

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Friday, 7th April, 2017 at 10.00 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 Matthew Tomlinson, Cabinet Member for Children, Young People and Schools (LCC)

Dr Sakthi Karunanithi, Director of Public Health and Wellbeing, LCC

Louise Taylor, Corporate Director Operations and Delivery (LCC)

Tony Pounder, Director of Adult Services

Councillor Bridget Hilton, Ribble Valley Council representing Central Lancashire District Councils

Michael Wedgeworth, Healthwatch Lancashire Chair

Jennifer Aldridge, Fylde and Wyre CCG and Fylde and Wyre Health and Wellbeing Partnership

Mark Youlton, East Lancashire CCG

Councillor B Aitken, Fylde Borough Council

Stewart Lucas, Third Sector Representative

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

Victoria Gibson, Lancashire Children and Adult Safeguarding Boards

David Keddie, Lancashire Care NHS Foundation Trust

Jamie Carson, CEOs of Lancashire District Councils

Clare Platt, Lancashire County Council

Sam Gorton, Lancashire County Council

Apologies

County Councillor Azhar Ali

Cabinet Member for Health And Wellbeing (LCC)

County Councillor Tony Martin

Cabinet Member for Adult and Community Services (LCC)

Councillor Hasina Khan

Chorley Borough Council

Dr John Caine

West Lancashire CCG

David Tilleray

Chair West Lancs HWB Partnership

1. Welcome, introductions and apologies

Welcome and introductions were made.

Apologies were noted as above.

New member as follows:

Dr Dinesh Pantel – Greater Preston CCG (Clinical Commissioning Group) has retired and Dr Sumantra Mukerji is the new representative.

Replacements were as follows:

Stewart Lucas for Sarah Swindley, Third Sector

Cllr Ben Aitken for Cllr Viv Willder, Lancashire Leaders Group

David Keddie for Dee Roach, Lancashire Care NHS Foundation Trust

Jan Ledward for Dr Gora Bangi, Chorley and South Ribble CCG and Dr Sumantra Mukerji, Greater Preston CCG

Victoria Gibson for Jane Booth, Adult and Children's Safeguarding Boards

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 – Pharmaceutical Needs Assessment – Legislative Briefing (NHS England)

v) This was still a work in progress and would come to a future meeting.

Item 8 – Urgent Business – Fylde and Wyre CCG – Annual Report and Accounts 2016/17

It was reported that a number of Annual Reports and Accounts had been received and these would be dealt with by the Director of Public Health whom would report back to a future meeting of the Board.

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

i) Update on progress of the Sustainability and Transformation Plan (STP)

Gary Raphael was welcomed to the meeting and delivered an update on the Sustainability and Transformation Plan (STP) as attached to these minutes.

There had been a change in focus from a plan to a partnership and there needed to be a refocus on this. There was a workstream looking at the development of joint plans for regulated and other social care provision.

The Healthier Lancashire and South Cumbria document was [published](#) at the end of March and other supporting documents would be available soon also.

ii) Central Lancashire Local Delivery Plan (LDP)

Jan Ledward updated the Board on the Central Lancashire LDP which was very similar to the East Lancashire LDP which was presented at the last Board meeting. Engagement

events have been taking place since October 2016 across Preston, South Ribble and Chorley with patients and the public have been very generous coming forward with suggestions and they have also worked with young people too. The use of Information Technology (IT) needs to be improved and a lot more could be done with that. There was a long list of options going forward which would be shared with the public around May time, they would then be shortlisted and costed and options would be highlighted which would then go for consultation around October. Health Scrutiny Committee was being kept informed regularly. This was no different to what was happening across Lancashire.

Lancashire and Cumbria are considering a range of service options at the STP level. There was an amount of variation and how it was delivered and would look at standardising this and what was happening locally would also feed into the STP. They have got a shared plan and Integrated Neighbourhood Schemes also want to be involved. It was about sharing good practice and learning from Morecambe Bay at Vanguard and Blackpool. As a Board we were doing it rather than having it done to us. It puts Lancashire in a good position and we were all working together in Health and Care over the next five years. It was not about money it was about making a difference.

Attached is a Powerpoint on Central Lancashire LDP which was not presented at the meeting, but was agreed to be circulated.

5. Health and Wellbeing Partnerships

Jamie Carson reported on the Preston, Chorley and South Ribble Health and Wellbeing Partnership (HWBP) that all District Councils had met and it had highlighted just what roles they play in people's health care. It had opened up a number of conversations especially with the Voluntary, Community and Faith Sector (VCFS). A paper was discussed with health leads and it would go to the STP and also come to this Board.

Councillor Bridget Hilton reported on East Lancashire HWBP that a lot of progress had been made from a year ago. There were now two standing items on their agenda where feedback was received from health and social care and the HWBB. They also talk about the STP, BCF and national issues and try to focus on early intervention at every meeting. There was a new model of service delivery to GPs across Ribble Valley and there were two members from East Lancs CCG in attendance as well as four GPs that attended regular meetings. Two main issues that had been flagged up were lack of Health Visitors and that GP's work had increased due to this. The other one was health in rural communities – no public transport, poor housing, loneliness, isolation, mental health, no mobile broadband. It was suggested that maybe the HWBB could look at these issues and present back to the HWBP.

- Resolved:**
- i) Jamie Carson to ensure that the paper from the District Councils for the STP be presented to the Board at a future meeting.
 - ii) Sakthi Karunanithi agreed to attend the next meeting of the Ribble Valley HWBP to discuss Early Help Services and Health Visitors.

6. Better Care Fund (BCF) Report - Q3 Performance Update and 2017/18 Planning

Mark Youlton presented the report that was attached to the agenda. The purpose of it was to inform the Board of the progress of the delivery of the BCF Plan through updates of performance against the BCF metrics. In addition it gave detail of the planning requirements, as known, for BCF 2017/19, planning activity so far and changes to funding streams within the BCF.

Quarterly performance has been better than plan for non-elective admissions but considerably worse than plan for delayed transfers of care (DTC). The latter reflecting the whole system locally and nationally. Residential and Nursing Home admissions continue to show a good downward trajectory and the success of reablement services remains a point of note.

There was a significant amount of money coming into Pan Lancashire - £33 million. Clinical Commissioning Groups (CCGs) needed to maintain levels of investment into social care and invest £400,000 into reablement because it was proven to work. Partnership working was key and of the £33 million invested in Pan Lancashire, £25 million of that the Health and Wellbeing Board (HWBB) could have a say on how that was spent at scale and needed to be clear how it would work. Tony Pounder was to meet with the five Accident and Emergency Delivery Boards in the very near future. The challenge was agreeing the spending across Pan Lancashire albeit to do it quickly, once and in a planned way.

NHS England have held a meeting and will be meeting with local Authorities.

Home care domiciliary in Lancashire was currently undertaking a huge recommissioning exercise across Lancashire for a good set of providers.

Resolved:

- i) that the plan be presented at a future meeting of the Board for sign off.
- ii) to discuss at a future meeting around expanding on residential homes and how we use our in-house provision.

7. Adult Social Care Redesign

Louise Taylor spoke to the Powerpoint as attached to the minutes and tabled the document titled The Story of our Transformation which was also attached. Details included timelines, results and next steps for the Passport to Independence programme. This time last year, 14 people each week were starting in residential or nursing care. This year, that number had dropped to 10. In the East, eight out of ten service users were fully independent after reablement, now eight out of ten service users were fully independent. For community assessments and reviews a reduction in East Lancashire waiting lists went from 775 to 60. This was the opportunity to make a lasting improvement to the residents of Lancashire.

8. Redesign of Learning Disability and Autistic Spectrum Disorder Services Across the North West

A letter had been attached to the agenda from NHS England on the consultation on the redesign of learning disability and autistic spectrum disorder services across the North West.

Louise Taylor summarised the implications of the NHS England consultation outcome (Calderstones/Whalley Site):

- Learning Disability (LD) In-Patient service would not be delivered from the Mersey Care Whalley Site it would close as an LD facility.
- Medium Secure Service would relocate to Ashworth Hospital site (Maghull).
- Low Secure Service would be re-provided in smaller specialist units dispersed across the North West (70 beds across the NW) – there was no detail in the consultation of where these would be – a decision for Lancashire sites was referenced as required from Mersey Care in the National decision making minutes.
- There was a model preferred for co-location of Mental Health and LD in-patient beds that appears to be preferred by NHS England.
- A decision on the money available to re-provide the low and medium secure service would be decided at NHS England Board level.
- Whalley staff would be redeployed across the new services offered across the North West – fast track training offered (partnership with Edge Hill).
- A new Specialist Support Team (SST) was being developed by Mersey Care (agreed as part of the acquisition) which would offer an enhanced community based specialist service – the main aim of this team would be to gate keep and reduce admissions by supporting the mainstream Community Team provision and Social Care providers, they would also help community services better manage the Forensic population when they moved to live in the community.

Another couple of key areas were:

- A new specification had been written and consulted on for Community LD Teams – there was an aspiration from the Transforming Care Partnership to develop an Integrated Learning Disability and Autism service.
- In development of the pooled budget for LD and Autism – meetings were ongoing with NHS Finance Directors with the aim of developing a Shadow Pooled arrangement by July 2017 and fully operational by April 2018.

9. Well North Lancashire

Clare Platt updated the Board on a recent visit that had taken place to the Bromley-by-Bow Centre in London on 29 March 2017 which included Public Health colleagues from Lancashire County Council and Blackburn with Darwen Council along with East Lancashire and West Lancashire CCGs. This was a community owned asset in a church with a GP practice, community facilities eg job club; ITC skills, financial skills which had improved connectivity, encouraged confidence and a 'can-do' attitude in the community.

A visit to the Olympic Park made connection with the Olympic Legacy Board and showed the utilisation of the derelict land and maximised and exploited opportunities.

The group also visited St Paul's Way which was a trust school. This showed aspirational leadership and focus on ambition. The teachers were committed to getting their pupils through their GCSEs and the pass rate had improved.

Burnley Community Partnership and GPs in Burnley Wood were wanting to do something similar. Well North would facilitate the discussion and get different leaders involved.

A number of discussions were held during the day with a lot of positives ie look at delivering primary care differently, mobilising in East Lancashire – just do it, build on what is there, discuss with community leaders.

Work was ongoing in East Lancashire and West Lancashire (Skelmersdale) around unemployment and transforming lives.

It was about developing community resilience, relationships and assume that it was possible.

10. Urgent Business

There were no matters of urgent business received.

11. Date of Next Meeting

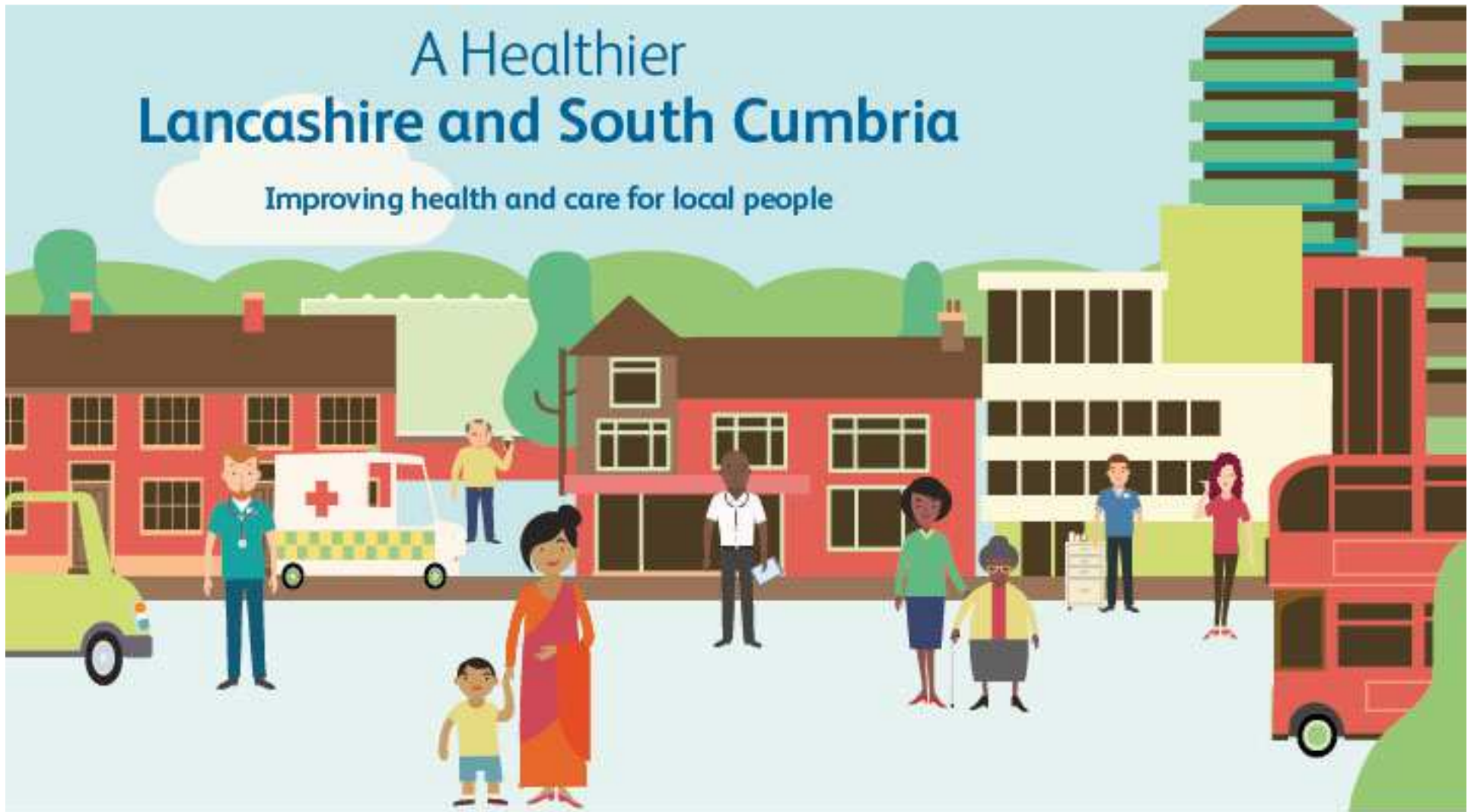
The next scheduled meeting of the Board will be held at 2.00pm on Tuesday, 20 June 2017 in the Duke of Lancaster Room - Cabinet Room 'C' at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

A Healthier Lancashire and South Cumbria

Improving health and care for local people



**Sustainability and Transformation Partnership – an update
Lancashire Health and Wellbeing Board
7th April 2017**

Gary Raphael
Lancashire and South Cumbria STP



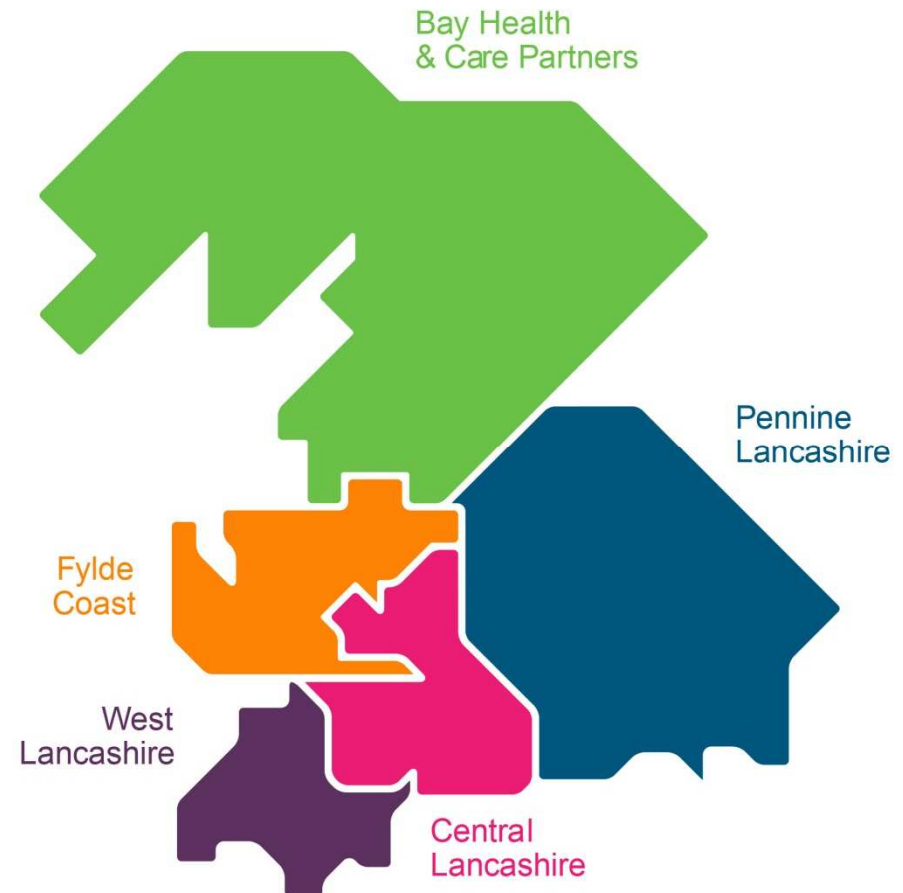
One Sustainability and Transformation Partnership

Five Local Delivery Plans/health and care local areas (LDPs)

Three major gaps:

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

Eight priority workstreams including: prevention; mental health; acute; learning disabilities; children and young people's mental health; urgent care; regulated care; primary care



What is the STP?

- The STP is a partnership of existing organisations enabling joint working on things we choose to do once, for example – planning and implementing common IT to support integrated care; or things that must only be done once – for example, implementing prevention strategies across the region
- The STP supports LDPs and will enable the spread of best practice
- The STP, with NHS England in Lancashire/South Cumbria, will ensure LDPs deliver their plans through the supporting programme management arrangements
- The announcements last Friday have strengthened the role of STPs – we are in the process of assessing what this means for us in Lancashire and South Cumbria

Focus is on partnerships, not plans

Last October's Plans have been described as 'mark 1' proposals that need to be turned into concrete plans by working closely with local populations to:

- *Publish a Case for Change* – our recent publication meets this requirement – read online at www.healthierlsc.co.uk
- *Involve people from the start to come up with potential solutions* – this will form part of our process as we develop a range of options
- *Understand who will be affected and find out what they think* – once the options for change are developed, the public and other stakeholders will be involved in the appraisal of options
- *Give people enough time to consider plans and provide their feedback* – this will be part of the pre-consultation involvement process as well as part of formal consultation (which could take place from late 2017)
- *Explain how any feedback has been used in revising plans and how the impact of changes will be monitored* – this will be an integral part of our involvement and consultation processes

Existing tests:

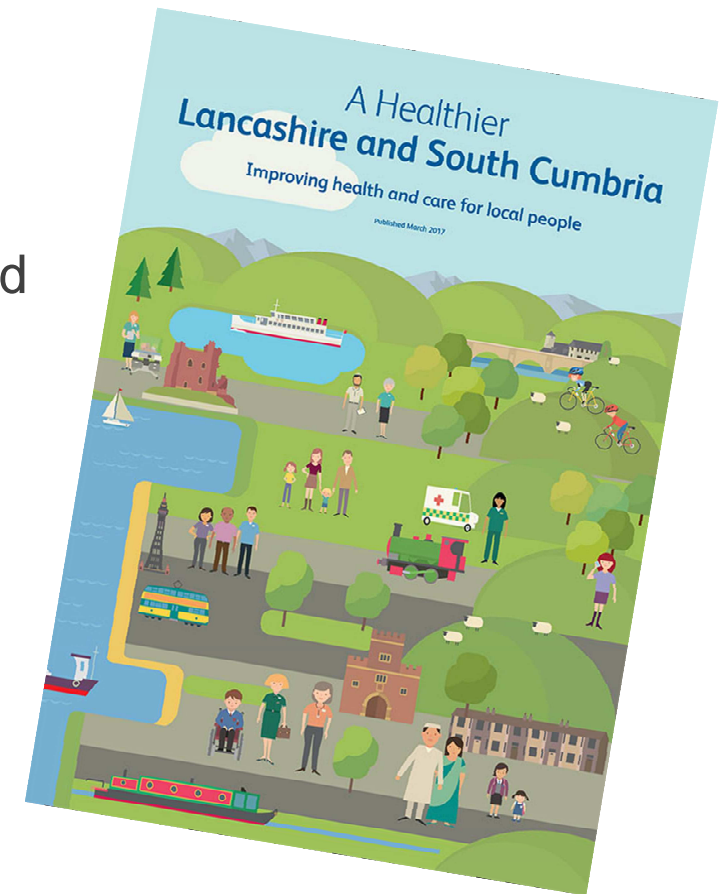
- Planned closure of services require GP commissioner support
- Strengthened public and patient engagement must be demonstrated
- Clear clinical evidence supports the change
- Consistency with patient choice requirements must be assured

New tests – one or more of:

- Sufficient alternative provision is available ahead of bed closures together with the associated workforce and/or
- Specific new treatments will reduce specific categories of admissions and/or
- Where a hospital has been using beds less efficiently than the national average, it has a credible plan to improve performance without affecting patient care

Involving local people / staff

- A Healthier Lancashire and South Cumbria document published at the end of March
- This, along with a series of supporting materials, aims to set out the challenges and what we are doing in plain English.
- Local people, workforce and Councillors have been involved in creating and testing this.
- It is a tool for holding conversations with members of the public for use by Councillors, community organisations and health and care staff.
- We are working with the network of communications and workforce leads across the area to distribute this widely.



Available online at www.healthierlsc.co.uk

Decision making

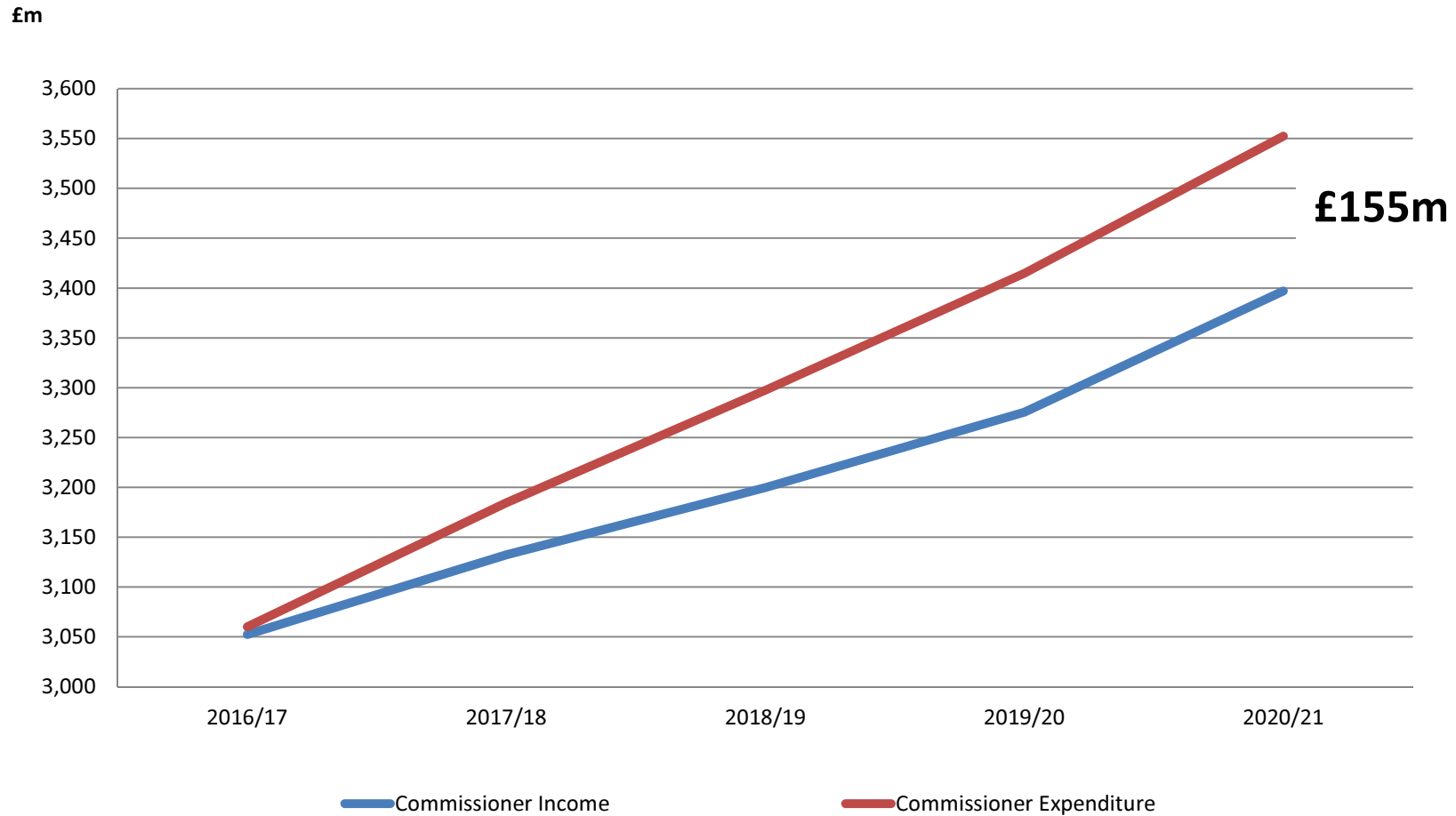
- A Joint Committee of the CCGs (JCCCGs) has been established comprising two members from each CCG and an independent chairman (Phil Watson)
- A number of other senior officers are in attendance at the JCCCGs, including representative local authority chief executive officers and chief officers for the STP
- Each CCG has one vote
- This is a commissioning only body – there is a statutory basis for such a body, but not one that includes other partners, such as LAs and NHS providers
- The JCCCGs will link with the Lancashire Combined Authorities group
- A programme structure of non-decision making groups comprising CCGs, Local Authority, NHS Trust/FTs, 3rd sector, local Healthwatch and clinicians develops plans for approval by the JCCCGs
- We will be considering how we must refine the current governance arrangements to reflect what is in the Next Steps on the NHS Five Year Forward View publication

Describing the financial gap accurately. It's not a funding cut it's £345m funding growth

+11.3%

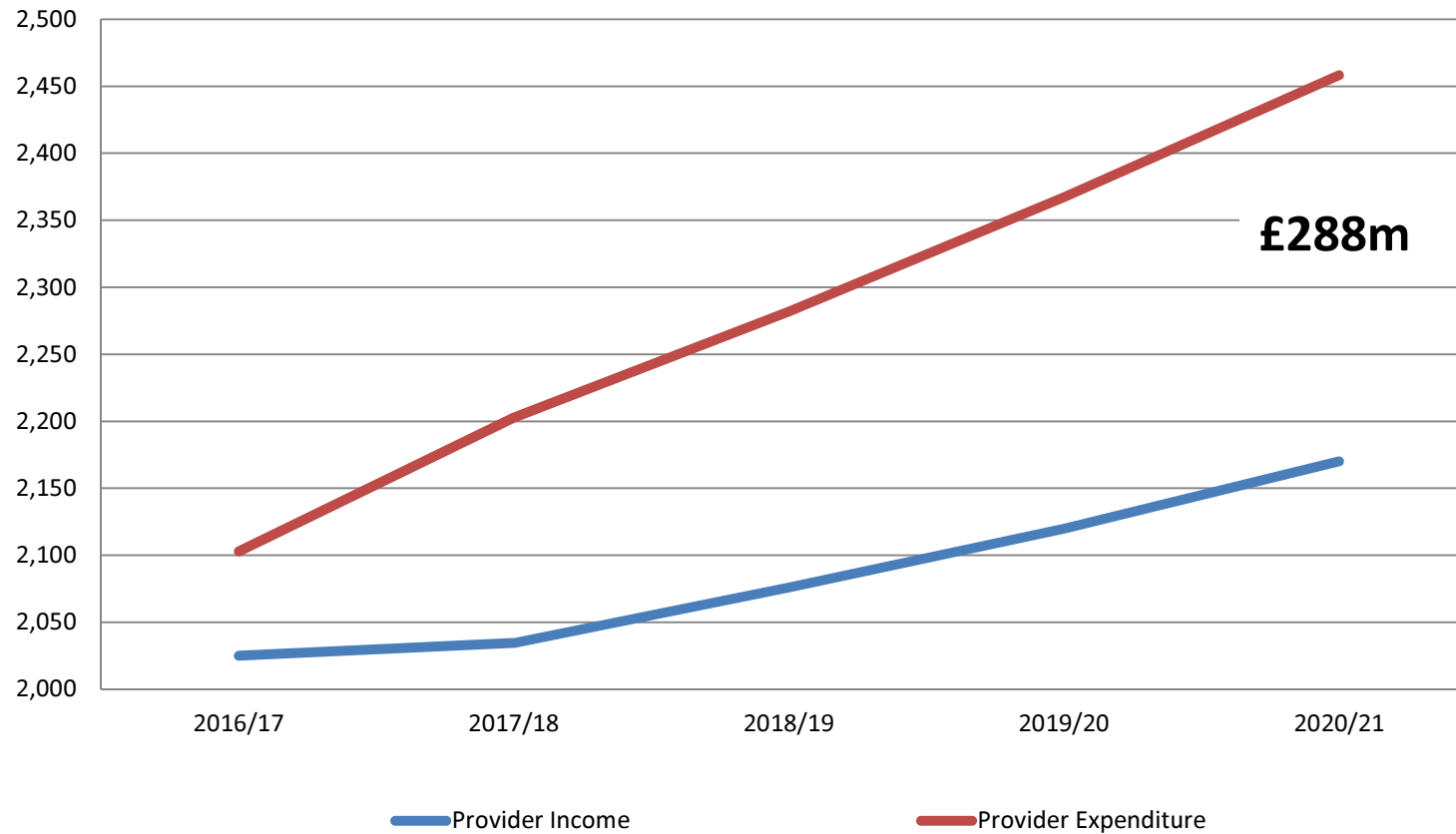
How do we use this extra funding better?

Commissioner Allocations and Expenditure



Provider Income and Expenditure

£m



By 2020/21 this is what happens if we 'do nothing', on total current turnover of nearly £3.7bn:

- Commissioner deficits - £155m (4.6%)
- Provider deficits - £288m (13.3%)
- Social care deficits - £129m (18.4%)
- Total £572m = (16%)

Source - EY modelling reconciled to organisational accounts and allocations

Keep acute
income broadly
flat over the next
two years

- Remodel primary, community, CHC and mental health services with extra resources (£187m = +21%) over the next four years to enable primary and secondary prevention measures to reduce acute demand growth over the same period
- Funded from commissioner growth and based on evidence from Vanguards
- Achievement of parity of esteem for mental health in the development of new models of care
- Development of joint plans for regulated and other social care provision

Area of extra spending	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
Primary Care	15.7	27.8	12.7	16.6
Community services	9.7	23.1	8.7	10.0
Continuing healthcare	7.8	8.0	8.3	9.2
Mental health	12.9	5.3	3.7	7.4
Total	46.2	64.2	33.5	43.3

This extra spending will not deliver reductions in acute growth soon enough to keep us sustainable in the next two years, so.....

- Implement commissioner efficiency plans e.g. for interventions of limited clinical value and other areas where we know we are inefficient - £76m
- NHS providers to deliver efficiency plans in areas that do not affect patient care, for instance back office functions like procurement and estates – £176m

What about social care?

- The Chancellor's extra money is to be spent on adult social care and used to meet adult social care needs, reducing pressures on the NHS and stabilising social care provider market
- Grants to be paid to Local authorities and pooled in the local Better Care fund
- Local authorities must work with the relevant CCGs and providers to meet national condition 4 (managing transfers of care) in the integration and Better Care fund Policy Framework and Planning Requirements 2017-19
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Conclusion

Lancashire and South Cumbria is planning to:

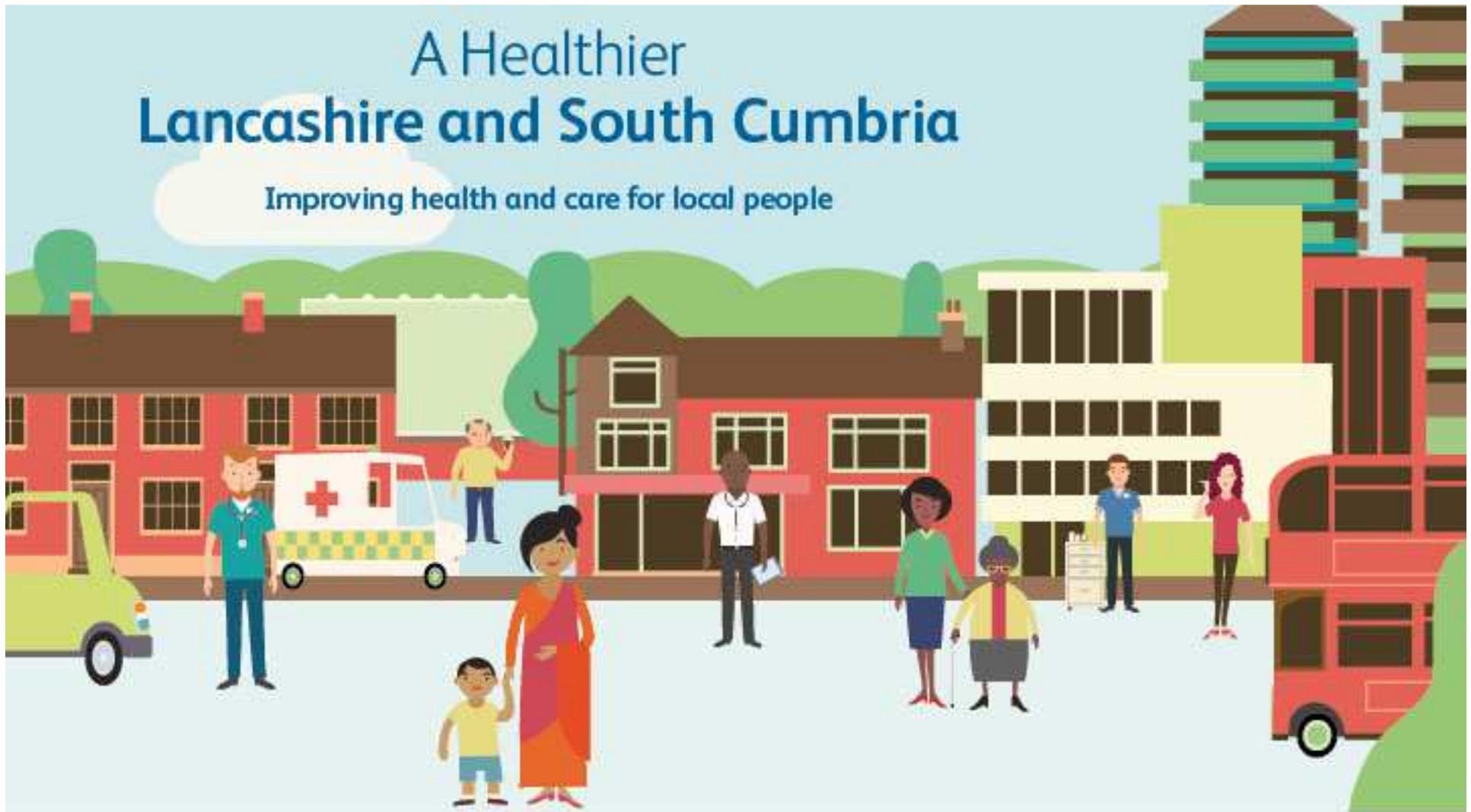
- Hit our nationally set financial control totals each year
- Get to break even by 2020/21
- Keep acute income flat for two years and reduce in last two years by £16m and £32m
- Spend 21% more on primary, community, mental health and continuing healthcare over the next four years to enable demand for acute services to be flattened
- Deliver substantial provider savings (£176m)
- Much more joint work on adult social care is required against the background of the national expectations



Questions?

A Healthier Lancashire and South Cumbria

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Sustainability and Transformation Partnership – an update

Lancashire Health and Wellbeing Board

7th April 2017

Gary Raphael

Lancashire and South Cumbria STP



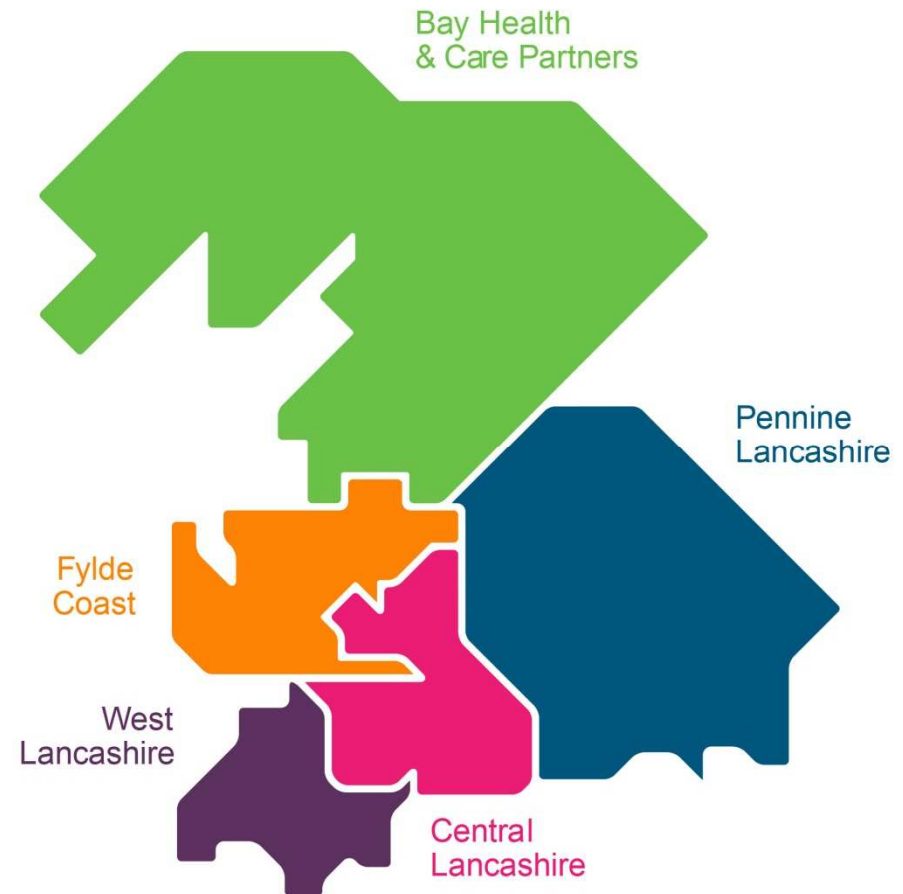
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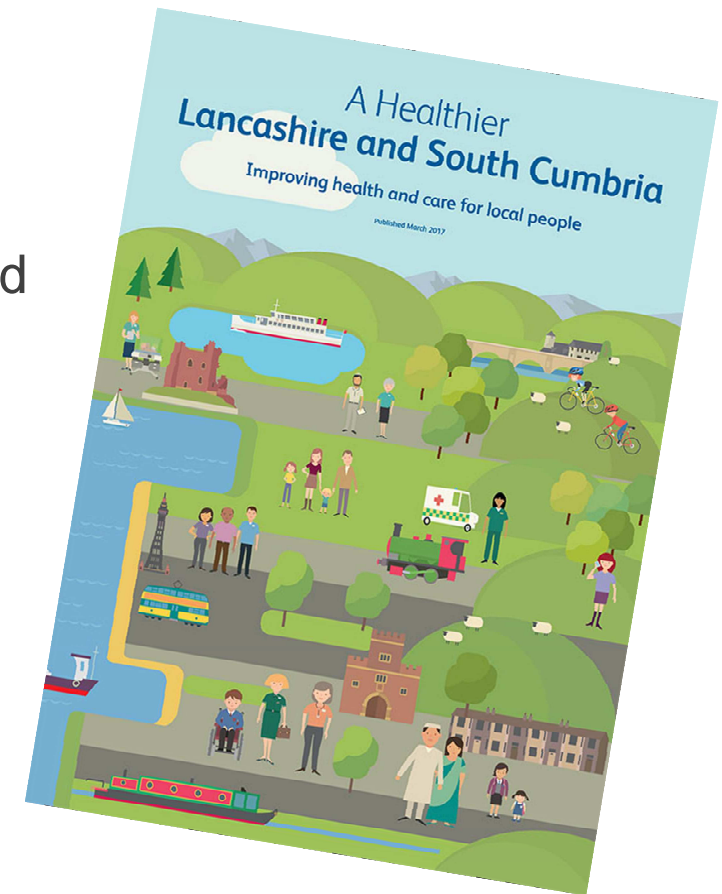
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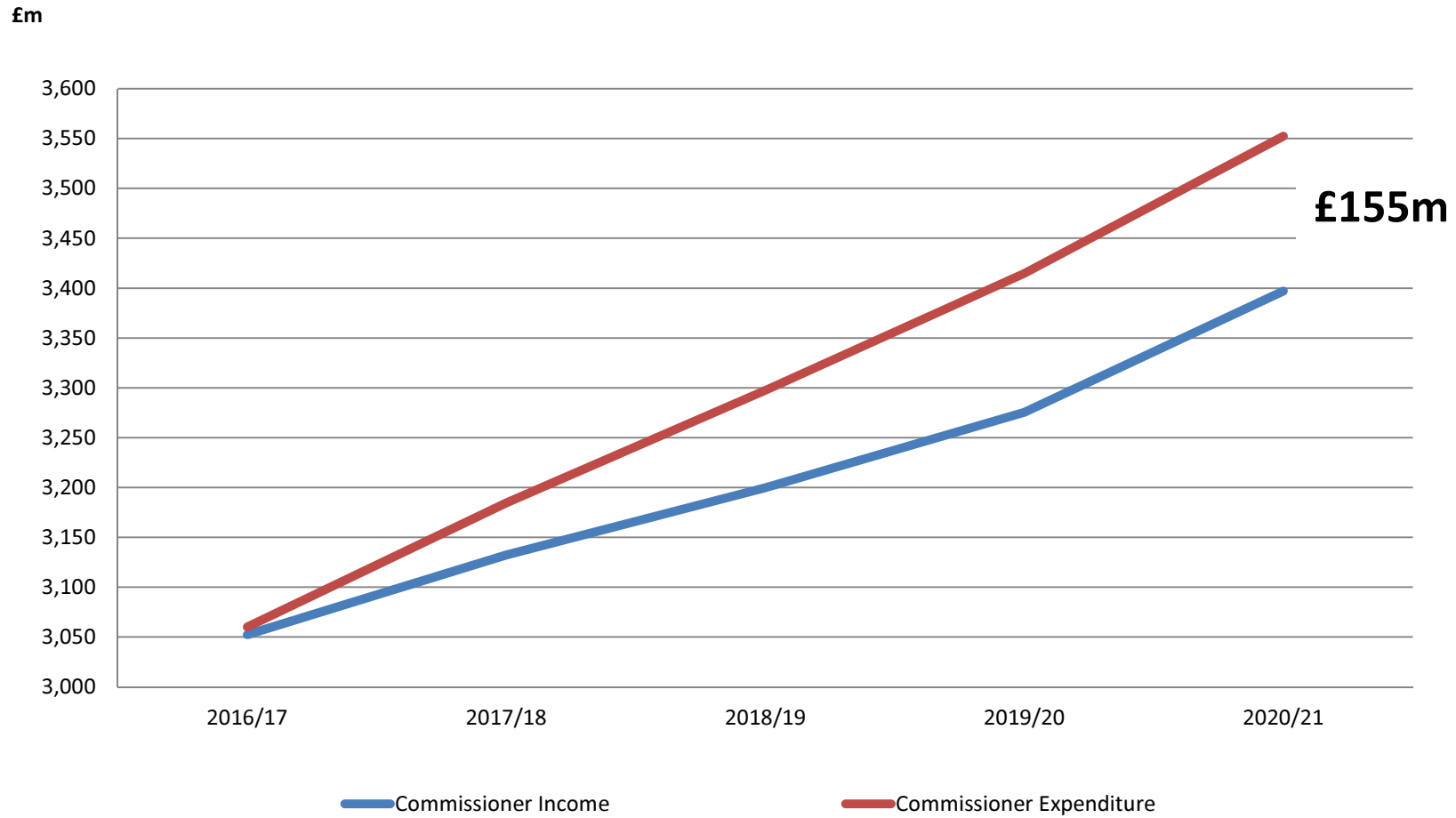
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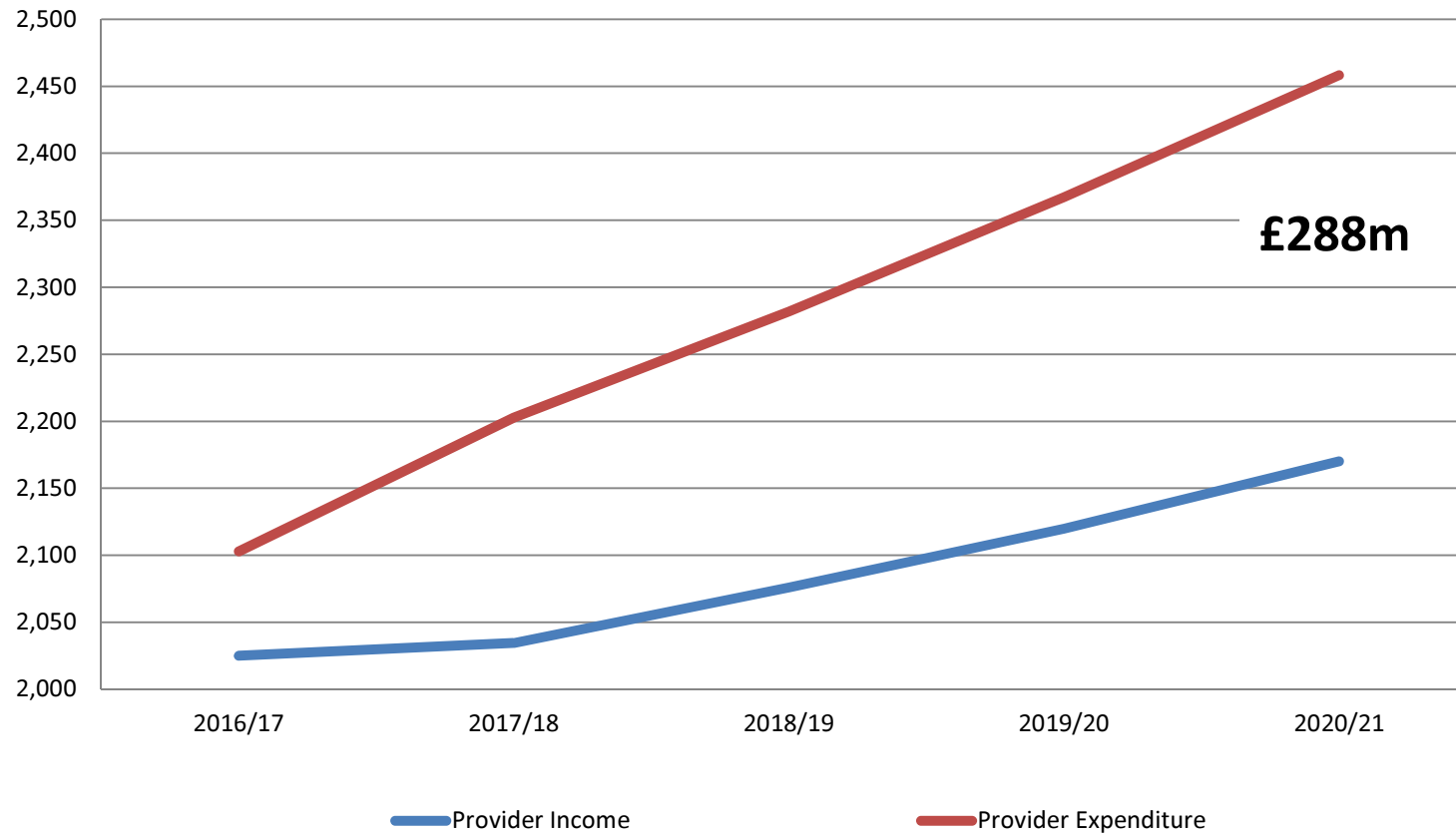
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Questions?

Passport to Independence

April Health & Well Being
Board

Louise Taylor

www.lancashire.gov.uk



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

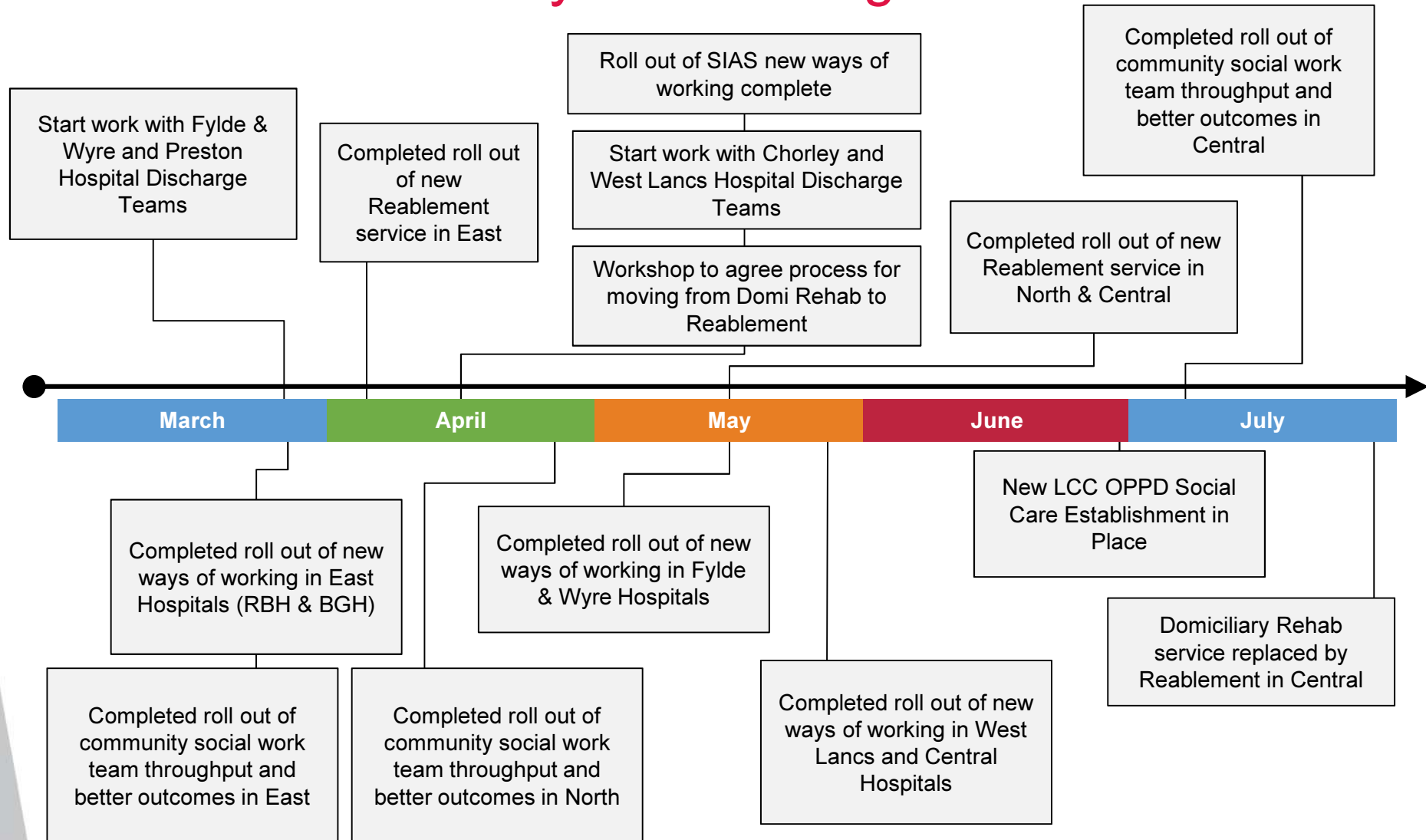
- 1 PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2 REDUCE DELAYED TRANSFERS OF CARE

Since Last Time...

- We've completed roll-out of new Ways of Working across our Community Assessment teams in East and started work in North.
- The new Reablement service has been set up in East and we've started working in the North.
- We're in the final steps of rolling out our improved ways of working in the Royal Blackburn Hospital, Burnley General Hospital and Royal Lancaster Infirmary Social Care teams.
- We've started roll-out of the improved ways of working in Fylde & Wyre and Royal Preston Hospital.
- We've established and appointed to our Occupational Therapy and Reablement structure.
- We've recently published the rest of our structure to all of our staff and will be recruiting to this over the next 3 months.
- We've undertaken a snapshot DTOC survey in partnership with all Acute Trusts across Lancashire.
- Temporary funding (of the order of £1m) has allowed for an increased capacity in intermediate care services, social worker assessment and review resource & response services over the winter period.

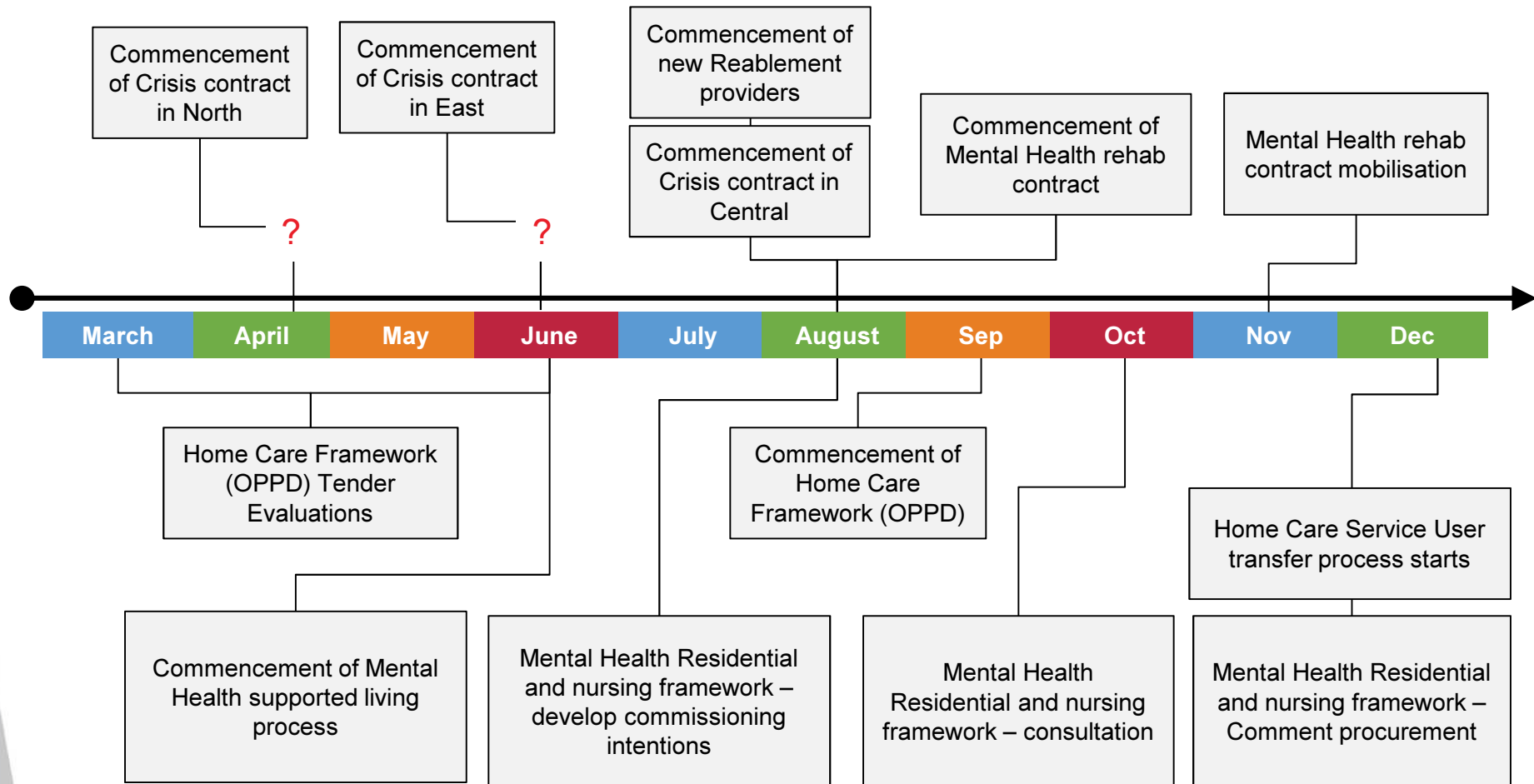
The following slides contain some detail on the timelines, results and next steps to keep you up to speed with Passport to Independence

2017 Timeline – Ways of Working



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2017 Timeline – Commissioning



Challenges & Risks

- Staff capacity at many levels
- Recruitment
 - OTs, Social Care Support Officers + others
- Multiple change projects
 - E.g. Vanguard, STPs, ACS/ACOs etc.
- Recommissioning of (nearly all of) our domiciliary based services including reablement
 - ~£80m of services, ~100 providers, ~6,000 staff, ~10,000 service users
- Market capacity
- Finance

Reablement & Occupational Therapy

What's different?

There's a new dedicated, therapy-led Reablement team working in partnership with our providers to achieve the most independent outcome for service users.

What results have we seen?

- Before, 74 people per week going through the service each week across the County, **now this is up at 100 – an improvement of 35%**
- Our county target is 120, which we are well on track to hit by mid-May.
- In the East, 7 out of 10 service users were fully independent after Reablement, **now 8 out of 10 services users are fully independent.**
- Only 4 people across the county are now waiting for Reablement
- We are targeting a reduction of £12 in the on-going cost of care following Reablement. Currently 2/3 of the way to that target and set to hit it by mid-May.



Improving the quality and capacity of the service so people have the **best opportunity to lead an independent life.**

Acute Discharge

What's different?

We're bringing together the right expertise, information and structure in our Acute social care teams to achieve the most independent outcome for every patient.

What results have we seen?

- In the East, we've been able to facilitate 25% more people are now going directly home from hospital.
- Where possible, going directly home is always the best option for the service user and their family.
- It maintains their **independence**, **reduces their chance of readmission** and **minimises delays** for other patients awaiting a placement.
- Work is on-going to build confidence in historical data and future tracking, but there are positive signs from the areas that we've rolled out to:
 - This time last year, 14 people each week were starting in residential or nursing care. This year, that number has dropped to 10.



Promoting independence by making the right choices for people leaving hospital.

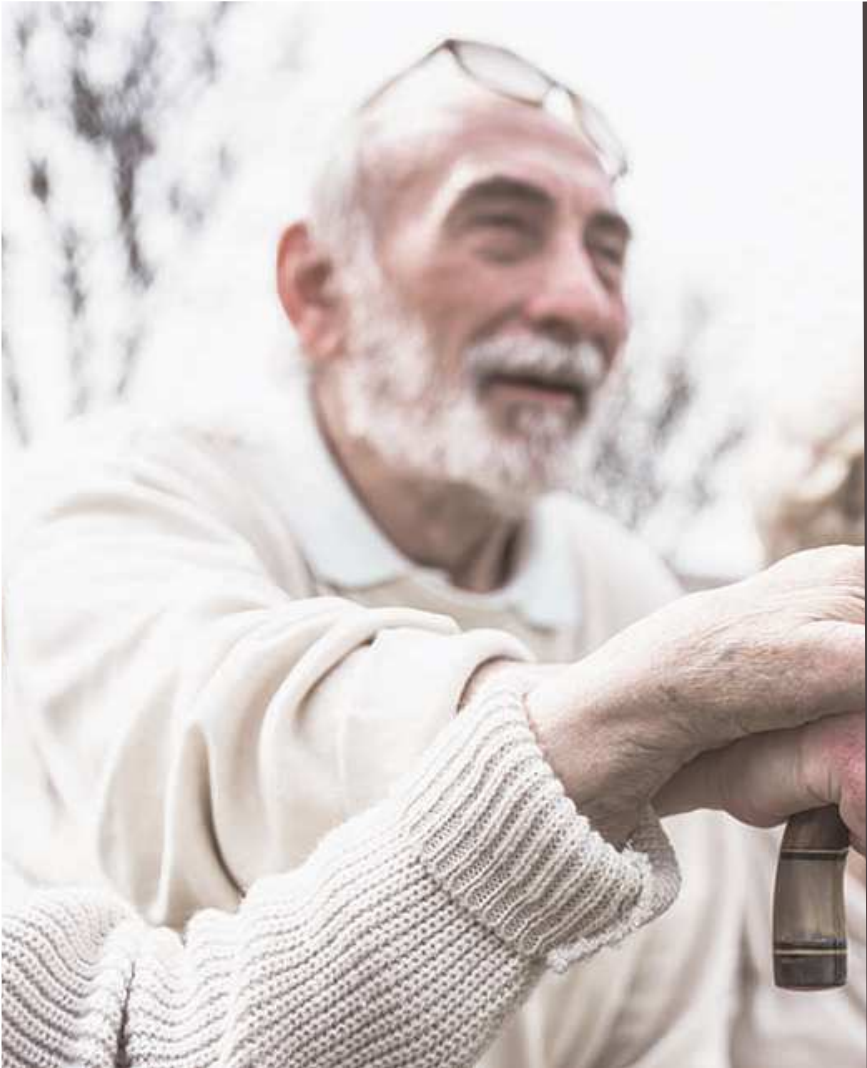
Screening and Initial Assessment Service

What's different?

We're using a structured approach to decision making that draws on the expertise of the team to consistently achieve ideal outcomes when a citizen calls our services.

What results have we seen?

- Every week across the county, 10 more people are going through the new Reablement service from SIAS. This is 1/3 of the way to our target of 2000 in total per year and we're on track to hit this by June.
- **Based on what we have seen so far 2320** additional people each year will achieve a more independent outcome at SIAS without needing a face-to-face assessment.
- Through the new ways of working in SIAS, the number of people requiring a face-to-face social care assessment **has reduced by 22%**. Our target was a 15% reduction, so this area is performing very well currently.



Making the right choices at the community front door that **keep people independent.**

Community Assessments & Reviews

What's different?

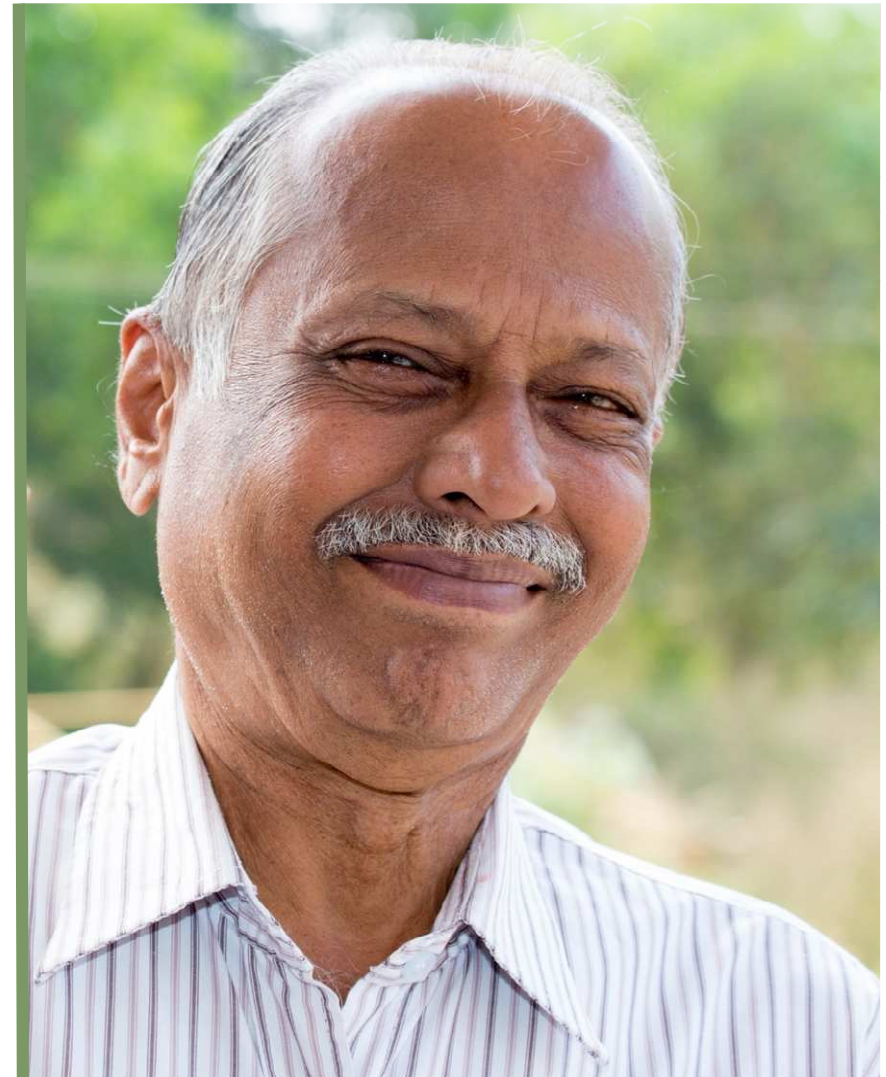
There's an increased focus on using a strengths-based approach, and new ways of working together to support people, including those with complex needs so they achieve their ideal outcomes.

Our Administration and Care Navigation teams are providing more support to allow social workers to spend more time with service users.

We're giving teams and individuals visibility of the part they have to play in keeping on top of waiting lists.

What results have we seen?

- Average cost of package after an assessment across the County has reduced to £46 from a baseline of £54
- Our Promoting Independence Reviews team are averaging a £14 per week saving for each service user they review
- A reduction in East Lancashire Community waiting list from 775 to 50.
- A reduction in North Lancashire waiting list from 670 to 550 within four weeks.
- 150 extra reviews and assessments being completed each week across East and North Community teams.



Supporting good practice, increasing capacity, and enabling staff to meet incoming demand to achieve **more independent outcomes for service users**

What Next?

- Brief A&E Delivery Boards and STP Programme board
- Consider how P2I can contribute to 17-19 Integration & Better Care Fund



Adult Services – Social Care Services

The Story of our Transformation | March 2017

‘We all know we need to make major changes in Adult Services. The right redesign of our services is crucial if we’re to achieve not just financial balance but also improvements in performance, quality of service and user outcomes.

‘With changes occurring across our Adult Services, as a provider we wanted you to have access to the right information at the right time so you can start to see how those changes might impact you.

‘We’re proud of how far we’ve already come and how much stronger we are for it. We hope you will see how hard everyone’s working to improve services for the citizens of Lancashire.’



Tony Pounder, Director Adult Services

Why are we changing?

It's simple, to improve the services we provide to those in need.



Times are changing. Life expectancy is on the rise. Girls born in 1980 could expect to live on average for 89 years. Girls born in 2015 could see that increase up to 94 - and the story is much the same for boys.

Yet despite our ageing population, healthy life expectancy is not increasing at the same rate. This means more people taking care of themselves for longer, but it also means more people looking to those around them for support should they need it.

And when they do, it's down to family, friends, volunteers, the council, and service providers like you to find ways to give them back some independence, to help them make choices about how they want to live their life, their way.

Increasing citizens' independence is central to why we're transforming. Much of the change we're making is designed to achieve this. And how we achieve it is just as important.

Our focus is simple: we want to help provide an even better service to citizens, such that more people achieve better outcomes and independence. And of course, like most authorities, we need to do this against a backdrop of spending less money.



What are we going to achieve by changing?

We will be able to provide an even better service to citizens, make smarter use of the great people working for the council, enhance our partnership working with providers, and make our limited budgets stretch further.

What's driving these changes at a high-level?

As a Public Service we are committed to providing the best possible service to the citizens of Lancashire. This means reducing waiting times and backlogs; increasing the speed at which citizens receive help whilst never compromising on the quality of service they receive; and it means doing all this with less money as we contribute towards cost savings to support the wider financial pressures the whole council is facing.



What difference will the changes make for citizens?

In 2016 our front-line staff worked hard to figure out what needed changing, which included trialling any proposed new ways of working in the real world before putting them forward to be rolled out. Those trials revealed some encouraging results for citizens' independence, some of which have the potential to bring about a significant impact for you.

The proportion of people going directly back to their own home from hospital rose by 25%. A staggering 10,400 Community care hours every year were saved because of our Screening and Initial Assessment Service is solving more cases – that adds up to over 400 days.

80% more service users received short-term

skills and confidence support through our Reablement services within the existing commissioning capacity. We also halved the number of people going into long-term residential care. One of the trial teams managed to increase the number of ideal outcomes – the best level of achievable and desired independence – for their service users by 25%. And another team completed 91% more assessments and reviews during the trial.

Results like these were impossible to overlook. And with high confidence that we would see similar results across the rest of the county, we had evidence to know that the changes would improve the services we provide to those in need.



What difference will the changes make for our staff?

We're making lots of changes as part of our transformation; here's just a flavour of what's happening.

In our front-line **Customer Access Service** that take calls from the public, there are changes that will help us get citizens the right advice faster. In our **Screening and Initial Assessment Service**, new ways of working mean we will be able to progress and resolve more cases, more quickly. Our **Admin and Care Navigation** group will be taking on a key responsibility as they help manage **Social Workers'** time and diaries - sounds simple, but this alone will free up valuable time for Social Workers and **Social Care Support Officers** to spend more time supporting people. Then there's our new **Reablement** services – short-term support focused on helping people regain the skills and confidence they need to live as independently as they can in the community – essential if we are to help more citizens get quickly back on track and regain their independence for that bit longer.

More broadly, some of our teams will benefit from extra support by teaming up and sharing cases, workloads, and working together to do our best for the citizens of Lancashire.

With changes like these, our teams have ended up doing things some differently, and at times this has been a challenge. It's been important for us to really listen to how staff are feeling and ensure that they're supported throughout the change. 67% of staff surveyed told us the journey was either 'tough at times' or 'really tough'. Knowing this makes us especially proud of how the teams have faced the change. We were heartened by the results of a staff health check in the East that reported 83% of those surveyed felt more positive about their job now than before the changes; 100% agreed the changes will help reduce the money we spend on care without compromising quality; and 100% said they would never go back to the way things were before the changes.



What differences could you start to see?

Over the coming weeks and months you could see:

- An increase the number of people achieving their ideal outcome and best level of independence, which in turn will bring about many benefits.
- A reduction in the time people spend waiting for an initial assessment.
- More people returning directly back home following a visit to hospital.
- More people getting back on track and regaining their independence through our new Occupational Therapy-led Reablement service.
- A reduction in the number of people going into long-term residential care.

The changes we're making are all intended to improve services by giving people back some of their independence so, where possible, they can make choices about how they want to live their life, their way.

The trials we ran to test the changes provided clear, sustainable evidence that we're making the right decisions and will improve services in lots of ways.

These benefits are real, and we've seen them during the trials as well as since the initial roll-out across the East of Lancashire. As the changes find their way through the other areas of Lancashire we're confident our ways of working will continue to deliver.



When are we changing?

We've already started. The new ways of working have already been taken through our teams in the East of the county, whilst teams covering the rest of Lancashire are beginning to receive more information so they can adopt the changes in their respective areas.

Getting the new ways of working to everyone is not something that will happen overnight but we do aim to have everyone up to speed by July 2017. So, whether rollout in an area you operate in has already begun or is scheduled to go ahead soon, stand by as it won't be long before you see us let go of the past and move into the future with new ways of working, created and tested by the people who do the job every day.



Who's worked out what needs changing?

From Social Workers and Team Managers, to Admin Officers, Heads of Service and external partners, we've been working hard behind the scenes to shape a better future for Adult Care in Lancashire. Using good quality data and analysis, workshops, continuous testing, refining and then more testing, we've worked on the thorniest of issues so that we can all provide an even better service to citizens.

Who were the external partners that helped us?

They were from a company called Newton Europe. They worked with us to analyse our current operations and, working alongside Lancashire County Council staff, brought in best practice from elsewhere to help us design new ways of working specific to us and the citizens of Lancashire.

They also helped us test the changes to make sure they worked in the real world not just on paper. They are still with us now making sure the changes are implemented consistently and sustainably across the county.

Adult Services, The Story of our Transformation

Version 1.4.ext

Source: Figures are rounded and taken from: [Population Estimates for UK, England and Wales, Scotland and Northern Ireland - mid-2013](#), Office for National Statistics.