

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 7th February, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Jennifer Mein, Leader of the County Council

Committee Members

County Councillor Azhar Ali, Cabinet Member for Health And Wellbeing (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 and Wellbeing, LCC
Louise Taylor, Corporate Director Operations and Delivery (LCC)
Councillor Bridget Hilton, Ribble Valley Council representing Central Lancashire District Councils
Michael Wedgeworth, Healthwatch Lancashire Chair
Sarah Swindley, Third Sector Representative
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Councillor Hasina Khan, Chorley Borough Council
Dr John Caine, West Lancashire CCG
Jennifer Aldridge, Fylde and Wyre CCG and Fylde and Wyre Health and Wellbeing Partnership
David Tilleray, Chair West Lancs HWB Partnership
Cllr Viv Willder, Fylde Borough Council
Mark Youlton, East Lancashire CCG
Carole Spencer, Strategy and Development Director, Lancashire Teaching Hospitals Foundation
Jan Ledward, Chief Officer - Chorley & South Ribble and Greater Preston CCG
Damian Gallagher, Lancashire NHS Foundation Trust - Named Deputy
Victoria Gibson, Lancashire Safeguarding Adult and Children Boards
Sue Lott, Adult Services
Clare Platt, Health Equity, Welfare and Partnerships

Apologies

County Councillor Tony Martin	Cabinet Member for Adult and Community Services (LCC)
Bob Stott	Director of Education, Schools and Care, LCC
Dr Alex Gaw	Lancashire North Clinical Commissioning Group (CCG)
Mark Bates	Assistant Chief Constable, Lancashire Constabulary

1. Welcome, introductions and apologies

Welcome and introductions were made.

Apologies were noted as above.

Replacements as follows:

Damian Gallagher for Dee Roach, Lancashire NHS Foundation Trust.
Victoria Gibson for Jane Booth, Lancashire Adult and Children Safeguarding Boards.
Carole Spencer for Karen Partington, Lancashire Teaching Hospitals Foundation.
Jan Ledward for Dr Gora Banghi, Chorley and South Ribble Clinical Commissioning Group (CCG) and Dr Dinesh Patel, Greater Preston CCG.
Sue Lott for Tony Pounder, Lancashire County Council (LCC).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Last Meeting

The Board were asked to agree the minutes of the last meeting.

Item 4 – Appointment of Deputy Chair – the CCGs nominated Mark Youlton as Deputy Chair of the Health and Wellbeing Board (HWBB) for the remainder of the municipal year.

Resolved: the Board agreed that Mark Youlton be appointed as the Deputy Chair for the remainder of this municipal year.

Item 8 – Q2 Better Care Fund (BCF) Report - Sakthi Karunanithi updated the Board following a meeting he had had with Paul Robinson to discuss evidence based progress on reablement. The Steering Group was leading on this and it was being built into next year's planning, however this had not been received yet. When the planning was available would will be presented to Board to be signed off. Guidance was still expected from NHS England for 2017/18 but was not yet available.

With regards the clarification around setting up another Voluntary, Community and Faith Sector (VCFS) organisation, Sakthi reported that he is preparing a paper in collaboration with representatives of the VCFS sector to propose a co-ordinated way for the health and care sector to work with the VCFS.

Sakthi still had to draft a letter with CC Mein, to Central Government in behalf of the HWBB on Adult Social Care and further funding requirements.

Resolved: the Board agreed that a BCF report be brought to the next meeting before the guidance was issued to ensure the Steering Group was looking at more investment into providing evidence that home care needs were working and promote how they were turned into deliverables and build on reablement success, staffing and workforce.

Item 9 – Winter Plan Report – the NHS Winter Plans that were requested by the Board are as follows:

Across Lancashire there are four Accident and Emergency Delivery Boards (AEDBS), Morecambe Bay, Fylde Coast, Central Lancashire and Pennine Lancashire. Each AEDB assured the winter plans from their constituent partners including acute trust, community, mental health, ambulance and local authorities. They included confirming actions for escalation and surge across the winter period and additional initiatives in place to respond to expected pressure.

Each AEDB provided assurance against the NHS England winter assurance template which also included their progress to implementing the five key Accident and Emergency (A & E) initiatives.

NHS England assured the winter plans from each AEDB as partially assured due to the five key A & E initiatives not being fully implemented.

Resolved: that the Board agree the minutes of the meeting held on 13 December 2016 and note the responses to actions raised at this meeting.

4. Pharmaceutical Needs Assessment - Legislative Briefing (NHS England)

Sheena Wood and Jessica Partington, NHS England presented the report as attached to the agenda.

The Board were informed of the changes in legislation which requires the HWBB to comment upon Pharmaceutical Applications and thereafter the requirement to produce a supplementary statement to the Pharmaceutical Needs Assessment (PNA). The HWBB required assurance from NHS England that they would work in tandem with the Board, in particular on the community engagement aspects of the PNA before producing a supplementary statement.

Resolved: that the Board noted the recommendations as set out in the report with a further recommendation as set out at point 4:

- i) The process for reviewing Pharmaceutical Applications.
- ii) The requirement for the HWBB to provide comment in relation to any Pharmaceutical Applications and to issue a supplementary statement to the PNA when required as per the legislation.
- iii) The request for NHS England to receive a copy of any such additional statements, ensuring that they are emailed to england.lancsat-pharmacy@nhs.net for reference.
- iv) The HWBB delegates its function with regards PNA to the Director of Public Health and Wellbeing.
- v) The PNA will be an agenda item at the next meeting.

5. Update on the Sustainability and Transformation Plan (STP)

Mark Youlton spoke to the presentation attached to the minutes on the Pennine Lancashire Local Delivery Plan (LDP). He highlighted that there was one Sustainability and Transformation Plan (STP), eight priority workstreams across Lancashire and South Cumbria and five health and care local footprints (LDPs) all addressing the three major gaps:

Health and wellbeing
Care and equality
Finance and Efficiency

Money is growing in East Lancashire however so is the demand on Services.

The Board agreed that they would like to receive LDPs from across Lancashire at future meetings. Jan Ledward agreed to present the Central Lancashire LDP at the next meeting in April.

Resolved: that Jan Ledward report on Central Lancashire's LDP at the next meeting.

6. Mobilising Communities - Well North in Lancashire

Sakthi Karunanithi presented the report to the Board setting out the Well North programme in strengthening communities and reducing inequalities and how this could be implemented in Lancashire to mobilise communities across Lancashire.

Discussion ensued on how the programme could work in Lancashire and that there was already a similar programme in Skelmersdale that was working well and the Board were encouraged to visit Well Skelmersdale and also the Bromley By Bow Centre in London to explore the potentials to be gained from further collaborating with, sharing some of the lessons from the Well Skelmersdale and exploring the potential elsewhere in Lancashire to collaborate.

The proposed next steps as detailed in the report were agreed by the Board.

Resolved: that the Board endorsed the approach to work with the Well North programme as outlined in the report.

7. Adult Social Care Redesign

Louise Taylor, Corporate Director, Operations and Delivery, LCC and Sue Lott, Area Operations Manager, Adult Services, LCC gave a presentation as attached on Passport to Independence and Delayed Transfers of Care (DTC) Reduction.

New ways of working were being piloted in East Lancashire which will improve the services that were provided to people in need.

Since last year DTC has been increasing. Newton Europe were asked to undertake assessments of every major Hospital in Lancashire to gain clarity on the causes of the delays and what LCC, the Hospitals and the CCGs could each do to improve the situation.

The assessments have now been completed and workshops with LCC, each Hospital and the CCGs were currently in progress. This integrated approach means solutions to some of the biggest problems could be agreed and implemented.

Resolved: that the HWBB:

- i) receive further updates on Passport to Independence following rollout across the County;
- ii) receive a report regarding how continuing health care is operating in practice across Lancashire, including the pertinent issues and risks;
- iii) receive a future update on Delayed Transfers of Care.

8. Urgent Business

The Chair informed the Board that he had agreed that the following report should be considered at the meeting as an item of urgent business. The special circumstances for the use of the urgent business procedure were set out under the heading to the report.

Fylde and Wyre CCG – Annual report and Accounts 2016/17

New guidance had been issued to CCGs in preparing their annual report and accounts for the 2016/17 financial year with regard to the health and wellbeing strategy. CCGs were asked to review the extent to which the CCG had contributed to the delivery of any joint health and wellbeing strategy to which it was required to have had regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007. It was a statutory requirement to include the review in the annual report and to consult with each relevant Health and Wellbeing Board in preparing it.

The Board were asked to consider how it would like to be consulted with in terms of the preparation of the CCGs Annual Report and Account 2016/17.

Resolved: that the CCGs:

- i) review their annual report against the joint health and wellbeing strategy with advice from the Director of Public Health and Wellbeing;
- ii) share their review with relevant local Health and Wellbeing Partnership;
- iii) table their draft reports to the next HWBB meeting on 7 April 2017.

9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 10.00am on Friday, 7 April 2017 in the Duke of Lancaster Room – Cabinet Room 'C', County Hall, Preston, PR1 8RJ.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Pennine Lancashire Health, Care and Wellbeing Transformation Programme

WELCOME

Lancashire County Council
Health and Wellbeing Board
Presentation
7 February 2017

Minute Item 5

TOGETHER
A HEALTHIER FUTURE



- Overview of progress to date
- New Model of Care for Pennine Lancashire
- Outline next steps

Delivering change across Lancashire and South Cumbria

TOGETHER
A HEALTHIER FUTURE

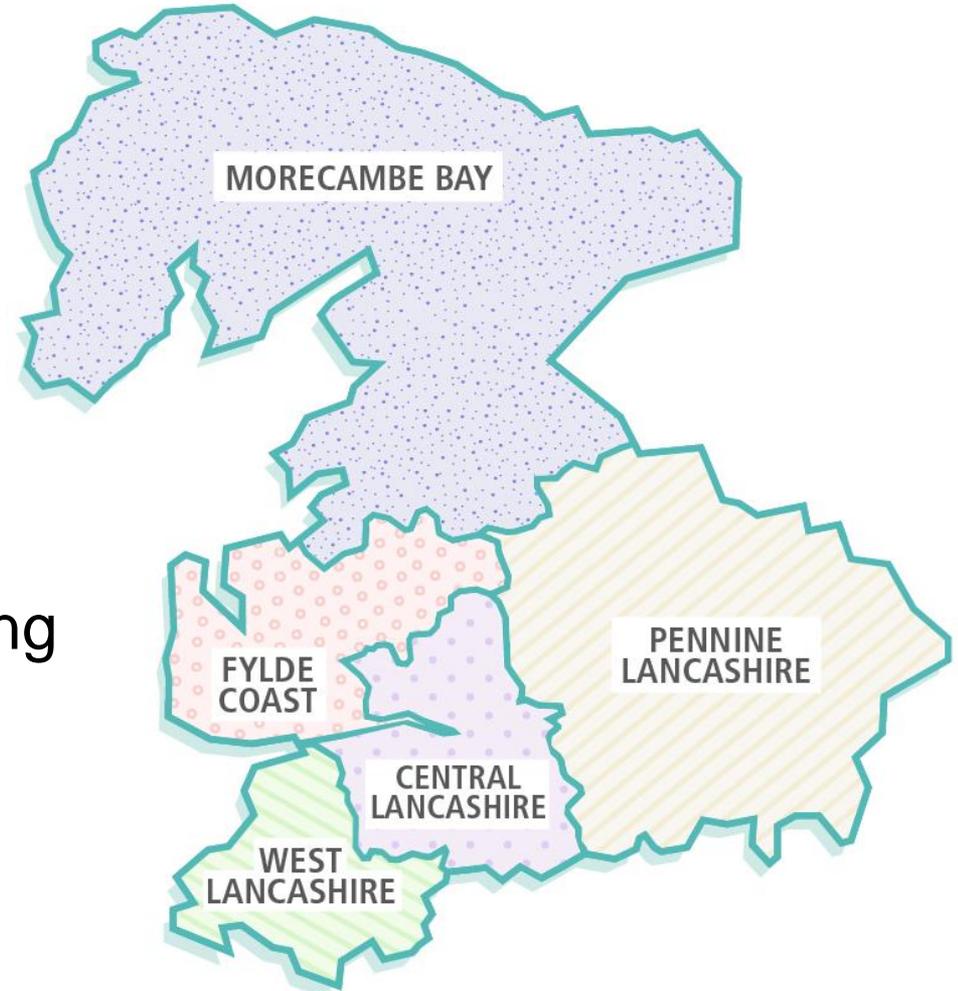
One Sustainability and Transformation Plan

Eight priority workstreams across Lancashire and South Cumbria

Five health and care local footprints (LDPs) all addressing the

Three major gaps:

- Health and Wellbeing
- Care and Quality
- Finance and Efficiency



Pennine Lancashire Case for Change

TOGETHER
A HEALTHIER FUTURE

Health & Wellbeing

- Population set to grow, with biggest increase in 70+ years
- Life expectancy 10 years behind national average
- 1/3 of all neighbourhoods in worst 10% for health deprivation
- Higher rates of preventable diseases
- Over 50% of residents are living with at least one LTC
- Approx. 68,000 people have some form of mental illness
- Many children and young people experience poverty and poor health outcomes

Pennine Lancashire Transformation Programme

Care & Quality

- 500+ attendances per day at ED & UCC
- Urgent care system continues to see increasing demands
- Approx. 32% of ED attendances could have been prevented (local analysis)
- BwD CCG was 6th highest out of 211 CCGs (170.3 per 1000) and East Lancs CCG 30th highest (137.4 per 1000) for emergency admissions

Finance & Efficiency

- Public sector spend on health and social care was £1.18billion in 2014/15
- Hospital based acute (incl. mental health) and maternity services, represented 35.7% of spend
- Adult social care represented 11%
- Primary care accounted 18% of all spend
- Place based allocations will grow from £928m to £1,069m in 5 years
- Demand will outstrip resources, leaving £129m gap

- Over 5 years NHS placed based allocations will grow from £928m to £1,069
- The health and care needs of our population are however outstripping the resources available to us
- By the year 2020/21 the do nothing gap is forecast to be £129m*
- The NHS has plans to generate efficiencies, which alongside the LA's BCF and ASC Precept total, £64m
- This leaves a cumulative shortfall across the NHS and LA forecasted for 20/21 of £65m

Pennine Lancashire Developing New Models Of Care

TOGETHER
A HEALTHIER FUTURE



Products

- | | | | | |
|---|---|---|---|---|
| <ul style="list-style-type: none"> 1. Programme plan 2. Governance structure 3. Programme structure 4. Resource plan 5. Strategic outline case 6. MOU – Vision principles, behaviours 7. Communications & engagement strategy 8. External assurance process | <ul style="list-style-type: none"> 1. Baseline data model 2. Context 3. Changing needs 4. Outcomes and financial challenges 5. Do nothing scenario 6. The hopeful future – what good looks like 7. Next steps (call to action) 8. Political & stakeholder buy in 9. C&E plan | <ul style="list-style-type: none"> 1. Case for change 2. Quality standards 3. Benefits framework 4. Long list of options 5. Evaluation criteria 6. Clinical interdependencies 7. Medium list of care components 8. Hurdle criteria 9. Sensitivity analysis 10. Recommended option 11. 3 x Engagement events | <ul style="list-style-type: none"> 1. Pre consultation business case 2. Extensive stakeholder engagement plan 3. Consultation plan | <ul style="list-style-type: none"> 1. Detailed implementation plan 2. Detailed finance, quality, workforce and estates plans 3. Finalise contractual mechanisms 4. Capital business case 5. Implement service change |
|---|---|---|---|---|

Cultural Change (OD), Communication and Engagement, Equalities

Financial Modelling, Estates Strategy & Workforce Planning

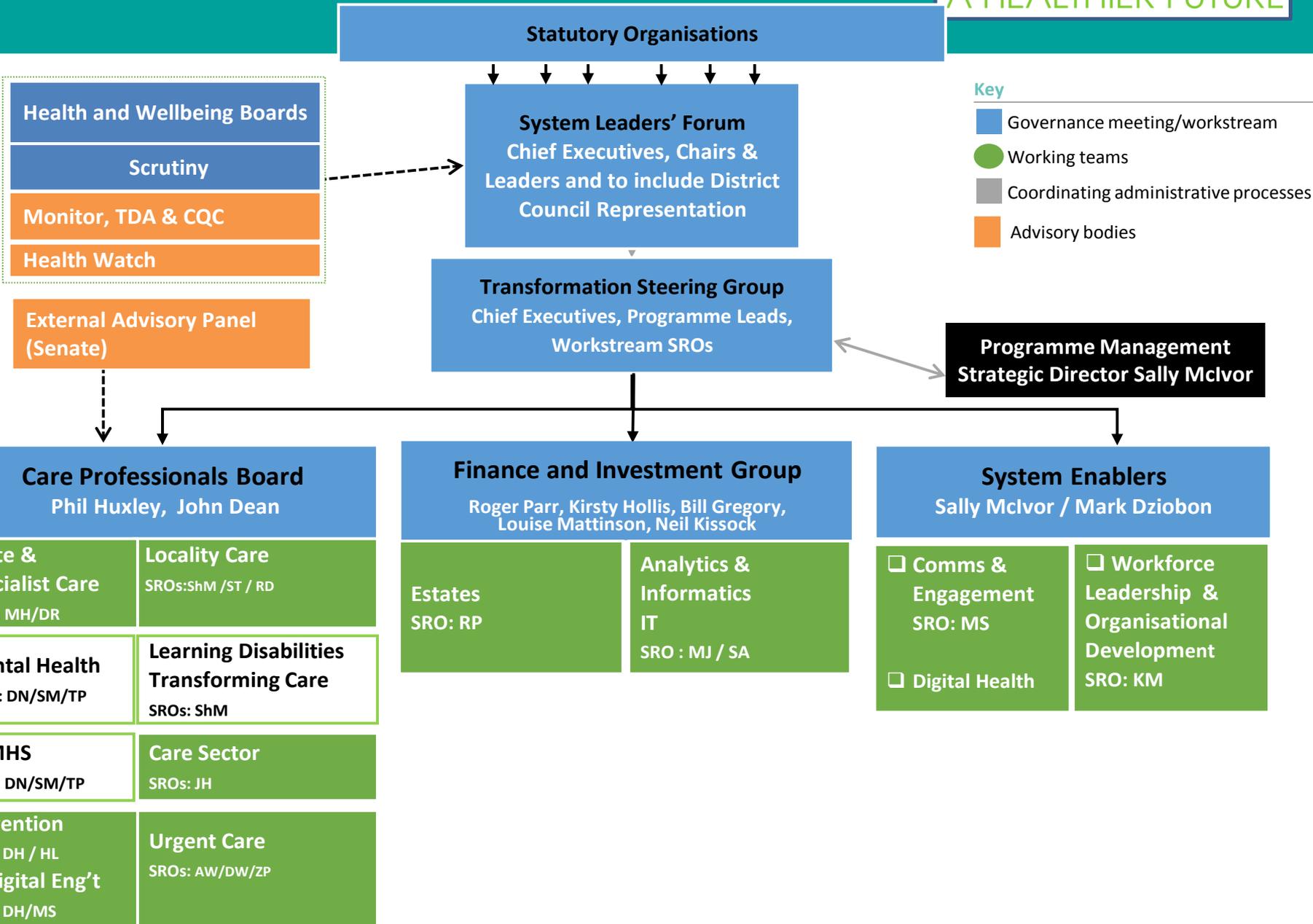
Wider determinants of health

Designing an Accountable Care System and a New Model of Care

- Pennine Lancashire Governance Framework in place
- Memorandum of Understanding signed
- Agreed to design functions (new model of care) before form
- Agreed to work together to design an Accountable Care System
- System Leaders' Forum (Chairs, Political Leaders, Chief Executives, district councils and GP federations) are steering the discussion for an Accountable Care System
- Series of key discussions and decisions to be made by the end of December

Pennine Lancashire Structure

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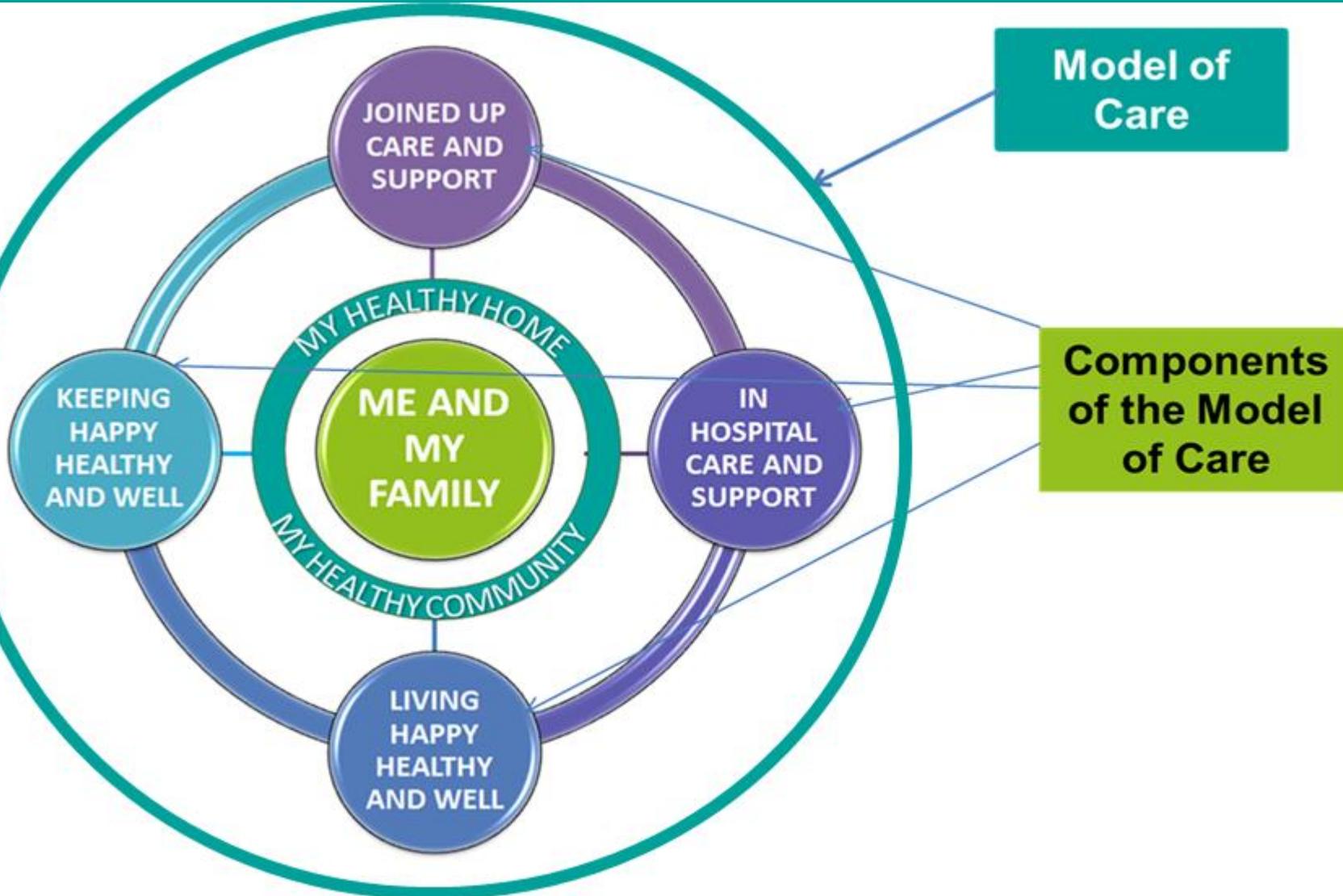


Key

- Governance meeting/workstream
- Working teams
- Coordinating administrative processes
- Advisory bodies

Pennine Lancashire New Model of Care

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Description

- Encouraging and enabling people to maintain healthy lifestyles, in healthy environments that will prevent people from getting unwell. This could include everything that people may need to allow them to live happy, healthy and well. The majority of services for this component will sit outside of the traditional “health service”. Self-care and positive lifestyle choices are a key element of this model. This is enabled by technology

Potential interventions:

- Wellbeing service offer; Development of healthy eating/healthy lifestyle classes; Community food growing; Decent and safe homes scheme; Volunteers service for health and care

Description:

- Low levels of support when people become unwell, either with a single long term condition or a short term illness. This could include everything that people and communities may need to allow them to keep happy, healthy and well, including self-care and positive lifestyle choices. This is enabled by technology. A key element of this model is that advice and support is available for someone within their home, or as close to their home as possible. People know where to go and who to contact for additional support should their situation worsen

Potential interventions:

- **Neighbourhood ‘Community Health and Care Partnerships’** - Serving 30,000/50,000 population size
- Vaccinations & immunisations; Healthy living pharmacies; Reconfigured primary care staff mix to take on low level primary care cases; IAPT; Social prescribing; Memory assessment service; Police, fire service, DWP, housing, debt advice; “Healthy child” offer - Community midwives, health visitors, etc.

Description:

- Best possible support for people to help them manage their health conditions in an out of hospital setting. The model is likely to focus on those people with one or more long term conditions who need more intensive and complex support. A key ambition for this model is that support is available for someone within their home, or as close to their home as possible. If required, their step up into emergency or in-hospital care is effectively coordinated, with a view to achieving a timely discharge.

Potential interventions:

- Physical integrated service **hubs** ; Coordinated end of life care, supported by hospice network; Consistent intensive home support and intermediate Care provision; Community mental health services; Enhanced support for ambulatory care sensitive conditions for example COPD and Diabetes and Chronic condition management

Definitions:

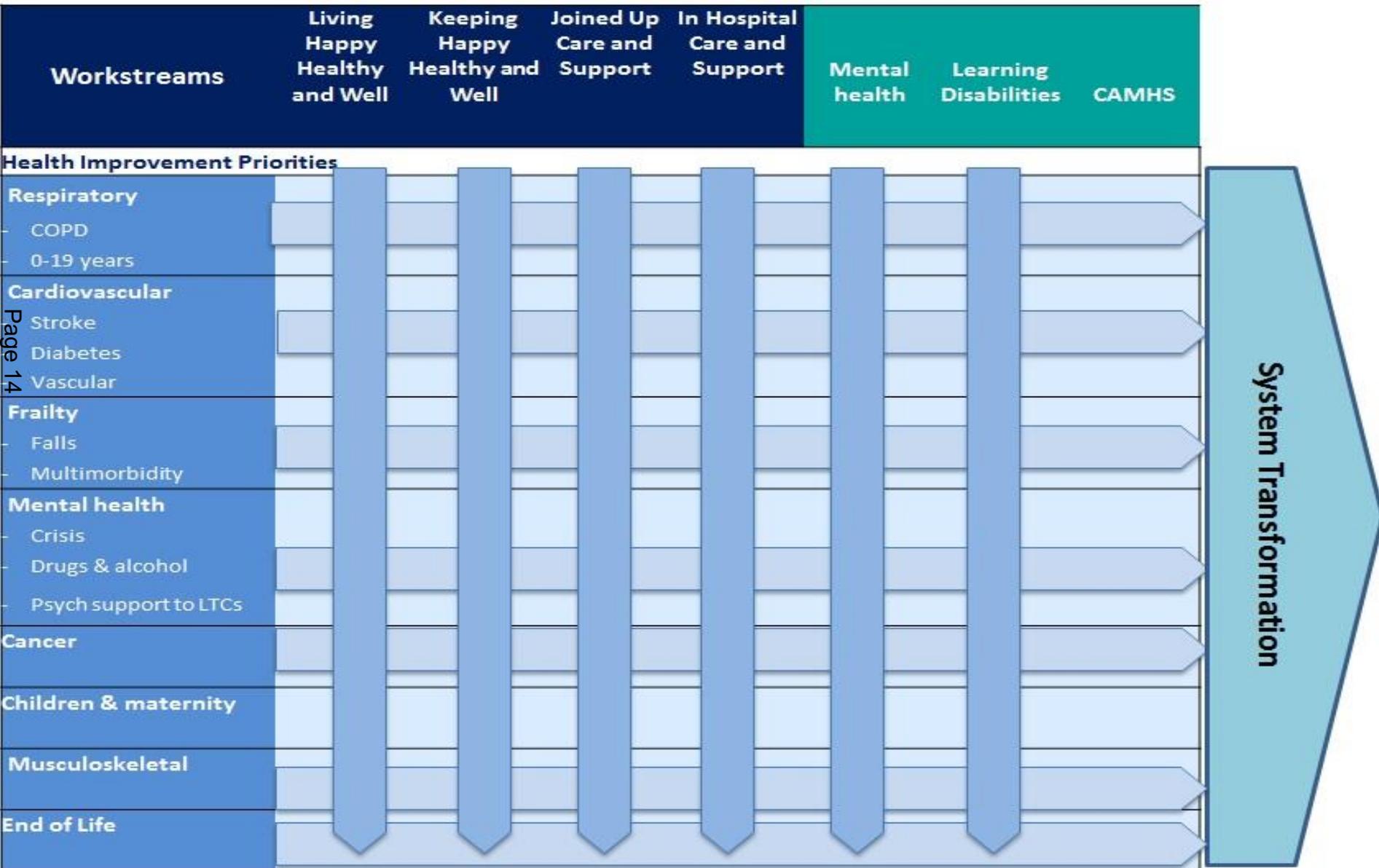
- Best possible care for people when they are in hospital
- Articulate how the network of hospitals within Pennine Lancashire and across the wider Lancashire and South Cumbria footprint work together to provide in-hospital care and support
- Continuity of care, incl. clearly agreed pathways for ambulatory care sensitive conditions
- Prompt and well organised discharge into community care – discharge plan from first day of admission
- Specialities/centres of excellence identified through L&SC discussions

Potential interventions:

- Maintained Emergency Department; Integrated discharge service – holistic assessment of needs, including psychological support; Vulnerable people's liaison service – deflection from front door; Complex/high risk elective surgery; In-patient mental health, substance misuse detox; System wide capacity management approach

Health Improvement Priorities

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- Currently economically modelling a list of interventions to try to assess how much this will reduce the demand pressures
- The interventions link to each component of the model
 - a) Living Happy, Healthy and Well
 - b) Keeping Happy, Healthy and Well
 - c) Joined Up Care and Support
 - d) In-Hospital Care and Support
- Further economic work will be undertaken regarding workforce, estates and digital
- All the financial business plans will be for proposals and consultation by Summer 2017

- Progressing economic modelling and financial planning
- Development and publication of the 'Pennine Plan' – this pulls together all elements of the programme of the transformation into one document
- Continue to develop proposals for components of Model of Care – working with the health and care system and public
- Continuing communications and engagement – monthly face to face, social media; journals
- SDE 6 in February

Any Questions?

TOGETHER
A HEALTHIER FUTURE

Lancashire Health and Wellbeing Board

Meeting to be held on 07 February 2017

Proposal to join the Well North programme in strengthening communities and reducing inequalities

Contact for further information: Dr. Sakthi Karunanithi, Director of Public Health and Wellbeing, Sakthi.Karunanithi@lancashire.gov.uk, Tel: 01772 537 065

Executive Summary

The council and its partner organisations fund a range of community based initiatives through various grants processes. Often, these work independent of each other and separate to similar initiatives. These funds tend to be on a yearly or two-yearly basis with very little mechanisms to ensure sustainability of their outcomes.

This proposal to join the Well North programme builds on the learning so far and describes how, in the context of decreasing financial resources, we can continue to improve community wellbeing. It recommends a coordinated and a more sustainable approach including active involvement, networking and engagement of people living and working at a community/neighbourhood level along with the organisations that commission/deliver services. It is intended that this will enable a range of community controlled self-help activities to improve health and wellbeing and also to reduce health inequalities. It identifies how the learning from Well North could be implemented rapidly in Lancashire to reduce health and social care costs, release resources for community based prevention and health management resulting in improved outcomes for health and wellbeing. It is also likely to act as a lever for further investment through partner organisations and wider sources.

Recommendation

It is recommended that the Health and Wellbeing Board endorses the approach to work with the Well North programme as outlined in this paper.

1. Background and Advice

1.1 Current context

There is a range of effective initiatives funded by the council through one-off grants. An indicative list includes community grants, community infrastructure support programme (CISP) grants through One Lancashire, YPS grants, building resilience grants, empowering communities grants, affordable warmth grants, various environmental projects supported by the community projects team. Their objectives tend to promote community wellbeing and resilience and/or to support vulnerable residents. There are no existing plans or budgets to continue these schemes beyond

the current financial year or in the case of council's CISP and community grants in 17/18.

1.2 Learning from existing initiatives

These schemes are often funded for one year with no built in follow up mechanisms to ensure sustainability of their objectives. They also tend to work independent of each other and separate to similar initiatives funded by various partner organisations. They are generally welcome by local residents and partner organisations and many have demonstrable positive impact. Quite often, these schemes are delivered by voluntary, community and faith sector organisations that tend to provide a 'service' and are not necessarily aimed at building the connections between people living and working in a neighbourhood or to unleash local community assets and strengths. There is a recognition from VCFS organisations that is likely to create a culture within the VCFS sector which is dependent on public sector funds that are not sustainable. The sector is also willing to shift from this towards building a sustainable movement that is centred on a 'place' rather than a service area.

1.3 New opportunities

There is an increasing national and international evidence and recognition of the importance of building wellbeing and resilience at a local community level i.e at a sub district council as the foundation for health and wellbeing. This is based on achieving a 'fully engaged scenario' where local residents are fully involved understanding of what is it that communities can do best on their own; what do communities require help with; what do communities need outside agencies to do for them. CCGs are already starting to invest in similar programmes and are willing to have a joined up approach with the council.

The council already supports this approach in its initiatives and is further reinforced by learning from national initiatives like the Well North programme in Skelmersdale and the recently launched Healthier Fleetwood initiative. Further learning from the daily mile scheme supported by Lancashire North CCG in Carnforth highlights the importance of engaging the wider stakeholders centred on the 'place' to establish consensus and align resources. The notion of place for the purposes of this paper is understood to a population size of a neighbourhood within population size of 20,000 - 40,000.

Initial discussions with the NHS, district councils, constabulary and the fire service suggest that a placed based approach is essential to join our efforts across the public services, avoid duplication and also provides a framework for other VCFS organisations working in the area. It is also likely to provide some sustainable way forward in building community wellbeing and resilience and to leverage further discussions with organisations like the Big Lottery.

Achieving fully engaged and mobilised communities is also a priority for the NHS Five Year Forward View and the Sustainability and Transformation Plan (STP). A new approach to health and wellbeing is needed to implement this ambition – one that is both innovative and integrated; one that places social entrepreneurs and change makers at the heart of transformational change.

2. Principles informing this proposal

It is proposed that future initiatives to strengthen communities include the following principles:

- i) Focus on bringing together people living and working in local communities with organisations delivering/commissioning services in building local consensus and momentum for wellbeing. This might in the form of creating community owned 'place centred' organisations.
- ii) Promotes wellbeing through evidence based ways i.e. connecting people, promoting physical activity, supporting learning, encouraging volunteering, developing healthy environments
- iii) Encourages ideas from local communities and contribution and alignment from partner organisations including the businesses.
- iv) Supports sustainable large scale change in mobilising communities
- v) Adopts a learning approach with an inbuilt evaluation.

3. Introducing Well North

Well North (www.wellnorth.co.uk) is a partnership between Public Health England, The University of Manchester and Manchester Academic Health Science Centre. The partnership is working alongside local authorities, NHS organisations, business, community, voluntary, and enterprise organisations to genuinely find new ways of creating healthy communities in 10 local places across the North of England.

Well North is led by serial social entrepreneur, Lord Andrew Mawson, and Chief Executive, Sam Tunney, backed by a Board of high profile influential leaders. They are creating Well North Enterprises, a community interest company (CIC) to spread and apply the learning from our pathfinders and help translate the experience that their Executive Chair, Lord Mawson, has championed over 30 years through his work in East London and nationally. The hub and Pathfinder teams bring expertise in a variety of specialties, building multidisciplinary partnerships in various settings, leadership and programme management. The evidence from 10 pathfinders can inform the approach in Lancashire to translate what works into practice

Doing things *with* rather than *to* people is their organising principle - an asset based approach; finding out what is important and intervening appropriately in a timely way is essential. It could be tackling debt, or lack of good quality jobs and training, missed education and training opportunities, poor housing, loneliness. Areas may have services working in those communities but they are most often not linked up, joining up the dots is key to success. The goal is to help transform neighbourhoods

into dynamic communities where local people can live, work and thrive by working with the pathfinder communities and the grass roots organisations to inspire, promote and learn.

3.1 Key role for skills and enterprise

A major determinant of life expectancy is whether someone is in quality employment, including earning a living wage. Therefore providing employment and enterprise opportunities is a key component of improving the lives of the poorest fastest. There is a need for creative investment in raising skills and aspiration. Well North begins with community and creative responses, combining community assets with other resources to create something new and transformational. Some behaviour change models rely on telling services or individuals that they are doing 'it' wrong. Well North focuses on the art of the possible at individual, community, place and service level.

3.2 What does the Well North programme do?

3.2.1 A place based, system approach – The focus is on people and relationships, and spend quality time, building personal relationships and understanding. Investing the time to visit and learn deeply about each area, sharing learning and understanding the local context is important. It takes a constructive 'disrupter, facilitator and provocateur' role to bring to the surface the positives, possibilities and opportunities, making new connections both locally, regionally and nationally using Well North's powerful umbrella of relationships. Lord Nigel Crisp's Health Creating Communities movement is one example of how Well North is influencing national thinking and contributing to the evidence base of what works.

3.2.2 Community anchors - Well North promotes entrepreneurial behaviour and enterprising endeavour. Their pathfinders are exploring the idea of a 'campus' of community anchors working together to a common set of values. They are investing in new models of health and social care, with community at the heart of the model. As an example, they are exploring what this looks like in a brown field site on the former Orgreave Colliery in Waverley, with private sector partners, Haworth Estates and Dransfield Properties. In Stocksbridge, Sheffield they are creating a campus of community anchors, operating outside of, but alongside the statutory agencies. They support the creation of an enterprise hub, alongside Widnes Vikings with our Well Halton pathfinder, which is linked to the Rugby League Vanguard initiative, and an enterprise campus with a range of community businesses through Well Skelmersdale. Learning from these could be shared and because significant work is already underway in Pathfinder areas, the costs can be minimised through active learning.

3.2.3 Building a team - They bring together a small group of people from the local area, and spend two days immersed in getting to know each other, developing and refining a shared ambition and narrative, aligning local assets, local leaders, known best practice, innovation, creativity and evidence of 'what works'. This creates a powerful bond between the hub and local pathfinder team, and it's through these

relationships that new opportunities begin to surface. They come away with an action plan, which is underpinned by deep local knowledge, leadership and is owned locally. This creates the conditions where people actually see change management and transformational change as part of their day job as being essential. Their approach involves business leaders, big and small and goes beyond “the usual suspects” and working “business as usual”.

3.2.4 Spotting talent/identifying the leaders –Well North combines the rigour of evidence and ‘what works’ with an entrepreneurial approach that unleashes the potential and assets in communities through backing their own local leaders, doing real, practical, on-the-ground work. An example of talent is Paula Gamester, a social entrepreneur behind the Sewing Rooms in Skelmersdale, who has secured contracts with IKEA, John Lewis and others, and who is supporting people into work, some of whom are ex-offenders. Paula and others like her are now Well North Ambassadors, and are helping to spread our approach across and outside of our pathfinder areas - we believe in backing real people, real passions and real talent.

3.2.5 Supporting leadership development – Well North is partnering with the Staff College: Leadership in Healthcare CIC and the Defence Academy of the UK in exploring leadership development, and as their partnership evolves they are identifying suitable opportunities for catalysing leadership, with their partners. The first cohort of Well North leaders undertook a residential at the Defence Academy HQ in Shrivenham in September 2016. They are evaluating the impact of this, learning what works, and developing our next steps. The relationship with the Staff College and the Defence Academy allows to explore how to extend the opportunity afforded through the Armed Forces Covenant, for example, in real practical ways with serving and ex-military personnel, who in some cases are the most disaffected in our communities. Being part of Well North provides access to these opportunities.

3.2.6 Measuring the impact – Well North partners through The University of Manchester, with Professor Sir Michael Marmot, at the Institute of Health Equity, and the embedded research team at the Bromley by Bow Centre (BBBC), exploring and evaluating the impact of what works, and applying global learning and best practice. They use a rapid-cycle approach, given the complexity and diversity of contexts and systems. They are also currently developing joint research bids to explore key research questions highlighted by Pathfinders, and are looking at how this evidence and learning can be shared outside of our pathfinder areas. Public Health England is fully supporting the spread and encouraging places outside of the pathfinder areas to adopt this approach.

4. Proposed Next Steps

Achieving 'fully engaged and empowered communities' is a key prevention priority in the NHS Five Year Forward view and Lancashire and South Cumbria STP. The Health and Wellbeing Board is well placed to endorse the collaboration with Well North across the county and the wider STP area. It is proposed that:

- i) The Health and Wellbeing Board, through its Director of Public Health (also the Senior Responsible Officer for Population Health and Prevention for the STP), explores the opportunities to develop a memorandum of understanding with Well North programme. This will enable us to better understand how to sustainably improve community wellbeing for the future, what local connections are available to catalyse transformational change, such as inspiring and entrepreneurial community leaders, businesses, GPs, and public sector staff willing to explore different approaches;
- ii) In discussion with stakeholders, identify a minimum of two neighbourhoods that would be interested in collaborating with Well North. East Lancashire CCG has already expressed an interest in collaborating with us.
- iii) Having identified potential geographies, and lead partners, that Well North share a diagnostic tool which can be used to test out the readiness, conditions and environment to progress;
- iv) That consideration be given to joining in a visit by Well Skelmersdale leads and GPs to the Bromley By Bow Centre, involving senior officials and members from Lancashire Health and Wellbeing Board to explore the potential to be gained from further collaborating with, sharing some of the lessons from Well Skelmersdale and exploring the potential elsewhere in Lancashire to collaborate.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This is aligned with wider public service reforms at a neighbourhood level. The concept of neighbourhood level integration is now a well-recognised area for health and social care integration. This proposal is also aligned with the developing Volunteering programme across all the public services in Lancashire.

Finance

The resources to implement this proposal already exists within the public health and wellbeing function of the council and with stakeholder organisations. We do not require additional financial resources at this stage.

It is already evident that the CCGs will collaborate with the council with further investment opportunities from external sources like the NHS Vanguard programme, Big Lottery etc. Achieving the objectives of the fund as proposed in this paper is likely to result in improved wellbeing and health related outcomes. In the long term, this also has the potential to reduce unwarranted demand on high cost services.

List of Background Papers

<i>Paper</i>	<i>Date</i>	<i>Contact/Tel</i>
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Passport to Independence & DTCOC Reduction

LCC Adult Social Care Improvement

Health & Wellbeing Board
7th February, 2017

Minute Item 7

Contents

- What is Passport to Independence?
- How does Passport to Independence positively impact:
 1. Service user outcomes
 2. LCC financial position
 3. Hospital admissions
 4. Delayed Transfers of Care (DTOC)
- Delayed Transfers of Care (DTOC) in Lancashire
- Short-term initiatives to reduce DTOC
- Medium-term initiatives to reduce DTOC

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Newton's work with Lancashire County Council is called **Passport to Independence**. Its aim is to help citizens stay healthy and self-sufficient (independent) for longer so, whilst they enjoy a better quality of life, the Health Economy as a whole spends less money looking after them.



Promoting Wellbeing

Working at the Community and Acute entry point to Adult Social Care (ASC) to maximise usage of non-statutory services to ensure we "Maintain a citizen's wellbeing and independence in the community".



Promote & Support Independence

This project seeks to "Promote Independence through Community assessments and reviews". Achieving this requires improvements to the decision making practice within these teams, whilst also increasing the team productivity through better scheduling, use of Admin support and IT tools.



Reablement

Increase both the capacity of reablement, and the independent outcomes citizens achieve, through improved ways of working with providers.



Ordinary Lives

Build on the potential of people with learning disabilities to enjoy an "ordinary life". There are three elements to this project including: right settings for care, enablement, matching need to support.

WE TESTED SOME NEW WAYS OF WORKING IN LCC ADULT SERVICES.

THE RESULTS SHOWED US THAT IF WE CHANGE,
SO DO THE LIVES OF OTHERS...

THE NUMBER OF PEOPLE GOING
INTO LONG-TERM RESIDENTIAL CARE

HALVED

FROM THE ACUTE PATHWAY ALONE THIS
WILL LEAD TO >250 FEWER RESIDENTIAL
PLACEMENTS PER YEAR



THE PROPORTION OF PEOPLE GOING
BACK TO THEIR OWN HOME DIRECTLY
FROM HOSPITAL WENT UP BY

25%

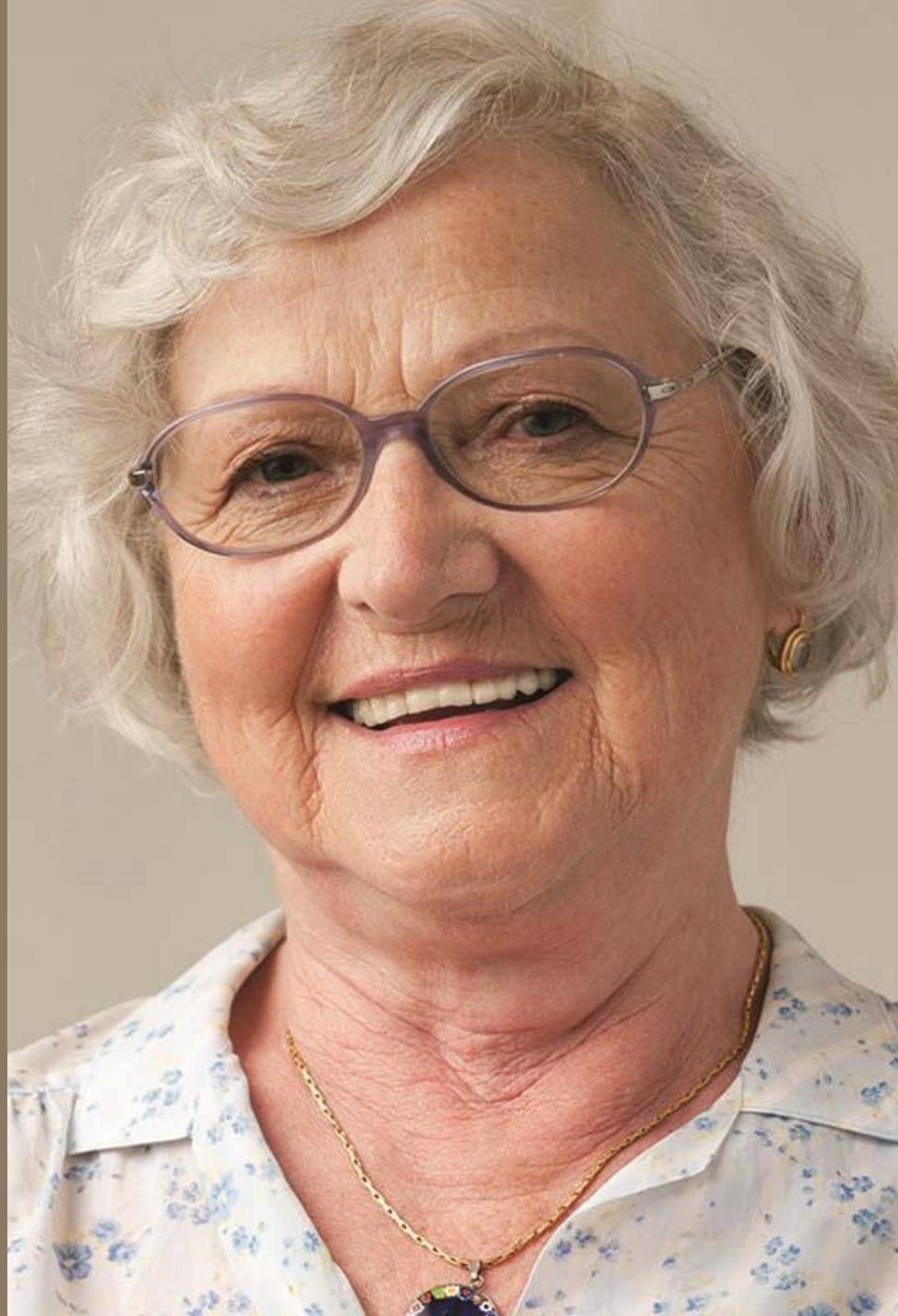
THE NUMBER OF HOURS SAVED EVERY
YEAR FOR COMMUNITY TEAMS AS A
RESULT OF OUR SCREENING SERVICE BEING
ABLE TO SOLVE MORE CASES THEMSELVES

10,400

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TEAMS INCREASED THE
NUMBER OF SOCIAL CARE
ASSESSMENTS AND REVIEWS BY

91%



A TEAM ACHIEVED IDEAL
INDEPENDENT OUTCOMES FOR

25%

MORE SERVICE USERS

80%

MORE SERVICE USERS RECEIVING REABLEMENT
WITHIN EXISTING COMMISSIONED CAPACITY.

13%

MORE OF OUR REABLEMENT CUSTOMERS ARE
FULLY REABLED



OUR NEW WAYS OF WORKING WILL MEAN WE CAN

IMPROVE THE SERVICES WE PROVIDE TO PEOPLE IN NEED

OUR NEW WAYS OF WORKING WILL HELP US WORK TOGETHER AND

- 1 SEE MORE PEOPLE
- 2 ACHIEVE MORE IDEAL OUTCOMES
- 3 REDUCE COSTS

OUR NEW WAYS OF WORKING WILL HELP OUR STAFF

HELP MORE PEOPLE BECOME MORE INDEPENDENT

OUR NEW WAYS OF WORKING WILL MEAN WE CAN

WIDER PARTNER & SYSTEM BENEFITS

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

- 1 PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2 REDUCE DELAYED TRANSFERS OF CARE

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

- 1** PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2** REDUCE DELAYED TRANSFERS OF CARE

WHAT ARE WE ACTUALLY DOING TO ACHIEVE THIS?

1. Providing our social care assessment teams with a structure, tools and decision making framework so we provide the right care that reduces a person's chance of admission to hospital
2. A new, therapy-led Reablement Service with twice the capacity, that's twice as effective
3. Significantly reduced waiting time for community assessments and reviews through efficient working that reduces the chance deterioration or a crisis
4. A crisis service with the capability to flex capacity to deal with seasonal pressures

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

- 1 PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2 REDUCE DELAYED TRANSFERS OF CARE

WHAT ARE WE ACTUALLY DOING TO ACHIEVE THIS?

1. We have shown we can halve the number of long term residential placements – this reduces pressure on the residential market
2. A therapy-led Reablement service with twice the capacity reduces pressure on long term care settings such as homecare and residential
3. Ensuring the number of social workers in each hospital is appropriate to the demand
4. Increasing the size of our care navigation team so we can set-up care faster
5. Recommissioning our low-level support and hospital after-care services
6. Developing our intermediate care enhanced bed-base offer to ensure our short-term residential placements are “short-term”

Passport to Independence

Reducing Delays to
Transfers of Care



DTOC Summary

- Since the beginning of Winter, like many parts of England, A&E services in Lancashire were under great pressures, in particular from the lack of beds available in hospitals caused by delays to transfers of care (DTOC)
- Late last year £220k of NHS England funding was offered to support the reduction of LCC attributable DTOC
- In December, £500k of additional contingency funding was also released in December by the council
- Pressure on the LCC hospital teams and managers due to DTOC has had a significant impact on the timelines of the Passport to Independence acute work.
- To help mitigate the delay to Passport to Independence, Newton were asked to undertake assessments of every major Hospital in Lancashire to gain clarity on the causes of the delays and what LCC, the Hospitals and the CCGs could each do to improve the situation.
- These assessments have now been completed and workshops with LCC, each Hospital and the CCGs are currently in progress. This integrated approach means solutions to some of the biggest problems can be agreed and implemented.

Short term initiatives using contingency and NHSE funds

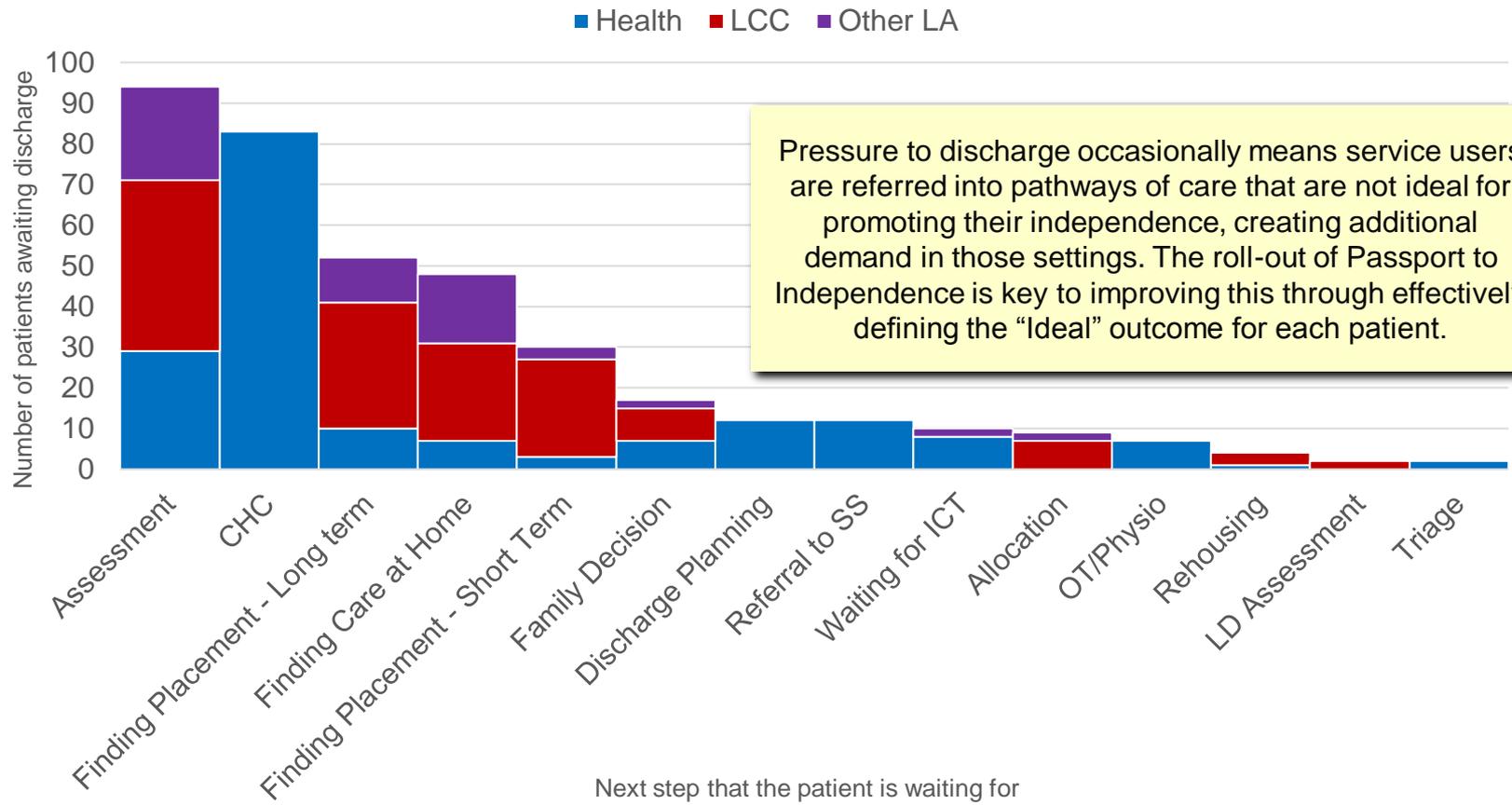
- 3 Business Support Officers to support the acute teams, freeing up more of their time to complete assessments in a timely manner
- A Discharge to Assess team
- Additional social workers for the Acute teams in Blackburn, Blackpool, Chorley and Preston
- Additional OT support
- Extra crisis support
- Avoid reduction in residential rehab beds from 18 to 13 at Thornton House until the end of March 2017
- Additional Care Navigation support
- Additional AMHP capacity

DTOC Studies Executive Summary

- A snapshot assessment was carried out across 5 hospitals – RBH, RPH, CSRGH, RLI, BVH – to determine to biggest drivers of delays to discharge
- The biggest delays were:
 - 1) Waiting for assessments (Health and Social Care)
 - 2) CHC MDT meetings
 - 3) Finding long term placements
- Although not the biggest driver of delays, LCC have a significant role to play in helping to reduce delays that are within their control. In particular, there should be a focus on ensuring assessments are being completed as quickly as possible and that patients are discharged to a location that maximises independence.
- In general, there is a lot of discussion around the biggest drivers of delays, but very little is able to be based upon empirical evidence.
- This is driven by an inconsistent and unstructured method of capturing, interpreting and acting on caseload information – both from a Health and LA perspective

Patients awaiting complex discharge

This graph shows the number of patients awaiting complex discharge across the 5 hospitals studied. Each patient in a bed is waiting for a particular step to happen, these appear along the bottom of the graph. The colours represent which team is responsible for progressing the next step.



Pressure to discharge occasionally means service users are referred into pathways of care that are not ideal for promoting their independence, creating additional demand in those settings. The roll-out of Passport to Independence is key to improving this through effectively defining the "Ideal" outcome for each patient.

Areas LCC can reduce DTOC in the Medium Term

Issue	Findings	Recommendations
Social Worker Assessment	<ul style="list-style-type: none"> • Awaiting assessment is likely to have the greatest impact on bed days from a delay perspective. • Given that all LCC cases require an assessment, it is expected that there will always be patients awaiting assessment. However, it is vital to ensure these are being completed as quickly as possible (48 hours is the legislative standard in the Care Act) • Practice varied between teams in the way that caseloads are tracked and managed. The best examples were at RLI and BVH • There was no evidence to suggest that assessments are prioritised according to DToC • A number of isolated examples of waiting for an out of area team to assess were discovered – these were a source of frustration for health teams 	<ol style="list-style-type: none"> 1. Create a consistent method of tracking and managing caseloads across the county. This can then be used to: <ol style="list-style-type: none"> a) Enable team leaders to ensure that all cases are being progressed on time b) Prioritise cases that are DToC c) Determine which ongoing care providers are having capacity issues d) Provide visibility to senior management 2. Determine if out of area patients can be assessed by the local team
Finding ongoing care	<ul style="list-style-type: none"> • Across the council, there were approximately equal numbers of patients waiting for residential, nursing, and rehab beds as well as domiciliary and reablement care at home, however this varied by area • These delays can be reduced through a combination of making referrals more appropriately (as evidenced in Passport to Independence) or where necessary purchasing additional capacity • Discharging patients with less independent outcomes (such as nursing and residential) also correlates with greater lengths of delays. 	<ol style="list-style-type: none"> 1. Driving Passport to Independence will be critical in reducing delays by: <ol style="list-style-type: none"> a) Reducing long term placements b) Increasing capacity and improving outcomes from Reablement 2. Use contingency fund where possible to plug local gaps in care capacity

Recommendations

- For the Health and Wellbeing Board to receive further updates on Passport to Independence following rollout across County
- To receive a report regarding how CHC is operating in practice across Lancashire, including the pertinent issues and risks
- To receive a future update on Delayed Transfers of Care