act 2014 eligibility is considered at this stage



We will always revisit whether advice and guidance or community support services / the voluntary sector / faith groups / social enterprises can meet eligible needs



We will already have a lot of the information we need from steps 1 and 2



We will work with the person and their representatives to collaboratively undertake the support planning



We will work with the person to ensure that they, their family and their carers are safe



We will work the person to develop their support plan which will be focused on their strengths



Lancashire County Council Adult Social Care

The Living Better Lives in Lancashire Model

LCC Early Engagement

Our role in prevent, delay & reduce

Community

Early Enablement



LCC Libraries, Public Health, Community, Voluntary and Faith Groups



LCC ASC Place-Based Investment – Community Services – e.g. carer services, social isolation prevention, community transport

LCC ASC Digital Front Door, including accessible resource directory, information and advice, self-assessments and support planning

Adult Social Care Wellbeing & Early Support

CAS



Wellbeing & Early Support

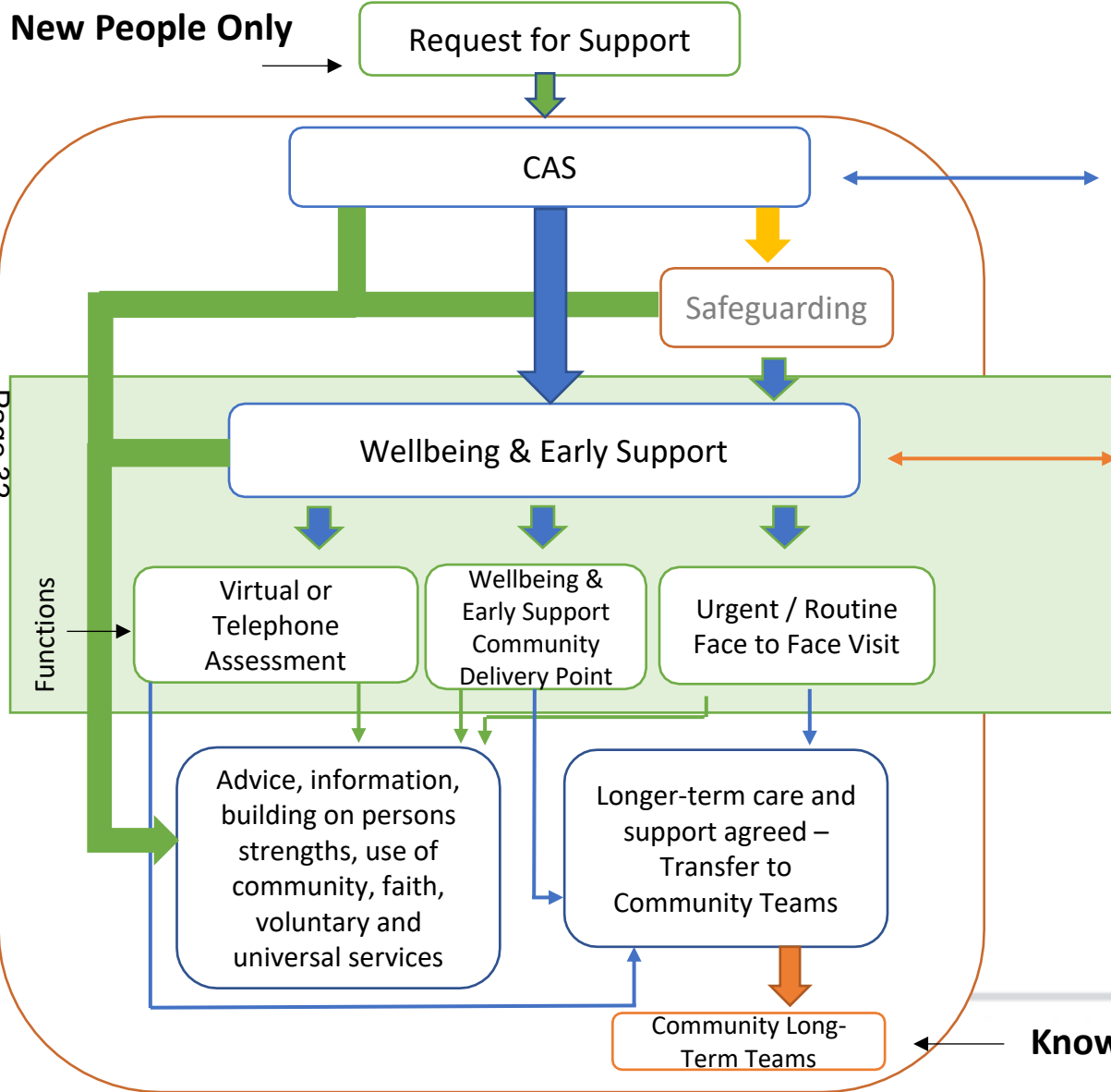
Long Term Care and Support

Initial reviews undertaken by Community Long-Term Teams (6 weeks)

Community Long-Term Teams



Adult Social Care – Wellbeing and Early Support



One unified operating system across ASC, which will provide greater continuity for residents and prevent the need for them to recount their story multiple times.

Quick and efficient response to requests by trained CAS operatives who can take initial calls, collect demographic and appropriate information, and continue to support people to self-serve and or/ provide people with advice and guidance
CAS will continue to connect people to safeguarding as per protocol.

Where CAS are not able to provide appropriate advice, guidance, and support to self-serve, the call will be transferred to Wellbeing & Early Support. Duty will gather further information and ensure the person is routed effectively, taking into consideration immediate needs, strengths, response and risk.

A county-wide co-ordinating function providing a seamless ASC front door & supporting system, with networked place-based working.

Each function within Wellbeing and Early Support will undertake all elements of the practice model (our practice model and care and support planning, when appropriate)

Our community teams will introduce themselves to people whilst undertaking the initial review. A well as the initial reviews, community teams will complete annual reviews, provide a duty function for people known to ASC, and undertake unscheduled reviews and requests for reassessments.

Known People Only People known to our services remain with our community long-term teams.

Adult Social Care Wellbeing and Early Support

Principles of how it will operate

- This will be the initial involvement and access to our Adult Social Care Community Teams.
- We will have a number of skilled professionals within this function who will offer social care advice across Older Adults & People with Physical Disabilities; Learning Disabilities & Autism; Mental Health; Rovi, Substance Misuse; Occupational Therapy. Work is on-going to structure the Wellbeing and Early Support function.
- The ethos will be about reducing handoffs and people not having to tell their story more than twice.
- The Wellbeing and Early Support function will understand what community support is available to our residents, so they are able to connect people to relevant services and give information or advice to enable support to be provided close to where people live.
- Wellbeing and Early Support will link closely with other colleagues around hospital admission avoidance.
- Wellbeing and Early Support will work closely with partners within the VCFSE sector and where possible involve them in the function to respond to residents in a timely way.
- Wellbeing and Early Support will be close to, or within, people's homes and communities wherever possible.
- Wellbeing and Early Support will carry out their work within the three specific functions, offering greater choice to the people we work with from the start of our involvement.
- Wellbeing and Early Support will undertake all elements of the practice model.
- Wellbeing and Early Support will collaboratively undertake the care and support planning with the people they are working with and will then introduce them to the appropriate community team.



Adult Social Care Community Long-Term Teams

Principles for delivery

- The community long-term teams will introduce themselves during the initial review.
- After the initial review we will provide proactive way of undertaking regular reviews, even for people who have stable packages, to reduce demand linked to crisis/ unplanned reassessments - e.g. contact being made every three months.
- This will require a transition to a more proactive case management model incorporating strength based practice, rather than driven by the completion of assessments.
- We will embrace robust case management for people with complex care and support needs, self neglect etc.
- People will have access directly into the community teams via a duty telephone number and email address - so they do not have to come back via Wellbeing and Early Support.
- We will scope new ways of working to streamline processes, such as the potential to introduce an automated telephony system for people to keep in touch and complete light touch reviews; or online options for people to complete their own reviews.



How will we know if we are successful?



Outcomes for people will improve.

We will measure improved outcomes via feedback from those we work with, their families and advocates. We will demonstrate an overall reduction in statutory interventions and an improvement in building on peoples strengths and communities and use of universal services.



Practice changes

Practice changes will be evidenced through more people having their needs met within Living Better Lives 1 or Living Better Lives 2. There will be a reduction of care commissioned for 10 or less hours, as the persons own strengths, use of the VCFSE, and use of universal services will support people to remain as independent as possible. People will remain in their own homes for longer will a variety of support discussed and agreed. We will complete annual reviews proactively and reduce the amount of re-referrals within 3 months of an intervention. We will reduce the amount of double up care being provided and make use of appropriate equipment and technology.



Staff satisfaction

Practitioners will have access to strengths-based training to support their development and confidence, whilst being able to build upon their core values of social care practice. Bureaucracy will be reduced and our systems improved. We will evidence this via staff feedback, focusing on how practitioners are being supported to be creative, effective and collaborative. A reduction in staff work-related stress absence and a more steady workforce will further evidence staff satisfaction.



How will we know if we are successful?



Monitor Data.

A suite of KPI's will be developed, along with the introduction of targets for services and teams, to monitor our success and highlight our areas for further work. Using data and KPI's will enable continuous improvement by measuring our progress, highlight where adjustments need to be made, enable us to solve problems and embrace opportunities, provide the ability to analyse patterns over time.



CQC.

Implementation of our practice model is the **cornerstone** of our CQC improvement plan. The practice model is our new Adult Social Care vision, and our number one priority for 2023/2024.



Savings.

The Local Authority has a range of savings targets to be achieved over the next few years. Adult Social Care is not exempt from enabling the Local Authority to reach it's savings targets. Adjusting our practice, and reducing the amount of commissioned services when the person's own assets, the services available in communities and the VCFSE, alongside universal services can meet assessed needs, will support Adult Social Care in achieving its agreed savings.





Thank You
Questions?

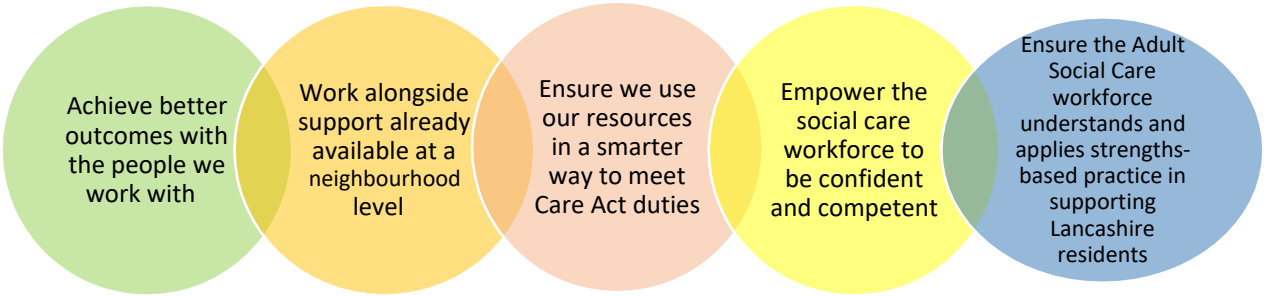




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- Ensures that when adult social care does assess people against Care Act (2014) eligibility that we do so in a timely way and offer support which enables them to live their best lives

Practice led Transformation will:



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Listening to people with lived experience and treating them as equal partners in shaping future support



Creativity & innovation

LBLiL Values
Listening to our communities



Embracing collaboration with staff, providers and partners

Making use of information and data to inform our decision making



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And our partners and care providers:

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- We will change what we do through adopting a strengths focused community first commissioning strategy.
- We will adapt our culture, basing it on trust, empowerment, and shared values across all our teams

Appendix B

Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

Lancashire and South Cumbria Integrated Care Board – Transforming Hospital Care and New Hospitals Programme Update
(Appendix 'A' refers)

Contact for further information:
Samantha Parker, Tel: (01772) 538221, Senior Democratic Services Officer,
sam.parker@lancashire.gov.uk

Brief Summary

The Lancashire and South Cumbria Integrated Care Board (ICB) report attached at Appendix 'A' provides an update with regards to transforming care in hospitals, and the New Hospitals Programme in Lancashire and South Cumbria.

Recommendation

The Health and Adult Services Scrutiny Committee is asked to:

- i. Consider the ongoing development of the ICB, particularly in relation to the clinical reconfiguration programme schedule.
- ii. Discuss a forward plan to identify key meeting dates for future reports.

Detail

Attached at Appendix 'A' is a report from the Lancashire and South Cumbria ICB providing the Committee with further detail on the clinical transformation programme of a number of services, as well as a brief update on the New Hospitals Programme ahead of a more significant update due to come to the Committee later in the year.

A key role of health scrutiny is to fulfil the statutory responsibility to scrutinise NHS proposals for a substantial development or variation in services in Lancashire. In order to achieve this, the ICB have provided within this report, details of future clinical reconfigurations for consideration and discussion as to timelines for reporting, to then inform the wider 2024/25 programme of work for both the Committee and the Steering Group.

The Health and Adult Services Scrutiny Committee is asked to consider the ongoing development of the ICB, particularly in relation to the clinical reconfiguration programme schedule and discuss a forward plan to identify key meeting dates for future reports.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Risk management

There are no risks associated with this report.

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

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA



Health and Adult Services Scrutiny Committee

Meeting to be held on Wednesday, 8 May 2024

Lancashire and South Cumbria Integrated Care Board – Transforming Care in our Hospitals and New Hospitals Programme Update

Contact for more information: iscicb.publicaffairs@nhs.net

Brief Summary

The following report provides an overview of the continued development of NHS Lancashire and South Cumbria Integrated Care Board (ICB). It also provides an update with regards to transforming care in our hospitals, and the New Hospitals Programme in Lancashire and South Cumbria.

NHS Lancashire and South Cumbria ICB is a statutory NHS organisation which is responsible for developing a plan to meet the health needs of the population, managing the NHS budget, and arranging for the provision of health services within a geographical area.

Recommendations

The committee is requested to note the report and consider the ongoing development of the ICB, particularly in relation to the clinical reconfiguration programme schedule.

1.1 Health and care system context

NHS organisations across Lancashire and South Cumbria have a shared vision for our population to live longer and healthier lives which will be enabled by:

- Healthy communities
- High-quality and efficient services
- Health and care services that are centred around the needs of our communities and offer high-quality employment opportunities for our workforce.

The NHS in Lancashire and South Cumbria is committed to working with health and care partners on five strategic priorities:

1. We must strengthen our foundations by changing how organisations work together and how the NHS provides services to improve our financial situation.
2. We must take urgent action to reduce the level of long-term disease, working with partners to prevent illness and reduce inequalities.
3. We must move care closer to home wherever possible, strengthening primary and community care and integrating health and care services.
4. We must make sure there is more consistent and high-quality care. We will standardise, network, and improve our pathways of care.
5. We must take targeted action to deliver world-class care for priority diseases and conditions, population groups and communities.

In order to achieve these ambitions, the way we provide care across the system will need to be transformed.

1.2 Transforming care in our hospitals

As part of our system recovery and transformation work, we are continuing to look at solutions to our root causes of fragility and consider what our population needs are, in order to determine the best way for our services to be configured. The ICB and provider Trusts are working in collaboration to transform clinical services with a move toward more closely integrated clinical networks in a way that improves patient outcomes, quality and safety, and makes best use of our resources.

This work aims to make best use of some of our specialist staff working as part of clinical networks to provide consistent and high-quality care and provide access to regular tests and monitoring for these much closer to home, such as rehabilitation in community settings for stroke patients, or in the home through technology.

Our plan contains three key elements to drive forward transforming care in our hospitals: a) rolling programme to address fragile services, b) rolling programme of service reconfigurations and c) production of a clinical configuration blueprint and delivery roadmap.

The clinical transformation programme is overseen by the Lancashire and South Cumbria ICB Recovery and Transformation Board. There is also a multidisciplinary system clinical subgroup of that Board to inform clinical models, commissioning decision-making and the New Hospitals Programme – the Clinical Advisory Group – which feeds into the Commissioning Resource Group that in turn reports to the ICB Recovery and Transformation Board.

- **Fragile service transformation:** A rolling programme has been established with programme leads to transform haematology, orthodontics and gastroenterology (as additional fragile services) by developing and implementing rapid networked solutions, in addition to accelerating the ongoing work on stroke, CAMHS, autism and cancer.
- **Clinical service reconfiguration:** We are planning to centralise some specialist surgical services, such as vascular, urology (bladder, kidney and prostate cancers), and head and neck cancers, where the evidence shows that a centralised service offers better outcomes for patients and a more sustainable staffing model. We are also looking at a new service model for cardiac services with some small levels of centralisation, combined with more treatments being available in more of our hospitals than is currently the case. Cases for change for each of these services are currently going through internal approval processes and being submitted to NHS England via the major change process as per the table below. Subsequent business cases will be developed following NHSE Stage 1 feedback and we still have a commitment to implementation of new models of care in these services being in place during 2025/26. Engagement with vascular, urology and head and neck cancer patients on those specific service pathways has been undertaken and we will be undertaking wider public and patient engagement in the summer/autumn to inform the production of the business cases. Further progress updates can be shared with the scrutiny's steering group and/or brought to formal scrutiny committee meetings to discuss outcomes, potential service models and make recommendations for the next stages around engagement and consultation.

Clinical Reconfiguration Programme	Relevant Network Board	ICB Clinical Advisory Group (CAG)	ICB Commissioning Resource Group (CRG)	NHSE 'Major Change' Stage 1 Assurance Meeting
Vascular	13 Nov 2023	31 Jan 2024	29 Feb 2024	21 March 2024
Urology	27 Nov 2023	29 Feb 2024	28 March 2024	19 April 2024
Head and Neck Cancers	22 Jan 2024	28 March 2024	19 April 2024*	16 May 2024
Cardiac	11 June 2024	27 June 2024	25 July 2024	TBC July/August 2024

- **Clinical configuration blueprint.** A six-month project of clinical engagement is underway to develop the clinical configuration blueprint and delivery roadmap for over the next 10 years. This will ensure we can meet the needs of our population in the future with a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including planning for the two new hospitals, together with our existing estate, and ensure we have a sustainable and viable future delivering safe, effective and affordable (acute) services. This work will include the review of the clinical and fragile services above and incorporate the outcomes from the clinical engagement into the proposed blueprint.

This work is expected to enable better use of resources during 2024/25 and in subsequent years to even greater effect. It will contribute to the system's financial recovery plans, but in a way that is safe, effective and results in better health outcomes for people living and working in Lancashire and South Cumbria.

From this, a clinical strategy will be developed, which will involve a major shift from an acute-centred to a community-centred model with a focus on the physical and mental health (including learning disabilities) and the needs and care of the people and the communities they live and work in, rather than for the convenience of organisations or services.

Clinical service reconfiguration, as part of system recovery and transformation, sits alongside the ICB's wider commissioning intentions portfolio approved by the ICB on 10 April (see [Item 7 - ICB Commissioning Intentions.pdf](#)).

The commissioning delivery plan for 2024-27 sets out how we plan to deliver our system vision and clinical strategy within our financial framework. We know that we need major investment in primary and social care to better manage demand - together with the clinical reconfiguration work detailed above - because the demand for health and care is overwhelming the current hospital centric model.

This first set of commissioning intentions aims to pave the way for the delivery of these strategic priorities. Our vision is to have a high quality, community-centred health and care system by 2035.

Wrapped around the response to our immediate challenges is the New Hospital Programme which provides us with a once in a generation opportunity. Our commissioning intentions and clinical configuration blueprint will support services to evolve to meet the needs of our patients now and in the future.

1.3 New Hospitals Programme

The Lancashire and South Cumbria New Hospitals Programme (L&SC NHP) offers a once-in-a-generation opportunity to develop cutting-edge facilities, offering the absolute best in modern healthcare. The New Hospitals Programme aims to address significant problems with the ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary). We also need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote location. This will provide patients with high-quality, next generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand, while remaining flexible and sustainable for future generations. The aim is to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

The NHS in Lancashire and South Cumbria welcomed the [Government's May 2023 announcement of two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030](#). In addition, Furness General Hospital in Barrow will benefit from investment in improvements.

The existing Preston and Lancaster sites will remain in place and deliver services to our population until new hospital facilities are opened. The local NHS will continue to keep communities involved and provide further updates as more information becomes available.

[In August 2023, a series of national New Hospital Programme roadshow events visited Preston](#), as Government representatives arrived to discuss the next steps for building two new hospitals in our region. Lord Markham CBE and Department of Health and Social Care representatives were able to hear directly from patients, colleagues, and wider stakeholders in the various sessions.

During Quarter 4 of 2023/24, the national New Hospital Programme team have released the Hospital 2.0 library to all schemes with useful context, technical documentation and details of future releases. The L&SC NHP team have continued to support the national team in development of several workstreams and take on early adoption projects. Throughout 2024/25, the national Programme team will finalise and release H2.0 documentation, enabling schemes to apply this at a local level. This is an exciting step forwards and will allow each scheme to bring hospital designs to life. This period, the national Programme has also continued to progress the overarching Programme Business Case within central government. The L&SC NHP looks forward to receiving the outcome of this important step.

Further detailed work is underway to assess the viability of potential locations for new hospital builds for both Royal Preston Hospital and Royal Lancaster Infirmary and to develop the required business cases. There is still further work to be completed in this area and additional sites may emerge over the coming period. Further information will be shared in due course, as part of the

programme's next phase of proactive communications and pre-consultation engagement.

The Lancashire and South Cumbria New Hospitals Programme and NHS Lancashire and South Cumbria Integrated Care Board are working with NHS England and the national NHP team regarding the approach to future public consultation and will continue to work with local Health Overview and Scrutiny Committees, who are instrumental in determining the requirement to consult and the approach to be taken.

26 April 2024

Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

Report of the Health Scrutiny Steering Group

Contact for further information:
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Brief Summary

This report provides an overview of matters presented to and considered by the Health Scrutiny Steering Group at its meeting held on 18 April 2024.

Recommendation

The Health and Adult Services Scrutiny Committee is asked to receive the report of the Health Scrutiny Steering Group.

Detail

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in light of increasing number of changes to health services.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement.

The Health Scrutiny Steering Group met on 18 April 2024. An overview from this meeting is outlined below.

Performance Monitoring

A slide deck was presented to the group on performance management in Adult Social Care which detailed the following information:

- Adult Services governance structure.

- Key performance groups in place including the Adult Services Board, Performance and Systems Workstream and the Performance Management and Improvement Group.
- Adult Services Board - oversight of delivery of service plan, timescales and outcomes.
- The Performance and Systems Workstream - focussed on identification of reduced performance and ensure improvement plans in place, recognise best practice and produce quarterly reports to Cabinet.
- The Performance Management and Improvement Group - reviewed performance and sought to address key issues.

It was reported that there were a number of measures in place to support performance monitoring which included key performance indicators, workforce data and service specific measures. In addition, was the client level data, which was the national collection of person level social care records. This was a new system for reporting nationally which required more detailed data, in order to allow for more accurate benchmarking with other areas. Further to this were the quarterly reports from ADASS on comparators to others in North West.

With regards to data sources, the LAS case management system was currently being utilised. However it was reported that this system was undergoing a redesign, scheduled to be released on 1 July. The purpose of the redesign was to improve practices around data capture and the quality of information produced by the system.

Members were advised that an additional tool utilised were dashboards. Again a review was being undertaken to refresh and further develop service dashboards to support understanding and performance culture across the workforce as a whole.

Looking ahead, the following areas were highlighted:

- Inspection preparation and readiness
- Developing service dashboards
- Fostering greater ownership across frontline services
- Case management system reimplementation

In addition, a number of key projects were discussed which included tackling wait lists and backlogs, and a pieces of work on strength based practice and short term care and support.

Members were invited to ask questions and a summary is included below:

With regards to performance mindset driving the right outcomes on the frontline and system testing, it was confirmed that there was no move to set targets. However, there was a need to look at the type of care provided. From a review of statistical neighbouring authorities, it has been established that more work could be undertaken on supporting a more strength based approach to care, to ensure provision of the right level of support, at the right time. This could include utilising established voluntary/complementary services and increased use of direct payments to provide the lower levels of support required to assist with increasing capacity in domiciliary care. It was felt that with regards to voluntary and community services,

there was potentially a significant level of untapped smaller scale support groups across communities where pathways had not been established, that could further assist staff and families to identify local support.

With regards to information capture, it was reported that there were challenges with timely data and was currently under review, alongside the refresh of the case management system. In addition, it was highlighted that there was a need to utilise smart technology more effectively to support improved and more intuitive reporting.

In relation to sickness levels across the Adult Services workforce, it was acknowledged that there were higher levels of sickness absence in comparison to other services. However, this was in part due to the nature of the work with mental health and musculoskeletal difficulties being the key drivers. Members were informed that work was ongoing, and some improvement has been identified.

With regards to the challenges seen around low numbers of annual reviews undertaken, it was reported that this was an ongoing work in progress. Members were advised that reviews can be complex and dependent on the persons situation and need. However, it provided an opportunity to further understand whether the level of care provided continued to meet need.

On the question of accessing support, not just formal care, it was highlighted that there remained challenges for the public in understanding how and where to access. Members were informed that there was a move to introducing an online portal to further enhance processes already in place.

Resolved: That the information be noted.

CQC Inspection Preparation Update

The group were informed that the LGA visited recently to undertake a peer review ahead of the upcoming new CQC inspections.

A short presentation was provided which highlighted the following areas of strength across Adult Services:

- Approach to co-production, developing a co-production charter with people of lived experience and carers.
- Lancashire's offer of advocacy which includes both statutory and non-statutory advocacy to ensure people's voices were heard throughout the assessment process.
- Recognition of staff's passion and dedication to practice across the services.
- Comprehensive offer of support to carers.
- Evidence from case audits that strength-based practice was already evident in Lancashire.
- Commitment from the Transition Team in supporting young people preparing for adulthood.
- Innovation between community social care and provider services (which included the award-winning Mental Health Trailblazer) supporting hospital discharge and

the Enablement Service, which supported people with a disability to develop the confidence and skills needed to live as independently as they can.

- Commitment of partnership in delivering duties linked to the Lancashire Safeguarding Adult Board.

With feedback including:

- Prioritising reductions in the numbers of people that wait for assessment, reassessments, and reviews, with utilisation of existing capacity as well as the need for additional staffing resource.
- The implementation of a Prevention Strategy which engages the Care Act 2014 Wellbeing Principle and Prevent, Reduce and Delay duty at the front door of adult social care.
- To refresh the approach to strength-based social care practice to develop consistency across all teams.
- Developing further the tools team managers have to self-generate reports to enhance operational oversight as well as timely and efficient performance.
- Enhancing the story-telling and impact of people with lived experience as well as simplifying the messaging within the CQC self-assessment.
- Simplify and develop consistent pathways between adult social care and the NHS to enable more people to access rehabilitation, reablement and recovery at home.

It was reported that the LGA were looking to return to review Lancashire's mental health services as an area of good practice.

With regards to preparation, members were informed that a key focus was on those waiting longest for services and working with Public Health to identify potential alternative solutions.

It was reported that preparation for the inspection was ongoing with self-assessments being refreshed. And there was a need to ensure there were sufficient assurances around governance and processes.

Resolved: That a watching brief be provided on wait lists and to report back to the Steering Group later in year depending on inspection timeframe.

Shaping Care Together Update

Members were provided a presentation on the work to date undertaken on the Shaping Care Together programme.

The group were informed that the background to the Shaping Care Together programme:

- Looked at organisation, operation and provision of services that provide safe and excellent care across key service areas.
- Designed to stabilise and improve 'fragile services'.
- Made the most of existing funding, workforce, estates and other resources.



- Was to run in tandem with the coming together of two former trusts into the new Mersey and West Lancashire Teaching Hospitals NHS Trust.

Initial engagement was undertaken in 2021-22, however progress was delayed due to the Covid 19 pandemic recovery plan, work to bring the two trusts together and the establishment of the Integrated Care Boards.

It was reported that the two former trusts have now been merged to form the Mersey and West Lancashire Teaching Hospital NHS Trust which has improved service stability. Looking ahead, the focus will be on Urgent and Emergency Care (UEC) services, with a key objective to improve patients care journey.

The following work has been undertaken so far:

- Deep dive undertaken to understand what work has been done previously.
- Programme objectives developed and approved by Programme Board
- Detailed programme plan developed with critical milestones, which has been approved by Programme Board.
- Programme governance structure approved by Programme Board, with workstreams established and leads identified.
- Communication and Engagement Steering Group in place with representation from CVS and Healthwatch.
- Developed draft case for change going through engagement from key stakeholders.
- Working to pre-consultation business case submission towards the end of the year.

Members were informed that the next steps would include:

- Ongoing public and stakeholder engagement
- Further staff engagement
- Publication of Case for Change
- Options appraisal process
- Develop Joint Committee
- Pre-Consultation Business Case (PCBC)

In addition, it was highlighted that interdependencies across other hospital trust services as well as different levels of engagement will be considered. Formal pre-consultation would be undertaken by the Summer. And there would be a Stage 2 sense check submitted to the NHSE by the end of the year.

Resolved:

- i. That the update provided be noted.
- ii. That a further report be submitted to a future meeting of the full committee with a view to identifying whether this would be deemed to be a substantial variation of services.

The Health and Adult Services Scrutiny Committee is asked to receive the report of the Health Scrutiny Steering Group.



Consultations

NA

Implications:

This item has the following implications, as indicated:

Legal

NA

Finance

NA

Risk management

There are no risks associated with this report.

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

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA



Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

**Health and Adult Services Scrutiny Committee and Steering Group Work
Programme 2023/24**
(Appendix 'A' and 'B' refers)

Contact for further information:
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Brief Summary

This report provides members of the Health and Adult Services Scrutiny Committee with the plan of work for 2023/24 with a list of 2024/25 potential items, and summary of actions (as at Appendix 'A') for both the Committee and the Steering Group.

Recommendation

The Health and Adult Services Scrutiny Committee is asked to:

- i. Review the work programmes, summary of actions and potential items for 2024/25.
- ii. Consider the Virtual Wards briefing note.
- iii. Note the proposed date for the Portfolio and Service Update Workshop.

Detail

Attached at Appendix 'A' is a copy of the up to date work programmes for both the Committee and the Steering Group.

A record of all recommendations agreed at previous committee and steering group meetings are included as part of the work programme, which has been updated following the last meeting for members to review.

It is proposed that the next meeting of the full committee due to take place on 26 June 2024 be utilised for the Portfolio and Service Update Workshop, where the committee will have the opportunity to discuss and identify topics for both the work

programmes of the Committee and the Steering Group for 2024/25, to be ratified at the meeting of the Scrutiny Management Board on 23 July 2024.

Members are also asked to consider the briefing note update from Lancashire and South Cumbria Integrated Care Board on the current status of Virtual Wards (attached at Appendix 'B') across the county.

The Health and Adult Services Scrutiny Committee is asked to review and consider the work programmes and the Virtual Wards update at Appendix 'A' and 'B', and to note the proposed date for the Portfolio and Service Area update workshop.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Legal

NA

Finance

NA

Risk management

There are no risks associated with this report.

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

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA



Health and Adult Services Scrutiny Committee

Work Programme 2023-24

The Health and Adult Services Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year.

The Health and Adult Services Scrutiny Committee has the responsibility to review and scrutinise any matter relating to the planning, provision and operation of the health service in the area, and to review and scrutinise county council Adult Services and Public Health. In addition, the Committee has statutory responsibility for the scrutiny of NHS proposals for a substantial development or variation relating to both adults and children's health in Lancashire. Accordingly, the work of the Health and Adult Services Scrutiny Committee will focus on the following areas:

- Adult Services
- Public Health
- Functions in relation to the Scrutiny of NHS services as set out in the NHS Act 2012

The programme is determined by the Committee following a planning session at the start of the municipal year. This includes provision for the rights of county councillors to ask for any matter to be considered by the committee.

Coordination of the Overview and Scrutiny Committee programmes is undertaken by the Scrutiny Management Board. This is in line with the Overview and Scrutiny Committees' Terms of Reference, as set out in the county council's Constitution (Section 6).

Cabinet Members

The Cabinet Member portfolios aligned to the Health and Adult Services Scrutiny Committee's responsibilities are:

County Councillor Graham Gooch – Cabinet Member for Adult Social Care

County Councillor Michael Green – Cabinet Member for Health and Wellbeing

The areas of responsibility for each Cabinet Member are set out at Section 5 – Scheme of Delegation to Cabinet Members to the county council's constitution.

Health and Adult Services Scrutiny Committee Programme 2023-24

Committee Meeting Schedule							
Scrutiny Activity	12/7/23	13/9/23	25/10/23	4/12/23	22/1/24	20/3/24	8/5/24
LCC Adult Services Report to Committee			Housing with Care and Support Strategy 2018-25 update to include: Shaping Market Plan			ASC workforce strategy and new ways of working opportunities	ASC Living Better Lives in Lancashire
LCC Public Health Services Report to Committee		Happier Minds – substance misuse/suicide prevention plan	Place Integration Deal and development of 'Place		Public Health Service Transformation	Supporting Good Days @ Work project and employee wellbeing	
NHS Report to Committee	New Hospitals Programme Virtual wards Integrated Neighbourhood teams	NHS Community Mental Health Transformation Programme Update		ICB Recovery and Transformation		Update on ICB workforce action plan/priorities	Clinical Reconfigurations alongside New Hospitals Programme Update
Other Scrutiny Review Update						Smoking in pregnancy briefing note	NHS Integrated Neighbourhood Teams and Virtual Wards update (briefing notes)
Cabinet Member		Health and Wellbeing	Adult Services		Health and Wellbeing	Adult Services/Health and Wellbeing	Adult Services

Health and Adult Services Scrutiny Committee Recommendations Progress

Meeting Date	Report Title	Corporate Priority	Recommendation	Progress Detail
12/7/23	New Hospitals Programme Update		New Hospitals Programme update be provided to the Health and Adult Services Committee in Spring 2024, once commercial work on options for sites for the new hospitals have been completed.	Included in the work programme January 2024
12/7/23	Virtual Wards		Virtual Wards team return to the Health and Adult Services Scrutiny Committee in 12 months to discuss transformation of outpatients and provide a further update on the expansion of the Virtual Ward provision.	Included in the work programme for May 2024
			Lancashire and South Cumbria Integrated Care Board consider the recruitment of carers to ease the pressure on the current market.	Response to be provided as part of the update to committee in May 2024
			The Report of the Chief Executive of the Lancashire and Integrated Care Board be shared with the members of the Health and Adult Services Scrutiny Committee	Provided to members as part of the Health and Care updates report compiled on bimonthly basis
12/7/23	Integrated Neighbourhood Teams		The Integrated Neighbourhood Team return to the Health and Adult Services Scrutiny Committee to provide an update at a later date.	Included on the work programme for May 2024
			A bitesize briefing be arranged for members on Integrated Neighbourhood Teams in more detail at a division level.	
13/9/23	NHS Community Mental Health Transformation Programme Update		A final update on implementation be presented to the Health and Adult Services Scrutiny Committee in 12 months' time.	To be included on the work programme for 2024/25
			A further update be provided to a future meeting of the Health Scrutiny Steering Group on the building programme to help support and influence where further capital funding may be required on the 'out of area' programme	Update provided to the steering group on 21/2/24. Information provided to committee as part of Steering Group report
13/9/23	Happier Minds	Caring for the Vulnerable	The Cabinet Member for Health and Wellbeing when reviewing future budgets, be asked that consideration is given to ensuring that resources are continued to be put into primary and secondary prevention work.	

25/10/23	NHS Lancashire Place Update and Future Arrangements		The following feedback be provided on the governance options for the future of the Lancashire Place: 1) The preferred option for Lancashire Place is a Joint Committee, 2) If it is possible that the statutory functions of the Health and Wellbeing Board could be integrated, then it should be combined with the Lancashire Place Partnership, 3) That the Lancashire Health and Wellbeing Board could be reframed from its current state subject to the results of any legal work to establish its feasibility, 4) Representation of the districts is required within whatever governance structure is decided upon.	Feedback as outlined provided
25/10/23	Housing with Care and Support Strategy 2018-25	Caring for the Vulnerable/Delivering Better Services	No further recommendations identified	NA
4/12/23	ICB Recovery and Transformation		That an update be presented to the committee in 12 months time.	To be included on 2024-25 work programme
22/1/24	Service Update – Public Health, Wellbeing and Communities	All priorities	i.) The Public Health, Wellbeing and Communities Service Update be noted, and further service updates be added to the agenda for future committee meetings. ii.) The following items be included as part of the 2024/25 work programme of the Health and Adult Services Committee and Steering group: <ul style="list-style-type: none"> • Public Health Annual Business Plan 2024/25 • A more detailed report of data and intelligence as outlined in the presentation. • A further update on Social Prescribing and clean air initiatives. iii.) An update to the Public Health team's review on smoking and pregnancy be provided to the committee in a future meeting. iv.) The distribution list and channels for the Public Health newsletter be reviewed to ensure committee members are alerted to work being undertaken including that with the parish and district councils to assist with further supporting the service.	For discussion and inclusion on 2024-25 work programme

20/3/24	Workforce Strategy and New Ways of Working Opportunities		<ul style="list-style-type: none"> i. With regards to sickness absence across adult services, consideration be given by the Cabinet Member for Adult Services to the following to further support employees and the potential reduction of sickness absence going forward: <ul style="list-style-type: none"> a. Identification of additional early intervention practices to support staff in areas with high prevalence of sickness absence resulting from mental health challenges. b. Analysis of uptake and impact on the provision of employee support offered to staff to include feedback on staff experience – how the support is accessed, staff journey, outcomes etc. c. Further analysis on the definition of mental health sickness absences and reasons behind absence to ensure level of appropriate support is identified and offered to employees. d. Matter of indoor clean air be reviewed through analysis of the impact of respiratory illnesses, potential prevention practices that could be undertaken in line with health and safety policy measures, impact on premises and cost analysis. ii. With regards to strengthening recruitment and retention across adult services, further consideration be given by the Cabinet Member for Adult Services to the following: <ul style="list-style-type: none"> a. An 'Attraction Policy' for recruitment to support what more could be done to further highlight Lancashire County Council as an employer of choice. b. Provision of information to all county councillors to help support/promote 	Recommendations circulated for response by 5 June 2024
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			<p>messages around recruitment and in particular information to councillors on vacancies/recruitment challenges in their areas.</p> <ul style="list-style-type: none"> c. The centralisation and analysis of information collated as part of Exit interviews to further understand trends and identify early intervention practices. d. A review of the processes for staff Exit interviews to include how they are undertaken, when, by whom and the potential utilisation of different platforms to receive information. e. Implementation of 'Stay' interviews to be further explored to include ways to support managers to retain staff, career pathways for employees, and particularly targeted to those areas where workplace mental health challenges are increasing, and those areas showing greater sickness absence rates. f. An action plan to be identified and reported back to the committee on the challenge in recruitment of occupational therapists, what the impact is on services such as Disabled Facilities Grants, any agreements in place with NHS Trusts to support this work and plans in place to reduce current wait times. <ul style="list-style-type: none"> iii. A briefing note be provided to the committee on a further breakdown of vacancy and retention rates to include benchmarking with neighbouring authorities. iv. Further NHS Integrated Care Board workforce report to a future meeting of the committee be provided to include the following: 	
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			<ul style="list-style-type: none"> a. Overall picture of workforce across the Lancashire and South Cumbria Integrated Care Board to include GP's and dentists with challenges, opportunities and financial implications. b. Further breakdown on the 'One Workforce' staff groupings detailed on page 31 of the agenda pack. c. Further detail on the role of Physician Associate to include plans for the new role and appropriateness of new roles being established to support services. d. Sufficiency of training places for NHS clinical positions such as medical/nursing degree courses. 	
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Items for consideration for Health and Adult Services Scrutiny Committee work programme 2024/25:

- Employment type day provision for people with autism and or learning disabilities
- Public Health Annual Business Plan 2024/25
- Social prescribing
- Public Health data and intelligence
- NHS Community Mental Health Transformation Programme update – September 2024 – to potentially include plans on diagnosis pathways for autism and ADHD
- ICB recovery and transformation update – December 2024
- ICB workforce update

Health Scrutiny Steering Group Work Programme 2023-24

Meeting Schedule								
Scrutiny Activity	28/6/23	5/9/23	4/10/23	15/11/23	10/1/24	21/2/24	18/4/24	22/5/24
LCC Adult Services	Portfolio and service update session		Winter plans		Joint Carers Strategy update		Approach to Performance Monitoring	Winter Plans – lessons learnt
LCC Public Health		Children's health update	NHS health check programme update					
Annual Reports (Quality reports etc)								Quality Accounts
NHS Service Reports	ICB general update	Enhanced Acute and Rehabilitation Stroke Services update	Winter plans	Transformation and reconfiguration programmes Shaping Care Together Update	Demand for services - Continuing Healthcare update	CMHTP – update on building prog and capital funding	Shaping Care Together update	Winter Plans – lessons learnt
Other Partner Updates					LSCFT – Whittingham inpatient mental health service – business case	LMC – Lancashire GP survey written report	CQC inspection preparation update	
Other (watching briefs, briefing notes etc)			Corporate performance indicators Q2 (watching brief)		Pathology (briefing note)	Social Care Reforms preparation and Liberty Protection Safeguards (briefing note)	DNA CPR (briefing note)	Corporate performance indicators Q3 (watching brief)

Health Scrutiny Steering Group Actions Progress

Meeting Date	Report Title	Corporate Priority	Actions	Progress Detail
5/9/23	Public Health Children's Health Update	Caring for the Vulnerable	The Public Health team review best practice in Lancaster regarding smoking in pregnancy with the aim to share information with all Lancashire districts	Briefing note update on Lancashire & South Cumbria NHS Maternity Treating Tobacco Dependency circulated 1/3/24
			A briefing note update on children's health be provided to the Health and Adult Services Scrutiny Committee in 12 months time	To be included on the work programme for 2024/25
5/9/23	NHS Enhanced Acute and Rehabilitation Stroke Services Update		Results of the case for change review be shared with the steering group once complete	
			The steering group liaise with Westmorland and Furness Council regarding the pause in the business case before the next meeting of the steering group	Views have been sought and awaiting a response
4/10/23	Adult Social Care Winter Plans	Caring for the Vulnerable	An update be received in May 2024 on lessons learnt	Included on the work programme for 2023/24
			Support be given to the Cabinet Member in seeking to achieve a more settled funding outlook for services	Update to be provided as part of report in May 2024
4/10/23	NHS Health Check Programme Update	Caring for the Vulnerable	Further information to be provided to councillors to help support the roll out of health checks	Work is being undertaken on the communication strategy to include support from elected members. Performance data to also be shared with all councillors.
			An update be provided to the steering group in 12 months	To be included on the work programme for 2024/25
15/11/23	Transformation and Reconfiguration Programmes	NA	An update be provided to a future meeting of the steering group	To be included on the work programme for 2024/25
15/11/23	Shaping Care Together update	NA	Updates to be provided to a future meetings of the steering group	Update to be provided at the April meeting of the steering group with a further report to a future meeting of the full committee

10/1/24	NHS Whittingham Inpatient Mental Health Service	NA	<p>Outline business case be shared with the group along with floor plans and a video link.</p> <p>Briefing note update to be provided in March/April with a further update on progress in 12 months' time.</p>	<p>Information shared with the group March 2024</p> <p>To be included on the work programme 2024/25</p>
10/1/24	Lancashire Carers Strategy 2024-27	Caring for the vulnerable Delivering better services	<p>The action plan be shared with members in April.</p> <p>Report on the impact of the action plan be provided in around 12 months' time.</p>	To be included on the work programme 2024/25
21/2/24	LSCFT Out of Area Placements	NA	<p>A request be submitted from the steering group to the ICB for further detail/plans on the diagnosis pathways for autism and ADHD services, and to raise concerns over the 3 year implementation period indicated, which will be included as part of the work programme for the committee early in 2024/25.</p> <p>Further work be undertaken around housing challenges to assist with reduction in length of stay to include:</p> <ul style="list-style-type: none"> • More detail on benchmarking length of stay to further understand challenges(including geographically). • How districts prioritise housing. • Coordination of housing need for mental health patients. • Review on information gathered to determine next steps. <p>Briefing note be provided to the steering group on the draft plan of the organisation of current mixed sex wards to include balance with local need and geographical spread.</p>	<p>Information requested. Response received from ICB on further detail around diagnosis pathways for autism and ADHD services which was circulated to group members 4/4/24.</p> <p>Provided to the steering group at the end of April 2024.</p>

			Information be provided as part of the wider update to the full committee later in 2024 to include: <ul style="list-style-type: none"> ○ Mental health patients presenting in A&E and how these are being managed by LSCFT. ○ Update on work to be undertaken to reduce the £20m forecast deficit. 	
18/4/24	CQC Inspection Preparation Update		That a watching brief be provided on wait lists and to report back to the Steering Group later in year depending on inspection timeframe.	To be included on the work programme 2024/25
18/4/24	Shaping Care Together Update	NA	That a further report be submitted to a future meeting of the full committee with a view to identifying whether this would be deemed to be a substantial variation of services.	To be included on the work programme 2024/25

Items for consideration for 2024-25 Health Scrutiny Steering Group work programme:

- Communication
- Dental services pilots update – moved to future meeting of the steering group
- Public Health children's health update briefing note – September 2024
- NHS Health Check Programme update
- Transformation and reconfiguration programmes update
- NHS Whittingham Inpatient Mental Health Service update briefing note – January/February 2025
- Lancashire Carers Strategy – action plan impact report – January/February 2025

Lancashire County Council Health and Adult Services Scrutiny Committee

Date of meeting	8 th May 2024
Title of paper	Virtual Ward Update
Author	Catherine Wright, Intermediate Tier Senior Development Manager
Agenda item	
Confidential	No

Purpose of the paper

Following previous presentations to the county council's Health and Adult Services Scrutiny Committee, most recently on 12th July 2023, this paper will outline the current position of virtual ward service delivery in Lancashire and South Cumbria and focus on capacity and demand, as requested by members of the committee.

Executive summary

The virtual ward programme across Lancashire and South Cumbria is still developing. 409 beds are available across 17 virtual wards which is above the national average of capacity available. Action plans are in place to increase the utilisation of this capacity which include raising awareness, cultural change and a review of the service model. Integrated Care Board (ICB) oversight remains through a system wide programme group who share and learn together. The development of virtual wards remains a priority for the ICB with an intention to commission 425 virtual wards beds across our system from April 2024 whilst improving delivery to maximise utilisation, which is the number one priority for the programme and needs to be achieved before there is any further expansion of capacity.

Virtual Ward Update- April 2024

1. Introduction

1.1 What is a virtual ward?

- A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology.
- Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home.
- This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital.

1.2 In 2022/23 the NHS priorities and operational planning guidance asked systems to deliver virtual ward capacity equivalent to 40-50 virtual ward 'beds' per 100k population aged 16+ by December 2023.

1.3 The *delivery plan for recovering urgent and emergency care (UEC)* was published in January 2023, this asked for expansion of new services in the community. In July 2023, virtual wards were identified as one of the 10 High Impact Interventions that would support emergency departments and ambulance services to achieve national ambitions. Integrated Care Systems were asked to standardise and improve care across all virtual ward services to prevent admission to hospital and improve discharge.

1.4 The ICB took the ambitious decision to aim for 746 virtual ward beds by March 2024, the top end of the national expectation. The ICB wrote to Acute Trusts outlining that resources would be allocated on a fair-shares basis, and detailing the bed trajectory expectation. However, during 2023/24, it became clear that providing 746 virtual ward beds was unrealistic and there would not be the demand currently for this level of provision.

1.5 In March 2024, NHS England published the 2024/25 priorities and operational planning guidance, which asks systems to improve access to virtual wards by ensuring utilisation is consistently above 80%. The ICB's 2024/25 commissioning intentions for virtual wards, which were drafted prior to the publication of this guidance, focus on maximising utilisation of existing capacity.

1.6 This paper will outline the current position of virtual ward service delivery across Lancashire and South Cumbria (L&SC) and detail the current challenges and opportunities in relation to capacity, utilisation, and the service model.

2. Capacity and Utilisation

2.1 Virtual wards are available across all places in L&SC. As of 15th April 2024, there were 409 beds available across 17 wards. From December 2022 – March 2024, 19,525 patients were admitted to our virtual wards. Please see appendix A

2.2 L&SC have the 13th highest capacity available of the 42 ICBs in England, with 26.6 beds per 100k population. Only two ICBs have achieved the national minimum capacity expectation of 40 beds and only one has achieved 50 beds per 100k population.

2.3 Utilisation varies from place to place and across ward types, for example demand for respiratory virtual wards is higher over winter than summer. Nationally utilisation ranges from 38-100%. The average utilisation across L&SC is shown below and should be considered in the context of a higher than average capacity:

November 2023	December 2023	January 2024	February 2024	March 2024
59.4%	57.0%	61.7%	56.8%	55.0%

3. Monitoring and Assurance

3.1 The ICB implemented a programme management approach to the development of virtual wards which continues. Providers support each other through challenges and the ICB encourages consistency as the services develop. The ICB regularly assesses the maturity of services through a locally developed matrix and a national 10 High Impact Interventions self-assessment.

3.2 The programme team has developed local reporting to enable visibility of the capacity and utilisation twice a week. This is shared with the ICB's System Control Centre to enable a rounded conversation with acute trusts about demand and capacity. More detailed data is submitted bi-weekly and a North West dashboard allows for comparison against peers on multiple levels.

3.3 Patient experience is evaluated through a number of methods, and a comprehensive patient experience evaluation report is in development collating providers quantitative and qualitative data together.

3.4 Virtual wards were established on an 'invest to save' basis with national guidance and tools suggesting that they will reduce the demands and pressures placed on hospitals. We are trying to evaluate a service whilst it is expanding and still in its relative infancy. We are in an environment where the demand and pressures on our hospitals is growing and demonstrating the impact of virtual wards as a direct correlation is difficult to do. Data is available which demonstrates the levels of service being delivered but doesn't robustly evidence cash-releasing/tangible benefits from the acute trusts to redirect into community provision.

4. Service Model

- 4.1 Virtual wards do not operate in isolation across L&SC, they are integrated with the established acute and community service provision. They support a range of admission avoidance initiatives such as the community 2-hour Urgent Community Response. Because of this, virtual wards have developed at different paces. The agreed L&SC clinical model has been previously shared.
- 4.2 Currently, there is a variation in the operational models as providers started from different baselines and encouraged enthusiastic clinicians to take a lead. However, pathway specific models, which accept limited conditions such as Frailty, Respiratory or Palliative Care, can be restrictive. Throughout 2024/25 we will work towards generalist models who can accept a range of clinical conditions and patients which should increase utilisation.
- 4.3 The implementation of virtual wards is a significant culture shift for both acute and community colleagues, developing new ways of working and testing pathways takes time, but it allows for confidence to grow and success to be shared which encourages more interest and enthusiasm. A monthly Clinical Reference Group commenced in October 2023 led by ICB Clinical Leads to support implementation.
- 4.4 Nationally there are multiple models of virtual ward delivery. The L&SC model is mostly face to face provision. Implementing the remote monitoring technology and digital platform has been a challenge for a number of reasons, including the lack of clinical appetite, difficulty in identifying suitable patients who would otherwise need to be in hospital, a lack of existing digital provision to align with service delivery, and service user willingness. For example, an elderly, acutely unwell patient is not always in the right mind-frame to learn about an app and can be cautious of taking their own physical observations. This will take longer to embed and we are learning from other systems as to how this is successful through a range of 'Communities of Practice'.

5. Next Steps

- 5.1 The development of virtual wards remains a priority for the ICB to support UEC recovery and as a genuine alternative in-hospital care. As such, for 2024/25 the ICB intends to:
- Ensure we target virtual ward support to the highest level of need – either patients in hospital needing discharge or in the community needing support without being admitted to hospital.
 - Commission capacity of 425 virtual wards beds across our system from 1 April 2024, and incrementally increase utilisation to 80% during 2024/25. Should the national 80% utilisation target be achieved over a sustained period, the ICB may seek to expand capacity further, equivalent to up to 40 beds per 100,000 population aged 16 or over (611 beds), by 31 March 2025.

- Ask providers to progress to a generalist service model in areas where this is not already in place, at the earliest opportunity, as opposed to continuing with pathway specific models which can restrict utilisation.
- Collaborate with providers to: review the current remote monitoring system and delivery model; explore how the flexing of capacity during periods of lower demand may be achieved; and place greater focus on clinical engagement and buy-in to enable culture change and the promotion of virtual wards.

6. Recommendations

6.1 The LCC Health and Adult Services Scrutiny Committee are asked to note the current position.

Virtual Ward Highlights

December 2022 - March 2024

19,525

Total patients admitted to Virtual Wards

Patients discharged without further care



4.57 days

Average time on Virtual Ward before discharge

Total bed days



66,203

409

Current Virtual Ward beds
(26.6 per 100k of population)

425

March 2024 Target

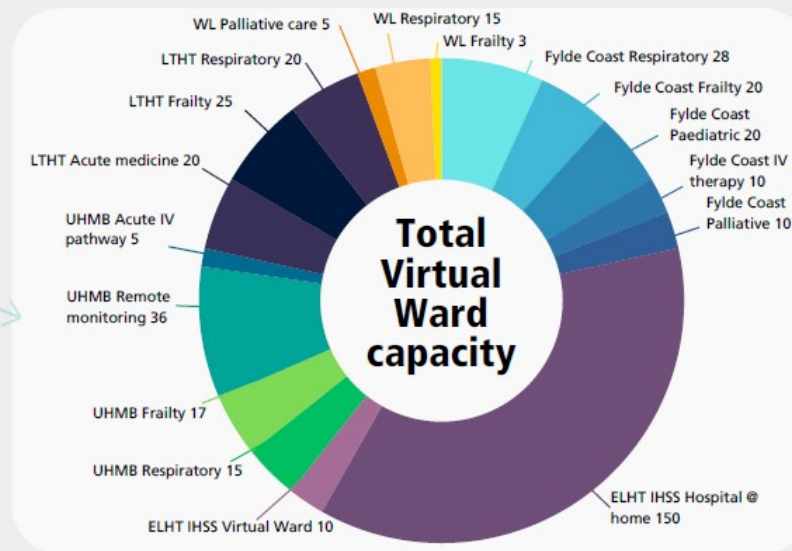
Average bed occupancy



(National average = 72.7%)

"Great service, feel supported, easy to contact if any concerns, always knowledgeable helpful and friendly.."

"The Virtual Ward works. I wholeheartedly agree with this kind of home care. It's the best thing that could have happened to us. I've got my wife back, and I can't thank them enough for that."



Referrals

Step up (75%)

Step down (25%)

"Have to say I'm a fan of this service; for someone with anxiety it works really well for me plus takes some of the pressure off our nurses."