



Lancashire Health and Wellbeing Board
Tuesday, 13 December 2016, 2.00 pm,
Cabinet Room 'D' - The Henry Bolingbroke Room, County Hall, Preston

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm-2.05pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		2.05pm-2.10pm
3. Minutes of the Last Meeting	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	2.10pm-2.20pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Appointment of Deputy Chair	Action	The Board to appoint a Deputy chairman for the remainder of the municipal year 2016/2017 as set out in the Terms of Reference.	Chair		2.20pm-2.30pm
5. CQC Action Plans	Action	To note and endorse the action plan.	Sakthi Karunanithi	(Pages 9 - 26)	2.30pm-2.40pm
6. Vaccination and Immunisation Update Screening	Information	To receive an update of issues relevant to Lancashire.	Jane Cass/Christine Khiroya		2.40pm-3.00pm
7. Update on the Sustainability and Transformation Plan (STP)	Information	To receive an update on: <ul style="list-style-type: none"> • STP – solutions and workstreams • STP – summary document • Case for Change 	Sam Nicol	(Pages 27 - 32)	3.00pm-3.20pm
8. Q2 Better Care Fund (BCF) Report	Action	To receive the report.	Paul Robinson	(Pages 33 - 42)	3.20pm-3.40pm
9. Winter Plan Report	Information	To receive the report.	Sue Lott	(To Follow)	3.40pm-3.50pm
10. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance	Chair		3.50pm-4.00pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		warning of any Members' intention to raise a matter under this heading.			
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 7 February 2017 in Cabinet Room C – Duke of Lancaster Room at County Hall, Preston, PR1 8RJ.	Chair		4.00pm

<LAYOUT_SECTION>

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Monday, 24th October, 2016 at 10.00 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Azhar Ali, Cabinet Member for Health And Wellbeing (LCC)

Committee Members

County Councillor Tony Martin, Cabinet Member for Adult and Community Services (LCC)

County Councillor Matthew Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)

County Councillor David Whipp, Lancashire County Council

Dr Sakthi Karunanithi, Director of Public Health, Public Health Lancashire

Tony Pounder, Director of Adult Services

Councillor Bridget Hilton, Central Lancashire District Councils

Sarah Swindley, Third Sector Representative

Gary Hall, Lancashire District Councils

Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board

David Tilleray, Chair West Lancs HWB Partnership

Clare Platt, Health Equity, Welfare & Partnerships

Councillor Tony Harrison, East Lancs HWB Partnership

Mark Youlton, East Lancashire CCG

Jan Ledward, Chief Officer - Chorley & South Ribble and Greater Preston CCG

Apologies

County Councillor Jennifer Mein

Louise Taylor

Bob Stott

Michael Wedgeworth

Karen Partington

Dr Tony Naughton

Dr Alex Gaw

Graham Urwin

Councillor Hasina Khan

Mark Bates

Dee Roach

Dr John Caine

Cllr Viv Willder

Leader of the County Council

Corporate Director Operations and Delivery (LCC)

Director of Children's Services

Healthwatch Lancashire Interim Chair

Chief Executive of Lancashire Teaching Hospitals

Foundation Trust

Fylde & Wyre CCG

Lancashire North Clinical Commissioning Group (CCG)

NHS England, Lancashire and Greater Manchester

Chorley Borough Council

Assistant Chief Constable, Lancashire Constabulary

Lancashire Care NHS Foundation Trust (on behalf of

Heather Tierney-Moore)

West Lancashire CCG

Fylde Borough Council

1. Election of Chair for the Meeting

Clare Platt requested nominations for Chair for the meeting as County Councillor Jennifer Mein had presented her apologies. County Councillor Azhar Ali was nominated and seconded and subsequently took the chair for this meeting.

2. Welcome, introductions and apologies

Welcome and introductions were made.

Apologies were noted as above.

Replacements were as follows:

Jan Ledward for Dr Gora Banghi – Chorley and South Ribble CCG and Dr Dinesh Patel – Greater Preston CCG.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

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

4. Minutes of the Last Meeting

Resolved: That the Minutes of the meeting held on 2 September 2016 are confirmed as an accurate record.

5. Lancashire's Safeguarding Adult Board (LSAB) Annual Report

The Board were asked to consider the content of the Annual Report and identify any areas it may wish to comment on and any action it may wish to take.

Jane Booth highlighted to the Board that adult safeguarding is challenging and this is clear from the report as attached to the agenda. The demographic profile of the community will continue to include increasing numbers of people who fall into service user groups that are more vulnerable to risk of abuse or neglect (including self-neglect) because of their health or social care needs or issues of mental capacity, abuse and neglect. The challenge will be, at a time of reducing resources, making a proportionate response and delivering a personalised service.

It was noted that access to early help could help to reduce the number of safeguarding cases.

The LSAB has benefitted from the learning arising from the members' association with such pan-Lancashire and national activities as work concerning the Mental Capacity Act 2005 and Prevent, the Chair's North West network and the English network of Safeguarding Adult Board Chairs.

With regards to inspection risk, Adult Social Care is inspected regularly through the Care Quality Commission (CQC) and work is commencing on audits and looking at comparative data sets.

Resolved: That the Board considered the content of the Annual Report provided comment, with no further actions are identified.

6. Lancashire's Safeguarding Children Board (LSCB) Annual Report

The Board were asked to consider the content of the Annual Report and identify any areas it may wish to comment on and any action it may wish to take.

Jane Booth highlighted to the Board that the Annual Report provides information about services and their effectiveness. The LSCB shares the concerns set out in the Ofsted report. The LSCB is working as part of the Improvement Board to ensure an effective response and has seen evidence of plans to restructure services, reduce caseloads of social workers and improve quality assurance. However, these things will take time to show an impact and at the end of 2015-16 it was not possible to identify significant improvement in practice. In addition the LSCB is particularly concerned about the quality and availability of appropriate Child and Adolescent Mental Health services where the resource allocation is too low and progress towards improved services too slow.

The report sets out the priorities of the LSCB and the areas identified for future work.

It was raised as to whether there had been an increase or decrease in Serious Case Reviews (SCR) and Jane stated that there had been a significant increase in SCRs in the last 15 months where eight had been received, compared to a general figure of four or five a year. There was a query about the availability of this information by Districts are notified on an individual basis when a SCR does arise. However it was noted that the majority of SCRs were in the North, but this is not on trend.

Jane reported that there is a link in with the workstream around CAMHS and the report to the LSCB every three months. The findings are then reported back to executive forums. Jane is concerned that the whole system is not being considered.

It was noted that there appears to be a lack of early help in schools and some schools are unaware of what services are accessible. Jane commented that a piece of work is being carried out in Fylde and Wyre, looking at new ways of working.

The LSCB regularly reports to the Local Children's Partnership Boards and any concerns by district are raised there, together with child sexual exploitation (CSE) concerns. It was highlighted that CSE figures had increased, however this was felt to be good as it is high profile in the media and the local Authority is putting more time and resources into this area of work. The challenge however, is around on-line safeguarding and keeping up to date with technology. An on-line guide for schools has been published as this is the biggest concern for schools.

Resolved: That the Board considered the content of the Annual Report provided comment, with no further actions are identified.

7. Lancashire CYP Emotional Wellbeing and Mental Health Transformation

Dave Carr, Policy, Information and Commissioning (Start Well), Shirley Waters, NHS Commissioning Support Unit and Julia Westaway, Commissioning Manager, Lancashire North CCG gave the quarterly update on the Lancashire CYP Emotional Wellbeing and Mental Health Transformation.

The presentation attached gave an overview on what has happened in Year one and what is planned for the second year. The plan is on a Pan Lancashire footprint. It also gave tables with dates when it is intended that work will be completed by.

Going forward in year 2 there needs to be an approach that builds on the decision making principles and what has been described in year 1 and it also needs to help plan for sustainable and deliverable decisions.

The biggest target is the shift from local delivery plans to a Pan Lancashire approach requiring certainty from individual partners to commit.

There needs to be more work done around what services are available to schools and it was noted that there was a Schools Conference arranged for January 2017, where information will be shared and going forward will start to see the benefits and work with schools to help them understand and access what is available.

This is the current 'Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health' it contains timelines for the delivery of the plan [C&YP EWMH Transformation](#) which will be refreshed and republished early in the New Year.

There was also a request for the Governance diagram which is attached to the minutes.

It is envisaged that there is one route in to all services and that duplication is removed.

Resolved: that the Board be provided with the CAMHS scorecard and the timelines for certain workstreams and the Governance diagram, which are attached to these minutes.

8. CQC Report and Action Plan

The Board were asked to note and endorse the action plan from Lancashire County Council and also note that the action plan from NHS organisations be presented to the Board once they have been signed off.

Resolved: i) that the Board noted and endorsed the action plan from Lancashire County Council (Appendix 'A').

ii) that the Board noted that the action plans from NHS organisations included in the CQC review will be presented to the Board once they have been signed off by the individual organisations.

9. Emergency Care Crisis - Chorley: report of the Health Scrutiny Committee

County Councillor Steven Holgate, Chair of the Health Scrutiny Committee was welcomed to the meeting and presented the Emergency Care Crisis report as attached to the agenda and requested that the Board produce a formal response to Recommendations 7 and 10 below:

Recommendation 7

That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire Health and Wellbeing Board be asked to take responsibility for the implementation and monitoring of this priority.

Recommendation 10

For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents. Partners must also demonstrate robust engagement with local residents on the proposed location of future services.

Resolved: that the Board produce a formal response to the relevant recommendations contained within the report by 22 November 2016.

10. Health and Care Integration

Sakthi Karunanithi informed the Board that the response to the STP from Lancashire, Blackpool and Blackburn with Darwen collectively was submitted on Friday 21 October 2016. All three Health and Wellbeing Boards had met on Wednesday 19 October to discuss the response. Copies of the report will be circulated when available.

Sakthi also presented Lancashire's Local Digital Roadmap (LDR) with the Board asked to endorse the strategic direction of the LDR.

Resolved: That the Board endorsed the strategic direction of the LDR.

11. Managing Demand

Following on from the evaluation of the Better Care Fund (BCF) which is working towards keeping people in their own home, specific activities need to happen at a district level. This is an ideal opportunity for LCC (Lancashire County Council) and CCGs (Clinical Commissioning Groups) to work together and approach the VCFS (Voluntary, Community and Faith Sector) for support and to be a part of the locality and integration and identify a joined up approach by joining resources at a community level.

It was considered that a list of Community Groups in each district needs to be widely available and shared. Sakthi commented that a Community Support Programme has always been in place however it now needs to join with Health services, this is being developed further but it needs to be lined up with all initiatives and maximised. GPs also need to be kept informed with regards voluntary schemes. CC Ali agreed to discuss this further with Sakthi outside of this meeting as there are a number of funding opportunities available for communities.

Resolved: that CC Ali will speak with Sakthi Karunanithi on connecting both LCC and the Health Service in working together in localities with voluntary groups.

12. Development of the Pan Lancashire Health and Wellbeing Board

Claire Platt updated the Board on the development of the Pan Lancashire Health and Wellbeing Board.

It was proposed that a small working group be formed to look at membership of the Pan Lancashire Health and Wellbeing Board from a Lancashire perspective and to ensure that everybody has a voice. The membership of the working group was agreed as follows:

Jan Ledward - CCG
Cllr Bridget Hilton – District
CC Mein – LCC
CC Martin – LCC
CC Tomlinson – LCC
CC Ali – LCC

It was also noted that here needs to be safeguarding on the Board.

Dr Alex Gaw, North Lancashire CCG, was unable to attend the meeting, however forwarded comments to be noted for this item as below:

'This CCG supports the proposed development of a pan Lancashire HWBB and endorses the approach to clarify the respective roles of the Boards and local HWB partnerships. I can see in the paper that there is a reference to a Morecambe Bay LHWBP to be established jointly with members from the Cumbria HWBB. Again, this makes a lot of sense given the proposed boundary change to create a Morecambe Bay CCG from 1st April and the ongoing STP process.

I would like to emphasise that the (new) CCG would like to use this opportunity to have further discussions both with colleagues in the Cumbria HWBB and the valued local partnerships which exist in South Lakes and Furness. This will enable all partners to agree an approach which enables us to involve locally communities fully in their health and wellbeing'.

Resolved: that the Board considered and commented on the report and that a small working group be convened to discuss further.

13. Urgent Business

There were no matters of urgent business received.

14. Date of Next Meeting

The next scheduled meeting of the Board will be held on Tuesday, 13 December 2016 at 10.00am in Cabinet Room 'D' – Henry Bollinbroke Room, County Hall, Preston, PR1 8RJ.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Agenda Item 5

Lancashire Health and Wellbeing Board
Meeting to be held on 13 December 2016

Review of Health Services for Children Looked After and Safeguarding in Lancashire

Contact for further information:

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council; 07876844042
sakthi.karunanithi@lancashire.gov.uk

Executive Summary

During June 2016 the Care Quality Commission (CQC) conducted a review of the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

The [report](#), published in August 2016, records the findings of the review of health services in safeguarding and looked after children services in Lancashire. The action plan relevant to [Lancashire County Council](#) was reported to the meeting of the Health and Wellbeing Board on 24 October 2016. This report identifies the action plan relevant to other local NHS agencies. (Appendix A).

Recommendation

That the Board consider and endorse the action plan (Appendix A).

Background

During June 2016 the Care Quality Commission (CQC) conducted a review of the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

The CQC considered:

- the role of healthcare providers and commissioners;
- the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews;
- the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services;
- whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004, including the statutory guidance 'Working Together to Safeguard Children 2015'.

The [report](#), published in August 2016, records the findings of the review of health services in safeguarding and looked after children services in Lancashire. It focuses on the experiences and outcomes for children within the geographical boundaries of the local authority area and reports on the performance of health providers serving the area including Lancashire's six Clinical Commissioning Groups (CCGs) and the NHS England North Area Team.

Where the findings relate to children and families in local authority areas other than Lancashire, cross-boundary arrangements were considered and commented on. Arrangements for the health-related needs and risks for children placed out of area were also included.

As a consequence of the review, relevant local agencies have worked together to develop the action plan (Appendix A). The action plan relevant to [Lancashire County Council](#) was reported to the meeting of the Health and Wellbeing Board on 24 October 2016.

Members of the Health and Wellbeing Board are requested to consider and endorse the action plan.

List of background papers

Identified and linked in the report.

Recommendation	Outcome	Improvement Action	Assurance	Timescale	Lead responsible for updating progress	Responsible Officer
1. NHS England together with NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs should						
1.1 Address remaining gaps in the capacity of named GPs and designated and named doctors and nurses for safeguarding and LAC to ensure appropriate levels of coverage and safeguarding leadership within primary care and for children looked after.	<ul style="list-style-type: none"> Named GP leadership and current gaps in capacity are strengthened. The capacity of Designated and Named doctors and nurses for Safeguarding and Looked After Children complies with recommended levels. 	<ul style="list-style-type: none"> NHS England has undertaken a review of capacity and capability in line with guidance - Lancashire CCGs will report what is required to build further capacity in each CCG locality and review innovative models of delivery to the CCG AO Network. Ensure sufficient resources, are in place to meet the challenges across the system (NSNH, 2016) Those in post have sufficient resources, supervision and support to enable them to fulfil their responsibilities effectively (NSNH, 2016) *MIAA audit action plan will be delivered against timeline 	<p>Via external scrutiny of CCGs by NHS England nursing and quality team in CCG Quarterly Assurance Meetings.</p> <ul style="list-style-type: none"> NHSE Accountability & Assurance framework / action plans MIAA Section 11 Audits sent to LSCBs on an annual basis. Peer challenge takes place. <p>CCG governance arrangements will be monitoring internal progress of action plans</p>	Mar-17	Designated Nurse	Chief Nurses CCGs
1.2 Enable the joint strategic needs assessment to be fully informed by analysis of the health needs and inequalities experienced by children looked after and care leavers.	<ul style="list-style-type: none"> Strengthen support for looked after children who are pregnant to ensure levels of need are being effectively met. 	<ul style="list-style-type: none"> Commissioner to request that current pathways for CLA are reviewed to consider what is required and best practice to ensure consistency across; to include early interventions programmes to continue the support after birth (NSNH 2016). -The findings of the review will be shared with CYP commissioners to inform future pathway development 	<p>CCG Governance (Quality) Contract monitoring via provider services CCG CYP commissioners will monitor key indicators of performance that are referenced in contract monitoring and broader PH outcomes via the CYP commissioning network minutes.</p>	Mar-17	CYP EWMH Lead	CCG CYP Commissioners

	<ul style="list-style-type: none"> Local joint strategic needs assessment (JSNA) is informed of the health care needs and inequalities experienced by looked after children and young people. Commissioners are informed about progress in delivery improvements and in child health outcomes and local trends. 	<ul style="list-style-type: none"> Service planning and resource allocation are informed by relevant outcome measures (NSNH, 2016) Identification of health themes as part of LAC commissioned services to inform JSNA 				
<p>2. NHS England and NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Care NHS Foundation Trust should:</p>						
<p>2.1 Ensure timely and responsive admission and discharge arrangements for young people presenting at local hospitals and ensure hospital staff are confident, knowledgeable and well-supported to provide holistic care.</p>	<ul style="list-style-type: none"> Gaps in levels of training to paediatric ward staff are addressed to increase their confidence and expertise in delivering care to young people with complex and fluctuating mental health needs. 	<p>The pan Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health Plan - workstreams are delivering against these recommendations. Improvements to admission and discharge arrangement for YP presentation at hospital is being delivered on a pan Lancashire footprint. Development of mental health training to nurses, paediatric staff, A/E staff, doctors and consultants</p>	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
<p>3. NHS England and NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Care NHS Foundation Trust and East Lancashire Hospitals trust should:</p>						

3.1 Ensure timely and easy access to a range of local child and adolescent mental health services that promote holistic joined-up care and support a smooth transition to adult mental health services for young people who require ongoing care.	• Young people in Lancashire with self-harming behaviour and mental health needs consistently benefit from a timely and holistic response to their needs.	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	• Adult mental health practitioners are able to provide a full range of therapeutic interventions including joint work with wider family members.	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	• Variation in waiting times for access to CAMHS tier three services is addressed.	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	• Current commissioning and service delivery arrangements are strengthened for young people aged 16-18 to ensure their vulnerability and on-going support needs are recognised and addressed.	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers

	<ul style="list-style-type: none"> (1.3) Gaps in accessing specialist provision for young people with learning disabilities and eating disorders are addressed. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> Crisis response teams are provided to young people presenting at Lancashire hospital out of hours 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
	<ul style="list-style-type: none"> Frontline practitioners are fully informed regarding the plans for CAMHS transformation. 	Refer to 2.1	CAMHS Transformation Board minutes and programme plan	Mar-17	Lead of CYP EWMH Plan	CCG Accountable Officers
3.2 Ensure providers routinely report and learn from breaches of the expected standard of practice whereby young people who require in-patient care are placed on adult psychiatric wards.	Assurance is provided where there is a lack of available local provision resulting in young people being admitted onto the adult psychiatric ward that it is reported on all occasions to the CQC.	<ul style="list-style-type: none"> The Pan Lancashire Children & Young People's Resilience, Emotional Wellbeing and Mental Health Plan has actions in place to Improve access to crisis service for children across Lancashire. - Commissioners will review and benchmark Lancashire against similar demographic patch to highlight variance 	<ul style="list-style-type: none"> Contract monitoring STEIS reporting *QSG will receive the benchmarking and review document 	Mar-17	Lead of CYP EWMH Plan	NHS England CCG Accountable Officers

<p>4. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with all local GP practices should:</p>						
<p>4.1 Ensure child health records provide a clear and up to date picture of child safeguarding concerns and of actions being taken to help reduce risk.</p>	<ul style="list-style-type: none"> Formal communication and liaison between GP practices and community health services is strengthened. GP practices ensure that they record any discussions of individual cases. Risks to children are clearly recorded on electronic patient records. Recording is strengthened to ensure GP staff members can easily recognise and promptly follow up concerns should the child or parent re-present. 	<ul style="list-style-type: none"> CCGs to support existing and common pathways being developed to strengthen communication Carry out detailed audit of the quality of coding of safeguarded children in case notes (NSNH 2016) Safeguarding Leads / Champions forum 	<ul style="list-style-type: none"> Primary Care Safeguarding standards self assessments incorporated in GP Quality Contractual requirements 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO
<p>4.2 Ensure all referrals to children's social care are also backed up in writing in line with local multi-agency procedures and provide a clear audit trail of actions taken.</p>	<ul style="list-style-type: none"> All referrals to children social care are followed up in writing within 48 hours as required by local multi-agency procedures. 	<ul style="list-style-type: none"> GPs are supported to better contribute to children protection processes (NSNH 2016) via safeguarding forums/champions 	<ul style="list-style-type: none"> Governance structures within CCGs 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO
<p>4.3 Ensure all local GPs have a clear network of local health professionals working closely with them to support a strong shared focus on safeguarding vulnerable children and families.</p>	<ul style="list-style-type: none"> Formal communication and liaison between GP practices and community health services are strengthened. 	<ul style="list-style-type: none"> CCGs to support existing and common pathways being developed to strengthen communication Safeguarding / champions forums 	<ul style="list-style-type: none"> Governance structures within CCGs 	Jan-17	Designated Nurses and Named GPs for safeguarding	CCG AO
<p>4.4 Ensure GPs are effectively involved in and contribute to child protection and looked after children statutory work to help safeguard vulnerable children and their families.</p>	<ul style="list-style-type: none"> Systems strengthened to identify and track high risk children, young people and vulnerable families. GP leadership is strengthened to promote joint work to improve outcomes for children. Pathways are developed to support GP information sharing to inform initial and review health assessments. 	<p>Also see action 4.1</p> <ul style="list-style-type: none"> Develop/strengthen themed rolling programmes of training for Primary Care Implement/strengthen Safeguarding GP Champion/Safeguarding Lead model across Lancashire and share good practice supporting safeguarding practice In Primary Care Share practice across Lancashire and strengthen systems to inform health assessments 	<ul style="list-style-type: none"> CLA recovery action plan monitoring Annual audit calendar *contract monitoring 	Apr-17	Designated Nurses and Named GPs for safeguarding	CCG AO
<p>4.5 Ensure appropriate supervision arrangements are in place within GP practices delivered by appropriately trained staff.</p>	<ul style="list-style-type: none"> A network of safeguarding champions / leads are developed to promote a consistent approach across Lancashire. 	<ul style="list-style-type: none"> Formalise Safeguarding GP Champion/Safeguarding Lead model across Lancashire 	<ul style="list-style-type: none"> Annual audit of safeguarding supervision in line with self-assessment returns 	Feb-17	Designated Nurses and Named GPs for safeguarding	CCG AO

<p>5. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Care NHS Foundation Trust should:</p>						
<p>5.1 Ensure effective partnership working with young person's substance misuse services to ensure prompt joined-up approaches to addressing the needs of young people who misuse substances and shared actions to reduce levels of presentation at emergency departments.</p>	<ul style="list-style-type: none"> • Acute Trusts and CAMHS services joint working arrangements are strengthened with young person substance misuse services. 	<ul style="list-style-type: none"> • Pathways are in place for joint working and information sharing between CAMHS and Substance misuse services 	<ul style="list-style-type: none"> • Organisational audits • Reporting via QAPI group - audits Public Health commissioners contract monitoring arrangements	Dec-16	CCG CYP commissioners	PH Commissioner
<p>6. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, Lancashire Care NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust together should:</p>						

<p>6.1 Ensure all initial health assessments undertaken are within the required timescales and provide clear and comprehensive analysis of children's needs to support SMART individual health care. This will enable effective tracking of the child's development and of improved outcomes.</p>	<ul style="list-style-type: none"> Improved standards and timeliness of initial health assessments. Inconsistency in the recording of children's health needs are addressed to ensure the identity and wishes of the child is at the centre of the process. In order to reduce delay in referral and access to relevant services, initial health assessment action plans provide comprehensive details of the child's need. Improvements in the levels of expertise and quality in initial health assessments and development of SMART health action plans are demonstrated. 	<ul style="list-style-type: none"> IHA task & finish group established first meeting held 01.08.16 Audit health plans to review quality, identify issues and support improvement through training Ensure health assessments follow the statutory guidance 'promoting the health and wellbeing of LAC' to ensure they are focused on action and outcomes (NSNH 2016) Dip sample health plans to track outcomes over time to evaluate the impact Annual audit to be inbuilt into performance measures (Provider) re Quality Assurance 	<ul style="list-style-type: none"> IHA recovery action plan Exception reporting received from provider Monitoring of KPI Gaps in performance are reported by provider on a quarterly basis via contract monitoring processes 	Jan-17	Designated Nurses	CCG Accountable Officers
<p>7. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together with Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation trust and East Lancashire Hospitals Trust should:</p>						
<p>7.1 Promote shared awareness of risks to the emotional health and wellbeing of children and young people who are looked after and ensure appropriate and timely support to meet their needs with effective tracking of outcomes.</p>	<ul style="list-style-type: none"> Joint pathways are developed with the local authority to ensure children's initial and review health assessments are informed by the strengths and difficulties questionnaire (SDQ's) to help inform their therapeutic intervention. 	<ul style="list-style-type: none"> Working in partnership with CSC develop pathways across Lancashire to ensure that SDQs meaningfully contribute to health reviews and the impact of interventions are monitored (NSNH 2016) Link in with improving access to effective support workstream to support clear pathways and smooth transitions 	<ul style="list-style-type: none"> Multi agency CLA performance recovery action plan reported to LCC SMT CSC Meeting CYP EWMH programme/ transformational plan monitored by CCB Network. Once established quarterly dip sample audits - consider as part of the QAPI audit calendar monitored by CCG Quality committees 		Lead of CYP EWMH Plan CSC LAC Lead	LCC Childrens Services - Director of Childrens Services CCB network LSCB
<p>8. NHS East Lancashire, NHS Greater Preston, NHS Chorley and South Ribble, NHS Lancashire North, NHS Fylde and Wyre and NHS West Lancashire CCGs together all local NHS providers should:</p>						

<p>8.1 Ensure additional training for frontline staff to help them achieve high levels of confidence and expertise in the use of CSE risk assessment tools, tailored to their specific roles and levels of contact.</p>	<ul style="list-style-type: none"> • Safeguarding practice and professional confidence is strengthened to support for young people at risk of CSE. • Improved identification and support for young people whose needs fall below the level of risks managed by the CSE nurse. • Ensure frontline health professionals are confident and knowledgeable in CSE screening tools appropriate to their role and level of engagement with young people. 	<ul style="list-style-type: none"> • Standardised risk assessment tool/professional guide identifying risk indicators for implementation across pan Lancashire • Audit the embedding of standardised multi-agency training programmes to upskill the workforce on how to identify risks and signs of CSE (NSNH 2016) • Organisational mandates in relation to CSE training as per guidance via LSCB. 	<p>Section 11 Audit Contract monitoring</p>	<p>Jun-17</p>	<p>Designated Nurses Organisational leads</p>	<p>Organisational leads, CCG AO</p>
<p>9. NHS Chorley and South Ribble and NHS Greater Preston CCGs together with Lancashire Teaching Hospitals NHS Foundation Trust should:</p>						
<p>9.1 Further review and address shortfalls in the levels of paediatric expertise required to meet the current levels of demand from children and young people using its Emergency Department and Urgent Care Centre.</p>	<ul style="list-style-type: none"> • Service is reviewed to determine the current need for onsite paediatric expertise. • Levels of paediatric immediate life support training required by existing workforce is reviewed. 	<p>Commissioners will request:</p> <ul style="list-style-type: none"> • Map existing provision • Identification of gaps in service delivery • Formulation of action plan and implementation process 	<p>Contract monitoring ILS training Urgent Care SRG</p>	<p>Jan-17</p>	<p>Organisational Lead Responsible Commissioner</p>	<p>Urgent Care SRG CCG commissioners</p>
<p>10. East Lancashire CCG together with East Lancashire Hospitals NHS Trust and Lancashire Care NHS Foundation Trust should:</p>						
<p>10.1 Ensure prompt access to specialist mental health services for women who require additional support prior to and following the birth of their baby.</p>	<ul style="list-style-type: none"> • Gaps in the capacity of specialist mental health services are monitored to meet current demand. 	<p>0-19 - Pathways into AMH and other providers from 0-19 integrated teams will be reviewed to ensure there is prompt access to services for women who require additional support. (This is as part of the review of Perinatal Mental Health Protocol currently underway) The CAMHS Transformational Plan</p>	<p>CCB network reporting to CCG AO</p>	<p>Mar-17</p>	<p>CYP EWMH plan lead</p>	<p>CCG Accountable officers</p>

11. Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, East Lancashire Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS Foundation Trust should:						
11.1 Ensure receptionist and clinical staff clearly record the names of adults, those with parental responsibilities and of health, social care professionals and schools involved in the child's life to promote good information- sharing about risks to the health or safety of children.	<ul style="list-style-type: none"> Demographic information is consistently reported including the adult relationship to the child and other professionals involved in their care, which will support in identifying risks to the health and safety of children. 	All organisations will review their current practices in relation to a consistent approach to recording demographic information.	CCG Quality Committees Organisational internal quality review via audit	Jan-17	Head of Nursing	CCG Accountable Officers
11.2 Strengthen the focus of clinical staff on the voice of the child and ensure safeguarding tools are used effectively to support effective recognition of the vulnerability of children and young people and analysis of child safety risks.	<ul style="list-style-type: none"> Recording needs are strengthened demonstrating safeguarding issues have been considered. Relevant assessment and tools are used consistently to support the analysis of risk and ensuring the child's voice is heard. Discharge summaries are completed to an adequate standard to ensure GP's are informed about risks to mothers and their new babies. 	All organisations will review their current practices in relation to a consistent approach to service development, risk assessment and communications pathways.	CCG Quality Committees will review contract monitoring information Organisational internal quality review via audit	Jan-17	Head of Nursing	CCG Accountable Officers
12. Lancashire Teaching Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, and University Hospitals of Morecambe Bay NHS Foundation Trust should:						
12.1 Ensure all midwifery staff can access safeguarding supervision to promote a consistently high standard of casework and professional impact in working with others to reduce harm to women and their unborn or new-born babies.	<ul style="list-style-type: none"> All midwifery professionals should receive regular face to face safeguarding supervision. Given the significant expansion of safeguarding children and adult activity, levels of support and opportunities for reflection are reviewed. 	Organisations will review their current arrangements for supervision and report outcome of audits to commissioners	Quarterly reporting as part of Contract monitoring	Mar-17	Head of Midwifery	Lead Commissioner
13. Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust should:						

13.1 Ensure emergency department facilities provide a clear view and good oversight of children waiting to be seen to ensure effective early identification of children with deteriorating medical conditions and parent-child interactions.	<ul style="list-style-type: none"> Layout of departments is reviewed to support prompt identification of a child with a rapidly deteriorating condition and sufficient oversight of adult-child interactions. 	Review of layout of A+E departments by Estate Dept in conjunction with the safeguarding leads in the organisation Corporate risk register will be updated to highlight organisational risk Action plan to mitigate will be developed.	Organisational Board	Mar-17	Head of Estates	Chief Operating Officer
14. Lancashire Teaching Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital Trust should:						
14.1 Ensure their workforce fully complies with the intercollegiate training requirements for safeguarding children.	<ul style="list-style-type: none"> Level two safeguarding children's training needs to meet the expected intercollegiate standard requirements. Paediatric immediate life support training performance needs to meet intercollegiate and professional standards requirements. 	Organisations will review their current training strategy in line with intercollegiate document.	Organisational Board CCG contract monitoring Section 11 audit	Dec-16	Head of Safeguarding	Organisational Board
15. Lancashire Teaching Hospitals NHS Foundation Trust together with Lancashire Care NHS Foundation Trust should:						
15.1 Ensure the Urgent Care workforce is well supported by operational procedures and relevant training that promote clear identification and pathways of care for vulnerable children and their families.	<ul style="list-style-type: none"> Frequent attender policy requires further development. More in-depth checks of the circumstances and risk to children and young people up to 18 years of age who present with injuries . Ensure staff have child sexual exploitation training given their role in the provision of emergency contraception. 	Whole system review of operational procedures and training that correlates with staff roles and responsibilities	CCG contract monitoring Organisational Board reports	Mar-17	Director of Ops	CEO/CCG Accountable Officers
15.2 Ensure record keeping within the Urgent Care Centre fully complies with the standards of professional recording practice.	<ul style="list-style-type: none"> All case notes reviewed at the Urgent Care Centre should be signed, timed and dated including the clinician's designation and grade. 	Audit of case notes and improvement plan developed and implemented	Organisational Board reports	Mar-17	Director of Ops	CEO
16. Lancashire Care NHS Foundation Trust together with Blackpool Teaching Hospitals NHS Foundation Trusts and their sexual health partner organisations should:						
16.1 Develop clear systems and care pathways for sharing information, flagging and tracking of risks to young people using their integrated sexual health services.	<ul style="list-style-type: none"> Consistent Information sharing processes across Lancashire are developed in respect of children discussed at Multi-agency CSE (MACSE) meetings. 	Review and develop consistent pathways for information sharing across Lancashire for children at risk of CSE	Organisational monitoring via Directorate meetings Updates from organisations as part of the implementation of the CSE strategy	Mar-17	Head of Safeguarding	CEO

16.2 Strengthen the child's voice, analysis and recording of concerns including for young people over the age 16.	<ul style="list-style-type: none"> Operational practices in emergency departments, CAMHS and sexual health services support a robust young person-centred approach. 	Scope systems in place in organisations and review best practice Development of a common pathway across Lancashire	Organisational monitoring via Directorate meetings Updates from organisations as part of the implementation of the CSE strategy	Mar-17		CEO
16.3 Promote clear and consistent approaches to identifying, recording and reporting incidences of female genital mutilation (FGM)	<ul style="list-style-type: none"> Clear and consistent approaches in identifying, recording and reporting FGM are developed. 	Policy and guidance to be reviewed by all organisations to ensure compliant with mandatory reporting	Organisational monitoring via Directorate meetings Updates from organisations to FGM sub group LSCB	Mar-17		CEO
17. Lancashire Care NHS Foundation Trust together with Blackpool teaching Hospitals NHS Foundation Trust should:						
17.1 Ensure their 0-19 integrated teams provide SMART outcome-focussed protection plans and analysis within routine recording to clearly evidence the impact of their work to strengthen parental capacity and keep children and young people safe.	<ul style="list-style-type: none"> Health visiting plans demonstrate the impact of their interventions rather than being activity based focus. Routine case recordings evidence the impact of their work for the child and risks to them from lack of parental adherence to the child protection plan. 	Audit of HV plans and case recording to review impact of interventions and analysis of risk	Organisational monitoring via Directorate meetings	Dec-17	Clinical Lead Children and Families	CEO
17.2 Ensure all relevant health professionals are aware of, and have the opportunity to identify and contribute to the health assessments and care plans for children who are looked after.	<ul style="list-style-type: none"> Looked after children care pathways are strengthened to ensure the effective engagement of all relevant health professionals. On request for completion of a health assessment the documentation should note who the assessment is to be shared with. 	Audit current pathways to ensure relevant information sharing as per Promoting the Health and Wellbeing of Looked After Children, 2015	Organisational monitoring via Directorate meetings	Mar-17		CEO
17.3 Strengthen quality assurance by frontline health professionals involved in undertaking LAC health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.	<ul style="list-style-type: none"> Strengthened quality assurance processes: <ul style="list-style-type: none"> Gaps in the quality standards need to be consistently identified in the sign off process by the looked after children health team. The quality of the frontline practitioner work needs to be effectively challenged (self-audit). Review of looked after children health records indicated a need for a closer management oversight and reflection on the risk to children and on outcomes achieved. 	Audit of the quality of health plans to be carried out and a gap analysis plan to be developed to incorporate staff training as per Intercollegiate document for LAC	Organisational monitoring via Directorate meetings and via contract performance	Mar-17		CEO & AO CCGs

18. Lancashire Care NHS Foundation Trust together with East Lancashire Hospitals NHS Trust should:						
18.1 Ensure a clear, consistent, shared approach to care management and clinical practice that promotes high standards of recording, equitable provision and sharing of innovative practice in CAMHS services.	<ul style="list-style-type: none"> Inconsistencies in care pathways are addressed to ensure continuity of care. A consistent approach is developed to the use of risk assessments and care plans to promote the delivery of equitable and person focus practice. 	Links to the full Pan Lancashire Children and Young People's resilience EWMH plan	CAMHS Transformation Board minutes and programme plan	Mar-17	Director for children and Families	CEO
19. University Hospitals of Morecambe Bay NHS Foundation Trust and Southport and Ormskirk Hospitals Trust should:						
19.1 Ensure midwives appropriately and consistently discharge their professional responsibilities for routine enquiry of domestic abuse in line with Trust and professional guidelines.	<ul style="list-style-type: none"> Practice is strengthened in line with guidance to ensure women are seen alone routinely and are asked on more than one occasion about domestic abuse. 	Policy to be audited and updated to reflect change in frequency of routine enquiry. Gap analysis to improve awareness raising with midwives and training to support where required	Organisational monitoring via Directorate meetings	Dec-16	Head of Midwifery	CEO
20. East Lancashire Hospitals NHS Trust and Southport, Ormskirk NHS Hospital Trust and Lancashire Care NHS Foundation Trust should:						
20.1 Ensure frontline teams are appropriately equipped to effectively manage their caseloads and ensure timely recording and ease of access to relevant information and review of risks	<ul style="list-style-type: none"> Contemporaneous records are maintained in line with professional standards and record keeping supports timely information sharing between hospital and community. Practitioners are supported with the challenges with electronic care systems which impact on keeping clients records up to date or delays in accessing information. 	Record keeping and information sharing policies and procedures to be reviewed. Audits to be undertaken in respect to compliance. Training needs analysis to be developed to support best practice	Organisational monitoring via Directorate meetings	Dec-16	Head of Nursing CYP	CEO
21. Lancashire Teaching Hospitals NHS Foundation Trust should:						
21.1 Ensure staffing arrangements in its emergency department provide sufficient coverage of paediatric nursing and suitably qualified other staff to effectively meet the needs of children with complex and deteriorating conditions as befits its role as a regional trauma centre.	<i>Recommendation is not located within the report however, links to recommendation 9.1.</i>	Commissioners will request: <ul style="list-style-type: none"> Map existing provision Identification of gaps in service delivery Formulation of action plan and implementation process 	Contract monitoring ILS training Urgent Care SRG	Mar-17		Urgent Care SRG CCG commissioners

22. Lancashire Care NHS Foundation Trust should:						
22.1 Strengthen its approach to identifying risks to children of parents with mental ill-health to ensure effective initial and ongoing review of risks and sharing of expertise to inform partnership working.	<ul style="list-style-type: none"> • The level of questioning undertaken as part of the initial assessment process is strengthened: <ul style="list-style-type: none"> o Stronger focus of the impact of parental ill-health. o Support wider exploration of the needs and experiences of children. o Consistency is strengthened in the initial and on-going review of risks to inform frequency of contact and the need for joint working. 	Strengthen safeguarding assessment screening tool to include enhanced risk analysis and actions required where risks to children are identified. Organisation will audit to ensure systems are aligned to the adult mental health approach to identifying risk	Organisational monitoring via Directorate meetings and Governance structure	Mar-17	Associate Director of Safeguarding	CEO
22.2 Ensure children looked after care records provide a complete picture of previous assessments and care plans in line with the required standards of record-keeping to support the development of a comprehensive health history for young people leaving care.	<ul style="list-style-type: none"> • Electronic information systems are strengthened: <ul style="list-style-type: none"> o Assessments and health care plans are accessible. o Health passports for care leavers are evidenced within the child's individual ECR health record. o The use of and impact of health passports in promoting young people's health and well-being are reviewed. 	Audit of ECR records to ensure all relevant information is recorded Review 0-19 systems current guidance in relation to storage of assessments and care plans in EDMS to ensure clarity where previous assessments and plans are stored	Organisational monitoring via Directorate meetings and Governance structures	Mar-17		CEO & DPH
22.3 Ensure records of actions discussed in supervision are routinely recorded on the case records of children and young people to provide assurance about the effectiveness and impact of work to address risks and support improved outcomes.	<ul style="list-style-type: none"> • Assurance is strengthened about the effectiveness and impact of supervision in helping address risk and support improved outcomes for young people looked after: <ul style="list-style-type: none"> o Records of actions discussed in supervision are documented in the child's records. 	Review of supervision policy Audit of health records to clarify cases discussed at supervision sessions are consistently documented	Organisational monitoring via Directorate meetings and Governance structures	Mar-17		CEO
23. East Lancashire Hospitals NHS Trust should:						
23.1 Ensure maternity staff are routinely informed about the care needs and circumstances of pregnant women attending its emergency department or minor injury unit to help strengthen monitoring of their health and early warning of risks to them and their babies.	<ul style="list-style-type: none"> • Routine notification to midwives of pregnant women attending emergency departments to support the monitoring of vulnerable pregnant women. 	Task and Finish group to be established with ED/UCC and Midwifery services to address how this recommendation is going to be addressed and the implications for practice. Consideration of how this information is communicated and how this information is recorded in the medical records and how a midwife would access those records from the community.	Progress to be monitored quarterly at Internal Safeguarding Board.	Mar-17	Midwifery and ED Matron	CEO

24. Blackpool teaching Hospitals NHS Foundation Trust should:						
24.1 Ensure health visitor electronic case records clearly evidence domestic abuse and maternal mental health checks to inform the need for and provision of early help.	<ul style="list-style-type: none"> Gaps in electronic recording systems are strengthened to ensure essential checks of maternal well-being in areas such as domestic abuse or mental health are indicated. 	Audit systems to ensure assessment of maternal well-being include both domestic abuse and mental health issues and that these are recorded and inform the need for and provision of early help	Organisational monitoring via Directorate meetings and Governance structures	Mar-17	Head of Midwifery	CEO
25. Southport and Ormskirk Hospitals NHS Trust should:						
25.1 Ensure referrals to children's social care provide a clear picture of safeguarding concerns and the impact for children to support timely decision-making about the management of risk	<ul style="list-style-type: none"> Support timely referrals and appropriate follow up actions: <ul style="list-style-type: none"> Information and analysis of concerns at the point of referral to children's social care are strengthened. Strengthened detail about concerns and the impact for children. 	To audit the timeliness and quality of referrals	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Head of Midwifery	CEO
25.2 Ensure midwifery reports to child protection conferences are of a consistently high quality and provide clear articulation of risks to help inform a clear shared direction across the partnership to promoting better outcomes.	<ul style="list-style-type: none"> Child protection conference reports are written to a good standard and clearly articulate risks. Strengthened information with analysis of risk to help inform a clear shared direction across the partnership in promoting better outcomes. 	Bespoke training is provided to midwives to ensure child protection reports clearly articulate risks to the child and are of a consistently high quality Quality of content of individual Child Protection Conference Reports to be discussed in supervision	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Head of Midwifery	CEO
26. Lancashire Care NHS Foundation Trust together with Greater Manchester West NHS Foundation Trust and Inspire should:						
26.1 Strengthen their links with the local MASH (multi-agency safeguarding hub) to support shared work in reducing the number of repeat referrals with aspects of concerning behaviour in relation to domestic abuse, mental health and substance misuse.	<ul style="list-style-type: none"> Joint arrangements are strengthened to promote clear shared strategies for managing shared responses: <ul style="list-style-type: none"> Aspects of adult behaviour of concern in relation to domestic abuse, substance misuse and mental health are included. 	Organisations to review current information sharing arrangements including links with MASH Organisations to review the information shared to ensure aspects of adult behaviour including: domestic abuse and substance misuse are included	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Service Manager	CEO
26.2 Ensure adult mental health actively engage in all aspects of child protection work to ensure good and regular sharing of information about concerns and changes in parental capacity to effectively support and protect children.	<ul style="list-style-type: none"> Adult mental health strengthen partnership working between child health and substance misuse professionals: <ul style="list-style-type: none"> Information sharing and joint approaches are developed to promote shared direction and holistic support for families who are reluctant to engage. 	Formal standard information process to be implemented between Adult Mental Health, Child Health and Substance Misuse professionals	Organisational monitoring via Directorate meetings and Governance structures			CEO

27. Greater Manchester West NHS Foundation Trust should:						
27.1 Ensure referrals made to children's social care are effectively managed to provide a clear audit trail of actions taken and strengthening of management oversight of levels of activity	<ul style="list-style-type: none"> • Audit around the level and quality of referrals made to children's social care is strengthened. 	To audit cases and undertake spot checks in supervision Implement findings of the audit to strengthen the level and quality of referrals made to Children's Social Care	Organisational monitoring via Directorate meetings and Governance structures	Dec-16	Safeguarding Lead	CEO

DRAFT

Lancashire Health and Wellbeing Board
Meeting to be held on 13th December 2016

Update on the Sustainability and Transformation Plan

Contact for further information:

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Executive Summary

The Health and Wellbeing Board (HWBB) received the Lancashire and South Cumbria Sustainability and Transformation Plan (STP) on 19 October 2016, at a joint meeting with Blackpool and Blackburn with Darwen (BwD). This report seeks to update the HWBB on:

- STP – solutions and workstreams
- STP – summary document
- Case for Change

It sets out the current status of these and alerts the Board to up-coming milestones and activities, and sets out how these are being managed through the agreed Healthier Lancashire and South Cumbria governance and programme arrangements.

Recommendation

The Health and Wellbeing Board is recommended to:

- Note the content of this update report.

Background

On 21 October 2016 the third and final submission of the draft Sustainability and Transformation Plan was submitted to NHS England. Sustainability and Transformation Plans were requested through the NHS planning guidance issued in December 2015 with every health and care system asked to create its own ambitious local blueprint for accelerating its implementation of the NHS 5 Year Forward View.

The Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria (LSC) has been developed through Healthier Lancashire and South Cumbria and has utilised the agreed change programme approach and built on work that was already being undertaken, this included the Alignment of the Plans (May-October 2015), Case for Change Report (April-June 2016).

The three Health and Wellbeing Boards (Blackpool, Blackburn with Darwen and Lancashire) held a joint meeting on 19 October 2016 to receive the STP third draft and supported its submission by Dr Amanda Doyle, STP Lead, to NHS England. Cumbria County Council also discussed the STP informally at its meeting in October.

While it had been expected that the 44 STPs nationally would remain draft and therefore not public documents, Lancashire and South Cumbria felt it was important to share the STP

and to continue to engage with stakeholders on its development and implementation. On 11 November 2016 the Lancashire and South Cumbria STP third draft was published and is available on www.lancshiresouthcumbria.org.uk. The STP had been sent to all stakeholder organisations and local MPs.

List of background papers

The NHS Five Year Forward View (October 2014)

Delivering the Forward View: NHS planning guidance 2016/17-2020/21 (December 2015)

NHS Operational Planning and Contracting Guidance 2017-2019 (22 September 2016)

1.0 Introduction

The STP is guided by some key objectives established by partners in Healthier Lancashire and South Cumbria (HLSC):

- To set out a clear direction of travel for the unified health and care system in Lancashire and South Cumbria as the Five Year Forward View has across England.
- To achieve fundamental and measurable improvements in health outcomes.
- To reduce health inequalities across Lancashire and South Cumbria.
- To achieve parity of esteem for mental health and physical health across Lancashire and South Cumbria.
- To ensure greater focus on ill-health prevention, early intervention and self-care where this improves outcomes.
- To ensure change is supported by a clear evidence base or an evaluation structure where evidence is not available.
- To remove organisational or professional boundaries that get in the way of progress.
- To make maximum use of new technology when this will improve the quality of care provided.

We already have:

- An agreed and working governance structure, this is designed to allow us to make collaborative decisions at the required pace of change.
- A detailed evidential case for change which has informed the assumptions and principles that partners are working on in their local systems and a consistent and well tested process to bring about the transformation on the required size and at the necessary speed that our population needs require.
- An emerging future health and care system proposal, that is built on the strength of our five local health and care economies as the delivery mechanisms; providing integrated services to local populations, ensuring stronger primary and community services to provide a greater range of services closer to people's homes.
- Agreed priority workstreams across the STP footprint, with clear scope to ensure that we are able to sustainably reduce the demands on hospitals and ambulance services of avoidable admissions and stays – allowing better care quality and a focus on efficient pathways of care for more complex conditions. Allowing investment in preventative and community based services – allowing improvements in quality of services, including urgent and emergency care and making them more accessible to the whole population, (right care, right time, right place) – allowing quality standards to be enhanced over a one service approach for services such as cancer, mental health and learning disabilities.

We still need to:

- Deliver already agreed plans, and utilise the opportunities through agreeing two year contracts by December 2016. Deliver evidence based, best practice recommendations such as sharing back office functions and other efficiencies detailed in the Carter Report and the Right-Care initiative.
- Implement agreed policies such as those around procedures with a lower clinical impact.
- Agree the resources to mobilise the STP footprint workstreams to undertake the gold standard solution design process around:
 - urgent and emergency care to ensure a model that is high quality and affordable;
 - hospital and out of hospital services to ensure they are joined up, integrated and focused on population need and achieve agreed standards;
 - transformation of primary care as the nucleus of a personal, wellbeing, community based model of care;
 - ensuring mental health needs are equal to physical health
- Make the most effective use of the resources (funding, people, technology) available to us.
- Maximise the opportunities around new technology and free the workforce across the system to build on existing achievements and provide better outcomes for patients and communities. Making sure all our staff have sustainable career prospects, learning opportunities and are able to make the difference to peoples' health and wellbeing they want to.

2.0 Update on solutions and workstreams

The NHS organisations are currently working across their local health and care economies to develop and sign off two year operational plans, this work is being assured by NHS England. The plans and subsequent contracts are informed by the financial and activity analysis that was done for the STP which has now been cut by local delivery plan area and STP workstream.

Work across provider organisations and the clinical commissioning groups has already been progressing in respect of Rightcare and Carter recommendations with opportunities and benefits being considered and reported through the two year operational plans and contracts.

In respect of interventions of lower clinical value and other existing policies, the senior person leading on these is currently finalising an implementation plan which will include further clinical engagement to develop wording and to ensure adoption of the policy, along with utilisation of IT systems to support clinicians to use the policies and support patients with regard to the impact of the policy. These plans will be signed off and monitored by the Collaborative Commissioning Board.

Central Lancashire and Pennine Lancashire local delivery plan areas have been enacting the solution design process, with events attracting over 100 delegates, this is informing and shaping their local delivery plans.

In respect of the STP workstreams progress has been:

- A proposal for a 12 week review of acute, specialised and urgent and emergency care services is being developed through the workstream, a workshop is being held on 29 November, and the proposal is due to be signed off at the Programme

Board on 7 December. Additional specialist support to the Senior Responsible Officer has been secured and funded. This will provide an accelerated analysis and design process to develop an evidence based long list of options and provide a framework for addressing the options for individual services and will inform the work of acute and specialised workstream, the urgent and emergency care workstream and the NHS provider group.

- The primary care, prevention and population health, and mental health workstreams are all presenting their initiation documents to the Programme Board on 7 December 2016 to enable the Board to consider priorities and utilisation of resources and to recommend to the Joint Committee of Clinical Commissioning Groups (JCCCGs) a work programme for 2017/18. Including the decisions that the JCCCGs will be expected to take. These documents have been developed over the last few months with stakeholders.
- The detailed plans around workforce and digital health and IT will be further developed in the New Year following agreement on the activities and milestones of all the workstreams and the completion of local delivery plans at Christmas.

3.0 Summary document and case for change

A narrative document is being developed to ensure a much wider involvement, communication and engagement plan across the STP footprint with a much broader stakeholder group of the public and staff. This document will also incorporate the case for change, so it will include:

- the reasons/arguments/need for change;
- what improvements in the future could be and what they would mean for people;
- how we are proposing to make the changes happen, setting out the approach and principles and objectives and how this will be done at organisational, local delivery plan and STP levels.

This document will be agreed and signed off by the JCCCGs and a variety of formats will be provided to support the wider engagement and involvement activities, this will include leaflets, an infographic presentation, slides, posters etc and in effect will 'launch' Healthier Lancashire and South Cumbria.

The document and all associated materials and products is being developed at the moment and these are expected to be thoroughly tested through specially convened stakeholder groups in early January. A plan for engagement and involvement and communication across all stakeholders is being compiled and will be reviewed by the Programme Board on 18 January 2017. This plan will ensure targeted activities, both through the local delivery plan areas and across the STP footprint, for public, staff, local politicians and elected members. While Roger Baker, the Comms and Engagement Director has recently left, Neil Greaves, will be starting with Healthier Lancashire and South Cumbria from January and will be contacting people to help design and inform the plans over the coming weeks.

Included in the STP annexes was an involvement, communications and engagement plan for the STP itself and for activities up to Christmas.

4.0 Conclusions

Work has progressed on the sustainability elements of the STP, including plans and further implementation of opportunities afforded by Right Care and Carter and this is

being monitored through the Collaborative Commissioning Board (which includes health and local government).

The transformation programme of work is now being mobilised and priorities and resources being considered and agreed at the Healthier Lancashire and South Cumbria Programme Board.

There will be a significant level of engagement, involvement and communication activities immediately after Christmas, which will be focused on widening the stakeholder group to the public and staff.

Lancashire Health and Wellbeing Board Meeting to be held on 13th December 2016

Lancashire Better Care Fund Quarterly update

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Executive Summary

The purpose of this report is to inform the Lancashire Health and Wellbeing Board of the progress of the delivery of the Better Care Fund (BCF) Plan through updates of performance against the BCF metrics and BCF associated development. In addition it gives further detail, in Appendix A, of Reablement services as previously requested by the Health and Wellbeing board.

The two hospital related metrics, Non elective admissions and Delayed Transfers of Care, both show variance from target, 6.7% and 11.5% respectively. Both were affected by spikes in single months with these are likely to be linked as Delayed Transfers of Care levels lagged behind Non Elective Admissions. Beyond continuing growth in demand it is a challenge to identify clear reasons for this level of performance especially the spikes. Anecdotally some cause is attributed to staff leave and junior doctor rotation over that period.

The picture is much better for the remaining metrics. Residential and Nursing Care admissions continue to fall and are on track. The positive impact of reablement is seen in its 91% performance that supports a strong argument for continued investment in and development of the service. Appendix A gives further detail. The dementia diagnosis rate continues to exceed target and has settled at a meaningful and manageable level.

The voluntary sector in Lancashire has recognised the opportunity to bring a different set of skills and strengths to the BCF and has developed a comprehensive offer that is being further considered by all commissioners.

Connections across boundaries continue to develop and meetings are now taking place to lay the ground to ensure that BCF plans are aligned within the STP footprint.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the level of performance, in quarter 2 of 2016/17, against the BCF metrics.
2. Ratify the submission of the Lancashire BCF performance update to NHS England as set out in the report.
3. Note the further information regarding Reablement services.
4. Note the development of a Lancashire voluntary sector BCF offer.
5. Support the work to align BCFs within the Lancashire and South Cumbria STP.

Background

The Lancashire Better Care Fund is in its second full year. The fund of £91.4 m is pooled and supports the delivery of 21 schemes across the county. £80.0m of the fund is allocated from the 6 Lancashire CCG core allocations. The remainder is allocated by government and distributed, via Lancashire County Council, to the district councils so that they can meet their statutory duties to provide Disabled Facilities grants.

The fund aims to support the health, wellbeing and independence of vulnerable people. This is intended to lead to reduction in unplanned hospital admissions, reduced numbers of delayed transfers of care and a lower level of permanent residential and nursing home admissions with people better enabled to stay in their own homes longer.

The performance of the BCF and its delivery plan is measured through four metrics. This is reported quarterly to NHS England using data collected through national and local systems. This report sets out the performance for quarter 2 of 2016/17 i.e. July to September 2016 inclusive.

Additional information is given in Appendix A that sets the context for the performance against the reablement metric.

List of background papers

- Lancashire Better Care Fund Plan 2016/17
- [NHS England Better Care Fund web page](#)
- Better Care Fund Planning Requirements for 2016-17 LGA/ NHSE February 2016

Better Care Fund performance quarter 2 2016/17

Non elective admissions (unplanned admissions)

Quarter 1 saw performance match target. For quarter 2 the target level was 33,161 admissions with the actual being 35,382, a 6.7% variance. The greatest part of this was due to a sharp spike in non- elective admissions during August that represented an 18.5% variance to August 2015/16.

Delayed Transfers of Care (DTC)

Quarter 2 showed an improvement over Q1 DTC performance with a reduced variance from plan of 11.5%. This variance resulted wholly as a result of the high level of DTC reported in September. September DTC level was 25.7% above the September 2015 level.

Permanent admissions of older people to residential and nursing care homes

Performance is based on a rolling year. The Q2 outcome of 702.5 admissions per 100,000 population aged 65+ is a further improvement on the Q1 outcome of 720.0 and the Q4 2015/16 outcome of 728.5. Performance is on track to meet the end of year target of 682.7.

Reablement: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services

The Q2 performance of 91.10% far exceeds the 82% target and builds on the previous quarter's 84.0%. This level of performance supports a strong case for continued investment in these services. The Health and Wellbeing Board has previously noted the strong performance for this measure and sought further information on the services that have impacted upon it. Appendix A gives an overview of reablement services in Lancashire including current service configuration and investment along with the commissioning intentions for this effective and very much in demand service.

Patient experience metric: Annually reported.

Dementia Diagnosis Rate: This is a locally agreed performance measure. At September 2016 the diagnosis rate was 67.8%, continuing to exceed the 67% target as it has done for over 12 months.

Financial Performance:

The financial performance of the fund is in line with plan. The Section 75 Agreement pooled fund hosted by Lancashire County Council, received income from commissioners totalling £22, 854k and made payments to service providers totalling the same value. The Better Care Fund expenditure is, at Q2, forecast to be on plan for the full year.

BCF developments

The voluntary sector in Lancashire has formed a consortium that has produced a comprehensive voluntary sector offer to the Lancashire BCF. The offer, in summary, is:

- Support to the 2016 /17 BCF Plan to engage the voluntary sector in delivering joint service outcomes
- Based on a needs led partnership of voluntary sector specialist organisations
- Building specialist expertise and capacity in grassroots and community partners
- Creating a delivery chain of tiered support for service users and their families
- Creating added value and expertise in our communities

The offer is being progressed and is expected to bring opportunities to access wider funding streams.

The Lancashire BCF is connecting with the A&E delivery boards and Urgent and Emergency Care Network to ensure alignment of work streams on common priorities that include: Home of Choice, Discharge to Assess and Trusted Assessor models.

The Lancashire BCF is also connecting with the BCFs of Blackburn with Darwen, Blackpool and Cumbria to develop to enable alignment of BCF plans and fit with the STP.

Reablement and Residential Rehabilitation Services in Lancashire

Background

Reablement and Residential rehabilitation are part of a suite of services known as Intermediate Care.

Intermediate care in Lancashire uses the National Audit of Intermediate Care (2015) definition:

Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between places such as hospitals and people's homes, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

With its aims defined as:

- *Help people avoid going into hospital unnecessarily.*
- *Help people be as independent as possible after a stay in hospital*
- *Prevent people from having to move into a residential home until they are really ready to.*

Reablement:

- *Support for people within their own home to enable them to return to their optimum functioning ability, this service may include therapeutic support dependent on the needs of the individual.*

Residential Rehabilitation:

- *Bed based support for people who require rehabilitation*

Community Beds:

- *Bed based support for people who are unable to return/ stay at home for a period of assessment, recuperation and/ or rehabilitation.*

Community beds are included here as they are used flexibly and include the residential rehabilitation activity.

Current provision

Reablement provision is quantified in the number of hours provided and the community/rehabilitation bed provision in number of bed places.

The table sets out the current level of provision across Lancashire and the provider.

	Reablement hours per week	Provider	Community/residential rehabilitation beds	Provider
Greater Preston, Chorley and South Ribble	1899	Housing 21	33	LCC Meadowfield Broadfield House
West Lancashire	861	Housing 21	14	Stocks Hall Nursing and Care Group Stocks Hall
East Lancashire	2146*	Housing 21	24	LCC Castleford Olive House
Lancashire North	1128*	Cherish	12	LCC Dolphinlee
Fylde and Wyre	1065	Cherish	18	LCC Thornton House
Total	7099		101	
Cost (£s) p.a.	4,706,637		3,187,964	

* East Lancashire and Lancashire North reablement services include therapy input funded by the CCGs.

Chorley/South Ribble and greater Preston and West Lancashire CCGs provide therapy input into a long standing domiciliary rehabilitation service rather than reablement.

People using the services

In the last year 4100 people used reablement services with an average time in service currently of 67 hours of reablement input.

The 101 community beds /residential rehabilitation services were used at an average of 85% with an average length of stay of 5 weeks. 68% of people who used those beds returned to a non-hospital or residential care setting i.e. home, home with care support or relatives.

Outcomes

The primary measure of the success of Reablement / Community/ residential rehabilitation is the national Adult Social Care Outcome Framework measure:

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The latest Lancashire data shows this at 91% which is considerably above the Better Care Fund target of 82% and the latest of a progression of quarterly improvements.

Data is collated showing where people go to following Community/ residential rehabilitation bed base services, see above.

In addition the services collect direct service user and family experience and views:

A letter from Tom's wife

"We couldn't have had two more caring and pleasant workers than J and A. They went out of their way to make Tom happy and comfortable at all times and have worked so hard with him that there has been such a great improvement in his ability to move his leg."

An email from an Adult Social care Team manager:

*Mr & Mrs D from ***** were referred to us a few weeks ago, at the time they had 8 calls a day between them, 4 for her & 4 for him. Sam went out & reviewed; reduced some of the visits & replaced others with Reablement.*

*This afternoon Mr. & Mrs. D have surprised Sam with a visit to our office in *****! They've caught the bus here, had a lovely morning walking around the town & called in to thank Sam as they weren't able to do that a few weeks ago. They've asked for their calls to be reduced further & if all goes as Sam anticipates, when the Reablement has finished they will only need 2 calls a day in total!!!*

Challenges

The Reablement / Community/ residential rehabilitation services are recognised as a key and successful, component in the pathway for the care and support of vulnerable, mainly older, people. This includes diversion from hospital admission and facilitating safe and timely discharge from hospital.

Usage of the services regularly runs at high 90s % of capacity with this often being seen as insufficient to match demand.

Understanding the drivers for demand and anticipating their impact has been challenging due to the complexities of the health and social care system.

Historical commissioning arrangements have led to variation in service design and view of purpose across the county. One example of this is the use of community beds and how far their use can be flexed to meet an individual's needs.

A key further challenge is the ability to meet the provider expectations of unit cost which reflects the tension on this across the wider regulated care sector.

Commissioning Intentions

Lancashire County Council has been working with Newton Europe on a transformation approach to social care services. As part of that it has looked at what a new model of reablement, using greater therapy input, smarter goal setting and ongoing review, could achieve. In a small "testbed" in East Lancashire it was possible to provide an effective reablement input on an average of 38 hours input. It is that that is to be the basis of a recommissioned model.

Therapy input is a strong recommendation of NICE Intermediate Care guidelines, a message likely to be reinforced when new guidelines are released, for consultation, in February 2017.

The model is for the commissioning of providers to provide "bundles" of 38 hours reablement support per service user. This takes into account that some may need more but also that some will need less.

Providers will be measured on the quality and effectiveness of the reablement through the use of measures of level of support required at the beginning and end of a reablement period.

Alongside this the length of input required will be monitored so that better flow can be promoted.

A great deal of the evidence base to support the change has come from Kent. Kent is one of the 16 authorities that form Lancashire's CIPFA comparator authority grouping and so provides a valid reflection on Lancashire's social care development and performance.

In Kent:

- The average time of reablement input is 28 hours compared to 67 in Lancashire.
- Over twice as many people go through reablement services.
- Considerably less ongoing support is required for individuals following reablement. (an average of 0.58 hours per week compared to 3.11 hours)
- Half as many people require any ongoing support following reablement.

This compelling evidence supports the case for moving to the new model that has an anticipated potential for halving the average time of reablement input and so doubling throughput without any further significant investment into the reablement support.

So as to be able to achieve a single model, which provides a more consistent and equitable approach, Lancashire County Council has committed to a further investment in therapy input and has recruited additional Occupational Therapists. In addition to the therapy input, with smarter goal setting and ongoing oversight, measurement and review, they will also be able to bring added value e.g. being able to assess for equipment and adaptations and contribute to any required ongoing care planning.

Using current providers the new model of reablement is being rolled out in East Lancashire. There will then be a further roll out in the remainder of the county early in 2017.

The East Lancashire roll out is mobilising a number of the newly recruited OTs. The remainder are being employed to address equipment and adaptation assessment waiting lists that will then enable better and much earlier use of the increased Better Care Fund allocation of Disabled Facility Grant monies.

A consultation and co-production process is underway with current providers about the developing model. A wider process will begin in December 2016 that will engage with all of the regulated care market.

