Public Document Pack

Health & Wellbeing Board

Tuesday, 19th June, 2018
5.30 pm
Conference Room 1 - Conference Room 1

AGENDA

1. Welcome and Apologies

2. Minutes of meeting held on 20th March 2018

To follow

3. Declarations of Interest

4. Public Questions

5. Universal Credit

Louise Mattinson to give verbal update as requested at the last Board Development Session.

6. Better Care Fund and Joint Commissioning update

Item requires decision
Katherine White to report.

Better Care Fund Update **Appendix A**	**3 - 13**

7. Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan Update

Presented by Dawn Haworth, Midland and Lancashire Commissioning Support Unit .

Lancashire Children & Young People's Emotional Wellbeing & Mental Health Transformation Programme Presention Lancs Children & Young People	**14 - 40**

8. Review of the Joint Health and Wellbeing Strategy

Presentation by Wendi Shepherd

9. Social Integration

Presentation by Sayyed Osman and Ishmael Hassan

Date Published: Date Not Specified
Harry Catherall, Chief Executive

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Claire Jackson, Director of Commissioning (Operations), BwD CCG
DATE:	19th June 2018

SUBJECT: Better Care Fund Update

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) performance reporting and finance position at Quarter 4 for 2017/18
- Request that HWBB members approve the developments within the BCF 17–19 plan for 18/19 delivery
- Provide HWBB member with the BCF and iBCF Finance schedule for 2018/19

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF quarter 4 submission and progress made against delivering the BCF plan, including the 12 month finance position.
- Approve the changes made within the BCF Plan for 18/19 delivery.

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken through Blackburn with Darwen joint commissioning arrangements.

The Blackburn with Darwen BCF plan for 2017/19 was approved on the 30th of October 2017, with an expectation that planned performance metrics are achieved as described. Quarterly reports have been submitted as per the national schedule, demonstrating the progress made against each scheme. The Q4 return was submitted on 20th April 2018 following sign off by the Chair of the HWBB.

4. RATIONALE

As outlined within previous reports to the HWBB, the case for integrated care as an approach is

well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan such that by 2020, health and social care is integrated across the country. This is also reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

5. KEY ISSUES

5.1 BCF Finance Position at month 12 (2017/18)

The 2017/18 CCG minimum pooled budget requirement plus the capital allocation has been analysed to reflect:

- Spend on Social Care - £5,812,187 (45%)
- Spend on Health Care - £4,191,560 (33%)
- Spend on Integration - £2,165,033 (17%)
- Contingency - £600,080 (5%) (allocated to the CCG)

The overall pooled budget underspend for BCF revenue was £22,000. It is recommended that this unspent amount from 2017/18 is carried over into 2018/19 financial year and to be earmarked for specific use under the joint financing arrangements.

There is a slippage of £403,000 on the Disabled Facilities Grant Capital monies in 17/18. This is in part due to the additional allocation announced in the Autumn Budget during November 2017. The additional funding replicated the purpose of the existing DFG and added flexibility to enable spend on wider social care capital projects as agreed jointly by the Local Authority and CCG. It is recommended that this unspent amount is carried over to 18/19 whilst maintaining the flexibility to use the funding innovatively across Neighbourhood and Intermediate Care developments.

The proposal to transfer the above unspent funds into the new financial year are in accordance with the Section 75 agreement for pooled resources, across health and social care to support the financial pressures associated with increased demand and acuity pressures.

5.2 BCF Pooled Budget 2018/19

The CCG minimum pooled budget requirement for 2018/19 will be £11,381,000. This is an increase of £212,000 from 2017/18. The DCLG have confirmed the DFG capital allocation for 2018/19 as £1,739,476.

The 2018/19 allocations as discussed above plus the carry forward amounts from 2017/18 are analysed as:

- Spend on Social Care - £6,501,650 (48%)
- Spend on Health Care - £4,252,828 (31%)
- Spend on Integration - £2,191,618 (16%)
- Contingency - £600,080 (5%) (allocated to the BwD Borough Council)

The BCF budget for 2018/19 has been reviewed following further joint planning across LA, CCG finance and social care leads and includes the following;

- Inflationary uplifts
- Capital allocation assigned to INT estates
- The realignment of available monies to fund a reshaped Take Home and Settle service.

- Review of Commissioning Transformation Lead - Integrated Care post with a view to recruitment in Qtr 1 2018.
- The unallocated balance of BCF of £600,080, ordinarily held as a contingency, is to be allocated to the LA in 2018/19 to meet social care demand and acuity pressures. Any further pressures or savings identified in year will be shared between the LA and CCG in accordance with the S75 agreement.

5.3 iBCF Pooled Fund 2018/19

Central Government consulted on the distribution of the Improved Better Care Fund as part of the Local Government Finance Settlement 2018/19. The spending review set out the expected available revenue for Local Government spending through to 2019/20 and the Core Spending Power information for Local Authorities has now been issued, including the proposed allocations of the Improved Better Care Fund.

Allocations in the Core Spending Power recognised that authorities have varying capacity to raise council tax (including that through the adult social care precept). Further allocations of the Improved Better Care Fund have been made following the Spring Budget. For Blackburn with Darwen the total allocations of Improved Better Care Fund are:

	Original iBCF	Additional iBCF for Social care – Spring Budget	Total
2017/18	£717,301	£3,589,451	£4,306,752
2018/19	£3,714,497	£2,186,064	£5,900,561
2019/20	£6,257,725	£1,081,454	£7,339,179

Allocations will be paid directly to Local Authorities as Section 31 grant and Local Authorities must meet the conditions set out in the grant determination as part of locally agreed plans. The grant must be spent on adult social care and used for the purposes of:

- meeting adult social care needs
- reducing pressures in the NHS – including supporting more people to be discharged from hospital in a timely way as a means to avoid Delayed Transfers of Care (DToC).
- stabilising the social care provider market

Local Authority Section 151 Officers are required to certify use of the grant and submit quarterly returns to the Secretary of State. Local Authorities must pool the grant funding into the local Better Care Fund and work with CCG's and providers in line with the Better Care Fund Policy Framework and Planning Requirements 2017-19.

5.4 BCF 2017/18 Performance Metrics

Due to the timing of the Q4 return and year end reporting processes the metrics described within this report relate to Q3 data. Q4 data will be captured within 2018/19 Q1 report.

Reduction in non-elective admissions – currently on track to deliver

There continues to be a reduction in NEL hospital admissions. The impact is particularly positive in relation to the 50+ age group, which is in line with local investment decisions aimed at deflecting frail elderly and people with long term conditions from admission.
Integrated working at a neighbourhood level across health, care and the voluntary sector continues to support people to avoid hospital admission and remain independent.

Rate of permanent admissions to residential care – currently on track to deliver

The reported number of placements over this period reflects a positive picture and our approach to reducing the number of people entering long term care. It is important to note that in the vast majority of cases, service users go into short term care first and a proportion will be appropriate for a long term placement which may reflect in the figures in future periods.

The 2017/18 planned figure was set at 175 admissions (817.1 per 100,000 population). As at the end of December there were 122 admissions for people aged 65+.

Blackburn with Darwen continues to provide in reach reablement, dedicated social worker support and access to therapy services to maximise the opportunity for service users to return home following a period of short term care.

Reablement – currently on track to deliver

The reablement target relates to the proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The 2017/18 target was set as 91.4%. In quarter 1 there were 110 people still at home after 91 days, out of 122 admissions (90.2%). In quarter 2 there were 64 people still at home, out of 68 admissions (94.1%). In Q3 we had 69 people still at home out of 78 admissions (88.5%). That gives a cumulative year figure of 90.7% at Q3. Q4 data will be extracted from the year end SALT return which will be completed at the end of May 2018 as per national requirements.

Delayed Transfers of Care (delayed days)- currently not on track to deliver

Several schemes have been agreed to support the reduction in DToC and are progressing as planned:

- The enhanced Home First service within BwD is fully recruited to and mobilised. Early results are positive with data capture and evaluation ongoing.

- An integrated discharge pathways leadership post has been successfully recruited to and inducted across all agencies. This post will lead the current Integrated Discharge function across health and care within Pennine Lancashire

- The Home of Choice policy has been agreed across Pennine Lancashire

There is significant work at hospital level to clearly identify and apportion DToC in line with current guidance. This will also provide consistency across Lancashire and South Cumbria. The system diagnostic of discharge pathways has recently concluded and will inform the future redesign of discharge pathways across Pennine Lancashire.

5.5 BCF 2017/18 Progress and Impact

The full evaluation of schemes submitted within the Q4 return is attached as **Appendix A**

5.6 High Impact Changes

	High Impact Change	Self Assessment	Evidence
1	Systems to monitor patient flow	Established	All referrals coming into the discharge service are triaged to ensure patient flow through the correct pathway for a safe discharge with social care, health or community services. The newly appointed joint leadership post is supporting this process.
2	Home first/Discharge to Assess	Established	Early Supported Discharge via Community Therapy Services, Residential Rehab and Reablement continues to promote the Home First model. The Enhanced Home First offer is now fully recruited to and mobilised.
3	Focus on choice	Plans in place	The Home of Choice Policy has progressed through governance and patient focus group approvals. Staff training is planned with a view to embedding the policy during Q1 18/19.
4	Enhancing health in care homes	Plans in place	The red bag scheme has been introduced to 24 care homes within BwD. Training is ongoing. INTs and Reablement continue to provide support to people in Care Homes.
5	Multi-disciplinary/multiagency discharge teams	Established	An integrated discharge service is established and co-located, supporting patients to access the most appropriate discharge pathway. The newly appointed joint leadership post will strengthen and further develop these arrangements.
6	Seven day service	Established	Weekend social worker offer in place to support assessment and discharge across 7 days.
7	Trusted assessors	Established	Trusted assessment is well established within the integrated discharge pathways and also facilitates the Home First pathway.
8	Early Discharge Planning	Mature	There has been an expansion of the early discharge offer during Q4. This includes the incorporation of direct Reablement and Early discharge Support within a wider Home First offer. The continuation and further development of the Take Home and Settle service further supports this process.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. Any further impact due to changes in National Policy or planning guidance will be reported as they arise.

7. FINANCIAL IMPLICATIONS

No further financial implications have been identified for quarter 2. This report outlines the budget position at month 12.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been

presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members as part of the initial plan submission.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.
Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF plan.

Appendix A

Blackburn with Darwen Better Care Fund – Quarter 4 report narrative submission

Scheme one: Voluntary Community and Faith Sector (VCFS)

i. Phase 1: Information Advice and Guidance

Our commissioning intention for a consortium based delivery mechanism for third sector services has been described in our Phase 1 service specification. This covers the approach through which information, advice and guidance services will be provided within the Blackburn with Darwen Borough going forward. The Consortium operate on a prime provider acting as an umbrella for a diverse range of providers and services.

A collaborative review of existing performance indicators and specified outcomes was undertaken in autumn 2017 and new performance and activity reporting arrangements are now in place. This is starting to inform future commissioning intentions for services beyond March 2019.

ii. Phase 2 Integrated Carer Services

There has been a need to review existing arrangements to support non- paid carers in the Borough (or those carers who support an elderly or disabled person living in the Borough) to provide greater integration and economy and efficiency. The focus has been on the delivery of information, advice and guidance to carers across client and age groups.

As the complexity of the health and social care needs of the population increases, we have seen an increase in the support needs of their carers.

Integration of what were separate services continues to evolve with joint meetings and co-located services. The number of carers' champions in organisations in the Borough continue to grow and there is active work to increase financial support to carers through targeted benefits initiatives.

There is evidence that early economies of scale are being achieved as a result of increased shared resources as well as opportunities to develop joint approaches to identified needs within the carer community e.g. supporting carers on issues of drug and alcohol use. Carer numbers identified and supported continue to increase.

ii. Phase 3 Keeping Well and Healthy Homes

Keeping Well:

The delivery of the Keeping Well project began in June 2017 and aligns the Age UK 'Here to Help', MIND 'Achieving Self Care' and Care Networks 'care navigator' service to support growth in community capacity and resilience, improve wellbeing through self-care and offer targeted approaches to reduce the demand on formal health and social care services.

This strand of the VCFS strategy seeks to improve people's actual health and their perception of feeling well. Key to this is improving people's social networks, decreasing people's sense of isolation, increasing opportunities for people to become involved through volunteering opportunities.

Ease of access through coordinated support and the availability of community resources is central to our integrated model of neighbourhood support and success will be measured by reductions in reduce unnecessary GP

consultations and reduction in medication prescription rates. It also envisaged that this will reduce unnecessary hospital attendances, unplanned admissions/re-admissions and presentations to specialist statutory services. Services are linked into Neighbourhood teams and the sector will be represented in the governance arrangements for the new models of care integrating health and social care at the neighbourhood level.

Multi agency working continues to thrive, with closer links for Transforming Lives cases made to Great Places Floating support and STEP services. A number of people are working on the range of Building Better Opportunities projects, accessing specialist support to help move closer to employment

Volunteers have provided over 300 hours of support across the programme

Healthy Homes:
The Healthy Homes service has now been extended to two years to align with the wider VCFS offer. Staff are now in post and are providing awareness raising, advice and signposting to reduce housing related health harms. Referrals have continued in quarter four to expected levels given the time of year and the interdependent work with Care Network Hub (previously known as Your Support Your Choice) is being embedded. Partnership approach is particularly strong in this phase and the use of Care Network Hub as the 'hub' has been a really positive catalyst for a strong delivery model from the outset.

Some further work is required around activity and performance reporting to ensure we have the correct intelligence to consider future delivery models by this sector.

Co-ordination of Dementia services
A review of the service is to be completed by Pennine Lancashire Clinical Commissioning Groups and Lancashire Care Foundation Trust Memory Assessment Service to address identified issues, e.g. an inconsistent offer of support across the Pennine Lancashire footprint. This will need to inform the range of commissioning intentions relating to this section of the population and there is great opportunity to further develop the interface between formal services and the support that can be delivered through our VCFS partners.

Scheme Two: Integrated Neighbourhood Teams

Membership of the four weekly Integrated Neighbourhood Team meetings across Blackburn with Darwen continues to grow. Organisations including the Care Network Hub, the Lancashire Women's Centre and MacMillan Nurses will shortly be joining the weekly INTs to develop the community offer to local residents. It is envisaged that access and participation into Improving Access to Psychological Therapies (IAPT) programmes, Healthy Home services and Cancer support services will increase as a result of the partnership work.

Blackburn with Darwen's Joint Commissioning Recommendations Group (JCRG) has approved the request to update the Borough wide Integrated Neighbourhood Team data set. A detailed exercise is now underway to identify an additional set of INT outcomes and measures which will help provide an evidence base for the new model of care going forward and enable bespoke, high quality data reports to be produced and shared.

A 12 month INT development plan has been produced following a detailed analysis of the four Integrated Neighbourhood Teams. The plan highlights over 25 priority actions such as the development of an INT partnership agreement, improved partnerships with mental health services and increasing the number of high quality case studies. The plan is discussed at the monthly Integrated Locality Team Co-ordinator Team meetings and overseen by the Integration and Neighbourhood Leads for Blackburn with Darwen Borough Council and Lancashire Care Foundation Trust.

The Integrated Care Data Sharing Agreement is currently being updated to ensure compliance of the General Data Protection Regulation and include the new attendees of the Integrated Neighbourhood Teams. Work continues to progress the IT infrastructure for the four neighbourhood teams including EMIS and ECR laptop access for the Integrated Locality Co-ordinators.

The West Integrated Neighbourhood Team has now co-located into their new office at Barbara Castle Way Health Centre. Staff briefing sessions have taken place to help build rapport between staff members and a West neighbourhood wide lunchtime networking drop in took place at lunchtime on Wednesday 28th February in the Integrated Team Office. Over 25 West based integrated neighbourhood staff members attended the networking session to meet with colleagues and find out more about each other's roles. A schedule of regular INT lunchtime networking drop ins are planned for the rest of the year for each of the four Integrated Neighbourhood Teams as part of the 12 month development plan.

Pennine Lancashire's Together A Healthier Future Programme have commissioned Rothwell Douglas to provide a Pennine Lancashire training programme known locally as 'Making It Happen', to develop the links between the emerging Primary Care Networks and the Integrated Neighbourhood Teams across all 13 neighbourhoods. Integrated Neighbourhood Team members throughout Blackburn with Darwen are currently being identified to attend the training on behalf of the four Integrated Neighbourhood Teams.

Representatives include Social Worker Team Leaders, GP's, District Nurses, Therapists, the Voluntary Sector, Practice Managers, Mental Health Practitioners, Neighbourhood Managers, Rapid Assessment Team members, Well-being Service colleagues and Lancashire Fire & Rescue Services. The training commences in mid-April and consists of four one day modules over a four month period.

Blackburn with Darwen Borough Council's Public Health Specialists are currently supporting the neighbourhood baseline assessment as part of Pennine Lancashire's Together a Healthier Future Programme. To help develop their awareness of the INTs and capture ideas for the neighbourhood profiling work Public Health Specialists have undertaken a number of visits to the Integrated Neighbourhood Teams.

Excellent partnership working continues between East Lancashire Hospice, the Clinical Commissioning Group, GP's and the four Integrated Neighbourhood Teams to increase the support for local residents who are accessing supportive/palliative care. As part of the Quality and Outcomes Enhanced Services Transformation (QOEST) scheme local residents who are accessing supportive/palliative care will be referred into the four Integrated Neighbourhood Teams via an identified principle contact from 1st April onwards. The work will be overseen by the Blackburn with Darwen Palliative / Supportive Care Project Group.

Scheme Three: Intermediate Care

The development at Albion Mill is progressing as planned and represents an innovative approach towards bed based intermediate care. The legal agreement is now in place and the build start date has been delayed until May 2018, with completion by November 2019. The project is well supported with a representative steering group that will drive progress, monitor risks and report through the appropriate governance processes. A procurement timescale has been developed for the care, nursing and therapy element of the model and a local vision has been developed that will be used to launch a soft market test with potential providers. The aim is to appoint a care provider by July 2019 to allow mobilisation and staff recruitment prior to go live date. This model includes principles that are detailed within the Pennine Lancashire Out of Hospital Business Case and will readdress the balance of step up and step down support, focusing on supporting patients to regain their independence and return home with additional wrap around care if required. The intermediate care model will deliver the whole spectrum of care, for example to those being discharged home with minimal care, to a person living at home with a time limited package of care that will facilitate early discharge and/or prevent an admission, to a person needing step up or step down into bed based care with wrap around support.

The local model includes a 'community hub' that will be used by all members of the community, residents of the intermediate care facility and their family members. This will include an offer of advice and guidance, the opportunity to build personal resilience and the opportunity to increase confidence in the range of support services and equipment available to promote independence and self-care. There has been staff and provider consultation over the usage of the hub and how it will operate to the benefit of residents and the wider community.

The existing provider of intermediate care in BwD has agreed to a contract extension in line with the new build timescales to ensure continuity of care. The existing provider has agreed to test some of the principles agreed in the new service model and have been trailing the Trusted Assessment model. An effective feedback loop is in situ to help ensure that the most appropriate individuals are referred to the service.

Scheme Four: Integrated discharge service & Home first

The newly developed Integrated Leadership Post within the Integrated Discharge Service has been successfully recruited to and the post holder has been inducted across all partner agencies. The post holder Chairs strategic partnership meetings set up to ensure all pathways are streamlined and all parties are adhering to the Discharge to Assess Principles. This group will also ensure an alignment of data collection and outcomes, enhance partnership working and retain a focus on reducing delayed transfers of care.

The simple Home First pathway is very well embedded and continues to perform well. This pathway supports an early discharge into home based therapy via the Early Supported Discharge service and the Reablement service and into residential rehab beds via the Trusted Assessment. This is now mirrored by the Enhanced Home First pathway which is fully established and able to support people with more complex needs. The Enhanced Home First offer is optimising outcomes for people by offering a holistic and strength based assessment in their own home with wrap around access to personal care, reablement, therapy and social care. This service is consistently promoting a safe and timely discharge with a more accurate assessment of longer term needs.

All Home First pathways enable discharge from hospital either same day or next day, once a Trusted Assessment has been received and validated. The weekly discharge figures for this pathway have increased and consistently achieve the targets set. Outcomes for service users after five days have varied according to individual need. Some people have been discharged from social care services as they have become independent, others have been referred on to universal community services and some people have required a domiciliary care package that meets their assessed needs.

The Integrated Step Down Team that co-ordinates all pathways using the Trusted Assessment, has now been relocated from the Hospital Team to the Home First Team to ensure excellent communication and collaboration, an approach which is proving highly successful.

Scheme Five Intensive Home Support Service (IHSS)

The IHSS model is operating as a step up model of care with the aim of preventing hospital admissions by providing time limited intensive care within a person's home, prior to referral to core community services. The link between the IHSS complex case managers and Integrated Neighbourhood Teams and GP practices is robust. This role supports the community teams in identifying patients at risk of a hospital admission and facilitating wrap around care. The role continues to develop as a means to further improve the step up and step down pathways.

The Chronic Obstructive Pulmonary Disease (COPD) team is working with the Acute Respiratory Assessment Unit to support patients with both COPD and asthma. The team will carry out community reviews and promote self-care

strategies. Referrals are increasing with the team acting above baseline with strengthened links between pulmonary rehabilitation and oxygen services.

Work has commenced to look at developing a Pennine Lancashire Intensive Home Support Service offer. This will include step up and step down services that will proactively manage patients health needs within the community. It is envisaged that this offer will include medical oversight and will align to the Intermediate Care offer within Blackburn with Darwen.

Scheme Six Directory of Service / Navigation Hub

BwD CCG are working across Pennine Lancashire to develop an Integrated Urgent Care model based on the National documentation and directives. Part of the requirement is to develop a local 24/7 Clinical Advice Service with a booking management function. BwD have been working with the existing provider of the Navigation Hub to redefine the specification and objectives to ensure that the service is better utilised and becomes part of the integrated offer with NHS 111. This specification has been approved by the CCG and will be implemented with effect from 2 April 2018 for a 12 month period. The process has been tested with a small number of NHS 111 calls being redirected to the Navigation Hub for local triaging, signposting and booking into local services. Feedback from the testing has been used to inform this specification.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Lancashire Children & Young People's Emotional Wellbeing & Mental Health Transformation Programme
DATE:	19th June 2018

SUBJECT: Lancashire Children & Young People's Emotional Wellbeing & Mental Health Transformation Programme - Update

1. PURPOSE

To provide an update to the HWBB of progress in delivering the Children & Young People's Emotional Wellbeing and Mental Health Transformation Programme, in particular:

1. A summary of the current strategic context and how that is shaping the work of the programme
2. An update on the delivery of the Transformation Plan and its refresh for 2018
3. Challenges that the programme is facing, in particular variations in access, waiting times and investment levels
4. An update on the major project to redesign CAMHS across Lancashire and South Cumbria in line with THRIVE (THRIVE is?).
5. An ask for the HWBBs ongoing support for the programme

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Being Board are recommended to:

1. Note the current strategic context and how that is shaping the work of the programme
2. Note the progress made in delivering against the Transformation Plan and note the publication of the refreshed Transformation Plan
3. Note the challenges that the programme is facing, in particular variations in access, waiting times and investment levels
4. Note the update on the CAMHS Redesign project.
5. Confirm their ongoing support for the programme

3. BACKGROUND AND RATIONALE

The first iteration of the Lancashire Children and Young People's Emotional Wellbeing and Mental Health (CYPEWMH) Transformation Plan was developed in partnership with a range of stakeholders from across and health and social care. The plan was endorsed by the 8 Lancashire CCGs (through the CCB) as well as the 3 Lancashire Health and Well Being Boards. It was formally approval by NHS England on 24th December 2015. The plan, which was developed in response to Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing, March 2015', outlined 24 objectives and 203 deliverables, over the period 2015-2020. The plan was mobilised in January 2016 and formally launched on 14th March 2016, following a public stakeholder event.

Subsequently the Transformation Plan has been reviewed and re-freshed annually, on each occasion we worked closely with local stakeholders including service providers, clinicians and most importantly children, young people and families to review the plan.

Since its initial publication considerable progress has been made in delivering against the objectives of the plan, with additional objectives also being added.

This presentation provides an update for the Health and Wellbeing Board as set out in the purpose of the report section above.

6. POLICY IMPLICATIONS

N/A

7. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report

8. LEGAL IMPLICATIONS

N/A

9. RESOURCE IMPLICATIONS

N/A

10. EQUALITY AND HEALTH IMPLICATIONS

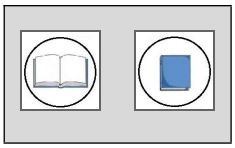
Equality Impact and Risk Analyses have been completed for the Transformation Plan Refresh and for the CAMHS Redesign

11. CONSULTATIONS

Consultation was undertaken with children, young people and families as well as wider stakeholder as part of the re-fresh of the Transformation Plan. Comments received and responses to these are included in the Transformation Plan at appendix 4.
A detailed co-production and engagement plan has been developed and is being delivered as part of the CAMHS Redesign

VERSION:	1.0

CONTACT OFFICER:	Dawn Haworth dawnhaworth@nhs.net
DATE:	8.6.18
BACKGROUND PAPER:	N/A



Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan

Lancashire Children & Young People's Emotional Wellbeing and Mental Health Transformation Programme - Update

Blackburn with Darwen Health & Wellbeing Board

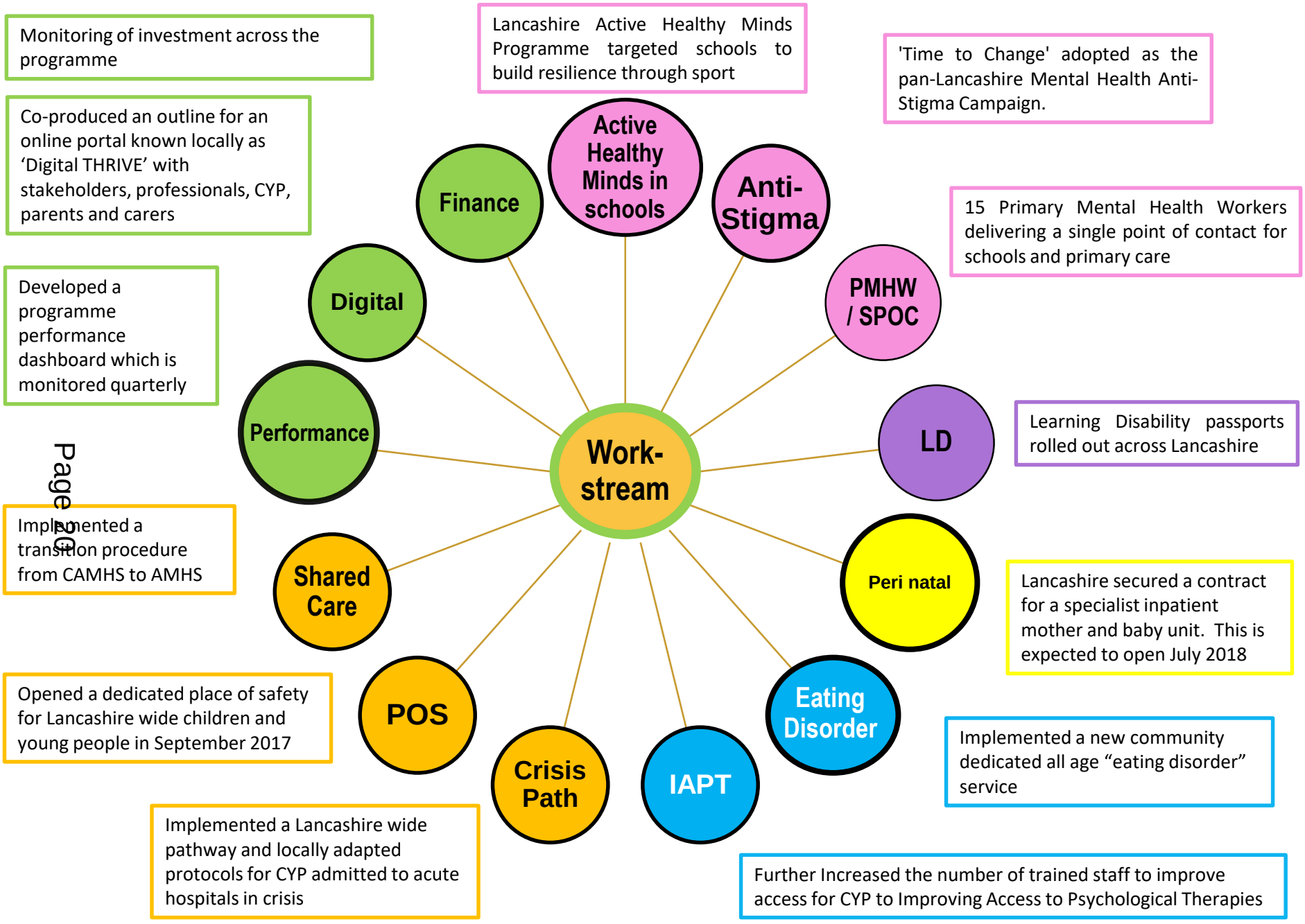
19th June 2018

@CYPEWMH1

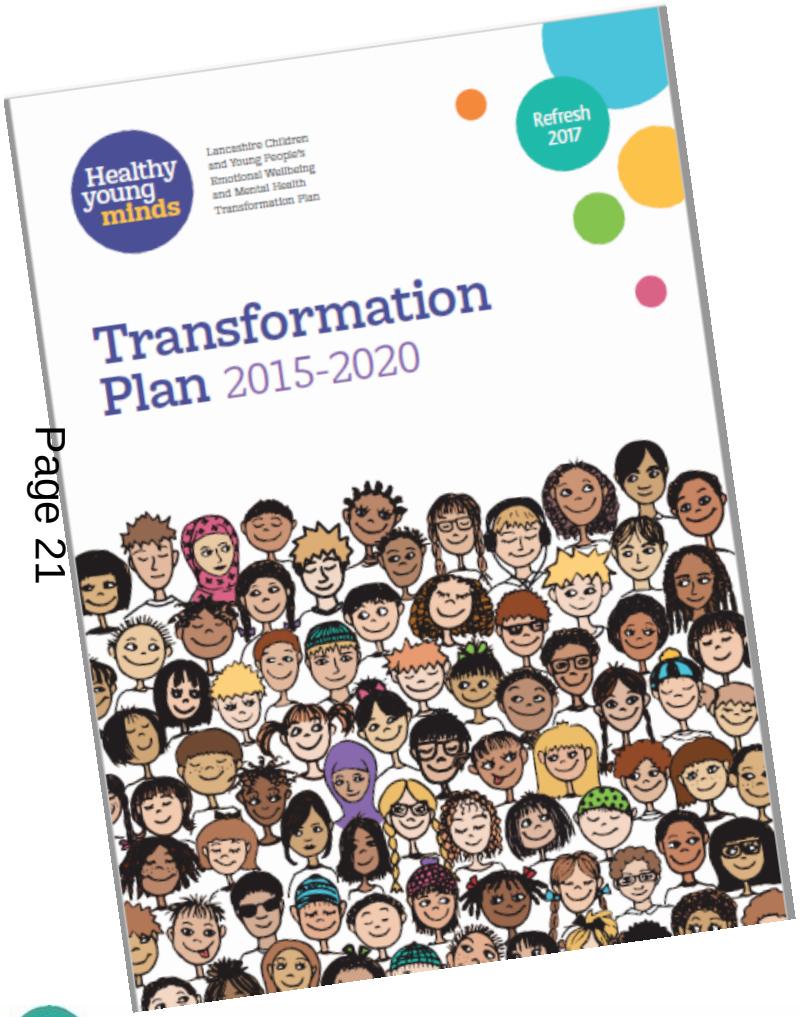
Contents

The CYPEWMH Transformation Plan – reminder

- Developed in 2015 in response to local concerns and in line with NHSE guidance
- Co-produced as a pan-Lancashire plan
- Based on engagement with a wide range of stakeholders including children, young people and families
- Signed off by the CCGs and Health and Wellbeing Boards
- Assured by NHSE on December 24th 2015. Published January 2016
- A 5 year plan for fundamental change; 200+ deliverables over 5 work streams


Monitoring of investment across the programme
Lancashire Active Healthy Minds Programme targeted schools to build resilience through sport
'Time to Change' adopted as the pan-Lancashire Mental Health Anti-Stigma Campaign.
Co-produced an outline for an online portal known locally as 'Digital THRIVE' with stakeholders, professionals, CYP, parents and carers
15 Primary Mental Health Workers delivering a single point of contact for schools and primary care
Developed a programme performance dashboard which is monitored quarterly
Learning Disability passports rolled out across Lancashire
Implemented a transition procedure from CAMHS to AMHS
Lancashire secured a contract for a specialist inpatient mother and baby unit. This is expected to open July 2018
Opened a dedicated place of safety for Lancashire wide children and young people in September 2017
Implemented a new community dedicated all age "eating disorder" service
Implemented a Lancashire wide pathway and locally adapted protocols for CYP admitted to acute hospitals in crisis
Further Increased the number of trained staff to improve access for CYP to Improving Access to Psychological Therapies
Work-stream
Active Healthy Minds in schools
Anti-Stigma
PMHW / SPOC
LD
Peri natal
Eating Disorder
IAPT
Crisis Path
POS
Shared Care
Performance
Digital
Finance

Plan Re-fresh – Workstreams and Objectives



- Re-freshed winter 2017/18
- Based on engagement with a wide range of stakeholders including CYP and families
- Consultation feedback appendix 4
- Signed off by CCB January 2018
- Signed off by JCCCGs March 2018
- Implementation 1.4.18 onwards
- 6 workstreams
- 28 objectives

Challenges 18/19 and onwards

- National Access Target for CAMHS from 17/18
- LCC £1.1 million re-prioritized investment into early help. Backfilled in CAMHS by transformation funding
- Variation in service provision and funding
- Transformation Plan aspiration to implement THRIVE
- Implications of green paper.
  - 4 week wait for specialist CAMHS,
  - designated lead for MH in all schools,
  - NHS MH support teams into schools/colleges for early intervention and ongoing help

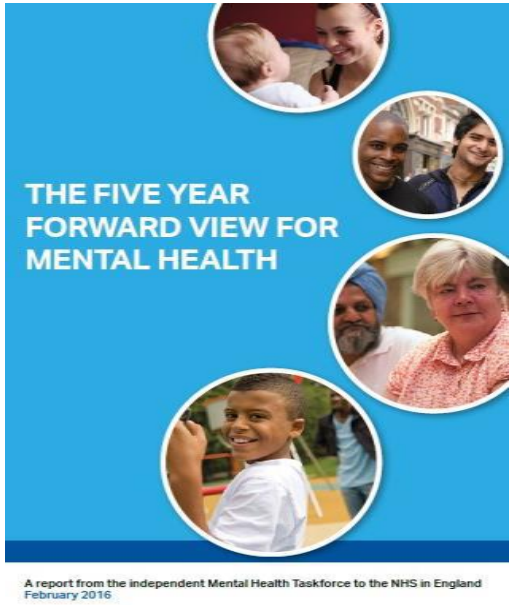
More about variation

CCG's received an assessment of the significant variations in

- Investment
- Access
- CYP experiences
- Audits and feedback from stakeholders

Access Targets

The Five Year Forward View for Mental Health introduced 2 access targets specific to children and young people:



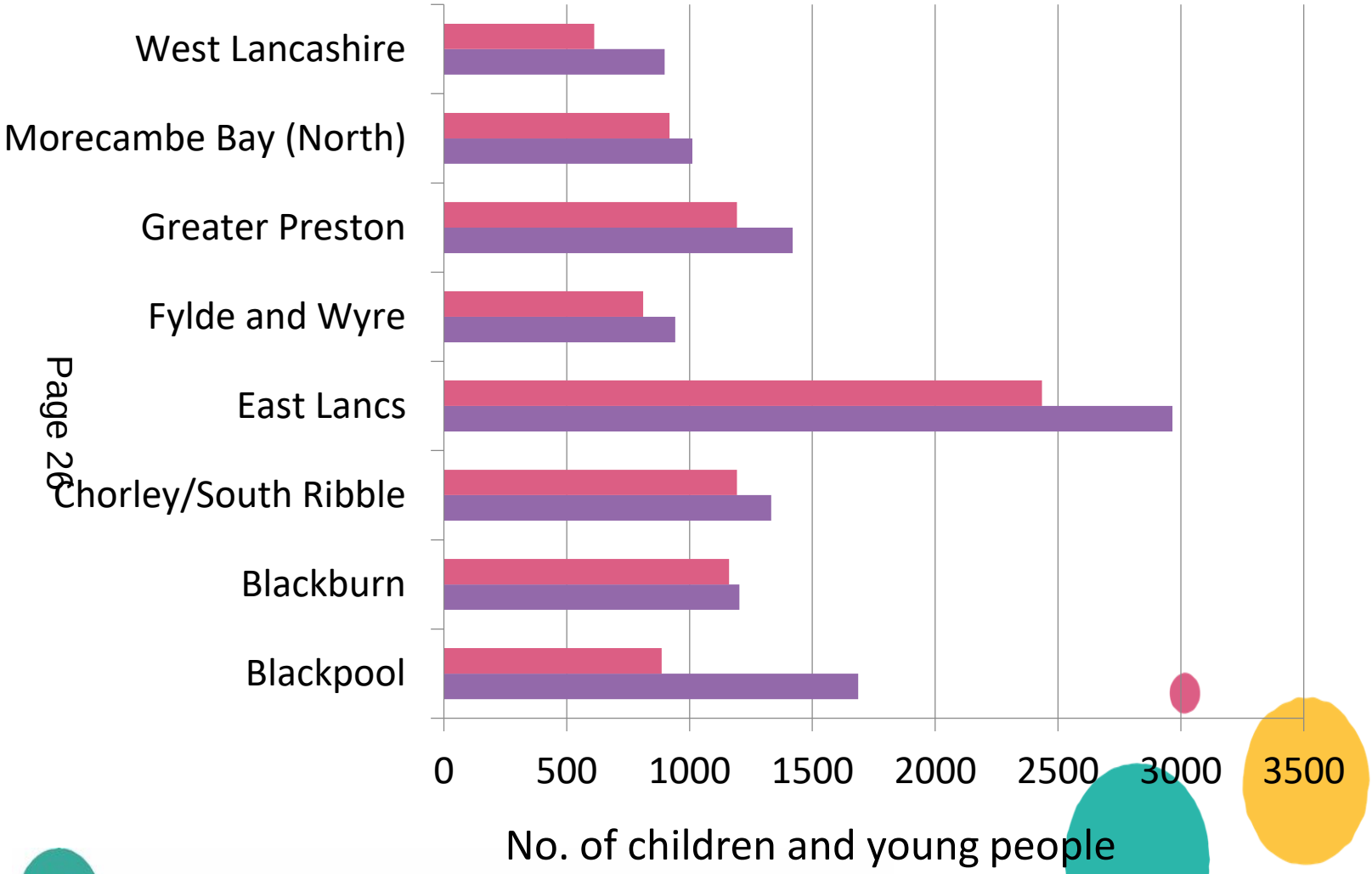
- At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.

- Children and Young People with an Eating Disorder to be able to access support in the community within 1 week if urgent and 4 weeks if routine.

2017/18 Performance- Locally reported

11,461 children accessed NHS funded mental health services in 2017/18, which is 7% above the access target

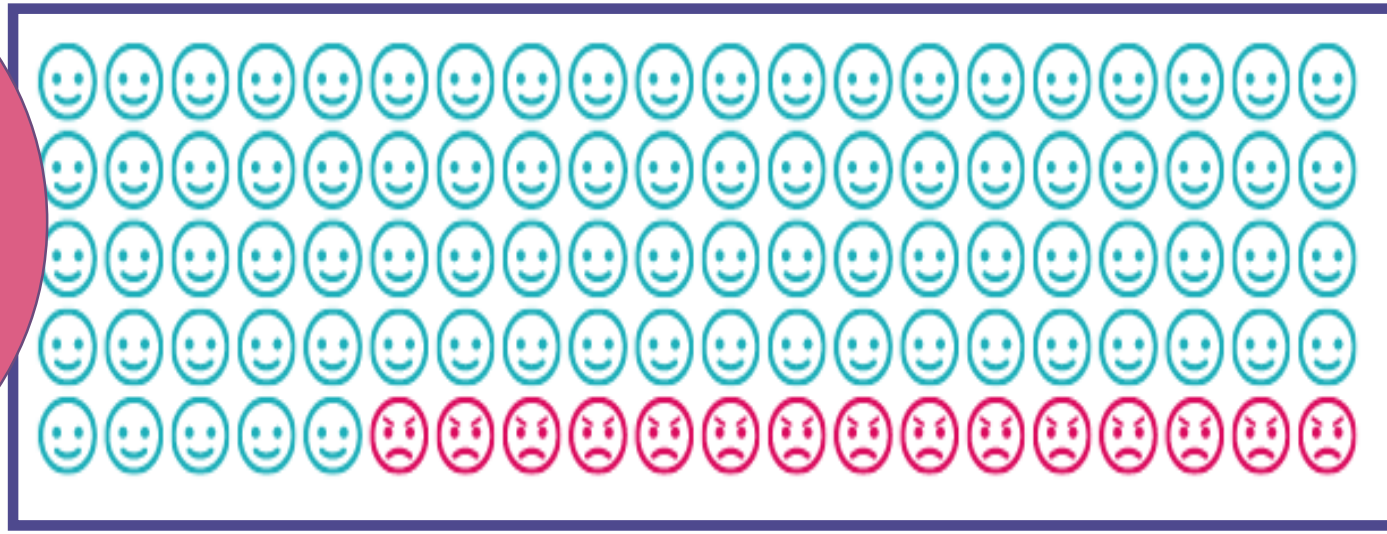
2017/18 Performance by CCG area- No.'s accessing



Access for CYP with Eating Disorders Across Lancashire

Urgent Cases
47 Children
57% (27)
seen within 1 week

Routine Cases
128 Children and young people
85% (109)
seen within 4 weeks



Current Investment levels

- CCG spend in 2017/18 was £15.2m

Annual Children's Services Spend - 2017/18										
Service	Blackpool CCG	Blackburn with Darwen CCG	Chorley & South Ribble CCG	East Lancashire CCG	Fylde & Wyre CCG	Greater Preston CCG	West Lancashire CCG	North Lancashire	South Cumbria	Subtotal CCG Spend
TOTAL CORE	£1,922,157	£1,308,517	£1,301,419	£3,564,236	£1,078,165	£1,162,958	£866,207	£566,033		**£11,769,692**
TOTAL TRANSFORMATION (85% aligned)	£437,920	£376,040	£376,040	£847,280	£342,720	£447,440	£238,000	£333,200		**£3,398,640**
TOTAL CORE + TRANS. IN 2017/18	**£2,360,077**	**£1,684,557**	**£1,677,459**	**£4,411,516**	**£1,420,885**	**£1,610,398**	**£1,104,207**	**£899,233**		**£15,168,332**
Registered Population (under 19s)	30,285	40,397	38,199	88,785	32,303	45,561	23,555	31,200		
Investment (£) per Reg. Population	£77.93	£41.70	£43.91	£49.69	£43.99	£35.35	£46.88	£28.82		

- LA spend in 2017/18 was £4.5m

Annual Children's Services Spend - 2017/18				
Service	Lancashire County Council	Blackpool Council	Blackburn Council	Sub Total Local Authority
TOTAL CORE	£3,979,668	£163,233	£350,700	**£4,493,601**

Investment compared to national average

The national average CAMHS CCG investment per person (0-18) is £50.13.

Total investment therefore required to bring all the CCGs up to this level would be £4.9m. The only CCG operating beyond this level is Blackpool CCG.

	Blackpool CCG	Blackburn with Darwen CCG	Chorley & South Ribble CCG	East Lancashire CCG	Fylde & Wyre CCG	Greater Preston CCG	West Lancashire CCG	Morecambe Bay CCG	Total
2016/17 Baseline Spend 0-18*	£2,059,522	£1,364,510	£1,369,491	£3,761,756	£1,181,615	£1,237,151	£929,868	£2,201,438	£14,105,351
Investment at average £50.13 per population	£1,518,187	£2,025,102	£1,914,916	£4,450,792	£1,619,349	£2,283,973	£1,180,812	£3,425,032	£18,418,163
Investment Required to bridge baseline funding		**£660,592**	**£545,425**	**£689,036**	**£437,734**	**£1,046,822**	**£250,944**	**£1,223,594**	**£4,854,147**

* *Subject to change; AMHS value is still being ratified.*

Key Priority Area

- We have reviewed our Transformation Plan in light of these challenges, issues, national requirements and the changing strategic context and agreed that a fundamental objective must be **to improve access** to CAMHS and **reduce variation** in service offer and investment

- Our ambition is to go beyond the national access target but this will be dependent on **increased investment** from all partners – NHS and Local Authority alongside service redesign.

- It has been agreed by the CCG's that this will be achieved through a co-produced **Service Redesign Project** in line with the nationally recognised model THRIVE

Aim: To redesign and commission NHS funded children and young people's emotional wellbeing and mental health (CYPEWMH) services across Lancashire and South Cumbria in line with THRIVE

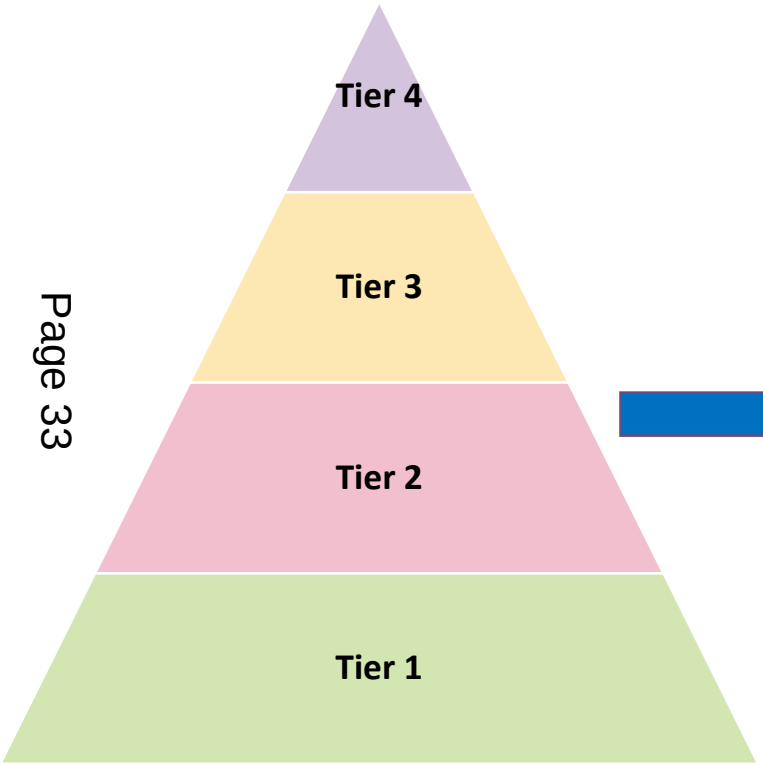
Services in Scope

NHS funded services for children and young people with a diagnosable mental health problem

The Case for Change: Adopting THRIVE

"…a radical shift in the way that services are conceptualised and potentially delivered".

Current Approach



"rather than an escalator model this is a conceptual framework that groups children and young people, goal focused, evidence informed."

Healthy young minds

Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan

The Ask to Providers

Providers are asked to collaborate with each other, with VCFS providers and with CCGs to clinically lead the co-production of a core service model for NHS funded CYPEWMH Services (CAMHS) across Lancashire and South Cumbria

CCG's have agreed a 'collective' service redesign project. The outcomes will be:

- More children who need services are able to access them
- Waiting times are reduced
- Variations in service across Lancashire and South Cumbria are addressed
- Best practice both nationally and locally is shared and built upon
- Existing and additional investment is deployed in the best way to meet need.

Providers

- East Lancashire Child and Adolescent Services
- Lancashire Care NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Cumbria Partnership NHS Foundation Trust
- Range of VCFS providers in scope

The Ask:

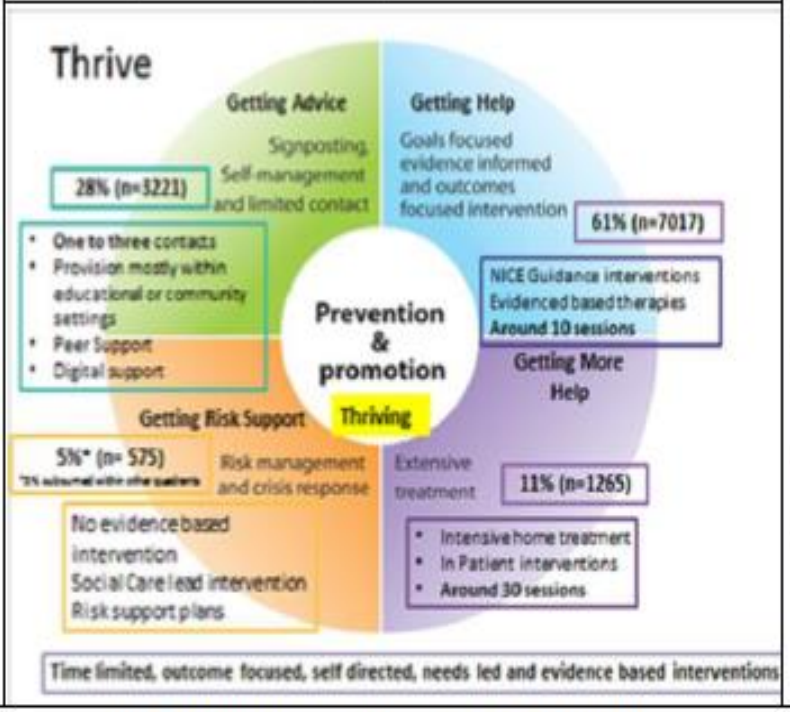
Providers are asked to collaborate with each other to clinically lead the co-production of a core service model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

Must Do's:

a. Be co-produced with CYP, families, providers, commissioners and other stakeholders (see appendix A).
b. Reflect and respond to previous consultation (see EIRA) and incorporate ongoing engagement with CYP and families.
c. Offer quality services that result in positive patient experiences and deliver positive outcomes for children, young people and families in line with PREMS and PROMS.
d. Respond to the needs of our diverse communities and vulnerable groups (see EIRA).
e. Incorporate the use of digital therapies in line with evidence base and offering choice
f. Incorporate clinical support to online parenting groups and peer support based on recommendation in the iTHRIVE consultation e.g. closed Facebook groups with clinical input
g. Incorporate the full range of NHS funded interventions provided across sectors e.g. counselling (see appx D)
h. Reflect the THRIVE model: evidence based and outcomes led; options and information for children and young people in need but not in treatment; interventions are focused and time limited; and a clear approach to risk support.
i. Support delivery of the national access target (see appendix B).
j. Take referrals from birth up to 18th birthday and continue to support up to 19th birthday, as needed
k. Offer a clear single point of contact for CYP, families, schools and primary care including providing consultation and advice.
l. Offer clear referral pathways including self-referral.
m. Incorporate a single point of access to all elements of the THRIVE model including a 'warm handover' to other services
n. Offer a direct route from adult IAPT for 16-18s with anxiety/depression as part of 'getting help'
o. Incorporate a range of roles including the new PMHWs and CWPs.

Pathways to be included:

Pathways to be developed as part of the redesign, reflecting the national access target definition, the needs based groupings set out in THRIVE elaborated (p14) and NICE guidance. Pathways to include those delivered directly and those delivered in partnership with other services



Must Do's continued:

p. Ensures workforce requirements are delivered in line with Stepping Forward to 2020/21.
q. Offer 7-day CAMHS crisis response with access to out of hours' on-call services and places of safety alongside Core 24
r. Offer access to the service in a range of CYP friendly settings.
s. Work in partnership with in-patient services to ensure CYP are supported in the least restrictive setting.
t. Allow for innovation and continuous improvement in response to national and local standards while enabling place based delivery and local variation, where appropriate. This should include the Green Paper (December 2017).
u. Support a collaborative system and a positive culture around children and young people's mental health by working in partnership with non-NHS funded services that form part of the complementary offer; to tackle stigma and raise awareness; and positioning the new service within the context of an overall offer for 0-25.
v. Work in partnership with AMH and physical health services to ensure CYP and families are supported holistically and that services recognise and respond to the impact that AMH may have on CYP
w. CYP are appropriately supported to transition in line with pan Lancashire Transitions procedure and NICE quality standards and learning from recent CQUIN.
x. Children and young people, who are vulnerable e.g. children looked after, young offenders, should have priority access to mental health assessments by specialist practitioners. Access to subsequent treatment should be based on clinical need.

Performance and outcome measures and targets

1. **Access Target**: Included in THRIVE diagram above and CCG breakdown appendix B (Attached)
2. **Waiting List Measures**: included as placeholders in FYFV MH dashboard and as part of national indicator set therefore may require further amendment once finalised nationally.
   a. Total number of CYP waiting for treatment by number of weeks waiting
   b. Average waiting time (days):
      i. from referral to treatment/intervention (National proposed 4 weeks – Green Paper Dec 2017)
      ii. from assessment to treatment/intervention
      iii. from referral to assessment
3. **Quality Measures**
   a. Transitions out of Children and Young People's Mental Health Services as per Commissioning for Quality & innovation (CQUIN) 2017/18 specification, with a goal to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.
   b. Additional measures to be developed by providers
4. **Outcome measures**:
   a. No's of CYP with paired outcome measures
   b. % of CYP who show reliable improvement
   c. No's of CYP who have developed a goal based outcome
   d. % of those that show improvement on those goals
   e. No's of CYP who completed patient experience measure
   f. % of CYP reporting positive patient experience measure
5. **Mental Health Service Data Set (MHSDS)**: Compliance to the minimum MHSDS submission of 100% completeness and full compliance against data quality as per the NHS Digital provider level data quality report, with ambition to be fully conformant to MHSDS by 1st June 2018 as per the Information Standard Notice.

Progress to Date

Milestones:

- Checkpoint 1: Confirmation of agreement received from providers 10.11.17
- Checkpoint 2: MOU submitted and agreed 5.2.18; Co-production and Engagement plan submitted and signed off 20.4.18
- Checkpoint 3: Submission of outline proposal and draft transition and implementation plan due 10.8.18
- Checkpoint 4: Submission of final proposal, financial model, final transition and implementation plan due 9.11.18

Summary

- The Transformation Programme has made significant progress on improvements, after just 2 years of operation in a 5 year journey
- New challenges are ahead this year
- We have proposed a means of meeting those challenges, and we believe the redesign is the right approach
- We welcome feedback and are committed to work together on assurances around the whole system
- We must move forward and continue to make improvements
- We welcome the on-going input and support from the Blackburn with Darwen Health & Wellbeing Board for the programme and our ask for additional investment.

Healthy young minds

Lancashire & South Cumbria Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan

@CYPEWMH1

Thank You

http://www.healthierlsc.co.uk/application/files/7815/2845/4017/Lancashire_CYP_EWMH_Transformation_Plan_Refresh_.pdf