Lancashire Health and Wellbeing Board

Lancashire Health and Wellbeing Board

Tuesday, 14 November 2017, 10.00 am,

Committee 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. **Chair of the Health and Wellbeing Board**	Information	To note County Councillor Shaun Turner's appointment of Chair of the Board.	Clare Platt		10.00am
2. **Welcome, introductions and apologies**	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		10.05am
3. **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		10.10am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. **Minutes of the Last Meeting held on 5 September 2017**	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 6)	10.15am
5. **Forward Plan and Action Sheet**	Update	To note the action updates from the previous meeting.	Chair	(Pages 7 - 10)	10.20am
6. **Lancashire Health and Wellbeing Strategy**	Action	To receive a report detailing outcomes from the workshop, updated draft strategy, identify workstream leads and agree way forward.	Clare Platt	(Pages 11 - 38)	10.25am
7. **Better Care Fund (BCF)/Improved Better Care Fund (iBCF) Performance Update Report**	Action	To receive an update report, with particular focus on iBCF and Delayed Transfers of Care (DTOC) performance; and agree way forward.	Mark Youlton/Paul Robinson	(Pages 39 - 70)	10.55am
8. **Review of Lancashire Residential and Nursing Home Market**	Action	To receive the report and presentation about the state of the market and agree a way forward.	Sakthi Karunanithi	(Pages 71 - 74)	11.25am
9. **Lancashire Safeguarding Boards: Annual Reports 2016/17**	Information and Discussion	To receive the Annual Reports.	Jane Booth	(Pages 75 - 114)	11.55pm

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		12.10pm
11. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 10.00am on 25 January 2018 in Committee Room C – Duke of Lancaster Room at County Hall, Preston, PR1 8RJ.	Chair		12.15pm

I Young
County Secretary and Solicitor

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 5th September, 2017 at 10.00 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Geoff Driver CBE, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
County Councillor Shaun Turner, Lancashire County Council
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, East Lancashire Health and Wellbeing Partnership and Central District Councillor
Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Jane Booth, Independent Chair, Lancashire Safeguarding Children's Board and Adult Board
Jacqui Thompson, North Lancashire HWB Partnership
Cllr Viv Willder, Fylde Coast District Council Rep
Amanda Hatton, Director of Children's Services, LCC
Councillor Tony Harrison, East Lancashire District Council Rep
Councillor Margaret France, Central HWBP
Adrian Leather, Third Sector
Simon Burnett, West Lancashire Health and Wellbeing Partnership
Tim Almond, Morecambe Bay CCG
Jackie Hanson, East Lancs CCG
Supt Andrea Barrow, Lancashire Constabulary
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

Dr Gora Bangi	Chorley and South Ribble CCG
Dr Sumantra Mukerji	Greater Preston CCG
Michael Wedgeworth	Healthwatch Lancashire Chair
Graham Urwin	NHS England, Lancashire and Greater Manchester
Gary Hall	Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Dee Roach	Lancashire Care NHS Foundation Trust (on behalf of Heather Tierney-Moore)
Dr John Caine	West Lancashire CCG

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1. Welcome, introductions and apologies

Due to the absence of County Councillor Vivien Taylor, CC Driver was appointed as Chair for the meeting.

Apologies were noted as above.

New member as follows:

DCC Sunita Gamblin replaces ACC Mark Bates, Lancashire Constabulary
Adrian Leather replaces Sarah Swindley, Third Sector

Replacements were as follows:

County Councillor Shaun Turner for County Councillor Vivien Taylor, Lancashire County Council
County Councillor Philippa Williamson for County Councillor Susie Charles, Lancashire County Council
Simon Burnett for David Tilleray, West Lancashire Health and Wellbeing Partnership
Tim Almond for Dr Alex Gaw, Lancashire North CCG
Jackie Hanson for Mark Youlton, East Lancs CCG
Supt Andrea Barrow for DCC Sunita Gamblin, Lancashire Constabulary

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 Meetings held on 20 June 2017 and 7 August 2017

Resolved: That the Board agreed the minutes of the last meetings with the following amendment to 7 August 2017 Minute Item 3 i) removal of the word 'That'.

4. Forward Plan and Action Sheet

The Forward Plan is a working document and items will move by necessity. Additional items that need adding are:

Pharmaceutical Needs Assessment (PNA)
Child and Adolescent Mental Health Service (CAMHS)
Joint Strategic Needs Assessment (JSNA)
Health and Wellbeing Strategy
Lancashire Safeguarding Adult's Board (LSAB) - Annual Report - November 2017 meeting
Lancashire Safeguarding Children's Board (LSCB) - Annual Report - November 2017 meeting

Members of the Board were requested to send any future items for consideration at a Board meeting to Sam Gorton, email sam.gorton@lancashire.gov.uk.

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5.   Lancashire Health and Wellbeing Strategy

Progress on the refresh of the Lancashire Health and Wellbeing Strategy was considered by the Board.

Resolved: That:

i)   The Health and Wellbeing Board (HWBB) members share the draft Strategy with health and wellbeing partnership colleagues for comment.
ii)   The HWBB agrees the draft strategy and associated appendices as the basis of a workshop to be held on 16 October 2017 where the focus for the final strategy will be agreed.

6.   Sustainability and Transformation Plan (STP)

Carl Ashworth, NHS Midlands and Lancashire Commissioning Support Unit on behalf of the Lancashire and South Cumbria STP presented an update to the Board on the proposed new STP Governance Arrangements – details attached.

Upper tier local authority representatives are represented on the STP Board, with County Councillor Vivien Taylor as the Lancashire County Council representative. The STP Board has a relationship with the Joint Committee of Clinical Commissioning Groups (JCCCG) in that the JCCCG is the means by which Lancashire and South Cumbria wide commissioning decisions will be made.

The HWBB noted that there is need to ensure a strong link between the STP Board and the HWBB.

Further to discussion, Carl confirmed that the Public Engagement Policy is a key workstream of the STP.

The HWBB felt a better understanding of the STP Governance Structure would be beneficial if a worked through example was provided and showed how it was followed through the structure.

Resolved: That the Health and Wellbeing Board agreed that a worked through example be provided to the HWBB at the Workshop on 16 October 2017.

7.   Better Care Fund (BCF)

Paul Robinson, NHS Midlands and Lancashire Commissioning Support Unit, informed the HWBB of the development of the Lancashire Better Care Fund (BCF) Plan for 2017/18/19 and sought the Board's approval of the plan.

It is a two year plan covering 2017/18 and 2018/19 with some ability to review late in the first year. It covers three elements of funding - the core BCF, the new iBCF and the Disabled Facilities Grants monies.

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The Lancashire BCF Plan is built upon a high level of involvement of a wide range of partners, and in particular health and social care. The plan again sees the growing influence and engagement with the Voluntary Sector and District Councils.

It has used approaches to support decision making that have required detailed analyses of 2016/17 BCF schemes and the potential of new areas of spend. Its spending plans reflect the decisions to retain the existing BCF schemes and to use the iBCF schemes to innovate, plug gaps and build upon existing success.

A key requirement within the BCF plan is to demonstrate the action to be taken to address the priority of reducing Delayed Transfers of Care. The plan describes how the BCF will act as an enabler within a wider system approach that will be led by the A&E delivery boards and coordinated through the Lancashire and South Cumbria Urgent Care Network.

The HWBB felt there was a need for better understanding and a flexible approach to what does and does not work.

There is a requirement to track and monitor benefits and outcomes. Hospitals are signing off the LDP Winter Plans. There is a need for clear metrics on a Lancashire footprint. Karen Partington, Lancashire Teaching Hospitals Foundation Trust, agreed to share work around this with Paul.

There is a need to align and learn quickly and be really clear on measured outcomes going forward. Guidance that will come through later in the year will encourage better alignment across boundaries.

Resolved: That the Health and Wellbeing Board agreed to:

    i) Endorse the approach taken in developing the Lancashire Better Care Fund plan 2017/18/19.

    ii) Approve the Lancashire Better Care Fund Plan 2017/18/19 and its submission to NHS England.

    iii) Agree a BCF reporting schedule to the board based upon that required by NHS England.

    iv) Request the BCF Steering Group strengthens performance management and evaluation of the schemes, so that their effectiveness is more clearly understood; and opportunities to move resources within and between schemes are identified, prior to any changes being agreed by the Board.

    v) Request the BCF Steering Group strengthen the risk and benefit sharing arrangements between the County Council and the Clinical Commissioning Groups (CCGs) under the Section 75 pooled budget arrangements.

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8.   Supporting Patients Choice to Avoid Long Hospital Stays

The Supporting Patients Choices to Avoid Long Hospital Stays Policy has been developed locally by NHS organisation and local authorities operating within the Lancashire and South Cumbria Sustainability and Transformation Partnership. It is based on a national framework issued by NHS England. The aim of the policy is to provide accurate and timely information to patients about their choices when leaving hospital, improve patient flow and increase capacity within hospital to meet growing demand.

To minimise delays and uncertainty about which organisation has funding responsibility for meeting the support needs of particular individuals in the context of this policy, a funding framework has also been developed by NHS and Local Authority partners within the Lancashire and South Cumbria Partnership.

Resolved: That the Health and Wellbeing Board agreed to endorse the collaborative policy framework, as detailed at Appendices 'A' and 'B' of the report; and supported its adoption across the footprint of the Lancashire and South Cumbria Sustainability and Transformation Partnership.

9.   LCC Adult Social Care Winter Plan

The Lancashire County Council (LCC) Adult Social Care Winter Plan has been updated for 2017/18 to reflect the services in place and the social care planning and response to winter pressures.

The plan includes information about various enhanced responses over the winter period and the proposed service developments through the improved Better Care Fund (iBCF) funding that aim to improve the situation around delayed transfers of care, which typically increase through the winter period.

Whilst some of the funding for enhanced services are being met through the iBCF, there is however no formal designated resilience funding identified within these monies, and therefore further resilience discussions may need to take place with NHS partners around whole system planning.

The plan will be shared both internally in LCC and with each A&E Delivery Board across Lancashire for inclusion in the system wide winter planning and delivery reporting.

Resolved: That the Health and Wellbeing Board received and noted the LCC Adult Social Care Winter Plan.

10.   Urgent Business

There were no matters of urgent business received.

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11.   Date of Next Meeting

The next scheduled meeting of the Board will be held at 10.00am on Tuesday, 14 November 2017 in Committee Room 'C' - Duke of Lancaster Room, County Hall, Preston.

The workshop will be held on Monday, 16 October 2017 at 1.00pm-4.30pm at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

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Lancashire Health and Wellbeing Board

Forward Planner 2017/2018

Date of Meeting	Topic	Summary	Owner
Jan 2018	Children and Young Peoples Emotional Health and Wellbeing	Board to receive update on Children and Young Peoples Emotional Health and Wellbeing Programme	Peter Tinson /Dave Carr
Jan 2018	BCF update	Better Care Fund Q3 performance update	Paul Robinson
Jan 2018	LDP update	Board to receive Local Delivery Plan from Bay Health and Care Partners	Dr Alex Gaw/ Jacqui Thompson
Jan 2018	Joint Strategic Needs Assessment (JSNA) update	Board to receive update on current and proposed JSNA projects and intelligence links to HWB strategy.	Mike Walker
March 2018	LDP update	Board to receive Local Delivery Plan from West Lancashire	Paul Kingan/ Kathryn Kavanagh
March 2018	Pan-Lancashire PNA	Pan-Lancashire Pharmaceutical Needs Assessment presentation to the Board.	Dr Sakthi Karunanithi
May 2018	BCF update	Better Care Fund Q4 performance update	Paul Robinson

Date of Meeting	Topic	Summary	Owner
May 2018	LDP update	Board to receive Local Delivery Plan from Fylde and Wyre	Peter Tinson

Lancashire Health and Wellbeing Board

Actions, September 2017

Action topic	Summary	Owner
Health & Wellbeing Strategy	Board members will consider the contextual information within the appendices of the draft strategy to allow informed discussion at the workshop planned in October. Further development of the strategy based upon the outcome of the workshop will be presented to the Board at the next meeting with the next stage to be discussed.	Clare Platt
Sustainability and Transformation Partnership (STP)	STP Governance Structure example be presented to the Board at the October workshop.	Dr Sakthi Karunanithi
Better Care Fund (BCF)	Agreement of a BCF reporting schedule based upon that required by NHS England. Request the BCF Steering Group strengthens performance management and evaluation of the schemes, so that their effectiveness is more clearly understood; and opportunities to move resources within and between schemes are identified, prior to any changes being agreed by the Board. Request the BCF Steering Group strengthen the risk and benefit sharing arrangements between the County Council and the Clinical Commissioning Groups (CCGs) under the Section 75 pooled budget arrangements.	Mark Youlton/Paul Robinson

Lancashire Health and Wellbeing Board
Meeting to be held on 14 November 2017

Lancashire Health and Wellbeing Strategy

Contact for further information:
Clare Platt, Head of Health Equity, Welfare and Partnerships, Lancashire County Council;
07876844627; clare.platt@lancashire.gov.uk

Executive Summary

Members of the Board agreed that a refresh of the Health and Wellbeing Strategy be undertaken, with a subsequent workshop to agree the key areas of focus for the Strategy. This report provides an update subsequent to the workshop, with potential workstreams identified, and a refreshed Strategy for consideration.

Recommendations

Members of the Board are requested:

i)   To consider the outcomes from the workshop and agree the proposed areas of work required to improve health and wellbeing outcomes in Lancashire.

ii)   To agree lead Board members for each programme of work.

iii)   To receive progress reports on the proposed work streams on a regular basis at future board meetings.

iv)   To adopt the updated draft Health and Wellbeing Strategy.

Background

At the meeting of 5 September 2017 members of the Board received a report, with an updated draft Health and Wellbeing Strategy and various appendices of contextual information about the health and wellbeing challenges in Lancashire. It was agreed that the draft strategy be used as the basis for a workshop with members of the Board on 16 October 2017, where the key areas of focus for the final strategy would be agreed.

The notes from the workshop identifying the priority issues (the what), and designing the delivery mechanisms (the how) are attached for information at Appendix A.

Members were provided with contextual information identifying the health and wellbeing outcomes where Lancashire performs poorly when compared with the national average, where there is a worsening trend or where the issues contribute to increasing inequalities.

Lancashire
County
Council

Further to discussion, Board Members identified the following as the areas of future focus for the Health and Wellbeing Strategy:

Start Well
- School readiness
- Child mental health
- Healthy weight

Live Well
- Healthy lifestyles
- Mobilising communities
- Promoting self-care

Age Well
- Social isolation and loneliness
- Delayed transfers of care
- Unpaid carers

Wider Determinants of Health
- Education, skills and lifelong learning
- Housing
- Employment

These have been considered and redefined further by the Director of Public Health and officers using the information provided through the workshop discussions, where it was noted that a number of areas of work do not easily fit under a particular heading. As a consequence the following groupings and workstreams proposed for action:

Early Years
- School readiness / parenting
- Children and young people's mental health and wellbeing

Activating Communities for Health and Wellbeing
- Healthy lifestyle behaviours
- Promoting self-care
- Social isolation and loneliness

Early Help and Managing Demand
- Management of long term conditions
- Place based integration of services
- Supporting unpaid carers
- Delayed Transfers of Care

Wider Determinants of Health
- Supporting young people not in education, employment or training (NEET)
- 'Prevention' at scale e.g. through health in all policies approach across all agencies
- Supporting independent living

In terms of delivery, each area of focus requires actions to be considered in terms of the opportunities afforded through:

- Joint commissioning
- Integrated delivery

- Policy development
- Consistent intelligence & standards
- Workforce development
- Better utilisation of public estate
- Better use of digital technology

Members of the Board are requested to consider these groupings and workstream areas, together with the opportunities to facilitate delivery, agreeing whether they are an appropriate reflection of the future focus required to improve health and wellbeing outcomes in Lancashire.

Subsequently the Board is requested to agree which Board members will lead activity on those workstreams, and the frequency that progress will be reported back to future meetings. It is likely that significant activity on some of these issues is occurring in other forums, with the Board lead potentially shaping the opportunities for Board oversight and influence. It is likely that all identified leads will require support to develop an action plan to target the activity within their workstream.

National Outcomes Frameworks define Public Health, NHS, Adult Social Care and Child and Maternal Health measures relevant to each of these workstreams. An example dataset is provided at Appendix B, which can be used to facilitate measurement of progress. Once the workstreams are finalised, further work will be undertaken to identify the key outcome measures, supplementing with local data where appropriate.

Further to the workshop, an updated draft strategy is provided at Appendix C for consideration.

List of Background Papers

Paper	Date	Contact/Tel
Report to HWB – Health and Wellbeing Strategy	5 September 2017	clare.platt@lancashire.gov.uk
Report to HWB – Health and Wellbeing Strategy	20 June 2017	clare.platt@lancshire.gov.uk

Lancashire Health and Wellbeing Board Strategy Workshop

16 October 2017

Long List of Issues Used to Identify Priorities:

Wider Determinants

D1 Reduce Unemployment
(Promote quality employment – Long term)

D2 Improve air quality

D3 Housing

D4 Reduce Poverty

D5 Reduce Fuel Poverty

Other

D6 Economic Development → Economic inactivity

D7 Education, Skills and Life Long Learning

Start Well

S1 Reduce Infant Mortality

S2 Healthy Weight

S3 Improve Child Dental Health

S4 Reduce Injuries to Children

Other

S5 Child Mental Health

S6 Child Safeguarding

Live Well

L1 – Reduce asthma/COPD

L2 – Improve Mental Health

L3 – Reduce Suicide

L4 – Reduce Prevalence of Long Term Conditions

L5 – Increase Physical Activity

Other

L6 – Mobilising Communities

L7 – Promote Self Care

L8 - Promote Healthy Lifestyle Behaviours

Age Well

A1 Older people living alone / Reduce Social Isolation

A2 Support for people providing unpaid care

A3 Reduce Cancer

A4 Reduce Cardiovascular disease

A5 Reduce Liver disease

Other

A6 Reduce Delayed Transfers of Care

A7 Reduce Falls

A8 Improve support and care for people with dementia

Wider Determinants

Top three agreed areas of focus:
- Education, skills and lifelong learning
- Housing
- Unemployment (promote quality employment – long term)

Summary

The group recognised that cross cutting influences and overlap between many of the issues for example unemployment, economic development, education and skills and poverty, this needs to be taken into account when considering issues identified as the highest priorities.

The group observed that not all issues neatly fit into start, live and age well themes for example 'social isolation' is part of age well, but cuts across other age groups, issues of rural isolation, access to services and transport were also raised.

The discussions also emphasised the need to promote Lancashire assets and positive aspects for example Lancashire's green spaces.

Mental ill health was identified as being a barrier to employment and a result of it.

Support workplaces to support staff wellbeing.

Need to include promoting opportunities volunteering community activity not just salaried jobs. Promote apprenticeships.

Need long term planning for life long housing and housing suitable for people with long-term conditions. Housing need to provide with other community and individual support. Support also provided through housing adaptations. Affordability – young people's housing.

Need district and county Local Plan planning policies to make a positive contribution to improving health and reducing health inequalities.

Cross over with promoting quality employment.

A need to ensure that all children are school ready.

Reducing chaotic lifestyles and family support.

Start Well

Top three agreed areas of focus:
- School readiness
- Child mental health
- Healthy weight

Summary

Identification of a variety of areas which must be targeted to improve priorities e.g. addressing parenting skills for the school readiness agenda.

Agreement on the need to utilise community assets in order to increase confidence and positivity, enabling aspiration to develop.

Link JSNA to asset-based community development initiatives.

Identify the role of Health Visitors in universal provision and integration.

Question posed in relation to the Sustainability and Transformation Partnership (STP) and if HWB can focus on Health Improvement as gap in STP.

Modifiable risk factors for addressing infant mortality were raised: Maternal mental health and domestic violence, smoking in pregnancy, genetics, etc.

Social media utilisation was highlighted as a way of working with school age children for emotional health and wellbeing issues to build resilience and raise awareness.

Focus upon transition points for child safeguarding.

Live Well

Top three agreed areas of focus:
- Healthy lifestyles
- Mobilise communities
- Self-care agenda

Summary

There was agreement across the groups that L6-L8 need to be flipped when considering finalising priorities and ensure that work is connected across the three areas. It was stated that by addressing the wider issues of community mobilisation, promoting the self-care agenda and increasing healthy lifestyle behaviours that an improvement in health and wellbeing outcomes would be seen together with a reduction in demand on services.

It was noted the need to expand upon the healthy lifestyle outcomes and LTCs sections, e.g. addition of tobacco to HLBs, diabetes to LTCs, etc.

To reduce asthma and COPD, preventative measures, work with district councils around fuel poverty and connections with air quality.

Universal and targeted approach to reducing stress to improve mental health. Links to educational programmes via substance misuse and alcohol services. Address workplace stress and reduce absenteeism. STP links and collaborative working for the suicide prevention agenda.

There is a need to reduce the call on mainstream emergency services in relation to LTCs.

Consider using the health champions model

Build resilience within our own workforce settings. Investment in this agenda is everyone's responsibility. Peer led. BCF. Customer journey. Educational awareness programmes via the school setting in increasing resilience and confidence in children (parental bereavement, prison stay of parent) e.g. the development of a teacher educational programme to spot signs in pupils. We have limited resources so must get priorities correct. Facilitate the sharing of knowledge, skills and expertise across organisations. Undertake an asset-based approach.

Core components already exist for communities to self-manage. Development and progression, scale and spread of effective work across the county. Use appropriate tools to educate. Consider the language used to engage.

Healthy lifestyle behaviours could be improved by working with key groups e.g. mothers via the Children's Centre settings will allow healthy lifestyle behaviours to be implemented from an early age leading to the likelihood of improved outcomes across the lifecourse. Target and work with high risk groups by topic area i.e. high alcohol consumption affects both affluent and disadvantaged group.

Age Well

Top three agreed areas of focus:
- Social isolation and loneliness
- Delayed transfers of care
- Unpaid carers

Summary

There was a general discussion in all the groups that the 'priorities' were too broad and just saying 'reduce cancer' for example was way too general. In terms of looking at the priorities from an Age Well perspective it was felt that the effort required to reduce 'incidence' of Cancer, Cardiovascular Disease and Liver Disease needed to take place much earlier in the life course, and as such the Board should concentrate effort on enabling people to live well with LTCs and be in control of managing their conditions.

Promoting independence and self-care, should be a priority. It was also acknowledged that the earlier conditions were identified the better the outcomes. Improved health literacy was needed to change fatalism attitudes.

Assess the variation in clinical practice in relation to falls.

Prevent escalation to crisis.

Enable older people to engage digitally.

Of the five suggested priorities it was felt that the biggest impacts, over the term of the strategy, could be made on reducing social isolation and loneliness and better support for unpaid carers.

A consistent theme was the variation across the county in standards of care and clinical practice, need to learn from best practice in improving outcomes and scale that approach up.

Delayed Transfers of Care (DToC) was discussed in depth by two groups and although identified in the top three priorities it had been felt that this was being dealt with by the iBCF and that the Board was already overseeing that work.

Although not identified as a priority, as discussions matured, the themes of mobilising communities, promoting self-care and enabling healthy lifestyle behaviours was the way in which to achieve improved outcomes. In addition digital technology was seen as an enabler.

Programmes of Existing Work and Lead Bodies

Board members recognised programmes of work and lead bodies developing and implementing existing work programmes including:
- Sustainability and Transformation Partnership
- Better Care Fund
- Lancashire Transport Plan 4
- Lancashire Economic Partnership
- Troubled Families
- Regional Infant mortality programmes
- CYP Emotional Health and Wellbeing Programme

Role of the Board

- The role of Board was partly dependant on the priority, and whether that priority is already being implemented through another body;
- Identify outcomes Board wants to see, work at the right locality level to support implementation, identify the geography of where issues are impacting and work with the area Health and Wellbeing Partnerships;
- To define key outcomes and areas of work to focus upon, with an emphasis on narrowing this down to a manageable number whereby a true difference can be made;
- Implementation, challenge the STP to deliver on outcomes identified and consider determinants of health;
- To represent to the STP the 'Population'/'Prevention' measures that need to be taken in to account in its plans to invest more effectively the Lancashire pound;
- Focus on wider determinants as this was felt was not being picked up elsewhere;
- Develop a Pan Lancashire prevention plan;
- On issues such as employment – promote Board member action e.g. through apprenticeships;
- Influence actions across partners, promote use of evidence of what works;
- Join up actions, promote joined up working, promote every contact counts;
- Set targets and track progress of outputs/outcomes;
- Hold to account lead bodies and be sighted on programmes of work;
- Board has a preventative role;

- Work with the tools available in defining and monitoring poor outcomes and provide leadership to enable change and connect all work together;
- To enable the sharing of resources, knowledge, skills and expertise;
- Address financial constraints;
- Champion new models e.g. STP and whole system approach;
- Utilise modern technologies;
- To provide a consistent approach to ensure all partners are working towards and achieving shared outcomes.
- Joint commissioning
- Enable local partnerships utilise asset-based approaches with HWB oversight
-

Designing the Delivery

In the context of the above and other priorities identified in the workshop sessions there needs to be a joined up strategic view of the system.

Could this be undertaken by a Joint Health and Care Function which would have strategic leadership for the following activity?

- Joint commissioning
- Policy
- Consistent standards
- Workforce
- Estates
- Technology

The approach would need to have a standard offer across Lancashire but with a locality focus.

A facilitated discussion followed, with a summary of the key themes from that discussion captured below:

Performance

The Board needs to be clear about the targets it wants to achieve - the themes discussed in the workshop have been too broad – need to focus on specifics. Prevention and early intervention needs to be prioritised within the strategy e.g. School readiness- could this be improved by increasing the uptake of the 30hrs free nursery places?

Accountability

The Board needs to be the conscience where partners hold each other to account for what we are all doing to improve outcomes across the agreed priorities. There needs to be a line of sight to the STP but currently it is NHS service focussed.

Collaboration

The Board needs an agreed methodology to drive improvement in outcomes for people e.g. why do we have so many ways of doing the same thing? Learn from what works best and scale it up across the County. Share the learning.

Structures

Form should follow function – need to decide on what we are going to achieve and how we are going to hold the whole system to account in achieving the agreed outcomes. It will then be possible to identify where the lead responsibility should sit. Need to use the structures we have got to the best advantage.

Commitment / Culture Change

There was much discussion about needing a joint workforce, truly pooled budgets and a common language, but how we do this needs to be addressed.

Health and Wellbeing Improvement Markers

Early Years	
• School readiness/parenting	• Children achieving a good level of development at the end of reception (with/without free school meal status); • Year 1 pupils achieving the expected level in the phonics screening check (with/without free school meal status).
• Children and young people's mental health and wellbeing	• Children with social, emotional and mental health needs; • Hospital admissions as a result of self-harm, CYP aged 10 to 24 years.

Activating Communities for Health and Wellbeing	
• Healthy lifestyle behaviours	• Physically active adults; • Admission episodes for alcohol-related admissions; • Smoking prevalence in adults.
• Promoting self-care	• Ensure people feel supported to manage their long-term condition;
• Social isolation and loneliness	• Social isolation for adult social care users and adult carers

Early Help and Managing Demand	
• Management of long-term conditions	• Improving the quality of life for people with multiple long-term conditions. • Variation in quality of care indicators • Emergency admissions due to ambulatory care sensitive conditions
• Place based integration of services	• To be confirmed
• Supporting unpaid carers	• Provision of unpaid care
• Delayed Transfers of Care	• Better Care Fund

Wider Determinants of Health	
• Supporting young people not in education, employment or training (NEET)	• 16-18 year olds not in education, employment or training (NEET)
• 'Prevention' at scale	• Implementation of evidence based planning and licensing policies tackling air quality, physical activity, alcohol related harm, and road safety
• Supporting independent living	• Proportion of adults with a learning disability who live in their own home or with their family • Proportion of adults in contact with secondary

	mental health services living independently, with or without support

Lancashire

Health and Wellbeing
Strategy

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

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1. Purpose of the Strategy

This strategy has been developed by Lancashire's Health and Wellbeing Board, with key stakeholders including the locality health and wellbeing partnerships. Our ambition is to work better together to deliver real improvements and address the inequalities in the health and wellbeing of Lancashire's citizens and communities.

The strategy aims to promote 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;

- Pursue the "Triple Aim" of improving outcomes, enhancing quality of care and reducing costs.

2. Health and Wellbeing in Lancashire

Lancashire has a diverse population of around 1.2 million people. The landscape ranges from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Urban areas include Preston and Lancaster, former textile towns such as Burnley, coastal resorts and market towns such as Chorley.

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 alongside affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire, Morecambe, Skelmersdale and Preston.

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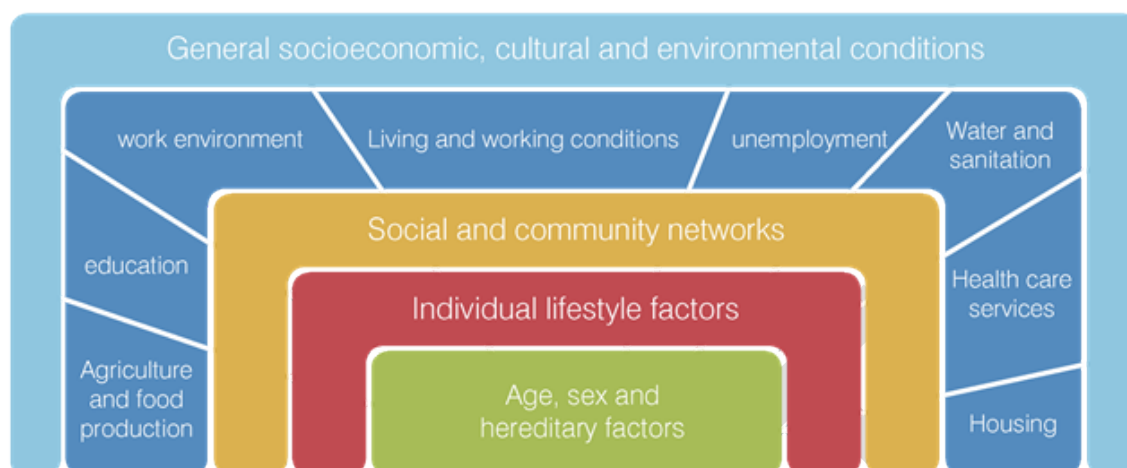
The Determinants of Health (1992) Dahlgren and Whitehead

The diversity of the county is reflected in the health and wellbeing needs and assets of the population which can have an impact on health, with some groups more susceptible to particular health conditions. As such, there are large inequalities in health and in the causes of poor health between different areas and groups of people in Lancashire.

Lancashire's Joint Strategic Needs Assessment (JSNA) defines local health and wellbeing and its influences across the county. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans to deliver appropriate services. The priorities highlighted through the JSNAs underpin this strategy (For further information, Lancashire Insight showcases assessments and provides a wealth of local data).

Since the previous strategy was developed in 2013, life expectancy has improved, yet still remains significantly lower than the national average. The Lancashire JSNA Annual Commentary 2017/18 predicts a large increase in those aged over 85 years within the next 25 years which will have implications for health and social care services.

People are now living longer but many spend their final years in poor health. Males in Lancashire can expect to live for 78.5 years but only 61.8 years is spent in good health. Similarly, females across the county can expect to live to 82.1 years with 63.6 years of this in good health. Therefore, this strategy will focus on improving the levels of healthy

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life expectancy across the county by intervening earlier with new and innovative 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.

There is a need to focus the delivery of the strategy across the whole lifecourse to ensure every child is given the best start in life, to improve and protect the health and wellbeing of the local population through adulthood and to care for the elderly, promoting confidence whilst ensuring health and care services are of high quality.

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.

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, placing demand on our services. It is important to work with planners, developers, 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 though proving 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.

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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. Specifically district councils provide services that make a significant contribution to people's physical and mental health. These services help to keep people well and therefore, prevent costly interventions from health and care services. Services provided include housing, environmental health, community safety and licensing, leisure and greenspaces, welfare and employment support, providing an important role in economic development and community engagement. Development of healthy public policy provides a significant opportunity to improve health and wellbeing outcomes.

Similarly 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 higher and further education sector with three Universities and several colleges, which attract people to the area providing 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, this strategy will focus on building and utilising these assets for the benefit of the health and wellbeing of our citizens.

The Director of Public Health (DPH) Annual Report 2016 provides a set of key recommendations to improve health and wellbeing and reduce inequalities. We need further engagement from partners in determining and committing towards the actions that will lead to achieving improvement in health and wellbeing in the short, medium and longer term.

The report identified key domains for action:
1. Create conditions for wellbeing and health;
2. Enable sustainable behaviour and lifestyle changes;
3. Joined up services to provide right care at the right time and right place;
4. Develop the environment for innovation and continuous improvement.

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These actions are likely to be further strengthened by development of a 21st century workforce and by harnessing the power of digital technology.

3. How we Can Work Differently

We need to make sustainable improvements in health and wellbeing by:

- Moving resources towards interventions that prevent ill-health and promote wellbeing, reduce demand for hospital and residential services and prolong the quality of life;

- Building and utilising the assets, skills and resources of our citizens and communities;

- Promoting and supporting greater individual self-care and responsibility for health; making better use of information technology and advice;

- Delivering accessible services within communities; improving the experience of moving between primary, hospital and social care;

- Making joint working the default option through pooling of budgets and resources to focus on our priorities; evidence-based joint commissioning and shared responsibility for service delivery;

- Working to narrow the gap in health and wellbeing and its determinants.

4. What has Changed

Since development of the last strategy, there have been several significant developments that impact on the Lancashire health and care system. In brief, they include the emergence of the Sustainability and Transformation Partnership (STP) across Lancashire and South Cumbria, local health economy based accountable care systems, locality health and wellbeing partnerships as well as the reduction in the national public health grant; whilst managing the increasing demand on statutory services and the wider public sector. In addition, we have the opportunity to learn from some transformation programmes like the vanguards in Fylde coast and Morecambe Bay in exploring new models of care, as well as the national troubled families programme and other related government funded programmes. These promote collaboration, allowing further opportunities for organisational integration to drive health and wellbeing improvement.

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Sustainability and Transformation Partnership and the NHS Five Year Forward View

The Five Year Forward View (5YFV), published in October 2014, acknowledged the achievements of the NHS but also set out a case for change, including making the most of new technologies, the need to tackle the causes of ill-health, calling for a 'radical upgrade in prevention and public health' and to meet the demands of an ageing population. Subsequently the NHS published the Next Steps on the NHS Five Year Forward View in March 2017, reviewing progress and setting out current and future national challenges. Locally partners have developed the Lancashire and South Cumbria STP, responding to the call for action in the 5YFV where Local Delivery Partnerships (LDPs) set out in more detail the opportunities and challenges within each of our local areas. The STP aims to bring together organisations to work in collaboration across a range of workstreams to improve outcomes, enhance quality of care and reduce costs.

Better Care Fund

The Health and Wellbeing Board is the accountable body for the Better Care Fund (BCF), approving submissions of the BCF plan and performance updates to NHS England. The Board and its partners have shaped the vision for the BCF i.e. 'that in 3 to 5 years Health and Social Care will have created a fully person-centred approach, with seamless integrated services and pathways'.

Key themes include:

- Out-of-hospital care with integrated neighbourhood teams;
- Reablement services;
- Intermediate care services – community based 24x7 step up & step down;
- Supporting carers;
- Integrated care shaped around individuals and delivered in care settings close to home.

The BCF is working with the NHS, the county and district councils and the voluntary, community and faith sector to integrate and join up care for patients and the public. The BCF works within the STP framework as a building block towards an integrated health

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and social care system through pooled funding. BCF spending plans include the Improved Better Care Fund (iBCF), which is a grant paid to the local authority 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.

Accountable Care Systems

With an increasing need to improve population health and to enable people to live longer, healthier lives, there must be a focus on system-wide integration. Accountable Care Systems (ACSs) will be the delivery mechanism that brings together various organisations to drive population health and care improvement, whilst agreeing a collective responsibility for resources, the delivery of outcomes and development of local services. ACSs will work together to drive the prevention agenda, self-care strategies for patients, demand management and to reduce unwarranted variation.

5. Health and Wellbeing Outcomes and Targets

Whilst there is still much variation in outcomes between various districts and localities, significant improvement has been made in the following areas at Lancashire level since development of the last strategy:

- Suicide rate for males;
- Under 75s cancer mortality in males;
- Hip fracture in females aged 65 years and above;
- Hospital admissions for alcohol-related conditions in females;
- Percentage of individuals aged 16-64 years in employment;
- Childhood obesity at 4/5 years;
- Cervical cancer screening coverage (decreasing trend);
- Successful completion of drug treatment;
- HIV late diagnosis.

Additionally, an improvement in trends has been made in the following areas at Lancashire level, although there is variation across the districts that still needs to be

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addressed; and although trends have been improving, in many cases Lancashire remains significantly worse than the England rate. Several examples are listed below:

- Life expectancy at birth in males and females;
- Healthy life expectancy in females;
- Emergency hospital admissions for intentional self-harm;
- Hospital admissions for alcohol-related conditions in males;
- Infant mortality;
- Hospital admissions for violence;
- Social isolation – service users and carers;
- Mortality rate from causes considered preventable - persons;
- Adults with a learning disability that live in stable and appropriate accommodation;
- Proportion of five year old children free from dental decay;
- School Readiness: all children achieving a good level of development at the end of reception;
- Utilisation of outdoor space for exercise/health reasons;
- Under 18/16 conceptions;
- Smoking prevalence in adults;
- Successful completion of alcohol treatment;
- NHS Health Checks;
- Under 75s cancer mortality in females;
- Under 75s cardiovascular mortality - persons.

In order to support the monitoring of progress against the strategy, national outcomes frameworks defining Public Health, NHS, Adult Social Care and Child and Maternal Health measures have been selected to develop the monitoring and assessment of population health improvement.

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6. Key Actions to Improve Health and Wellbeing

To improve health and wellbeing outcomes across Lancashire in a targeted and sustainable way, the Board has identified the following key priority groupings and workstreams for action:

Early Years

- School readiness / parenting
- Children and young people's mental health and wellbeing

Activating Communities for Health and Wellbeing

- Healthy lifestyle behaviours
- Promoting self-care
- Social isolation and loneliness

Early help and Managing Demand

- Management of long term conditions
- Place based integration of services
- Supporting unpaid carers
- Delayed transfers of care

Wider Determinants of Health

- Supporting young people not in education, employment or training (NEET)
- 'Prevention' at scale e.g. through health in all policies approach across all agencies
- Supporting independent living

The Board needs to be assured that progress on these priorities is made through the STP and emerging ACSs, as well as through the wider locality health and wellbeing partnerships. Although progress has been made across a number of health indicators, there is still significant variation across the County, and local ownership and delivery will help address this issue.

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7. How the Strategy Will be Delivered and Managed

In terms of delivery, each area of focus requires actions to be considered and planned in terms of the opportunities afforded through:

- Joint commissioning
- Integrated delivery
- Policy development
- Consistent intelligence & standards
- Workforce development
- Better utilisation of public estate
- Better use of digital technology

The Health and Wellbeing Board will identify Board sponsors to lead activity on the identified workstreams, developing action plans to target activity. Oversight on progress will be provided by the Board, with relevant improvement markers used to measure progress. Wherever possible, existing groups at STP, Lancashire and locality health and wellbeing partnerships levels will be asked to embed the delivery of these priorities in their work plans, with regular feedback established between these groups and the Board.

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"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 14th November 2017

Lancashire Better Care Fund (BCF) 2017/19 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 on:

- Lancashire Better Care Fund (BCF) Plan 2017/19
- Improved Better Care Fund (iBCF)Plans
- Performance against BCF metrics in Quarter 1 of 2017/18 and
- Action taken to reduce Delayed Transfers of Care (DToC) and the level of impact.

BCF plan…Delivery planning is following the previous year's arrangements with a strengthening of the project management underway.

Quarter 1 BCF performance

- Non - elective admissions continue to reduce following the trend seen in 2016/17.
- Delayed Transfers of Care continue to exceed plan and increase.
- Residential and Nursing Home admissions have increased for the second quarter while Reablement Services continue to demonstrate positive impact beyond target levels.

iBCF…progress has been made in delivering the iBCF plans with some variation and potential for a small amount of redirection of resource subject to an agreed process and criteria.

Delayed Transfers of Care have been recognised as the top priority for joint working by NHS and Social Care. There is significant national scrutiny that has placed Lancashire in the worse performing quartile resulting in an impending review of the use of iBCF against impact on DTOC.

The BCF and iBCF have been confirmed as integral to the whole health and social care system. To fully achieve what is expected of them requires the further strengthening of governance arrangements, confirmation of the interrelationship with other planning structures such as A&E delivery boards and the engagement of all partners and system leaders.

Lancashire
County
Council

Recommendations

The Health and Wellbeing Board is recommended to:

i)   Note the level of performance, in quarter 1 of 2017/18 against the BCF metrics.
ii) Note the progress updates for the BCF and iBCF plan delivery for 2017/19.
iii) Confirm the role of the Better Care Fund Steering group and encourage all partners and system leaders to take a full part in supporting it and the delivery of the BCF and iBCF plans.
iv) Note actual DTOC performance and the requirements of and expected roles of all partners in achieving extremely challenging improvements in this.
v)   Note that Lancashire 2018/19 iBCF allocations will be subject to review in November 2017 as a result of significant DTOC performance challenge.

Approve the proposed process for managing any necessary changes in iBCF spending plans.

List of background papers
- Lancashire Better Care Fund Plan 2017/19
- 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

Lancashire Better Care Fund Plan

The Lancashire Better Care Fund plan was approved for submission by the Health and Wellbeing Board (HWBB) on 5th September 2017 and was subsequently submitted to NHS England (NHSE) on 11th September 2017. BCF planning processes were significantly delayed due to wider national and central government issues.

With some slight enhancement to the detail of the plan, around the implementation of the High Impact Change Model, it progressed successfully through the NHSE assurance process. The formal confirmation of the "approval" was received on 30th October 2017. The approval letter gives the go ahead for BCF funding to be released and transferred into a pooled fund under a section 75 agreement along with the iBCF grant paid to Lancashire County Council.   Informal feedback on the plan was positive and recognised the responsiveness of partners and overall that "it really was a well thought out and meaningful plan, particularly given the complex Lancashire system/s".

The approval provides the basis for progressing with BCF implementation plans. As the core BCF plan closely replicates that of 2016/17 the delivery plans are already in place for each scheme.   These are though in a variety of formats.   A common format is under development, using lessons learned in the review of schemes that will feed into a project management system. Once in place this will be used to report to the board.

Quarterly performance update (Q1)

Due to the late publication of guidance and subsequent delayed assurance process NHSE has yet to publish the timetable for BCF reporting. Once in place this will combine BCF and iBCF monitoring.

However local monitoring Q1 data is available for the four required metrics.

Non Elective Admissions

Due to the data source used to measure this metric being changed it is not possible directly to compare 2016/17 and 2017/18 performance. Q1 performance sees actual performance being 7.1% better than plan, a continuation of the improvement seen in 2016/17.

Delayed Transfers of Care (DToCs)

DToCs for the quarter were 14,050 delayed days, 393 delayed days over the planned level of 13,657 delayed days. This is a 2.9% variation from plan and shows a 2% increase from Q4 2016/17 level of 13,531 delayed days.   An already challenging position on DToC continues to remains so.

Residential and Nursing Home Care admissions

Based on a "rolling" 12 month period the Q1 outcome has shown a continuing worsening with an increase from the last quarter from 742.3 to 782.4 admissions 100,000 population 65+.   A significant factor however is that the number of social care assessments has increased sharply with the rate of placements per number of assessments remaining stable.

The effectiveness of Reablement Services

This continues to exceed the target of 82% of people still at home after 91 days, following a period of reablement that followed hospital discharge with an outcome for Q1 of 83.87%.

Financial Performance

The delay in completing the BCF planning process has in turn delayed the development of the required Section75 Agreement for the BCF and iBCF pooled fund. Its completion will be confirmed to the next meeting of the Health and Wellbeing Board along with an update on the flow of BCF and iBCF funds.

Improved Better Care Fund (iBCF)

The Health and Wellbeing Board approved the plans for the use of the iBCF at its meeting of 7th August 2017.

The plans met the requirements of the guidance with the LDP based schemes undergoing a process of scrutiny and test against fit for the High Impact Change Model of Transfers of Care requirements.

A progress monitoring system has been put in place. This is deliberately a simple approach with a monthly progress update completed for each scheme required.   The update for October is attached at Appendix A**.**

In producing the monthly progress update iBCF scheme leads have "RAG" rated the progress against the following scale:

Green is the project activity and spend is on track, evidence of impact especially on DToC can be seen.
Amber is the project is in progress, there may be some slippage on spend and activity, however this is understood and overall delivery will still be achieved.
Red is the project may not deliver in its current form, maybe the risks are too high or it is not deliverable for some reason, the spend will not be as planned.

Summary of this rating for 41 schemes is:

Green	16	Amber	24	Red	1

Given the haste at which plans had to be made and the range of services planned it is unsurprising that progress is mixed but it is very obviously gathering pace.

In addition to the "internal" progress monitoring Lancashire County Council is required to submit an iBCF monitoring report to the Department of Communities and Local Government.

Managing any necessary changes in iBCF spending plans

As the detail of the whole emerges there are instances where the emphasis within schemes has to change because the need is being met through another iBCF scheme or an expanded core BCF scheme or a gap has been identified.

In addition a scheme may be continuing as planned but due to the timescales of mobilisation it is unlikely that it will fully use the funding available to it within the financial year.

How to effectively make use of funding under such circumstances has been considered at length by the BCF steering group. This has concluded that a simple test, within an agreed process, of the amended plan be applied that fits with the following criteria:

- Continues to fit with HICM
- Fits within the same or very closely similar financial arrangement.
- Continues to address one or more of the core aims of the iBCF
- Continues to be able to report on progress

The process will be one that requires a business case to be made for the re-profiling of spending plans using a similar template to that used for the original iBCF. As speed in decision making under such circumstances will be important it is proposed that business cases are presented to the BCF steering group that will have the authority to approve the change. This gives the assurance of doing so within the BCF governance arrangements with the right level of scrutiny and clarity of accountability.

In line with BCF governance all such changes will be reported to subsequent Health and Wellbeing Board meetings. It is not anticipated that there will be many instances of such re-profiling required but the ability to do so will help partners continue to meet their requirements and effectively use the resources that have been provided in a timely manner.

BCF and iBCF governance arrangements

The Lancashire Health and Wellbeing Board is the accountable body for the Lancashire Better Care Fund. Governance arrangements have been in place to support this accountability since the inception of the BCF. The two key bodies within this are the Lancashire BCF Steering group and Programme Managers' group. Both have been successful in bringing together the wide range of BCF partners, creating coherent plans and supporting delivery against these.

As the planning environment has changed with the introduction of A&E delivery boards, the growth of Local Delivery Partnerships, the arrival of Sustainability and Transformation Partnerships, the emergence of Accountable Care Systems and increased emphasis and scrutiny on DTOC the role of BCF could have been lost. It has however been given greater

emphasis and relevance, reflected across all guidance and policy, with the introduction of iBCF and the reaffirmation of its importance in addressing DTOC. To ensure that this achieves the right impact it is important that the BCF Steering Group has the right level of engagement with all partners and is an integral part of the whole health and social care system. The steering group will therefore be taking steps to ensure that it has the commitment of all partners and that links with associated planning and decision making forums are formalised and strengthened.

Delayed Transfers of Care (DTOC)

The level of DTOC has been a long standing measure of the impact of BCF. In 2016/17 DTOC there was a 34.7% increase in DTOC over the previous year.

Data for Q1 2017/18 (April to June) is showing a 2.9% variation over plan.

With the increasing challenge seen locally and nationally on DTOC there has been increased emphasis on the use of BCF to address this. It was a specific requirement in BCF plans 2017/19 to demonstrate that there were plans in place to implement the High Impact Change Model (HICM) for managing transfers of care, the mandated tool for DTOC improvement planning.

The use of the iBCF was limited to three purposes that included; "supporting more people to be discharged from hospital; when ready". Individual iBCF schemes were tested against fit with the HICM before their inclusion was agreed.

The NHS England Mandate for 2017-18 set a target for reducing DTOC so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults. This is a system wide obligation but, it is expected that BCF will contribute to meeting it.

All CCGs were required to submit trajectories for DTOC, for their resident populations, in July 2017. This was then followed by a submission of trajectories that distinguished between NHS and Social Care attributable DTOCs and was made against the context of a requirement for Social Care to contribute 50% of the overall improvement required. The trajectories were submitted with the BCF plan. The completed trajectory template is attached at Appendix B.

Data for July and August 2017 shows a variance of 9% and 0.1% respectively. September data will be available by mid-November 2017.

It was made clear in guidance that these trajectories and actual performance would be subject to significant scrutiny and expectations were given for the level of performance to be achieved by November 2017. All DToC targets from November 2017 onwards have been set by the DoH / DCLG. For all elements and the totality of the health and social care system in Lancashire they are extremely challenging targets requiring an improvement in performance of a halving of DToCs. Improvement on current levels is difficult and even though iBCF spend is happening, and will have an impact, it is seen as highly unlikely that the required improvement will be seen within the near future.

A joint letter from the Secretaries of State for Department of Communities and Local Government and Department of Health, on the 10th October, identified DToC performance in Lancashire as being, nationally in the bottom quartile for rate of DToC (total delayed days per day per 100,000 18+ population).

The letter states that:

"Where councils, including yours, have significant performance challenges, there will be additional monitoring and escalation. This means that with effect from now:-

- We will be closely monitoring your DToC progress between now and November.
- We will include your council in the November review of 2018/19 iBCF allocations announced at Spring Budget. We will be looking for evidence of significant performance improvements in the September data (published in November) before making a final decision on which local authorities will be formally reviewed".

The letter states that a review may result in placing of conditions on how a proportion of the additional 2018/19 iBCF funding to support DToC performance is used or that the published allocation for a council could be reduced should performance continue to fail to improve. The letter is attached at Appendix C.

The letter not only focusses on the performance of the Local Authority and is clear that an equal responsibility lies with the NHS.

"For CCGs with particularly poor performance, NHS England will consider whether to take action through this framework including placing a CCG in special measures or under statutory directions."

The challenge on DTOC has been identified at all levels as a priority. At a meeting of Lancashire County Council cabinet members and senior NHS officers it was agreed to make it such and central to the refocussing of the councils relationship with the NHS.

The Lancashire BCF steering group is coordinating a DTOC and BCF challenge to provide the detail of targeted activity and coordination to address DTOC.

The Lancashire and South Cumbria Urgent and Emergency Care Network has begun work to review and redesign as necessary the processes that manage the recording, monitoring and reporting of DTOC. This is under the umbrella of and will be reported into the BCF steering group.

Winter pressures

The delivery against BCF and iBCF plans forms a significant part of the system approach to preparing for and responding to the increased demand across health and social care and has been built into the overall winter plans submitted by A&E delivery boards and Lancashire County Council. Detailed plans covering late December/ early January will be able to specifically refer to BCF and iBCF delivery as increasing activity from that comes on line.

Reducing delayed transfers of care forms a key part of ensuring that there will be enough capacity to meet winter pressures. BCF and iBCF planning has to be coordinated with a that of the A&E delivery boards to ensure that the most is made of the resources available to the whole system and ultimately limit the negative impact of unnecessary prolonged hospital stays on individuals.

Lancashire iBCF schemes planning progress
October 2017

RAG rating:

Green is the project activity and spend is on track, evidence of impact especially on DToC can be seen

Amber is the project is in progress, there may be some slippage on spend and activity, however this is understood and overall delivery will still be achieved

Red is the project may not deliver in its current form, maybe the risks are too high or it is not deliverable for some reason, the spend will not be as planned

Fylde and Wyre CCG

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
G	CHC screening	Vic Crumbleholme	Operational roll-out plan in delivery	October 2017 – recruitment in progress	Temporary staff from end of September. Looking to recruit to time-limited contract ASAP.	
G	Care Home Trusted Assessor	Amanda Lomas	AL is liaising with care homes	November/December 2017	Lancashire Care Home Association have agreed in principle. JD agreed.	
G	Reablement	Vic Crumbleholme with BTH (BTH led) Kate Burgess was LCC lead but is no longer in post. New LCC lead needs to be identified.	Programme will require a lead-in period	From November 2017, depending on success of recruitment	Recruitment in progress via BTH	
A	Aligned social work personnel	Sarah Camplin (via Vic Crumbleholme) Kate Burgess was LCC lead but is no longer in post. New LCC lead needs to be identified.	Waiting for discussions with Kate Burgess (New LCC lead needs to be identified.)	Awaiting confirmation		

East Lancashire CCG

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
A	**Multi-Disciplinary Discharge Team** Support joined up leadership to ensure consistent and effective discharge pathways.	Alex Walker Programme Director for Urgent Care – EL and BwD CCG Alex.walker@eastlancsccg.nhs.uk	No delivery plan in place as yet as recruitment required.	New Year 2018	Job description has been revised and is now with LCC HR for grading. Plan for the post to be advertised week commencing 06/11/17.	Review of role has been undertaken and agreement that initially the role is best placed overseeing integrated discharge pathways rather than directly managing teams, so JD has been revised. Agreed by all partners.
G	**Home First** Support delivery of discharge to assess to admit; facilitating step up and step down.	Alex Walker Programme Director for Urgent Care – EL and BwD CCG Alex.walker@eastlancsccg.nhs.uk	- Elements of the delivery plan are detailed in the Pennine Lancashire A&E Delivery Board Plan on a Page and Intermediate Care Winter Project Plan - Pathway across East Lancashire and Blackburn with Darwen now agreed, but 2 weekly meeting to track operational implementation and refine approaches in	- Now delivering in both areas of Pennine Lancs. - Plan to deliver 50+ cases a week by start of November 2017 Current position of 25 cases a week being supported by HF (24/10/17) and case finding is	Sign off of investment plan for iBCF on Home First now agreed fully across PL and recruitment processes underway.	

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
 			place. - Dataset to track outcomes has been agreed across PL key outcomes being measured from commencement of project.	identifying c.50 cases a week. BwD have initiated recruitment and are shortlisting for interviews.		
A	**Continuing Health Care (CHC) Pathways** Align existing budgets as a means to ensure wherever possible CGC assessments are completed outside of hospital setting. No funding allocation requested within the bid.	Judith Johnson Head of Clinical Commissioning – EL CCG Judith.johnston@eastlancsccg.nhs.uk	- A detailed action plan in relation to the achievement of the Quality Premium measures has been submitted to NHS England as per letter of 17 August. - As part of the STP Urgent and Emergency care work stream a hospital flow task group has looked at how CHC processes can be improved by adopting a similar process to the "West Norfolk" model. - This work has produced positive outputs around planned improvements in the management of those patients identified as potentially requiring a complex package funded by CHC. - Two LDP areas are formally acting as pilot sites (CL and Morecambe Bay) for the new	Meeting arranged to agree CSU authorisation process and to agree implementation date. Anticipated in November 2017. Aim to test pilot model for D2A from December/January	Not required for authorisation.	

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
			pathway in the near future and the PL LDP area will learn from this work. - CL have shared approach with PL and we will be meeting to discuss piloting in PL over Winter period and step changes needed to move towards this model - The CCGs are working with the CSU and ELHT to improve its CHC fast track authorisation process. Revised authorisation arrangements will be implemented in November 2017	November 2017 November 2017		
A	**Implement Home Choice Policy** Delivery of national guidance on supporting patient choice. No funding allocation requested within bid.	Alex Walker Programme Director for Urgent Care – EL and BwD CCG Alex.walker@eastlancsccg.nhs.uk Judith Johnson Head of Clinical Commissioning –	Draft policy framework in place Policy is agreed and signed off Proposals for funding responsibility being developed and agreed through CCB processes Implementation tracker in place	Implementation is underway with a plan for the policy to be operational at the beginning of November 2017.		ELHT executives requested that all letters go through Trust reading group. Implementation will commence following this process.

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
		EL CCG Judith.johnston@eastlancsccg.nhs.uk				

West Lancs CCG

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
G	Community Hub	The CCG has established Project Board to oversee delivery of the local iBCF schemes. Project plans have been added to the CCGs PMO system, which will be used to ensure the schemes are monitored and risks, issues and progress are captured.	A feasibility study of two buildings has been completed. There is potential for a 21-bedded unit utilising a District Council building in Upholland. Modelling of capacity and future demand is now underway to ensure building will be fit for purpose and future proof.	Each scheme has a project plan which is being monitored by the Project Board. The Community Hub will not be ready until spring 2018 depending on building refurbishment	Recruitment may be required, however, this will not be determined until the service specification is developed and the care model agreed	None
G	Seven day integrated discharge pilot (intermediate care)	The CCG has established Project Board to oversee delivery of the local iBCF schemes. Project plans have been added to the CCGs PMO system, which will be used to ensure the schemes are monitored and risks, issues and progress are	LCC are in the process of developing a centrally co-ordinated team. Sue Lott is co-ordinating recruitment.	Recruitment on track	Recruitment on track	Need feedback from LCC on progress

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
		captured.				
A	Home First workforce development – HCA apprenticeships	The CCG has established Project Board to oversee delivery of the local iBCF schemes. Project plans have been added to the CCGs PMO system, which will be used to ensure the schemes are monitored and risks, issues and progress are captured.	Job Descriptions are being written. Supervision and management have been considered.	This scheme is expected to deliver by December 2017	The total number of posts available is being modelled by finance. Local operations manager looking at supervision and management within existing structures to help support the apprentices.	

Morecambe Bay CCG

G/A/R	iBCF scheme	Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
A	Altham Meadows	A collaborative approach but the Unit is managed and operationally overseen by LCC.	Altham Meadows is now operational and is currently running at about 70% of available capacity.	The unit is delivering a significant portion of what it was commissioned to deliver. However, as more capacity becomes available, it will be in a position to enhance its delivery i.e. additional beds available to receive step up/down from primary care / acute trust. This is contingent on the CQC allowing capacity to increase from 10 beds to the full 21 and also on ensuring the admission criteria is expanded sufficiently to capture sufficient patients.	Recruitment was completed prior to the launch of this service. However, the only Medical resource within the Unit (consultant Geriatrician) has handed in his notice and will not be available from the end of October. Consideration is being given to replacing this resource with an ANP and this should be decided upon / resolved in the coming weeks.	- CQC restricted the initial opening capacity to 10 standard nursing beds from the 13 available and none of the enhanced beds of which there are 8. - Admission criteria are considered too narrow. Options appraisal has been sent to Bay Medical Group for consideration and it is hoped that this will increase the volume coming into the unit – especially considering we have a home closure in the area and capacity is severely limited.

G/A/R	iBCF scheme	Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
R	Crisis Hours & Enhanced Therapies – **Recommended to Change to 'Home First'**	A collaborative between LCC, Community Provider and CCG.	Limited progress made as LCC wants the iBCF element 're-defined' before it will commit the funding. LCC have requested updated information from the Acute Trust on the detail of this Scheme. This request is necessary to understand the purpose of the Scheme which may have now changed from the submission of the original bid proposal, i.e.: is not now Crisis Hours and Enhanced Therapies. Whilst information has been shared by the Acute Trust it does not contain the required level of detail and therefore cannot currently be agreed or signed off. A meeting to took place on 6th and subject to agreement by HWB of flexibilities it was agreed that this project should change to become Home First	Subject to HWB agreeing process to manage change in spending plan.	Unable to commence any recruitment as funding not secured.	Change of plan from original is proposed, leading to longer lead in time.

Chorley and South Ribble and Greater Preston CCGs

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
		Each iBCF scheme has a nominated lead or leads. These leads report into the Central Lancs iBCF Steering Group (this has cross-organisational representation and is chaired by Jayne Mellor with Tony Pounder as Deputy Chair) on a monthly basis. Each iBCF project or scheme has a task and finish group and plan. An iBCF Steering Group chairs report goes to the CL A&E Delivery Board. Projects will also go onto the CCG Operational Plan and sit within existing Programme Delivery Groups (Urgent Care, Out of Hospital and Mental Health) to ensure they feed up to the LDP (OHOC Joint Programme Board) All projects have plans and delivery dates, all are on track, all aim to be in place by the end of November.			
A	1. Care Home Support Model	Donna Roberts (CCG)	CHMC spec has been finalised, mapping is being done. Issue is around how payment will be done, this has been agreed to be done per bed, per year and trying to arrange this to all be done electronically. The specification will be sent out within the next few weeks, most GPs have shown interest.	Post November	This will be the determining factor in delivery, see "What progress has been made?" column for each project. Staffing is causing issues, but this should be up and running in the next month or so.	Momentum with recruitment, processes can be slow. Data extraction has come back with high numbers of residents compared to how many beds the homes have, further work needs to be done to clarify the data.
A	2. CATCH (Central Allocation Team for Care	Emma Ince (CCG)	Updates are now fortnightly meetings and have a DOS in place. The job specification has been	Post November	The current deadline is causing a risk to be able to have all staffing arranged; further options	

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
	and Health)		written and the manager's post is ready to go out.		need to be discussed. Existing staff could be used and agency using slippage costs to cover, otherwise a delay in the start date will be required. LCC need to make sure they don't lose all their internal staff to iBCF initiatives and services are not destabilised. Timeline needs to be looked at and possibly using agency staff to back fill to be able to still go forward with launch date of November. May need to acknowledge that there will be a slip in the timeline and this could be more likely December and possibly use some of the money for home first pathways that will help with the DTOC.	
A	3. Integrated Discharge	Sue Lott (LCC) and	Role requirements being agreed, likely one additional	Post November	As above	

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
	Service Capacity	Lisa Hulme (LTHTR)	therapist and a social worker dedicated to D2A at home . Discharge to Assess at home being trialled w/c 18/09 with 3 patients to inform longer term implementation. Seeing change in the discharge to access. To talk about joined up allocations, useful to have multi group operations.			
A	4. AMHP (Advanced Mental Health Practitioner)	Charlotte Hammond (LCC)	Recruitment commenced	Post November	As above	Trust have had pressures regarding discharges at LTH, from ED they can't get there in a timely manner, doctors are also causing issues – combination of the two.

Lancashire County Council

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the Scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
All Schemes Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk The iBCF/DToC Board is in place to manage delivery of all schemes and detailed project plans are in development for all schemes.						
High Impact Change Fund additional spend – LCC Scheme ref #20						
A	Peripatetic Team aligned to the Health pathway	Sue Lott, Head of Social Care (Health), Lancashire County Council. sue.lott@lancashire.gov.uk	Plans to create a permanent team of peripatetic Social Workers approved. Targeted recruitment campaign has concluded.	December 2017	Pre-employment screening is in progress. Planned date for successful candidates to be in place is December 2017	None to report.
A	Acute team 7 day working across hospitals	Sue Lott, Head of Social Care (Health), Lancashire County Council. sue.lott@lancashire.gov.uk	Plans to create a permanent team of Social Workers and Social Care Support Officers approved. Targeted recruitment campaign has concluded.	December 2017	Pre-employment screening is in progress. Planned date for successful candidates to be in place is December 2017	None to report.
A	Seven Day Service – 24 hour AMHP service (Mental Health)	Charlotte Hammond, Head of Learning Disability, Autism Service and Mental	The model for 7 day working is agreed. Staff consultation will commence on the 9th November.	Interim operation of 7 day service on plan to commence 20th	Team Manager recruitment complete. Recruitment campaign is on plan to start 17th November.	None to date.

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the Scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
		Health, Lancashire County Council. charlotte.hammond@lancashire.gov.uk		November. Final operations on plan to commence January 2018.		
A	System to Monitor patient Flow – DToC tracking	Sue Lott, Head of Service, Social Care (Health), Lancashire County Council. sue.lott@lancashire.gov.uk	DToC Tracker is developed and Sandboxing (testing) at Blackpool Victoria Hospital is underway. Sandbox will end on plan 17th November.	Roll-out to county wide is on plan for 4th December.	Recruitment to the additional Social Care Support Officer resource is complete. Staff will be in post mid-November.	None to date.
A	Trusted Assessors – Trusted Assessor Training	Sue Lott, Head of Service, Social Care (Health), Lancashire County Council. sue.lott@lancashire.gov.uk	Plans are currently being developed. No progress report at this time.			
R	Additional spend on existing BCF scheme - Reablement and Occupational Therapy Team LCC Scheme	Tony Pounder, Director of Adult Services, Lancashire County Council tony.pounder@lancashire.gov.uk	Additional investment for Therapists is approved.		Recruitment campaign is live and active.	This Scheme has presented significant challenges during recruitment which has demonstrated a lack of skilled workforce available; a number of interventions for the immediate/short and long

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the Scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
	ref #12 (BCF)					term are being developed to address this issue.
A	Spend on schemes previously outside BCF - Roving Nights County Wide Service LCC Scheme ref #26	Sue Knox, Commissioning Manager Age Well, Lancashire County Council. sue.knox@lancashire.gov.uk	Plans approved at Cabinet.	December 2017.	Not applicable.	None to report.
A	LDP Scheme - Central LDP Scheme Allocation Team for Care and Health LCC Scheme ref #02	Sue Lott, Head of Social Care (Health), Lancashire County Council. sue.lott@lancashire.gov.uk	Approval to posts confirmed. Additional capacity confirmed. Plans to advertise Manager position in progress.	-	Plans to advertise Manager position in progress.	None to report.
A	LDP Scheme - Pennine LDP Scheme Implement Home Choice Policy LCC Scheme ref #08	Clare Mattinson, Commissioner, Age Well, Lancashire County Council. clare.mattinson@lancashire.gov.uk	Draft policy framework in place Policy is agreed and signed off Proposals for funding responsibility being developed.	Planned for November 2017.	Not applicable.	None to report.

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the Scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
A	LDP Scheme - Morecambe Bay LDP Scheme Altham Meadows Intermediate Care Centre LCC Scheme ref #18	Liz Wilde, Head of Service Older People, Lancashire County Council. liz.wilde@lancashire.gov.uk	Facility handed over July 2017.	Commencing from handover date July 2017.	Not applicable.	None to report.
G	Additional spend on existing BCF schemes (BCF) Carers Support LCC Scheme ref #11	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk		Currently in delivery.	Not applicable.	None to report.
G	Additional spend on existing BCF schemes (BCF) Telecare LCC Scheme ref #14	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	The service continues to be promoted and grow. As at September 2017 over 6500 service users are accessing the service.	Currently in delivery.	Not applicable.	None to report.
G	High Impact Change Fund	Tony Pounder, Director of	Delivery of the transformational programme	Currently in delivery.	Not applicable.	None to report.

G/A/R		Who is managing the planning for them?	What progress has been made?	When will they deliver identified activity?	If recruitment is required as part of the Scheme delivery where is that up to?	What barriers have you encountered? What do you need help with?
	additional spend - Transformation Support to change programme. LCC Scheme ref #22	Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	continues on plan.			
A	Spend on schemes previously outside BCF - Homecare Mobilisation LCC Scheme ref #29	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Outcome of procurement communicated to all stakeholders.	Contract start date mid-November 2017. Transfers commence February 2018.	Additional resources for mobilisation identified. Recruitment and other resource plans in progress.	None to report.
A	High Impact Change Fund additional spend – Learning from Passport to Independence LCC Scheme ref # 21	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Report will go to Cabinet this month to approve commencement of procurement for Consultants to deliver Assessment.	Plan is for contract award mid-January 2018.	None.	None to report.
G	Additional spend on existing BCF schemes – Reablement	Tony Pounder, Director of Adult Services, Lancashire County Council.	As per Q2 report the additional number of service users/per annum is targeted at ~2200 to take overall number to ~6000 receiving reablement.		None.	None to report.

	contract	tony.pounder@lancashire.gov.uk				
G	Additional spend on existing BCF schemes – Care Act (carers Personal budgets, training, Advocacy)	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	As per Q2 report the additional number of informal carers/per annum being supported has increased by an additional 2000 since April 2017 to a total of ~6000.		None.	None to report.
A	Additional spend on existing BCF schemes – Intermediate Care Services	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Plans are currently being developed. No progress report at this time.		None.	None to report.
G	Spend on Schemes previously outside of BCF – Additional reablement costs	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Additional BSO resource and supervisory resource in providers has been provided. All resources are in place.		None.	None to report.
G	Spend on Schemes previously outside of BCF – Wellbeing Worker Service	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Plans are delivered and a full update will be reported next time.		None.	None to report.

G	Spend on Schemes previously outside of BCF – Home Improvement Agency	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Plans are delivered and a full update will be reported next time.		None.	None to report.
G	Spend on Schemes previously outside of BCF – Hospital Aftercare	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	The re-tendering of this provision is completed and the contract awarded.		None.	None to report.
G	Spend on Schemes previously outside of BCF – Additional Fee and Demand pressure	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	LCC has increased funding in existing and subsequent new care packages in order to provide some stability to the local market following national living wage increases of 4.17% and other inflationary factors. The annual impact of this is estimated at £6m		None.	None to report.
A	Spend on Schemes previously outside of BCF – Additional package costs through improved DToC rates	Tony Pounder, Director of Adult Services, Lancashire County Council. tony.pounder@lancashire.gov.uk	Plans are currently being developed. No progress report at this time.		None.	None to report.

Appendix B
Lancashire Health and Wellbeing Board meeting 14th November 2017
BCF Report

Provisional BCF DToC Metric Plans: due on 21/07/2017

Health and Well-Being Board Better Care Fund DToC Metric Planning

Selected Health and Well Being Board:

Lancashire

Data Submission Period:

2017-18

DToC Metric Plans

<< Link to the Guidance tab

Delayed Transfers of Care

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
						17-18 plans						
NHS attributed delayed days	0.0	0.0	0.0	1826.0	1718.9	1611.8	1624.3	1276.9	1319.1	1318.8	1191.6	1318.3
NHS Blackburn with Darwen CCG				21.0	21.0	21.0	21.0	19.5	20.2	20.2	18.2	20.2
NHS Blackpool CCG				23.0	23.0	23.0	23.0	22.6	23.3	23.3	21.1	23.3
NHS Chorley and South Ribble CCG				347.0	347.0	347.0	347.0	190.9	197.3	197.3	178.2	197.3
NHS East Lancashire CCG				529.3	439.5	349.7	361.3	349.7	361.3	361.3	326.3	361.3
NHS Fylde & Wyre CCG				320.6	317.1	313.6	310.1	306.6	316.9	316.9	286.2	316.9
NHS Greater Preston CCG				415.6	415.6	415.6	415.6	246.0	254.2	254.2	229.6	254.2
NHS Morecambe Bay CCG				159.7	145.9	132.1	136.5	132.1	136.5	136.5	123.3	136.5
NHS Southport and Formby CCG				2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.1	2.3
NHS West Lancashire CCG				7.5	7.5	7.5	7.4	7.2	7.1	6.8	6.5	6.3
Select any additional CCGs (if required)												
Social Care attributed delayed days				2,436.0	2,436.0	2,436.0	2,436.0	747.8	772.8	772.8	698.0	772.8
Jointly attributed delayed days				237.4	223.5	209.5	211.2	177.9	183.8	183.8	166.0	183.8
Total Delayed Days	0.0	0.0	0.0	4499.4	4378.4	4257.4	4271.4	2202.6	2275.6	2275.3	2055.5	2274.8
Population Projection (SNPP 2014)	950,229	950,229	950,229	950,229	950,229	950,229	950,229	950,229	950,229	952,750	952,750	952,750
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	0.0	473.5	460.8	448.0	449.5	231.8	239.5	238.8	215.7	238.8

Delayed Transfers of Care numerator includes the delayed days attributable to the NHS, those to Social Care, and those which are jointly attributable to the NHS & Social Care.

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

Department for Communities and Local Government

Department of Health

The Rt Hon Sajid Javid MP
Secretary of State for
Communities and Local Government

The Rt Hon Jeremy Hunt MP
Secretary of State for Health

10 October 2017

Dear Leader

Thank you for your ongoing work to ensure that the additional £2bn funding announced in the 2017 Spring Budget is spent on adult social care services to improve outcomes for people in your area. In July we set out the shared challenge to reduce delayed discharges by publishing clear expectations for CCGs and councils. Alongside the July expectations NHS England, the Department for Communities and Local Government and the Department for Health published the Integration and Better Care Fund Planning Requirements 2017-19 to enable you to finalise your system-wide planning for BCF, improved Better Care Fund (iBCF) and other related spending. We also announced that Government will consider a review, in November, of 2018/19 allocations of the adult social care funding provided at Spring Budget 2017 for councils that are poorly performing.

Since then, the Care Quality Commission has commenced work on 12 of the 20 reviews into joint working at the health and social care boundary, based on the interface performance dashboard. CQC will be completing most of these reviews by early December with the aim of sharing lessons. There will be opportunities for all areas to learn from their findings.

We are grateful for the work being carried out locally to develop your Better Care Fund (BCF) Plans, which include plans to meet the expected reductions on Delayed Transfers of Care (DToC). As previously notified, this is a requirement for BCF plan approval in 2017/18. We all agree that no-one should stay in a hospital bed longer than necessary: it often leads to poorer health and care outcomes for people; it removes people's dignity and reduces their quality of life; and it is more expensive for the taxpayer.

Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, is one of the three purposes of the Spring Budget money and over the summer we have continued to bring a greater focus to this particular area. This is, of course, a shared endeavour between councils and the different parts of the local NHS. This will continue to be an area of focus and attention for Government, councils, CCGs and NHS Trusts as we enter the critical period ahead

of winter. It is vital for all of us that the 2,000 beds we need freed up are delivered before winter.

Progress to date

Overall we are pleased to note that many councils and CCGs, are responding positively to this national challenge. Whilst it is encouraging that we have seen improvements so far this year, these improvements are neither consistent nor yet significant and the overall rate of improvement remains a considerable distance from where it needs to be. Between June and July the total number of DToC (NHS and ASC) reduced by only 93.

Looking closely at your DToC performance we note that your performance identifies you as a council in the bottom quartile for rate of DToC (total delayed days per day per 100,000 18+ population). Currently your rate is 9.7 per 100,000 which is equivalent to 92 patients delayed daily due to social care. You are also in the bottom quartile:

- Because of the gap between your current performance and the agreed expectations for your council on delays attributable to social care and
- Because your performance in the 3 months to July was worse than in the previous three months.

Next steps

We have always been clear that taking effective action to reduce delayed transfers of care relies on the commitment of a range of partners in local health and social care systems. NHS England is working to ensure that CCGs are doing all they can to reduce delays caused by NHS organisations. CCGs have been set clear targets around CHC assessments, including for 85% to take place out of hospital. CCGs are now being required to report progress against these in their public board meetings. DTOC performance is also a key element of the CCG improvement and assessment framework. For CCGs with particularly poor performance, NHS England will consider whether to take action through this framework including placing a CCG in special measures or under statutory directions.

We are equally determined to take action to challenge entrenched poor performance by councils. Where councils, including yours, have significant performance challenges, there will be additional monitoring and escalation. This means that with effect from now:-

- We will be closely monitoring your DToC progress between now and November.
- We will include your council in the November review of 2018/19 iBCF allocations announced at Spring Budget. We will be looking for evidence of significant performance improvements in the September data (published in

November) before making a final decision on which local authorities will be formally reviewed.

I have asked officials to write to your council in October outlining in further detail on how this review will operate. All iBCF funding will remain in local government to be used for adult social care. At this stage, we can confirm that we favour options that place conditions on how you use a proportion of the additional 2018/19 iBCF funding to support DToC performance. None the less, we reserve the right to reduce the published allocation for a council should performance continue to fail to improve.

We recognise this will be challenging for you but we remain fully committed to working with you to ensure that rapid progress and focus is maintained to ensure everyone who is medically fit can leave hospital for a more appropriate place of care as quickly and safely as possible. We will continue to monitor performance nationally, regionally and locally to ensure this is achieved. This will be a key component of our plans to prepare for winter and we will be writing to you shortly with further details on these plans. We have asked officials in the Department of Health and Department for Communities and Local Government to continue to work closely with NHS E, NHSI, the Local Government Association and the Association of Directors of Adult Services to provide support to you.

RT HON SAJID JAVID MP   **RT HON JEREMY HUNT MP**

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Lancashire Health and Wellbeing Board
Meeting to be held on 14 November 2017

Review of Lancashire Residential and Nursing Home Market

Contact for further information:
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Executive Summary

This report is to provide members of the board with an up to date position regarding Quality of Care in Residential and Nursing Homes across Lancashire. The report provides information on bed numbers across Lancashire and also those homes that are currently closing due to either insolvency or Care Quality Commission regulated actions. Lack of leadership appears to be the key indicator of poor quality of care from a national perspective. Members of the board are asked to support the establishment of a leadership programme to develop leadership, capacity and capability in the residential and nursing home sector to support and encourage the best outcomes for those receiving care, and to achieve a buoyant and resilient care market.

Recommendations

The Health and Wellbeing Board is recommended to:

i)   Note the availability and quality of the residential and nursing home care sector as detailed in this report.
ii)   Support the proposal to develop a quality improvement programme
iii) Nominate a member of the Board to act as champion for this piece of work and contribute to its development and approval in the future.
iv)   Note that a detailed proposal with timescales and costings will be developed by the BCF Steering Group

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Background

Local Authorities have always been required to safeguard vulnerable people when their normal care arrangements fail. The Care Act 2014 placed a new duty on Local Authorities to shape the market for adult social care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individuals themselves, or in other ways. The ambition is for Local Authorities to drive the pace of change for their whole care market, leading to a sustainable and diverse range of care providers, continuously improving quality and choice, and delivering better outcomes that promote the wellbeing of people who need care and support. Local Authorities therefore need to shape the quality of care, understand which providers maybe experiencing trouble and are at risk of business failure and know which providers will be able to take place and meet the needs if any providers fail.

Current position within Lancashire County Council in relation to Care Home Bed availability

Within Lancashire there are 440 Residential Care Homes including 110 Nursing Homes giving a total of 12,724 beds across County.

Quality of Care based on CQC ratings

Some of the care homes are new and therefore will not be rated by the Care Quality Commission (CQC) as yet and therefore not included in the following numbers. The CQC ratings for 421 out of the 440 registered care homes within Lancashire showed, overall; 1% (5) of care homes were rated Inadequate, 25% (104) were rated Requires Improvement, 73% (306) were rated Good, and 1% (6) were rated as Outstanding.

LCC Care Homes

These included the figures for the 18 care homes provided by LCC, where; 12% (2) of care homes were rated Requires Improvement, and 88% (15) were rated Good.

Lancashire County Council's performance is consistent with the national picture as a County however this does mask variation between areas and districts noted in the table below.

Ratings by Districts

The information in the table below shows a breakdown of the overall CQC ratings (September 2017) for the 421 homes in Lancashire by the twelve districts. The below table indicates in order the district with the most CQC rated outstanding and good homes in their area.

District	Outstanding	Good	R. Improvement	Inadequate	Total
Wyre	2 (5%)	36 (86%)	3 (7%)	1 (2%)	42
Lancaster	1 (2%)	44 (81%)	7 (13%)	2 (4%)	54
Fylde	1 (2%)	36 (77%)	10 (21%)	0	47
Hyndburn	0	26 (79%)	7 (21%)	0	33
Rossendale	0	24 (75%)	8 (25%)	0	32
South Ribble	1 (3%)	25 (71%)	9 (26%)	0	35
West Lancashire	0	21 (70%)	8 (27%)	1 (3%)	30
Burnley	1 (3%)	24 (67%)	11 (30%)	0	36
Ribble Valley	0	12 (67%)	6 (33%)	0	18
Preston	0	23 (66%)	11 (31%)	1 (3%)	35
Pendle	0	15 (63%)	9 (37%)	0	24
Chorley	0	20 (57%)	15 (43%)	0	35

Lancashire's current position relating to number of care homes and bed availability

The below table describes the number of residential and nursing homes and the number of beds across county in total.

	Total number of care homes	Total number of beds	Total number of Care homes with nursing	Total number of nursing beds	Total number of Care homes without nursing	Total number of residential beds	Total number of care homes dual registered	Total number of dual registered beds
Rated care homes	421	12090	103	4695	310	7059	9	336
Registered care homes	440	12724	110	5185	321	7203	9	336

Provider failure

In the Patient Safety and Safeguarding Service there is quality improvement team this team works proactively with care providers to try and improve quality and ensure that their service is safe and works towards an action plan. The team work collaboratively with CCGs, CSUs and CQC through this quality improvement process. The service routinely discuss potential issues with CQC. If the service is failing and likely to close then the provider failure team would take over working with the provider and they work hard in assessing and relocating Service Users at time of closure. Timescales for relocating to another home can be anything from 24 hours to 3-4 months dependent on circumstances. It is a very complex piece of work moving older adult's accommodation and care. This can be disorientating for those with memory problems, may reduce access for family members and if moved too quickly can impact on mortality. It is therefore essential that the transition and relocation process is managed safely to reduce the risk to service users. Often the in house service will support this process at a cost of £2.5k per week, this is an extra cost to the provider failure team which consist of 6 social work professionals, including team manager and 5 social care support officers.

In the last twelve months in Lancashire there was a loss of 13 Care Homes 345 beds affecting 228 Service Users that needed to be relocated in Lancashire.

Area	District	Month of closure	Home Type	Registered beds	Residents affected	Reason for closure	Comments
Central	Preston	Mar-17	Residential	28	13	CQC action	Provider appealing against CQC cancellation of registration.
Central	Preston	Aug-16	Residential	15	11	LCC contract termination	Provider cancelled CQC registration after LCC contract termination
Central	Preston	Jul-17	MH Residential	6	6	Owner decision	
Central	Preston	Feb-17	Residential	24	18	Owner retirement	
East	Burnley	Feb-16	Residential	16	8	Owner decision - financial viability	
East	Burnley	Apr-16	LD residential	13	10	Owner decision - financial viability	
East	Pendle	Nov-17	Nursing	47	33	Owner decision	
East	Burnley	Jun-17	Specialist Mental Health Res Rehab	12	4	Owner decision - financial viability	
East	Pendle	Nov-17	Residential	23	17	Owner decision - financial viability	
North	Wyre	Aug-16	Residential	12	11	Owner decision - financial viability	
North	Wyre	Mar-16	Residential/Nursing / EMI/EMD	29	19	CQC action	Re-opened under new ownership
North	Fylde	Apr-17	Residential	34	21	Owner decision - financial viability	
North	Wyre	Jun-17	Nursing	22	13	CQC action	

Quality improvement

The Patient Safety and Safeguarding Team manage the contractual management arrangements for regulated care homes across Lancashire. They also manage quality improvements across care homes and provider failure process when a care home closes.

Over the last few months the team have been developing a Quality Strategy and as part of this work the Care Quality Commission attended an event at County Hall to discuss their findings on what makes a good care home and to consider the "mum test" for example would I want my parent, partner, child or friend living in this care home? The outcomes of this work identified three work streams:

- Leadership
- Developing relationships with providers / financial viability
- Tools and systems

CQC have recognised that nationally Leadership is the key in maintaining quality in care homes and ensuring the market remains stable. The Local Authority is considering various leadership models available to support the independent sector. Some of these options are; My Home Life (currently utilised with LCC in house services) and Skills for Care who have specific programmes for registered managers.

These providers are nationally recognised and have a good reputation within CQC. My Home Life for example works with several statutory bodies and provides support from evidence based practice. They have several years of experience working with Local Authorities and this work has been validated by external bodies. Lancashire County Council has been using this model within in house provision for a number of years.

There is a current work stream looking at working with providers and how Lancashire County Council can improve working relationships to ensure that as a Local Authority we are clear what support providers need in the care sector and how we can work together to support them more effectively. The current work streams are linking into work being completed by the STP work streams to avoid any duplication.

Through supporting quality improvement including a leadership development programme in the independent sector, service users are likely to have a better experience, care homes will be more likely to achieve good or outstanding ratings which will improve the choice for Service Users in the districts. Providers have indicated they support this models introduction and application. Lancashire County Council has already committed some extra funds to Lancashire Safeguarding Adult Board (LSAB) for this purpose. Lancashire County Council have uplifted rates also to ensure we pay a fair price for care.

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 14 November 2017

Lancashire Safeguarding Boards - Annual Reports 2016/17

(Appendix A is not available for publication as it contains exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972. The report contains information which is likely to reveal the identity of an individual. It is considered that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information).

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Executive Summary

Statute requires that in every local authority administrative area there must be both a Children Safeguarding Board and an Adult Safeguarding Board. Key local agencies are represented on the boards at a senior level, but the Boards have an Independent Chair. At present in Lancashire both Boards have the same Chair.

Both Boards are required to produce and publish an annual report which reflects on safeguarding practice and issues in the area. The report covers the period from April 2016 to end of March 2017, and can be accessed online at the following link:
http://www.lancashiresafeguarding.org.uk/media/34971/-lancashire-safeguarding-boards-annual-report-2016-17-final-.pdf

The report begins with contextual information drawn from Pubic Health data. Generally, the data reflects more Red/Amber ratings than Green ratings. The data also highlights the complexity of the population in Lancashire, with poorer performance being seen in the areas of highest deprivation. The report then seeks to set out what we know about the vulnerability of the people in terms of safeguarding and what we know about the quality and safeguarding activity in local services.

Additionally a separate Annual Report is prepared by the LSCB's Child Death Overview Panel (CDOP). A brief summary of key issues is included in this report, and the full report Is attached at Appendix 'A'. Please note the additional item should not be shared more widely at this time due to the sensitive information contained.

Recommendation

The Health and Wellbeing Board is recommended to:

Note the content of the reports, comment on any key issues and consider the implications for the conduct of business.

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1. Background

1.1 In Lancashire a single business unit supports both Boards and every attempt is made to maximise the potential benefits this brings. Common approaches have been developed for the conduct of business and, as far as possible we strive to do things once. For the first time, this year we are publishing the Annual Report as a single report covering both Boards. If required, for example by Ofsted, it can be split into a Children's or Adults report.

Lancashire
County Council

1.2   Key issues detailed in the report which may be of particular interest to the Health and Well-being Board include the following:

Adults:

Adults - Good practice and improved performance

- More resources have been committed to understanding and addressing issues related to delays in hospital discharges.
- Policies, procedures and guidance around Mental Capacity Act (MCA) implementation have been commended nationally as an example of best practice.
- A significant majority of residential and nursing homes are rated by the regulator, CQC, as good or outstanding.
- High levels of service users report that they feel safe and that the service they received has made them feel safer.

Adults – pressures and concerns

- Applications in respect of Deprivation of Liberty (DoLs), far outstrip capacity to deal with them and there are significant backlogs.
- A significant backlog of safeguarding alerts was reported in the previous Annual Report. This has continued to be a concern throughout 2016-17. (Recently the local authority have found additional resources to deal with this and the outcome will be reported in the 2017-18 report).
- There has been an increase of 30% in cases identified as vulnerable adults by the police – the largest number are as a result of domestic abuse.
- Although the total number of cases is small, there has been a significant increase in cases of so-called honour based violence.
- Thresholds for referral to Adult Social Care are not sufficiently well understood across partner agencies resulting in too high a level of referrals.

Adults – challenges

- Clearing backlogs both in DoLS applications and safeguarding referrals
- Increasing understanding of thresholds so vulnerable adults get the right service at the right time, including early help.
- "Making Safeguarding Personal" (MSP) should underpin all adult safeguarding work. While this has been embedded in adult social care we need to see more evidence of this approach being adopted in all settings.

Children

Children – Good practice and performance

- There has been a significant increase in the number of families being supported with early help.
- Social worker caseloads have stabilised at an appropriate level.
- The number of Missing from Home incidents appears to have reduced by 24% (may be a data collection issue.)
- The number of children needing to be subject of a child protection plan for more than two years is lower than both the National and regional averages.
- The Children Board's on-line resources are recognised as of good quality and the Web-pages are well-used, particularly by schools.

Children – pressures and concerns

- The level of resources committed to child and adolescent mental health is insufficient resulting in waiting lists and inequitable access to services across the county. NHS Spend per child in Lancashire averages out at £43 per child against a National average £49, and the % of children aged 5-17 accessing the service in 2016/17 averaged 0.37% against a National average of 2.62%.
- The level of complexity combined with inefficient working practices for management of incoming work have had an adverse impact on the volume of referrals. This has however been an area of attention, additional resource and more recent improvement.
- The numbers of children needing a child protection plan, though marginally lower than last year, remains higher than the National average.
- The numbers of children looked after by the local authority continues to rise and is higher than both the National and North West average.
- Although improving, completion of assessments by Children's Social Care is still not meeting the required timescales.
- Around 1,000 children who are looked after by other local authorities are placed with private/independent sector providers in Lancashire.
- Rates of hospital admission for reasons of mental health or self-harm continue to rise and are above both National and North West averages.
- Asian children are over-represented in overall child death figures.
- Referrals to the MASH include too many children whose interests would be best met by early help.

Children - challenges

- Embedding access to early help as the first response.
- Ensuring the redesign of the Child and Adolescent Mental Health Service results in a more accessible and equitable service.
- Ensuring the improvements made in Children's Social Care are sustained.
- Piloting new approaches to the MASH and developing a locality based service.
- Embedding the lessons from audit and Serious Case Reviews into practice.

2. The Board completes a range of quality assurance activities which are reflected in the Annual report. Serious Case Reviews concerning children and Safeguarding Adult Reviews are published (where there are no legal constraints) and learning briefings are always published. A programme of audits is completed each year on subjects linked to the Boards' priorities. Partner agencies who provide services for children and families complete an annual self-assessment against an LSCB template and a proportion are subject of detailed challenge.

3. The governance arrangements for the Boards is set out in the annual report, as is the work of the sub-groups. Lessons from case reviews and audits are outlined. Partner agencies have also provided a summary of their work in respect of safeguarding and these are embedded in the report.

CDOP Annual Report (Full Report – Appendix 'A')

4. The report is the ninth Annual Report since CDOP became statutory and the fourth as a Pan-Lancashire panel.

Lancashire's key points to note:

- 80% of deaths reviewed during 2016/17 were completed within 12 months;
- 14% were children from an Asian Pakistani heritage, which appears dis-proportionally represented compared with the child population of 6% in the 2011 Census;
- 34% of the deaths were due to perinatal/neonatal events and 26% were due to chromosomal/congenital abnormalities;
- 28% of deaths had modifiable factors;

- Of this 28%, 39% were perinatal neonatal events, 19% were sudden, unexpected, unexplained deaths;
- The most common modifiable factors were smoking, alcohol/substance misuse in parent/carer and safe sleep.
- During the year a review of the Sudden Unexpected Death in Childhood service concluded, and agreement was reached by the Pan-Lancashire Clinical Commissioning Groups (CCGs) to extend the service to ensure greater compliance with the statutory requirements of the service

The Wood Review

5. Revised governmental guidance around the arrangements for safeguarding children is expected to be published in the autumn. This will require three key agencies, the local authority, the police and the CCGs to determine future arrangements and the statutory requirements for there to be a Local Safeguarding Children Board will be replaced. It is anticipated that new partnership arrangements will be required and are likely to be referred to as "Multi-agency Safeguarding Arrangements". It is anticipated that these new arrangements will need to be in place by end of June 2019.

Consultations

6. All Board partner agencies have been consulted during the preparation of the Annual Report. The report reflects comments made and includes information directly provided by the agencies. A group of young people will be producing a Young Person's version of the report in due course.

Implications:

7. While there is evidence of good practice, significant challenges remain in ensuring services that provide safeguards for vulnerable children and adults are sufficiently resourced to meet demand on a timely basis.

8. The Annual Report covers the period April 2016-March 2017. Priorities for the Boards are set out in the Business Plan and can be found on the web-site. Of likely interest to the Health and Well-being Board are three campaigns which are in development:

- As a result of child deaths related to non-accidental head trauma the LSCB is developing new materials to support parents in understanding this issue and managing crying babies.
- As a result of two child deaths in households where parental use of cannabis was a factor the LSCB is working with Public Health and drug service providers on a campaign to ensure professionals better understand the possible impact of drug use on parenting capacity;
- As a result of findings in several serious case reviews the LSCB is exploring the ways in which professional practice might be developed so that the impact of adverse childhood experiences on future health and well-being, and parenting capacity might be subject of routine enquiry.

List of background papers

Paper	**Date**	**Contact/Tel**
• Working Together to Safeguard Children	2015	Victoria Gibson
• The Care Act 2014 – revised 2016		
• Board minutes and reports		

Reason for inclusion in Part II, if appropriate

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Document is Restricted