



Lancashire Health and Wellbeing Board

Better Care Fund plan

2023-2025

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Signed on behalf of Lancashire Health and Wellbeing Board	
By	
Position	Chair, Lancashire Health and Wellbeing Board
Date	

Signed on behalf of Lancashire County Council	
By	
Position	
Date	

Signed on behalf of Lancashire and South Cumbria Integrated Commissioning Board	
By	
Position	
Date	

Health and Wellbeing Board	Lancashire
Local Authority	Lancashire County Council
Integrated Commissioning Board	Lancashire and South Cumbria
Boundaries	<p>Lancashire County Council upper tier authority</p> <p>12 District Councils</p> <p>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 Rossendale Borough Council South Ribble Borough Council West Lancashire Borough Council Wyre Borough Council</p> <p>Borders with 2 Unitary Authorities within the Lancashire footprint:</p> <p>Blackburn with Darwen Council Blackpool Council</p> <p>Borders also with Westmorland South Cumbria within the ICB footprint</p> <p>Borders with Sefton Council and shares an Acute Hospital, which sits within the Cheshire & Mersey ICB footprint.</p>

Lancashire Health and Wellbeing board

Chair: County Councillor Michael Green

Organisations involved in the preparation of this plan

Lancashire County Council

Lancashire and South Cumbria ICB

Lancashire District Councils

University Hospitals of Morecambe Bay NHS Foundation Trust

Blackpool Teaching Hospitals NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust

East Lancashire Hospitals NHS Trust

Southport and Ormskirk Hospital NHS Trust

Lancashire Healthwatch

Lancashire District Councils through representation

Stakeholder involvement

The Lancashire Better Care Fund (BCF) continues to engage with stakeholders at several levels, and through evolving structures.

This has been particularly seen through the activity to deliver a “reset programme” for the BCF in Lancashire. A large workshop held in December 2022, supported by the BCF regional lead, brought together representatives from the County and District Councils, the Acute Trusts, NHS community services providers, the Mental Health NHS Trust, VCFSE groups, Foundations, and Healthwatch*.

It is recognised that involving service users, those with lived experience is not as strong as it should be and with this in mind work continues to progress regarding citizen engagement, with a workshop planned for late summer 2023 with health and care providers delivering services funded by the Better Care Fund. This is an important precursor to a citizen engagement workshop and will support us to understand how providers may already be engaging with the people they serve, and how they respond and innovate or improve following feedback.

At a county level there are residential and domiciliary care groups run by social care commissioners, a voluntary sector group and a District Council health focussed group alongside on all District Council DFG oversight group.

The development of Place and the appointment of Lancashire County Council’s Executive Director, Adult Services and Health & Wellbeing to Director of Health & Care Integration (Lancashire) (ICB place lead) as a dual role is seen as a significant advantage in being able to maintain and develop those place based stakeholder relationships that are key to enabling ICB wide and local systems to deliver.

2022/23 has seen increasing collaboration across the four BCFs that sit within the ICB footprint. While this has not yet produced aligned plans it has enabled better coordination where a single Acute Trust services two local authority areas.

**Healthwatch Lancashire is delivered by People First Independent Advocacy, a local charity which supports people and communities to have a voice.*

Governance

Governance is held by the Lancashire Health and Wellbeing Board and the BCF is a standing agenda item for its bi-monthly meetings. Board members are also separately kept informed and involved, as required, of developments and actions required.

Focused workshops have been held with the Board to support BCF related decision making and planning. In June 2023, the Board considered the overarching ambition for the BCF and integration and proposed identifying a small number of priority areas for the coming year.

The Lancashire Better Care Fund Board has recently been reconstituted and established. Overseeing the progress of the Plan, the reset work, and the spend through the pooled fund, it is co-chaired by Lancashire County Council and LSC ICB and is setting out its requirements for support, monitoring and reporting. Two major priorities are the strengthening of financial oversight and data management. To deliver these, two Teams have been created in collaboration with the ICB and other BCF areas.

Locally, the Place boundaries have been reshaped and now follow the Local Authority boundaries rather than the previous Place boundaries of the Acute Trust footprints. The Lancashire Place is in development, and options on future governance based on national guidance and good governance will be considered by the HWB Board in September 2023..

There is an ambition that the Lancashire Place Partnership Board and the Lancashire Health & Wellbeing Board will work in tandem, ensuring oversight of the integration agenda including the BCF, and delivery against key priorities and metrics and developing common aims and aspirations.

As a broader partnership, the ICB and Four upper tier local authorities within the LSC ICS have in place a finance partnership group that meets to address common challenges and future planning. Broad level discussions cover spend and commitments underpinning integrated working, including the BCF and the Additional Discharge Fund amongst other elements.

Executive summary

The Lancashire BCF and delivery against the Plan already sees several successful teams and services, many jointly commissioned or jointly delivered, that meet the national objectives and priorities.

Together, Lancashire partners have agreed that the system needs to 'go further' and have a dynamic and progressive plan in place. To facilitate that, a BCF 'review and reset' programme of work has commenced, which will see every item of current spend measured against a set of principles and criteria and determine if it should remain in the fund. Alongside this, other areas of spend currently outside the BCF will be reviewed and where they meet the objectives and priorities of the BCF, consideration will be given to enhanced pooling into the fund. Discussions are also underway locally on delegation from the ICB to Place, with decisions due on the 5th July. One of the key priorities in the Place integration deal is the BCF and the ambition to quicken the pace on pooling of budgets to accelerate our collective ambitions to have strong sustainable community services.

As a Lancashire partnership, the Health and Wellbeing Board are keen that through the review and reset of the BCF, Lancashire is ambitious but realistic. The BCF is the only vehicle locally for pooling funds currently and offers significant opportunity to support the system to design and deliver integration, and services and supports that enable people to start, live, work, age, and die well in a place that they see as their home.

During 2023/25, the reset work will enable the partnership to better articulate and demonstrate the impact the BCF is having for Lancashire residents. It will be underpinned by a robust engagement plan that really supports and enables the voice and experience of people and their carers to be a core part of the BCF Plan, and in shaping the services that are funded through it.

To ensure that the system can deliver on key priorities, locally we aim to focus on a smaller number of things but do these well and 'stay the course'.

Demand and Capacity modelling has been undertaken to inform the plan. There is significant investment from the BCF already in intermediate care and related services and teams to support and maintain system flow, and the review and reset work will support the Lancashire system to identify additional opportunities to further improve this. Lancashire has sought the support of the national BCF support offer and DSOG to achieve its ambitions.

Whilst the Plan is a 2 year plan, the intention is to review and refresh at the end of 2023/24 given the Lancashire BCF reset work taking place which will inform 2024/25 focus areas.

Lancashire's BCF metrics, whilst not significantly distant from planned targets or England averages, are not where we want them to be, and the Health and Wellbeing Board is keen that the Lancashire system focusses on tangible integrated actions and delivery that will achieve what matters and realise improvements. We will review how we operate, improve our use of data and evidence, and look at best practice locally and from elsewhere to inform how we work, and how we work together.

Better Care Fund Plan and Approach to Integration

The Better Care Fund supports our approach to integration as the primary joint funding mechanism for the Lancashire area.

Working in a strengths-based way and keeping the person at the centre of what we do is integral to our collective approach and ambitions in achieving quality outcomes for Lancashire residents. The Health and Wellbeing Board recently considered this point and are firm in their commitment that this must drive how and why we work together, that being person centred is visible and evidenced from strategy and commissioning through to front line interactions with Lancashire residents.

Across the partnership, there is engagement of Lancashire residents in a variety of forums and for many purposes. Lancashire intends to build on these foundations and agree and describe how we involve citizens and people with lived experience and keep this at the forefront of what we do. A well informed and robust engagement plan is critical to the Lancashire BCF, and in partnership with Healthwatch Lancashire plans are underway to undertake engagement sessions and agree actions and commitments based on feedback.

Lancashire has a collective ambition to improve the health, wellbeing, choices, and opportunities for its residents through true partnership and integrated working. This is further set out in several overarching plans and priorities across the partnership, including the Lancashire Health and Wellbeing Strategy, the developing Lancashire Place Plan and priorities, the Living Better Lives in Lancashire vision and the Integrated Care Strategy.

The Lancashire and South Cumbria ICB recognises the identified investment of £10m to address the potential historic benchmarking comparisons in the BCF in Lancashire. This has been subject to a review and confirmation however it is acknowledged that a further detailed analysis of the BCF is required to ensure best value going forward and this has already been commissioned by the Health and Wellbeing Board. This will involve creating a robust process to jointly ensure how 'best value' is described and monitored with a view to creating system savings which will mitigate associated financial pressures.

This will explore the options of the future risk share and the creation of a transformation pot from within the BCF to support the implementation of new and more effective ways of working.

The Lancashire & South Cumbria partnership carried out a full review of placed based partnerships from May to July 2022, which included extensive engagement across a wide range of organisations and individuals. The outcome saw the realignment of Places to become coterminous with the 4 Local Authority footprints, to enable deeper integration of health and social care and an opportunity for a real step change in tackling some of the biggest challenges in improving health and care services, joining up services and reducing health inequalities. It is recognised that the Lancashire footprint is large, and there will be three delivery units within it: East Lancashire, Central Lancashire (including West Lancashire) and North/Coastal Lancashire.

Significant work is underway to develop and define the Place vision and priorities plus set out how integration and integrated working practices will develop further, and once ICB to Place delegation parameters are agreed this will help shape the integration agenda and opportunities. There is also the potential for greater pooling of NHS and local government funding locally, with the Better Care Fund the potential vehicle to support this.

Across Lancashire, Health and Wellbeing partnerships are being developed and implemented in partnership with District Councils at a localised level. The partnerships will enhance integration, oversight, and the inclusion of local citizens voices into the overarching Health and Wellbeing Board and the Place Partnership Board.

Lancashire County Council and the ICB are improving their collaborative approach through integration of care navigation (brokerage), contract management, operational and commissioning leads, to ensure seamless services for people, better care market management, and achieve best value from the 'Lancashire pound'.

A strengths-based approach is a key element of the services which support people to remain independent for longer. The ambitious County Council Living Better Lives in Lancashire programme (LBLiL) aims to embed strengths-based working throughout its Adult Social Care workforce and improve outcomes for people through practice led transformation. The vision for the programme sets out through a series of 'I' and 'We' statements what the transformation will mean for people, staff and partners. The transformation builds on the renowned '3 Conversations Model' and will be an important part of improving the personalisation and tailoring of support for people, using available community and natural assets before contemplating regulated formal support.

The County Council, District Councils and the NHS have committed to working together to develop good quality accommodation with support services to meet the needs of the growing population of older people and working age adults with health, care and support needs in Lancashire. The Lancashire Accommodation with Support Plan 2023-28 sets out the collective ambition over the next 10 to 15 years to develop housing that offers different care and support options, in a range of locations for both older people and working age adults with care and support needs. Alongside other

work such as the developing Digital Strategy, the plans give rise to new opportunities to support people to live as independently as possible in their own home and stay connected to their communities and networks.

The partnership is keen to go further in relation to housing and accommodation needs, articulating an ambition for 2023/24 to explore a more consistent and creative approach to innovation within the use of the Disabled Facilities Grant, under an overarching strategic plan that incorporates prevention as well as responding to people who already need care, support, and adaptations.

Across Lancashire, there are already good integration foundations in place with a wealth of integrated teams and integrated working practices. These include, amongst others, the jointly commissioned Falls Lifting Response Service, which is a high quality, responsive service for those people in need of assistance either using the pendant type devices or via the 999 NWAS route. Other integrated working operates around hospital discharge and admission avoidance with multi-agency teams operating from single bases and with integrated processes to best support people in a timely way. Integrated Mental Health discharge teams are in place via the BCF to support people to be discharged from hospital and from s136 suites. Intermediate Care teams work together as MDTs to support people through short term services to achieve their maximum independence, and Integrated Neighbourhood Teams are in place in parts of Lancashire, with further roll out across the Place linked to the implementation of the Fuller stocktake. Jointly commissioned community equipment services are in place, with trusted assessor arrangements in place across a range of organisations to enable people to get the support they need quickly and avoid unnecessary hand-offs.

Priorities:

1. Lancashire BCF 'Reset'

Lancashire has committed to undertaking a full review of the BCF, including spend, value for money, effectiveness and performance of teams/services funded through the BCF, evidence and reporting, engagement and co-production, and outcomes being achieved for people.

The partnership is robust in its aspiration that the BCF is a fundamental part of enabling and driving integration. The review and reset programme will ensure that the monies the partners pool and invest into the fund bring the BCF Plan to life and have the right impact in delivering it. There is a collective ambition to understand how we might shift investment from existing spend to other areas that may need a higher priority focus. As part of the reset programme, partners will also review other services currently funded outside of the BCF that could be included in it and agree how additional investments and monies could be pooled.

Currently, spend from the BCF on specific Mental Health support is not significant. Initial discussions have therefore commenced regarding Mental Health monies being pooled into the BCF, bringing greater parity across mental and physical health through integrated working and commissioning opportunities.

At present, there is no allocation for a 'transformation fund' within the Lancashire BCF, and partners have jointly signalled the intent to create this within 2023/24 to improve opportunities for joint tests of concept and projects which meet the BCF objectives and priorities.

The Lancashire partnership is committed to a greater focus on prevention, and as part of the BCF reset programme how the Fund could be used to further support preventative measures and improve health outcomes will be explored.

2. Enabling more people to receive the right care, at the right level and in the right place

(See later section)

3. Data

Lancashire has identified the need to improve data quality, analysis, and reporting. Data quality is a challenge within hospital discharge reporting. Not Meeting Criteria to Reside (NMC2R) data quality and interpretation varies across the Acute Trusts locally, and there are some concerns about local readiness for the new BCF metric later this year of 'ready for discharge'.

In the BCF reset programme, data, evidence, and regular reporting will be reviewed and improved. The partnership is keen to better demonstrate the impact the Fund is having, and to more accurately pinpoint areas to investigate.

Work is underway across the ICB to better align reporting with the new Place boundaries. This will also support Lancashire to oversee and analyse performance at a local level and where the BCF monies may need to target to support improvements.

The Lancashire Insights information will also help shape and inform planning and modelling as part of the overall suite of Lancashire data.

4. Identify a small number of joint priority areas and tangible actions that focus on achievable and timely gains rather than attempt to solve all system issues within unrealistic timescales. For 2023/24 these are:
 - a. Intermediate Care including Discharge to Assess
 - b. DFG

Implementing the BCF Policy Objectives

Enabling People To Stay Well, Safe And Independent At Home For Longer

The ambition of the BCF in Lancashire is to build and sustain the right supports to enable people to live as independently and healthily as possible, with the right level of care for the right amount of time and support for themselves and their carers when they need it. Commissioned care is high quality and offers choice and control and promote peoples' independence.

Lancashire mirrors the national and regional picture in relation to care market challenges, including recruitment and retention issues. It is critical to ensure the stability of the care market and not introduce commissioning that could destabilise it. Lancashire partners are working to sustainably manage the local care market provision and to deliver national priorities that support people to remain safe and well in their own home and that benefit from integrated practices such as virtual wards and 2 Hour Urgent Community Response.

At an ICS level, a high-level Falls Prevention Strategy is in development which outlines the system wide approach to falls prevention that will be taken within Lancashire and South Cumbria over the next five years (2023-28). The key stakeholders who make up the membership of the Strategic Falls Prevention Group, are committed to ensuring that all older people who live in Lancashire and South

Cumbria have access to high quality falls prevention technology and services, irrespective of their condition or where they live. The Lancashire BCF supports several services that contribute to achieving the aims and ambitions of the Falls Prevention Strategy and reducing emergency admissions to hospital following a fall including:

- a. A high quality, responsive Technology Enabled Care Falls Lifting Response service for people in need of assistance either using the pendant type devices or via the 999 NWAS route. During 2023/24 we are exploring how to expand the integrated practices across the Falls Lifting Service and 2-hour Urgent Community Response.
- b. Intermediate care services for people following a fall
- c. Community equipment, adaptations and digital technology

The Council is working in partnership with Public Health and the ICB to develop an ICS wide Dementia Strategy which will shape and inform service provision and support for people with dementia and their carers to ensure they have the right care and support, in the right place which is joined up across all relevant partners. The ambitions of the strategy are:

- a. Preventing avoidable cases of dementia
- b. Improving people's experience of being diagnosed and living with dementia
- c. Championing innovation and participation in research

Through engagement with carers of people with dementia it was clear that a joint strategy is needed to deliver the quality and type of support and information, not just for people living with dementia, but also people who are carers of people who have dementia.

" People with dementia need to have a care plan with the likely 'journey' set out as to what we can expect to have to deal with, what the process might be. I feel that other health conditions have much better support and a clearer treatment plan with scheduled follow-up appointments. It isn't like this with dementia. We are just get left to 'get on with it' "

"There isn't enough information around what we can expect from being a dementia carer, what services are available that we might need to access and how the dementia journey might look."

The BCF currently funds several non-specialised services which also provide support to people living with Dementia and their carers, and account will be taken of the Dementia Strategy Review alongside the Lancashire BCF Reset work to understand where more specialised services may be required.

Discharge to Assess is funded through the BCF, iBCF and the Additional Discharge Fund, and it's recognised that there are improvement and efficiencies opportunities. During 23/24 we will specifically review bed based 'Discharge to Assess' fee rates, service delivery and brokerage to achieve a consistent service offer with reasonable fee rates that are harmonised across health and social care and aim for a single brokerage process.

Lancashire County Council is reprocuring Home based care provision, using a Pseudo-Dynamic Purchasing System (PDPS) which gives greater flexibility and opportunities for both the Local Authority and care providers. The ICB has signed up to being a partner to the PDPS, giving greater integrated commissioning opportunities. The new procurement, called 'Living Well at Home', covers all home-based care and support including Homecare, Intermediate Care, Extra Care and non-regulated care such as Hospital aftercare with VCFSE providers. The specification, informed through engagement with the care market, has been developed in partnership between LCC and the ICB,

who together will be looking at how to integrate commissioning teams and jointly commission against the specification.

The first stage, Homecare, commenced in November 2022, with the ambition to facilitate greater resilience in the geographical coverage across the County and enable people to get the assessed care they need at the right time.

LCC has reviewed and redesigned its homebased 'intermediate care' services, using stakeholder consultation throughout including people with lived experience, to inform and sense check proposals. The new and innovative service, called 'Short Term Care at Home' will offer short-term home-based support of anything from a one-off urgent hour of care provision to several weeks of reablement support. Tailored to the person's needs, and under a 'home first' ethos for both step down and step up, the ambition is to enable more people to be safe, well and supported in their own home and maximise their level of independence. In doing so, this will positively contribute to reducing the number of people admitted to long term care home placements.

Alongside the procurement of the new Short Term Care at Home service, together with partners LCC is redesigning how it assesses for and supports people through intermediate care services. The multi-disciplinary teams working with people on the Short Term Care at Home service will ensure that:

- a. The service is inclusive and strengths based
- b. The focus is on enabling people to remain in, or return to, their own home with parity across step up and step down demand
- c. People's experience is a good one that supports them to maximise their independence and improve their wellbeing
- d. Hand-offs are reduced and the person has a single point of contact throughout their time on the service
- e. High quality appropriate outcomes are achieved for people

The ICS has a whole system intermediate care transformation programme about to commence, which has been reshaped under the new name of Enhanced Care at Home. The Lancashire redesign will align with the ICS transformation programme.

Capacity and Demand...community, The demand and capacity modelling shows us that we are largely on track with the level of intermediate care capacity in place currently to meet predicted community activity levels. However, the system is committed to focussing on supporting more people to remain in their own homes and increasing the use of intermediate care and other prevention services to enable that. We are mindful that we have data quality challenges in the system, and the intention is to build on the good foundations in bringing data together so far, and to undertake more intensive modelling during 2023/24 to inform 2024/25 capacity planning and that capacity is of the right type.

A significant element included in our capacity and demand analysis is the demand from pathway 0. At first look, this far outstrips our capacity directed towards this pathway, however this is due to the inability of our raw data to break down the information down to those who may require social support and those who can return home with no support. We recognise that the lack of a comprehensive breakdown and being unable to drill down further is a challenge to our planning, and this is included in our continuing data quality improvement work. We already have in place and

funded through the BCF significant 'Take Home and Settle' services delivered by AgeUK, which meets the existing demand under pathway 0 for those people needing low level social support.

Identifying capacity for Pathway 3 discharges has proved to be a challenge as there is a large and diverse provision across Lancashire that meets this need and the overall need for short-term residential/nursing care for someone likely to require a longer-term care home placement. It could be said that in effect capacity equals demand on this basis but that would be an oversimplification.

We have greater confidence in being able to identify capacity to meet pathway 2 demand and this is reflected in being able to demonstrate a degree of excess capacity in provision of places for reablement and rehabilitation in bedded settings.

A key focus of the significant intermediate care redesign programme in Lancashire is on enhancing the “step up” offer from community, and achieving parity across admission avoidance and hospital discharge. As work progresses through 2023/25, including using bed-based capacity more effectively, it is anticipated that the community based demand can be supported within the current service provision.

As mentioned previously we recognise that, in common with many other Health and Wellbeing Board areas, there is a need to improve our view of demand and capacity in the Lancashire health and social care system.

With that in mind we have reshaped our combined approach relating to data quality , collation and analysis and created a collaborative expert team that will manage this. We are also keen to seek assistance alongside the developing wider LGA support offer to provide an external source of expertise and challenge. We anticipate that this will include peer support from similar complex systems and also build upon mutual support that is growing within the Lancashire and South Cumbria group of BCFs.

The Lancashire and South Cumbria Integrated Neighbourhood Care Delivery Framework describes how delivering the vision set out in the Fuller stocktake report and reorientating the health and care system to a local population health approach will transform how we work together to provide care for our populations.

As there are so many commonalities in aims, the BCF will work alongside this approach and support and enhance as opportunities are identified. The framework defines what good will look like.

“Our integrated neighbourhood team of teams’ approach will:

- Have a clear shared vision, purpose, and deliverables.
- Be made up of a blended generalist and specialist workforce which includes primary care, secondary care, community and mental health services, social care providers and the voluntary, community, faith, and social enterprise (VCFSE) sector
- Some teams may be colocated but there will be a space for the collective team of teams to come together and work together.
- Be supported by digital tools and knowledge that enable both population data analysis and person-based care information to be shared.
- Use population health data to proactively identify and target people who would benefit from a multi-disciplinary team (MDT) approach. Promote personalised care.

- Co-design and offer joined-up accessible, preventative health, social and community care, making full use of the knowledge and skills of the team.
- Work effectively as an MDT, making the best use of team skills, sharing knowledge and experience, training and learning together.
- Have robust shared leadership and governance arrangements.
- Have a culture of continuous improvement, listening and responding to the people they support.”

Provide The Right Care In The Right Place At The Right Time

Lancashire is focussed on providing the right support at the right time. Stability of the care market and sufficiency of the right support in the right place are critical elements of achieving the ambition, and a collaborative approach to market management and modelling is being developed. Joint work is underway to procure home based support, with fee rates that better support care providers to deliver high quality care and recruit and retain staff, help embed stability across the care market and delivers value for money for social care and health partners.

The Lancashire and South Cumbria Enhanced Care at Home transformation programme will deliver a set of standardisations and delivery principles across the ICS, aiming to improve the quality, consistency and availability of appropriate short term support through joint commissioning arrangements. Lancashire effectively uses existing intermediate care services to maximise people's independence and enable people to remain well for longer with the aim to reduce or delay the need for formal support, which in turn frees up capacity in commissioned care services for people who need them to access at the right time for them.

Lancashire has a well developed Single Handed Care ethos and has provided training for OTs and care providers. Single handed care equipment and training has been installed in the Council's residential rehabilitation units, enabling people with more complex needs to benefit from intermediate care where this can't be delivered in their own home.

In terms of hospital discharge, Lancashire is complex, with teams supporting discharges for Lancashire residents from five local Acute Trusts as well as several 'out of area' hospitals that regularly take Lancashire citizens. For discharges from Mental Health hospitals, the picture is similarly complex, with the teams supporting people ready for discharge from five main sites, six section 136 suites and three main 'out of area' hospitals.

A discharge to assess model is in place for people being discharged from the general Acute hospitals, with the ambition to look in 2023/24 at extending the model to people being discharged from the Mental Health hospitals. An ICS Standard Operating Procedure, set of Principles and a local Pathway Definitions document are in place, helping frontline staff understand what scenarios and service options fit under each national pathway and to aid decision making. Discharge services including brokerage operate 7 days a week, as a minimum from 8am-6pm including Bank Holidays supporting patient flow.

There are a range of home and bed-based services funded through the BCF and iBCF, and the Additional Discharge Fund (ADF) to provide safe and timely support for people who need it and are ready for discharge, including a 'crisis plus' service which enables people to return home with 24/7 support for up to 7 days. A 'Take Home and Settle' service is commissioned via Age UK providing people with immediate low level social support on the day of discharge and for up to 3 days, and if

they need it, extended support for up to 6 weeks. The ADF has been used to maintain the additional D2A capacity already in place and previously funded by the Discharge Support Fund.

Under a 'Home First' ethos, assessments take place outside of the hospital, with many people having access to an Occupational Therapist the same day they are discharged. For those people who return home, they have their assessment in their own familiar environment where they have greater control over the process. Where people are unable to return directly home, intermediate care beds are used wherever possible, plus several spot purchased care home beds.

Lancashire has 5 multi-agency hubs supporting people to be discharged from hospital, avoid admission and through intermediate care services. The system admission avoidance offer is still developing, including newer NHS services such as 2hr Urgent Community Response. Within the hubs, the teams include social care, NHS, Age UK, care providers, Carers Services and District Council reps. In addition to the hubs, integrated discharge teams are in place focussing exclusively on timely hospital discharge, including from the Mental Health Hospitals.

Several innovative schemes are in place funded through iBCF monies that have a positive impact on supporting more people to return home as quickly as possible or get the right type of support to maximise their independence. These include:

- a. Health and Housing Coordinators: a new role being tested through LCC/District Council partnership, supporting people to return home from hospital or a care setting as quickly as possible where housing or accommodation issues are a barrier. The scheme provides quick access to a single point of contact to address housing or accommodation issues and enable the person to return home quickly. So far, the scheme has supported 55 people to return home, reducing their delays in hospital and/or avoiding an unnecessary short stay in a Care Home through interventions such as furniture moves enabling one-storey living and making properties safe to return to by fixing plumbing, electricity, and gas faults to ensure a person is returning to safe and warm environment.
- b. Lancashire Hospital Discharge Home Recovery scheme: this removes barriers to unpaid carers being able to support relatives and friends on discharge through one-off Grants. Carers are connected to the Carers Service who support them with a plan, contingencies and extended support following discharge. The scheme also has a discretionary Grant element to purchase one-off goods that may be a barrier to hospital discharge.

“The dryer has been a big help as I am not having to make multiple trips to the laundrette which has saved me a lot of time which allows me to have a short break, and this means that I can continue supporting my father and was able to bring him home from hospital.”

- c. The Positive Ageing and Mental Health Wellbeing Scheme: an enhanced residential intermediate care service supporting people with mental health issues provides bespoke, enhanced support, that also includes introducing people to digital technology and coaching them in its use, enabling some people who were previously identified as needing long term bed-based care to return home. The scheme is seeing very positive outcomes for people, some of whom have not seen their own home for more than 12 months.

Capacity and demand

Within the demand and capacity modelling, the data shows that Lancashire is broadly on track with the level of capacity to meet predicted demand activity on discharge from hospital. The system is mindful that to maintain that capacity to support discharge, robust grip is required on moving people through intermediate care services in a timely way. This is being addressed in the Council's intermediate care redesign work, with the ambition to further reduce delays in hospital and support more people to return directly home.

The ambition is to reduce reliance on bed based services, and through both the intermediate care programmes and the BCF review, this transition is a key focus to achieve.

Virtual wards

The Virtual Ward programme across Lancashire & South Cumbria (L&SC) has a trajectory of 746 beds by March 2024, this is equivalent to 50 beds per 100k population which is the top end of the national ambition. In June 2023, there were 365 virtual ward beds operational for a range of conditions. L&SC are above the North West and England averages for both the capacity of beds available and the utilisation of these.

Initial modelling across L&SC has shown that once fully operational with 746 virtual beds, the potential impact on general and acute beds could be in the range of 87 to 277 beds, however, this impact is depending on demand remaining stable and we know that bed occupancy is typically over 95%.

L&SC are focusing on implementing a step-up model for virtual wards, seeking the bulk of referrals from community teams and in particular the 2 hour Urgent Community Response (UCR) provision where there is opportunity to avoid admissions to hospital. The UCR teams are currently operating at a high level of referrals when compared to peers, on average over 2100 per month for L&SC, this is increasing month on month and providers are meeting a consistent 94% of referrals within 2 hours, against the 70% target.

Discharge to usual place of residence

It is expected that as we continue to deliver and enhance the above services, we will see continued improvement in this metric and positive impact for individuals and their families in being able to return to the place they call home, wherever that is, in a timely and safe way with barriers removed whether organisational, environmental of support requirements.

Lancashire currently sits just under the England average for the percentage of people who return directly home from hospital, averaging 90% currently. Some further examples of interventions planned for 2023/24 that will positively impact on the metric are:

- a. Recognition that a focus on improving discharge pathway 0 is needed in ward and other areas as part of implementing the discharge care bundle using QI methodology.
- b. The procurement of the Short Term Care at Home services, and the redesign of the assessment and case management of people through intermediate care
- c. Review of existing 'home first' arrangements across the Lancashire and South Cumbria hospitals including decision making and delivery arrangements
- d. Optimisation of existing intermediate care bedded facilities through testing some changes to the specification, staffing models and strengthening of the wrap around support offer

- e. Introduction of a standardised Lancashire specification and pricing structure for D2A bed-based services where these need to be spot purchased in addition to the existing intermediate care beds
- f. Continuation of the piloting of the Positive Ageing and Mental Health Wellbeing intermediate care beds, and expansion of the criteria for intake. Learning from the pilot will also be used in developing the new bed based intermediate care offer, which will incorporate D2A.
- g. Together with Lancashire Teaching Hospitals, explore the potential to use 'Finney House' (a 5-year leasing partnership between Lancashire Teaching Hospitals and a private company) within the intermediate care suite of options.
- h. Meaningful engagement with people with lived experience and their carers, and the articulation from a place of experience of 'what a great discharge looks like'. This is to be used to shape and inform service and process improvements.
- i. Improve the communications with, and information given to, people getting ready for discharge and their carers.

High Impact Change Model (HICM) for Managing Transfers of Care

Lancashire has several services, teams, and ways of working in place and funded or contributed to by the BCF and/or the Additional Discharge Fund, that embody many of the 9 key changes.

Lancashire's discharge to assess model, services and ethos in place support people to be discharged wherever possible in a safe and timely way with a focus on 'home' link to HICM 4. 'Home first', crisis care hours and Reablement are already in place, and the new Short Term Support at Home procurement and revised D2A beds provision will further improve the offer. The ambition of Lancashire to extend the discharge to assess model and ways of working during 2023/24 to people being discharged from mental health wards will remove the current inequity, reduce delays, and improve outcomes.

The multi-agency hubs in place that support both hospital discharge and admission avoidance meet HICM 3. As detailed earlier, the hubs, which are hosted by LCC, have co-located staff working together in an integrated way to reduce hand-offs between organisations and delays in people getting the right support from the right professionals at the right time. The hubs also operate on a 7-day basis as a minimum from 8am-6pm to support flow throughout the week, meeting HICM 5.

Within the integrated working practices at each Acute Trust, regular patient flow meetings, length of stay meetings and MADE type events are held regularly to reduce delays, maintain capacity and smooth the discharge processes and any barriers.

In line with HICM 6 as part of the redesign of intermediate care services, a key component is an ambition to enable care providers to become Trusted Assessors. The current intermediate care providers and the other hub staff work closely together and have commenced some of this work with care providers able to make and implement decisions on when people no longer need intermediate care services, within agreed parameters. The ambition is to move this further along, to reduce delays for people receiving the services and increase integrated working.

Lancashire already has a successful Trusted Assessor model in place regarding a defined list of community equipment items, which Social Care Support Officers from Adult Social Care can assess for and prescribe. This contributes positively to people only needing to 'tell their story once', people receiving the right support without delays, reducing hand-offs and good integrated working

practices. Some of the District Council Home Improvement Agency staff are also community equipment trusted assessors, again supporting people receiving the right support when they need it.

Aligned to HICM 7, focussing on ensuring people have meaningful choice is a key part of the strengths-based working in Lancashire, especially in relation to safe and timely transfers of care. Whilst choice may be more limited under short term 'discharge to assess' services and timescales, professionals ensure that people and their family and carers have the information they need to make informed choices and remain in control of what the next steps are for them.

In relation to HICM 9, in partnership with the District Councils, Lancashire County Council is testing a new role of 'Health and Housing Coordinator' aiming to have 1 in each of the multi-agency hubs and linked into the 5 main Acute Hospitals. The new role offers quick access to housing and accommodation expertise and support, reducing and removing barriers to discharge.

Lancashire has identified that there are opportunities for improvement in having and using systems that actively monitor patient flow with real time capacity data alongside. Early discharge planning does not always take place as consistently as it should, and this is also a key challenge for the system.

The national discharge oversight team has commenced a scoping conversation with Lancashire to explore the challenges, good practice and improvement opportunities, and together with the national BCF support offer will support the system to implement actions in response to the recommendations made.

It is already planned to carry out a full review and assessment against the HICM tool during 2023/24.

Delivering Duties Under The Care Act

Lancashire is focussed on providing services and supports that enable people to remain in their own homes for as long as possible, are high quality and offer choice and control and promote peoples' independence. Through Living Better Lives in Lancashire, 'I' statements set out what people should expect from the strengths based operating model and how the County Council will deliver:

- "I matter"
- "I will be listened to"
- "I will have care and support that is coordinated, and everyone works well together and with me"
- "I will have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals"
- "I will be supported close to where I live"
- "I will be asked about my experiences and my suggestions for improvement"

The Care Act (2014) sets out a range of duties and responsibilities for Councils that aim to ensure the wellbeing of people in need of care and support services. It also sets out that services should be personalised, and the person must always be at the centre.

Within the Lancashire BCF, the fund contributes to the costs of the Lancashire Advocacy provision in place to support people who may need support in getting their voice heard or participating in their assessments or help getting the care and support they need.

Carers services are in place to enable objective and specialist support, information and advice, alongside a range of carer support services (see later section).

BCF funding also contributes to the County Council's discharge teams, who supported over 13,000 people in 2022/23 to be discharged from hospital. Assessments were undertaken in peoples' own homes or in more home-like environments, enabling people to have more choice, control and influence over the assessment process and outcomes. The funding also contributes to the services that support hospital discharge and admission avoidance, including crisis support, crisis plus, Reablement and Residential Rehabilitation.

Integrated working to support hospital discharge is well established across Lancashire, and the system aims to build on this and commence designing the blueprint for Care Transfer Hubs within its Intermediate Care transformation programme, setting out that they should be both step down and step up.

Assessments for, and provision of, equipment supports prevention of falls, delays or reduces the need for formal care and support, improves the independence, dignity and wellbeing of people and supports them to be able to better live their life in the way they want to. Joint community equipment services are in place across Lancashire with larger more complex items of equipment ordered and delivered from one Loans Store commissioned across the partnership, and a 'retail model' in operation for smaller items of equipment that are prescribed and can be collected from or delivered (including fitting if needed) by a range of mobility retailers and pharmacies.

Embracing and using digital technology is an important part of the prevention strategy. The Lancashire telecare strategy has been refreshed with the ambition to use the latest technology and most impactful items, with an eye to the digital switchover in 2025. Small low -cost items can really maximise peoples' independence, and use of 'just checking' technology for example for people with a Learning Disability has had positive impact locally. Similarly, funded by the BCF, the use of portable wearable technology has supported people to be discharged from hospital, where there are concerns about vulnerability and frailty.

The Council and the ICB are working together on the ICB Digital Strategy, ensuring innovation is proposed in both acute care and in the digital journey of regulated care providers.

Recent fee uplifts for care providers are supporting greater stability and sustainability in the care market, supported by the BCF. Care and support services that are of high quality and deliver a good experience for people who use them is a key priority. The use of digital technology in reducing or delaying the need for care and support is also being explored, with a recent test of change proposal being considered for implementation in 2023/24.

Supporting Unpaid Carers

In the 2021 Census data, there were an estimated 38,396 people in Lancashire over the age of 65 providing unpaid care to a partner, family member or other and by 2035 this number will have risen by 31% to an estimated 49,219.

The Census shows that an estimated 49,836 people of all-ages in Lancashire provide care to another person for 20 hours or more a week. Approximately 65% of this number provide unpaid care for 50 hours or more a week. The Census also shows that Lancashire has higher volumes of unpaid care hours being undertaken than the England average.

Work is underway to develop a new Carers Strategy for Lancashire County Council, the implementation of which will be supported by the BCF. The Strategy will prioritise key areas of work, shape local commissioning and joint commissioning intentions, identify policy recommendations and build on prior efforts by Councils and the NHS to create a more joined-up offer to unpaid carers. Input and guidance have also been sought from the NW ADASS Carers Leads groups.

In partnership with the Lancashire Carers Service (LCS), several engagement workshops have been held with carers across Lancashire via existing forums or through 'coffee and chat' events, to identify their issues and concerns and to develop services that work better for them. People were asked about their life as a carer, if there are things organisations such as the County Council can do better to support them in their caring role, and how the Council can improve. The high volume of feedback will inform and shape the Strategy and feedback to and from carers will continue throughout the development of the Strategy and beyond.

Feedback from carers demonstrates the challenge they face, and what the Strategy needs to address:

"I couldn't leave my wife for even a minute, there was no rest at all. I was 'on-call' 24/7 dealing with such difficult behaviour"

"You just get passed from pillar to post, surely it can be more streamlined with less referrals to different clinics and professionals, it just adds to waiting to get the support that we desperately need"

"At the time of caring you don't really realise what you are doing, just to get by, it's only afterwards that you reflect on how tough it was and just how much strength and energy it took"

The county council will share its findings with key stakeholders, including providers and the NHS, through the Lancashire and South Cumbria Carers Strategic Partnership. The ambition is to publish the new Strategy in the Autumn of 2023. The intention then is that the county council's strategy will lead into a joint, integrated ICS Carers Strategy and complement other current initiatives such as the new Lancashire Carers Service Carers Charter and the LCS Integrated Care Partnership Strategy.

The Lancashire BCF funds several services for carers currently, including carers assessments through the Carers Centres across Lancashire, respite services, information and advice plus support to carers of people with mental health issues. Following a bespoke assessment, a support plan is developed with the carer which may include a range of universal, informal, and commissioned support to enable the carer to take a break and have a meaningful contingency plan as well as feel supported and able to maintain their caring role. The Carers services have recently been recommissioned to update the offer and ensure that it better reaches unpaid carers who are seldom heard. Significant engagement has taken place with unpaid carers in partnership with the Lancashire Carers Service to understand 'what good looks like' to them in relation to carers services.

As part of the BCF reset programme, the services will be reviewed alongside the new Carers Strategy once developed and check if they are meeting the aims and ambitions in both the Strategy and the BCF Plan. Informed by feedback and engagement from carers, joint commissioning opportunities will be explored and implemented as appropriate.

A pilot scheme was implemented recently using iBCF monies which saw carers services officers co-located in the hubs that oversee hospital discharge and intermediate care. Learning from that scheme showed that unpaid carers are not consistently identified in discharge planning and are not always as involved and informed as they should be. The learning from this pilot is being used to

shape and inform an improved carers service offer, as well as the training and awareness that hospital staff need to be able to better identify unpaid carers.

As noted earlier, the Lancashire Hospital Discharge Home Recovery scheme is also in place to support unpaid carers to be able to care for people at the point of discharge, where there are barriers to them being able to do so.

Disabled Facilities Grant (DFG) and wider services

As the upper tier Local Authority, LCC passports the DFG directly through to the 12 Lancashire District Councils with responsibility for housing. All Districts operate the DFG in line with the regulations, and where possible, using Regulatory Reform Orders (RRO), they use elements of the funding more flexibly.

Across Lancashire, the District Councils have widely used RROs to provide discretionary grants, that provide timely support to people who wish to stay in their own home and community, this has included the removal of means testing for lower value grants and increasing the statutory £30,000 maximum threshold for grants. These changes enable more people to benefit from adaptations, speed up the process, reduce number of people dropping out before or after means testing and reduce wasted assessment resources.

Discretionary grants, working alongside full DFGs, have enabled flexible and rapid support for vulnerable people, including people living with dementia, with interventions that enable them to live independently, making their homes accessible, safe, and warm. Where DFG budgets have been sufficient, this discretionary grant work has helped to fund Home Improvement Agencies (HIA) which provide a broad range of housing support services that can meet the high need for small scale preventative work, including minor adaptations, repairs, advice and support.

During Covid, a waiting list developed with the Occupational Therapy service which led to some delays. Through focussed work, the number of people waiting for assessment has reduced by approximately 45% since October 2022, impacting positively on assessments for and provision of timely DFGs across Lancashire.

The announcement by the Government of an additional £102m nationally over 2 years was welcomed by the Lancashire Councils. Early discussions in the Health and Wellbeing Board have suggested that this additional short term funding, as well as supporting the core DFG work, could support some test of change work that focuses on tangible prevention actions to improve the health and wellbeing of Lancashire residents.

During 2023/24 a scoping piece of work is proposed around DFG and further innovation opportunities with a consistent practice model across the Lancashire Place. Best practice from elsewhere and subject matter expertise will support the innovation work and look at how DFG could potentially support and connect with other agendas such as the Dementia Strategy, and the potential for joint roles and expansion of trusted assessors. A focus on 'early prevention' will form part of the discussions to understand if we're using DFG to our best advantage across the partnership and for the residents of Lancashire. Within the scoping work, a focus on what peoples' experience of DFG is and how we use that feedback to inform future collaboration and innovation in this area is key, with an offer from Healthwatch Lancashire to facilitate this.

Equality and health inequalities

Lancashire is a larger county that has great diversity in geography, urban v rural, affluence v deprivation and population make up.

- Lancashire has only 2.9 working age people per older person, which is lower than England which has 3.7 working age 2,600 people to one older person
- The latest female life expectancy (LE) at birth in Lancashire (2018-20) was 82.0 years. This is 0.3 years lower than in 2017-19.
- The latest male life expectancy (LE) at birth in Lancashire (2018-20) was 78.3 years. This is 0.3 years lower than in 2017-19.
- Across Lancashire there is a wide variation in male and female life expectancy. The lowest is in Burnley and highest is in the Ribble Valley.
- The latest fuel poverty statistics indicated that 13.7% of households (71,822) were fuel poor in Lancashire (England = 13.4%). Six Lancashire areas were in the top third of the national fuel poverty rankings.
- Inequality in life expectancy at birth for both males and females is in the second worst quintile in England

The Lancashire and South Cumbria Integrated Care Partnerships' Integrated Care Strategy sets out the priority areas that it will focus on to improve the health and wellbeing of residents, and to make sure that our health and care services are more joined up and easier to access.

The strategy has been written by a partnership of several Lancashire and South Cumbria organisations including local government and Public Health, NHS, Healthwatch, organisations from local business and education, and VCFSE groups.

It highlights that there are many things that affect people's health and wellbeing including the way that health and care services are provided, the way that people are supported to live healthy lives or wider issues such as living in disadvantaged communities. All these things are present in Lancashire, meaning there are unfair differences in health and wellbeing and unequal life chances across our communities. Some people might live shorter lives, or they might not have as many healthy, disability-free years of their life.

Taking a population health approach, the Integrated Care Strategy aims to tackle the most complicated issues affecting people's health and wellbeing that can only be solved by different organisations working together with communities.

The strategy sets out its priorities that focus on five areas of people's lives:

- Starting Well: Give our children the best start in life, supporting them and their families with problems that affect their health and wellbeing, and getting them ready to start school
- Living Well: Reduce ill health and tackle inequalities across mental and physical health for people of all ages by understanding the cause of these unfair differences
- Working Well: Increase ambition, aspiration, and employment, with businesses supporting a healthy and stable workforce and employing people who live in the local area
- Ageing Well: Support people to stay well in their own home, with connections to their communities and more joined up care

- Dying Well: Encourage all our residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies

The themes that will help to deliver on these priorities are:

- 'One workforce' across health and care, helping services be more joined up for our residents
- Supporting unpaid carers with their own health and wellbeing as well as the people they are looking after
- Using digital resources and making better use of information about our population
- Using our buildings as collective resources across communities
- Committing to sustainability in health and care services to reduce our environmental impact

These and priority areas and themes fit well with the aims across the Lancashire BCF with the funded BCF schemes clearly addressing all. There is an aspiration that we tighten the links and better demonstrate the impact.

The ICB is to use the national toolkit, Equality Delivery System (EDS) to support providing better working practices and environments, free of discrimination

The ICB has placed a strong focus on developing its ICS Belonging Framework and Belonging Plan which has created the necessary forums and lines of accountability required to effectively work in partnership with ICS system partners to collaborate on EDS grading activities from 2023/24 onwards.

The ICB remains committed to using EDS frameworks to support consistent assessment of performance against EDS domains and promote involvement of our diverse population and workforce across all aspects of its work.

NHS Lancashire and South Cumbria Integrated Care Board will undertake its first formal EDS grading exercise in 2023/24 and will support its system partners with the transition to the EDS 2022 framework. It is anticipated that system partners will work together to:

- Identify relevant services for assessment and use relevant data to identify strengths and weaknesses in patient access and experience
- Collaborate to engage and involve relevant stakeholders from diverse backgrounds in EDS grading activities
- Work together to review our grading processes and outcomes to ensure consistency in our approach across the system
- Co-produce materials and processes required to effectively implement EDS 2022 across the system

The BCF can specifically shape its response to health inequalities through the use of better data that is available to us to shape services and expectations about service access and use.

For example, the data that shows the difference in Length of Stays in acute settings between younger and older patients and between those from white and ethnic minority backgrounds along with their discharge destinations. These patterns will guide us as we reset the BCF, and shift spend.

Our BCF plan has not changed significantly in its content over the last year. However, as services have rolled forward or been renewed, they have been and will continue to be subject to the scrutiny of such processes as Equality Impact Assessments and patient experience review.

Each partner in the Lancashire Better Care Fund is clear on expressing its desire to recognise and respond to protected characteristics in individuals and communities.

Lancashire BCF partners are committed to extending the Core20Plus5 approach to all of health and social care and will support targeted action when possible. This will be an aspect that will be factored in to the “reset” programme.