



Lancashire Health and Wellbeing Board
Tuesday, 19 March 2019, 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. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		10.00am
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meeting	Action	To agree the minutes of the previous meeting held on 29 January 2019.	Chair	(Pages 1 - 8)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 9 - 12)	
5. Advancing Integration - Health and Social Care	Update	To receive an update from Carnell Farrar on the ongoing intermediate care review. Also to report on future planning/workshop outcome and the Quarter 3 report.	Anne Rainsberry/ Paul Robinson	(Pages 13 - 52)	10.05am
6. Children and Young Peoples Emotional Wellbeing and Mental Health Programme	Update	To receive a report on how the Clinical Commissioning Groups through the Integrated Care System look further at the issues around how it collectively funds and delivers mental health provision for children and young people in a more equitable way.	Rachel Snow-Miller	(Pages 53 - 56)	10.35am
7. Lancashire Special Educational Needs and Disabilities (SEND) Partnership	Update	To receive a progress update on the SEND Improvement Plan 2019-2020.	Sian Rees	(Pages 57 - 86)	11.05am
8. Future Children Safeguarding Board Arrangements; and Update on Activity to Address Key Issues Raised by Current Safeguarding Boards	Action	To receive an update on proposed changes to Children Safeguarding Board arrangements; and updates on activity to address the key issues raised in the Lancashire Safeguarding Adult and Children Boards Annual Reports 2017/18.	Edwina Grant OBE Louise Taylor	(Pages 87 - 94)	11.15am

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. West Lancashire Integrated Community Partnership	Update	To receive an update about the Integrated Care Partnership Plan.	Dr John Caine	(Pages 95 - 100)	11.35am
10. Lancashire County Council Consultation Update	Information	To advise Board members of current Lancashire County Council service challenge consultations in relation to Public Health and Wellbeing Services.	Clare Platt	(Pages 101 - 102)	11.50am
11. 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		12.05pm
12. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 10am on 21 May 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.	Chair		

L Sales
Director for Corporate Services

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 29th January, 2019 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
County Councillor Geoff Driver CBE, Lancashire County Council
Dr Sakthi Karunanithi, Director of Public Health, LCC
Louise Taylor, Executive Director of Adult Services and Health and Wellbeing
Edwina Grant OBE, Executive Director of Education and Children's Services
Dr Julie Higgins, East Lancashire CCG
Gary Hall, Chief Executive, Chorley Council representing CEOs of Lancashire District Councils
Jane Booth, Independent Chair, 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 Representative
Philomena Cunningham, Housing Providers
David Russel, Lancashire Fire and Rescue Service
Peter Tinson, Fylde and Wyre CCG
Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
David Blacklock, Healthwatch
Jerry Hawker, Morecambe Bay CCG
Samantha Gorton, Lancashire County Council

Apologies

Dr John Caine	West Lancashire CCG
Karen Partington	Chief Executive of Lancashire Teaching Hospitals Foundation Trust
Councillor Barbara Ashworth	East Lancashire District Council
Jacqui Thompson	North Lancashire HWB Partnership
Greg Mitten	Interim Chair of West Lancashire HWBP
Professor Heather Tierney-Moore	Lancashire Care NHS Foundation Trust

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

New members of the Board were as follows:

Edwina Grant OBE replacing John Readman, Lancashire County Council
Dr Julie Higgins replacing Mark Youlton, East Lancashire CCG
David Blacklock, Healthwatch Lancashire replacing Sheralee Turner-Birchall

Replacements were as follows:

Philomena Cunningham for Tammy Bradley, Housing Providers
Denis Gizzi for Dr Sumantra Mukerji, Greater Preston CCG and Dr Gora Bangi, Chorley and South Ribble CCG
Jerry Hawker for Dr Geoff Jolliffe, Morecambe Bay 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

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

4. Action Sheet and Forward Plan

Resolved: That the Board noted the actions from the last meeting that had been included on the forward plan, along with other items for the Board's consideration at future meetings also detailed on the plan.

5. Children's Services Update

Edwina Grant OBE, Executive Director of Education and Children's Services was welcomed to her first meeting as a member of the Board to present the following reports:

Children's Services Getting to Good Plan

The Ofsted re-inspection of Children's Services in June 2018 noted significant improvements, with an overall effectiveness judgement of requires improvement to be good and good for our adoption service. However, there is still more to do to ensure that all children receive a consistently good service. The Lancashire Getting to Good Plan sets out the actions required to address the 11 recommendations in the report, further improving the quality of practice and outcomes for children.

There was a new Governance Section within the plan which includes the Lancashire Health and Wellbeing Board, Corporate Parenting Board, Children's Services Scrutiny and Education Scrutiny and each of these Boards/Committees will scrutinise areas relevant to them and be guided on this by Edwina.

Following on from a previous meeting in September 2018, the Board were still awaiting the outcomes on the key issues from the Lancashire Safeguarding Boards Annual Report

2017/18 and what the Adults and Childrens Boards were doing regarding those issues. Jane Booth confirmed that this would be presented at the next meeting in March 2019.

Resolved: That the Health and Wellbeing Board noted the Lancashire Getting to Good Plan and considered how the Board could contribute to the achievement of outcomes in the plan.

Lancashire Special Educational Needs and Disabilities (SEND) Partnership – Update on the Implementation of the Written Statement of Action

Since the report to the last Health and Wellbeing Board meeting in November 2018, work had continued to progress the actions set out in the written statement of action.

This was the fourth update to the Health and Wellbeing Board.

Resolved: That the Health and Wellbeing Board:

- (i) Noted the progress of delivery on the written statement of action;
- (ii) Will receive an update on the Improvement Plan and progress at the March 2019 Board meeting;
- (iii) Noted the changes to the external monitoring process in 2019 as described in paragraph 3 of the report.

6. NHS Long Term Plan

Dr Amanda Doyle OBE, Integrated Care System Lead, Chief Clinical Officer, NHS Blackpool and Fylde and Wyre Clinical Commissioning Groups (CCGs) presented the report and the attached PowerPoint to the Board highlighting key elements from the NHS Long Term Plan.

The government announced a five year funding settlement for the NHS in June 2018; an additional £20.5 billion a year in real terms by 2023/2024. In response to this, the NHS Long Term Plan had been developed and was published in January 2019.

The purpose of the discussion today was to apprise the Health and Wellbeing Board of the content of the plan and to discuss how the Board accelerated greater collaboration and enhanced system working to deliver the ambitions outlined within the plan.

Discussion ensued around the NHS Long Term Plan and even though the budget was enormous it was still not enough to do what the NHS wanted and needed to do, still leaving a significant gap in funding. Managing demand and increasing focus on prevention would help to support the long term plan. They are looking at changing the model of care to enable 85 year olds and above to live well in their own homes and work closely with the Local Authority in doing so with reablement services and personalised care as people are living longer and this was increasing annually.

The Health and Wellbeing Board welcomed the NHS Long Term Plan, however to improve the health and wellbeing in Lancashire, the role of the Board needed to strengthen as the key statutory lever as well as supporting the NHS to deliver the plan. This was the Board's opportunity to work with the NHS and wider public services as well as Lancashire Leaders.

Deprivation in Lancashire is evident and with the Government removing funds to support it, this would have an impact in most districts which will cause issues delivering prevention services. Working in partnership on prevention was crucial. It was really important to align the efforts of all services. There was a very systematic approach to spend funds out of hospital instead of increasing hospitals.

The next step as an Integrated Care System was to produce a five year local plan.

The Health and Wellbeing Board needs to align all the services and be accountable for the plan and agree and sign up to it.

Resolved: That the Health and Wellbeing Board noted the contents and key deliverables of the plan and discussed next steps in implementation.

7. Better Care Fund Progress

Paul Robinson, NHS Midlands and Lancashire Commissioning Support updated the Board on the Better Care Fund progress.

Better Care Fund Metrics

1. Reablement - performance continued to be better than target with 88.2% of people being at home 91 days after discharge from hospital and an increase in the number of those using the service.
2. Permanent admissions to residential and Nursing Care - for the full year up to the end of Q2 performance had improved slightly and remained better than plan. However, Lancashire still had a high rate of admission to permanent residential and nursing home care for older people.
3. Non-elective admissions - from a position of being above plan in Q3 2017/2018 actual had decreased gently to being better (below) plan in Q2 2018/2019.
4. Delayed Transfers of Care - performance had been better (below) target. However, this disguised that Delayed Transfers of Care increased in September to above plan and were continuing to do so.

The Future of the Better Care Fund/Integration

The NHS Long Term plans confirmed the continuation of the Better Care Fund into 2019/2020 but with a national review of it underway. The review outcome and planning framework were promised soon.

Alongside this review and the anticipated new framework, planning of a Lancashire wide review was underway that would reset the Better Care Fund in a context of integrated care system proposals for the integration of health and social care.

In developing further the Better Care Fund there were plans to hold a workshop in March around integration which would explore lots of factors in the care system and link in with whatever was coming out of the NHS Long Term Plan and not just focus on what was in-scope from the Better Care Fund. The Board would like to see the workshop on integration to be more transformational than transactional when we review the future

arrangements for the Better Care Fund. Paul Robinson would inform the Board of the date when this had been arranged.

Active Ageing Pilot

The Better Care Fund Steering Group had considered the proposal and recommended that this was not supported at this time. Should the funding position become clearer, with increased flexibility the proposal could be reconsidered at the request of the Health and Wellbeing Board.

Chair of Better Care Fund Steering Group

Since Mark Youlton's retirement from the NHS and stepping down from the Health and Wellbeing Board and role of Chair of the Better Care Fund Steering Group, Tony Pounder as the Deputy Chair had taken on the role of Interim Chair of the Better Care Fund Steering Group, probably until the end of March 2019.

The Better Care Fund Steering Group would agree a nomination to the role of permanent Chair in due course and seek the approval of the Chair of the Health and Wellbeing Board to confirm the nomination, with the intention of picking up the role from April 2019. Dr Julie Higgins agreed to continue Mark's role as Chair of the Better Care Fund Steering Group. There was also a suggestion at changing the name to possibly Integrating Working Group which might influence who was sat around the table. The group need to look at doing something completely different now with the five year plan, aligning all the bids for the system, integrate and embed them.

Resolved: That the Health and Wellbeing Board:

- i) Noted the performance against the Better Care Fund metrics.
- ii) Noted the national indications of continuation of the Better Care Fund subject to a review and new planning framework.
- iii) Noted the local plans to review the Lancashire Better Care Fund in a broader context of integration
- iv) Required a detailed report on Better Care Fund and integration once both reviews were complete and full planning frameworks and guidance were available.
- v) Agreed to the recommendation of the Better Care Fund Steering Group not to support a pilot of the Active Ageing Alliance pilot.
- vi) Agreed to the Better Care Fund Steering Group identifying a nominee for the position of Chair of that group and for the confirmation of that nomination to be ratified by the Chair of the Health and Wellbeing Board.
- vii) Noted that Louise Taylor, Executive Director for Adult Services and Health and Wellbeing would report on the propositions from the joint session held with Lancashire, Blackburn, Blackpool, Cumbria and care providers at a future meeting.

8. Proposals for 2019/20 Joint Strategic Needs Assessment Work Plan

Gemma Jones, Joint Strategic Needs Assessment Manager and Hayley Sumner, Business Intelligence Officer, Joint Strategic Needs Assessment Team, Lancashire County Council updated the Board on the proposals for the 2019/20 Joint Strategic Needs Assessment Work Plan and sought approval from the Board to carry out three major projects. They were: support for population health management, health inequalities and children and young people. The Board were also requested to consider nominating Board sponsors for each of the three projects.

It was noted that one of the next plans following these three projects should be an older peoples plan.

Also with regards accessing information, a relaunch of the Neighbourhood Dashboard would be useful so all partners were aware of it and how to access it.

Resolved: That the Health and Wellbeing Board approved the three proposed projects for the 2019/20 joint strategic needs assessment project year.

9. Motor Neurone Disease Association Charter

Sue Muller, Regional Care Development Adviser, Lancashire and Cumbria, Motor Neurone Disease Association introduced the other presenters and the background to the Charter to the Health and Wellbeing Board. The Board received a presentation by someone affected by the disease and nurses that supported them.

It was clarified that the request was for the Health and Wellbeing Board and not Lancashire County Council to endorse the charter.

County Councillor Gooch expressed concern that the County Council could not endorse the full charter as it required other partners to act as well.

Resolved: That the Health and Wellbeing Board adopted the Motor Neurone Disease Charter.

10. Urgent Business

Lancashire Safeguarding Adults Board Self-Neglect Framework

Jane Booth, Independent Chair, Lancashire Safeguarding Adults Board informed the Health and Wellbeing Board that the Framework was due to be launched on 20 March 2019 and wanted to share this with members of this Board.

The purpose of the framework was to provide a process guide for all Lancashire Safeguarding Adults Board partner agencies on how to respond when concerns of self-neglect had been identified.

Resolved: That Sam Gorton, Clerk, would attach the Framework to the minutes for members to peruse the document.

National Initiative - Fit and Fed

Adrian Leather, Chief Executive, Active Lancashire informed the Board of a National Initiative he would like to apply for on behalf of the Health and Wellbeing Board.

Fit and Fed or Holiday Hunger is aimed at deprived young people in the Country and as Lancashire had the third highest number of young people on free school meals in the Country this initiative would be most welcome.

Resolved: That the Health and Wellbeing Board supported Adrian Leather in submitting an application for the National Initiative – Fit and Fed.

11. Date of Next Meeting

The next scheduled meeting of the Board would be held at 10am on Tuesday, 19 March 2019 in Committee Room 'C' – Duke of Lancaster Room at County Hall, Preston.

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Lancashire Health and Wellbeing Board

Actions, January 2019

Action topic	Summary	Owner
Better Care Fund Progress	<ul style="list-style-type: none">• The Board required a detailed report on the Better Care Fund and integration once both reviews were complete and full planning frameworks and guidance were available (included on the Forward Plan).• The Board would receive a report on the propositions from the joint session held with Lancashire, Blackburn with Darwen, Blackpool, Cumbria and care providers at a future meeting (included on the Forward Plan).	Paul Robinson Louise Taylor

Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
May 2019	Better Care Fund Progress	To receive a detailed report on the Better Care Fund and integration once reviews were complete and full planning frameworks and guidance were available. To receive a report on the propositions from the joint session held with Lancashire, Blackburn with Darwen, Blackpool, Cumbria and care providers.	Paul Robinson Louise Taylor
May 2019	Annual Joint Strategic Needs Assessment Project	To receive the findings of the two Joint Strategic Needs Assessments from 2018/19 and request that the Board approve them for publication.	Gemma Jones
May 2019	Clinical Commissioning Groups (CCGs) Annual Report 2017/18	To receive the position statements from all Clinical Commissioning Groups (CCGs)	Dr Sakthi Karunanithi
May 2019	Residential and Nursing Home Markets	To receive a report on the capacity, quality and challenges.	Lisa Slack Louise Taylor
July 2019	Data Sharing	To develop a data sharing agreement between Primary Care/Hospitals/Local Authorities for planning purposes.	Dr Sakthi Karunanithi
July 2019	Digital Health Board	To receive the strategy.	Amanda Thornton Declan Hadley
July 2019	Central Lancashire Integrated Care Partnership Development and Future of Acute Services	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	Dr Gerry Skales Sarah James
November 2019	Transforming Care – In Patient Provision	To receive a further update in relation to life expectancy and health and wellbeing outcomes for people with learning and disabilities and their carers.	Rachel Snow-Miller
November 2019	VCFS Strategy	To receive the VCFS Strategy.	Lynne Johnstone

Date of Meeting	Topic	Summary	Owner
TBC	Review Morecambe Bay Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC
TBC	Review Fylde Coast Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC

Lancashire Health and Wellbeing Board
Meeting to be held on 19 March 2019

Lancashire Better Care Fund Quarterly Report and Update
(Appendices 'A' and 'B' refers)

Contact for further information:

Dr Julie Higgins, Joint Chief Officer, East Lancashire and Blackburn with Darwen Clinical Commissioning Groups, email julie.higgins6@nhs.net

Executive Summary

Better Care Fund Metrics

1. Reablement - Performance is better than target at 86.3% of people being at home 91 days after discharge from hospital. Use of the service saw a slight decrease for the first time.
2. Permanent admissions to residential and Nursing Care - There has been a further improvement in Quarter 3 over Quarter 2 with the number of admissions in the year to date reducing to 709.3 per 100,000 population 65+. However, this remains considerably worse than the national average rate of 585.6.
3. Non-elective admissions - There was a sharp increase in Quarter 3, 11% above plan with 2018/19 levels staying higher than 2017/18.
4. Delayed Transfers of Care - While Quarter 3 performance was worse than target and worse than Quarter 2 there was some improvement seen in December 2018 although still above target.

The future of the Better Care Fund/Integration

The outputs and conclusions reached from a Better Care Fund hosted workshop to be held on 22 March 2019 will be brought back to the board for further discussion, guidance and to agree actions. These will be set in context of the national review of the Better Care Fund and the Better Care Fund Policy Framework and Guidance for 2019/20 once published.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Note the performance against the Better Care Fund metrics.
- (ii) Note the ongoing work to review and confirm the role of the Better Care Fund locally and nationally in the context of driving integration forward.

Background

This report covers Quarter 3 of 2018/19 for the 2017/19 Lancashire BCF plan.

Quarterly Performance

Progress of delivery of the Better Care Fund is based on four measures:

Reablement

2018/19 Quarter 3 figures show a consistently maintained high standard for reablement volumes and reablement outcomes, despite the slight decrease from Quarter 2. A total of 1269 people were offered these services for the period Oct-18 to Dec-18. This is higher than the 2017/18 Better Care Fund target of 1000 for the Quarter 4 period.

Lancashire outcome figures for Quarter 3 monitor the whereabouts of these individuals in Oct-18 to Dec-18 and indicate 1095 (86.3%) were still at home after 91 days. This compares favourably with the 2017/18 national average of 82.9% and with the Lancashire 2017/18 Better Care Fund target of 84.0% (840 still at home out of 1000) for the Quarter 4 period.

Permanent Admissions of Older People to Residential and Nursing Home Care

The 2018/19 Quarter 3 figure of 1737 admissions shows a substantial improvement over the Quarter 2 total of 1787 for the rolling year. The rate per 100,000 65+ population has improved to 709.3. Benchmark performance is still a long way from the recently published 2017/18 national average of 585.6, though fares much better against the North West average of 737.8.

The Lancashire population aged 65+ continues to increase, but the rate of increase has slowed to 1.3% with the release of the mid-2017 population estimates in July 2018. The rate of increase is forecast to rise again slightly within the next few years.

Reducing Emergency Admissions

The level of Non-Elective Admissions rose sharply in Quarter 3 resulting in an overall 11% variation from plan. At a Clinical Commissioning Group level this variation from plan was from between 1.5% for Morecambe Bay to 23.66% for Fylde and Wyre.

The overall monthly level has been consistently higher in 2018/19 than in 2017/18 and follows closely the monthly pattern.

Delayed Transfers of Care (DToC)

Delayed transfers of care in Quarter 3 exceeded target by 820 a variation of 8.8%.

In Quarter 3 there was an increase over Quarter 2 from 9,037 to 10,186 delayed days, an increase of 1,149 days, 13%. December 2018 did, though, see a slight monthly reduction from November of 94 delayed days.

December also saw a reversal in trend of attributable delays with NHS attributable decreasing and social care attributable increasing.

The annual month by month performance has continued to be better than in 2016/17 and 2017/18. There was a significant improvement in DToC recorded in February and March 2018 which it will be of interest to compare once 2019 data is known.

Greater detail of the above is given on the paper “Better Care Fund Quarter 3 all metric summary” at Appendix 'A'.

The Future of the Better Care Fund, Finance and Advancing Integration

The outcome of the national review of the Better Care Fund along with the Integration and Better Care Fund Policy Framework and Better Care Fund Planning Requirements 2019/20 are still awaited. Also awaited is the definite detail of the expected minimum contributions from the Clinical Commissioning Groups to the Better Care Fund pooled fund for 2019/20. Joint work of the Clinical Commissioning Groups and Lancashire County Council finance leads is underway to clarify the level of funding from the improved Better Care Fund (iBCF) that will be available in 2019/20 from the three year allocations 2017-20. This will help identify if there is any risk to existing services and what mitigation may be required.

As previously reported to the board the Better Care Fund Steering Group is to host a workshop, confirmed for 22 March 2019, that will reflect on the impact of the Better Care Fund, progress made in Lancashire and identify what needs to happen next to advance integration of health and social care at pace and appropriate scale. This will include the role that the Better Care Fund will play. The outputs from the workshop will be reported to the board.

List of background papers

- Appendix A BCF Q3 all metric summary
- Appendix B Lancashire Better Care Fund Plan 2017/19

Appendix A

Lancashire Better Care Fund Metrics Quarter 3 2018/19

Reablement

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
2017/18 Plan target	840	1,000	84.0%
2017/18 Q1	837	998	83.9%
2017/18 Q2	1,063	1,214	87.6%
2017/18 Q3	1,140	1,304	87.4%
2017/18 Q4 Actual	1,183	1,343	88.1%
2018/19 Plan target			84.0%
2018/19 Q1	1,314	1,490	88.2%
2018/19 Q2	1,234	1,399	88.2%
2018/19 Q3	1,095	1,269	86.3%
Higher is better			

2018/19 Q3 figures show a consistently maintained high standard for reablement volumes and reablement outcomes, despite the slight decrease from Q2. A total of 1269 people were offered these services for the period Oct-18 to Dec-18. This is higher than the 2017/18 Better Care Fund target of 1000 for the Q4 period.

Lancashire outcome figures for Q3 monitor the whereabouts of these individuals in Oct-18 to Dec-18 and indicate 1095 (86.3%) were still at home after 91 days. This compares favourably with the 2017/18 national average of 82.9% and with the Lancashire 2017/18 Better Care Fund target of 84.0% (840 still at home out of 1000) for the Q4 period.

Lancashire Better Care Fund Metrics Quarter 3 2018/19

Residential and Nursing Home Care

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+
2017/18 Plan target	1,795	244,904	732.9
2017/18 Actual	1,761	244,904	728.9*
2018/19 Plan target			
2018/19 Q1 (Apr-18 to Jun-18)	1,792	244,904	731.7
2018/19 Q2 (Jul-18 to Sep-18)	1,787	244,904	729.7
2018/19 Q3 (Oct-18 to Dec-18)	1,737	244,904	709.3
Lower is better			

The 2018/19 Q3 figure of 1737 admissions shows a substantial improvement over the Q2 total of 1787 for the rolling year. The rate per 100,000 65+ population has improved to 709.3. Benchmark performance is still a long way from the recently published 2017/18 national average of 585.6, though fares much better against the NW average of 737.8.

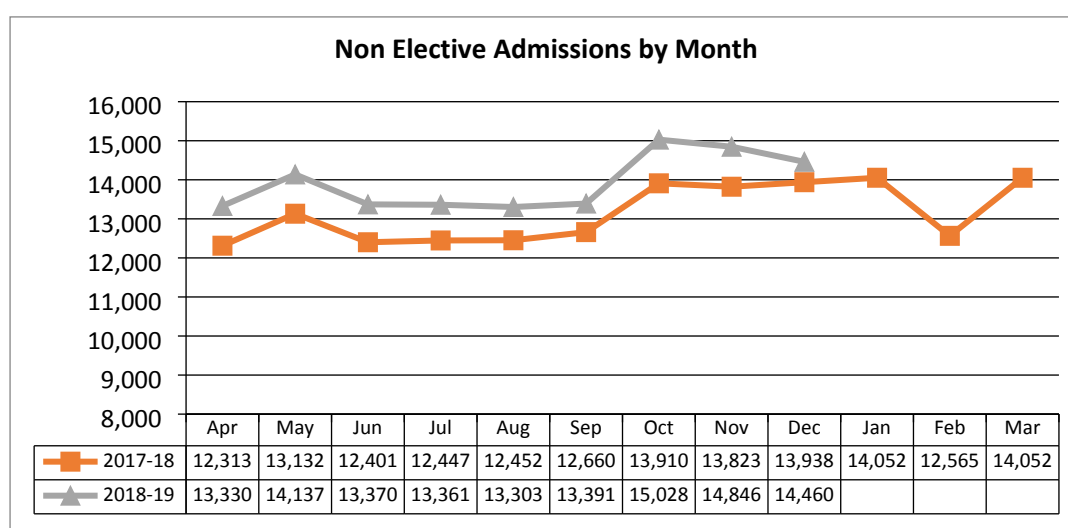
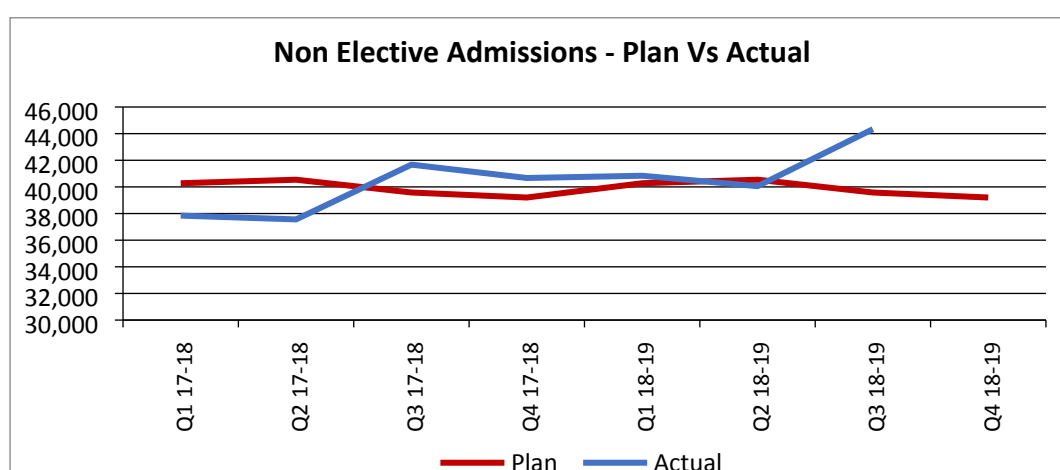
The Lancashire population aged 65+ continues to increase, but the rate of increase has slowed to 1.3% with the release of the mid-2017 population estimates in July 2018. The rate of increase is forecast to rise again slightly within the next few years.

Lancashire Better Care Fund Metrics Quarter 3 2018/19

Non Elective Admissions

	Lancashire HWB Non Elective Admissions			
	Q3 Plan	Q3 Actual (Oct 2018 to Dec 2019)	Variance	% Variance
NHS CHORLEY AND SOUTH RIBBLE CCG	4,773	5,719	946	16.54%
NHS EAST LANCASHIRE CCG	10,251	11,232	981	8.73%
NHS FYLDE AND WYRE CCG	3,829	5,015	1,186	23.66%
NHS GREATER PRESTON CCG	5,886	6,671	785	11.77%
NHS MORECAMBE BAY CCG	10,393	10,551	158	1.50%
NHS WEST LANCASHIRE CCG	2,974	3,759	785	20.88%
Grand Total	39,580	44,335	4,755	11%

Please note the actual figure is an initial one that will be confirmed in mid-March.



The level of Non-Elective Admissions rose sharply in quarter 3 resulting in an overall 11% variation from plan. At a CCG level this variation from plan was from between 1.5% for Morecambe Bay to 23.66% for Fylde and Wyre.

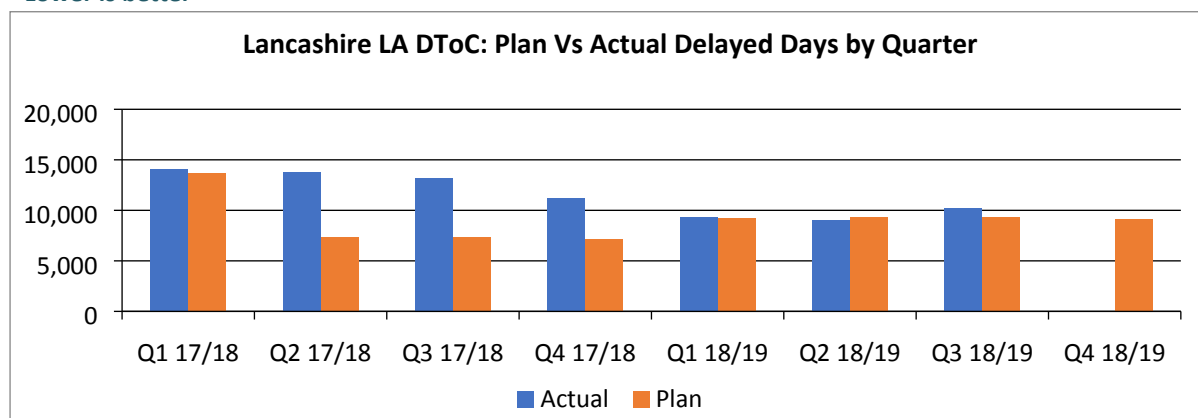
The overall monthly level has been consistently higher in 2018/19 than in 2017/18 and followed closely the monthly pattern.

Lancashire Better Care Fund Metrics Quarter 3 2018/19

Delayed Transfers of Care

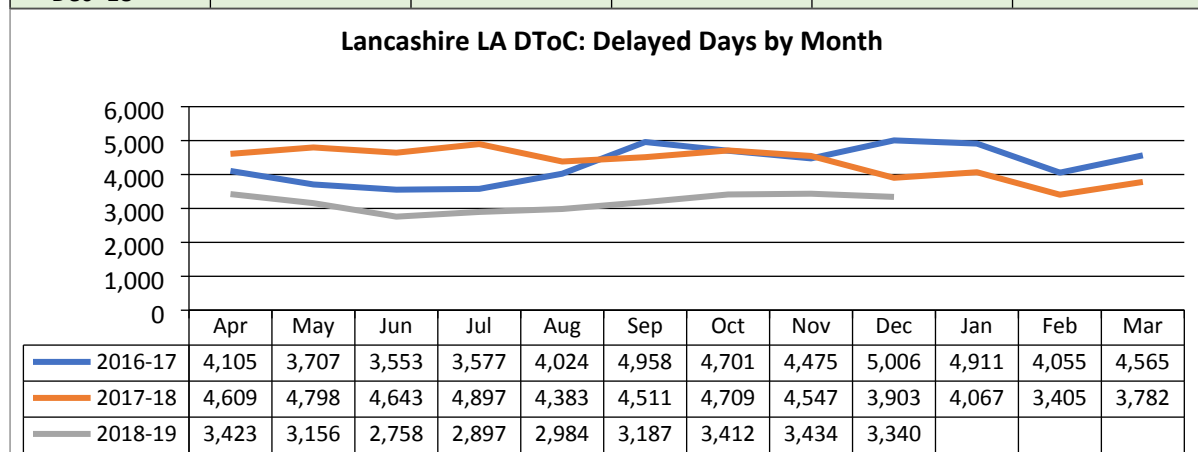
Measures	Delayed transfers of care - delayed days
Plan Q3 (Oct 18 to Dec 18)	9,366
Actual Q3 (Oct 18 to Dec 18)	10,186
Variance	820
% Variance	8.8%

Lower is better



Attributable Delays

Month	NHS Days	Social Care Days	Joint Days	Total Days	Target
Sep-17	1922	2218	371	4511	
Oct-17	2472	1872	365	4709	
Nov-17	2216	1936	395	4547	
Apr-18	2221	995	207	3423	3054
May-18	1855	1147	154	3156	3156
Jun-18	1508	1093	157	2758	3054
Jul-18	1634	1054	209	2897	3156
Aug-18	1568	1232	153	2953	3156
Sep-18	1919	1102	166	3187	3054
Oct-18	2055	1056	301	3412	3156
Nov-18	2268	1094	72	3434	3054
Dec-18	1858	1275	207	3340	3156



Lancashire Better Care Fund Metrics Quarter 3 2018/19

Delayed Days by Acute Hospital

Providers	Delayed days									2018-19 YTD
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	623	677	621	747	710	900	591	574	467	5,910
EAST LANCASHIRE HOSPITALS NHS TRUST	741	739	673	869	924	951	891	830	762	7,380
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	1,998	1,476	1,249	1,321	1,281	1,389	1,538	1,612	1,581	13,445
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	292	138	169	135	175	184	124	107	111	1,435
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	732	1,026	641	622	772	1,221	1,132	1,150	918	8,214
Total	4,386	4,056	3,353	3,694	3,862	4,645	4,276	4,273	3,839	36,384

NB totals include out of area DToCs.

Delayed transfers of care in quarter 3 exceeded target by 820 a variation of 8.8%.

In Q3 there was an increase over Q2 from 9,037 to 10,186 delayed days, an increase of 1,149 days, 13%.

December 2018 did, though, see a slight monthly reduction from November of 94 delayed days.

December also saw a reversal in trend of attributable delays with NHS attributable decreasing and social care attributable increasing.

The annual month by month performance has continued to be better than in 2016/17 and 2017/18. There was a significant improvement in DToC recorded in February and March of 2018 which it will be of interest to compare once 2019 data is known.

Lancashire Teaching Hospitals Trust remains the acute trust reporting the most delays with a year to date total of 13,455. Caution should be applied to any comparison across trust however as local factors such as population and boundaries do impact.

Lancashire Better Care Fund Plan 2017 – 2019

Lancashire Health and Wellbeing Board


*East Lancashire
Clinical Commissioning Group*


*Chorley and South Ribble
Clinical Commissioning Group*


*Fylde and Wyre
Clinical Commissioning Group*


*Greater Preston
Clinical Commissioning Group*


Morecambe Bay
Clinical Commissioning Group


*West Lancashire
Clinical Commissioning Group*



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Summary


Health and Wellbeing Board	Lancashire
Local Authority	Lancashire County Council
Clinical Commissioning Groups	Chorley and South Ribble Greater Preston Morecambe Bay West Lancashire East Lancashire Fylde and Wyre
Boundaries	Lancashire County Council upper tier authority 12 District Councils Burnley Borough Council Chorley Borough Council Fylde Borough Council Hyndburn Borough Council Lancaster City Council Pendle Borough Council Preston City Council Ribble Valley Borough Council Rosendale Borough Council South Ribble Borough Council West Lancashire Borough Council Wyre Borough Council Borders with 2 Unitary Authorities within the Lancashire footprint: Blackburn with Darwen Council Blackpool Council Borders also with South Cumbria within the STP footprint


	2017-18	2018-19
Minimum required value of Better Care Fund pooled fund:	£93,936,891	£96,569,957
Total agreed value of Better Care Fund pooled fund:	£93,936,891	£96,569,957
Total value of improved Better Care Fund (iBCF)	£28,096,072	£38,391,537
Total pooled fund	£122,032,963	£134,961,494
Date agreed at Health and Well Being Board:	5th September 2017	
Date submitted:	11th September 2017	


Authorisation and sign off


<p>Signed on behalf of</p> <p>Lancashire Health and Wellbeing Board</p>	
By	County Councillor Geoff Driver CBE
Position	Chair, Lancashire Health and Wellbeing Board
Date	7th September 2017

<p>Signed on behalf of</p> <p>East Lancashire Clinical Commissioning Group</p>	
By	Mark Youlton
Position	Chief Officer, NHS East Lancashire CCG
Date	11th September 2017

<p>Signed on behalf of</p> <p>Fylde and Wyre Clinical Commissioning Group</p>	
By	Peter Tinson
Position	Chief Officer, NHS Fylde and Wyre CCG
Date	11th September 2017

Signed on behalf of Greater Preston Clinical Commissioning Group and Chorley and South Ribble Clinical Commissioning Group	
By	Jan Ledward
Position	Chief Officer, NHS Greater Preston CCG and Chorley and South Ribble CCG
Date	11th September 2017

Signed on behalf of Lancashire North Clinical Commissioning Group	
By	Andrew Bennett
Position	Chief Officer
Date	11th September 2017

Signed on behalf of West Lancashire Clinical Commissioning Group	
By	John M. Caine
Position	Chair, NHS West Lancashire CCG
Date	11th September 2017

Signed on behalf of Lancashire County Council	
By	Mike Kirby
Position	Director of Corporate Commissioning, Lancashire County Council
Date	11th September 2017

Lancashire Better Care Fund and iBCF plan 2017/18/19

1. Introduction

The Lancashire BCF plan, for 2017/19, has been shaped by a desire to identify what works, retain and expand what does, and reallocate resources where there is little evidence of success. It builds on the learning of the previous two years of BCF, moving even further away from a “what fits the funding” approach to one that is based on what fits the shared priorities.

The plan takes advantage of the opportunities provided by the iBCF monies to push the integration of planning further and to, at least in part, fill some of the gaps that have been identified by BCF partners during the last two years.

The plan now sits within a maturing planning environment that is seeing the role of the Sustainability and Transformation Partnership (STP) and Local Delivery Partnerships (LDPs) becoming clearer along with new models of delivery.

The plan aligns with those of the STP and LDPs and now will work closely in its delivery through the Lancashire and South Cumbria Urgent Care Network and the five A&E delivery boards.

A further and critical area of alignment of the plan is with Lancashire County Council’s social care transformation programme – 'Passport to Independence'.

The core of the plan, its spending plan, its programme of schemes, was created through a process of rigorous review of the 2016/17 schemes. This provided the rationale for decisions on retention, expansion or ending of those schemes. This has resulted in retention or expansion of all schemes with some clarification of purpose and slight change of description for some.

A similar approach was taken, collaboratively, in putting forward proposals for use of iBCF monies. These were jointly considered and a whole iBCF plan agreed.

The plan sees the consolidation of the BCF partnership and continued integration into that of the Voluntary and Community Sector and the twelve district councils.

2. Vision

The vision for health and social care in Lancashire is of a coordinated approach that keeps the individual at its heart.

It will:

- Give the knowledge and advice to help people stay healthy and independent
- Share information safely, across organisations so that people only need to tell their story once.
- Grow neighbourhood approaches that join up services and help avoid poor health and admission to acute hospitals.
- Put the right care in place for those who need it
- Support those who need help to be heard or access services.
- Provide high quality services

Delivery of this vision is not seen as solely the responsibility of the Better Care fund but as whole system responsibility that reaches beyond the NHS and social care to partners in the VCS, housing providers and deliverers of services locally such as district councils.

Progression towards more integration by 2020 and delivery of the vision is acknowledged as being most achievable through greater working across the LDP and STP footprints. Commitment is growing, across partners, to this approach and an associated move to Accountable Care Systems that follows the Vanguard initiatives in Fylde Coast and Morecambe Bay.

3. Background and Context

a. Demographics

The health of people in Lancashire varies when compared to England. Within the county there are wide differences between the most and least deprived areas. For example in the most deprived areas life expectancy at birth for men is 10.2 years lower and 7.1 years lower for women, when compared to the least deprived areas.

The health of adults in the county is mixed; prevalence and incidence rates for cancer, cardiovascular disease and liver disease are all above national rates. Obesity and overweight rates for adults in Lancashire are in line with England, but there are some districts with significantly higher levels and some with significantly lower levels. Physical activity levels for adults are also low.

The 2016 mid-year population estimate for Lancashire (14) is 1,485,042, an increase of 0.5% on the 2015 figure. Estimates suggest a higher population increase in Chorley (1.2%), Lancaster (0.9%) and Fylde (0.9%), compared to England (0.8%). Over the next 25 years the population of Lancashire is projected to increase by 4.5%.

The population projections to 2039 show that the working-age population is predicted to start to decline within five years and the older population will continue to increase, with more people falling into the over-85 bracket each year as life expectancy increases over the period.

Between 2014 and 2039, the 65+ will increase by 47.3%, and by 2039 people aged 85 and over will make up 5.5% of the population.

Alongside the significant shift to a more elderly population there is also a wide variation in healthy life expectancy across the geography of the county. For example female healthy life expectancy is 72 years in one area of South Ribble compared to 62 in another South Ribble area, compared to 62 years in the best in Hyndburn, compared to 50 years in another area of Hyndburn, the lowest in the county. This mixed level is reflected to some degree in all districts. Improving the outcomes only in the most deprived areas of Lancashire will not be enough to improve the outcomes across the county.

b. Social Care

Lancashire County Council supports approximately 25,000 adults in community and residential settings at an annual cost of approximately £300 million.

Demand for care and support services is likely to rise over the next five years but will not be matched by increased public spending.

The rise in the very elderly population is not just a challenge for social care but for all public services and communities. Rising demand for nursing care is of particular concern.

Life expectancy is increasing and entry into all care services is likely to come later in life but involve people with more complex needs. In the future we expect the population in care homes to become frailer and remain in care for shorter periods of time.

Part of the challenge of changing demographics is the growth in the numbers of older people with dementia. We have to ensure that there are sufficient community-based alternatives so that hospitalisation and entry to care homes does not become the default option.

In some parts of the county rehabilitative and recovery services are decreasing demand for other social care and health services. While we need to see more integration with health, closer cooperation is already managing to deal with greater demand for care.

Intermediate Care and Reablement are key offers within our health and social care economy.

Providing services across our rural communities is a significant challenge, particularly for home care.

In residential and nursing care markets, there is a risk that some providers will move away from council-funded placements and concentrate on self-funders.

There is a degree of unevenness to the spread of demand across the county with specific "hotspots" of acute pressure in certain parts of Lancashire.

Older peoples' housing is a key part of their wellbeing but specialist social housing in Lancashire is of variable quality and there is very little purpose-built extra care in either the public or private sectors.

Social care in Lancashire is currently delivered through a mixed market comprising a wide range of service providers, including small, medium and large organisations. Many of our providers are local; others are more regional or national in scope. Combining these different perspectives is vital to meeting the challenges ahead.

Traditional services like day care, meals on wheels and home care have reduced over the last decade in line with efforts to promote preventative and personalised services. There has been an increase in the number of people receiving short-term reablement services and assistive technology. There has also been an increase in the number of people receiving support from voluntary and community groups.

Lancashire County Council's overall commissioning intentions are:

- To ensure that a sufficient range of quality services are available at an affordable price, enabling real choice, particularly in areas where shortages are already evident
- To work with both current and new providers to source supply locally or from neighbouring areas where that works
- To encourage and stimulate local businesses, investors and social enterprises to enter the health and social care market place as providers or funders to share in the risks and rewards with us.
- For service providers to work closely with the third sector and council commissioners
- Where appropriate to see more strategic partnerships that can deliver a wider portfolio of service offers, potentially focussed exclusively on specific areas or communities rather than very particular aspects of a single service.
- To provide intelligence and information to assist providers with business planning. The analysis and forecasting of demand trends will lead to the creation of new opportunities for enterprising, dynamic and flexible providers

c. Health Care

The demographic impact applies equally across NHS health care in Lancashire.

As the population is living longer and experiencing more complex or multiple conditions so demand upon health services, acute and community, increases.

All, of the five, acute health providers in Lancashire have seen prolonged periods of high demand resulting in challenges to patient flow and the ability to safely discharge people to their homes.

As demand on health and care services has increased increasing budgets have not kept pace. The cost of providing services has risen for reasons such as providing care by more highly trained specialist staff, funding the latest drugs, and keeping up with technological advances, all of which are necessary to improve patient care and outcomes.

Maintaining an effective and skilled NHS workforce is a challenge in Lancashire. Some clinical roles are experiencing national shortages, and Lancashire in particular has problems attracting clinical trainees when faced with competition from large cities such as Liverpool and Manchester. There is a high vacancy rate for health and care roles, which is managed through the employment of agency or temporary workers, but this is not sustainable position.

Some of the buildings and facilities used for health and care delivery are no longer fit for purpose. They were built for different times and needs, and can be a costly drain

on the health and care economy. A move to more specialist centres, particularly for emergency care or major illness would result in greater efficiency. Services should also be provided close to, or in people's homes, so that when hospital stays are required, they are much shorter.

As the demands increase on health and social care services and the ability of traditional ways of meeting those come into question the Lancashire BCF, working within a wider system, can help address some of the issues faced and work towards better outcomes for individuals.

As nationally, the greatest challenge facing the Lancashire BCF partners is the high level of delayed transfers of care (DToC) in acute hospitals. In Q4 of 2016/17 there was a 30.3% variance from the Lancashire BCF plan DToC target. Comparison against Q4 in 2015/16 shows a +34.4% variance with a full year comparison showing a 34.7% variance. Q4 2016/17 saw a total of 17,158 delayed days across all Lancashire providers.

This plan sets out the intent, as part of a much wider system, for the BCF to address this challenge.

4. Better Care Fund Plan

a. Core BCF

The process of designing the Lancashire BCF plan 2017/19 has included the ongoing oversight and direction of the BCF steering and programme managers groups, a number of overarching workshops and comprehensive reviews of existing BCF schemes. Importantly it has also been guided by significant levels of involvement, scrutiny and challenge from the Lancashire Health and Wellbeing Board.

The workshops, held in early 2017, provided some “Big messages” about the development of the BCF plan 2017/18. These included:

- Implement Discharge to assess
- Create / develop real Integrated discharge services
- Invest in Reablement based on agreed evidence
- Include Support for Regulated Care sector
- Be innovative with DFGs working more with Districts and Home Improvement Agencies
- Use opportunities with Voluntary Sector
- Include a range of Prevention services and aim for earlier intervention
- Work at local level across partners, trying things out.

(Full list at Appendix A)

A further key message was the need to be rigorous in the review of existing BCF schemes so as to inform decision making on these.

Review has proved challenging throughout the life of BCF plans with quantitative measurement of impact being the main stumbling block. The approach taken was to use a small range of review techniques and combine them into a single review template. The intention was to lead through a review and assessment process to a point of decision making on whether the scheme should be recommended for retention, expansion or to be ceased.

The completed reviews can be seen at Appendix B.

The conclusion of the review exercise was that all schemes within the 2016/17 Lancashire BCF plan should be either retained or expanded, with some clarification of purpose and slight change of description for some.

Table A sets out the planned spend on core BCF schemes, including Disabled Facilities Grant, for 2017/19.

Table A

No	Area	Title	17/18 £,000s	18/19 £,000s
1.	EL	Transforming Lives, Strengthening communities - Building capacity in the voluntary sector	206	210
2.	EL	Re-design of Dementia Services East Lancashire	1,346	1,371
3. 4. 5.	EL	Redesigned Intermediate Care supported by: a) Intensive Home Support b) Integrated Discharge Function c) Intermediate Care Allocation and Navigation	13,904	14,168
6.	F&W	Intermediate Care Redesign	1,969	2,006
7.	F&W	Admissions Avoidance	3,857	3,930
8.	CSR/GP	Health and Social Care Community Access Point CATCH	6,433	6,555
9.	CSR/GP	Ambulatory Care Pathways	906	924
10.	Lancashire	Extra Care Housing	0	0
11.	Lancashire	Integrated offer for Carers	7,327	7,468
12.	Lancashire	Reablement	5,239	5,338
13.	Lancashire	Transforming Community Equipment services	10,967	11,175
14.	Lancashire	Telecare	551	562
15.	Lancashire	Care Act	3,183	3,244
16.	Lancashire	Disabled Facilities Grants	12,565	13,652
17.	MB	Intermediate Care Services to Support Care Co-Ordination	3,618	3,687
18.	MB	Self-Care	43	44
19.	MB	Community Specialist Services	2,712	2,764
20.	Lancashire	Integrated Neighbourhood/ Care Schemes	14,039	14,306
21.	WL	Building for the Future	5,066	5,162
	Total		93,931	96,567

Appendix B1 provides a further breakdown

b. Disabled Facilities Grants

As the upper tier authority Lancashire County Council administrates the allocation / distribution of Disabled Facilities Grant Funding. There is a long standing and strong structure in place, the county DFG group, made up of all 12 district councils and the county council that agrees the approach to its use. This works alongside a district councils health leads group in identifying priorities and improving ways of working especially to maximise ease of access and impact of DFGs. The agreed approach for both 2017/18 and 2018/19 is for DFG funding to be distributed to the district councils for decisions to be made locally but in a consistent manner. In year decisions will be made on its use within its legislative. Currently under consideration is the potential to fund assessments through DFG through recruitment of additional OT capacity and linking to trusted assessor development within the BCF/ Urgent and Emergency Care work streams.

c. Improved Better Care Fund...iBCF

A significant level of work has gone into developing the approach to iBCF in Lancashire. Following the lead given by the Lancashire Health and Wellbeing Board the emphasis has been upon the principles of:

- Improving all aspects of Assessment
- Making Home 1st work
- Creating appropriate and effective 7day services and aligned Integrated Discharge Services

The approach taken to agreeing a plan for the use of the iBCF has been one of cooperation and coordination. As lead organisation Lancashire County Council encouraged BCF partners to consider how some of the iBCF could be used at a local LDP level.

In an open “bidding” process all proposals were considered by the BCF partners and schemes recommended for approval. In this way the iBCF was being targeted at the whole county issues of improving the capacity and stability of the care market, meeting adult social care needs and improving patient flow and reducing delayed transfers of care as well as addressing local concerns. It has also helped begin the process of joint planning across LDP footprints, a step towards the four individual BCFs of Lancashire and South Cumbria aligning and potentially merging. As a result a significant amount of the iBCF has been allocated in this way. Table B sets out the detail of the allocation of iBCF. Within that it can be seen that there is provision for meeting additional fee and demand pressures in the care market of £4.582m in 2017/18 rising to £15.738m in 2018/19.

The “bid” documents are attached at Appendix C

Table B

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
LDP based Schemes		
Central - Social Work Assessment Capacity - 7 Days: Increase social work capacity in the Integrated Discharge Service at both hospital sites and in the community across 7 days.	0.159	0.159
Central - Allocation team for Care and Health: Single point of access for intermediate care, managing capacity and demand in services, with additional crisis support capacity.	0.533	0.533
Central - Care Home Support Model: Proactive, preventative service to wrap around residents in a care home setting, working to prevent inappropriate visits to A&E, avoidable admissions, reduce delayed transfers of care and length of stay.	0.517	0.517
Central - Social work support to GP Practice Collaborative: Social work support embedded with Mental Health and Physical Health service to support patients with social care needs presenting at GP practices. Proposed to align with a better resourced out of hours Adult Mental Health Practitioner (AMHP) resource.	0.043	0.043
Pennine - Multi-Disciplinary Discharge Team: Support joined up leadership to ensure consistent and effective discharge pathways.	0.220	0.220
Pennine - Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	0.849	0.849
Pennine – Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are completed outside of hospital setting. No funding allocation requested within bid.	0.000	0.000
Pennine - Implement Home Choice Policy: Delivery of national guidance on supporting patient choice. No funding allocation requested within bid.	0.000	0.000
West Lancs - Community Hub: One place, flexible hub for intermediate care, reablement and rehabilitation. Increased capacity for discharge to assess.	0.175	0.175
West Lancs - 7 day integrated discharge pilot (intermediate care) Integrated working between 2 current teams. Move to 7 day working.	0.072	0.072
West Lancs - Home First Workforce Development: Generic therapy and Nursing assistant. Training posts.	0.081	0.081

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
West Lancs - Frail Elderly: Workforce development. No funding allocation requested within bid.	0.000	0.000
West Lancs - Discharge App: Simplifying a complex system. No funding allocation requested within bid.	0.000	0.000
Fylde and Wyre - Aligned Social Work: Neighbourhood and A&E deployment of F&W social workers/wellbeing workers to support discharge and cover in A&E working 7 days.	0.150	0.150
Fylde and Wyre - CHC process review (trusted assessment): Trusted assessment, better screening, and better home of choice compliance.	0.150	0.150
Fylde and Wyre - Reablement Hours: Hospital discharge and reablement service to provide individuals with a single service specification that meets health and social care needs of communities.	0.274	0.274
Fylde and Wyre - Trusted Assessor (Care Homes): Targeted locality Trusted Assessor support.	0.054	0.054
Fylde and Wyre - Set-up costs.	0.008	0.008
Morecambe Bay - Altham Meadows Intermediate Care Centre: Integrated nursing and rehabilitation service as an alternative to hospital care.	0.750	0.750
Morecambe Bay - Crisis Hours and Enhanced Therapies: Expedite discharge work with patients to identify goals that can maintain, regain, or improve independence by using different techniques, changing the environment and using new equipment to improve functionality and reduce re-admission to an acute setting.	0.210	0.210
LDP SCHEME BIDS	4.244	4.244
High Impact Changes Fund additional spend		
HIGH IMPACTS CHANGES FUND: Including Peripatetic Team; Acute team 7 day working across hospitals; Trusted Assessors - Trusted Assessor Training; Seven Day Service - 24 hour AMHP service (Mental Health); System to Monitor Patient Flow - DTOC tracking - additional hospital resource.	2.095	2.095
Learning from Passport to independence: To resource the development and implementation of granular level implementation plans for each of the six Lancashire Hospitals, on the basis of agreed best practice.	0.600	0.600
HIGH IMPACT CHANGES FUND ADDITIONAL SPEND	2.695	2.695

Lancashire iBCF	Planned spend 17/18 £m	Planned spend 18/19 £m
Additional spend on existing BCF schemes		
Reablement contract	3.670	3.975
Reablement & Occupational Therapy Team (excludes senior management currently)	2.778	2.806
Care Act (carers Personal budgets, training, Advocacy)	0.234	0.234
Carers support (Respite & block contract spend)	0.000	0.235
Urgent Care (Crisis & residential rehab)	0.000	0.062
Equipment & Adaptations	0.000	0.151
Intermediate Care Services	0.369	0.379
Telecare	1.952	2.040
ADDITIONAL SPEND ON EXISTING BCF SCHEMES	9.002	9.882
Spend on schemes previously outside of BCF		
Transformational support relating to the Passport to Independence Programme	1.440	0.000
Additional reablement costs - as part of the reablement opportunity - supporting Passport to Independence	0.208	0.208
Wellbeing worker service	2.636	2.636
Home Improvement Agency	0.880	0.880
Hospital aftercare	0.304	0.304
Roving nights – County-wide service	0.304	0.804
Additional Fee and Demand pressures	4.582	15.738
Additional package costs through improved DTOC rates	1.000	1.000
Homecare implementation costs	0.800	0.000
SPEND ON SCHEMES PREVIOUSLY OUTSIDE BCF	12.154	21.570
GRAND TOTAL	28.0765	38.391
FUNDING		
Initial iBCF	(3.210)	(22.656)
Additional iBCF	(24.886)	(15.735)
TOTAL iBCF FUNDING	(28.076)	(38.391)

d. Delivery plans

Work is underway to create delivery plans for each iBCF scheme. The intention is to join up scheme activity where there are overlaps such as recruitment and also to achieve consistency in approach. Lancashire County Council officers are meeting with CCG commissioners and providers individually and collectively to draw all of this activity together.

Once approved the core BCF schemes will have delivery plans created that build on the learning of the previous year. These will be in detail for 2017/18 and at a higher level for 2018/19 to allow for review of progress and continued relevance.

9. National Conditions

a. Jointly agreed plan

The Lancashire BCF plan 2017/19 has been jointly developed and agreed by the BCF partners that are signatories to this document.

The iBCF element of the plan, including its use to support and stabilise the social care market, has been agreed through the BCF governance arrangements and revived full support of the Lancashire Health and Wellbeing board. (See Appendix D iBCF Report to Lancashire HWB 7th August 2017.)

In addition individual BCF partners have engaged with their “home” providers and A&E delivery boards to ensure that the BCF plan aligns with their plans and expectations. For the six CCGs in Lancashire that has meant connection through:

- LDP transformation planning activity
- Executive to executive meetings
- Out of Hospital Steering groups
- Providers sitting on CCG committees and programme boards setting commissioning intentions
- And for all partners shared decision making in the Lancashire and South Cumbria Urgent Care network.

Lancashire County Council supports the involvement of care providers through provider forums, individual contract meetings and in setting out commissioning intentions when embarking on commissioning activity such as with recent reablement procurement.

A significant achievement of the Lancashire BCF has been the level of engagement with the Voluntary and Community Sector. This is producing mutual benefits of the VCS aligning itself with the commissioning intentions emerging from the BCF and the BCF providing a focal point for VCS to coordinate around.

The voluntary sector is represented at the Lancashire BCF Steering group by the Chief Executive of Lancashire Sport Partnership. This lead Officer is a nomination of Third Sector Lancashire; the voluntary sector leadership body.

During 2016, in line with the commitment made in the 2016/17 Lancashire BCF action plan to effectively engage the voluntary sector, the Lancashire “Active Ageing Alliance” was formed. This group of voluntary sector bodies (including MIND, Age UK, the Alzheimers Society, Stroke Association etc.), worked collaboratively with the CSU and the Public health teams to identify how we could assist the BCF in the delivery of their outputs and outcomes; developing opportunities for collaborative design and investment to improve patient satisfaction and outcomes.

In October 2016, the Active Ageing Alliance made a bid to Sport England for £1m of additional investment to enable preventative approaches to manage frailty and the

onset of degenerative diseases. Unfortunately this bid was unsuccessful; however it enabled a closer working relationship with health, social care and voluntary sector partners. (See Appendix E, *Third Sector Lancashire input into the Lancashire BCF Steering group and plan* for full details.)

A similar success has been seen with the relationship with the twelve district councils within Lancashire. The district councils are represented by the Chief Executive of Chorley Borough Council on the Lancashire BCF steering group and also have representation on the BCF programme managers group. Evidence of this level of engagement is seen through a paper developed by and with all districts that sets out the actual and potential impact that district councils have on health and wellbeing. It highlights the impact outside of the clinical input and the opportunities that exist to change lives by smaller inputs especially those delivered close to individuals.

“Lancashire’s 12 district councils play a significant role in supporting the health and wellbeing of the county’s residents and communities.

This paper outlines the role of district councils and gives a flavour of how, by working in a more integrated way and focusing on early intervention and prevention, we can improve health outcomes for our residents.

The aim of this paper, having given the reader an insight into the health work of district councils is to extend an invitation to engage in a more collaborative and innovative way to strengthen the focus on prevention and early intervention.” (See Appendix F for more details.)

b. Social Care Maintenance

The BCF planning template gives the detail of the contributions towards supporting social care from within the core BCF.

This meets the requirement of being above the required 1.79% uplift from 2016/17 but partners have agreed that the level of increase will not present a significant risk of destabilising the health and care system.

The areas identified for support to social care remain:

- Support to Carers
- Telecare Services
- Care Act
- Intermediate Care Services (part)
- Integrated Neighbourhood Teams (part)

All of the above are viewed by the BCF partnership to have some degree of health benefits supporting individuals to remain healthier longer and more independent as well as suppressing demand for acute services.

c. NHS commissioned Out of Hospital Services

The significant level of investment in NHS commissioned out of hospital services seen in the Lancashire 2015/16 and 2016/17 BCF plans will be replicated at least at the same level in the 2017/18 plan. There has been some adjustment across schemes to reflect changes in minimum contributions and broader CCG planning priorities.

The out of hospital NHS CCG commissioned schemes within this plan cover prevention, admission avoidance, supported discharge and a range of step up / down services and reablement/rehabilitation.

As no additional target is being set for Non Elective Admissions there is no need for an agreement to hold funds in a contingency.

As previously each individual organisation will manage risk around their own contribution and local performance against the metrics. This allows for significant local differences, demographic, provider, geographic and historical performance to be safely managed across a complex planning footprint.

d. High Impact Change Model, Managing Transfers of Care and Delayed Transfers of care Plan

In Lancashire there is a whole system consensus to the alignment with and implementation of the High Impact Change Model of managing transfers of care. This is lead through the five A&E delivery boards and coordinated at an STP footprint level by the Lancashire and South Cumbria Urgent Care network.

The Lancashire BCF has proactively used the High Impact Change Model in its planning. Whether an existing scheme delivered some or all of the eight changes of the model was used as a key criterion as to whether it should be continued. Similarly the test was again used in the iBCF “bidding” process.

So as to set the baseline for planning against the High Impact Change Model a workshop took place in May 2017 that brought together all Lancashire health economies. This engaged providers and commissioners in self-assessment of the local ability to deliver against the model and expanded this into a county wide conversation on alignment, learning and testing of “good ideas”. It also helped all partners understand the challenges that faced each and the necessary prioritisation that results. The workshop outputs were the basis for the creation of the iBCF bids. The workshop outputs are provided at appendix J.

Using that initial assessment and building on existing activity and planning each Lancashire health economy has put in place a plan to implement the High Impact Change Model. These have been brought together to give a Lancashire overview that is at appendix K. The further detailed development of the plans will be at a local level with the Lancashire wide overview being updated as appropriate and used for

the monitoring of overall progress and sharing of good practice through the BCF governance structures. It will also be shared through the Urgent and Emergency Care network to ensure alignment and avoid duplication.

Lancashire County Council is engaged with all A&E delivery boards and is managing the interface with its own county wide approach. The aim is to achieve a county wide approach with local flexibility.

All BCF partners took a very active role in recently setting DToC trajectories and both NHS and social care are keen to work together to make this a more joined up and simplified exercise in the future. Within Lancashire there are a number of systems in place that record and report on DToC. This does not always result in the same level of understanding across organisations. To address this Lancashire’s Director of Public Health and Wellbeing is to lead a project to connect all of these so as to have a single work stream on measuring and reporting on DToC.

10. National Metrics

a. Non elective admissions

The target has been reached through an agreed approach to adopting CCG operating plan targets submitted early in 2017.

It is not intended to seek any further reduction associated only with BCF as this would go beyond a “credible ask” and a non- viable approach.

The setting of the target recognises the modest improvement in actuals achieved during 2016/17 compared with the previous year.

It is anticipated that the operation of BCF schemes during 2017/2018 will contribute to a continuing but shallow trajectory fall in non-elective admissions. The target is set in the context of delivering while maintain provider sustainability.

Lancashire Non elective admissions targets 2017/18/19

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
40,634	40,894	39,943	39,565	40,703	40,967	40,000	39,621	161,036	161,291

b. Delayed Transfers of Care

DToC targets have been mandated by the Department of Health. They have been set at NHS, Social Care and Jointly attributable levels for 2017/18 from November 2017.

A key task for the Lancashire BCF the A&E delivery boards and Urgent Care Network is to agree the methodology for and actual agreed targets to enable a clear view on the split between NHS, social care and jointly attributable delayed transfers of care.

Lancashire Health and Wellbeing board DToC targets 2017/18 and 2018/19

2017/18	Q1	Q2	Q3	Q4
Delayed days	13,135	13,135	8,750	6,606
2018/19	Q1	Q2	Q3	Q4
Delayed days	6,679	6,753	6,753	6,606

c. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes

The previous performance has been positive with a year on year decrease in the number of admissions. A spike in Q4 2016/17 has continued into 2017/18.

The long term reduction has been due to increased emphasis on a home first approach taken by social care staff at assessment and a continued use of intermediate care services, reablement and more integrate working at the point of discharge from hospital.

As redesigned Reablement services come online and the *Passport to Independence* programme gathers pace it is anticipated that the diversion will continue and older people with complex needs will continue to be able to return home. However maintaining ever decreasing levels means that complexity of needs of those returning home will increase and a point will be reached where further improvements are hard to achieve.

Given the current level of admissions recorded the target is to maintain the 2016/17 outturn figure of 1795 admissions in 2017/18 which is a rate of 734 admissions per 100,000 population. A forthcoming data cleansing exercise is likely to result in re-basing of targets that will be explained and reported in quarterly submissions.

d. Effectiveness of Reablement

The effectiveness of reablement services in Lancashire has been a continuously positive story with the target of 82% of people still being at home after 91 days, following a period of reablement that followed hospital discharge having been exceeded throughout 2016/17.

It is anticipated that as redesigned reablement services that are therapy led and designed around bundles of care continue to have a positive effect and the *Passport*

to Independence programme becomes more embedded that this story will get even better. With this in mind a further stretch to the target to 84% is proposed for 2017/18 with a target of 6091 people being offered the services compared to the actual 4101 in 2016/17.

e. Monitoring and assessment of Impact of BCF plans

From the beginning of implementation of BCF plans it has been a continuing challenge to demonstrate a direct link between BCF spend, Scheme activity, scheme outputs outcomes for individuals and impact upon the high level national metrics.

The most recent approach taken by Lancashire BCF in using a combined review template has resulted in informed decision making. It has directed scheme leads through a process of deeper reflection and analysis by the different techniques used.

However even this does not provide a linear connection from beginning to end. This cannot be achieved through looking solely at the BCF activity. There has to be a whole system view and it is this that will be pursued using BCF and iBCF as enablers during 2017/18. Work is proposed to achieve the granularity required around DToC across all acute settings.

11. Lancashire BCF Programme Governance

There is in place a clear governance arrangement for the Lancashire BCF. This is set out in Appendix G.

This governance structure has been strengthened by confirmation during 2016/17 of the very active role of the VCS and District councils in both the programme managers and steering group. It has acted as a springboard for both of these sets of organisations to engage in the developing STP planning arena, both now heavily involved especially around the Population Health and Prevention workstream.

The BCF has itself found a place within the STP governance structure recognised as an enabling workstream. This is an STP level BCF presence and the detail of how that will work i.e. across current HWB BCF boundaries is still being worked through.

Work on planning for and managing DToC during 2016/17 resulted in some moves towards aligning BCF activity across the three Lancashire BCFs.

This has been accelerated as the Lancashire BCF took the opportunity presented by iBCF to align BCF planning along LDP footprints.

Blackpool and Blackburn with Darwen were invited to join the “bidding” process described earlier and LDP level rather than Lancashire only proposals were developed. This approach has been approved by the Lancashire Health and Wellbeing board and opens the way for wider discussions on planning and commissioning on those footprints.

This then links into the STP approach of deciding the most appropriate level of delivery against shared priorities.

The Lancashire and South Cumbria STP governance structure is attached at Appendix H.

12. Risk and Risk management

The Lancashire BCF has in place a risk management process. The core of this is the BCF risk register which is reviewed quarterly. Risk identification and management is a core responsibility of the Lancashire BCF programme managers group. That group reports by exception to the Lancashire BCF steering group on changes in risk levels and recommended mitigating actions.

The identified risks to the successful delivery of the Lancashire BCF plan sit in the following categories:

- Measurability: An inability to measure and demonstrate the effectiveness of delivery of the BCF plan
- Deliverability: Overall deliverability of BCF plan is compromised by failure of individual schemes to achieve projected impact.
- Deliverability: Overall deliverability of BCF plan is compromised by factors outside of its influence impacting upon national and local demography and performance.
- Plan alignment: That the Lancashire BCF plan does not fit with individual BCF partner plans
- Partnership: That the BCF partnership does not develop sufficiently to be robust, and fit for purpose.
- Reporting: That reporting at all levels does not fulfil a supporting role to the BCF plan delivery.
- Finance: That financial arrangements are not sufficiently clear across the BCF for all partners to be clear on their own and others commitments and activity.
- Communication: That limited or poor communication of all aspects of vision and detail of the BCF affects delivery and reputation.

Mitigation, risk ownership, reporting and RAG rating of risk status is set out in the risk register at Appendix I.

Each BCF partner has BCF specific entries in its own risk register and BCF risk is overseen through the partners' internal audit procedures.

A Section 75 Agreement was reviewed and updated in 2016 and will be put in place for the BCF plan 2017/18/19 once agreed. The Agreement sets out the arrangements for governance, pooled fund hosting and management, financial contributions, risk sharing arrangements and the BCF schemes specifications and values.

Lancashire County Council is the host for the BCF pooled fund and will continue to be so in 2017/18/19. A clear audit trail exists for financial data/transactions.

Individual organisations manage their own risk around their own contribution to the pooled fund taking responsibility for any overspend. While this arrangement will

continue in 2017/18 it is anticipated that the creation of more robust and timely monitoring and reporting systems will enable the Lancashire BCF steering group to make recommendations on the shift of BCF resources to areas of success and / or to address specific problems in the health and social care system. Having this insight and greater confidence in activity and impact data will allow BCF partners to develop a more mature approach to risk and benefit sharing during 2017/18 with potential application in 2018/19.

13. Appendices

Page	Appendix	Document
14	A	“Big messages”
14	B	Lancashire BCF scheme reviews
15	B1	Detailed BCF spending plan
16	C	iBCF proposal “bids”
21	D	iBCF Health and Wellbeing Report 7 th August 2017
22	E	Third Sector Lancashire input into the Lancashire BCF Steering group and plan
22	F	Lancashire District Council Public Health Offer
27	G	Lancashire BCF Governance structure
27	H	Lancashire and South Cumbria STP Governance Structure
28	I	Lancashire BCF Risk Register
23	J	High Impact Change Model Workshop outputs
23	K	Lancashire High Impact Change Model Plan

Agenda Item 6

Lancashire Health and Wellbeing Board

Meeting to be held on 19 March 2019

Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme

Contact for further information:

Rachel Snow-Miller, Director of Commissioning – All Age Mental Health and Learning Disability Services; Lancashire and South Cumbria Integrated Care System,
Tel: 07341 078106, rachelsnow-miller@nhs.net

Executive Summary

This report provides an update relating to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme.

The Board will receive a presentation highlighting performance to date, the role of Primary Mental Health Workers and the delivery of Youth Mental Health First Aid Training in schools, the Lancashire 'Emotional Support to Schools' Service and the revised mandate for delivery of the Complimentary Offer across Lancashire and South Cumbria. Finally, there will be an update on the funding of mental health provision for children and young people.

Recommendation

The Health and Wellbeing Board is recommended to note the report.

Background

This report provides an update relating to the Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme. The Programme is a partnership between four Local Authorities and eight Clinical Commissioning Groups across Lancashire and South Cumbria to improve the emotional wellbeing and mental health of children and young people.

The last update to the Lancashire Health and Wellbeing Board in November 2018, highlighted achievements during 2018, performance against Access targets, an update on delivering the THRIVE Model and the Redesign of the Child and Adolescent Mental Health Service.

Since this date, there has been specific focus on undertaking a full review and refresh of the Lancashire Transformation Plan. In late 2018, it was endorsed that the Transformation Plan would now reflect the wider Integrated Care System geography bringing Lancashire and South Cumbria together as partners. A Lancashire and South Cumbria Transformation Plan will be delivered as of 1 April 2019. For this reason, a full, in-depth review is in progress facilitating the opportunity to once again extensively engage with children and young people, families and wider stakeholders.

As part of this refresh, the Plan now recognises and is led by eight key Principles that will influence and be accounted for within all aspects of our planning and delivery. 2019 sees the introduction of an additional principle from previous years, with a specific focus on the needs of vulnerable children and young people. Furthermore our work with colleagues across the wider Lancashire and South Cumbria Integrated Care System (L&SC ICS) will facilitate continued opportunity to raise the profile of children and young people with emotional wellbeing and mental health issues, and ensure their needs are reflected in other programmes of work, such as the Learning Disability and Autism Workstream, the Adult Mental Health programme, the All Age Suicide and Self Harm Strategy and the Lancashire and South Cumbria Integrated Care System Workforce Strategy.

The Transformation Plan for 2019 now presents four key work streams encompassing 17 objectives:

1. Promoting resilience, prevention and early intervention
2. Improving Access to Effective Support
3. Ensuring appropriate support and intervention for children and young people in Crisis
4. Improving Service Quality

The reduced number of objectives from the previous 26 objectives, reflects the progress and achievements thus far and the reframed direction of travel towards 2020/21 as defined in Future in Mind 2015 and also the NHS Long Term Plan 2019.

For 2019, the Transformation Programme has highlighted three priority areas of work for the year ahead:

1. Develop an online portal known locally as 'Digital Thrive' offering information, advice, self-help, care pathways and a self-referral process (Objective 3)
2. Redesign CAMHS and the Complementary Offer in line with the Thrive model (Objective 2 & 4)
3. Define and deliver appropriate specialist inpatient and community intensive supports as part of 'Getting More Help' within Thrive (Objective 6)

At the Health and Wellbeing Board, November 2018, Board members requested a further briefing around the issues of how we collectively fund and deliver mental health provision for Children and Young People in a more equitable way plus an insight into aspects of the programme that serve to support the wider needs of children and young people with emotional wellbeing and mental health issues.

The Board will receive a presentation highlighting performance to date, the role of Primary Mental Health Workers and the delivery of Youth Mental Health First Aid Training in schools, the Lancashire 'Emotional Support to Schools' Service and the revised mandate for delivery of the Complimentary Offer across Lancashire and South Cumbria. Finally, there will be an update on the funding of mental health provision for Children and Young People.

List of background papers

NHS Long Term Plan 2019

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Five Year Forward View for Mental Health 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing 2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme Update to the Lancashire Health and Wellbeing Board 20th November 2018

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=7484&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme Update to the Lancashire Health and Wellbeing Board 25th January 2018

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=6650&Ver=4>

Lancashire CYP Emotional Wellbeing and Mental Health Transformation Programme Update to the Lancashire Health and Wellbeing Board 20th June 2017

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=6647&Ver=4>

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

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

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

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

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 19 March 2019

Lancashire Special Educational Needs and Disabilities (SEND) Partnership - SEND Improvement Plan 2019-2020 Progress Update

(Appendices 'A' and 'B' refers)

Contact for further information: Sian Rees, Improvement Partner SEND, Lancashire County Council, Tel: 01772 535162, sian.rees@lancashire.gov.uk

Executive Summary

Lancashire local area Special Educational Needs and Disabilities (SEND) services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) 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 has been closely monitored by the Department for Education (DfE) and NHS England (NHSE).

Since the report to the last meeting in January 2019, work has continued to progress outstanding and ongoing actions, of which many are now completed. A Special Educational Needs and Disabilities (SEND) Partnership Improvement Plan will replace the action plan from January 2019 – December 2020.

Recommendations

That the Health and Wellbeing Board:

- (i) Receive the update on progress as presented to the Department for Education (DfE) and NHS England (NHSE) on 18 December 2018.
- (ii) Receive and consider the current position on the implementation of the Written Statement of Action.
- (iii) Receive the Special Educational Needs and Disabilities (SEND) Improvement Plan at their next meeting, noting that this will continue to drive forward improvement over the next two years.

1. Background

- 1.1 The Lancashire Special Educational Needs and Disabilities Partnership Board is responsible for ensuring the delivery of the Written Statement of Action (action plan) and for reporting on progress bi-monthly to the Health and Wellbeing Board. Edwina Grant OBE, Executive Director for Education and Children's Services and Julie Higgins, Clinical Commissioning Group (CCG) Chief Officer are the accountable officers for Special Educational Needs and Disabilities and Chair and Vice-Chair of the Board respectively.
- 1.2 To date the action plan has been supported by five more detailed delivery plans which are monitored monthly against the action plan deadlines by the nominated

lead and the SEND Partnership team. Progress is reported bi-monthly to the SEND Partnership Board and the DfE/NHSE.

- 1.3 At the last monitoring visit by the Department for Education and NHS England, on 18 December 2018, an overall assessment of green/amber was made on the progress being made by the Lancashire Special Educational Needs and Disabilities Partnership, concurring with our own view. The report on progress is attached at Appendix A.
- 1.4 This review concluded that sufficient progress had been made in implementing the written statement of action and that the robust governance arrangements, alongside the presentation of a draft Improvement Plan, provide the necessary assurance that improvement is and will continue to be a priority for Lancashire.

2. Planning for improvement from 2019 to 2020

- 2.1 Work has continued to implement the Written Statement of Action; this action plan will now be replaced by the Special Educational Needs and Disabilities Improvement Plan, with those actions not yet completed or fully implemented carried forward as indicated in the final summary at Appendix B.
- 2.2 The draft Improvement Plan was considered by the Special Educational Needs and Disabilities Partnership Board at their meeting on 28 January 2019; it is informed by consultation and discussion throughout 2018 and responds to the Ofsted inspection findings. The plan sets out the four priority areas for the partnership and key actions from the Special Educational Needs and Disabilities Partnership Strategy.
- 2.3 The draft plan is being considered across the partnership between 29 January and 22 February, following which a revised plan will be presented to the Special Educational Needs and Disabilities Partnership Board for their consideration and approval at their next meeting on 1 April 2019.
- 2.4 Work to implement the draft plan has already been taking place, to ensure continued momentum, this has included:
 - ✓ Implementing an Audit Programme, to improve the quality of Education Health and Care plans, including training auditors and completing a pilot to test the approach
 - ✓ Undertaking Special Educational Needs and Disabilities reviews in schools
 - ✓ Increasing involvement and profile of Parent Carer Forum
 - ✓ Implementing Local Area Partnerships, to improve communication and access for parents
 - ✓ Holding area based informal sessions for parents to meet professionals
 - ✓ Implementing an electronic case management system
 - ✓ Publishing the draft Joint Strategic Needs Assessment
 - ✓ Speech and Language service specification agreed and rolled out across Lancashire
- 2.5 The draft plan once agreed by the Special Educational Needs and Disabilities Partnership Board will be shared with the Health and Wellbeing Board at their meeting in May 2019, along with progress made.

3. Re- Inspection of the local area

- 3.1 It is expected that a re-visit to the Lancashire local area will take place within 18 months of the written statement of action being approved; this was received on 25 April 2018.
- 3.2 The purpose of the re-visit is to assess the progress made in addressing the areas of significant weakness detailed in the written statement of action. Any other serious weaknesses may also be identified.
- 3.3 Ofsted will notify the Director of Children’s Services 10 working days before the re-inspection takes place, with onsite activities lasting between 2 – 4 days. This will include contributions from professionals, parents, children and young people.
- 3.4 A formal letter, which will set out whether the Lancashire area has made sufficient progress, will be published on the Ofsted and Care Quality Commission websites, normally within 33 working days from the end of the re-visit.
- 3.5 Ahead of the Ofsted re-inspection of Special Educational Needs and Disabilities services a review meeting in preparation will take place with the Department for Education/NHS England advisors in July 2019. A summary of progress against the initial Ofsted findings and recommendations will be provided.

List of background papers

Appendix A Update on progress for Department for Education/NHS England December 2018

Appendix B Lancashire Special Educational Needs and Disabilities Partnership Written Statement of Action summary position

Lancashire Special Educational Needs and Disabilities February Partnership [Newsletter](#)

Appendix A

Report on progress in Lancashire to year end 2018

Date: 18 December 2018

Venue: County Hall, Preston

Present

Edwina Grant	Executive Director Education and Children's Services
Hilary Fordham	Chief Operating Officer, Morecambe Bay CCG
David Graham	Head of SEND, Lancashire LA
Sian Rees	Improvement Partner for SEND
Diane Booth	Lancashire SEND Senior Manager Health
Andre Imich	Senior SEND Advisor DfE
Alison Cole	Deputy Director of Nursing, NHSE, Lancs and Cumbria
Cath Hitchen	SEND Professional Adviser DfE
Helen Makinson	SEND Project Manager
Apologies	
John Readman	Outgoing Interim Executive Director Education and Children's Services
Mark Youlton	Lead Chief Officer across all CCGs pan-Lancashire

Background

Since receiving the direction to make a WSoA the following meetings/pieces of work have taken place with support colleagues

DATE	Purpose	Attendees	Notes/action agreed
8 th January	Initial Joint Meet	AH,DB,GH,KH,LM,SF,CW,HF,AC,JG,CH,	Notes agreed
2 nd March	Interim meet	JR,DG,SF,CW,HF,AC,CH	Notes agreed
16 th March	WSoA challenge session	DG,HF,AC,CH,SV	Amendments made by LoA
16 th March	Mini workshop with ASENOS	DG,CH,ASENOS	Actions taking forward by ASENOS
20 th April	1 st Monitoring Meeting	JR,DG,SR,CW,HF,AC,CH	Notes agreed
25 th July	2 nd Monitoring visit	JR,DG,SR,CW,HF,AC,CH,MY	Notes agreed
18 October	3 rd Monitoring visit	JR,DG,SR,CW,HF,AC,CH,MY	Notes agreed

General update on progress since the last meeting

The SEND Partnership Board now includes parent representation from the recently formed Parent Carer Forum, with the Chair joining the Board. The Board meets bi-monthly with an agreed programme of work, including oversight of the established working groups driving delivery. Delivery plans have detailed and measurable outcomes. The SEND Partnership Board reports progress to the Health and Wellbeing Board on a bi-monthly basis, in addition

to regular reporting to the JCCCG's, Council's Corporate Management Team, Cabinet and Scrutiny.

Overall progress to date

Strand 1 - Strategy

Develop strategic leadership and vision for SEND across the partnership

Develop an accurate understanding of SEND across the local area, to support leadership and strategic decision making

Develop an effective strategy to improve the outcomes for children and young people with SEND

Key actions completed to date

- Governance structure in place across local area
- Accountable officers agreed for CCG's and LA
- Partnership vision and strategy agreed by SEND Partnership Board
- Director of ICS appointed
- DCO's appointed and operational across the area
- Contract variations to require SEND Champion and SEND training completed
- JSNA developed with partners, for publication in January 2019
- Data dashboard developed and available online
- Working Together (co-production) Strategy agreed by SEND Partnership Board

Evidence of Impact

- Board attendance is consistently more than 90% to date
- Reports presented to Health and Wellbeing Board; LCC Cabinet, Scrutiny and CMT; Joint Committee of CCG's
- 616 views on data dashboard since the launch in July
- Readership of SEND Partnership newsletter, via the schools' portal, is above 80%

Action on track **in line with WSOA deadlines**; further development work will be included in the Improvement Plan

Agreed progress measure	Green	Green
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Strand 2 – Commissioning and Access to Provision

Develop robust joint commissioning arrangements which are regularly monitored and evaluated.

Develop effective, evidence-based diagnostic pathways for Autism across the local area.

Develop arrangements to support good transitions in health care services 0-25.

Ensure that all children in Lancashire have equal access to provision, regardless of location.

Key actions completed to date

- ICS children’s commissioners presented to JCCCG on 7 June 2018; seven work streams now progressing work including one for children’s
- Interim joint commissioning function in place for SEND, with SALT and OT first priority
- Pan-Lancashire Neurodevelopmental Assessment and Diagnostic high-level pathway agreed
- Process map for health care offer completed and recommendations identified
- Diagnostic ASD pathway implemented across Morecambe Bay
- There are agreed expectations across the CCGs
- The lead officer role undertaken by Mark will transfer to the replacement postholder.

Evidence of Impact

- 422 parents/carers/CYP provided feedback on ASD/ADHD pathway
- 45 participants, including parents, attended ASD workshop
- 103 partners attended three events on transition
- All 135 families on the waiting list in North Lancashire have been seen as part of the ASD assessments process

Next steps

Further develop processes to improve transition between provision and services
Continue consultation with parents/carers on the ASD/ADHD pathway – up to Dec 2019

Action on track **in line with WSOA deadlines**; actions with post December 2018 completion dates will be included in the Improvement Plan

Agreed progress measure	Green	Green
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Strand 3 Engagement

Ensure that parents and carers are fully engaged in decision making at a strategic and individual level.

Provide a local offer that is clear and accessible, and which provides high quality information.

Key actions completed to date

- SEND Board includes three parent/carer representatives
- All Working Groups include parent/carer representatives with 44 representatives across the groups which took account of the different areas of Lancashire, age and need profile of the children and young people
- The Parent Carer Forum is now re-established with agreed ‘positions’. The vice chair of the group had intended to attend the meeting but had to pull out.
- Working Together (co-production) Strategy has been agreed by the SEND Partnership Board

- The POET survey has been extended to include SEND support; second report recently received and information gained from this will be available in the public domain early in the new year
- Local Offer reviewed with parents and partners; specification for re-build commissioned, including facility to provide feedback. This is an exciting collaboration between UCLAN, Open Objects and Sebacic; relevant Apps will be linked into the freestanding website, which should be in place for April 2019.
- In addition to the PCF, the Partnership has responded to parental feedback and will be implementing Local Area Partnerships to provide a route for communication with officers and practitioners from January 2019.

Evidence of Impact

- 44 parents volunteered to join SEND Partnership as part of formal structure and by contributing to short term development work
- Parent Carer Forum interim chair and vice chair appointed on 19/09/18
- Three films produced to share parents' views more widely
- 200 practitioners, 620 parents carers and 382 CYP completed the POET survey
- 2000 parent carers following SEND Partnership news via Local Offer on Facebook
- 3000 parent/carers receiving SEND Partnership news via FIND
- 1,947 views of December SEND Partnership news to date
- 285 educators attended 18 SEND partnership events across the county

Action on track in line with WSOA requirements; the Improvement Plan will, in line with the strategy, include a number of actions to embed and develop work with parents and carers.

Agreed progress measure	Green	Green
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Strand 4 Identifying and Meeting Need

Develop and implement simple, transparent and consistent procedures for identifying and meeting need.

Develop systems to ensure the quality of EHC Plans.

Key actions completed to date

- DCO service in place across the local area
- Pathway for 0-25, including EHCP process, produced in draft
- EHCP process reviewed and Quality Framework agreed by SEND Partnership Board
- Multi-agency auditors being recruited and Audit programme in place
- CSC post Ofsted action plan includes a number of actions to improve EHCP quality

Evidence of Impact

- SENDO/SENCO events: 164 (68%) responses, 89% had better understanding of the partnership work and 64% better understanding of the EHCP Quality Standards
- Joint SENDO/SENCO events attended by 241 SENCOs representing 218 schools
- Workshops held for plan writers attended by 47 plan writers and their managers
- 103 partners attended graduated response events

Next steps

- Finalise pathway for 0-25, including EHCP process
- Implement EHCP Audit process

The majority of actions have been completed to WSOA deadlines; longer term pieces of work and those with post December 2018 deadlines will be included in the Improvement Plan.

Agreed progress measure	Amber	Amber
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Strand 5 - Improving Outcomes

Improve the outcomes of CYP with SEND towards the national average and statistical neighbours.

Reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours.

Key actions completed to date

- Outcomes for CYP with SEND analysed and targets discussed with Heads' Associations and individual schools
- Programme of action agreed with schools (Foundation, KS1 and KS2)
- Draft Inclusion Policy produced/in discussion
- Review/redesign of SEMH/Alternative provision and support implemented
- Governor conferences held throughout November
- Exclusion of SEND pupils standing item for termly advisor visits and governors meetings
- Behaviour Policy drafted and under consideration by working group
- All short stay schools (ALPs) EP's allocated named EP
- Children with EHCP at risk of permanent exclusion being monitored
- Support for those permanently excluded in KS1 and KS2 provided
- SEND review training completed
- Programme in place for Governors Newsletter articles

Evidence of Impact

- Rising trend for GLD of children and young people with SEND in Foundation Stage
- Rising trend for KS2 overall and in each subject – three year rising trend, see below.

- Permanent exclusion of children and young people with an EHCP doubled between 2016/17 and 17/18; there has been one exclusion in 2018/19, two exclusions rescinded and further potential exclusions avoided by discussion/management with schools.

Next steps

- Collate School Service Guarantee outcomes to inform system change - Oct 2018
- Produce outline model for SEMH/AP support and provision – Dec 2018

The majority of actions have been completed to WSOA deadlines; longer term pieces of work and those with post December 2018 deadlines will be included in the Improvement Plan.

Agreed progress measure	Amber	Amber
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Conclusion and summary

The governance structure continues to be embedded and developed; the parent voice is increasingly evident at both a strategic and operational level. Joint governance roles are in place and Council Members are routinely sighted on SEND performance and outcomes. Scrutiny continue to take a keen interest in all areas relating to the WSoA. Lead members of all parties, together with the chair of Scrutiny, are briefed on a monthly basis.

Progress on the WSoA is monitored monthly and reported bi-monthly to the SEND Partnership and Health and Wellbeing Boards. Action not yet completed is included in the draft **SEND Partnership Improvement Plan**, which will be considered by the SEND Partnership Board in January 2019. This plan will reflect the four priorities in the Partnership strategy: plan for and meet the needs of children and young people; become equal partners who understand and listen to each other; develop services that are child centered, accessible and responsive and ensure children and young people achieve their potential and ambitions.

The DCO's and temporary additional SENDO posts are all permanent roles. Two new posts; an EHCP Audit Lead and SEND Commissioner will be advertised in January 2019. A small central team supports improvement and communication; this will continue in 2019, with temporary posts extended to March and December. NHS CSU support will also continue, to support ASD pathway implementation.

The views of parents continue to be gathered through a number of different routes, including the expanded POET survey; during and after events; through focused surveys and in the future through the redesigned Local Offer. A survey on Partnership progress since the inspection has been undertaken with all engaged partners, including parents; the outcomes from which were due on 17 December.

We spent some time discussing the next steps and how you would link in the evidence base to the individual areas identified by the inspection. By the time we meet again you

will have reordered your evidence base so that it is clear for families the progress you have achieved on each area identified by the inspection.

Further Meetings

We agreed to meet formally in July, possible dates will be provided in the next few weeks.

Lancashire Special Educational Needs and Disability

Written Statement of Action (May 2018)

Updated February 2019



- Senior Leadership Owners: Edwina Grant OBE (Executive Director for Children's Services) and Julie Higgins (CCG Chief Officer with responsibility for SEND)
- Senior Officer Support Owners: Sally Richardson (Head of Inclusion Service) and Hilary Fordham (Chief Operating Officer MBCCG)

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Introduction

The Lancashire local area is committed to a process of continuous improvement as a partnership of statutory agencies, parents and community groups. We are committed to ensuring that we maximise opportunities for children and young people with special educational needs and/or disabilities (SEND) enabling them to benefit from high quality services which are developed in partnership.

This Written Statement of Action (WSOA) has been produced as a response to Lancashire's local area SEND inspection undertaken by Ofsted and Care Quality Commission (CQC) between the 13th and 17th of November 2017. Lancashire accepts the findings of the inspection report and is committed to ensuring the areas of concern are addressed to regain the trust of the local population. It is a response from Lancashire County Council (LCC), Morecambe Bay CCG, Greater Preston CCG, Chorley and South Ribble CCG, West Lancashire CCG, East Lancashire CCG and Fylde & Wyre CCG. We recognise that there are cross boundary flows between neighbouring CCGs and therefore have included Blackburn CCG and Blackpool CCG within the governance structure to ensure any resulting issues are addressed.

The WSOA addresses the 12 areas of significant concern identified during the inspection. It concentrates on these 12 areas and clearly defines the high level actions the partners need to address. There are additional development activities within the local area that are not referenced here, but which will ensure a golden thread throughout services for children and young people with SEND.

The WSOA sets out plans to address the inspection's 12 areas of significant concern:

1. The lack of strategic leadership and vision across the partnership.
2. Leaders' inaccurate understanding of the local area.
3. Weak joint commissioning arrangements that are not well developed or evaluated.
4. The failure to engage effectively with parents and carers.
5. The confusing, complicated and arbitrary systems and processes of identification.
6. The endemic weakness in the quality of EHC plans.
7. The absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area.
8. No effective strategy to improve the outcomes of children and young people who have SEND and / or disabilities.
9. Poor transition arrangements in 0-25 healthcare services.
10. The disconcerting number of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school.
11. The inequalities in provision based on location.
12. The lack of accessibility and quality of information on the local offer.

As a partnership we want to create a shared vision and clear strategy for the development and implementation of SEND services in Lancashire, in doing so our aim is to improve the equality of access to provision, work with children, and young people and their parents /carers along with other stakeholders to develop systems and processes which impact on the outcomes and ensure children and young people's needs are met through effective delivery of EHC plans. The overall aim is to improve outcomes for children and young people with SEND.

This WSoA describes the high level actions that will be taken to address the significant areas of concerns about SEND services in Lancashire. These actions have been grouped into 5 themes being taken forward by a dedicated working group:

- Strategy
- Commissioning and Access to Provision
- Engagement
- Identifying and Meeting Need
- Improving Outcomes

Each working group has a lead and includes representation from a range of partners including parents, carers and children and young people, key strategic leads, commissioners and providers. Each working group has co-produced a more detailed delivery plan to support delivery of this WSoA, including specific actions, owners, dates for completion and success measures. Each group reports monthly progress to the SEND Partnership Board on the tasks outlined in pages 9 – 16.

Commitment to co-production is central to the delivery of the WSoA and to the longer term delivery of SEND provision across Lancashire. Whilst the high level actions have been produced by key partners and time has allowed some discussion with wider stakeholders, further development will take place in the individual working groups.

Service provision across the pan-Lancashire area is shared across a number of commissioning bodies including LCC, 12 district councils, 6 Lancashire CCGs, plus 2 CCGs associated with unitary authorities and NHS England. NHS services are delivered by 6 hospital trusts, 2 community health trusts and 1 mental health trust that deliver services across CCG boundaries. Each working group will be required to take account of this complexity to ensure that the intended improvements are driven forward and there is clear accountability throughout the whole programme of work. The WSoA refers to actions being carried out within a number of geographical area footprints, these are explained in the 'Key Terms' table below.

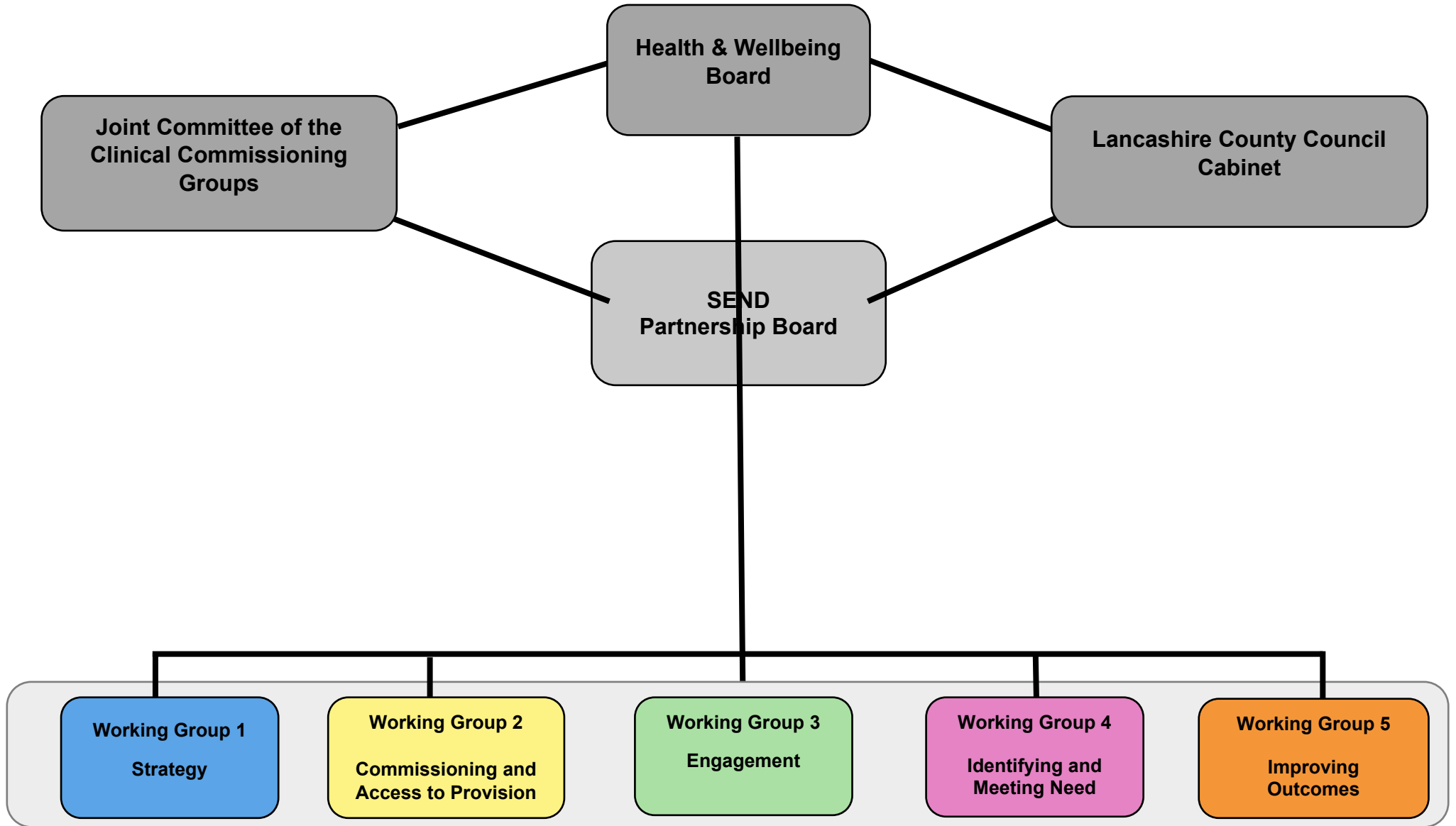
Strategic planning and decision making responsibility for the implementation and monitoring of this WSoA will be held by the SEND Partnership Board (Transitional) reporting to the Lancashire Health and Well-Being Board (see governance structure on page 6 below). In addition the Joint Committee of the CCGs and the LCC Cabinet include lay and elected members respectively, to act as advocates for the public interest.

The plan will be in place until DfE and NHS England are satisfied that sufficient progress has been made in relation to improving outcomes for children, young people and their families.

Key Terms

	Definitions
Lancashire / local area	<p>The twelve districts in the Lancashire County Council (LCC) area: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre.</p> <p>Six NHS Clinical Commissioning Groups (CCGs): Chorley and South Ribble, Fylde and Wyre, East Lancashire, Greater Preston, Morecambe Bay (the North Lancashire area) and West Lancashire</p>
Pan-Lancashire	The area described above plus the two unitary authorities of Blackburn with Darwen Council and Blackpool Council, and Blackburn with Darwen CCG and Blackpool CCG
Integrated Care Systems- (ICS)	The Pan-Lancashire area plus south Cumbria (part of Morecambe Bay CCG's area)
Joint Commissioning Framework	The existing Joint Commissioning Framework (2017) found here applies to the local area. This framework is currently being developed to apply across the ICS.
Health and Wellbeing Board	<p>The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire to work together to improve the health and wellbeing of the local population and reduce health inequalities, further information and membership found here</p> <p>The SEND Partnership Board is accountable to this board</p>
Joint Committee of the CCGs	<p>Joint committees are a statutory mechanism enabling CCGs to undertake collective strategic decision making, encouraging the development of strong collaborative and integrated relationships and decision-making between partners, further information and membership found here</p> <p>There will be regular reporting on progress to this committee.</p>
Lancashire County Council Cabinet	<p>Within the budgetary and policy frameworks set by the Full Council, the Cabinet is responsible for carrying out almost all of the Council's functions in delivering services to the community, including Children and Young People Services and Adult and Community Services, further information and membership found here</p> <p>There will be regular reporting on progress to the Cabinet.</p>
SEND Partnership Board (Transitional)	The purpose of the Partnership Board is to ensure Lancashire thoroughly fulfils its SEND code of practice duties, and in doing so, provides the best possible outcomes for all its children and young people with SEND. The Board also has the strategic leadership for the WSoA.

Lancashire SEND Governance and Accountability Structure



Working Group Actions

Working Group 1 – Strategy

Lead: David Graham (Head of Service – SEND)

- Area of Concern 1 Action **A:** To develop strategic leadership and vision for SEND across the partnership
- Area of Concern 2 Action **B:** To develop an accurate understanding of SEND across the local area, to support leadership and strategic decision making
- Area of Concern 8 Action **C:** To develop an effective strategy to improve the outcomes for children and young people with SEND

Working Group 2 - Commissioning and Access to Provision

Lead: Hilary Fordham (Chief Operating Officer - Morecambe Bay CCG)

- Area of Concern 3 Action **D:** To develop robust joint commissioning arrangements, which are regularly monitored and evaluated
- Area of Concern 7 Action **E:** To develop effective, evidence-based diagnostic pathways for Autism across the local area
- Area of Concern 9 Action **F:** To develop arrangements to support good transitions in health care services 0-25
- Area of Concern 11 Action **G:** To ensure that all children in Lancashire have equal access to provision regardless of location

Working Group 3 – Engagement

Lead: Sophie Valinakis (SEND Reforms Manager)

- Area of Concern 4 Action **H:** To ensure that parents and carers are fully engaged in decision making
- Area of Concern 12 Action **I:** To provide a local offer that is clear and accessible, and which provides high quality information

Working Group 4 – Identifying and Meeting Need

Lead: Debbie Duffell (Head of Service, Children and Family Wellbeing)/ Diane Booth (SEND Manager NHS)

- Area of Concern 5 Action **J:** To develop and implement simple, transparent and consistent procedures for identifying and meeting need
- Area of Concern 6 Action **K:** To develop systems to ensure the quality of EHC Plans

Working Group 5 – Improving Outcomes

Lead: Steve Belbin (Head of Service, School Improvement)

- Area of Concern 8 Action **C:** To improve the outcomes of CYP with SEND towards the national average and statistical neighbours
- Area of Concern 10 Action **L:** To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours

The partnership is committed to ensuring that this programme provides for greater joint working and co-production going forward. We acknowledge that some of the arrangements in place are interim and may evolve as the work progresses. The tables below outline the priorities and associated high level actions for each working group. Success measures and the more detailed actions required to achieve these will be agreed as part of the working group delivery plans. A Red, Amber, Green (RAG) rating is being used as part of the monitoring process. Some significant issues required immediate action and have either been completed or are underway.

RAG Definition	Action Completed and Signed off
	Action underway and on target for completion within timescale
	Action planned but yet to commence

February 2019 Delivery Update

This is the final update on the Written Statement of Action, which has now been replaced by the Lancashire SEND Improvement Plan 2019-20. All outstanding actions will be carried over to the Improvement Plan as detailed within the following tables.

Working Group 1: Strategy

Action A	Develop strategic leadership and vision for SEND across the partnership			
Action B	Develop an accurate understanding of SEND across the local area, to support leadership & strategic decision making			
Action C	Develop an effective strategy to improve the outcomes for children and young people with SEND			
Key tasks to address actions A - C		Date to Complete	Current Outcome	Task Progress
A1	Agree the governance structure for SEND across the local area	July 2018	The governance structure is agreed and published. Regular reporting takes place to the Health and Wellbeing Board and JCCCG. Action is also scrutinised by the Children's and Education scrutiny committee	
A2	Each partner organisation must agree a senior accountable officer to support regular and consistent communication of the SEND agenda across the local area	May 2018	Accountable officers have been agreed for the CCG's and LA	
A3	Senior accountable officers work together to create the SEND partnership vision across the local area in collaboration with CYP, Parent, Carers and Stakeholder's	July 2018	The SEND vision developed through the partnership and shared	
A4	CCGs to pool funding and recruit a single joint commissioning post for Health across pan-Lancashire.	April 2018	A Director of ICS has been appointed	
A5	Establishment of the Designated Clinical Officer (DCO) service across the area	May 2018	The service is in place and operational across the area	
A6	CCGs and LCC to include a contract variation with all their provider organisations to ensure that all provider senior management teams and staff receive appropriate training and information with regards to the ethos and the implications of the SEND reforms.	Sept 2018	Contract variations are in place. produced. Training is taking places	
B1	Complete and publish a Joint Strategic Needs Analysis (JSNA) to support understanding of need across the local area ensuring CYP and Parent/Carers voice is clearly communicated	Jan 2019	JSNA developed in partnership and shared ahead of finalising in March	
B2	Develop a data dashboard to share SEND performance outcomes including health and education, to inform CYP, parent/carers and stakeholders of progress.	Sept 2018	Data dashboard developed and available on line	

Working Group 2: Commissioning and Access to Provision

Action D	To develop robust joint commissioning with SENDs which are regularly monitored and evaluated	Oct 2018	The SEND strategy developed	
Action E	To develop effective, evidence based diagnostic pathways for Autism across the local area in partnership and shared			
Action F	To develop arrangements to support good transitions in health care services 0-25	Oct 2018	Measures agreed by the SEND	
Action G	To ensure that all children in Lancashire have equal access to provision, regardless of location		Partnership Board	
Key tasks to address actions D - G		Date to Complete	Current Outcome	Task Progress
D1	Use the existing Joint Commissioning Framework (2017) to identify the appropriate level of commissioning for each service or function SEND Improvement Plan 2019-20–Action 3.4 Develop a commissioning plan which is informed by the JSNA	April 2019	Commissioning being progressed via the ICS, including children	
D2	Building on the work already being undertaken develop a commissioning plan based on JSNA including the joint commissioning strategy. SEND Improvement Plan 2019-20–Action 3.4 Develop a commissioning plan which is informed by the JSNA	April 2019	JSNA developed to inform commissioning plan	
D3	For those services to be commissioned at an ICS level agree joint commissioning function SEND Improvement Plan 2019-20 –Action 3.4.4 For those services to be commissioned at an ICS level agree joint commissioning function	Sept 2019	Joint work is taking place; Speech and Language and Occupational Therapy are being recommissioned	
D4	Develop evaluation and monitoring system for jointly commissioned services at ICS	Sept 2019	Not yet actioned	

	level SEND Improvement Plan 2019-20 –Action 3.4.5 Develop evaluation and monitoring system for jointly commissioned services at ICS level			
E1	Implement an ASD diagnostic pathway for Morecambe Bay CCG (Lancashire North)	Mar 2018	Diagnostic ASD pathway implemented across Morecambe Bay	
E2	Agree a pan-Lancashire NICE compliant diagnostic pathway for ASD as part of a neurodevelopmental diagnostic pathway	Dec 2018	Pan-Lancashire Neurodevelopmental Assessment and Diagnostic high level pathway agreed	
E3	Implementation of NICE compliant diagnostic pathway across ICS as part of a neurodevelopmental diagnostic pathway SEND Improvement Plan 2019-20–Action 3.5.1 Implement neurodevelopmental diagnostic pathway across ICS to include NICE compliant diagnostic pathway for ASD and links to THRIVE CAMHS re-design model	Dec 2019	High level pathway agreed and work continuing to develop pathway across ICS	
F1	Review and strengthen transition arrangements and ensure a 0-25 transition protocol is included as part of the joint commissioning plan SEND Improvement Plan 2019-20–Action 3.7 Develop arrangements to improve our provision and services	April 2019	Not actioned - transition arrangements across services priority for Improvement Plan	
F2	Agree monitoring mechanism for transition processes SEND Improvement Plan 2019-20–Action 3.7 Develop arrangements to improve our provision and services	Oct 2019	Not actioned - transition arrangements across services priority for Improvement Plan	
G1	Review and strengthen the health, social and education offer to ensure that services meet the needs identified in the JSNA to deliver consistent outcomes across the local area SEND Improvement Plan 2019-20– Action 3.4.3 Review and strengthen the health, social and education offer to ensure that services meet the needs identified in the JSNA and deliver consistent outcomes across the local area	April 2019	Not yet actioned	
G2	Develop the healthcare offer to ensure that vulnerable groups have their healthcare needs identified, assessed and met, and that there is oversight across the local area.	Dec 2018	Process map for health care offer completed and recommendations identified	

Working Group 3: Engagement

Action H	Ensure that parents and carers are fully engaged in decision making at a strategic and individual level			
Action I	Provide a local offer that is clear and accessible, and which provides high quality information			
Key tasks to address actions H & I		Date to Complete	Current Outcome	Task Progress
H1	Ensure that CYP & parents / carers are fully represented throughout the SEND governance structure	July 2018	Parents and young people represented on SEND Partnership Board and working groups	
H2	Inform and implement an agreed set of principles with CYP, Parent/Carers for co-production across the SEND Partnership (see C3)	Oct 2018	Principles included in the Working Together (co-production) Strategy	
H3	Embed and ensure Section 19 principles (found here) underpin a culture of co-production at an individual level	Sept 2018	Principles included in the Working Together (co-production) Strategy	
H4	Co-ordinate the delivery of an annual survey for CYP, Parents/Carers, and professionals and communicate findings of Personal Outcomes Evaluation Tool (POET found here).	June 2018	An annual survey - POET - has been expanded to include SEND Support and taken place	
H5	Develop a viable and robust two-way communication system to rebuild trust and regain positive relationships to facilitate wider participation and engagement with CYP & Parent/Carers	Dec 2018	Local Areas Partnerships have been implemented to engage with and support parents locally	
I1	Work with CYP, Parents/Carers and stakeholders to review the Local Offer and ensure the Local Offer is accessible and provides comprehensive high-quality information	Sept 2018	The Local Offer has been reviewed and is being rebuilt to ensure accessible and high-quality information	
I2	Develop mechanisms to collect and respond to Local Offer feedback	July 2018	The Local Offer re-build will enable ongoing feedback	

Working Group 4: Identifying and Meeting Need

Action J	Develop and implement simple, transparent and consistent procedures for identifying and meeting need			
Action K	To develop systems to ensure the quality of EHC Plans			
Key tasks to address actions J & K		Date to Complete	Expected Outcome	R/A/G Rated Progress
J1	Implementation and integration of a transparent and consistent DCO service across the local area	Sept 2018	DCO service in place across the area and parents increasingly aware of service	
J2	Co-produce, publish and implement a clear pathway for identifying and meeting need for CYP 0-25 across the local area. SEND Improvement Plan 2019-20 – Action 1.3.2 Produce information about a graduated response to SEND support, identifying needs and requesting an assessment to ensure this is clear and transparent	Oct 2018	Information in draft to ensure there is clear and consistent information	
K1	To review the current EHC Plan process to ensure the agreed pathway is fully embedded across all organisations including co-production and particularly from social care and health professionals SEND Improvement Plan 2019-20 – Action 1.9.2 Implement the electronic case management system to manage the EHCP process efficiently and improve communications with parent, carers and professionals	Oct 2018	System implemented to improve future efficiency and communication	
K2	Define Lancashire quality standards for EHC Plan	Sept 2018	Standards agreed and training taking place to ensure auditors are clear about what good looks like	
K3	To develop and implement an EHC Plan content audit process across the local area and participate in regional audit and training opportunities	Jan 2019	Audit process agreed by SEND Partnership Board in January 2019 with pilot phase completed Participation in regional and national training and audit processes	
K4	Commence using the results of audit to inform the professional development of plan writers, advice givers and those supporting the delivery of the plans SEND Improvement Plan 2019-20 – Action 1.4.3 Utilise service wide findings from case audits on the quality of plans to inform activity and secure a consistent countywide approach	Dec 2019	Improving the quality of EHC Plans priority for Improvement Plan.	

K5	To develop planning and recording systems to support joint working and the improvement process of producing quality EHC plans	Jan 2019	Draft reports written to enable reporting to the SEND Board	
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Working Group 5 – Improving Outcomes

Action C	To improve the outcomes of CYP with SEND towards the national average and statistical neighbours			
Action L	To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours.			
Key tasks to address action C & L		Date to Complete	Current Outcome	Task Progress
C4	Analyse the outcomes for CYP with SEND and agree targets for improvement	June 2018	Key themes for improvement, including a reduction in exclusions and raising attainment identified	
C5	Implement a programme of action with schools to achieve the agreed targets with PHiL, LASH and LASSHTA	July 2019	Targeted action taking place and service support provided	
L1	The newly established SEND Improvement Partnership Team will support SEND Inclusion policy development SEND Improvement Plan 2019-20 – Action 1.6.2 Establish a Lancashire pledge for 'Inclusive Practice of SEND' in partnership with parent, carers	July 2019	Policy in development	
L2	Training package will be produced and delivered for schools workforce to promote inclusive practice SEND Improvement Plan 2019-20 – Action 1.1.2 In partnership with educators, develop a strategic, universal and targeted workforce offer for education settings	Jan 2019	SEND Reviewers trained and reviews taking place. Local resource maps in development	
L3	Deliver a series of briefings to SEND Leaders, school governors and workforce to promote inclusive practice	Nov 2018	Briefings completed and reduction in EHCP exclusions evident	
L4	Review guidance for Lancashire's school behaviour policies to ensure reasonable adjustments for SEND needs are appropriately identified and managed	Dec 2018	Draft guidance produced	
L5	LCC Governors Service to provide training on the role school governing bodies have in avoiding the needs for permanent exclusion of pupils with EHC Plans (Equality Act for CYP with SEND found here)	July 2018	Training for governors developed and delivery commenced	

L6	Support and intervention to be made available by LCC Educational Psychologist (EP) and Specialist Teachers Service for pupils with an EHC Plan identified as being at risk of permanent exclusion	Sept 2018	Targeted support provided and reduction in exclusion evident	
L7	SEND Exclusions will be a regular standing item on the School Improvement termly visits to schools and the Schools Service Guarantee meetings	Sept 2018	In place	
L8	SEND Service champion will attend the Partnership Development Group termly meetings and contribute to the schools Governors newsletter	July 2018	Closer working and regular contributions to newsletter taking place	
L9	LCC will establish a new Lancashire Education Award for 'Inclusive Practice of SEND' SEND Improvement Plan 2019-20 – Action 1.6.2 Establish a Lancashire pledge for 'Inclusive Practice of SEND' in partnership for parent, carers	July 2019	Development in train	

Agenda Item 8

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 19 March 2019

New Area Safeguarding Arrangements

Appendix 'A' Refers

Contact for further information:

Edwina Grant OBE, Executive Director of Education and Children's Services, Lancashire County Council, Tel: 01772 535493, edwina.grant@lancashire.gov.uk

Executive Summary

This report is being presented to the three Lancashire Councils and where necessary, the Executive bodies of the Clinical Commissioning Groups and the Police and sets out the recommended option for the replacement of the Local Safeguarding Children's Board (LSCB) to comply with the new area children's safeguarding arrangements.

Recommendations

The Health and Wellbeing Board is recommended:

To endorse the approach being taken in the Option 1 below.

Background

Option 1

Under the Children Act 2004, as amended by the Children and Social Work Act 2017, Local Safeguarding Children Boards (LSCBs) will be replaced. Under the new legislation, the three agencies are identified as key safeguarding partners (Local Authorities, Chief Officers of Police and Clinical Commissioning Groups (CCGs) and must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

Under the guidance it is permissible for the new arrangements to cover more than one local authority area. The attached report sets out proposals for the three Local Safeguarding Children Boards in Blackpool, Blackburn with Darwen and Lancashire to be replaced by new arrangements that will cover all areas. It is proposed that the new arrangements are called the Blackpool, Blackburn with Darwen and Lancashire Safeguarding Children Strategic Partnership Board.

Option 2

To have individual safeguarding arrangements for each authority.

Pros – preserves status quo and minimum change required.

Cons – wasteful of time and resources and still need communication between authorities.

Option 3

To have co-ordinated area safeguarding arrangements across Clinical Commissioning Group areas including South Cumbria.

Pros – would allow synergy of Clinical Commissioning Group discussion and would be efficient in terms of size.

Cons – area safeguarding arrangements guidance as published by DfE does not allow across partnership working ie part of Cumbria.

Consultations

Consultations have taken place with key agencies as defined in the legal requirements and more broadly with existing members of the three Lancashire Safeguarding Children's Boards via their meetings.

Implications:

This item has the following implications, as indicated:

Risk management

There is a risk to child protection and safeguarding if the change to these arrangements are not made effectively and to the reputation of the council if arrangements are not effective.

Financial

There may be efficiency savings going forward. The current budgets for the Boards are as set out in the budget for the three individual councils and the budgets of partner establishments.

Legal

As set out in the report.

List of background papers

N/A

Replacement of the Local Safeguarding Children's Board with new Area Safeguarding Arrangements

Health and Wellbeing Board

19 March 2019

Edwina Grant OBE

Why the change?

Under the Children Act 2004, as amended by the Children and Social Work Act 2017, Local Safeguarding Children Boards (LSCBs) will be replaced. Under the new legislation, the three agencies are identified as key safeguarding partners (Local Authorities, Chief Officers of Police and Clinical Commissioning Groups (CCGs)) and must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

Lancashire's planned spend (gross) on Children and Young People's Safety / Children's Social Care 2018/19 is £34,305,734m.

What will change?

Under the guidance it is permissible for the new arrangements to cover more than one local authority area. Proposals for the three Local Safeguarding Children Boards in Blackpool, Blackburn with Darwen and Lancashire to be replaced by new arrangements that will cover all areas. It is proposed that the new arrangements are called the Blackpool, Blackburn with Darwen and Lancashire Safeguarding Children Strategic Partnership Board.

Alongside the approval of the framework for the new arrangements by Blackpool, Blackburn with Darwen and Lancashire Councils full detailed arrangements for this partnership must also be endorsed by the governance boards of the CCGs, and by the police. Following agreement, arrangements for internal partnership governance and the business support functions will be completed by the chief officers of each of the named safeguarding partners as required.

Geographical Areas

order to ensure that the responsibilities of the partnership are being effectively discharged, it is proposed that the Strategic Board includes representation from the following (including all areas covered by different organisations listed below):

Blackpool Council
Lancashire Constabulary
Blackburn with Darwen Council
Pan Lancashire CCGs
Lancashire County Council
Lancashire Police and Crime Commissioner
Chief Officers of the other relevant agencies (or their nominee).

It is suggested that the Strategic Board is supported by three tactical/operational area based groups reflecting the following three geographical areas:

- Blackpool and North Lancashire
- Central and South Lancashire
- Blackburn with Darwen and East Lancashire

What next?

Following publication of arrangements, safeguarding partners have up to three months from the date of publication to implement the arrangements. The implementation date should be made clear in the published arrangements. All new local arrangements must have been implemented by 29 September 2019.

When the arrangements have been published and implemented, the three LSCBs in Blackpool, Blackburn with Darwen and Lancashire will cease to exist.

Consultations have taken place with key agencies as defined in the legal requirements and more broadly with existing members of the three LSCBs via their meetings.

Lancashire Health and Wellbeing Board

Meeting to be held on Thursday, 19 March 2019

West Lancashire Integrated Community Partnership

Contact for further information: Tony Pounder, Director of Adult Services, Lancashire County Council, Tel: 01772 536287, tony.pounder@lancashire.gov.uk

Executive Summary

This report sets out the emerging proposals and priorities for integrating health and social care across West Lancashire via the establishment of an Integrated Community Partnership (ICP).

The report recommends endorsement of the overall approach and the establishment of the West Lancashire Integrated Care Partnership.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Endorse the West Lancashire Integrated Community Partnership's overall approach to health and care integration in West Lancashire on the basis that it will also take into account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.
- (ii) Agree any further requirements, aspirations or expectations which it wishes to be communicated on behalf of the Health and Wellbeing Board to the West Lancashire Integrated Community Partnership regarding the integration of health and social care.

For the purposes of this report, West Lancashire is the area within the district council boundaries defined by West Lancashire Borough Council.

In terms of the relatively distinct communities that make up the West Lancashire area there are three neighbourhoods namely:

- Northern Parishes (including Tarleton, Hesketh Bank, Banks and Rufford) – population 30,163
- Ormskirk – population 45,085
- Skelmersdale – population 38,359

Approach to health and care integration in West Lancashire

In October 2018 a summit of key leaders from health and care organisations operating in West Lancashire was held in Skelmersdale. The purpose of the summit was to explore and seek sign up to the establishment of a West Lancashire system wide approach to health and care integration, aligned to developments emerging from the Lancashire and South Cumbria Integrated Care System (ICS).

Agreement was reached at the summit that a West Lancashire Integrated Community Partnership would be established in shadow form. Key system leaders now meet and this is followed by development time for the three neighbourhoods of the 'Northern Parishes, Ormskirk and Skelmersdale'. It was further agreed at the summit that the initial purpose of the West Lancashire Integrated Community Partnership would be to develop, grow and nurture a neighbourhood system for the integration of health and care across West Lancashire.

The key partners within the West Lancashire Integrated Community Partnership (ICP) are

- West Lancashire Clinical Commissioning Group
- Lancashire County Council
- West Lancashire Borough Council
- West Lancashire Council for Voluntary Services
- Lancashire Care NHS Foundation Trust
- Virgin Care
- West Lancashire GP Federation

Southport and Ormskirk NHS Hospital Trust are an associate partner to the Integrated Community Partnership arrangements in West Lancashire reflecting the importance of the hospital sector in delivering effective out of hospital care.

The work of the Partnership is intended to further enhance local delivery of the clinical model being developed, implemented and mobilised in West Lancashire that is outlined in the document *Building for the Future* <http://www.westlancashireccg.nhs.uk/building-for-the-future/>.

The West Lancashire Integrated Community Partnership aims are to;

- Encourage the development of better integration across the local health and care system in West Lancashire, improving quality and enhancing clinical and financial effectiveness and efficiency.
- Ensure a system that is robust in its ability to improve population health, improve quality of care and achieve financial sustainability across the local health and care system, enhancing sustainability through enhanced collaborative working.
- Strengthen collaborative relationships and decision-making between partners.
- Deepen relationships and build trust between individual system leaders and between organisations to enable an improved population health and care system culture.

The framework set out in the recently published NHS Long Term Plan is consistent with this approach. It describes how Primary Care Networks are based on neighbouring GP practices coming together to serve a population of between 30,000 and 50,000. These will then form a component of the model of expanded neighbourhood teams that will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers, allied health professionals, social care and the voluntary sector.

Stakeholder Engagement

As noted earlier, the approach to health and care integration in West Lancashire is building on the established clinical strategy for West Lancashire contained in *Building for the Future*. In advance of publication of that document, significant public engagement and consultation was undertaken to establish people's views and experiences of community health services.

Key headlines from that engagement included;

- **Location of services;** everyone from all areas of West Lancashire should be able to access the services.
- **Waiting times;** waiting times are often too long.
- **Staffing;** staff appear to be very busy and stretched to cope with number of patients. There are opportunities to expand and reshape roles such as podiatrists, nursing, physio and other specialist community services.
- **Experience/quality;** everyone should be treated with dignity and respect within a quality service.
- **Inclusion/self-care;** all patients should be involved with their own care with access to their own records. All patients should have access to information and support to help them understand how to manage their own health and conditions.
- **Knowledge;** more information was needed about what services are available, where they are and how/when people should use them. This applies for clinical services and voluntary sector groups such as support groups for long-term health conditions.
- **Accessing urgent care services;** the system should be straightforward to avoid patients being directed unnecessarily between services and receiving conflicting messages, especially in terms of accessing urgent care services such as walk-in centres, GP out of hours or A&E. Communication to patients needs to be improved.

This feedback informed the final version of '*Building for the Future*' and the development of the current clinical model.

Since then the approach taken to the integration of health and care in West Lancashire has been increasingly informed from the grassroots, via engagement with clinicians, frontline staff and with the people who live and work in the neighbourhoods themselves. This builds on the commitment to place people, their health and their wellbeing at the heart of the Integrated Community Partnership's business. It also recognises the importance of co-production with local people in developing the approach to health and care integration in West Lancashire.

Some initial priorities for action have now been identified by the West Lancashire Integrated Community Partnership. These are:

- Developing the workforce
- Protecting good physical health and good mental health
- Early identification and intervention for improved quality of life and health and care outcomes
- To stimulate, sustain and innovate to drive improvements across the care sector including registered care homes and domiciliary care.

These will be subject to further consultations with people in each of the three West Lancashire neighbourhoods to check that they accurately reflect their own local priorities and also to shape the delivery plans.

Implications for the Lancashire Health and Well Being Board

The footprint of the Lancashire and South Cumbria Integrated Care System includes the areas covered by Lancashire's unitary Council neighbours Blackpool and Blackburn with Darwen, as well as a significant part of the area covered by Cumbria County Council.

There are five Integrated Community Partnerships now in existence:

- Pennine which covers East Lancashire and Blackburn with Darwen
- Fylde Coast which covers Fylde, Wyre and Blackpool
- Central Lancashire which covers Preston, Chorley, South Ribble
- Bay – which covers Lancaster and Morecambe, and South Cumbria
- West Lancashire

The population served by the West Lancashire Integrated Community Partnership will inevitably look towards Southport and Ormskirk Hospital for a significant proportion of its hospital based care. However for some clinical services – possibly because of proximity – clinicians and patients may look towards Lancashire Teaching Hospital which is part of the Central Lancashire Integrated Community Partnership, or towards hospital services based in the neighbouring Integrated Care Systems in Greater Manchester and Merseyside. The Health and Wellbeing Board may wish to consider how it can assure itself that the optimum arrangements are established with these neighbouring areas and healthcare systems so that the people of West Lancashire are well served.

Implications:

This item has the following implications, as indicated:

Risk management

Financial

Health and care integration in West Lancashire will inevitably demand a greater alignment of organisational resources, including financial resources across the NHS and local government

There is also a commitment to a more collaborative approach to identifying financial efficiencies. Detail on this needs to be worked through and a finance workstream has now been established.

The appetite and governance required to move towards aligned or pooled budgets across partners working on health and care integration in West Lancashire, including issues around managing sovereignty and risk, needs to be considered as part of the next development steps not just for West Lancashire but ultimately for the whole of the Lancashire and South Cumbria Integrated Care System.

An option for further alignment of budgets could be pooled budgets and accompanying section 75 arrangements for identified public health budgets. This is something that is consistent with local priorities. The West Lancashire Integrated Community Partnership has indicated that it would welcome an early opportunity to explore this with the county council.

Legal

Currently, no legally binding changes have been made to the status or relationships between organisations working on health and care integration in West Lancashire.

Work has started to establish Memorandums of Understanding between organisations to support the direction of travel and enable successful delivery.

Following the recently published NHS Long Term Plan, consideration is being given to the local implementation of any legally binding changes that may be required to deliver this. This is with particular regard to the establishment of Primary Care Networks and expanded multidisciplinary neighbourhood teams. These neighbourhood teams would involve county council services such as social care.

However it is important to note that the Social Care Green Paper has not yet been published and that will also have significant impact on shaping the future involvement of local government and social care in the development of the West Lancashire Integrated Community Partnership.

Property Asset Management

Partners working on health and integration in West Lancashire are committed to capitalising on opportunities to share premises, avoid duplication and reduce related costs thus maximising use of our collective assets.

There are recent examples of collaboration across partner organisations for co-development of capital assets. There is likely to be more opportunity for this in West Lancashire and scope for further innovation

Human Resources

Health and care integration in West Lancashire will necessarily involve improved alignment of the workforce across sectors and organisations.

This is underpinned by the Integrated Community Partnership's role as a teaching and learning partnership. Workforce is therefore a priority locally reflecting the fact that the capability and capacity of the health and social care workforce will be one of the determining factors of success.

As work progresses, the implications for all public sector employees needs to be considered so that it can be determined how they can actively participate and be an equal player in the further development of expanded multidisciplinary neighbourhood teams.

Communications

A new communications and engagement workstream will commence in February 2019.

List of Background Papers

Paper	Date	Contact/Tel
<u>Pennine Plan: Improving Health, Care and Well Being in Pennine Lancashire – Report to Cabinet</u>	13 September 2018	<u>Tony.Pounder@lancashire.gov.uk</u> , tel 01772 538841
<u>Review of Central Lancashire Plan: Improving Health and Well Being in Central Lancashire – Presentation to Lancashire Health and Well Being Board</u>	18 September 2018	<u>Tony.Pounder@lancashire.gov.uk</u> , tel 01772 538841

Lancashire Health and Wellbeing Board

Meeting to be held on 19 March 2019

Lancashire County Council – Service Challenge Budget Consultation Update (Public Health and Wellbeing)

Contact for further information:

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Executive Summary

Lancashire County Council is currently undertaking a range of public and stakeholder budget consultations, which have potential implications for a number of services commissioned by the Council's Public Health and Wellbeing Team.

Recommendation

The Health and Wellbeing Board is recommended:

To note the report and participate in the consultations as appropriate.

Background

Like all councils, Lancashire County Council is continuing to face significant financial pressures, and whilst good progress has been made in addressing the financial shortfall, work is ongoing to ensure the Council can achieve a financially sustainable position.

Given this context, the Council is currently undertaking a range of public and stakeholder budget consultations. Those relevant to the Council's public health and wellbeing services are in relation to:

- Lancashire Wellbeing Service
- Integrated Home Improvement Services
- Health Improvement Service, including
 - Active Lives Healthy Weight (physical activity) services
 - Drug and alcohol rehabilitation services
 - Stop smoking services
- Welfare Rights Service

The public, providers and partners are being invited to participate in a range of consultation opportunities, including [online surveys](#) and targeted focus group sessions, to identify implications of the proposal and potential alternative methods of delivery.

The consultation outcomes will be reported to a future Cabinet meeting for decision.

List of background papers

N/A

