



Lancashire Health and Wellbeing Board
Tuesday, 20 June 2017, 2.00 pm,
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. Appointment of Chair	Information	The Board is asked to note that in accordance with the Terms of Reference, County Councillor Vivien Taylor, Cabinet Member for Health and Wellbeing is appointed as the Chair for 2017/2018 municipal year.	Dr Sakthi Karunanithi		2.00pm- 2.05pm
2. Membership and Terms of Reference of the Board	Information	To note the membership and terms of reference.	Chair	(Pages 1 - 4)	2.05- 2.10pm
3. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.10- 2.15pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		2.15-2.20pm
5. Minutes of the Last Meeting	Action	To agree the minutes of the previous meeting.	Chair	(Pages 5 - 10)	2.20-2.25pm
6. Health and Wellbeing Strategy	Action	To introduce to the Board and seek the mandate to refresh and bring it up to date.	Dr Sakthi Karunanithi	(Pages 11 - 22)	2.25-2.40pm
7. Joint Strategic Needs Assessment (JSNA) 2016/17 Annual Work Programme Outputs	Action	The Board approve the main outputs from the 2016/17 work programme and comment on and approve the plans for 2017/218 JSNA project year.	Mike Walker	(Pages 23 - 26)	2.40-3.00pm
8. Lancashire Better Care Fund Quarterly Update - Q4	Action	The Board to note the report, ratify the submission to NHS England and agree that the final draft Lancashire iBCF and core BCF plans for 2017/19 be presented to the Board for consideration and approval.	Paul Robinson	(Pages 27 - 48)	3.00-3.20pm
9. CAMHS Redesign	Information	To receive an update on proposals to redesign part of the system.	Julie Haywood	(Pages 49 - 52)	3.20-3.45pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
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		3.45-3.50pm
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 5 September 2017 in the Duke of Lancaster Room - Cabinet Room 'C' at County Hall, Preston.	Chair		3.50-3.55pm

I Young
County Secretary and Solicitor

County Hall
Preston

Lancashire Health and Wellbeing Board Terms of Reference

1. Purpose

To enable people in Lancashire to achieve the best possible health and wellbeing outcomes through better partnership working and service integration.

2. Functions

To achieve the purpose outlined above the Health and Wellbeing Board will deliver the following key functions:

Leadership – to lead and direct the health and wellbeing system to ensure we improve services and make the best use of resources that deliver better outcomes for people.

Assurance – to ensure a collective awareness of the major changes, pressures and risks across health and wellbeing services and provide opportunity to review, comment and consider the opportunities for collaborative approaches to address or manage these.

Challenge – to monitor and evaluate all parts of the health and wellbeing system in Lancashire and where necessary provide appropriate and effective challenge.

Accountability – to be able to demonstrate and evidence that the decisions of the Board, and their subsequent outcomes, are clearly focussed on protecting the health and wellbeing of people in Lancashire.

Strategy – to agree a Health and Wellbeing Strategy and ensure plans and priorities, both through collaboration and within individual organisations/sectors, are aligned and support the delivery of this Strategy.

Commissioning - to enable collaboration between commissioners, joint commissioning and pooled budgets, where this provides better integrated service delivery and outcomes.

Understanding – to be clear about the needs and opportunities for people's health and wellbeing in Lancashire and to lead the development of a Joint Strategic Needs Assessment. To ensure that data, intelligence and evidence (for example through the Joint Strategic Needs Assessment) is informing and driving the development of plans and priorities. To listen to and understand the needs of local people.

Engagement – to ensure there is effective dialogue, engagement and joint working between county and local health and wellbeing structures and partnerships and with other key strategic partnerships and networks.

Integration – to promote integration and partnership working between the NHS, social care, public health and other services.

**(Approved and last updated by Full Council, 25 May 2017
Owner – Chris Mather)**

3. Principles

The Health and Wellbeing Board members recognise shared values as the foundation of a strong partnership and through trust, openness, equality and fairness will ensure a strong and sustainable partnership that delivers improved health and wellbeing outcomes for people in Lancashire.

Trust – to have confidence in the integrity and ability of all partner organisations working collaboratively through the Health and wellbeing Board.

Openness – demonstrating transparency and openness between partners in how decisions are made and in sharing activities, plans and ambitions.

Equality – each partner organisation/sector has an equal standing within the Health and Wellbeing Board.

Fairness – commitment throughout the Health and Wellbeing Board that the behaviour and actions of partners is equitable, impartial and objective.

4. Membership

The membership of the Lancashire Health and Wellbeing Board is comprised of the following:

- The Cabinet Member for Health & Wellbeing, LCC (Chairperson)
- 3 LCC members to be nominated by the Conservative Group
- Corporate Director, Operations and Delivery, LCC
- Director of Adult Social Care, LCC
- Director of Public Health, LCC
- Director of Children's Services, LCC
- Six Clinical Commissioning Group (CCG) Network Members (1 member to be nominated by each CCG)
- The Director of the Lancashire Area Team (National Commissioning Board)
- Three District Councillors (one from each of the sub areas of Lancashire, to be nominated by the Lancashire Leaders Group)
- One District Council Chief Executive (to be nominated by the Lancashire Chief Executives Group)
- A Third Sector Representative (to be nominated by One Lancashire)
- The Chairperson of Healthwatch
- Two Providers (to be nominated by Chief Executives of NHS Foundation Trusts)
- Five Chairs (or a nominated representative) of the Health and Wellbeing Partnerships in Lancashire (one to be nominated by each Health and Wellbeing Partnership)
- Independent Chair of the Lancashire Safeguarding Children Board
- Independent Chair of the Lancashire Safeguarding Adult Board
- A Lancashire Constabulary representative

**(Approved and last updated by Full Council, 25 May 2017
Owner – Chris Mather)**

All Board members to have one vote each.

5. Meeting Arrangements

The Health and Wellbeing Board is a committee of the County Council and unless specified below, meeting arrangements are subject to the County Council's procedural Standing Orders:

- LCC's Cabinet Member for Health & Wellbeing will be the Chair of the Board.
- The Board will appoint the Deputy Chair annually.
- The Board will meet bi monthly.
- Every other meeting will have a clear thematic focus to enable wider discussion, understanding and decision making around priorities areas.
- Decisions will be made by consensus where possible, or when appropriate by a majority vote.
- The quorum at a meeting of the Board shall be a quarter of the whole number of voting members of the Board with at least one Cabinet Member being present.
- Substitutes for Board members are permitted with written notification being given to the Clerk by the relevant nominating body in advance of the meeting.
- Meetings of the Board are open to the public but they may be excluded where information of an exempt or confidential nature is being discussed – see Access to Information Rules set out at Appendix 'H' in the County Council's Constitution.
- The Board cannot discharge the functions of any of the Partners.

**(Approved and last updated by Full Council, 25 May 2017
Owner – Chris Mather)**

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 Keddy, 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 Keddy 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 were consulting on acute services on the list of options and would engage with the STP. 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

Lancashire Health and Wellbeing Board

Meeting to be held on 20 June 2017

Lancashire Health and Wellbeing Strategy

Appendix A Lancashire Health and Wellbeing Strategy

Contact for further information:

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council; 07876844042

sakthi.karunanithi@lancashire.gov.uk

Executive Summary

Although much of the Lancashire Health and Wellbeing Strategy (Appendix A) remains appropriate improving health and wellbeing outcomes in Lancashire, Members of the Board are requested to provide a mandate for its refresh and update.

Recommendation

Members of the Health and Wellbeing Board are requested to consider the current Health and Wellbeing Strategy, and agree that it be refreshed and updated, prior to approval at a future Board meeting.

Background

The Lancashire Health and Wellbeing Strategy (Appendix A) provides the framework for improving health and wellbeing outcomes in Lancashire. It addresses three areas of work across the life course i.e. Start Well, Live Well, Age Well through a multi-agency approach.

Although much of the strategy remains appropriate in addressing the improvement of health and wellbeing in Lancashire, members of the Board are requested to consider the current strategy, and agree that it be refreshed and updated, prior to approval at a future Board meeting.

List of background papers

N/A



Lancashire

Health and Wellbeing Strategy

"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"

"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"

1. Purpose of the strategy

This strategy has been developed by Lancashire's Health and Wellbeing Board. Our ambition for the strategy is that it will enable us to work better together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities. This strategy sets out the desired goals until the year 2020 with a work programme up to the year 2016.

Working together to.....

- Achieve changes in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.
- Learn the lessons arising from this collaboration to strengthen future working together

.... getting results that

- Deliver improvements in health and wellbeing' for the people in Lancashire.
- Deliver early wins i.e. specific areas for action that will help deliver key health and wellbeing outcomes whilst 'modelling' desired shifts in the ways that partners work together

2. Health and wellbeing in Lancashire

Lancashire has a diverse population of around 1.2 million people. There are wide variations in levels of income and wealth, which are not always concentrated in specific parts of the county. In more rural areas, for example, poverty and social exclusion exist side by side with affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire and parts of Preston. Lancashire's population is ethnically diverse. There are parts of the county will very small black and monitory ethnic populations while in Preston, Burnley, Pendle and Hyndburn more than one in 10 people of the local population is from a black or minority ethnic group.

Our county's landscape ranges from the high moorland of the South Pennines to the flat expanses of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Preston and Lancaster are our main urban centres, but there are a range of other important urban settlements from former textile towns such as Burnley to coastal resorts and market towns such as Chorley.

The diversity of the county is reflected in the health and wellbeing needs and assets of the population. There are large inequalities in health and in the causes of poor health between different areas and groups of people in the county.

Lancashire's Joint Strategic Needs Assessment paints a picture of health and wellbeing in the county and of its influences. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans. The priorities highlighted through the Joint Strategic Needs Assessments underpin our strategy (if you want more information about the JSNA you can visit its website or click [here](#)).

The population of Lancashire is changing. The number of older people in the county is increasing and is projected to grow further by 2020. While people are living longer, many are spending more years at the end of life in poor health and our strategy should therefore focus on intervening earlier and in new ways to support active ageing and prevent loneliness, ill health and disability among older people.

The shape of households in the county is also changing with an increasing proportion of adults and older people living alone, putting more people at risk of social isolation, particularly in later life. There is evidence that good social relationships protect against a wide range of health problems.

Lancashire's population of children and young people is becoming increasingly ethnically diverse and too many children are still being born into poverty. Lancashire performs particularly poorly on indicators relating to expectant and new families, such as smoking in pregnancy and breast feeding. Improving the living conditions and physical and mental health of pregnant women and expectant families can prevent poor health for the rest of the new baby's life.

The health behaviour of Lancashire's population is changing. Although overall fewer people are now smoking tobacco, smoking rates among manual social groups remain static. Alcohol consumption and obesity are increasing, putting increasing demands on health and social care services. Patterns of drug use are also changing, with evidence of increases in the proportion of people misusing a combination of different drugs and alcohol within a recreational context.

Inequalities in health in the county are a significant concern. Analysis of health inequalities identified the 10 largest gaps in health outcomes between the least and most deprived areas of the county and the priorities for addressing these inequalities (shown in figure 1).

Figure 1 – Priorities for addressing health inequalities in Lancashire

The ten largest gaps in health and wellbeing outcomes	Priorities for addressing health inequalities
Liver disease Mental health and wellbeing Diabetes Quality of life Infant mortality Lung cancer Coronary heart disease Stroke Children's health and wellbeing Accidents	Reduce unemployment Increase income and reduce child poverty Strengthen communities Develop skills and lifelong learning Reduce alcohol consumption and tobacco use Increase social support

Economic and social factors have a large influence on health and wellbeing and in the current economic climate concerted action is needed across partners to mitigate the negative impacts of poverty and unemployment.

Many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support; healthier behaviours and better quality health and social care services. We already have good practice and solutions in the county that prove that outcomes can be improved and show that it is possible to make a difference to our communities' health and wellbeing. Efforts should be made to roll these out more widely so that more people can benefit from them.

The availability of affordable and suitable housing makes an important contribution to health. Too many people in Lancashire cannot afford to keep their home warm in the winter. This contributes to a number of health problems including heart disease and stroke, respiratory diseases and poor mental health, and places demands on our services. It is important to work with planners, housing authorities, landlords and health services to improve the quality and availability of suitable housing.

Lancashire has considerable assets including the strengths of people, groups and networks in our communities that can be used for the benefit of the health of local people. The diverse business sector in the county contributes is a significant asset. Local businesses provide employment and services for thousands of people and contribute to improving our communities through providing training and

education and contributing to our voluntary, community and faith sector through corporate social responsibility activities. In many of our communities local businesses are an invaluable part of the social fabric of the area.

The county has abundant green space and countryside that is already enjoyed by many people for leisure and relaxation. This can be further exploited for health and wellbeing. Local authority partners in the county have significant regulatory and enforcement powers such as licensing, planning and trading standards that can be used to promote health and wellbeing. Lancashire's GPs and wider primary care services have a pivotal role in preventing ill health and in working together with patients to manage long term health problems.

Lancashire has a strong further and higher education sector with three Universities and a number of colleges, which attract people to the area and provide a wide range of learning and research opportunities that the county can benefit from.

Lancashire also has a large, vibrant and thriving third sector with even more potential to contribute to protect and improve the health and wellbeing of individuals and communities. As well as prioritising action to meet the important health needs in the county, our strategy will focus on building and exploiting these assets further for the benefit of the health and wellbeing of our citizens.

3. How we need to work differently

As members of Lancashire's Health and Wellbeing Board we are committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our citizens and their communities. We believe that these shifts will fundamentally challenge the way that we currently work, but they are essential if we are to successfully improve health, wellbeing and the determinants of health on a sustainable basis and within the resources that will be available to us in the coming years. We are determined and committed to:

- **Shift resources towards interventions** that prevent ill health and reduce demand for hospital and residential services
- **Build and utilise the assets, skills and resources** of our citizens and communities
- **Promote and support greater individual self-care and responsibility** for health; making better use of information technology and advice
- **Commit to delivering accessible services** within communities; improving the experience of moving between primary, hospital and social care

- **Make joint working the default option** (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- **Work to narrow the gap** in health and wellbeing and its determinants

4. Overarching Goals

The Health & Wellbeing Board has agreed on three overarching goals for the strategy which need to be achieved by the year 2020.

Better health and wellbeing – to increase the time that people in Lancashire can expect to live in good health, and narrow the gap in health and wellbeing for the population of Lancashire

Better Care – to deliver measurable improvements in the people's experience of health and social care services

Better Value – to reduce the cost of health & social care, while at the same time increasing its effectiveness by promoting collaboration and integration between health and wellbeing board partners.

5. Programmes of work

Our JSNA makes it clear that we need to focus our work to deliver the strategy across the whole life course, intervening in a coordinated way in childhood, adulthood and old age.

Three distinctive programmes of work have been identified, reflecting the different support people need at different stages of their life. Below are the work programmes with the desired objective for each of the work programmes:

Programme1: Starting well

- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

Programme 2: Living Well

- To promote Healthy settings, healthy workforce and economic participation
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

Programme 3 Ageing Well

- To promote greater independence amongst older people
- To reduce social isolation and loneliness
- To better manage long term conditions
- To reduce emergency admissions and direct admissions to residential care
- To support carers and families of those who care for family members

A lot of good work is already happening across Lancashire on all of three programmes; however the health & wellbeing strategy allows the board to focus on areas of collaboration and integration and avoid duplication, at the same time recognises the good work and allows this to be shared across Lancashire.

It is important that the identified shifts mentioned above are weaved into each of the programmes, this will allow innovation and challenge the health system into new ways of working and more importantly achieve the desired goals.

6. Health and Wellbeing Outcomes Dashboard.

In order to support the objectives of the Health and Wellbeing Board Strategy Delivery Plan a number of appropriate outcomes were selected from the Public Health Outcomes Framework, NHS Outcomes Framework and Adult and Social Care Outcomes Framework. These form the Health & Wellbeing Outcomes Dashboard. The Dashboard will document will enable an informed programme of work and will be the mechanism to continually monitor all health and wellbeing outcomes, review the proposed actions and monitor their effectiveness. This work will be available at county, CCG and district level and will be updated on a quarterly basis, in line with national updates.

7. How the Strategy will be delivered & managed across Lancashire

The Health & Wellbeing Board has recognised that Lancashire is a very diverse both geographically and demographically. It also recognises that the Health economy in Lancashire mainly operates on the acute (hospital) settings. It has also been recognised that many partners who make up the health and wellbeing Board commission on different geographical footprints and health boundaries and some who operate across the whole of Lancashire.

A county wide Joint Officer Group (JOG) made up of senior executives from the organisations represented on the Health & Wellbeing Board and Locality Partnerships will take operational leadership and lead on the co-ordination and delivery of the strategy across Lancashire. The Joint Officer group reports directly into the board.

The JOG will manage performance through:

- The 3 programmes of work (Starting well, Living Well, Ageing Well)
- The 6 shifts (identified in how we need to work differently)
- A Lancashire Health & Wellbeing Outcomes Dashboard

JOG will receive progress reports at each meeting with an in-depth report for one of the 3 programmes at each meeting. This will allow challenge, support, and celebration of achievement and the sharing of good practice whilst delivering the strategy.

The Health and Wellbeing Board also recognise that it needs to create links with other strategic partnerships that operate across Lancashire, including statutory and non-statutory partnerships and the two unitary Health and Wellbeing Boards. The Board has therefore agreed a line of communication between the unitary Health & Wellbeing boards and other strategic partnerships by inviting them to board meetings, and allowing issues to be discuss, that require a multi-agency approach beyond the health system, when striving to achieve the desired Goals and Programme objectives. The arrangements will be continually reviewed to ensure that they remain fit for purpose.

"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 June 2017

Joint Strategic Needs Assessment (JSNA) 2016/17 Project Outputs

Contact for further information:

Mike Walker, 01772 533445, Information, Intelligence, Quality and Performance Manager,
mike.walker@lancashire.gov.uk

Executive Summary

Every year the Health and Wellbeing Board (HWB) approves the annual work programme for Lancashire's Joint Strategic Needs Assessment (JSNA). The 2016/17 projects delivered a JSNA for the working age population, and an interactive online tool to provide JSNA intelligence for neighbourhood areas.

The main outputs of the working age population JSNA are an intelligence report and a suite of supporting documents for particular themes and geographies and a wealth of online content. The main report highlights priorities for the health and wellbeing of the working age population in Lancashire and contains several recommendations for action from local partners.

The interactive neighbourhood intelligence tool has been created and is ready to go live on the JSNA web pages once approved by the HWB. As agreed by the HWB last year, this online tool will continue to be developed with input from commissioners and service planners for as long as it continues to be useful.

The JSNA Leadership Group met on 8 June 2017 and has recommended a programme of work for the JSNA team for 2017/18.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Receive the main outputs from the 2016/17 work programme.
2. Endorse a commitment that action plans will be developed by partner organisations on the HWB, based on the recommendations from the working age population JSNA.
3. Solicit commitment from the partner organisations that they will consider and demonstrate how the JSNA findings are reflected in their plans and strategic decisions.
4. Comment on and approve the JSNA plans for the 2017/18 as recommended by the JSNA Leadership Group at its 8 June meeting:
 - Utilise the neighbourhood intelligence tool along with other intelligence sources from across the health, care and public services sector to support the planning, delivery, monitoring and evaluation of sustainability and transformation programmes across Lancashire and South Cumbria STP area.
 - Develop a JSNA service that is dynamic and responsive that includes relevant information sharing agreements with NHS providers and commissioners, the Commissioning Support Unit, and the wider public sector organisations, to understand the service level quality and performance.

Background

Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JSNAs, through the Health and Wellbeing Board. The responsibility falls on the health and wellbeing board as a whole. The JSNA Leadership Group is the new direct governance group for JSNA, with membership from all key partners including several members of the HWB. It was established following HWB approval in December 2015.

Every year, the JSNA work programme is suggested by the JSNA Leadership Group and agreed by the HWB. The JSNA team leads two or three major thematic JSNA projects per year, which are delivered in partnership with other teams and organisations. These projects provide a depth of knowledge on particular topics that supplements the breadth of knowledge provided by the JSNA intelligence web pages ([Lancashire Insight](#)). The outputs and findings are presented to the JSNA Leadership Group and HWB by the JSNA team.

The 2016/17 project outputs and findings were presented to the JSNA Leadership Group on 8 June and these are now being presented to the HWB for comment and sign-off prior to publication. The JSNA Leadership Group has produced recommendations for the 2017/18 JSNA work programme, which the HWB is asked to approve.

Findings and outputs from 2016/17 projects

Working age population (WAP) JSNA

Prior to the initiation of this project, there was a clear identified gap in intelligence about the health and wellbeing needs of the working age population in Lancashire. This group of 735,600 people (62% of the population) has its own set of specific health and wellbeing needs, which this project set out to identify.

The project will support, among other things, the HWB's six strategic shifts and living well programme of interventions, and Lancashire County Council's live well commissioning strand. The initial recommendations from the prioritisation event attended by stakeholders on 25 April are:

- Healthy spaces: undertake a needs assessment around issues such as air quality and active travel for new housing developments such as those in the City Deal area. This would be achieved by undertaking further analysis of issues such as active travel, air quality, employment and education and demographics.
- Healthy people: undertake further work/research (with partners) into volunteering and its health benefits. This would be achieved by potentially coordinating and undertaking an in-depth questionnaire to provide additional local insight around volunteering in Lancashire.
- Healthy people: work with partners to provide data, analysis and intelligence to support the promotion of learning and non-work-based training to socially disadvantaged, unemployed or economically inactive older adults.
- Healthy people: work with partners to provide additional data, analysis and intelligence to support the promotion of positive lifestyle behaviours.
- Healthy workplaces: provision of intelligence to support workplaces in producing and implementing strong policies to help people to remain in work, based on best practice; for example a carers' strategy.
- Healthy workplaces: the data and intelligence from the WAP project, along with the WAP report for non-standard and flexible working patterns should be used, where appropriate and feasible, to promote flexible work schedules to encourage a healthy work/life balance.

The draft summary report is [here](#). Other outputs of the project include specific themed reports for:

- Lifestyle behaviours
- Long-term conditions
- Adults 50+
- Non-standard and flexible working
- Work, health and wellbeing
- Mental health
- Substance use
- Communities of interest (eg LGBTQ)

There are also profile reports for Lancashire and districts, contextual information, mapping, a master spreadsheet containing all the publicly available and anonymised/pseudonymised data, and other web-based content.

Neighbourhood intelligence

This aim of this project was to provide intelligence on health, wellbeing and the wider determinants of health at neighbourhood level for service planning purposes.

The main output from the neighbourhood intelligence project is an interactive online intelligence tool providing JSNA data and intelligence for neighbourhood areas. It is ready to go live on the [Lancashire Insight](#) website following approval from the HWB.

The JSNA team, the neighbourhood intelligence project group and the JSNA Leadership Group will be responsible for promoting the tool. The JSNA team will provide training on its use to local commissioners and service providers and assess its use. Continued development of this tool was agreed prior to project initiation. Details about future development plans are set out below in the suggested work programme for 2017/18.

A demonstration will be given and the neighbourhood intelligence tool is [here](#).

Recommendations for the 2017/18 JSNA work programme

The JSNA team consists of two FTE employees. The JSNA manager is now on maternity leave, with responsibilities being picked up by her manager Mike Walker (Information, Intelligence, Quality and Performance Manager) from the county council's Business Intelligence team. With this in mind, and in light of the changing health and wellbeing landscape over the coming year, the JSNA Leadership has recommended that no specific thematic projects be undertaken and that instead, the JSNA team provides a responsive, flexible service to support the health and wellbeing intelligence needs of the emerging Lancashire and South Cumbria STP and any commissioning neighbourhoods within it. Suggestions for smaller needs assessment have already been put forward, including a health and housing project and a more comprehensive analysis of air quality on the JSNA web pages.

Partnership collaboration is critical to support better integration of the intelligence activities for the sustainability and transformation plans and work streams for Lancashire and South Cumbria and the five partnership areas. This will include organisations such as NHS Midlands and Lancashire Commissioning Support Unit (CSU), clinical commissioning groups (CCGs), NHS England, providers and local authorities.

Continued development of the neighbourhood intelligence tool

Prior to the initiation of the neighbourhood intelligence project, the HWB agreed to the continued development of the tool over time providing that it proves a useful addition to the Lancashire JSNA intelligence service. Initial feedback gleaned from a training and feedback session with partners from a range of commissioning organisations suggests that the tool will be useful for commissioning. The feedback also highlighted several areas for development including:

- tailored workshops with the commissioners and partners to explore need and development, driven by business need;
- forecasting and trends to be included with the charts;
- additional themes and indicators such as hate crime, housing and waste management;
- profile dashboards for CCGs;
- further formatting, such as highlighting significantly better or worse indicators.

The JSNA Leadership Group has recommended that these developments are taken forward. Other development opportunities that arise throughout the project year, through feedback, will be included as we develop the tool.

Risk management

Legal

It is a requirement under the Local Government and Public Involvement in Health Act 2007 that the authority must undertake a Joint Strategic Needs Assessment. Section 196 of the Health and Social Care Act 2012 makes the completion of this assessment a function of the Health and Wellbeing Board. As it is a requirement that the authority undertake the assessment failure to carry this out could result in legal action being taken against the authority.

Financial

There are no financial implications resulting from the proposed programme of work for 2017/18 and the programme will be delivered within existing resources. However, failing to incorporate assessments of population need into the commissioning and service planning processes could lead to resources being provided where they are not needed and not providing value for money. Conversely, provision of services that are unsuitable or inadequate for the needs of the population could lead to worsening of population health that will require more intensive resources being needed in the future. This could also have knock-on effects on non-health services.

Equality and Cohesion

Failure to incorporate assessments of population need into the commissioning and service planning processes could cause health inequality gaps to widen, worsening the health, wellbeing and lives of some of the most vulnerable groups and individuals.

List of background papers

N/A

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Health and Wellbeing Board

Meeting to be held on 20th June 2017

Lancashire Better Care Fund (BCF) Quarterly update

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Executive Summary

The purpose of this report is to inform the Lancashire Health and Wellbeing Board of the progress of the delivery of the Better Care Fund (BCF) Plan in quarter 4 of 2016/17 and an annual overview.

It also provides an update on progress on development of the BCF plan for 2017/19 and the use of the *improved* BCF (iBCF) monies.

The quarterly trend for performance at better than plan for non- elective admissions but worse than plan for delayed transfers of care has continued. The latter showing the size of the challenge faced. Against trend Residential and Nursing Home admissions showed a surprising increase in Q4 unexpectedly resulting in missing the annual target. The positive impact of Reablement Services has remained at a good level and stabilised above target.

BCF planning has moved on with an emphasis being placed on the use of the £28m iBCF monies. There have been very honest and constructive discussions across all partners based on the guidance given by the Health and Wellbeing Board. These continue with a plan in place to work towards an agreement. Progress on which will be reported verbally to the board. Emphasis on iBCF is being given due to the need to act quickly to reinforce social care provision.

Core BCF planning continues in parallel with a slightly longer timeframe required. Unsurprisingly a great emphasis in iBCF and core BCF planning is placed on addressing the challenge of the levels of delayed transfers of care.

Due to the timescales involved it will be necessary for the completed plans to be considered outside of the planned Health and Wellbeing Board meeting timetable.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the level of performance, in quarter 4 and annually for 2016/17, against the BCF metrics.
2. Ratify the submission of the Lancashire BCF quarterly / annual performance update to NHS England as set out in the report.
3. Agree that the final draft Lancashire iBCF and core BCF plans for 2017/19 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

Previous reports to the Health and Wellbeing Board have given the detail of the purpose of the fund and breakdown of spend within the fund. These have covered the life of the BCF over 2015/16 and 2016/17.

As the accountable body for the Lancashire BCF the Health and Wellbeing Board is required to receive quarterly and annual updates, agree performance submissions to NHSE and approve BCF plans prior to their assurance by NHSE.

The last report to the board confirmed that the BCF will continue into 2017/18 and 2018/19 but that at that time BCF planning guidance had not been issued. The guidance is still awaited but planning has progressed focusing initially on the use of the iBCF monies.

List of background papers

- Lancashire Better Care Fund Plan 2016/17
- [NHS England Better Care Fund web page](#)
- [2017-19 Integration and Better Care Fund Policy Framework](#)
- [High impact change model Managing transfers of care between hospital and home](#)

Better Care Fund performance quarter 4 2016/17

Non Elective admissions for Q4, as Q3, achieved better than plan at -3.3% variance. At CCG level there was a range of +11.59% to -13.60% variance.

Annually there was a very small reduction in actual numbers from 124,883 in 2015/16 to 124,831 in 2016/17.

Delayed transfers of care continue to show the size of the challenge faced. In Q4 there was a 30.3% variance from plan. Comparison against Q4 in 2015/16 shows a +34.4% variance with a full year comparison showing a 34.7% variance.

All providers saw an increase for the whole of 2016/17 and against the same quarter in 2015/16.

Q4 saw a total of 17,158 delayed days across all Lancashire providers.

The **Residential and Nursing Home Care** admissions surprisingly showed, for the first time a worsening and that the 2016/17 target 682.7 admissions per 100,000 population 65+ will not be achieved. The Q4 outcome of 756.0 is higher than the Q3 outcome of 723.6, the Q2 outcome of 702.5 and the 2015/16 Q4 outcome of 714.7. An improvement to approximately 743.2 is expected when the Lancashire outcomes are recalculated against an increased population when the mid-2016 population statistics are released in July 2017. Investigation has revealed some element of data quality issues affecting this with recent data cleansing and updating exercises introducing a significant number of newly recorded admissions. The data will be reviewed by the end of Q1 2017/18.

The positive message of **the effectiveness of reablement services continues**. Lancashire outcome figures for Q4 indicate that performance has now settled to a better than target level; 83.76% in Q4 and a quarterly average for 2016/17 85.56% of people were still at home after 91 days, following a period of reablement that followed hospital discharge. The Lancashire 2016/17 Better Care Fund target is 82.0%. Q4 figures show that 979 people were offered these services for the period compared with 888 people in Q3.

Financial Performance:

The financial performance of the fund is in line with plan. The Section75 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 Q4, on plan for the full year.

BCF Planning for 2017/18

As set out in the last report to the board the BCF will be in place for at least the next two years 2017/19 and plans have to be developed for that period with some flexibility to review within that period.

Since the last board meeting the BCF partnership has put considerable time and effort into developing a plan for the use of the £28m iBCF monies that were announced in the 2016 spending review and 2017 budget. This has included colleagues from Blackburn with Darwen, Blackpool and South Cumbria.

The guidance that was given by the Health and Wellbeing board was that the plan should give one joined up message. Following this guidance the planning process has required robust and honest discussions that have resulted in the following:

1. The iBCF monies will be used in line with the following overarching principles:
 - a. Improving all aspects of **Assessment**
 - b. Making **Home 1st** work
 - c. Creating appropriate and effective **7day services** and aligned **Integrated Discharge Services**
2. Each LDP will create business cases to bid against iBCF monies that demonstrate how they support the implementation of the High Impact Change Model for Managing Transfers of Care. This is a national condition placed on the iBCF grant and an expectation for the core BCF. The need for LDP plans to be included was a recognition that coordination of health and social care has to be planned across boundaries so as to get the best value and impact.
3. Lancashire County Council will provide a description of and rationale for its proposed spend from the iBCF grant. It should be noted that the LCC iBCF schemes will meet the national conditions and address the principles as above.
4. The business cases will be presented at a meeting to be arranged prior to the Health and Wellbeing Board meeting.
5. Once agreed a single Lancashire iBCF plan will be signed off by the BCF steering group and implemented at pace so as to have the required early impact. It will not wait for the completion of the overall BCF plan.
6. A&E delivery boards are required to be involved in developing the joint approach to Managing Transfers of Care, to which the iBCF and BCF are key drivers. A&E delivery boards will be kept informed, involved and that planning aligned.
7. The development of the overall BCF plan will continue.

As the next step in its development a review of the existing BCF plan, all of its individual schemes and their impact and effectiveness will be completed by the end of July 2017. The review will inform decisions as to whether existing schemes should be reduced, expanded or ceased.

The review will also identify gaps that offer opportunities to spend BCF differently.

8. The Health and Wellbeing Board will be informed of the overall BCF plan development and asked for the power for plan approval to be delegated to the chair to allow for submission to and assurance by NHSE prior to the following HWB meeting on 5th September. The timing of this is dependent upon the date of publication of the national guidance that has been repeatedly delayed.
9. The above will be done against setting a system challenge of reducing DTOC bed days by 30%.

It is intended to give a live update on the above to the meeting of the Health and Wellbeing Board and to seek its views on the conclusions being reached.

Appendix A gives an overview of the conditions for the core BCF and iBCF. The last slide gives a breakdown of iBCF grant monies.

Appendix B is the “bid” template being used to set out proposals for use of iBCF monies.

Detail of the High Impact Change Model for Transfers of Care can be found at https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20model%20CHIP_05_Web_0.pdf

It should be noted that final guidance for the BCF planning process and confirmed details of allocations has yet to be published.

The Disabled Facilities Grant (DFG) element of the BCF has been identified as a total of £12,564,949 for Lancashire.

As in previous years, DFG will be paid to Lancashire County Council as the upper-tier authority. It will be passed to district councils to enable them to continue to meet their statutory duty to provide adaptations. Planning is exploring the options to use DFG under the discretionary powers available under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use specific DFG funding for wider purposes. For example, Local Authorities could use an alternative means test, increase the maximum grant amount, or offer a service which rapidly deals with inaccessible housing and the need for quick discharge of people from hospital.

Appendix A

Better Care Fund

BCF

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BCF 2017-19

- Better Care Fund Plans should consist of
- A 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 and an assessment of risks related to the plan and how they will be managed.
- A BCF planning template that includes:
 - 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.

The Better Care Fund for 2017/18 and 2018/19 has four National Conditions:

- That a BCF Plan, including the minimum of the pooled fund specified in the Better Care Fund allocations, should be signed off by the HWB itself, and by the constituent local authorities and CCGs, and with involvement of local partners;
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in 2017/18 and 2018/19, in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS commissioned out of hospital services, or retained pending release as part of a local risk sharing agreement;
- Implementation of the High Impact Change Model for Managing Transfers of Care

Your **success** is our **success**



National performance metrics

- Delayed transfers of care;
- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; and
- Effectiveness of reablement

Your **success** is our **success**



The improved Better Care Fund

Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

A recipient local authority must:

1. pool the grant funding into the local BCF, unless an area has written Ministerial exemption;
2. work with the relevant Clinical Commissioning Group 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; and
3. provide quarterly reports as required by the Secretary of State.



- The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Better Care Fund plan.

Your **success** is our **success**



**Better Care Fund Additional Funding for Adult Social Care
April 2017**

Local Authority	2017-18 Original IBCF funding	2017-18 Additional funding for adult social care announced at Budget 2017	2017-18 Total IBCF funding	2018-19 Original IBCF funding	2018-19 Additional funding for adult social care announced at Budget 2017	2018-19 Total IBCF funding	2019-20 Original IBCF funding	2019-20 Additional funding for adult social care announced at Budget 2017	2019-20 Total IBCF funding	Total 2017-2019 Additional funding for adult social care
Lancashire	3,209,659	24,886,413	28,096,072	22,656,054	15,735,483	38,391,537	40,013,825	7,799,412	47,813,237	114,300,846
Blackburn with Darwen	717,301	3,589,451	4,306,752	3,714,437	2,186,064	5,900,561	6,257,725	1,081,454	7,339,179	17,546,492
Blackpool	1,048,794	4,347,979	5,396,773	4,973,179	2,590,669	7,563,848	8,371,989	1,279,870	9,651,859	22,612,479
Total	4,975,754	32,823,843	37,799,597	31,343,730	20,512,216	51,855,946	54,643,539	10,160,735	64,804,274	154,459,817

Appendix B

iBCF 2017/18

Proposals of
<Insert name of LDP>

Summary

Scheme Title	Description and aims	£s in 2017/18
Total		

Overall Vision

Scheme 1...<Insert Title>

Issue to be addressed

Existing activity

Scheme 1...<Insert Title>

Proposed new or additional activity (including quantity)

Delivery timeline

Scheme 1...<Insert Title>

Costs

- Breakdown?.....
- Total cost?.....

Spending plan...monthly spend in 2017/18

Scheme 1...<Insert Title>

Planned impact	A reduction of?	Details
NELs		
DTOC		
Residential Admissions		
Other		

How will impact be measured and reported?

Scheme 1...<Insert Title>

Barriers / Challenges to successful delivery	Managed by....
Risks	Managed by...

Scheme 1...<Insert Title>

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
2	Systems to monitor patient flow.	
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	
4	Home first/discharge to assess.	
5	Seven-day service.	
6	Trusted assessors.	
7	Focus on choice.	
8	Enhancing health in care homes.	
Alignment with Plans		
	Urgent and Emergency Care	
	A&E Delivery Board	
	Operational plan (s)	
	Other...	

Scheme 2...<Insert Title>

Issue to be addressed

Existing activity

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 20 June 2017

CAMHS Redesign Options - Lancashire County Council Response

Contact for further information:

Dave Carr, Lancashire County Council, Tel: 01772 532066, dave.carr@lancashire.gov.uk

Executive Summary

The Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme has developed an Options Appraisal for the redesign of Child and Adolescent Mental Health Services (CAMHS). The Options Appraisal was due to be presented to the Collaborative Commissioning Board (CCB) on 13th June 2017.

Whilst recognising the progress being made by the Transformation Programme, County Council Officers will make a formal recommendation to Cabinet Members in August 2017 that the Redesign Proposals are not fully endorsed by the County Council unless the key issues identified within the body of this report are addressed.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- Note that the County Council does not intend to support all the proposals presented to CCB on 13th June 2017
- Consider the key issues raised and actions that can be taken through the Health and Wellbeing Board to ensure an appropriate approach to investment and delivery model across the Sustainability and Transformation Plan (STP) footprint. For example, to recommend that additional funding secured through the STP contributes to investment in proactive earlier interventions to prevent the need for more specialist clinical services.

Background

The Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme has developed an Options Appraisal for the redesign of Child and Adolescent Mental Health Services (CAMHS). A report is due to be considered by the Lancashire Collaborative Commissioning Board (CCB) on the 13th June 2017, which seeks endorsement from CCB to initiate a CAMHS redesign project, with a recommended approach to project scope and securing providers.

The draft report recommended that the scope of the project will include all NHS funded services (partially or full) that could or should deliver activity towards the new national CAMHS access target and gave consideration to options for securing the new model of service (the care model) through a clear and rigorous commercial roadmap.

The report was considered by the County Council's Management Team on 31 May 2017. A number of observations were made concerning the proposals including:

- Should the national access target be met, 65% of children and young people in Lancashire with a diagnosable mental health condition (circa 20k) will not be in treatment with an NHS community funded service
- The ongoing challenges in the variation of spend per prevalent population. On the Lancashire County Council footprint this varies from £316 (Lancashire North CCG) to £539 (Fylde and Wyre CCG). On a pan Lancashire footprint this increases to £806 (Blackpool CCG). Whilst there may be explanation for some of this historical variation in spend, the County Council continues to have concerns about differing investment, differing service provision and outcomes. The proposals, and wider Transformation Programme for Children and Young People's Emotional Wellbeing and Mental Health, does not address this issue. The Options Appraisal recognises that the Transformation Plan is not going to enable the achievement of an equitable position unless there is a Sustainability and Transformation Plan (STP) wide approach, which describes solutions for moving forward
- Concern that whilst standards and targets would be set at an STP level and design would also take place at an STP level, the Local Delivery Plan delivery (LDP) would be influenced by local investment decisions and perpetuate the existing variation in provision and outcomes.

Whilst recognising the progress being made by the Transformation Programme, County Council Officers did not intend to support all the proposals presented to CCB on the 13th June 2017 and in August 2017 will make a formal recommendation to Cabinet Members that the Redesign Proposals are not fully endorsed by the County Council unless the key issues identified above are addressed.

The proposed redesign assumes that current investment in services not in scope (such as resilience programmes and early help interventions funded by Local Authorities) will be ongoing and that health and social care will continue to work together to align all services to the THRIVE model. County Council Officers will make a recommendation to Cabinet in August 2017 that the current levels of investment in such services is maintained were possible and that the County Council continues to support and influence the Transformation Programme through the Programme Board.

List of background papers

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme Quarterly Update Presented to the Lancashire Health and Wellbeing Board
Monday, 24th October, 2016

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5299&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme Update Presented to the Lancashire Health and Wellbeing Board 13 June 2016

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=5297&Ver=4>

Lancashire Children and Young People Resilience, Emotional Wellbeing and Mental Health Transformation Plan Presented to the Lancashire Health and Wellbeing Board 29 October 2015 <http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=3971&Ver=4>

Children and Young People's Emotional Health and Wellbeing Services Update Presented to the Lancashire Health and Wellbeing Board 5th June 2015

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=4996&Ver=4>

