



Lancashire Health and Wellbeing Board
Friday, 7 April 2017, 10.00 am,
Cabinet Room 'C' - The Duke of Lancaster 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		10.00am - 10.05am
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		10.05am
3. Minutes of the Last Meeting	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 6)	10.05am - 10.15am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Update on the Sustainability and Transformation Plan (STP)	Information	i) To receive an update on progress of the STP, in light of recent guidance. ii) To receive a report on the Central Lancashire Local Delivery Plan (LDP).	Gary Raphael Jan Ledward	(Verbal Report)	10.15am - 10.45am
5. Better Care Fund (BCF) Report - Q3 Performance Update and 2017/18 Planning	Action	To receive the report and discuss the report.	Sharon Walkden/Mark Youlton	(Pages 7 - 14)	10.45am - 11.05am
6. Health and Wellbeing Partnerships	Discussion	To receive verbal updates on current activity of Health and Wellbeing Partnerships: <ul style="list-style-type: none"> • Lancaster • Fylde and Wyre • Preston, Chorley and South Ribble • East Lancashire • West Lancashire 	Health and Wellbeing Partnership Leads	(Verbal Report)	11.05am - 11.30am
7. Adult Social Care Redesign	Discussion	To receive further updates.	Louise Taylor	(Verbal Report)	11.30am - 11.40am
8. Redesign of Learning Disability and Autistic Spectrum Disorder Services Across the North West	Discussion	To receive further update.	Louise Taylor	(Pages 15 - 16)	11.40am - 11.50am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. Well North Lancashire	Discussion	To receive a verbal update on the Well North in Lancashire initiative, and discuss future opportunities.	Clare Platt	(Verbal Report)	11.50am - 12 noon
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 warning of any Members' intention to raise a matter under this heading.	Chair		12 noon - 12.05pm
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on Tuesday, 20 June 2017 in the Duke of Lancaster Room - Cabinet Room 'C' at County Hall, Preston.	Chair		12.05pm

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

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

Lancashire Health and Wellbeing Board

Meeting to be held on 7 April 2017

Lancashire Better Care Fund Quarterly update

Contact for further information:

Mark Youlton, East Lancashire Clinical Commissioning Group, 01282 644684

mark.youlton@nhs.net

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. In addition it gives 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. The latter reflecting the whole system local and national challenging position on this. Residential and Nursing Home admissions continue to show a good downward trajectory and the success of reablement services remains a point of note.

BCF planning for 2017/18 and beyond is underway and beginning to have some shape due to partner input. Some aspects of national guidance are known indicating a less bureaucratic approach and there is a significant change in some BCF funding seeing £28m additional funding targeted at supporting social care. Planning continues and awaits the publication of national guidance to provide the key detail.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the level of performance, in Quarter 3 of 2016/17, against the BCF metrics.
2. Ratify the submission of the Lancashire BCF quarterly performance update to NHS England as set out in the report.
3. Agree that the final draft Lancashire BCF plan for 2017/18 be presented to the board for consideration and approval and if necessary this to be done outside of the board meeting arrangements so as to meet submission requirements.

Background

The Lancashire Better Care Fund is approaching the end of its second full year. The fund of £91.4m (2016/17) is administrated through a pooled fund arrangement hosted by Lancashire County Council.

The core purpose of the BCF is to drive the integration of health and social care services resulting in more efficient services producing better outcomes for vulnerable people. It is intended that the effects of this will be seen through shifts in usage of acute hospital

resources and identifiable improvements in independence of individuals. These are measured by; reduction in unplanned hospital admissions, reducing numbers of delayed transfers of care, lower levels of permanent residential and nursing home admissions and the effectiveness of reablement services.

Previous reports to the Health and Wellbeing Board have given the detail of the breakdown of spend within the fund.

It has been confirmed that the BCF will continue into 2017/18 and 2018/19. At the time of writing the BCF Policy Framework and Guidance have not been finalised and published. Indications of what will be required have been given and these are reflected below.

List of background papers

- Lancashire Better Care Fund Plan 2016/17
- [NHS England Better Care Fund web page](#)

Better Care Fund Performance Quarter 3 (Q3) 2016/17

Non Elective admissions for Q3 were below plan with a 4.3% variance across Lancashire. This was reflected at CCG level with local variances ranging from -16.2% to -0.3%. The exception to this was Fylde and Wyre that saw a variance of 6.6% above plan. Lancashire wide comparison with the same period in 2015/16 saw a +0.6% variance.

Delayed transfers of care (DTC) performance data reflects the challenge faced across the acute health sector in Lancashire during Q3. Lancashire wide there was a 26.2% variance from plan. All providers saw an increase above plan and for the same quarter in 2015/16.

The BCF requirement for DTC planning is being addressed through the Urgent and Emergency Care network so as to ensure a coordinated and more streamlined approach.

The **Residential and Nursing Home Care** 2015/16 target of 733.7 has been achieved (i.e. 1741 admissions from a projected 2015 population of 237,289) and achievement of the 2016/17 Better Care Fund target of 682.7 remains likely (i.e. 1649 admissions from a projected 2016 population of 241,536). An improvement is expected when the Lancashire outcomes are recalculated against an increased population when the mid-2016 population statistics are released in July 2017. The Lancashire population aged 65+ continues to increase, but the rate of increase has slowed and is expected to slow still further to 1.7% when the mid-2016 population estimates are released.

The positive message of **the effectiveness of reablement services continues**. Lancashire outcome figures for Q3 indicate that 741 (83.4%) people were still at home after 91 days, following a period of reablement that followed hospital discharge. This is not an improvement on the previous quarter (91.1%) but that was viewed as exceptional. Q3 performance compares favourably with the 2015/16 national average of 82.7% and exceeds the Lancashire 2016/17 Better Care Fund target of 82.0%. Q3 figures show that 888 people were offered these services for the period Jul-16 to Sep-16 compared with 727 people in Q2.

The relationships encouraged through the BCF with Voluntary sector and District Council partners continue to thrive.

The Voluntary sector in Lancashire continues to increase its commitment to the BCF and has responded in a coordinated way to produce an overall offer. This supports the aims of the BCF and has linked a bid for £1m “Active Ageing” funding to the BCF. This bid along with one for funds to support the development of robust business cases is under consideration.

The District Councils are putting forward how they can bring a different dimension, with a place based emphasis, to delivering against the BCF aims and to the wider health and wellbeing agenda. This is work in progress but has great potential.

The District Councils have grasped the opportunity offered through increased Disabled Facilities Grant (DFG) funding and in addition to increasing grant provision are looking for ways to expand the “home environment” offer including the improvement and expansion of assessment activity.

Very constructive discussions are underway with Blackpool, Blackburn with Darwen and South Cumbria to develop a meaningful way of coordinating and potentially ultimately joining BCF plans across local authority boundaries. A proposal as to how this will be achieved is in development and will be presented to a future Health and Well Being Board meeting for consideration and ratification.

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 Planning for 2017/18

While the BCF Policy Framework, Guidance and financial allocations detail have not been published what is known is set out in Appendix 1.

The approach does seem to be one of a much lighter touch with greater emphasis on the BCF being part of the normal health and social care planning arrangements rather than a stand-alone set of activities.

It is clear that the BCF will continue to exist for some time with an expectation of the plan being for two years with some degree of review and update expected mid-life.

The main thrust of the BCF remains the same i.e. to promote integration across health and social care and through this work in such ways that support independence and impact upon the use of acute hospital services by avoiding admissions and enabling speedier safe discharge.

There will be some changes in the funding arrangements for the BCF.

The Improved BCF (IBCF) is new funding that will be paid to local government as a direct local authority grant. The funding will come with conditions that it is pooled in the Better Care Fund and spent on social care. The planning guidance will set out that this funding does not replace, and should not be offset against the NHS minimum contribution to adult social care.

The funding will complement the additional money that local authorities have the freedom to raise through an additional precept on council tax to fund social care. For Lancashire the original IBCF money breaks down as 2017/18 £3.2m, 2018/19 £22.7m, 2019/20 £40.0m.

Further additional funding was announced with the budget.

A new grant, worth £2bn nationally over the next three years, will be paid to local authorities with social care responsibilities. This funding will be additional to the existing Improved Better Care Fund (IBCF) allocations to Local Authorities. The grant conditions for the IBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the High Impact Change Model for managing transfers of care.

The further grant of IBCF monies breaks down, for Lancashire, as 2017/18 £24.8m 2018/19 £15.7m, 2019/20 £7.8m.

Despite the lack of guidance partners have been keen to progress planning for the BCF 2017/18. Two workshops have been held to consider the shape of and priorities within the future BCF plan. Appendix 2 sets out the “Big messages” that have been highlighted in these. It is not a final list but very much work in progress and encompasses a range from very detailed specific activities to broad policy approaches. A need to be clear why individual elements are to be included in any plan has been stressed. Appendix 3 shows an attempt to identify where schemes will sit within overarching BCF themes/ top level priority areas in table 1 and in table 2 the development of a BCF checklist. This will provide a means of assessing the benefit that any scheme will bring to the BCF.

Discussions continue at whole BCF level, local health economy and organisational level as to what the eventual proposed plan and its constituents will be. Once national guidance is published the process will turn to the detail of the plan. It is likely, timescales allowing, that at least one further workshop will take place to support this.

A draft BCF plan will be presented to the Health and Wellbeing Board for consideration. As the required national submission deadlines are likely to end before the next board meeting this presentation, discussion and consideration is likely to be needed outside of board meetings.

Appendix 1

BCF planning requirements for 2017/18.

- Better Care Fund plans to be drawn up for a two year period (2017-19) with some capacity to review and amend.
- The number of National Conditions will be reduced from 2016/17 and will consist of:
 - A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board.
 - Real terms maintenance of transfer of funding from health to support adult social care.
 - Requirement to ring-fence a portion of the CCG minimum allocation to invest in Out of Hospital services.
- Plans will also need to set out the area's vision for integrating health and social care by 2020.
- The planning guidance will set out the high level alignment of BCF, Sustainability Transformation Plan (STP), Urgent and Emergency Care Networks (UECN) and A&E delivery board plans.
- Better Care Fund Plans should consist of:
 - A short, jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care.
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes.
 - A scheme-level spending plan demonstrating how the fund will be spent.
 - Quarterly plan figures for the national metrics.
- Approximately 14 Key Lines of compared to approx. 70 in 2016/17.

Appendix 2

BCF, the big messages

- Implement Discharge to assess.
- Create / develop real Integrated discharge services.
- Invest in Reablement based on agreed evidence.
- Include Support for Regulated Care sector.
- Be innovative with DFGs working more with Districts and Home Improvement Agencies.
- Use opportunities with Voluntary Sector.
- Include a range of Prevention services and aim for earlier intervention.
- Work at local level across partners, trying things out.
- More focus on self-care.
- Improve live data access.
- Consistent use of metrics to be able to compare like with like, meaningfully.
- Be clear of fit with operational plans, LDP and STP.
- Take some chances.
- It's not always about the money!
- Go with the possible, BCF wide and locally.
- Single plans across BCF and A&E delivery boards.

Appendix 3

Table 1

	Primary Prevention	Hospital	Community	Secondary Prevention
	Support to live safely and happily at home Self care	Avoidance and discharge	Support to return home, reablement and recovery	Stabilisation, maintenance, rebuilding resilience Self care
Scheme				
1.				
1.				
1.				
1.				
1.				
1.				
1.				
1.				
1.				
1.				
1.				

Table 2

Scheme	Supports integrated working?	Person centred ?	Outcome based?	Evidence based?	Measurable ? Especially but not exclusively against the metrics?	Cost effective ?	Equitable and accessible ?	Fits with system? Does it help connect services?	Links outside Health and Social Care?	?
1.										
1.										
1.										
1.										
1.										

Our Ref: RC KMcB LD Outcome 2017-03-28

North Region Specialised Commissioning
Team (North)
Waterfront 4
Goldcrest Way
Newburn
Newcastle upon Tyne
NE15 8NY

**TO KEY STAKEHOLDERS ACROSS THE
NORTH WEST**

Email: Robert.cornall@nhs.net
Telephone Number: 0113 825 3034

28 March 2017

Dear Colleague

RE: Consultation on the redesign of learning disability and autistic spectrum disorder services across the North West

NHS England would like to thank you for taking part in the consultation on the redesign of learning disability and autistic spectrum disorder (ASD) services across the North West. The consultation received over 1000 responses in the 12-week period we consulted. Each response, including yours, was considered when making the final decision.

As a result of the responses received a national decision has now been taken on the future direction for services for those people with a learning disability, ASD or both in the North West. The decision was made by a national group following consideration of the report presented following the consultation evaluation. This report and the minutes of the meeting can be accessed here:

<https://www.england.nhs.uk/2017/03/modernisation-of-north-west-learning-disability-services-to-improve-care-for-patients/>

This decision will see services developed to enable people to lead more independent lives in their communities. These plans include the closure of Calderstones Hospital (now known as Mersey Care Whalley) - England's last stand-alone NHS learning disability hospital.

As in line with the principles set out in *Building the right support*, plans will now be finalised on how local NHS and social care leaders in the region will deliver the reforms within a community setting. However patient safety remains paramount - as beds reduce community services will be developed at the same pace, and intensive support will be provided to patients and their families as they transition from inpatient care to a more appropriate setting.

NHS England and Merseycare NHS Foundation Trust will work closely to ensure that the transition to the new model of care will be a successful integration into modern and fit for purpose services that will provide excellent care to this group. This will allow people to be cared for in their own homes as far as possible and support is available at times when they most need it to prevent the need for admission to hospital. Hospital provision if needed will be provided in smaller units better designed to meet the needs of the population for the least time and in the least restrictive and most person centred way there for improving outcomes

and experience for those who use these services.

NHS England has worked with colleagues at Mersey Care NHS Foundation Trust to ensure that briefing sessions are organised for staff, service users, their families and carers, with additional ongoing support being provided for service users while the changes take place.

Staff will be offered opportunities for further training and development so that individuals and teams can be re-deployed across the new services.

In cases where staff cannot or do not wish to be re-deployed, NHS England, local CCGs and Mersey Care will work with staff representatives and trades unions to explore other options.

NHS England would like to thank you once again for being part of this consultation that will now move into an exciting phase of redesign and development of world class services for our population.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Robert Cornall', with a stylized flourish at the end.

Robert Cornall
Regional Director of Specialised Commissioning (North)