

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 18th September, 2018 at 10.00 am in Committee Room 'C' (The Duke of Lancaster Room) - County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Mrs Susie Charles, Lancashire County Council
Dr Sakthi Karunanithi, Lancashire County Council
Louise Taylor, Lancashire County Council
John Readman, Lancashire County Council
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
Dr John Caine, West Lancashire CCG
Dr Tom Marland, Fylde and Wyre CCG
Mark Youlton, East Lancashire CCG
Karen Partington, Lancashire Teaching Hospitals Foundation Trust
Gary Hall, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Lancashire Safeguarding Children's Board and Adult Board
Councillor Bridget Hilton, Central District Council
Cllr Viv Willder, Fylde Coast District Council
Councillor Margaret France, Central HWBP
Adrian Leather, Third Sector
Tammy Bradley, Housing Providers
Peter Tinson, Fylde and Wyre CCG
David Russel, Lancashire Fire and Rescue Service
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

County Councillor Geoff Driver	Lancashire County Council
CBE	
Stephen Young	Director of Growth, Environment, Transport and Community Services, LCC
Dr Geoff Jolliffe	Morecambe Bay CCG
Greg Mitten	West Lancashire HWBP
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust

1. Welcome, introductions and apologies

All were welcomed to the meeting and round table introductions took place.

Apologies were noted as above.

New members were noted as follows:

Peter Tinson, Fylde and Wyre Clinical Commissioning Group (CCG) for Jennifer Aldridge
Councillor Barbara Ashworth, East Lancashire District Council, for Councillor Lian Pate
Dr Geoff Jolliffe, Morecambe Bay CCG, for Dr Alex Gaw

Replacements were as follows:

Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG and Dr Gora Bangi, Chorley
and South Ribble CCG

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Last Meeting held on 17 July 2018

Resolved: That the Board agreed the minutes of the last meeting.

4. Action Sheet and Forward Plan

Updates on actions from 17 July 2018 meeting were received.

Appointment of Deputy Chair – The appointment of Deputy Chair for the Board was received from the CCGs and it was confirmed that Denis Gizzi would undertake this role for the remainder of the municipal year 2018/2019.

Better Care Fund – With regards how many people the 3,479 delayed days affected, Paul Robinson reported that these were not measured now. The planning of the workshop to scope and review the total system budget and develop an integration plan beyond 2019/2020 had not begun as information was required from the Green Paper and the NHS Plan which had not been published yet.

Transforming Care – In Patient Provision – This had been included on the forward plan for a future meeting.

All other items on the action sheet were included on this agenda.

If there were any items for the forward plan, these should be sent to Sam Gorton, email sam.gorton@lancashire.gov.uk who would bring them to the Chair's attention for consideration.

5. Review of Central Lancashire Plan - Improving Health Care and Wellbeing in Central Lancashire

Sarah James, Integrated Care Partnership Programme Director and Dr Geraldine Skailes, Medical Director were welcomed to the meeting to give an update on the Central Lancashire Integrated Care Partnership (ICP) and Acute Sustainability. They presented the attached PowerPoint to the Board.

The Central Lancashire Integrated Care Partnership Board was established in a Shadow form in April 2018 and the membership included acute provider, community and mental health provider, GPs, Commissioners (CCG), Lancashire County Council, District Councils and Voluntary, Community and Faith sectors. An initial recruitment was recently completed to appoint an Independent Chair and an Integrated Care Partnership Programme Director. The Our Health Our Care Change programme, which had been in place since 2016 was being built on. Focus to date had been on form – emerging models, benefits, the value proposition and design principles through which the ICP would operate, as well as the Blueprint which defined how the system would look in the future. Going forward, plans were in place to develop the big seven strategic platforms to deliver the change required in Central Lancashire,

As this work was ongoing, the Board asked that an update be brought to the Board early next year and that this was added to the Forward Plan.

Resolved: That a report be brought to a future meeting in the New Year and that this be added to the Forward Plan.

6. Review of Pennine Plan - Improving Health Care and Wellbeing in Pennine Lancashire

Mark Youlton presented the report which provided an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire had been developed and recommended the Pennine Plan for consideration and approval.

In December 2017, the Pennine Integrated Health and Care Partnership published a draft of the Pennine Plan to test proposals for change with a broad range of stakeholders, and to gather feedback and insight to inform more detailed service specifications and implementation plans. These had been used to shape the final version of the Pennine Plan, which was attached at Appendix A.

Collaboration between Health and Social Care agencies in Pennine Lancashire had a substantial history already. However, this was being given new impetus by emerging national policy developments regarding integration of health and social care services. There was also considerable local momentum in Pennine Lancashire to move progressively but decisively towards even closer and ultimately formal legal partnership arrangements.

Resolved: That the Health and Wellbeing Board:

- i) Approved the Pennine Plan as the blueprint for health and care transformation in Pennine Lancashire.
- ii) Sought assurance from the Pennine Partnership that in its delivery of the Pennine Plan it would also take account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.

- iii) Agreed any further requirements, aspirations or expectations that should be communicated on behalf of the Lancashire Health and Wellbeing Board in relation to the future development of the Pennine Partnership and the delivery of the Pennine Plan.

7. Lancashire Adult Learning - Opportunities for collaboration and partnership to support Health and Wellbeing strategies in Lancashire

Andy Parkin and Sarah Howarth were welcomed to the meeting and updated the Board on what Lancashire Adult Learning was and what it provided (see PowerPoint attached).

Lancashire Adult Learning is the second largest adult community learning provider in the country and provided exceptional learning opportunities across Lancashire. The primary objective of Lancashire Adult Learning was to deliver a wide range of high quality 'targeted' programmes, which focussed on the needs of disadvantaged people and those least likely to participate in learning. Those included people furthest away from the job market, on low incomes, and adults with low skills who lacked 'first rung' qualifications from 19+. The vast majority of the curriculum was unaccredited and had been developed in line with the three programmes of work in the Lancashire Health and Wellbeing Strategy, the seven health behaviours as identified in the Joint Strategic Needs Assessment. They also worked in partnership with Lancashire County Council's Public Health Team and the NHS where their aim was to support partners across Lancashire who were working to educate the public. They worked with partners to plan provision that responded to local needs and provided opportunities to engage learners who were disadvantaged and least likely to participate, including those in rural areas and people on low incomes with low skills. Their aim was to compliment the work that was going on in services around health and wellbeing and the approach was very flexible and designed their own outcomes according to individual's needs.

The Board were asked to keep Lancashire Adult Learning at the forefront of their mind and consider them as part of the system.

Resolved: That the Health and Wellbeing Board:

- i) Raised awareness of Lancashire Adult Learning and its curriculum offer within Lancashire County Council and Public Health in order to identify opportunities for collaboration and partnership.
- ii) Made recommendations to Clinical Commissioning Groups and locality managers to identify opportunities for Lancashire Adult Learning to support and contribute to health initiatives within districts and localities.
- iii) Supported Lancashire Adult Learning to ensure that the learning offer was directly linked to Lancashire's strategies to support adults.

8. Better Care Fund (BCF) and Active Ageing Alliance

The recent publication of the Integration and Better Care Fund (BCF) guidance 2017/19 had set out the continuing role for the BCF and confirmed the ongoing conditions and requirements that varied little from those set out at the creation of the current Lancashire BCF plan in September 2017.

The role of the Health and Wellbeing Board was reaffirmed as overseeing strategic direction and delivery of the BCF.

Whilst there was an option to revise three of the four national metrics the recommendation of the BCF steering group was that those remain as originally planned.

The fourth metric, Delayed Transfers of Care (DToC), (see attached PowerPoint and comparator document) was the subject of revised nationally imposed expectations which current performance trajectories showed Lancashire should be able to achieve in 2018/19. It was important to emphasise that this was only achievable because of the combined efforts across the Lancashire health and social care system that had resulted in significant improvement in performance and a drop of total delayed days from 4643 in June 2017 to 2758 in June 2018.

The guidance indicates a shift of emphasis towards impacting on and monitoring length of stays in hospital. For now, the BCF was expected to support reducing these through its efforts around DToC and the implementation of the High Impact Change Model although further requirements may be identified in coming months.

There was no requirement to create a revised BCF plan but any revisions had to be reported and must continue to meet the BCF/iBCF conditions. There had been a number of required changes identified in the Lancashire plan and those were set out in Appendix B.

Discussion ensued around the success of better working together across sectors and reducing delayed transfers of care figures, however the Board were reminded that the iBCF was non-recurrent and to ensure that the working targets were sustained, work that had been carried out by Newton Europe should be used to put schemes in place. This was something that the Better Care Fund Steering Group needed to take forward.

It was requested that the readmission rate figures were included in the report for future meetings. Paul Robinson agreed to ensure these were provided.

The Board agreed to include Residential Care on the forward plan as a future item as residential numbers were diminishing.

With regards winter plans, Central Lancashire's would be discussed at the A and E Delivery Board on 21 September 2018 and Lancashire County Council's Winter Plan was due to be presented to Cabinet on 11 October 2018.

Active Ageing Alliance

Adrian Leather, Active Ageing Alliance presented the Board with some background and Crispin Atkinson, Redhill Consultants presented the attached PowerPoint.

The Active Ageing Alliance was formed in 2016 from Voluntary, Community and Faith (VCF) sector organisations in Lancashire. A model had been developed of co-operative working based on a lead contractor and supply chain arrangement and would provide person centred support. The vision was a far greater role for the VCF sector in meeting the needs of people over 50 for non-medical support. It had a more efficient approach to

commissioning, procurement and supply of services through a lead contractor and co-ordinated supply chain.

59% of Lancashire are over the age of 50. Some of the benefits of the model were around person centred support and co-operative working which ensured investment, development and support for community assets.

It was noted that when developing the neighbourhood working models that the Active Ageing Alliance should be considered.

Resolved: That the Health and Wellbeing Board:

- i) Noted the guidance and its implications for the Lancashire BCF and Health and Wellbeing Board.
- ii) Approved the revisions to the BCF/iBCF plan, for 2018/19, as set out in Appendix B.
- iii) Approved the maintenance of the BCF metrics for Non Elective Admissions, Residential and Nursing Home Admissions and reablement at the original 2017/19 plan levels.
- iv) Noted the expected performance for Delayed Transfers of Care for 2018/19.
- v) Noted the success of joint working across health and social care in significantly improving DToC performance and enabling the expectations to be met.
- vi) Requested that the Better Care Fund Steering Group review the Active Ageing Alliance model, consider its inclusion as part of the wider Better Care Fund spending proposals for 2019/2020 onwards to be agreed at a future Health and Wellbeing Board meeting.
- vii) Requested that the readmission rate figures were included in the report for future meetings.
- viii) Agreed to include Residential Care on the forward plan as a future item.

9. Mental Health and Wellbeing - Time to Change Hub

Darren Bee, Time to Change Regional Co-ordinator was welcomed to the meeting and presented the attached PowerPoint to the Board on the proposed approach for developing a Time to Change Hub in Lancashire. Time to Change was a growing movement of people changing how everybody thinks and acts about mental health. Since 2007, Time to Change had been working to create major changes in national attitudes and behaviours, raising awareness and reducing the stigma associated with mental health. Its aim was to empower communities to lead and embed local change, and to do this had established 'Time to Change Hubs'. Mental health and wellbeing was identified in the Lancashire Health and Wellbeing Board Strategy as a priority for addressing health inequalities in Lancashire, especially for children and young people. Time to Change are currently running the In Your Corner [campaign](#).

A Time to Change Hub was a partnership of local organisations and people who were committed to ending mental health stigma and discrimination. Collectively and independently they initiate and run regular local activities to challenge mental health prejudice, coming together to align and maximise the impact of their combined activity. It

was a collaboration of the NHS, local employers, third sector partners, wider third sector, Local Authority, Emergency Services, Education Providers, local champions, with the Health and Wellbeing Board being the host.

It was noted that there was also another useful video that the NHS Trusts are encouraging staff to watch around [suicide](#) and this would link in with the Time to Change Hub.

Resolved: That the Health and Wellbeing Board:

- i) Endorsed an application and acknowledged the external funding stream associated with this, to become the Host for the Lancashire Time to Change Hub and support the Time to Change social movement to end the stigma and discrimination experienced by people with mental health problems
- ii) Agreed to oversee the local Hub Partnership and uphold the responsibilities of the Host as described
- iii) Nominated and endorsed the organisation proposed to fulfil the role of the Hub Co-ordinator
- iv) Delegated the responsibility for submitting the application to the Chair of Lancashire Health and Wellbeing Board, in consultation with the Director of Public Health and Wellbeing.

10. Lancashire Special Educational Needs and Disabilities (SEND) Partnership - Update on the implementation of the Written Statement of Action

Sian Rees, Improvement Partner SEND, Lancashire County Council updated the Board on the Lancashire local area Special Educational Needs and Disabilities services which were inspected by Ofsted and the Care Quality Commission in November 2017, to judge how effectively the special educational needs and disability reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

The partners in Lancashire were required to produce a written statement of action, setting out the immediate priorities for action; the progress on implementing these actions is monitored by the Department for Education and NHS England.

The Health and Wellbeing Board had requested regular updates on progress at their bi-monthly meetings; this was the second update to the Board.

With regards engagement and wider partners, Adrian Leather, Third Sector Representative agreed to link in with John Readman, Executive Director, Children and Young People and Sian Rees.

The Board noted the progress being made and congratulated the service on this.

Resolved: That the Health and Wellbeing Board:

- i) Noted the progress of delivery on the written statement of action.
- ii) Received an update on progress at the November Board meeting.

- iii) Noted that Adrian Leather, would link in with John Readman and Sian Rees with regards engagement and wider partners.

11. Lancashire Safeguarding Boards Annual Report 2017/18

Jane Booth, Independent Chair, Lancashire Safeguarding Adults and Lancashire Safeguarding Children Boards reported to the Health and Wellbeing Board prior to publication of the Lancashire Safeguarding Adults Board/Lancashire Safeguarding Children Board Annual Report, to allow for comment on the draft report before it was finalised. The draft Annual Report was attached at Appendix 'A'. Within this report, points of progress and highlights specifically for this group were noted as well as in the PowerPoint attached.

The Board noted that there were lots of positives as well as challenges. The Annual Report would be presented to the Police and Crime Commissioner and Chief Constable, Cabinet as well as the Health and Wellbeing Board. John Readman was the link for the Children Board and Louise Taylor, Executive Director for Adult Services and Health and Wellbeing was the link for the Adults Board. The Health and Wellbeing Board requested to know what each of the Boards were doing with regards the key issues detailed in the report and present the findings to a future meeting of the Board.

Resolved: That the Health and Wellbeing Board:

- i) Noted the contents of the report.
- ii) Commented on any key issues and consider the implications for the conduct of business.
- iii) Louise Taylor and John Readman to report back at a future meeting on the key issues from the report and what the Lancashire Safeguarding Adults Board and Lancashire Safeguarding Children Board were doing with regards those issues.

12. Role of Lancashire Fire and Rescue Service on the Board

Dave Russel, Assistant Chief Fire Officer, Lancashire Fire and Rescue Service gave a brief presentation (as attached) to the Board. Fire and Rescue Services and health and social care partners operated in the heart of local communities to increase safety, health and wellbeing of the people living and working there. They were concerned with prevention and early intervention. Most importantly, all were reaching out to the same people and families who find themselves at risk of accident or ill health.

On 1 October 2015 NHS England, the Chief Fire Officers Association, the Local Government Association, Public Health England and Age UK published a joint 'Consensus Statement' setting out a national commitment to improve health and wellbeing. The aim being, to support vulnerable people and those with complex needs to get the personalised, integrated care and support they needed to live full lives and sustain their independence for longer, thus reducing demand on fire, health and social care services. By working in partnership in the wider health and wellbeing context, Fire and Rescue Services were well placed, to help enhance and improve shared outcomes beyond what could be achieved in isolation.

The purpose of the report was to share Lancashire Fire and Rescue Service progress to date, and to explore further opportunities for the Service to work in partnership going forward.

Lancashire Fire and Rescue Service are wanting to compliment services who were targeting hard to reach groups and how this could be done.

Safe Well Visits that were carried out by Lancashire Fire and Rescue Service should be made through a partner referral, however this was not happening. The reason this should happen was so the fire officers that were carrying the visits out had the background on the household before entering, which would inform the visit being undertaken and could discuss issues/concerns and support the household.

The Board agreed that there should be better working together across partners and this would be taken forward.

Resolved: That the Health and Wellbeing Board:

- i) Noted the preventative work which Lancashire Fire and Rescue Service currently undertake.
- ii) Explored [where appropriate] opportunities for Lancashire Fire and Rescue, to undertake preventative work, in partnership, aimed at improving health and wellbeing outcomes across Lancashire.

13. Urgent Business

Flu Immunisations

The Chair reminded the Board that flu immunisations were now available and encouraged the Board to participate.

14. Date of Next Meeting

The next scheduled meeting of the Board would be held at 10.00am on Tuesday, 20 November 2018 in Committee Room 'C' – Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston



Lancashire Health and Wellbeing Board

Central Lancashire Integrated Care Partnership and Acute Sustainability Update
Tuesday 18th September 2018

Contacts:

Medical Director:

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SRO:

Denis Gizzi

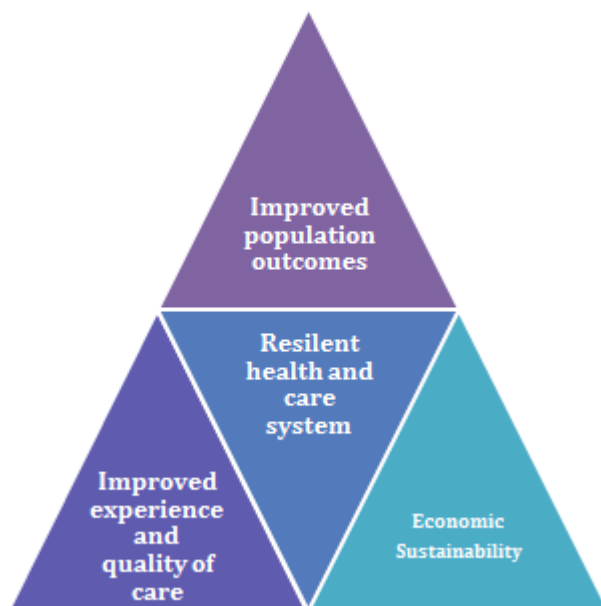
Denis.Gizzi@nhs.net

ICP Programme Director:

Sarah James

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Overview of Central Lancashire ICP



Our Vision - Together, we will create a resilient health and care system which drives experience and quality of care and brings economic stability for the communities of central Lancashire

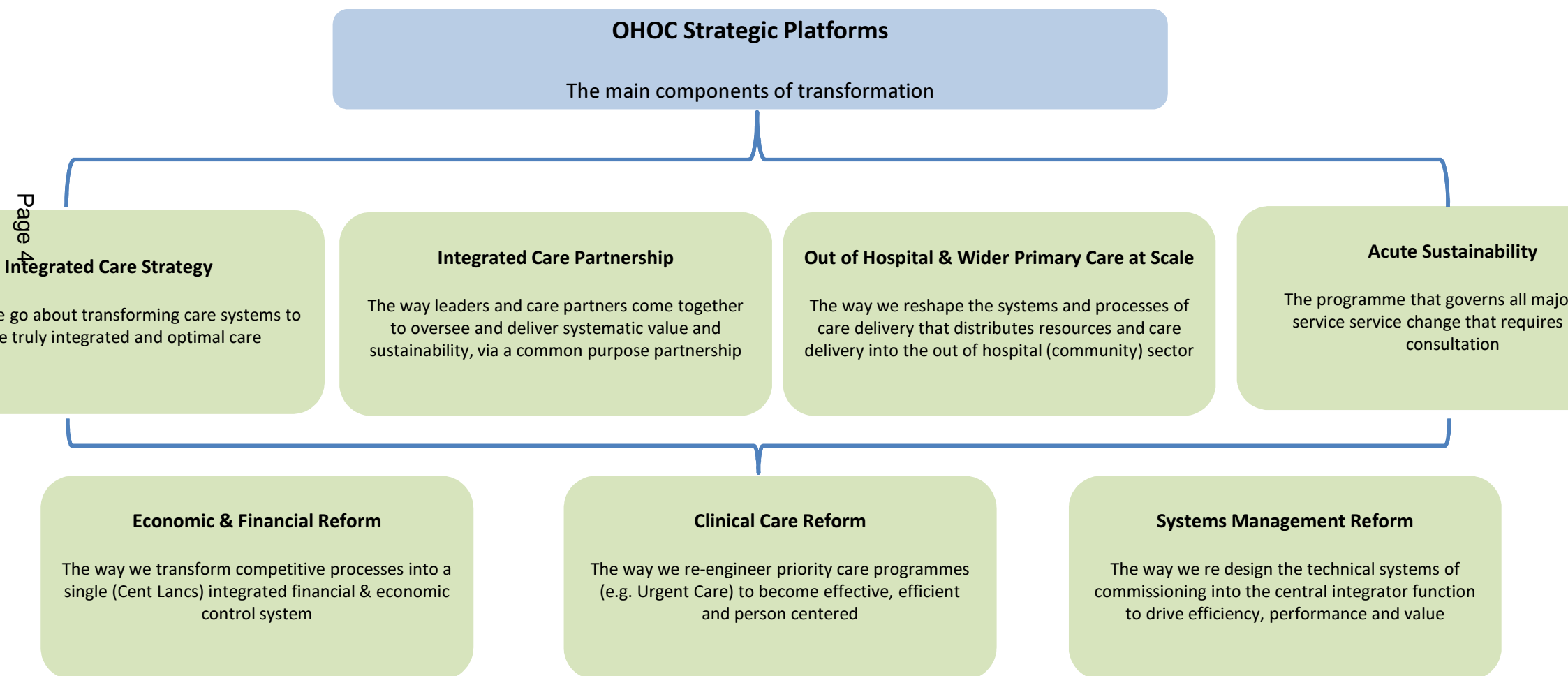
Update (September 2018):

- Central Lancashire Integrated Care Partnership Board established in Shadow form from April 2018
- Board Membership includes – Acute Provider / Community and Mental Health Provider / GPs / Commissioners (CCG) / County Council / District Councils / VCFS
- Recently completed initial recruitment to appoint an Independent Chair and an ICP Programme Director
- Builds on the Our Health Our Care Change programme, which has been in place since 2016
- Focus to date has been on form - emerging models, benefits, the value proposition and design principles through which the ICP will operate, as well as the Blueprint which defined how the system could look in the future
- We are now looking towards developing our big seven strategic platforms to deliver the change required in central Lancashire

Our Big Seven Strategic Platforms



Our Big Seven ... The main components of transformation



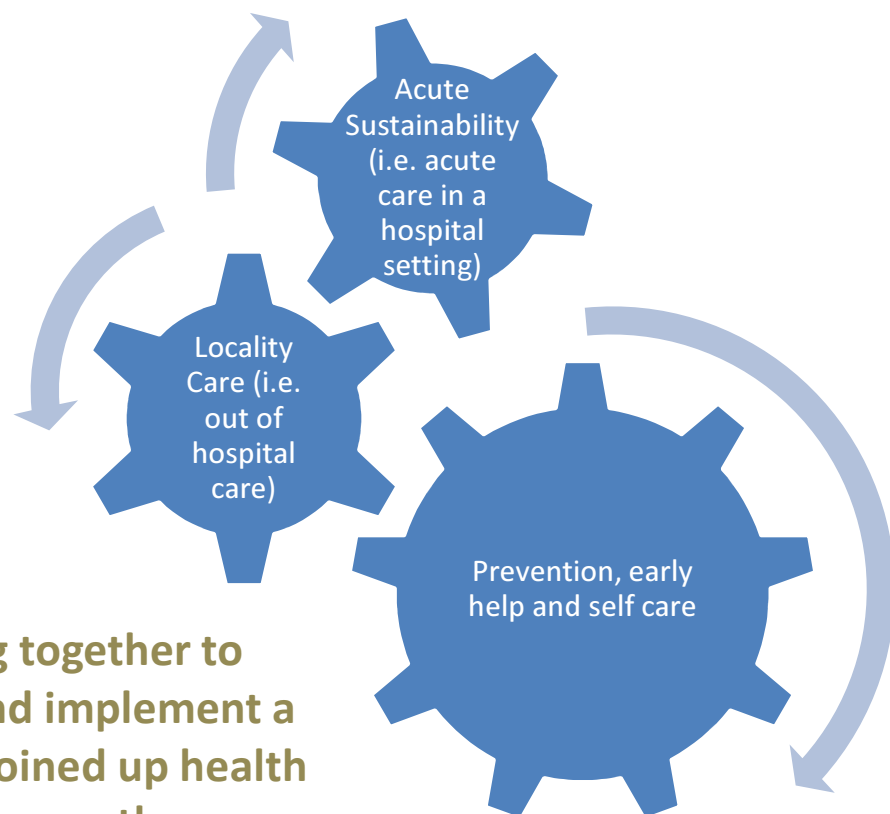
Working together to develop and implement a model for joined up health and care across the area

Working a more in-depth look at the Clinical change workstreams of Locality Care and Acute Sustainability



Led by Greater Preston and Chorley and South Ribble Clinical Commissioning Groups – Denis Gizzi SRO

Built upon three key workstreams



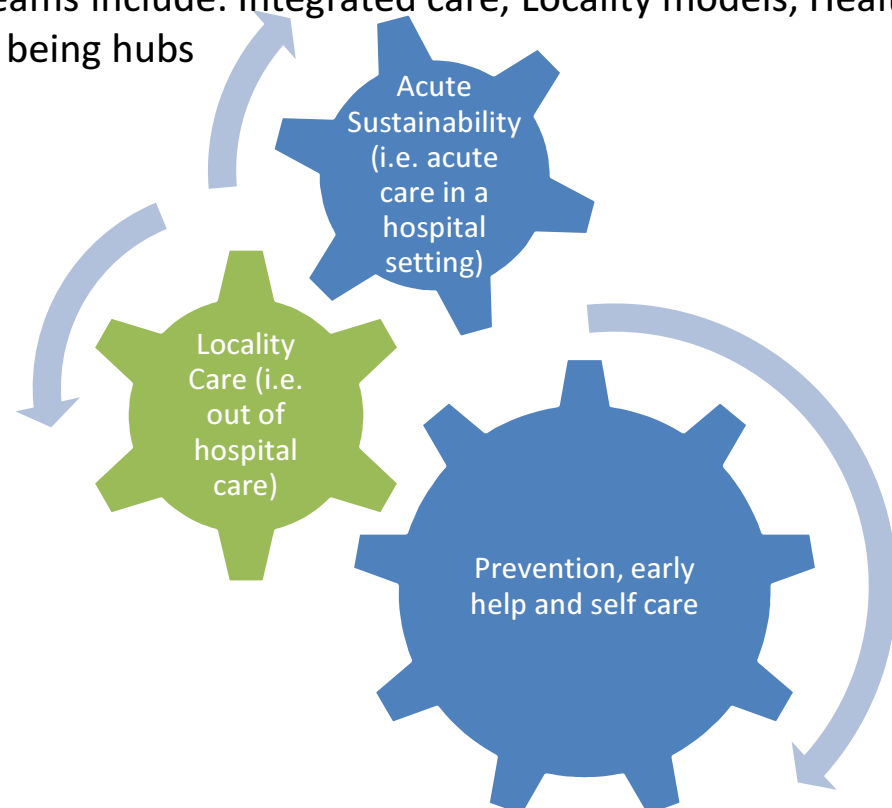
Specific aims:

- To encourage and enable people to take responsibility for **self-management** of their care with support from services to improve their health, wellbeing and quality of life
- To develop a more **person-centred approach** to health and social care, increasingly delivered within community, locality or home setting where appropriate.
- To develop **new models of health and social care** for our local health economy, rebalancing the provision of services to **reduce overdependence on acute hospital provision**
- To develop **new models of health and care that are clinically and financially sustainable** for the future and able to provide quality services that are safe, accessible, responsive and coordinated.
- To create models of care which will work within an **integrated health and care system**, tailored to the needs of our population and delivered in the right place at the right time.

Working together to develop and implement a model for joined up health and care across the area

Out of Hospital

Out of Hospital and Acute Sustainability programme are heavily interlinked, working closely together to achieve change
 In 2017 GPs from Greater Preston and Chorley and South Ribble co-produced an Out of Hospital strategy
 Aligned with several strategic plans – the SRO for the programme is Jayne Mellor
 Workstreams include: Integrated care, Locality models, Health and well being hubs



Integrated Care:

- To ensure patients have access to hospital services when needed by increased services delivered in the community, closer to home.

Locality Model:

- Integrated care teams** will be formed to deliver primary care at scale shaped around local needs
- Localities will be supported to develop a **leadership model at scale** that enables them to take responsibility for their population

Health and wellbeing hubs:

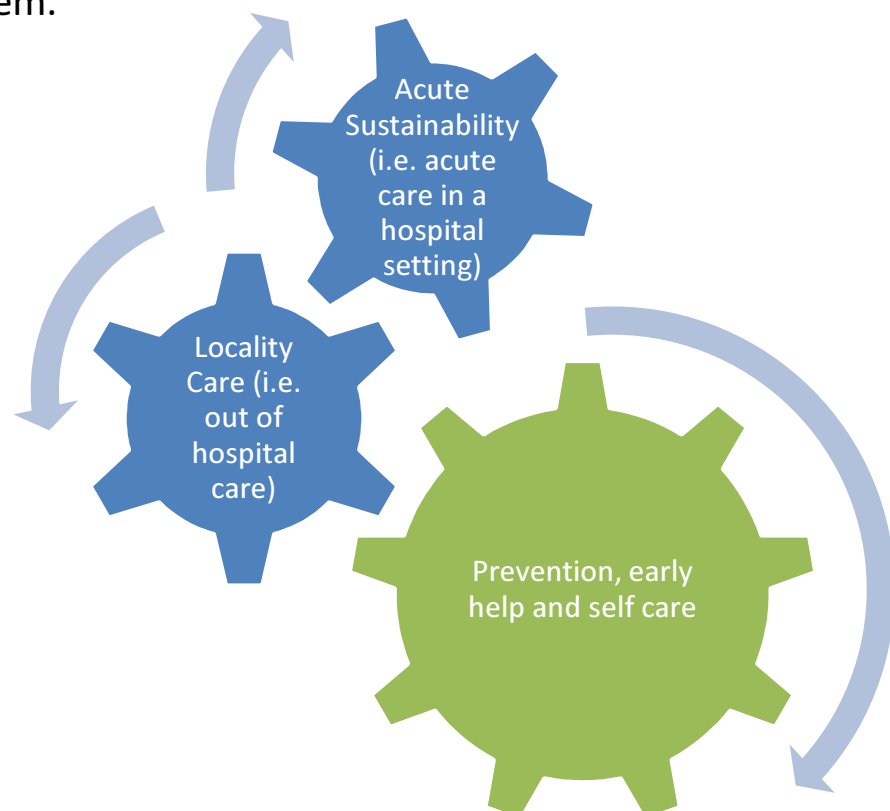
- Centres developed in the community** to deliver integrated health and care to populations of 100,000 +
- Joins together primary care with community, secondary, social, mental health, VSF, diagnostics, prevention and possibly more

Benefits include:

- Access:** Safe and accessible primary care services for all patients
- New models of care:** Access to a greater range of services closer to home.
- Integration:** Services from a range of providers delivered by a multidisciplinary team centred around the needs of the patient and community.
- Workforce:** A valued and motivated primary care workforce with training and development opportunities
- Technology

Prevention and Wellbeing

This strategy seeks a system-wide commitment to prevention through a 'place based' approach that utilises all of the resources to enable and maintain physical and mental wellness, build resilience and aid recovery. Delivery of this framework is built around developing prevention and wellness in four key areas; Culture, Community, Workforce, and System.



Key Focus

- Ensuring our population has good skills and access to **training, education and employment**
- Improving **community activity and engagement**
- Increasing **physical activity** and promoting wellness and **healthy lifestyles**
- Improving **homes** and **physical environment**

The adoption of this framework is to be achieved through system-wide changes to be actioned by organisations. In addition, integrated care teams will use this framework as a basis from which to develop their prevention actions and interventions with their community.

Benefits

- Communities will be healthy, empowered to help themselves and resilient to life's challenges
- People will have access to education, employment opportunities and appropriate housing in a safe environment
- People will make valuable contributions and reap the rewards in terms of motivation, confidence and quality of life.

Acute Sustainability – Case for Change

Key Pressures

Significant growth in the needs of the population

- Structural health inequalities that we need to tackle together as a system
- People living longer and more patients presenting with frailty, long term conditions and co-morbidities increasing pressure on our hospitals

Workforce supply not sufficient to safely staff services

Duplicated across two sites

- *In Preston 37% of the population live in the most deprived areas in England*
- *Number of people over the age aged 65 set to increase by 33,000 by 2037*
- *Gaps in medical staffing within the acute medical workforce that difficult to fill – overreliance on locums*

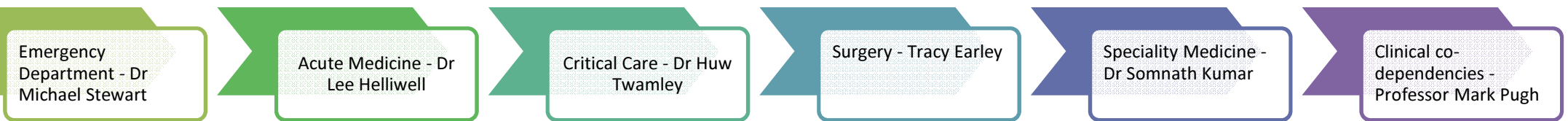


Impact on care for patients

- High bed occupancy (93%) means
 - Delays from decision to admit to admission
 - Excessive A&E waits – 60% January 2018
 - Volume of demand and medical outliers generating planned surgery cancellations and decrease in planned surgery
 - Excessive RTT including cancer waiting times
- Variation in meeting staffing standards
- “Requires Improvement”

Acute sustainability workstream - design approach

Joint design approach - Clinical Design overseen Dr Geraldine Skailes (Medical Director)
GP Leads part of Clinical Design Group



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1
Initiate patient engagement

Research population needs

Evidence a clinical case for change

Establish clinical standards and the co-dependency of clinical services to underpin design work

Develop the options that tackle the case for change challenges and are consistent with standards and co-dependencies

Work underway to develop a range of options



Options not yet agreed

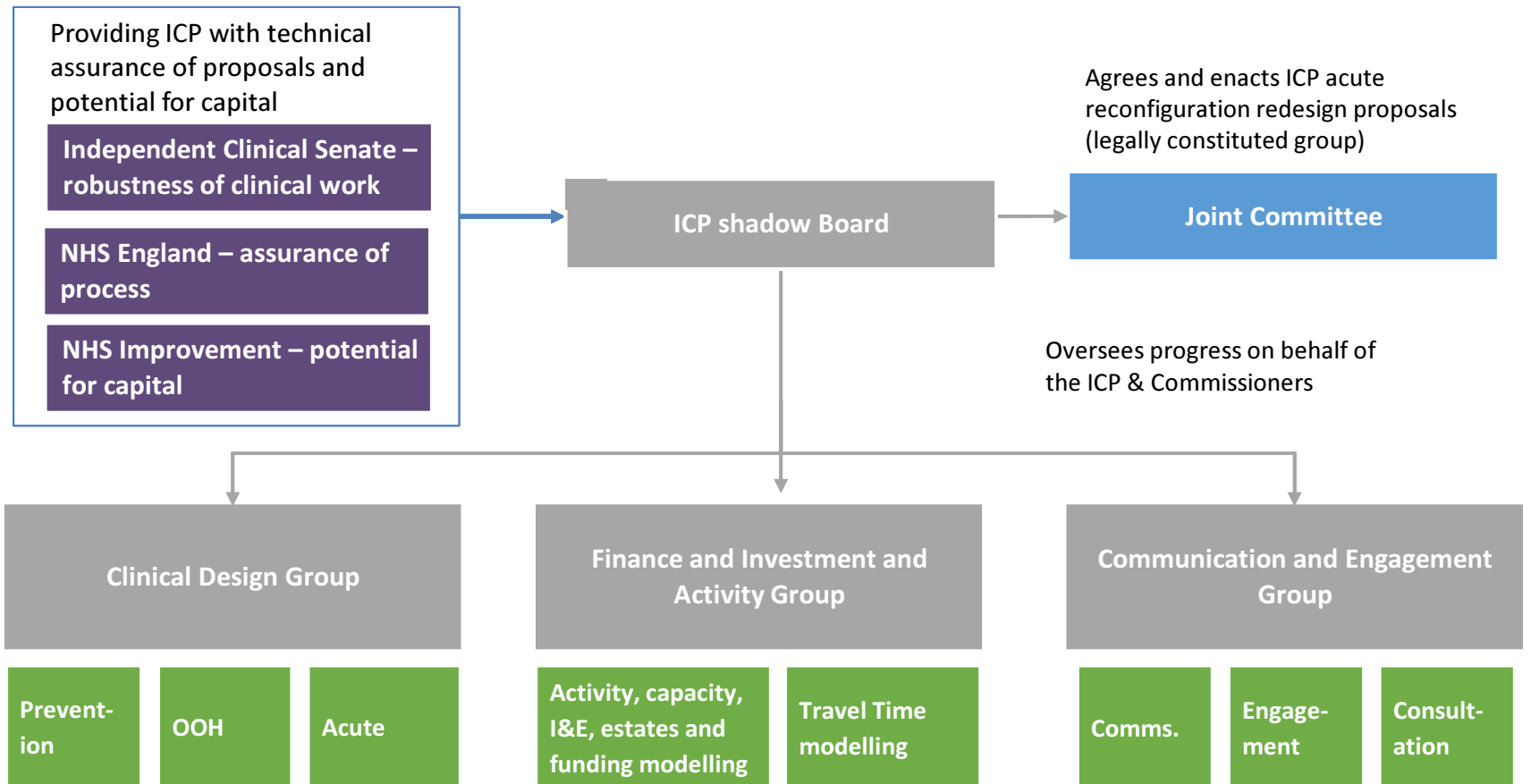
Analysis will consider “Do nothing” (services retained as is) and a range of other options
Emerging concepts are as below

	What	Why could this improve care for patients
Urgent, emergency and critical care	<ul style="list-style-type: none"> Integrated partnership care with specialist support and advice to GPs and teams wrapped around the patient, joined up primary care pathways Single emergency and major trauma centre, delivering emergency medical care 24/7 Co-located with an Urgent Care Treatment Centre and a networked Urgent Care Treatment Centre Standardised Ambulatory Care Unit(s) Frailty Assessment Unit/enhanced virtual Frailty Assessment across Central Lancashire Critical care level and capacity re-designed to meet demand 	<ul style="list-style-type: none"> Care more joined up with primary care Sustainable staffing model that makes best use of limited skilled staff and is able to meet national staffing and 7 day standards Specialisation of “once in a lifetime” emergency surgery service Improved use of ambulatory care, reducing patient waits Improved access to frailty support Adequate critical care capacity Reduced bed pressures, reducing waits for a medical bed and A&E waits
Women’s and children’s services	<ul style="list-style-type: none"> Women’s and children’s services retained as-is 	<ul style="list-style-type: none"> Continued access to an MLU at both sites Continued access to Obstetrics and Paediatrics
Planned care	<ul style="list-style-type: none"> Planned Care Treatment Centre (no emergency surgery) Single access booking and streaming of patients 	<ul style="list-style-type: none"> Significant reduction in cancellations, RTT and waits for planned surgery – including cancer waits

Decision-making/leadership- where Lancashire Health & Wellbeing fits?



ICG leadership
 Denis Gizzi SRO



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older input into
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Lancashire Health &
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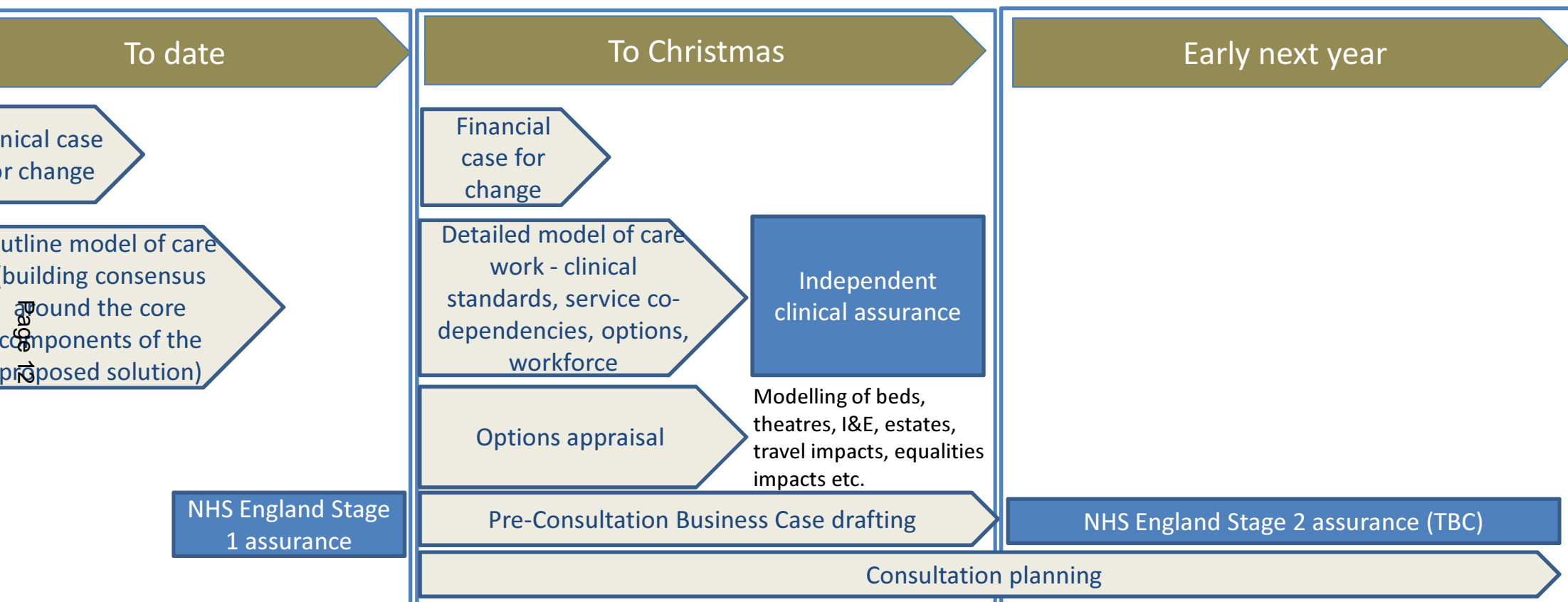
Watch

Key

- Governance group (decision-making)
- Design package
- Formal role in assurance or capital
- Programme management (not decision-making)

Acute Reconfiguration Progress

Strategic sense check 1 complete



ps:

and clinical design - a coherent out of hospital and acute model

the options - small number of emerging viable options indicates no need to formally shortlist

late options appraisal - what does each option mean for beds, workforce, estate etc.

the senate and NHSE assurance timeline

the consultation go-live date cognisant of Purdah

Communication and Engagement update



Freshwater UK, independent communications consultancy have been engaged and have begun working with local teams to develop the pre-engagement and consultation planning.

There are three engagement events being delivered this week:

- Tues 18th Sept. Leyland, West Paddock 6-8pm
- Weds 19th Sept. Chorley town hall 6-8pm
- Thurs 20th Sept. Preston County hall 6-8pm

Content:

- The challenges that we face and potential solutions (i.e. the model of care as previously described with some additional detail)
- Not the options or confirmation that either of the A&Es might be affected – the options have not been agreed by the ICP or Joint Committee yet



Lancashire
Adult Learning

Introduction to LAL

Our Vision

“We believe that empowering people to learn is at the heart of helping communities thrive. We exist to enable all adults in Lancashire, from all walks and stages of life, to learn something new and shape their own futures.”



Why do we do it?

Addresses National Community Learning Objectives

Social & economic impact by preparing people for training, employment, self employed

Improved health/and or social wellbeing

Focus on disadvantaged and least likely to participate

Collect fee income from those who can afford to pay



Promote social renewal and develop stronger communities



Lancashire
Adult Learning

Geographical spread



What do we do and how?

- Over 300 community venues across Lancashire
- Work with over 200 partners from a range of sectors
- Over 13,000 learners
- Provision includes: Employability, Health, Wellbeing & Community Development, ICT & Digital Inclusion, Family Learning, Skills for Life, LDD and Arts, Humanities and Languages.
- One of the UK's largest Adult Community Learning Providers and winner of the TES Award for Adult and Community Learning Provider of the Year.



Volume

- 2016 -2017 unique learners 13,661
- 2016 – 2017 enrolments 17,141
- 2017 – 2018 unique learners 13,500
- 2017 – 2018 enrolments 20,067

Public Programme	18%
Targeted Provision	82%
Accredited Provision:	2300 +



Key Achievements

- 98% achievement for adults on Level 2 FS English
- 96% achievement for adults on Level 2 FS Maths
- 99.9% retention rate on community courses
- 99.4% achievement rate on community courses



Links to National Priorities & Policy

- Industrial Strategy: building a Britain fit for the future
- DWP “Fuller Working Lives” report (2017)
- UK Digital Strategy (2017)
- Unlocking Talent, Fulfilling Potential (2017)
- Integrated Communities Strategy green paper (2018)
- Transforming children and young people’s mental health provision: green paper (2018)
- The Casey Review (2016)



Links to Health & Wellbeing Priorities

- Lancashire Health and Wellbeing Strategy: Start Well, Live Well, and Age Well
 - *to support the wider Lancashire vision “that every citizen in Lancashire will enjoy a long and healthy life”*
- Lancashire JSNA annual commentary 2017/18
- Public Health England District Health Profiles 2018 (Lancashire 12)



Health & Wellbeing Provision

- Taking Care of your Mental Health
- Practical Mindfulness and Relaxation
- Cooking Skills and Eating Well on a Budget
- Exercise for Health and Wellbeing
- Chair Based Exercise & Falls Prevention
- Healthy Lifestyles and Nutrition
- Health Literacy: Access to Health Services for Me and My Family
- Health Awareness
- First Aid, Food Safety and Health & Safety Training



Impact

- 98% of learners stated they felt more responsible for their lifestyle and could make more informed choices
- 96% of learners stated they felt less dependent on their GP and/or other health services
- 100% of learners reported that they felt more resilient and better able to cope with life situations



Discussion Points & Next Steps

Raise awareness of LAL and its curriculum offer within Lancashire County Council and Public Health in order to identify opportunities for collaboration and partnership.

Any questions or feedback?

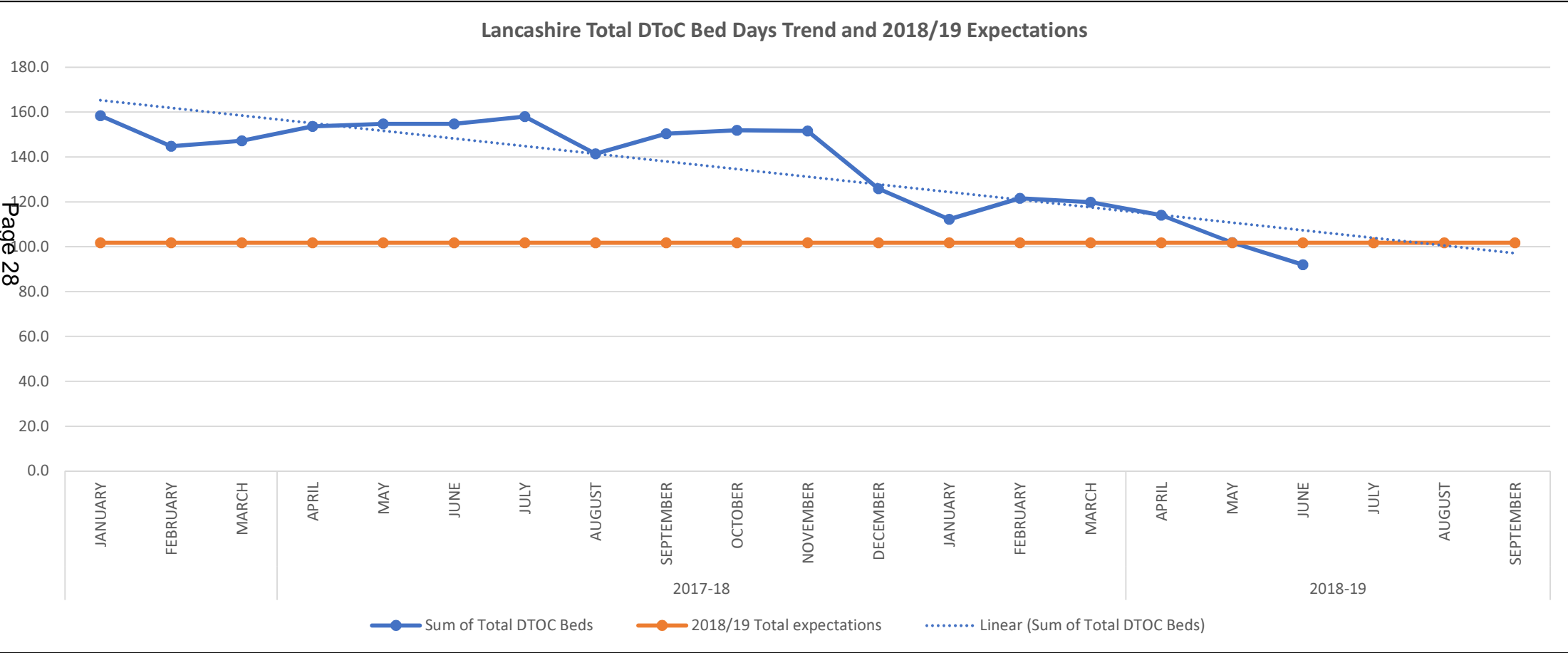
Contacts: *Andy Parkin – a.parkin@lal.ac.uk*
 Sarah Haworth – s.haworth@lal.ac.uk



Lancashire Health and Wellbeing Board

Delayed Transfers of Care

The Sep-18 expectation of 101.8 total DToC bed days appears to be a very feasible target and has been achieved already as a result of considerable recent improvement: (September...30 x 101.8 = 3,054 delays for the month)



Out of 151 authorities Lancashire currently rank 86th for total DToC bed days per 100,000 pop aged 18+, compared with 100th in May-18.

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May-18	1855	1147	154	3156	22751	11405	88158	41281
Jun-18	1508	1093	157	2758	20743	11288	84124	40209
Diff (May-Jun)	-347	-54	3	-398	-2008	-117	-4034	-1072
%diff (May-Jun)	-18.7%	-4.7%	1.9%	-12.6%	-8.8%	-1.0%	-4.6%	-2.6%
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Non elective admissions

	Q1 17/18	Q2	Q3	Q4	Q1 18/19
Plan	40634	40894	39943	39565	40703
Actuals	37331	36875	41345	40160	40161
Variance	-3303	-4019	1402	595	-542
% Variance	8.13	9.83	3.51	1.50	1.33

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Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

Measures	Numerator	Denominator	Metric
	Permanent admissions to residential and nursing care homes (age 65+)	Population 65+	Permanent admissions per 100,000 population 65+
People aged 13-15	1,810	227,265	796.4
2015/16 Plan target	1,741	237,289	733.7
2015/16 Q4 Actual	1,697	237,437	714.7
2016/17 Plan target	1,649	241,536	682.7
2016/17 Q4 Actual	1,795	241,808	742.3
2017/18 Plan target	1,795	244,904	732.9
2017/18 Q1 (Jul-16 to Jun-17)	1,892	244,904	772.5
2017/18 Q2 (Oct-16 to Sep-17)	1,883	244,904	768.9
2017/18 Q3 (Jan-17 to Dec-17)	1,826	244,904	745.6
2017/18 Q4 Actual	1,761	244,904	719.1
2018/19 Q1 (Jul-17 to Jun-18)	1,792	244,904	731.7

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Measures	Numerator	Denominator	Metric
	Those who are at home or in extra care housing 91 days after discharge from hospital	Those discharged from hospital with a clear intention that they will move on/back to home	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
2016 Q4 Plan target	492	600	82.0%
2016 Q4 Actual	728	875	83.2%
2017 Q4 Plan target	820	1000	82.0%
2017 Q4 Actual	820	979	83.8%
2018 Plan target	840	1000	84.0%
2018 Q1	837	998	83.9%
2018 Q2	1063	1214	87.6%
2018 Q3	1140	1304	87.4%
2018 Q4 Actual	1183	1343	88.1%
2019 Q1	1314	1490	88.2%

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ACTIVE AGEING ALLIANCE



A model of person-centred support for people over 50 with long term conditions

- Contracting and service delivery from a supply chain of Voluntary, Community and Faith organisations
- Development of community assets and community capital
- Simplified commissioning and procurement through a lead contractor

INTRODUCTION TO THE ACTIVE AGEING ALLIANCE

Formed in 2016 from VCF
organisations in Lancashire

Has developed a model of co-
operative working based on a lead
contractor and supply chain
arrangement

Will provide person centred
support

The AAA vision is:

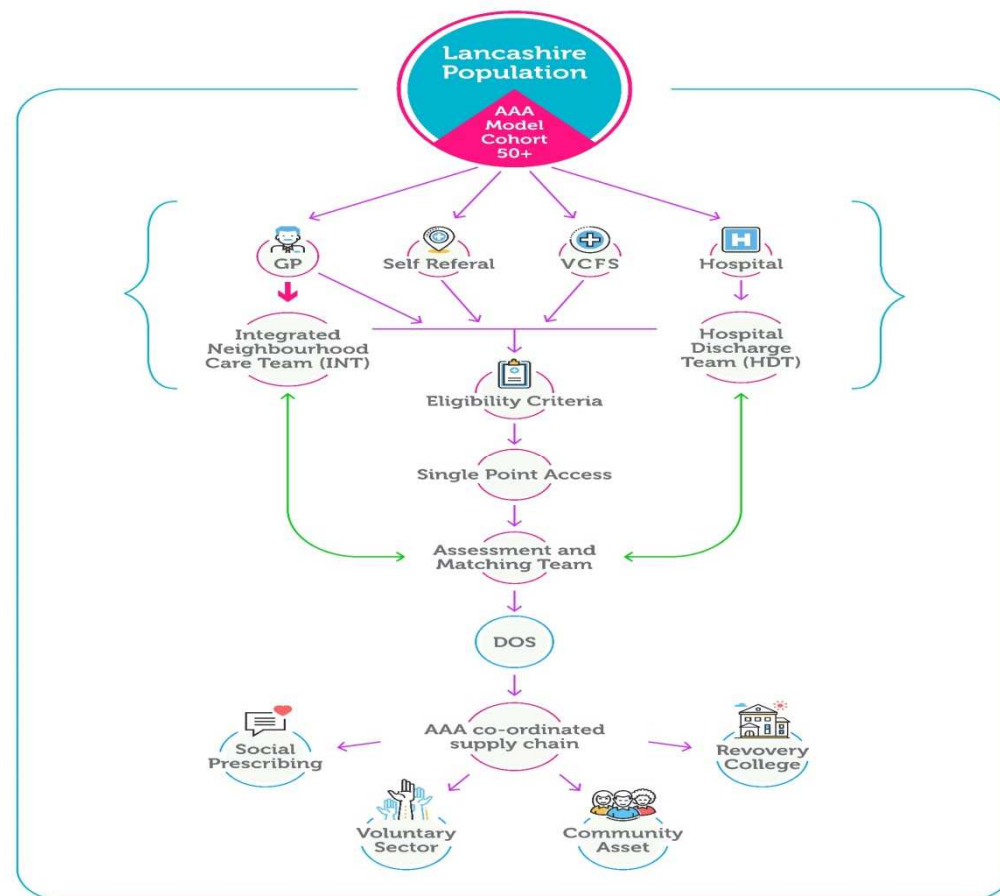
*A far greater role for the Voluntary
Community and Faith (VCF) sector in
meeting the needs to people over 50 for
non-medical support*

*A more efficient approach to
commissioning, procurement and supply
of services through a lead contractor
and co-ordinated supply chain*

*Target of growth to investment of £10
million per year in 5 years time
supporting 17,500 people per year*

How does the AAA work for the customer (1)?

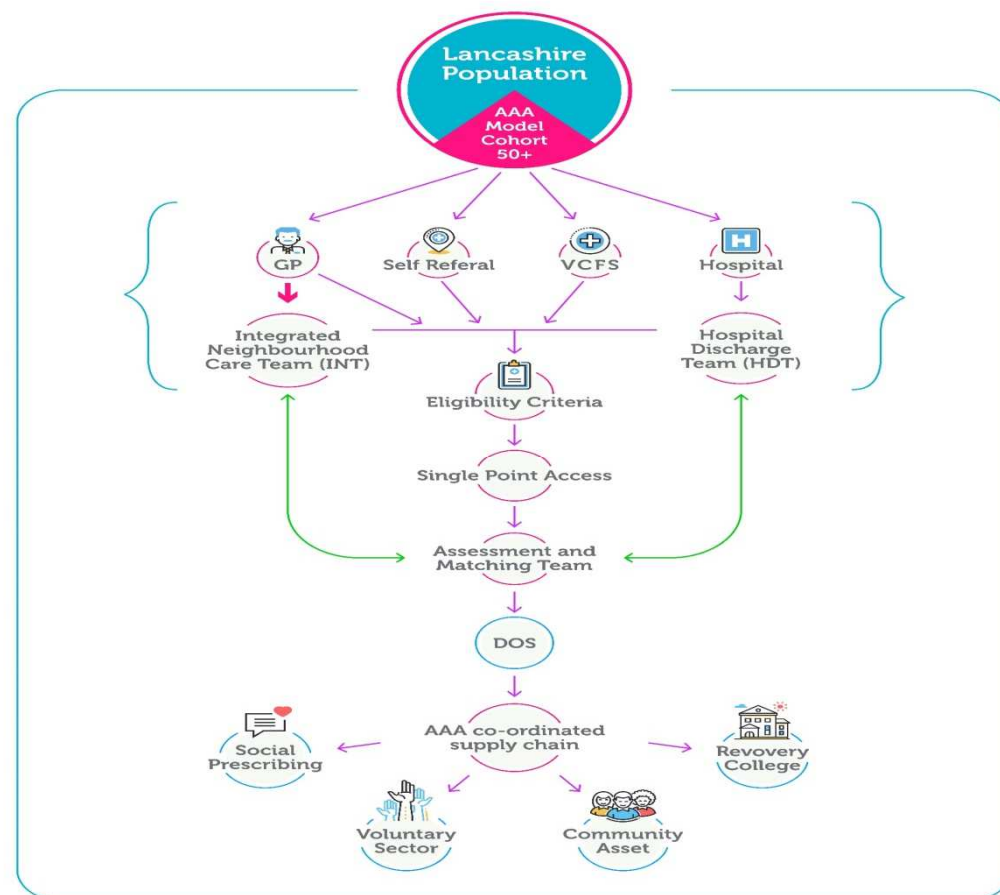
- Person 50+ with LTC has non-medical need for support
- Identified/referred by self, GP, INT, VCF organisation
- Assessment and matching team works with customer to identify VCF support using Directory of Services
- Locality VCF provider works with others and community assets to deliver support by co-ordinated supply chain



How does the AAA work for the customer (2)?

For patient in hospital awaiting discharge, where non-medical support required, AAA works with Hospital Discharge Team to co-ordinate care from VCF to prevent DTOC

Flexibility of VCF provides tailored support not available from statutory services



How does the model work for commissioners and providers?

- A single VCF organisation for commissioners to work with
- A co-ordinated supply chain to provide a person-centred tailored package of support
- Up to date Directory of Services supporting matching services to needs
- Multiple providers involved in a single client's support
- Involvement of micro organisations (community assets), with funding, and development support from established VCF providers
- Locality co-ordination undertaken by VCF organisation or consortium with local knowledge

The benefits of the AAA model

- Person centred support
- Preventative and enabling
- Harnesses the flexibility of the third sector
- Uses volunteer support where effective and appropriate
- Cost effective
- Commissioners manage one key relationship with VCF, reducing their workload
- Co-operative working ensures investment, development and support for community assets
- Reduces time and cost for VCF organisations which can focus on delivery not competing for contracts

Key outcomes that support delivery of BCF, ICS and national priorities

- ✓ Reduction use of Primary Care
- ✓ Reduction in Prescribing
- ✓ Reduction in A&E attendances
- ✓ Reduction in hospital admissions
- ✓ Reduction in DTOCs
- ✓ Reduction in residential care
- ✓ Reduction in community social care
- ✓ Increased confidence
- ✓ Reduced isolation
- ✓ Beneficial behaviour change
- ✓ Increased wellbeing

Progress to date

- Development project supported and funded by BCF Steering Group
- Model developed by VCFs in Lancashire with input from NHS and local authority stakeholders
- Business case developed setting out costs and benefits
- A commitment from West Lancashire CCG to fund a pilot for 12 months
- Fylde & Wyre and Lancaster & Morecambe Bay CCGs are exploring the possibility of extending the pilot into their geographies.

Recommendation

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The Health and Wellbeing Board is requested to express its support for the approach being undertaken by the Active Ageing Alliance; and to support the Lancashire BCF Steering Group to include the AAA model in the BCF plans for 2019/20 and beyond.

To fund the services to be provided under the AAA model would depend upon additional funding that has not been previously committed becoming available through the spending review process; or from changes to current commissioning of services.

Summary of the Active Ageing Alliance model



- Preventative in nature with money saving and social impacts
- Cost effective and able to be sustained in the community
- Able to provide consistency, scale and a quality experience
- TRANSFORMATIONAL
- Voluntary, Community and Faith Sector (VCF) co-ordinated and mobilised to support people with Long Term Conditions
- Alternative to multiple visits to GPs and A&E
- Reducing hospital admissions and DTOCs
- Supporting people to return home rather than to residential and nursing care
- Developing community assets and capacity to provide person centred care

time to change

let's end mental health discrimination

Local Hubs Information Session

Funded by



Run by

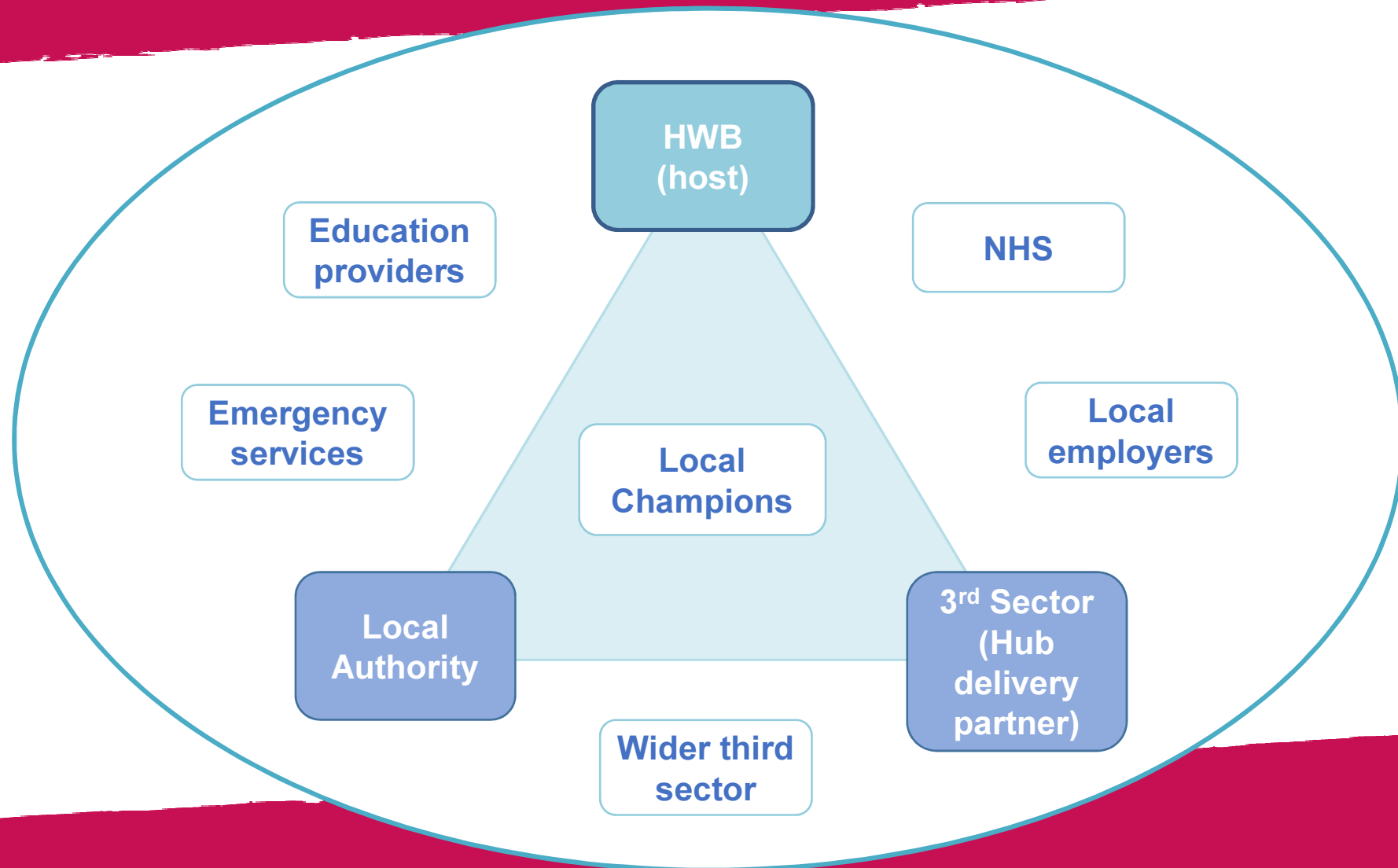


Who we are

We are Time to Change, a growing movement of people changing how we all think and act about mental health problems.

That's why we support people to make it easier to open up to mental health problems; to talk and to listen.

What is a Local Hub?



What do Local Hubs do?

Bring together all elements of
Time to Change in one, focused
area

Work with key partners to embed
MH in local strategies

Core principles for Hubs

- All 'core' partners sign the Employers Pledge
- Representative of the local community
- Lived experience leadership is central
- Social contact remains a core tool
- An Action Plan is produced
- WMHD and Time to Talk Day are focal points
- Activity is evaluated and reported

The Offer For Successful Hub Applicants

- £13,000 Coordinators Fee + £2000.00 for Champions expenses
- £10, 000 Champions Fund
- Free training package from Time To Change Team
- Access to all branding and training materials including personalized Hub logo
- Support from a Regional Community Equalities Coordinator

Organic Hubs

- No direct funding from TTC
- Retain access to;
 - Time to Change resources
 - Hubs peer-peer support network
 - Shared training where possible
- **'Independent' Local Hubs forming spontaneously**

time to change

let's end mental health discrimination

Thank you

d.bee@time-to-change.org.uk

Funded by



Run by





Lancashire Safeguarding Boards Annual Report 2017-18

Presentation to Lancashire Health and Wellbeing Board

18 September 2018

2017/18...some numbers

- ▶ Almost 6,000 adults supported in residential or nursing homes;
- ▶ Approx. 11,000 adult safeguarding alerts dealt with yearly;
- ▶ Significant numbers of people need support for mental health;
- ▶ Population figures of the very elderly is growing annually;
- ▶ 6,097 children in need of early help;
- ▶ 1,243 children on a Child Protection Plan;
- ▶ Almost 2,000 children in care;
- ▶ Approx. 1,000 children living in Lancashire who are looked after by other councils;
- ▶ 1,210 children educated at home; and
- ▶ 363 are missing from education.

Progress - LSAB

- ▶ Development of a number of good practice guidance tools. For example: when to raise a concern; covert medication; cardiopulmonary resuscitation; pressure ulcers.
Further guidance soon to be launched around: Self-Neglect and Hoarding; and allegations against people in positions of trust.
- ▶ Funding allocated for the development of a multi-agency safeguarding training programme for the adult workforce.
- ▶ Mental Capacity Act (MCA) implementation: research into practitioner experiences; Learning and Development Framework; awareness raising with carers and public; best practice policies; multi-agency audit of ADASS Improvement Tool.
- ▶ MASH backlog: evident that improvements have been made and appropriate monitoring is in place. LSAB in receipt of monthly data. Review commissioned to improve efficiency and effectiveness.

Challenges that remain - LSAB

- ▶ Deprivation of Liberty Safeguards (DoLS) - backlog of applications remains high.
LSAB received assurance that prioritisation tools are effective in terms of addressing highest priority cases.
LSAB to support the local authority in a Peer Review with a high performing council.
- ▶ Multi Agency Safeguarding Hub (MASH) referrals - numbers remain high. Guidance for Safeguarding Concerns was launched in 2016/17 to assist practitioners in making appropriate referrals. Guidance has received positive feedback with recent changes made to further improve the tool.
- ▶ Performance in care homes - a number of homes with low Care Quality Commission (CQC) ratings. LSAB supporting the authority in delivering development programme to improve Leadership and Safeguarding in such settings.

Progress - LSCB

- ▶ MASH - significant positive changes implemented, including a locality based model where multi-agency partners are co-located on Central/East/North footprints.
- ▶ Child and Adolescent Mental Health Service (CAMHS) - improvements made in ensuring accessible, timely and equitable service provision, although there is still more to do!
- ▶ Early Help - roll out of CAF Train the Trainer Programme; review of Continuum of Need (Pan-Lancs) and Thresholds Guidance (the latter to be launched in Oct.); Operation Encompass.
- ▶ Mind of My Own (MOMO) - LSCB funded the successful implementation of the participation app for children looked after
- ▶ Female Genital Mutilation (FGM) - pathway for reporting created and launched via a multi-agency conference
- ▶ Children of prisoners - multi-agency pathway developed to ensure support is offered at the earliest opportunity
- ▶ CSC improvements - substantial investment in CSE Teams. Ofsted judgement, Requires Improvement.

Challenges that remain- LSCB

- ▶ CAMHS - although improvements have been acknowledged by the LSCB, there remains challenges with regard to financial investment, which does not compare well nationally.
- ▶ MASH - further improvements and developments in order to continue strengthening the working model and quality of practice.
- ▶ Audit and case review activity - presents reoccurring themes for learning which results in a challenge in improving approaches to effectively embed learning. Capacity has been allocated to focus on how we measure the impact of our approaches.
- ▶ Working Together 2018 - transition into new Multi Agency Safeguarding Arrangements.

Contact information

- ▶ Lancashire Safeguarding Adult Board:
 - ▶ lsab@lancashire.gov.uk
 - ▶ 01772 538357
- ▶ Lancashire Safeguarding Children Board
 - ▶ lscb@lancashire.gov.uk
 - ▶ 01772 536954
- ▶ Website:
 - ▶ www.lancshiresafeguarding.org.uk
- ▶ Twitter:
 - ▶ [@LancsSguarding](https://twitter.com/LancsSguarding)

DELIVERING INTEGRATED FIRE AND HEALTH INTERVENTIONS

David Russel
Assistant Chief Fire Officer

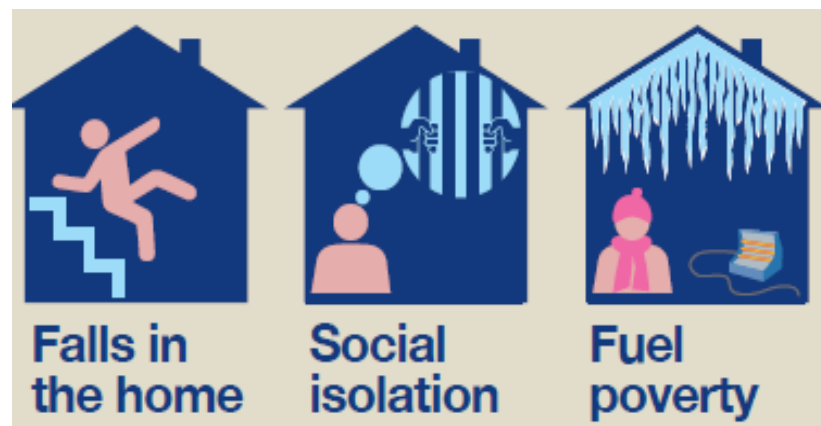
FIRE AND RESCUE RECOGNISE THE CHALLENGE

- Demand for health and social care is rising.
- Increasing numbers of children and adults with long term conditions.
- Ageing population.
- Placing **prevention** at the centre of all that we do is critical.
- Ambition for FRS to play an increasing role in supporting the health and wellbeing agenda.

WHY IS THIS IMPORTANT?

Underlying and common risk factors for fire and poor health:

- Substance misuse
- Smoking materials
- Living alone
- In receipt of social services / agency support
- Physical disability / lack of mobility
- Mental Health
- Prescribed medication
- Cold homes



WHY SHOULD FIRE BE A HEALTH ASSET?

- **Common risk factors** between health and FRSs which increase demand.
- **FRS move towards prevention** – significant resource shift towards preventing rather than reacting to fires.
- **Opportunity to supplement [not replace] existing health support** - 700,000 home visits carried out by FRS across England - offer a more holistic approach?

**FIRE as a
HEALTH
ASSET**



THE JOURNEY SO FAR...

October 2014

- Recognition that Health and Social Care is facing the same challenge as the FRS did 10 years ago – moving from chasing demand to getting serious about prevention.
- Recognition that FRSs could help with the demand.

January 2015

- NFCC met with Simon Stevens [NHS England] – agreed to work together.

April 2015

- Fire Health Summit – April 2015 [NHS England, NFCC, Public Health England, Age UK and the LGA].

THE JOURNEY SO FAR...

October 2015

- Published Consensus Statement – encourage local areas to develop joint strategies for intelligence-led early intervention and prevention.
- Accompanied by ‘design principles’ for **Safe and Well Visits**.

April 2017

- Establishment of the Health Co-ordination Committee of the NFCC.





Lancashire Fire
and Rescue Service

DELIVERING INTEGRATED FIRE AND HEALTH INTERVENTIONS NATIONAL PERSPECTIVE



Health Strategy 2015-19
Fire and Rescue Services as a Health Asset



CFOA
Chief Fire Officers
Association

Local
Government
Association

Beyond fighting fires

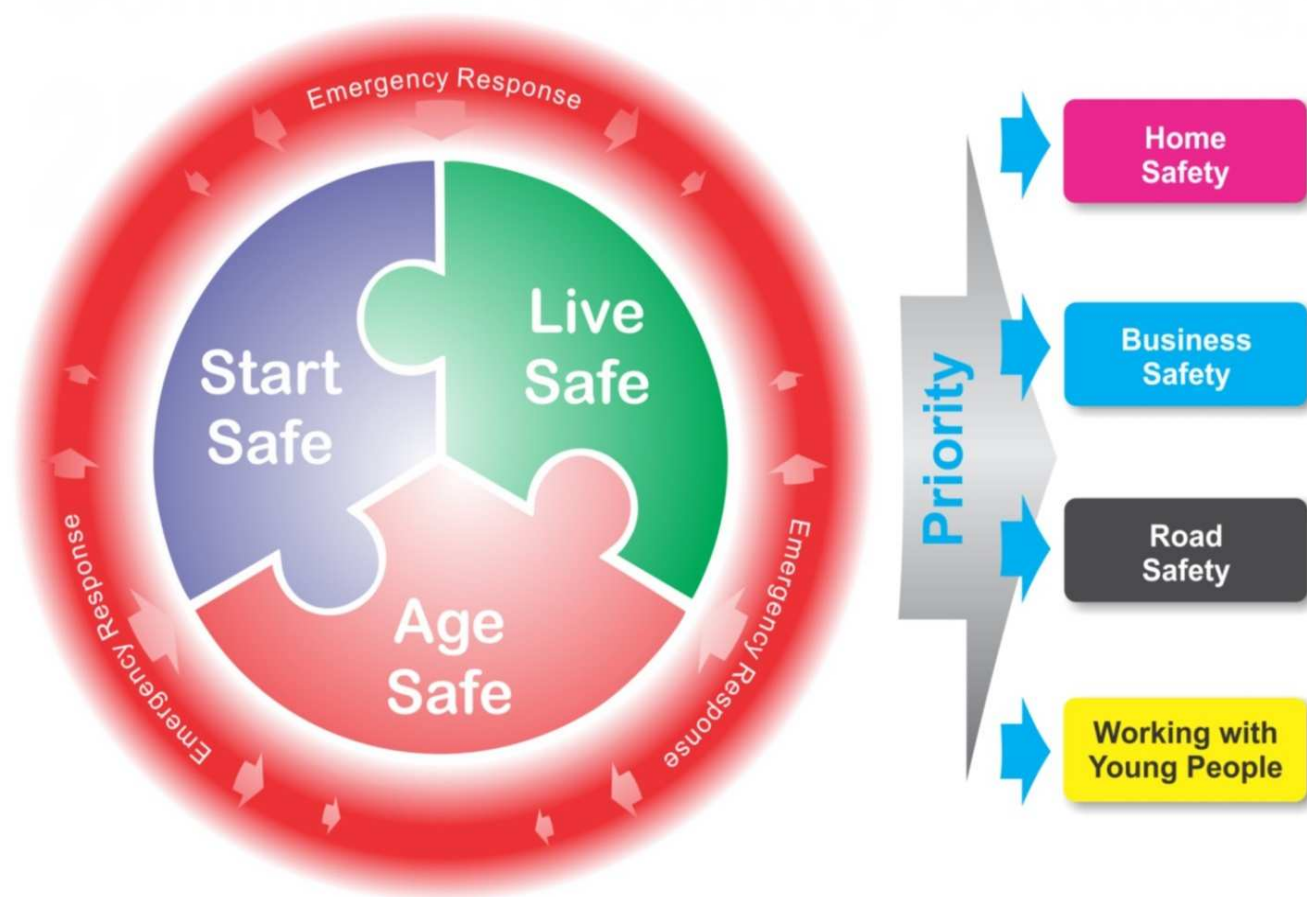
The role of the fire and rescue service
in improving the public's health



Case studies

making Lancashire **safer**

Community Safety - Our Operating Framework



OUR CURRENT OFFER...

- **Safe and Well Visits** – 25,000 visits per year [high risk homes]:
- Falls Prevention
- Social Isolation
- Dementia
- Diabetes
- Healthy Homes/Winter Pressures
- Home Security
- Mental Health



*[*Video link to introducing Safe and Well Visits](#)*

OUR CURRENT OFFER...

- Education Programmes:

Early Years Foundation

Year 2 Child Safe

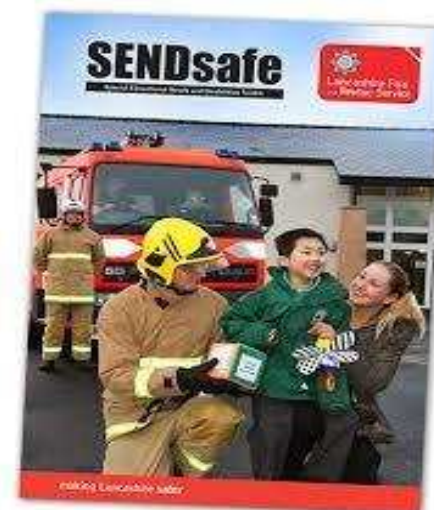
Year 6 Road Sense

Year 7 Teen Safe [Module Based]

SENDsafe

Fire Intervention Response Education Scheme [FIRES]

Water Safety 'Dying for a Dip'



OUR CURRENT OFFER...

- Princes Trust Team Programme [27 teams a year].
Largest FRS Delivery Partner of PT in the Country.



Prince's Trust

- Fire Cadets [7 Units].

Darwen

Blackpool

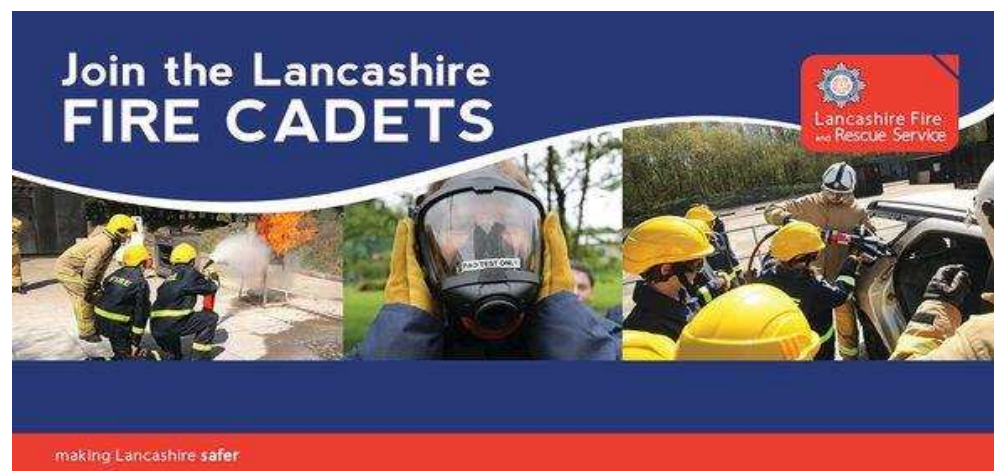
Bacup

Skelmersdale

Preston

Preesall

Carnforth





Lancashire Fire
and Rescue Service

DELIVERING INTEGRATED FIRE AND HEALTH INTERVENTIONS LANCASHIRE PERSPECTIVE

OUR CURRENT OFFER...

- Deliver Fire Training to all LCC Commissioned Care Providers.
- Dementia Work – ‘Guardian Angel’ devices.



Dementia Friends Awareness Session

FREE
EVENT

Come along to our free dementia awareness session. We will provide you with a greater understanding of the condition and discuss some of the little things you can do that can make a big difference to those you meet who are living with dementia.

No need to book, just turn up! We'll see you there.

Blackburn Fire Station Tuesday 4th September
Byrom Street, Blackburn **3pm and 6pm** (sessions last one hour)



THE
HERBERT
PROTOCOL
Safe & Found

Download the form and find out more at:
Lancashire.police.uk/Herbertprotocol



making Lancashire safer

OUR FUTURE OFFER?

- Shift in the mind set of partners towards thinking... **‘Fire as a Health Asset’**.
- Improve data and information sharing between fire and health.
- Safe and Well Visits - increase the number of partner referrals through the development of strategic ISAs *[every £1 invested by the fire service on a S&WV saves a min. of £2.52 healthcare spend]*.
- Further develop our Safe and Well Visits e.g. atrial fibrillation testing, cholesterol monitoring etc – make every contact count.



OUR FUTURE OFFER?

- Fire stations as community assets - exercise classes for health and wellbeing' e.g. individuals at risk of a fall.
- Utilise LFRSs youth and education engagement programmes to deliver on health and wellbeing issues.
- Campaigns – winter-related illness and safety?
- Commissioned Services? e.g. Humberside FRS – deliver a falls intervention response safety team – sent to falls screened by the Ambulance Service as 'non-urgent'.



Thank you for listening

