Blackpool Council

13 March 2018

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Thursday, 22 March 2018 at 2.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

(a) personal interest
(b) prejudicial interest
(c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 9 NOVEMBER 2017 (Pages 1 - 6)

To agree the minutes of the last meeting held on 9 November 2017 as a true and correct record.

3 BLACKPOOL BETTER CARE FUND (Pages 7 - 50)

To provide the Board with details of the Blackpool Better Care Fund 2017-19, and to confirm monitoring arrangements for the next period

4 INTEGRATED CARE PARTNERSHIP UPDATE (Pages 51 - 54)

To update the Health and Wellbeing Board on progress with the development of an Integrated Care Partnership.

5 CONSULTATION ON EMERGING PRIORITIES FOR THE BLACKPOOL COUNCIL ADULT LEARNING SERVICE (Pages 55 - 70)

To consult on the draft Adult Learning Service priorities for 2018/2021 which are Health and Wellbeing related.

6 TOBACCO FREE LANCASHIRE (Pages 71 - 106)

To present Tobacco Free Lancashire's 'Towards a smokefree generation 2018-2023' strategy.

7 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 107 - 116)

To consider and approve the revised pan-Lancashire Pharmaceutical Needs Assessment.

8 DATES OF FUTURE MEETINGS

Members of the Board to discuss forthcoming agenda items and agree the frequency of future meetings.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - THURSDAY, 9 NOVEMBER 2017

Present:

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council

David Bonson, Chief Executive Officer, Blackpool Clinical Commissioning Group
Diane Booth, Director of Children's Services, Blackpool Council
Councillor Clapham, Opposition Group Member, Blackpool Council
Councillor D Coleman, Cabinet Assistant (Resilient Communities), Blackpool Council
Councillor Collett, Labour Group Member, Blackpool Council
Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
Dr Arif Rajpura, Director of Public Health, Blackpool Council

In Attendance:

Lennox Beattie, Executive and Regulatory Support Manager
Stephen Boydell, Principal Public Health Intelligence Practitioner
Nicky Dennison, Senior Public Health Practitioner
Lynn Donkin, Blackpool Council, Public Health.
Chief Superintendent Nikki Evans, Lancashire Constabulary
Steve Winterson, Engagement and Partnerships Director, Lancashire Care NHS Foundation Trust

Apologies:

Dr Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group
Phil Jones, Area Group Manager, Lancashire Fire and Rescue Service
Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group
Karen Smith, Director of Adult Services, Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 19 APRIL 2017

The Health and Wellbeing Board considered the minutes of the last meeting held on 19 April 2017.

Resolved:

That the minutes of the meeting held on the 19 April 2017 be approved and signed by the Chairman as a correct record.

3 PUBLIC HEALTH ANNUAL REPORT 2016

Dr Arif Rajpura, Director of Public Health, presented his independent assessment of local health needs, determinants and concerns for 2016, the report being the ninth annual assessment produced by Dr Rajpura in his role as Blackpool's Director of Public Health.

Dr Rajpura explained that the report had community resilience as its central theme linked to the Council Plan and presented a selection of work and initiatives relevant to the topic. The report outlined areas including vaccine coverage emergency preparedness arrangements and NHS Screening Programmes. The report highlighted under the theme of health promotion the promotion of good mental health in terms of initiatives such as Better Start and HeadStart and actions which had led to reductions in smoking and the Healthy Weight Strategy. The healthcare section concentrated on the opportunities for improving public health offered by the NHS-led Fylde Coast New Models of Care programme, transforming mental health services, strengthening public health services for 0-5 year olds, and the NHS Health Check Programme. The report emphasised the need to deliver a wider system for building resilience and ensuring that the range of activities undertaken by a range of organisations and partners to promote the objective of increased community resilience, had clear lines of accountability.

Resolved:

1. To receive the Public Health Annual Report 2016 (attached at Appendix 3a, to the agenda).

2. To note the recommendations made in the report and request that they be forwarded to the Public Services Board and the Vanguard New Models of Care System for their consideration to ensure that the key action of to bringing together and coordinating the activities across the local system.

4 HEALTH AND WELLBEING STRATEGY UPDATE

The Board received from Dr Arif Rajpura, Director of Public Health, the second six-monthly update to the Board on progress in delivering the actions in the Health and Wellbeing Strategy and to provide an update on the performance indicators.

The Board was reminded of the priorities namely housing, substance misuse including alcohol and tobacco, reducing social isolation and building community resilience, and early intervention.

Dr Rajpura highlighted the good progress made in terms of childhood obesity through the Healthy Weight Strategy dealt with elsewhere on the agenda.

He then highlighted progress in terms of alcohol abuse, particularly that nationally and locally, the number of persons had seen a downward trend.

Dr Rajpura then highlighted the issue of self-harm in young people and explained that there had been a number of developments looking to address children and young people's emotional health and wellbeing including:

- •CASHER (Child and Adolescent Support and Help Enhanced Response) out of hours support for young people that were self-harming
- •Duty hours (for emergency paediatric psychosocial assessments) extended until 4:40pm – CASHER on duty at 5:00pm
- •CAMHS extended opening until 7pm twice a week

Dr Rajpura emphasised the issues regarding breast feeding and smoking in pregnancy. He explained that it was intended to address this issue in all contacts and by genuine peer support.

Dr Rajpura highlighted the revised Public Health dashboard which compared Blackpool with the most similar authorities for a more correct comparison.

Resolved:

To note the six-monthly update on the Health and Wellbeing Strategy.

5 HEALTHY WEIGHT STRATEGY UPDATE

The Board received an update on the previously agreed Healthy Weight Strategy.

A Healthy Weight summit had been held in February 2017 to encourage organisations to follow the Council's lead and develop their own declaration on Healthy Weight. Following the event over 20 organisations, including Health and Wellbeing members, had pledged to develop their own declaration. Since the event, Blackpool Teaching Hospitals had become the first NHS organisation to sign a declaration on Healthy Weight. Subsequently, a further two summits had been held in June and October, for organisations to share and update on the work they were undertaking on the healthy weight agenda. The approach had been endorsed by Food Active and in addition the "Give up Loving Pop" (GULP) agenda had been endorsed by the United Kingdom's Chief Dental Officer.

The Board noted the progress in schools towards reducing childhood obesity notably by the following initiatives:

- Free School Breakfasts with an evaluation which concludes the scheme is contributing to healthy preference learning and international evidence that regular, healthy breakfast habits were associated with reduced likelihood of obesity
- Walk to school project in 28 primary schools
- Fit2Go in Year 4 across 33 schools
- Sport for Champions programme in Year 6
- Give up Loving Pop (GULP) campaigns
- Daily Mile in a small number of schools
- School Nurses offered weight management/monitoring support and onward

referral
- Making Changes programme – child and family weight management programme

The results of these had been reflected in the most recent National Child Measurement Programme data. The national average for 2016/17 is 22.6% of children in Reception and 34.2% in Year 6 are overweight or obese compared to the Blackpool figure of 25.7% in Reception and 34.3% in Year 6. This meant Blackpool Reception children are slightly more likely to be overweight or obese than the national average, but the Year 6 figure was in line with the national average.

Resolved:

To note the updates on progress on Healthy Weight Strategy and the Local Authority Declaration on Healthy Weight and the 2016/17 National Child Measurement Programme data.

6 BLACKPOOL DRUG STRATEGY 2017-2020

Dr Rajpura presented the Board with the Drug Strategy 2017-2020 which outlined the future direction and action plan for tackling substance misuse in the town.

The strategy had been developed in conjunction with the Health and Wellbeing Strategy. The overarching vision of the strategy was "Together we will make Blackpool a place where all people can live, long, happy and healthy lives" and substance misuse had been highlighted as a key priority.

The overall aim of the strategy was to prevent drug misuse, reduce the negative impact it had on Blackpool and build resilience by creating a supportive environment for individuals and communities to rebuild their lives. Dr Rajpura stated that it would be achieved by the following key action areas:

- Educating young people
- Preventing harm to individuals
- Building recovery
- Preventing harm to the community
- Keeping children safe and rebuilding families
- Building community and increasing engagement and inclusiveness in Blackpool

Resolved:

To approve the Drug Strategy 2017-2020 and action plan as attached at Appendix 6a, to the agenda.

7 PAN-LANCASHIRE PHARMACEUTICAL NEEDS ASSESSMENT

The Board noted that the Pan-Lancashire Pharmaceutical Needs Assessment Steering Group had been meeting for the last nine months to undertake research in order to prepare the publication of a new Pan-Lancashire Pharmaceutical Needs Assessment in April 2018.

It was noted that a public consultation on the draft document would be launched at the beginning of December 2017.

Resolved:

1. To note the progress made so far in the production of a new Pan-Lancashire Pharmaceutical Needs Assessment 2018 -2021.

2. To note that the formal 60-day public consultation period will commence in early December 2017.

3. To agree to receive an update on responses to the comments and feedback received as a result of the 60-day consultation and formally approve the Pan-Lancashire Pharmaceutical Needs Assessment 2018 -2021 at a future meeting.

8 FORWARD PLAN

The Board agreed that subsequent to the meeting, the Chairman would develop a forward plan and a draft calendar of meetings for approval at the next meeting.

9 DATE OF FUTURE MEETINGS

The Board agreed that subsequent to the meeting, the Chairman would develop a forward plan and a draft calendar of meetings for approval at the next meeting.

Chairman

(The meeting ended at 5.05 pm)

Any queries regarding these minutes, please contact:
Lennox Beattie Executive and Regulatory Manager
Tel: 01253 477157
E-mail: lennox.beattie@blackpool.gov.uk

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Jayne Bentley, Care Bill Implementation and Better Care Fund Project Lead)
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	22 March 2018

BLACKPOOL BETTER CARE FUND

1.0 Purpose of the report:

1.1 To provide the Board with details of the Blackpool Better Care Fund 2017-19, and to confirm monitoring arrangements for the next period.

2.0 Recommendation(s):

2.1 To note the contents of the report.

2.2 To agree to the arrangements for the monitoring of the implementation of the Better Care Fund, as outlined in paragraph 5.4.

3.0 Reasons for recommendation(s):

3.1 The Better Care Fund pooled budget is a statutory requirement under the amended NHS Act 2006.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None, the Better Care Fund pooled budget is a statutory requirement under the amended NHS Act 2006.

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 There was a considerable delay in the publication of the Policy Framework and Planning Guidance for the Better Care Fund 2017-19, which meant that details of the submitted plan were not available to share with the Health and Wellbeing Board. It was agreed at the meeting on 19 April 2017 that Councillor Cain as Chairman would sign all necessary documentation on behalf of the Board.

5.2 Blackpool Council and Blackpool Clinical Commissioning Group were required to submit a narrative Better Care Plan (Appendix 3a) and a planning template (Appendix 3b) covering the two year planning cycle 2017-19, and which met the following requirements:

- Plans meet the following national conditions:
    - Plans to be jointly agreed;
    - Maintain provision of social care services;
    - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
    - Implementation of the High Impact Change Model for Managing Transfers of Care.
    -
- Targets set for the following performance metrics, which are reported quarterly to NHS England:
    - Non-elective admissions (Acute Specific previously General and Acute);
    - Delayed transfers of care from hospital per 100,000 population.
    - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
    - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

- Details of how the additional funding announced in the 2017 Spring Budget (iBCF) is being invested to meet the following conditions:
    - It must be used to meet unmet social care needs;
    - It will focus on the unmet needs of the older adult population;
    - It should be used to help implement the high impact changes needed to reduce Delayed Transfers of Care.

5.3 The Blackpool Better Care Plan was submitted to NHS England on 11 September 2017, and following their assurance process was classified as 'Approved' on 27 October 2017 (Appendix 3c).

5.4 The Monitoring Group will be working with Commissioning Managers to develop a quality and activity monitoring framework. The following outcomes have been agreed as a starting point:

- Increased integration of health and social care services;
- Freeing up Accident and Emergency capacity;
- Put partners on more sustainable financial footing;
- Individuals maintaining independence in their own homes;
- Improved health and wellbeing of Blackpool residents.

5.5 Does the information submitted include any exempt information? No

5.6 **List of Appendices:**

Appendix 3a: Submitted Blackpool 2017/19 Better Care Fund Narrative Plan
Appendix 3b: Submitted Blackpool 2017/19 Better Care Fund Planning Template
Appendix 3c: Approval Letter Blackpool 2017/19

6.0 Legal considerations:

6.1 The legal framework for the Better Care Fund derives from the NHS Act 2006 (amended by the Care Act 2014), which requires that in each area the Better Care Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with Department of Health (DH) and Department of Communities and Local Government (DCLG). The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 As outlined within the Background Information section.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

2017-19 Integration and Better Care Fund Policy Framework

Integration and Better Care Fund planning requirements for 2017-19

High Impact Change Model

Blackpool Council
BUILDING A BETTER COMMUNITY FOR ALL

NHS
Blackpool
Clinical Commissioning Group

Appendix 3a: Better Care Plan 2017-19

Authorisation and sign-off

Signed on behalf of Clinical Commissioning Group	Blackpool CCG
By	David Bonson
Position	Chief Operating Officer
Signature	
Date	6 September 2017
Signed on behalf of the Council	Blackpool Council
By	Karen Smith
Position	Director of Adult Services
Signature	
Date	8 September 2017
Signed on behalf of the Health and Wellbeing Board	Blackpool Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Graham Cain
Signature	
Date	08th September, 2017

Summary of Plan

Local Authority	Blackpool Council	
Clinical Commissioning Group	Blackpool CCG	
Boundary Differences	Blackpool Council and Blackpool Clinical Commissioning Group are co-terminus; however some of the population registered with Blackpool GPs live within Lancashire County Council and vice versa.	
	2017/18	2018/19
Minimum required value of BCF pooled budget	£20,349,728	£22,910,870
	2017/18	2018/19
Total agreed value of BCF pooled budget	£25,050,819	£27,347,070
Date agreed by Health and Wellbeing Board	4 September 2017	
Date submitted to NHS England	11 September 2017	

Confirmation of funding contributions

Overall Contributions	**2016/17 Actuals**	**2017/18 Planned**	**2018/19 Planned**
CCG minimum contribution	£12,736,932	£12,964,923	£13,211,256
CCG additional contribution	£2,045,950	£2,958,772	£3,014,987
LA contribution	£2,651,297	£3,730,352	£3,556,978
iBCF		£5,396,773	£7,563,848
Total Better Care Fund	**£17,434,179**	**£25,050,819**	**£27,347,070**
Increase in BCF		**£7,616,640**	**£2,296,251**
Specific contributions	**2016/17 Actuals**	**2017/18 Planned**	**2018/19 Planned**
Disabled Facilities Grant	£1,840,000	£1,988,032	£2,135,766
Care Act 2014 monies	£607,000	£617,458	£629,190
Former Carers Break funding	£126,000	£128,637	£131,081
Reablement funding	£894,000	£1,329,097	£1,354,349

Local vision and approach for health and social care integration.

By 2020 we will have created a truly integrated and effective health and social care system that maintains people's health, wellbeing and independence for as long as possible, by providing the highest quality of care.

Our vision is that:

'Together we will have made Blackpool a place where all people can live longer, happier and healthier lives by 2019'

Our vision will be achieved by:

- integrating local health and social care commissioning;
- pooling budgets across organisations;
- creating a neighbourhood/locality model:
    - with co-located, integrated teams;
    - based around groups of GP practices;
    - coordinating out-of-hospital and community health and social care;
- ensuring we have a thriving hospital providing appropriate in-hospital care when needed.

Our vision derives from the bold ambition set out in our Joint Health and Wellbeing Strategy for Blackpool 2016-2019. Building on strong pre-existing partnerships between the NHS, Council, and other public, voluntary sector and statutory partners, the strategy sets out the continuation of multi-agency involvement towards a framework for the future commissioning of health, social care and broader wellbeing services which will be more focused, better coordinated and provided closer to home. Focusing on an asset-based approach to creating resilient communities and facilitating early intervention, the strategy reflects the aims and objectives of our Better Care Plan, which are shared across Blackpool Council and Blackpool Clinical Commissioning Group (CCG).

The Council's Business Plan 2015-20 runs in parallel with the current Joint Health and Wellbeing Strategy and features two priorities:

1. **The economy – Maximising growth and opportunity across Blackpool.**
2. **Communities – Creating stronger communities and increasing resilience.**

These priorities have been carefully chosen to ensure that the people of Blackpool live fulfilled happy and safe lives. Each theme is underpinned by a series of objectives and those under **Communities** include **improving health and wellbeing, especially for the most disadvantaged** and **safeguarding and protecting the most vulnerable.** These documents have been informed by the data contained in Blackpool's Joint Strategic Needs Assessment.

By 2019-20, services in Blackpool will be radically different, and our Better Care Fund (BCF) is already providing the drivers for this to happen. Health and social care services are now more coordinated around the needs of the patient/service user to maximise efficiency and avoid duplication, with increased emphasis on prevention. Blackpool already has some excellent examples of integrated working, and alongside our new models of care, and investment of the Improved Better Care Fund (iBCF) grant to focus on community settings, services are more responsive and person-centred. In accordance with the principles of the Care Act 2014, the schemes within BCF aim to prevent, reduce and delay dependency on formal support services, but where these are needed, they share an overall outcome of providing a wrap-around, seamless service to enable those people who use services and their carers to live well at home for longer. Mental and physical wellbeing are represented across our BCF schemes, and whilst practice within the Extensive and Enhanced Primary

Care models work towards reducing non-elective admissions to acute settings, intermediate care services, the Hospital Discharge Team and Hospital Aftercare Schemes are aimed at reducing the number of delayed transfers of care.

Activity is well under way on Blackpool's Five Year Forward Vision in the form of the Lancashire and South Cumbria Sustainability and Transformation Plan, *Healthier Lancashire and South Cumbria*. The plan is a collaboration between health commissioners, providers and local authorities and is central to accessing transformation funding for local areas to deliver improvements and efficiencies in the system. The main objectives of the plan are:

- Ensuring that the health outcomes of the population are measurably improved by 2020;
- Ensuring that the health and care system can do this within their financial resources;
- And that these are enabled through focus on agreed, evidenced care quality standards that drive and guide the redesign of the health and care system.

Blackpool's BCF will support these objectives through good evidence based practice, alongside new and existing joint initiatives which are underpinned by a focus on maintaining independence and control through personalisation of care. We have already made significant progress[1] towards our aspiration that by 2020 Blackpool will have:

- Co-ordinated health and social care focused on the needs of the individual, so that people get appropriate help and support when they need it, where they need it;
- Co-located integrated teams, with multi-professional leadership, based around clusters of GP practices coordinating primary, community and social care;
- Integrated teams that enable rapid access and direct referral to appropriate specialist services;
- Invested in and made better use of technology, including Telecare/Telehealth/Telemedicine
- Shared data and relevant patient records, using the NHS number as primary identifier across health and social care as the norm;
- An accountable lead professional where appropriate;
- A single assessment process and coordinated care and support plan;
- A robust risk stratification tool to identify patients at greatest risk of admission, and intensively case managing these patients;
- Efficient and coordinated partnership working with the Voluntary, Community and Faith Sector, maximizing volunteering, befriending schemes and supporting social network interventions;
- Developed and extended the Making Every Contact Count Framework.

[1] See page 11.

Background and context to the plan

Population and demographics

The resident population of Blackpool is approximately 139,200[2], with mid-2016 population estimates (Fig 1) indicating that whilst people aged 45-54 make up the largest age group (15.2%), the numbers of older people (65 years plus) account for a greater proportion of Blackpool's resident population (20.4%) than observed at national level (17.8%).

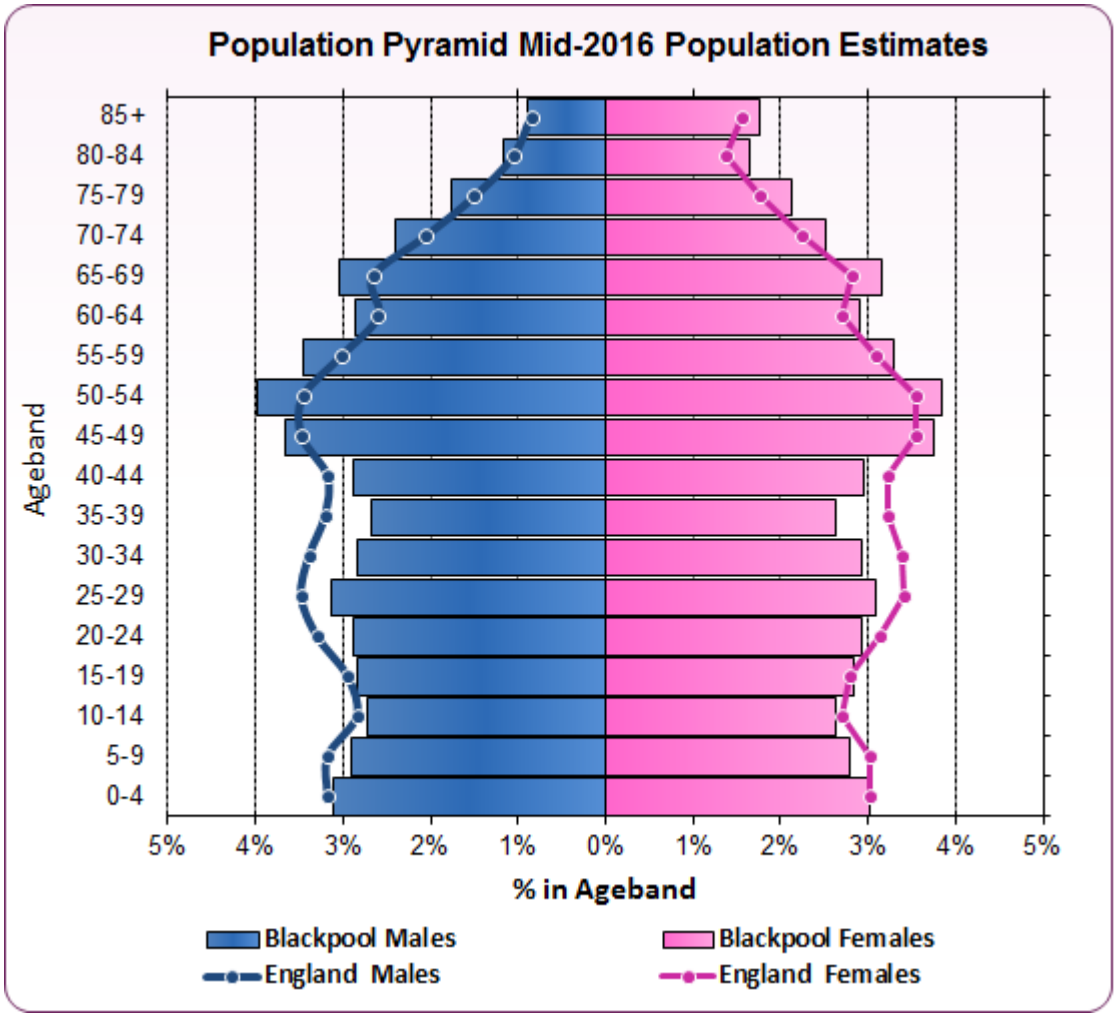

Fig 1: Population Pyramid (Mid 2016 Estimated Resident Population) – Blackpool
Source: ONS mid-year population estimates, 2016

Projections of the population of Blackpool indicate that whilst the total will remain relatively static in the longer term, the number of residents over 65 will show a considerable increase within the next 25 years, rising by 28% from 28,500 in 2014 to 36,500 by 2039, and will then make up over a quarter (26%) of Blackpool's total population. Transience has been an identified issue in Blackpool for a long time, and population turnover statistics identify that some areas in Blackpool have extremely high levels of population inflow and outflow. The Middle Layer Super Output Area (MSOA) which contains South Beach has a population inflow rate of 193 per 1000 population, which is the 65th highest inflow rate of the 7,194 MSOAs in England[3]. Further analysis of GP Register data suggests a small

[2] Blackpool JSNA: Population

[3] ONS Neighbourhood Statistics, Population Turnover 2009-2010

number of people move more than 3 times a year (less than 2%), and that the age group most likely to move at least once is young people aged 20-29.

The local health and social care context

The Fylde Coast health and care economy, across Blackpool, Fylde and Wyre, is facing significant challenges in relation to operational, clinical and financial sustainability. These challenges are not ones that individual organisations can tackle; they can only be addressed through fundamental and transformational changes to our current ways of working. The five priorities for change are evidenced in the Fylde Coast Local Delivery Plan:

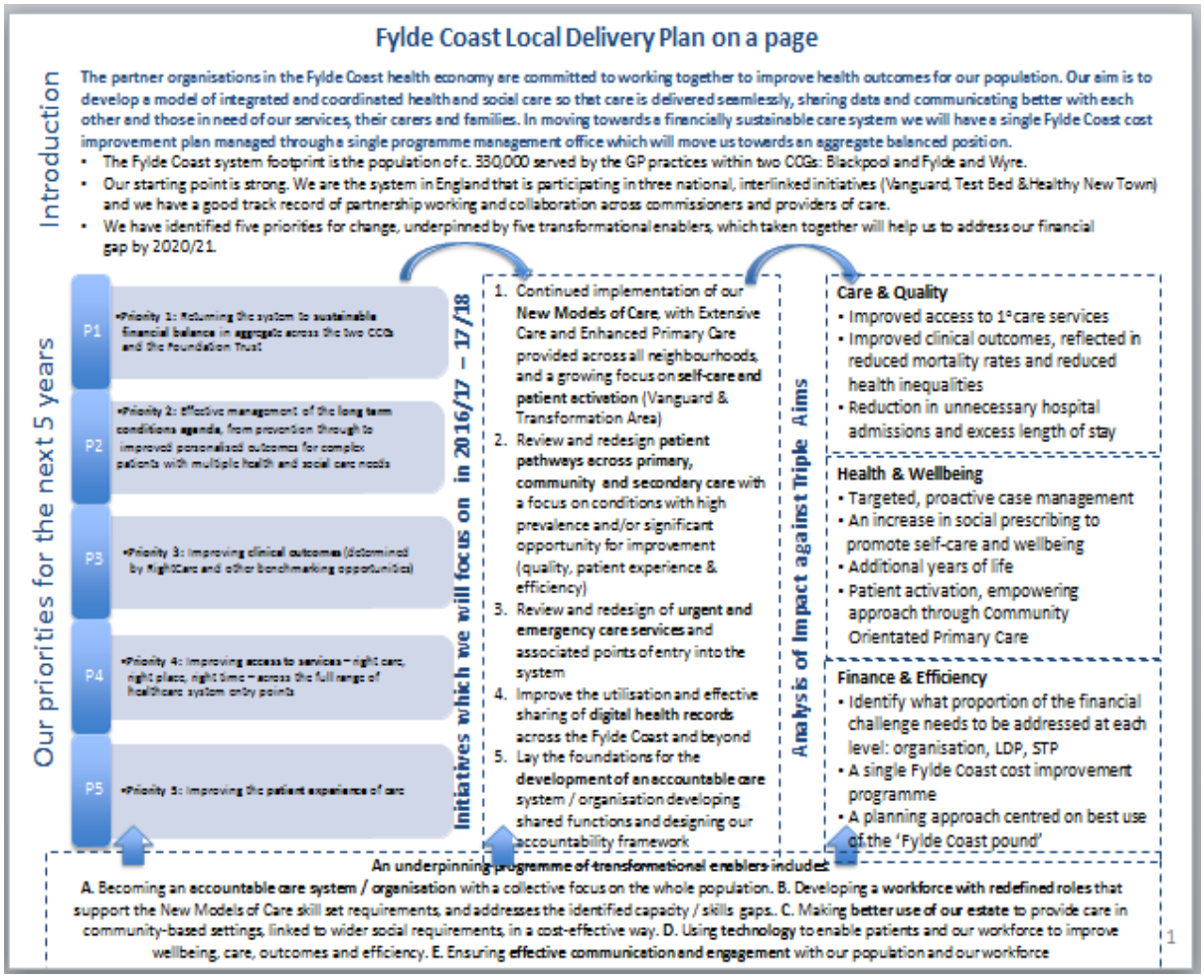

Fig 2 – Fylde Coast Local Delivery Plan

Care at home is the most widely commissioned local authority community based package. The support is provided in people's homes to help them cope with disability or illness, allowing them to maintain independence. Generic care at home is provided to all adults with an identified need, who do not fall into the learning disability care category. This includes mental health, physical disability, frail/elderly and memory and cognition needs. The overarching aim is to promote independence, health and wellbeing. The number of adults receiving care services fluctuates daily owing to changeable levels of need, independence and wellbeing. On average approximately 1,056 Adults in Blackpool receive care at home services each week. Generic care at home is externally commissioned on a framework agreement with 9 registered care agencies on the framework. The current agreement has been in place since April 2015, with the option to be in place until 2019.

Around 600 paid carers work for contracted external care at home providers delivering support to adults across Blackpool. Together these care providers deliver approximately 12,197 hours of Council commissioned care at home hours each week across Blackpool. The actual number of care hours fluctuates each day/week owing to people moving on and off care for various reasons, for example due to hospitalisation. The average number of personal care hours (adults) delivered per person each week across Blackpool is approximately 10 hours.

In addition, the Council's own In-House Care Team employ 40 Home care staff delivering on average around 780 hours of care at home each week supporting intermediate care pathway services; including Reablement at Home, Rapid Response Team, Early Supported Discharge Team and supporting urgent care requests. An average of 75 hours of care per week is dedicated to supporting people leaving the Assessment & Rehabilitation Centre (ARC) and discharges from hospital. The In-House team is committed to maintaining the flow through the hospital. A small number of care staff are being recruited to support timely hospital discharges until longer term packages of support are arranged. A further 14 In-House care staff deliver around 247 care hours each week via the In-House Primary Night Care service which supports people requiring care during the night to remain at home. In-House care staff are employed on part-time contracts of between 20-25 hours per week providing a degree of resilience and flexibility to increase hours as and when required. A small 'bank' of trained casual care staff is also available to deliver additional hours as required.

There are 74 registered residential and nursing care homes in Blackpool currently providing a total of 1,682 beds. The local market mainly consisting of providers registered as a private limited company, although there are significant numbers of homes registered as sole traders, with a smaller number operating with charitable status/voluntary status (Fig 3.)[4].

- Sole trader: 23 homes
- Private limited company: 50 homes
- Voluntary sector / Charitable status: 7 homes

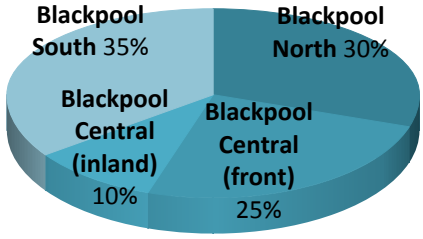

Fig 3. Registered residential and nursing homes.

As might be expected, the local market is primarily able to meet a demand for older people and dementia. Currently 91% of beds in Blackpool are for these client groups.

Commissioning Teams from Blackpool Council and Blackpool CCG are now working collaboratively towards integrated commissioning across Blackpool Council Children's and Adult Social Care, including Public Health and Health at Blackpool CCG, as the first stage for the whole care system for the population of Blackpool. This aims to facilitate and support integrated care delivery as part of the wider whole system transformation. This will facilitate market shaping across the health and social care economy to meet the needs of the population, and achieve best outcomes in terms of reducing health inequalities, promoting independence and value for money.

[4] *Adult Contracts and Commissioning Market Position Statement 2017-2020*(Draft), Blackpool Council

Evidence base and local priorities to support plan for integration

Local priorities

The key vision shared by health and social care organisations across the Fylde Coast, including Blackpool, is to jointly improve the health and wellbeing of all sections of the population, whilst contributing towards financial stability within the health and social care economy. Partner organisations recognise that continuing to deliver more care in its current form will not make the required step change improvements in quality of care provision and clinical outcomes that the local population requires. The five year strategic plans of the various organisations within the Fylde Coast health and social care economy all identify this case for change, with key issues being:

- An increasing population, particularly those aged over 60;
- Significant levels of deprivation;
- Significant health inequalities;
- Low life expectancy;
- High prevalence of long term conditions;
- High prevalence of negative lifestyle choices;
- Significantly high utilisation of urgent and emergency healthcare.

Our Joint Strategic Needs Assessment is constantly being developed to provide detailed evidence which shapes our strategic approach, including the BCF expenditure plan and outcomes. Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Analysis indicates that the health domain, particularly the level of acute morbidity, is one of the prime drivers behind our decline in the rankings. It is well documented that Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services. Life expectancy for men remains the lowest in the country at 74.7 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 79.9 years although this is also lower than the rest of the country by three years. Blackpool also has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; these are often attributable to lifestyle factors such as smoking, and alcohol and substance misuse. As well as poor physical health, Blackpool has the fifth highest rate for all mental health conditions in the country.

Within this context, public sector organisations face unprecedented budget cuts and the NHS is forced to make considerable efficiency savings. It is now more crucial than ever for health and the local authority, along with partners in other statutory services and the voluntary and community sector to work together to bring about the systems transformation needed to deliver sustainable and long term changes. Our Better Care Plan provides the opportunity for a major shift in how we deliver health and social care, moving away from traditional models of care based in acute settings towards more preventative methods which promote self-management and self-care, and are co-ordinated around the needs of individuals.

The Fylde Coast, covering Blackpool, Fylde and Wyre, is reflective of many health systems in the UK and globally, with a substantial proportion of the healthcare budget used to support relatively few patients, many of whom have multiple long term conditions (LTCs), are elderly or frail, or have complex/negative lifestyle issues. All of these factors result in a high level of demand on health and social care services. The proportion of the population with these factors is predicted to increase further, thus increasing the demand for health and social care services, increasing pressure on budgets, and requiring health and social care professionals to consider radically different approaches

to delivering effective care. As shown in Figure 4, 55% of secondary care spends for residents of Blackpool CCG are driven by just 3% (9,700 patients) of the population, of whom 3,700 are aged over 60.

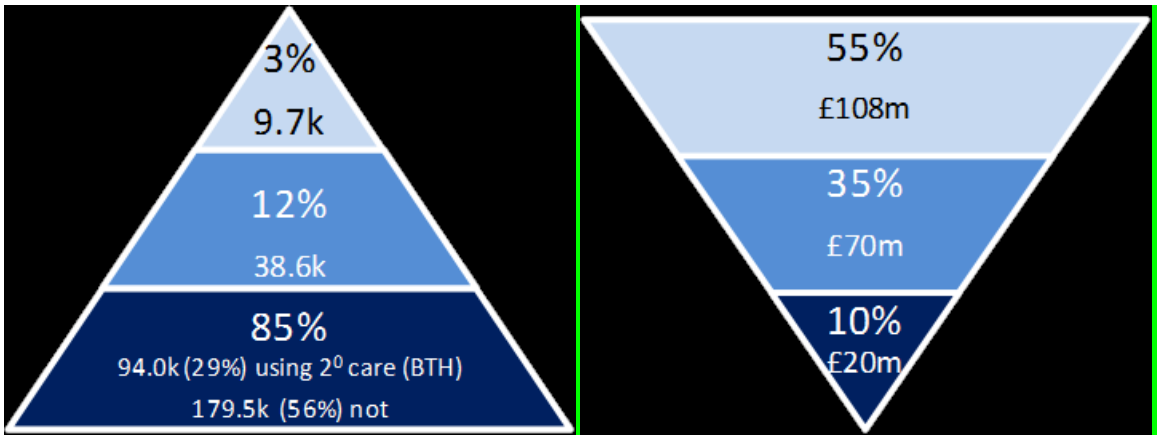

Fig 4: Secondary care spend segmentation for residents of Blackpool CCG[5]

Community engagement

In early 2017 twenty three residents from Central Blackpool were invited to take part in nine sessions of deliberation to try and produce a set of recommendations that attempted to answer the question:

> *'for people living in central Blackpool what are the main things that affect people's health and well-being and what can be done about them?'*

Members of the diverse Citizens Inquiry[6] shared their experiences and opinions in a highly participatory process. Running parallel to the Citizens Inquiry, Shared Future facilitators worked with local stakeholders to explore the role of co-production in addressing the issues raised by the local residents. After the nine Inquiry sessions, the group hosted a launch event at which the group's recommendations were shared and discussed with invited local stakeholders. Recommendations from the group included ways to improve citizens' experiences of health and social care services locally.

[5] New Models of Care for the Fylde Coast: Extensivist Care Service, Full Business Case (February 2015)
[6] Central Blackpool Health and Wellbeing Inquiry: A Citizens Inquiry 2017.

Progress to date

The schemes within our BCF are set out in the 2017-19 planning template, and include a range of services which support the principles of integration. Whilst the majority of these schemes are established, we have developed new models of care and new ways of working, and our iBCF has been invested in services which promote the High Impact Changes for Managing Transfers of Care, sustainability of the market, and the avoidance of admissions to hospital and residential settings.

Development of the neighbourhood model and enhanced primary care

Enhanced Primary Care (EPC) is now in place in all neighbourhoods and includes community matrons, rehab therapists, mental health nurses and has links with the falls service. An under spend in last year's equipment budget has been reinvested through the BCF governance structures to recruit additional social work capacity into the Neighbourhood Teams, and this is helping to bring teams together and reduce duplication. GP practices are able to directly refer into neighbourhoods, and there is a focus on care coordination, supporting patients with goal setting and coaching, to evolve the model on from a focus solely on medical interventions. Health and wellbeing support workers are supporting the input of specialist clinicians by, for example, supporting patients with prescribed rehab activities. There is early evidence to suggest that has been a fall in requests for GP visits by patients who have moved under the care of EPC.

Highest care needs – extensive care

The Extensive Care Scheme has attracted referrals numbers which are lower than originally anticipated, and work is continuing with primary care to improve entry points to the service. A clinical design workshop was held in July to refine the model based on rapid change methodology, e.g. using frailty score rather than risk score, and review the model of clinical responsibility.

Care Home Team

The Care Home Team looks to provide support for care homes and primary care by providing triage, signposting and chronic disease management reviews for all care home patients. Care homes are asked to ring the hubs initially and will be triaged and where necessary visited by the hub staff. If they have any concerns they will liaise with the GP. The model has been established to ensure that all care and nursing homes have access to appropriate and timely support to meet the needs of the residents in their care. An evaluation of the Care Home Team pilot in 15 care homes in the south of Blackpool was undertaken and provided evidence that the model was successful. Due to the level of support required for the model the service was integrated into the neighbourhood hubs from July 2017.

Integrated Commissioning Team and Board

Commissioning Teams from Blackpool Council and Blackpool CCG are now working collaboratively towards integrated commissioning across Blackpool Council Children's and Adult Social Care, including Public Health and Health at Blackpool CCG, as the first stage for the whole care system for the population of Blackpool. This aims to facilitate and support integrated care delivery as part of the wider whole system transformation. This development has also seen the establishment of the Integrated Commissioning Board (formerly the Strategic Commissioning Group) for Health and Social Care services. The Integrated Commissioning Board reports to the Blackpool Health and Wellbeing Board, and will maintain a strategic overview of the commissioning arrangements, budget and performance of all contracts within the portfolio areas and for each aspect of the commissioning cycle.

Improved Better Care Fund

Our iBCF allocations have been invested into the following schemes:

Detail	Local impact/BCF outcomes/national conditions	High Impact changes[7]
Investment for in-house home care service ending in Sept 17, to maintain capacity at current levels.	- Admission avoidance (hospital, nursing, residential) - Reduce DTOC	4,5,7,
Vitaline (telecare) – funding of units to meet increased demand which is above the commission for health and social care.	- Ambulance deflections - Hospital avoidance	4,5,7,
Further investment to increase in house service home care service to provide: • longer blocks of care/more hands to support EMI/dementia/challenging behaviour at home • training for staff to support above at home with longer blocks of care • enhanced rapid spring clean service to enable discharge/avoid ambulance lift	- Reduce DTOC - Admission avoidance (hospital, nursing, residential) - Keeping people at home - Reducing pressure on acute settings	1,4,5,7
Bring forward planned increase in regulated care hourly rate	- Improved management overhead enabling timely assessment for discharges - Increased staffing capacity	1,8
Social work cover in A&E working 7/7 Weekend social work cover in hospital	- Reduce DTOCs - Reduce pressure on acute settings	1,3
Neighbourhood response team - domiciliary care staff /hours available to Extensive Care/Enhanced Primary Care and to work with Care Home Team to provide training, support and ST hands on input when service is failing and worth saving	Admission avoidance Reduce DTOCs	5,7,8

[7] See p17 for descriptors.

Our local vision for health and social care to be integrated by 2020 is reflected in the overarching outcomes we have set for our BCF Plan:

- Increased integration of health and social care services
- Freeing up A&E capacity
- Put partners on more sustainable financial footing
- Individuals maintaining independence in their own homes
- Improved health and wellbeing of Blackpool residents

We will continue to make progress towards previous national conditions:

- 7-day services
  We have a number of well-established services to support this commitment such as the Rapid Response Nursing Service, Rapid Response Plus and our residential intermediate care facilities. These teams have direct access to Council funded short term intensive domiciliary support, and together with increased investment in our Hospital Discharge Team which will provide a 7-day social care response in A&E, these services will aim to reduce unnecessary admissions to acute beds. Where this is unavoidable, they will also facilitate timely and effective discharge. The Rapid Intervention and Treatment Team provide a 7-day service within the referral and support pathway for Older Adults Mental Health.

- Data Sharing
  Blackpool continues to participate in the Lancashire and Cumbria Information Sharing Gateway Group, which is actively involved in developing a system to improve processes around the creation and sign off of information sharing agreements. We are continuing to engage in dialogue to support the creation of open APIs to enable the publication and consumption of social care and clinical records. However, a variety of systems in operation across Health and Social Care impacts on this work, and interim solutions have been established in some environments. Blackpool Council and CCG informatics teams are identifying ways to work together to improve Business Intelligence and informatics for risk stratification and predicative analysis. We believe that by sharing capacity and expertise between the Health and Social Care sectors will have greater impact on providing frontline staff with paper free information to make quicker, more informed decisions, whilst providing senior managers and leaders with greater insight into what strategies are succeeding and making the desired impact. Blackpool Council is also working closely with the NHS North West SIS Team on integrating the Social Care System into the Lancashire Patient Records Exchange so data can be more easily shared alongside clinical data sets. Adult Social Care has 95% coverage on NHS numbers for open cases, and these are included on standard documentation within our social care systems, and used by social care teams in all communication with health partners.

- Joint assessment and accountable professional
  Blackpool has an established pathway using a locally developed and tested risk stratification tool, based on health and social care using a joint process to assess risk, plan care and allocate a lead professional. Within our integrated Learning Disability team, health and social care staff undertake joint assessments, and an accountable lead professional is identified according to the primary needs of the person they are working with. The new care models, Extensive and Enhanced Primary Care are designed to ensure that health and social care services for the people of the Fylde Coast are integrated to provide better care outside of hospital. The model brings statutory and voluntary sector partners together based within neighbourhoods with a focus on prevention, early intervention, shared decision

making and self-care. The models provide pro-active and co-ordinated care wrapped around the patient, and are fundamentally oriented toward supporting patients so they have the confidence and knowledge to manage their own conditions. One of the key components is clear patient accountability; decisions are made by the patient with the support of the lead professional and their care team, which includes the new role 'health and wellbeing support worker'. The care team has holistic responsibility for the patient's care, acting as a co-ordinating point across the local health and social care system.

Meeting the national conditions

Plans to be jointly agreed:

The contents of the 2017/19 BCF have been developed in partnership between Blackpool CCG and Blackpool Council. The plan has been refreshed as follows:

All of the Community Contract has been included;

An agreed uplift of 1.79% in 2017/18 and 1.90% in 2018/19 has been applied to all Blackpool CCG funded schemes based on 2016/17 budgets.

Blackpool Council has increased its BCF contributions relating to specific part funded schemes to enable better monitoring and transparency. We are looking to increase our pooled funds even further to reflect the ambition to become fully integrated by 2020.

Blackpool Council's contribution has been uplifted in line with the increased DFG grant.

The full amount of the Improved Better Care Fund has been pooled.

The pooled budget totals for 2017/18 and 2018/19 are £25.05m and £27.35m respectively, which exceeds the specified minimum.

Any amendments to the 2016/17 BCF plan have been presented to the BCF Monitoring Group for agreement, and the final submission will be circulated to membership of the Integrated Commissioning Board, and submitted to the Executive Boards of the CCG and Blackpool Council. Due to a disparity between the submission and approval timetable provided by NHSE, and the meeting schedule of the Health and Wellbeing Board, final sign off has been delegated to the Chair by Board Members, with confirmation of the details of the plan to be provided to the full Board at a later date. These arrangements will ensure that appropriate agreement is obtained to enable sign off for the final submission date.

As there have been no significant changes made during this refresh a full engagement process has not been undertaken. However, discussions within other programmes of work linked to the integration agenda have ensured that providers and other partners have been kept informed of developments in relation to the BCF. If decisions are made in-year which materially affect the direction, content or delivery of this plan, a full consultation exercise will be considered.

Blackpool Council and Blackpool Coastal Housing have a joint protocol with health providers which sets out integrated pathways and aims to achieve improved outcomes.

Maintain provision of social care services:

In line with the Care Act 2014, Blackpool Council provides adult social care and support to individuals who are unable to achieve two or more specified outcomes, and whose wellbeing is significantly impacted by being unable to do so. Support is also provided to carers who are unable to achieve one or more specified outcomes, to enable them to continue in their caring role. Blackpool Council also has a duty to provide, where appropriate, care and support to those who have been, or are at risk of being, exposed to abuse and/or neglect. With the focus on maintaining people's independence and maximising their wellbeing, Blackpool Council also has a duty to promote prevention and to reduce and/or delay the need for formal care and support services. As well as being an inherent element of the assessment, review and Safeguarding Adults processes, the universal information and advice service required by the Care Act 2014 is enabling those who can to maintain their own independence and wellbeing. Compliance with the statutory duties set out in the Care Act 2014 has seen an increase in the number of assessments and carers assessments, and subsequently reviews, being undertaken by Blackpool Council.

It has been agreed that those social care services that are evidence-based, that meet the BCF vision and deliver our locally defined outcomes will be included as part of the BCF. These schemes are restricted to and listed as expenditure schemes in the 2017/19 planning template. The schemes and details of finances within this plan are built on the principles of integration and joint working. All BCF schemes are protected by the governance arrangements supporting the BCF. Any proposed changes to schemes must be jointly agreed by all partners following an evidence based recommendation. This must then be submitted to and approved by the Integrated Commissioning Board and the Health and Wellbeing Board prior to any changes taking place.

In line with the 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care, the Local Authority and Health partners have agreed how funding is best used within Social Care, and also the outcomes expected from investment. Improved BCF (iBCF) funding received through the 2015 Spending Review and the 2017 Spring Budget has been invested to meet the requirements of the 2017-19 Integration and Better Care Fund Policy Framework, the High Impact Changes for Managing Transfers of Care, and locally set outcomes.

The BCF offers the opportunity to develop existing programmes of joint working, and to foster integration between health, adult social care and other partners including housing. While Blackpool Council continues to face unprecedented reductions in its funding, there will also need to be savings to CCG budgets to facilitate the necessary investment. Despite reductions of £18.7m in 17/18 to the Local Authority budget the BCF schemes, including those providing adult social care, have been protected at the same level. There has also been no notable reduction in Social Care performance. The joint commissioners recognise that there are risks and challenges attached to the BCF, and this plan recognises that these risks are shared.

Disabled Facilities Grant – this element of the BCF will be used to fund technologies to support people in their own homes, and to continue to facilitate a joined-up approach to improving outcomes across health, social care and housing. The DFG spending plan for 2017-18 is approved as part of the BCF pooled budget with other partners at the Health & Wellbeing Board.

Carers (including Care Act 2014 monies) – Alongside funding for day care for people living with dementia, to provide respite for their carers, additional funding in the BCF plan covers:

- Flexible breaks for carers, e.g. joining a gym, pamper sessions, taking up a hobby or training course, going on holiday.
- Support for carers to ensure that their caring role is appropriate and sustainable.
- Support for carers in their own right to maintain their health and maximise their wellbeing.

Supporting carers contributes to reducing non elective admissions to hospital, and long term admissions to residential settings. Our aim is to ensure that their caring role is sustainable and that the person they care for can remain living in the community. It can also be expected that supporting carers will contribute to the reduction in delayed transfers of care.

Reablement – Funding for reablement included in the CCG contribution will continue to be used to maintain reablement capacity and community health services, through services aimed at enabling people to regain their independence.

Blackpool Council and Blackpool CCG have several existing integrated care pathways, aligned to a focus on promoting independence and supporting people in the community, rather than in hospital or residential care settings. There has been an increased focus of BCF funding on community rather than bed-based services. Our multi-disciplinary Rapid Response Teams continue to provide 7 day services to prevent admission where possible, and to facilitate timely discharge where this has been unavoidable. Similarly the Hospital Discharge Teams ensure that discharges are effectively planned to promote a successful return to the community, and iBCF funds have enabled us to increase this to

7 day support. Extensive and Enhanced Primary Care models, now place adult social care within multi-disciplinary neighbourhood teams delivering person-centred, preventative care and support to those people most at risk of losing their independence.

Investment in NHS commissioned out of hospital services:

Blackpool Council and Blackpool CCG have agreed to continue to invest in NHS commissioned out of hospital services as detailed in the BCF spending plan. The amount committed to this spend is £5.5m in 2017/18 and £5.6m in 2018/19, which is equal to/above the minimum allocation specified from the CCG minimum BCF contribution. A Section 75 agreement outlines a risk share agreement between the CCG and Local Authority which has functioned successfully over the last 2 years of operation. There is local agreement not to set an additional target for Non Elective Admissions during the lifetime of this plan.

Implementation of the High Impact Change Model for Managing Transfers of Care:

There is local agreement to implement the high impact change model for managing transfers of care:

1. Early discharge planning: we already have a multi-displinary Hospital Discharge Team with staff from health and social care liaising with ward staff, patients and families to ensure that discharge planning begins as soon as possible and maintains momentum. Using iBCF funding the team will be increased to enable cover in A&E on a 7 day basis.
2. Systems to monitor patient flow: we have a multi-agency approach to monitor patient flow, including daily calls across the health economy, face-to-face meetings once a week to offer challenge, and DTOC as a standing item on the A&E delivery board meeting agenda.
3. Multi-disciplinary/multi-agency discharge teams: Blackpool has an established and effective discharge team which works closely with colleagues within hospital and community settings to ensure that discharges are timely and safe.
4. Home First/Discharge to Assess: we are establishing a 'home first' approach by increasing our in-house home care team to enable them to provide urgent care responses to avoid hospital admission and/or immediate discharge support. They will also provide longer 'blocks' care to people with challenging behaviours to enable them to remain at home rather than being admitted to hospital or an EMI bed. Workshops facilitated by Newton Europe are due to commence in autumn 2017 to develop the Discharge to Assess pathway.
5. 7 day service: as outlined above we are now providing a 7 day service within A&E to reduce pressure on acute settings. A number of services are already established to support our commitment to 7 day services, such as the Rapid Response Nursing Service and Rapid Response Plus. Both have direct access to Council funded short term intensive domiciliary support 7 days per week, and services such as our residential intermediate care facilities are 7-day services.
6. Trusted assessors: we have no plans to recruit trusted assessors, as we understand from what is available in the relevant guidance that our Hospital Discharge Team and Discharge Co-ordinators are already fulfilling this role.
7. Focus on choice: our multi-disciplinary neighbourhood and hospital discharge teams work closely with service users, their families and carers to ensure that they are fully aware of their options in a timely manner. Neighbourhood teams which are attached to GP practices include primary and community health staff alongside social workers, and aim to keep people in their own homes, avoiding hospital and residential admissions. When hospital admission has been unavoidable, neighbourhood teams work closely with primary care and hospital staff to facilitate discharge as early as possible.
8. Enhancing care in care homes: we have invested in care homes locally to enable them to increase their staffing capacity, and to improve management overheads to enable them to undertake timely assessments for admission either from the community or from hospital.

Our Care Home Team work closely with care home staff to monitor, and if necessary, improve standards of care. We have made further investment in our in-house domiciliary team to allow support with training and short-term hands on support in residential settings which need to improve.

Metrics

Non elective admissions

Targets have been set in accordance with requirements for the CCG non elective admissions submissions on Unify2. We met our Non-Elective admissions target for 2016/17, despite high numbers in Q2. Several of the established schemes within the BCF are aimed at reducing NEAs, and alongside this we anticipate further reductions due to the impact of our investment of the iBCF into schemes which focus on admission avoidance.

Admissions to residential and nursing care

Figures submitted for 17/18 are as per our SALT submission and exclude long-term admissions which have resulted from the review of a short-term placement. Targets in 16/17 were ambitions and have been realigned based on actual activity for 17/18 and 18/19. We anticipate we will achieve targets due to the impact of our investment of the iBCF into schemes which focus on enabling people to live well at home for longer, and will complement existing schemes within the BCF.

Reablement

Figures submitted for 17/18 are as per the ASCOF definition, and relate to people discharged from hospital to reablement between October and November and contacted between January and March to establish their location. Targets in 16/17 were ambitions and have been realigned based on actual activity for 17/18 and 18/19.

Delayed Transfers of care

Targets have been set in line with the expectations for reductions set out in the DTOC template submitted in August 2017. Q1 17/18 figures are based on actual performance, Q2, Q3 & Q4 17/18 figures are as per Blackpool HWB draft DTOC metric plan submitted on 28/07/2017 18/19 figures are an extension of the 17/18 plans, based on 11.2 delays per day. A number of existing schemes within the BCF are aimed at managing transfers of care, and our investment of the iBCF has been targeted at those schemes which meet the requirements of the High Impact Changes for Managing Transfers of Care. Alongside this we have a system in place to deal with any potential delays in a timely and effective manner, including daily calls across the health economy, face-to-face meetings once a week to offer challenge, and DToC as a standing item on the A&E delivery board meeting agenda.

Programme governance

Overarching governance and accountability structures

The Blackpool BCF has existing governance arrangements in place that provide a direct line into the Blackpool Health and Wellbeing Board:

- The Health and Wellbeing Board is the accountable body for the BCF and receives quarterly reports from the Integrated Commissioning Board, scrutinising and signing off quarterly submissions to NHS England, along with the approval of the overall BCF plan.
- Below the Health and Wellbeing Board is the Integrated Commissioning Board, comprising senior representatives of Blackpool CCG, Blackpool Council, Public Health and partner agencies. The Integrated Commissioning Board is responsible for overseeing strategic planning, including the transformation agenda, and for assuring the delivery of the BCF. It will oversee the progress of delivery against agreed plans and report on progress to the Health and Wellbeing Board.
- Reporting to the Integrated Commissioning Board is the BCF Quality and Monitoring Group. This group is made up of representatives from Blackpool CCG and Blackpool Council, with representatives from other services being invited as and when appropriate. This group investigates the effectiveness of the schemes within the BCF and monitors income and expenditure, providing regular governance updates and escalating any areas of concern. This group also advises the Integrated Commissioning Board on delivery of the BCF, acting as the main link to local partnership arrangements and other individual scheme project management resources, in line with the terms of the Section 75 agreement.

The finances of the BCF are managed within a pooled fund created under the Section 75 agreement. Blackpool Council hosts the fund and provides regular financial reports to the Integrated Commissioning Board. The Integrated Commissioning Board has overall responsibility for performance managing and monitoring of actual income and expenditure in relation to the pooled fund.

Established partnership arrangements are in place across the Fylde Coast health and social care economy, and Blackpool contributes to the governance and delivery of joint initiatives which impact on the BCF and beyond. A longer term challenge is to align with Lancashire and Blackburn with Darwen BCFs while retaining individual organisation accountabilities that are clear and manageable.

In the event that Project Management activity is required for the BCF, this will be designed by the Quality and Monitoring Group and recommended to the Health and Wellbeing Board via the Integrated Commissioning Board.

Specifics of management and governance in place to support delivery

The majority of schemes currently within our BCF have been established for some time, and consequently each scheme has its own management and oversight arrangements. The BCF Quality and Monitoring Group are in the process of establishing a dashboard to monitor activity and performance of the BCF schemes against the prescribed metrics and locally set outcomes. This will enable us to identify any schemes which are underperforming against the BCF outcomes, and provide evidence for recommendations to the Integrated Commissioning Board in relation to development and/or alternative investment. The dashboard will also facilitate learning lessons from our models of care, and our BCF approach, to inform future planning locally, regionally and nationally. BCF schemes also have individual Equality Impact Assessments, reflect the wider approach set out in Blackpool's JSNA. The dashboard will enable surety that these align with the requirements to reduce health inequalities across the population of Blackpool, in accordance with

Section 4 of the Health and Social Care Act 2012, and the reduction of inequalities for people with protected characteristics under the Equality Act 2010.

Risk

Risk log

No	Description of Risk	Gross Risk Score			Controls and Mitigation	Net Risk Score		
		I[8]	L[9]	GS		I	L	NS
1	Pressure on Council and CCG budgets reduces effectiveness of BCF	4	4	16	The section 75 agreement will require both partners to approve expenditure	4	3	12
2	Operational pressures may restrict community health and social care workforce to deliver transformation	4	4	16	Workforce planning will be part of BCF project management	4	3	12
3	Recruitment and retention of specialised health professionals	4	3	12	We are working with partners and external agencies to attract potential employees with the appropriate skills to deliver BCF	3	3	9
4	Successful diversion of activity away from the acute trust will reduce their income faster than they can shed their costs	5	4	20	Contingency will need to be made available by the CCG for double running costs etc.	5	2	10
5	The BCF schemes fail to divert adequate activity away from acute trust	5	4	20	Discussions on-going with our main provider as to how this risk will be mitigated within the contract negotiation	5	3	15
6	Additional cost pressures following implementation of Care Act	4	3	12	Implications of Care Act duties are evaluated on ongoing basis	3	2	6
7	Ongoing capacity to maintain day to day integrity of the business, safely, whilst delivering change and new models of working	5	3	15	Both organisations will utilise their existing capacity to support the proposed transformation and where possible will identify dedicated resources to oversee, manage and deliver	5	2	10
8	Inadequate level of commissioning support to deliver the agenda	4	3	12	The CCG is working closely to understand the change in resource requirements to deliver the BCF agenda	4	2	8
9	iBCF funds are withdrawn if DToC levels predicted in DToC metric plan are not achieved.	4	3	12	Continuation of multi-agency DToC monitoring system and evaluation of impact of iBCF schemes towards outcomes.	3	3	9
10	Withdrawal of iBCF funding (Spending Review 2015 element) after 2019/20.	4	3	12	Continued lobbying of government. Raising awareness at national seminars.	3	3	9
11	Publication of Green Paper on Social Care sustainability.	4	3	12	Lobbying and engagement. Feeding into consultations.	3	3	9

[8] I = Impact (5=Catastrophic; 4=Major; 3=Moderate; 2=Minor; 1=Insignificant)

[9] L=Likelihood (5=Almost Certain; 4=Likely; 3=More Than Even; 2=Less Than Even; 1=Improbable)

Risk management

The current approach to financial risk sharing and contingency is set out in the Section 75 agreement, pages 13 & 31. Our agreement is that Lead Commissioners will manage any over or under spends internally within their organisation. For jointly commissioned services the risk share is as outlined in the Health and Wellbeing Board expenditure plan. Where we have one Lead Commissioner for a scheme, the controlling organisation retains any risk. This approach has been agreed between partners and approved by the Health and Wellbeing Board.

The expected outcomes and benefits of the BCF investment will be measured, and performance monitored against the BCF metrics outlined in 2017/19 Planning Template, and locally determined BCF outcomes. Should metrics for NEAs and DTOCs not be achieved, then further scrutiny of current services will need to take place in order to assess their effectiveness and consider how resources may be used more effectively. As the majority of our schemes existed prior to BCF, are funded from existing budget allocations, and are embedded local provision, neither parties feel ring-fencing a portion of the fund as part of contingency planning, in case of excess NEAs or DTOCs, is appropriate. Any review of services provided will inevitably take time, meaning that funding will not be readily available to offset any potential pressures as a result of failure to achieve outcomes.

As host, the Local Authority will submit quarterly reports to the Integrated Commissioning Board on income and expenditure from the pooled fund together with such other information, as may be required by the partners and the Integrated Commissioning Board to monitor the effectiveness of the pooled fund, and to enable the partners to agree appropriate action in relation to any forecast overspends, including whether there is any action that can be taken in order to contain expenditure.

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Planning Template v.14.6b for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Being Board:
Blackpool

Data Submission Period:
2017-19

Summary

<< Link to the Guidance tab

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£3,730,352	£3,556,978
Total iBCF Contribution	£5,396,773	£7,563,848
Total Minimum CCG Contribution	£12,964,923	£13,211,256
Total Additional CCG Contribution	£2,958,772	£3,014,987
Total BCF pooled budget	**£25,050,819**	**£27,347,070**

Specific Funding Requirements for 2017-19	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£1,022,802	£1,040,148
Community Health	£6,629,605	£6,745,092
Continuing Care	£229,489	£233,849
Primary Care	£1,891,504	£1,927,442
Social Care	£15,277,419	£17,400,540
Other	£0	£0
Total	**£25,050,819**	**£27,347,071**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£3,397,139	£3,461,685
Continuing Care	£229,489	£233,849
Primary Care	£1,891,504	£1,927,442
Social Care	£0	£0
Other	£0	£0
Total	**£5,518,132**	**£5,622,976**
NHS Commissioned OOH Ringfence	£3,684,263	£3,754,264

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£912,931	£930,277
Community Health	£5,236,567	£5,336,062
Continuing Care	£229,489	£233,849
Primary Care	£1,891,504	£1,927,442
Social Care	£4,694,011	£4,783,198
Other	£0	£0
Total	**£12,964,502**	**£13,210,828**

→

Additional NEA Reduction linked Contingency Fund	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

BCF Expenditure on Social Care from Minimum CCG Contribution	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£4,643,518	£4,731,745
Planned Social Care expenditure from the CCG minimum	£4,561,861	£4,694,011	£4,783,198
Annual % Uplift Planned		**2.9%**	**1.9%**
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	5,228	5,341	5,023	4,895	5,248	5,364	5,041	4,914	**20,487**	**20,568**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	5,228	5,341	5,023	4,895	5,248	5,364	5,041	4,914	**20,487**	**20,568**
Additional NEA reduction delivered through the BCF									**£0**	**£0**

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	**Annual rate**	925	922

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Annual %**	85.0%	86.2%

4.4 Delayed Transfers of Care

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	**Quarterly rate**	1,067	1,065	929	911	921	931	931	913

5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;
Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)
Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)
Source of Funding = CCG Minimum Contribution

***Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' form the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other
Source of Funding = CCG Minimum Contribution

Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

<< Link to the Guidance tab

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Health and Well Being Board	**Blackpool**
Completed by:	Jayne Bentley
E-Mail:	jayne.bentley@blackpool.gov.uk
Contact Number:	01253-477433
Who signed off the report on behalf of the Health and Well Being Board:	Councillor Graham Cain

	Role:	**Title and Name:**	**E-mail:**
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Councillor Graham Cain	graham.cain@blackpool.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	David Bonson	david.bonson@blackpool.nhs.uk
	Additional Clinical Commissioning Group(s) Accountable Officers	Helen Lammond-Smith	Helen.Lammond-Smith@blackpool.nhs.uk
	Local Authority Chief Executive	Neil Jack	neil.jack@blackpool.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Karen Smith	karen.smith@blackpool.gov.uk
	Better Care Fund Lead Official	Jayne Bentley	jayne.bentley@blackpool.gov.uk
	LA Section 151 officer	Steve Thompson	steve.thompson@blackpool.gov.u
Please add further area contacts that you would wish to be included in official correspondence -->			

***Only those identified will be addressed in official correspondence**

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete Template

	No. of questions answered
1. Cover	**6**
2. HWB Funding Sources	**31**
3. HWB Expenditure Plan	**16**
4. HWB Metrics	**31**
5. National Conditions	**12**

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:
Blackpool

Data Submission Period:
2017-19

2. HWB Funding Sources

<< Link to the Guidance tab

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Blackpool	£1,988,032	£2,135,766
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Total Minimum LA Contribution exc iBCF	**£1,988,032**	**£2,135,766**

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Blackpool	£1,742,320	£1,421,212
Total Local Authority Contribution	**£3,730,352**	**£3,556,978**

Comments - please use this box clarify any specific uses or sources of funding

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Blackpool	£5,396,773	£7,563,848
Total iBCF Contribution	**£5,396,773**	**£7,563,848**

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Blackpool CCG	£12,964,923	£13,211,256
Total Minimum CCG Contribution	**£12,964,923**	**£13,211,256**

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Blackpool CCG	£2,958,772	£3,014,987
Total Additional CCG Contribution	**£2,958,772**	**£3,014,987**

Comments - please use this box clarify any specific uses or sources of funding

	2017/18	2018/19
Total BCF pooled budget	**£25,050,819**	**£27,347,070**

Funding Contributions Narrative

Specific funding requirements for 2017-19	**Response**	**Response**	**If the selected response for either year is 'No', please detail in the comments box**
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	-£2
Local Authority Contribution balance exc iBCF	-£213	£0
CCG Minimum Contribution balance	£421	£429
Additional CCG Contribution balance	-£420	-£431
iBCF	£213	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£4,694,011	£4,783,198
Ringfenced NHS Commissioned OOH spend	£5,518,132	£5,622,976

			Expenditure												
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	Rollout of care homes support scheme	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Continuing Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£229,489	£233,849	Existing
2	Out of Hospital IV therapy service	13. Primary prevention / Early Intervention	1. Social Prescribing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£253,158	£257,968	Existing
3	Acute Visiting Service	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£45,832	£46,703	Existing
4	High Intensity Users	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£0	£0	Existing
5	Provide enabling care at home services	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£728,104	£741,938	Existing
6	Single Point of access and care co-ordination	10. Integrated care planning	1. Care planning		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£33,700	£34,340	Existing
7	Community Equipment &adaptations	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		Joint	55.0%	45.0%	Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£914,528	£931,904	Existing
7	Community Equipment &adaptations	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		Joint	55.0%	45.0%	Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£551,336	£551,336	Existing
8	Vitaline	1. Assistive Technologies	1. Telecare		Community Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£699,786	£713,082	Existing
9	Integrated Crisis and Rapid Response	11. Intermediate care services	3. Rapid/Crisis Response		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£577,323	£588,293	Existing
10	Maintaining Eligibility Criteria	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,062,928	£1,083,124	Existing
11	Reablement Services	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£600,993	£612,411	Existing
12	Intermediate Care model	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	Additional CCG Contribution	Both 2017/18 and 2018/19	£933,621	£951,360	Existing
12	Intermediate Care model	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£654,821	£654,821	Existing
12	Intermediate Care model	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£1,021,832	£1,041,247	Existing
13	Early Supported hospital Discharge	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£476,472	£485,525	Existing

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	-£2
Local Authority Contribution balance exc iBCF	-£213	£0
CCG Minimum Contribution balance	£421	£429
Additional CCG Contribution balance	-£420	-£431
iBCF	£213	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£4,694,011	£4,783,198
Ringfenced NHS Commissioned OOH spend	£5,518,132	£5,622,976

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
13	Early Supported hospital Discharge	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£80,903	£80,903	Existing
14	Mental Health Services	12. Personalised healthcare at home	1. Other - Mental health / wellbeing		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£512,490	£522,228	Existing
14	Mental Health Services	12. Personalised healthcare at home	1. Other - Mental health / wellbeing		Mental Health		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£109,871	£109,871	Existing
15	Dementia Services	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£250,071	£254,822	Existing
16	Other Preventative Services	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£65,715	£66,964	Existing
16	Other Preventative Services	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£24,281	£24,281	Existing
17	Carers support workers/grants	3. Carers services	2. Implementation of Care Act		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£128,637	£131,081	Existing
18	Rapid Response	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£464,971	£473,805	Existing
19	HD Team	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£130,695	£133,179	Existing
20	Hospital Aftercare service (existing)	9. High Impact Change Model for Managing Transfer of Care	7. Focus on Choice		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£75,124	£76,551	Existing
21	Disabled Facilities and Social Capital Grants	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£1,988,032	£2,135,766	Existing
22	Extensive Care Service	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£841,703	£857,695	Existing
22	Extensive Care Service	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£379,777	£386,993	Existing
23	Support for Care Act	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£617,458	£629,190	Existing
24	GP Plus NEL scheme	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Primary Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,891,504	£1,927,442	Existing
25	Community Schemes aimed at NEL reduction and OOH	11. Intermediate care services	1. Step down		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£308,729	£314,595	Existing
26	GP £5 per head (QIPP investment)	11. Intermediate care services	1. Step down		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£890,663	£907,585	Existing
27	MH Rehab- Gloucester Avenue	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£150,371	£153,228	Existing

Selected Health and Well Being Board:

Blackpool

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2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

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Ringfenced NHS Commissioned OOH spend	£5,518,132	£5,622,976

					Expenditure										
					Scheme Descriptions Link >>										
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
28	Learning Disabilities- Joint funded services	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,171,853	£1,194,118	Existing
29	Safeguarding Adults	16. Other		DoLS/BIA	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£61,367	£62,533	Existing
30	iBCF	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,048,752	£5,054,848	New
31	Hub Manager	16. Other		Childrens Services	Social Care		Local Authority			Local Authority	Additional CCG Contribution	Both 2017/18 and 2018/19	£55,935	£56,998	New
32	Care Co ordinator Manager	16. Other		Childrens Services	Social Care		Local Authority			Local Authority	Additional CCG Contribution	Both 2017/18 and 2018/19	£6,102	£6,218	New
33	OT	16. Other		Childrens Services	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£15,154	£15,442	New
34	Equipment - Paediatric	16. Other		Childrens Services	Social Care		Local Authority			Local Authority	Additional CCG Contribution	Both 2017/18 and 2018/19	£100,000	£101,900	New
35	iBCF Spring Budget: Scheme 1 - Extension of homecare services	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£125,000	£72,134	New

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

3. HWB Expenditure Plan

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Link to Summary sheet

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		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
36	iBCF Spring Budget: Scheme 2 - Vitaline provide for higher demand	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£350,000	£201,975	New
37	iBCF Spring Budget: Scheme 3 - Increase homecare service	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£570,000	£328,931	New
38	iBCF Spring Budget: Scheme 4 - Bring forward increase in regulated care hourly rate	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,850,000	£1,067,584	New
39	iBCF Spring Budget: Scheme 5 - Social work cover in A&E	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£125,000	£72,134	New
40	iBCF Spring Budget: Scheme 6 - Neighbourhood response team	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£630,000	£363,556	New
41	iBCF Spring Budget: Scheme 7 - Provider rate increase	9. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£697,808	£402,686	New
42	Speech & Language Therapy - BTH	16. Other		Childrens Services	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£182,863	£186,337	New
43	Speech & Language Therapy - BC	16. Other		Childrens Services	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£44,748	£45,598	New
44	Social Care in Neighbourhoods	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	Local Authority Contribution	2017/18 Only	£321,321		New

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

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BCF Pooled Total balance	£0	-£2
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iBCF	£213	£0
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Ringfenced NHS Commissioned OOH spend	£5,518,132	£5,622,976

			Expenditure												
			Scheme Descriptions Link >>												
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

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Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commisisioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	-£2
Local Authority Contribution balance exc iBCF	-£213	£0
CCG Minimum Contribution balance	£421	£429
Additional CCG Contribution balance	-£420	-£431
iBCF	£213	£0
Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£4,694,011	£4,783,198
Ringfenced NHS Commissioned OOH spend	£5,518,132	£5,622,976

		Expenditure													
		Scheme Descriptions Link >>													
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
	11. Intermediate care services		Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.									1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other			
	12. Personalised healthcare at home		Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.									1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other			
	13. Primary prevention / Early Intervention		Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.									1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other			
	14. Residential placements		Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.									1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other			
	15. Wellbeing centres		Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.												
	16. Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.												

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:
Blackpool

Data Submission Period:
2017-19

4. HWB Metrics

<< Link to the Guidance tab

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	**Total 17/18**	**Total 18/19**
HWB Non-Elective Admission Plan* Totals	**5,228**	**5,341**	**5,023**	**4,895**	**5,248**	**5,364**	**5,041**	**4,914**	**20,487**	**20,568**

Are you planning on any additional quarterly reductions?	No

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Quarterly Additional Reduction										
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA?	No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£3,684,263	£3,754,264

Cost of NEA as used during 16/17***	£1,900	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	**Total 17/18**
Additional NEA reduction delivered through BCF (2017/18)						

		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	**Total 18/19**
Additional NEA reduction delivered through BCF (2018/19)						
HWB Plan Reduction % (2017/18)						
HWB Plan Reduction % (2018/19)						

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

** Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF

*** Please use the following document and amend the cost if necessary: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	984.3	884.6	924.9	922.5	Figures submitted for 17/18 are as per SALT submission and exclude long-term admissions which have resulted from the review of an short-term placement. Targets in 16/17 were ambitions and have been realigned based on actual activity for 17/18 and 18/19.
	Numerator	280	253	265	265	
	Denominator	28,447	28,601	28,653	28,728	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	78.1%	90.0%	85.0%	86.2%	Figures submitted for 17/18 are as per the ASCOF definition, and relate to people discharged from hospital to reablement between October and November and contacted between January and March to establish their location. Targets in 16/17 were ambitions and have been realigned based on actual activity for 17/18 and 18/19.
	Numerator	75	81	102	112	
	Denominator	96	90	120	130	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1269.3	1077.0	1207.3	1423.0	1067.3	1065.0	929.4	910.8	921.0	931.1	931.1	913.4	Q1 17/18 figures are based on actual performance Q2, Q3 & Q4 17/18 figures are as per Blackpool HWB draft DTOC metric plan submitted on 28/07/2017 18/19 figures are an extension of the 17/18 plans, based on 11.2 delays per day
	Numerator (total)	1,412	1,198	1,343	1,580	1,185	1,183	1,032	1,009	1,021	1,032	1,032	1,009	
	Denominator	111,240	111,240	111,240	111,032	111,032	111,032	111,032	110,823	110,823	110,823	110,823	110,513	

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

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

Blackpool

Data Submission Period:

2017-19

5. National Conditions

<< Link to the Guidance tab

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	

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NHS England
Skipton House
80 London Road
London
SE1 6LH

27 October 2017

To: *(by email)*

Councillor Graham Cain	Chair, Blackpool Health and Wellbeing Board
Neil Jack	Chief Executive, Blackpool Council
David Bonson	Chief Operating Officer, NHS Blackpool Clinical Commissioning Group

Dear Colleagues

BETTER CARE FUND 2017-19

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. The Better Care Fund is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the *Better Care Fund 2017-19: Guide to Assurance of Plans.*

In determining and exercising further powers in connection with your application, NHS England has had regard to the extent to which there is a need for the provision of health services; health-related services (within the meaning given in section 14Z1 of the NHS Act 2006); and social care services.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. In summary, the assurance team recognises your plan has been agreed by all parties (local authority[s], Clinical Commissioning Group/s (CCG/s), and your Health and Wellbeing Board), and the plan submitted meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, and the funding being transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

1. That the CCG will meet the performance objectives specified in its BCF plan; and
2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local better care manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours faithfully,

Simon Weldon
Director of NHS Operations and Delivery and SRO for the Better Care Fund
NHS England

Copy (by email) to:

Karen Smith	Deputy Director of People, Blackpool Council
Jayne Bentley	Better Care Fund Lead, Blackpool Council
Jo Farrar	Director General, Department for Communities & Local Government
Jonathan Marron	Director General, Department of Health
Sarah Pickup	Deputy Chief Executive, Local Government Association
NHS England North	
Richard Barker	Regional Director
Graham Urwin	Director of Commissioning Operations
Jane Cass	Locality Director
Tim Barton	Regional Lead
Justine Howe	Better Care Manager
Better Care Support team	
Anthony Kealy	Head of Integration Delivery
Rosie Seymour	Deputy Director

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	David Bonson, Chief Operating Officer, NHS Blackpool Clinical Commissioning Group
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting :	22 March 2018

INTEGRATED CARE PARTNERSHIP UPDATE

1.0 Purpose of the report:

1.1 To update the Health and Wellbeing Board on progress with the development of an Integrated Care Partnership.

2.0 Recommendation(s):

2.1 To note the update.

2.2 To agree to receive a further update at the next meeting of the Health and Wellbeing Board.

3.0 Reasons for recommendation(s):

3.1 The purpose of the presentation is to ensure that the Health and Wellbeing remains appraised of developments

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None, the purpose of the report is to update the Board on developments within the health economy.

4.0 Council Priority:

4.1 The relevant Council Priority is: “Communities: Creating stronger communities and increasing resilience”.

5.0 Background Information

5.1 The Fylde Coast system leaders have been working together as a group of partner organisations for some time, building on strong relationships and shared organisational priorities, with the main partners being Blackpool Clinical Commissioning Group, Fylde and Wyre Clinical Commissioning Group, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Council, Lancashire County Council and Lancashire Care Foundation Trust.

5.2 The Fylde Coast health and care partners have agreed that in order to address the greatest issues of challenge in relation to the triple aims of improving health and wellbeing, improving care and quality, and making the most effective and efficient use of our finances, increased partnership working across the system is required. Much of this can, and will, be achieved through collaborative working to develop and implement the Fylde Coast Local Delivery Plan (LDP), which comprises a number of clinical and non-clinical work programmes.

5.3 The system leaders have agreed that in order to accelerate and expand the impact of this collaborative working, the Fylde Coast will seek to develop an Integrated Care Partnership (ICP). This is seen as a helpful and necessary vehicle to move the partnership working onto a firmer basis and to provide a framework to mobilise efforts and remove any barriers to true integration that will allow partners to achieve the ambitions. The term ‘Integrated Care Partnership’ is now being used rather than the term ‘Accountable Care Partnership’.

5.4 Work is now being progressed on four key issues:

- The Fylde Coast Integrated Care Partnership leadership model;
- The Fylde Coast Integrated Care Partnership governance arrangements;
- The Fylde Coast Integrated Care Partnership transformation programmes to deliver national requirements, local priorities, and system-wide cost-reductions in order to make more effective use of our resources;
- The Fylde Coast Integrated Care Partnership payment reform approach ensuring that the group makes the best use of the Fylde Coast funds, and other key enablers.

Proposals for change associated with these issues are currently being developed between all health and care partners, and will be reported as appropriate when agreed. Further information will be provided at the meeting in a presentation

5.5 Does the information submitted include any exempt information? No

5.6 **List of Appendices:**

None.

6.0 Legal considerations:

6.1 None arising from this report

7.0 Human Resources considerations:

7.1 None arising from this report.

8.0 Equalities considerations:

8.1 There are none arising from this report but any developments will be accompanied by a full Equalities Analysis.

9.0 Financial considerations:

9.1 None arising from this report.

10.0 Risk management considerations:

10.1 There are none arising from this report but any developments will be accompanied by a full risk analysis.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Mike Taplin, Head of Adult Learning
Relevant Cabinet Member:	Councillor Kath Benson, Cabinet Member for Schools and Learning
Date of Meeting :	22 March 2018

CONSULTATION ON EMERGING PRIORITIES FOR THE BLACKPOOL COUNCIL ADULT LEARNING SERVICE

1.0 Purpose of the report:

1.1 To consult on the draft Adult Learning Service priorities for 2018/2021 which are Health and Wellbeing related.

2.0 Recommendation(s):

2.1 The Board's views are sought on the emerging priorities for Adult Learning referred to in section 5.8.

3.0 Reasons for recommendation(s):

3.1 The Health and Well Being strategy is one of the key drivers for the Adult Learning service and it is therefore important that any new developments under the Health and Well Being strategy informs the Adult Learning service priorities for 2018/21.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

The paper is a consultation on priorities so no decision with alternative options is sought

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 Blackpool Council Adult Learning provides courses for over 3,000 adults in Blackpool. The service is funded by various grants from the Education and Skills Funding Agency – there is no Council funding used for the service. The service is an education service and therefore is Ofsted inspected. The service also has a governing body – the Adult Learning Management Committee has members who are stakeholders and is chaired by Councillor Graham Cain.

5.2 Priorities for Blackpool Council Adult Learning Service - national drivers

The Government set out how Adult Learning funding should be used in the "New Challenges New Chances" Further Education and Skills Reform Plan 2011. There are three national objectives :-

- Maximise access to community learning for adults, bringing new opportunities and improving lives, whatever people's circumstances.
- Promote social renewal by bringing local communities together to experience the joy of learning and the pride that comes with achievement.
- Maximise the impact of community learning on the social and economic well-being of individuals, families and communities.

There is an expectation that the funding is focused on people who are disadvantaged and least likely to participate, including in rural areas and people on low incomes with low skills. Fee income from people who can afford to pay should be collected and use where possible to extend provision to those who cannot.

5.3 Priorities for Blackpool Council Adult Learning – local drivers

There are 3 key local strategic drivers :-

- Blackpool Council Plan 2015 – 2020

The service mainly links to Priority 2 "Creating stronger communities and increasing resilience" as all courses aim to develop the skills of individuals so they can help themselves and others in their local community. However employability courses also contribute to Priority 1 – Maximising Growth and Opportunity through developing residents employability skills.

- Blackpool Joint Health and Well Being Strategy 2016 – 19

The service has a well-being offer which covers obvious well-being courses (confidence building, building resilience) but also weaves well-being into other courses (arts and crafts, employability)

- Lancashire Skills and Employment Strategic Framework 2016 – 2021

The service provides a pathway of employability courses in the community through voluntary sector sub-contractors (for example UR Potential), direct delivery in community centres (e.g Central Library, Salvation Army) and a sub contract with Blackpool and The Fylde College who provide bridging courses at the Seasider's Centre and Ashfield Road to encourage more learners progress into training.

In order to meet the needs of the town's most vulnerable residents, using the national and local drivers outlined above, the service has a defined core curriculum, priority groups and a delivery model

5.4 Current Core curriculum :-

- Basic Skills (English, Maths, Digital, Financial)
- Employability Skills – a Pathway To Work
- Lifeskills (including emotional wellbeing, volunteering)
- Family Learning

5.5 Current Priority Groups

- Adults in the top 30% Lower Super Output Areas
- Unemployed – on out of work benefits, more chaotic vulnerable long term, building up hours of work
- Low – moderate mental health needs
- Learning disabilities
- Homeless
- Domestic Abuse victims
- Vulnerable Families in Childrens Centres, Schools and other community settings

5.6 Current delivery model – take the learning to the learner:-

- Direct delivery in 50 different venues (including libraries, childrens centres, schools, Salvation Army)
- Sub contracting to community organisations – currently UR Potential and Lancashire Women's Centre
- Sub contracting to Blackpool and the Fylde College – to provide non qualification pathways in the Seasiders employability centre and the Bispham site.

5.7 Impact 2016/17

Adults completing lifelong learning courses (including well being) – 77% stated the course had a positive impact on their life, 45% progressed into further training, volunteering or into work.

5.8 Emerging information for priorities 2018/21

Core Curriculum – the Adult Learning Management Committee feel the current core curriculum is still relevant for the 3 main strategic drivers (Blackpool Council Priorities, Health and Well Being Strategy, Lancashire Skills Strategic Framework)
Priority groups – learning in later life a potential missing group?
Delivery model – the developing six Integrated Neighbourhoods community groups and integrated teams provides a new opportunity to align adult learning courses

5.9 Does the information submitted include any exempt information? No

5.10 **List of Appendices:**

Appendix 5a: Community Learning Priorities 2015/18

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 The purpose of the consultation is to support equality considerations.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 Not applicable as this is a consultation on priorities and is not seeking a decision.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 This item is part of a consultation exercise underway with key stakeholders.

13.0 Background papers:

13.1 None.

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Appendix 5a: Community Learning Priorities 2015/18

1. National Priorities

Purpose of Government Supported Community Learning:

- Maximise access to community learning for adults, bringing new opportunities and improving lives, whatever people's circumstances.
- Promote social renewal by bringing local communities together to experience the joy of learning and the pride that comes with achievement.
- Maximise the impact of community learning on the social and economic well-being of individuals, families and communities.

National Objectives – "New Challenges, New Chances" Further Education and Skills Reform Plan 2011

Focus public funding on people who are disadvantaged and least likely to participate, including in rural areas and people on low incomes with low skills
Collect fee income from people who can afford to pay and use where possible to extend provision to those who cannot.

Widen participation and transform people's destinies by supporting progression relevant to personal circumstances, e.g.

- improved confidence and willingness to engage in learning
- acquisition of skills preparing people for training, employment or self-employment
- improved digital, financial literacy and/or communication skills
- parents/carers better equipped to support and encourage their children's learning
- improved/maintained health and/or social well-being.

Develop stronger communities, with more self-sufficient, connected and pro-active citizens, leading to:

- increased volunteering, civic engagement and social integration
- reduced costs on welfare, health and anti-social behaviour
- increased online learning and self organised learning
- the lives of our most troubled families being turned around.

2. Local Context

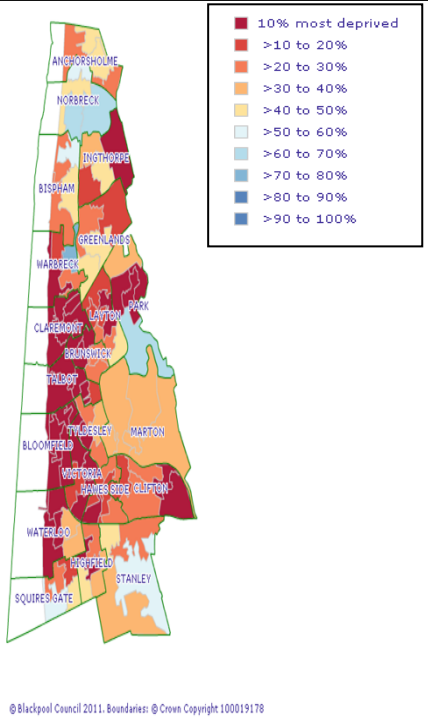
Current picture

Blackpool Challenges

- Blackpool has a total population of around 141,700 people. It is one of the most densely populated Local Authority areas outside Greater London.
- 6% are from Black or Minority Ethnicities
- High levels of economic inactivity – 13% (11,120) claiming Incapacity benefits or ESA compared with 6.2% GB average
- There is a large stock of low cost private rented accommodation which contributes to high levels of population migration.
- Life expectancy for males the poorest in England at 74.3 years compared to 79.4 years nationally.
- Substance and Alcohol misuse is considered high, with alcohol-related death the 2nd highest in England for males
- Blackpool has the highest drug prevalence rate across the region, and is within the top ten nationally.
- Domestic abuse in Blackpool is significantly high compared to Lancashire and England as a whole. Referrals of high-risk abuse cases made to MARAC (Multi Agency Risk Assessment Conferences) are 3 times the national average
- Family structure - relationship breakup is 40.51% higher than the national average

Life Skills of Blackpool residents

- Low Level Skills – 10% of adults have no qualifications (GB 8.6%). 42.5% NVQ3 or above (GB 55.8%), 21.9% NVQ4 or above (GB 37.1%)
- Low level Basic Skills - Literacy and Numeracy. Digital skills – survey by the Independent Newspaper September 2015 – Blackpool is the lowest "city" for internet usage.
- Low level life skills. Social Isolation an increasing concern – increasing mental health concerns .
- 30.1% (9,425) of our children living in low income families (9,425)



Ranks of Blackpool LSOAs in the Index of Deprivation by Band

Opportunities

Blackpool Council Plan 2015 –2020

Council Priority 1 – Maximising Growth and Opportunity across Blackpool
Council Priority 2 – Creating Stronger Communities and Increasing Resilience

- Adult Learning contributes to building resilience in the communities

Purpose of Adult Learning in Blackpool

Help residents to help themselves and others in their local community through informal and formal learning

Priority Curriculum areas

- Basic Skills (English, Maths, Digital)
- Employability Skills – a Pathway To Work
- Lifeskills (including emotional well being, volunteering)
- Family Learning

Priority Groups

- Adults in the top 30% Lower Super Output Areas
- Unemployed – more chaotic vulnerable long term, building up hours of work
- Low – moderate mental health needs
- Learning disabilities
- Homeless
- Domestic Abuse victims
- Vulnerable Families in Childrens Centres, Schools and other settings

Key dependencies to other areas of work

- Digital Skills strategy in support of the Welfare Reform programme and Digital by Default
- Public Health strategy
- Local Enterprise Partnership – Skills Plan

Risks and Obstacles

- Decreasing SfA budget means that needs cannot be met
- Changes to government policy in regard to Community Learning may impact delivery of strategy
- Council cuts may impact capacity of community learning to deliver or require significant changes

2. Local Context (continued)

- Growing Population of c145,000 in a town stretching 7 miles by 3 miles
- **Based on the overall measure of deprivation, Blackpool is now ranked as the most deprived of 326 Local Authority areas in England (6th in 2010)**
- We have 30.1% (9,425) of our children living in low income families (9,425)
- High levels of worklessness with approximately 20.6% of the working age population claiming out-of-work benefits, compared to a national level of 11.2%
- There is a large stock of low cost private rented accommodation which contributes to high levels of population migration.
- Life expectancy for males the poorest in England at 74.3 years compared to 79.4 years.
- Substance and Alcohol misuse is considered high, with alcohol-related death the 2nd highest in England for males
- Blackpool has the highest drug prevalence rate across the region, and is within the top ten nationally.

Context – implications for Blackpool Adult, Community and Family Learning

- Low Level Skills – 13% of adults have no qualifications (England 8.8%). 42.5% NVQ3 or above (England 56.7%), 22.1% NVQ4 or above (England 36%)
- Low level Basic Skills - Literacy and Numeracy. Digital skills – survey by the Independent Newspaper September 2015 – Blackpool is the lowest "city" for internet usage.
- Low level life skills. Social Isolation an increasing concern – increasing mental health concerns .
- 20.6% of working age adults claim key out of work benefits, almost twice the national average
- We have 30.1% (9,425) of our children living in low income families (9,425)

Employment and Skills

Less than 36% of Blackpool's employment is of a managerial or professional occupation, below the North West and England at 40.5% and 44.2% respectively. 16.4% were in the tourist related industry compared to 8.2% in both the North West and nationally, an industry where employment is often low skilled and seasonal. The main areas of employment are in the service industries.

The average weekly pay in Blackpool is significantly lower than both the North West and Great Britain, £374 compared to £483 and £518 respectively. The annual salary is £15,700 within Blackpool, £19,200 in Lancashire and £20,300 within the UK.

Population characteristics

In Blackpool 6% of the population is of BME and pre-dominantly eastern European origin. Of these 2% are classed as White Other, whilst White/Black Caribbean, Indian and other Asian make up the BME population 0.5% each.

The number of BME residents is higher within the wards of Park (13.4%) and Bloomfield (7.4%) which are also in the top LSOA's.

Christianity is the majority religion 67% down from 78.6%. A minority are Muslim (0.75%).

Health & Wellbeing

The life expectancy rate for males in Blackpool is 74 years, (10 years below this in the most 30% deprived areas) which is the lowest in the United Kingdom, females can expect a life span of 79 years, the 13th lowest in the UK. The life expectancy of males within Bloomfield Ward is 51.4 years.

The main cause of all deaths in Blackpool for males is cirrhosis of the liver, heart disease, overdoses and poisoning. For females this is cirrhosis of the liver, respiratory disease and lung cancer.

Records show that Blackpool has the highest costs of local authorities attributable to alcohol and the 4th highest chronic liver disease. The wards of Claremont, Bloomfield and TAB record high level of calls made to emergency services. Blackpool also ranks highest, 326 out of 326, for those claiming benefits as a result of alcohol. The costs attributed to that in Blackpool are £715 per head of population, Lancashire £458 and UK £384; more than double the costs nationally.

All these have a negative impact on resident's mental health and well being, with Blackpool having the lowest score for well being in Lancashire. Of those residents who have drug issues, crime rates increased by 107% during the period 2008-13. Of those in treatment, 88% are aged 30+ and 68% are males. The average length of time in recovery services is 4.3 years.

There are more residents in Blackpool who suffer from long term mental health, 23.5 per 1000 population compared to 14.7 in Lancashire. Suicide rates in Blackpool are also high in Blackpool 23.7 per hundred thousand; England has 11.4, Fylde 10.8 and Wyre 13.7. Blackpool has the highest rates of antidepressant use in England and in July 2012 an NOS (National Office of Statistics) survey rated Blackpool as 9th unhappiest place in England in terms of life satisfaction by residents.

Summary

Blackpool's services face very serious challenges in terms of tackling very low skills, long term worklessness, a dependency on benefits, ill health and alcohol and substance misuse all impacting on health, well being and community cohesion. The Adult, Community and Family Learning Service is committed to improve the lives of the residents of Blackpool and actively targets those from the most disadvantaged areas and those with the most complex and chaotic lifestyles.

3. Purpose of the service

Help residents to help themselves and others in their local community through informal and formal learning

Priority Curriculum areas

- Basic Skills (English, Maths, Digital, Financial)
- Employability Skills – a Pathway To Work
- Lifeskills (including emotional well being, volunteering)
- Family Learning

All learning will seek to be meaningful and relevant using fun and innovation to engage disadvantaged learners
All learning will seek to develop individuals skills which are transferrable into the workplace contributing to the economic regeneration of Blackpool.

Priority Groups

- Adults in the top 30% Lower Super Output Areas
- Unemployed – on out of work benefits, more chaotic vulnerable long term, building up hours of work
- Low – moderate mental health needs
- Learning disabilities
- Homeless
- Domestic Abuse victims
- Vulnerable Families in Childrens Centres, Schools and other community settings

Rationale for range of providers – take the skills provision to the learner by providing multiple access opportunities

Partners	Escalator approach
Voluntary Sector Organisations	• Provide community bases which already engage vulnerable adults e.g. Blackpool Volunteer Centre, Blackpool Women's Centre, Disability First, UR Potential • Provide niche provision which engages vulnerable adults e.g. Calico/Furniture Matters addresses male basic employability skills and well being through recycling of white goods.
Blackpool Council Adult Learning Service	• Provides short skills courses in over 50 community centres to encourage learners to take that first step in informal surroundings including learners who may be very apprehensive at the thought of a college course. • Examples – Salvation Army, Childrens Centres, Libraries.
Blackpool and the Fylde College	• Provides "First Step with the College" skills courses for learners who are more confident about attending College but may not be ready for qualification led courses.

Key Strategic Drivers

There are 3 key strategic drivers :-

- Lancashire Skills and Employment Strategic Framework 2016 – 2021
- Blackpool Joint Health and Well Being Strategy 2016 – 19
- Blackpool Council Plan 2015 – 2020

Lancashire Skills and Employment Strategic Framework 2016 – 2021

Section	Actions	Contribution of Community Learning
Future Work force	**5a.** Map the enterprise education journey with view to reinforcing curriculum and activities which develop enterprising skills, attitudes and behaviours.	***Enterprise skills embedded into employability courses***
Skilled and Productive Workforce	Sector Priorities - Health and Social Care and Visitor Economy also encouraged the use of traineeships as a route into apprenticeships.	***Employability programmes to target Traineeship growth sectors***
Inclusive Workforce	**1b**. Employability and skills development programme incorporating CEIAG for adults not in work and not claiming benefit and those at risk of redundancy (targeting individuals outside of the Work Programme and mainstream provision). **1d.** 'Hard to reach' programme(s) aimed at the disadvantaged and the furthest from the labour market (incorporating an escalator model which will feed into 1a, 1b, 1c as appropriate or other relevant activity which will provide a pathway into learning or work). **5a:** Incorporate digital skills into employability and skills programmes to improve social mobility, engagement with public services and ultimately	**Provide a pathway of employability courses in the community – delivery partners Blackpool Council Adult Learning/Connexions, Blackpool and The Fylde College, UR Potential, Calico/Furniture Matters** **Address Basic Skills (English, Maths, Digital, Financial) as a first step to address the core skills of those furthest away from the labour market – delivery partners Blackpool Council Adult Learning, Blackpool and The Fylde College, UR Potential, Disability First** **Developing individual resilience - "Help people to help themselves" through a menu of life skills and well-being courses.**

Blackpool Joint Health and Wellbeing Strategy 2016/19

"We need a major shift in how we deliver health and social care and wider public services, moving away from traditional models of care based on acute services towards **more preventative methods which promote self-care and are co-ordinated around the needs of individuals**"

Section	Extracts from the strategy	Contribution of Community Learning
Stabilising the Housing Market	"We must support vulnerable people with their housing needs" "Young people including those leaving care, who often require support making the transition to independent living"	**Developing individual resilience - "Help people to help themselves" through a menu of life skills and well-being courses** Life skills – specifically "Keys To Your Home" tenancy support Life skills – specifically Independent Living Skills course for Care Leavers
Creating Community Resilience and Reducing Social Isolation	"As public sector resources diminish and we no longer have the funding to provide services to support people`s health and social care needs in the same way as previously, we have to find ways to support people in different ways, encouraging them to become more resilient and less reliant on our services" "Volunteering is integral to this.."	**Developing individual resilience - "Help people to help themselves" through a menu of life skills and well-being courses** **Developing Family Resilience – learning as family to strengthen the family unit**

Blackpool Council Plan 2015 – 2020

Section	Key Council Project areas	Contribution of Community Learning
Maximising Growth and Opportunity	**Key employment projects** These fundamental shifts and developments need to be supported by measures which span the entire labour market, addressing our low wage and skills levels, which will help us to retain more skilled young people in the town **Key enterprise projects** Helping those with ideas and talent to develop flourishing young businesses through financial support and high quality advice, connecting them into Blackpool's business community	**Provide a pathway of employability courses in the community – delivery partners Blackpool Council Adult Learning/Connexions, Blackpool and The Fylde College, UR Potential, Calico/Furniture Matters** **Address Basic Skills (English, Maths, Digital, Financial) as a first step to address the core skills of those furthest away from the labour market – delivery partners Blackpool Council Adult Learning, Blackpool and The Fylde College, UR Potential, Disability First**
Creating stronger communities and increasing resilience	**Key community projects** We need to listen more through things like the Council Couch, and use what you tell us to change what we do. We'll introduce neighbourhood navigators to help bring our services closer to you. Once we've based more of our care services in local neighbourhoods, people will be better prepared to help themselves We need to do is take action to help people get healthier, both mentally and physically. We'll give people a nudge in the right direction by restrictions on unhealthy activities like smoking and getting more people a health check to help them understand the changes they need to make.	**Developing individual resilience - "Help people to help themselves" through a menu of life skills and well-being courses** **Developing Family Resilience – learning as family to strengthen the family unit**

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Amy Cross, Cabinet Member for Adult Services and Public Health
Date of Meeting:	22 March 2018

TOBACCO FREE LANCASHIRE

1.0 Purpose of the report:

1.1 To present Tobacco Free Lancashire's 'Towards a smokefree generation 2018-2023' strategy.

2.0 Recommendation(s):

2.1 To support and approve the content of the Tobacco Free Lancashire's 'Towards a smokefree generation 2018-2023' strategy.

3.0 Reasons for recommendation(s):

3.1 Smoking remains the single largest preventable cause of ill health, premature death and health inequalities in Lancashire.

This new strategy will challenge and create the drive, impetus, and partner and public engagement needed to reduce smoking prevalence across Lancashire and will continue to challenge the social norms that we currently see; that smoking is acceptable or normal behavior.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities – Creative stronger communities and increasing resilience".

5.0 Background Information

5.1 Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, nationally 15.5% of adults still smoke. Smoking rates remain higher in Lancashire than England in adults, pregnant women and young people. Within this is great variation in prevalence when comparing Lancashire, Blackpool and Blackburn with Darwen.

5.2 Smoking disproportionally affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V5,6. Reducing health inequalities resulting from smoking remains a public health priority in Lancashire and we need to take new and braver action to drive smoking rates down further.

5.3 Tobacco Free Lancashire is a partnership of organisations from across Lancashire. The pan-Lancashire partnership includes colleagues from district councils, clinical commissioning groups, acute trusts, mental health trusts, and providers and other public sector bodies and voluntary and 3rd sector organisations from across Lancashire, Blackpool and Blackburn.

5.4 Partners have collaborated to produce a new strategy that mirrors the new Tobacco Control Plan for England which sets out the ambition to achieve a smokefree generation by:

- preventing children from taking up smoking in the first place
- stamping out inequality for example smoking in pregnancy
- supporting smokers to quit

5.5 The pan-Lancashire strategy supports these national ambitions and provides some high-level priorities which will inform more detailed action planning at both the pan-Lancashire and local levels in order to achieve the ambition of reducing the prevalence of smoking in Lancashire from 16.9% (in 2016) to the England national ambition of 12% or less by 2022.

5.6 **'Towards a smokefree generation 2018-2023' strategy**

The strategy has an overarching framework of achieving a smokefree Lancashire and has prioritised the following areas based on detailed local intelligence in order to reduce health inequalities and improve quality of life by reducing smoking prevalence in the following groups:

- pregnancy
- people with mental health conditions
- people with long-term conditions

The strategy highlights a number of aims and ambitions within each priority area of the strategy. The main areas of activity required to achieve these aims and ambitions fall into the following broad categories, around which detailed action plans can be built:

- communication
- training
- advocacy
- performance management
- specialist support
- regulation and enforcement

Progress towards achieving these ambitions will be measured against the Tobacco Free Lancashire strategy action plans in line with the Public Health Outcomes Framework and reported to the three Health and Wellbeing Boards.

Governance and accountability

Tobacco Free Lancashire is a multi-agency group which has individual lines of reporting to each of the partner organisations. Overall accountability for the work of the group is however to each of the three Health and Wellbeing Boards (HWBs); Lancashire, Blackpool and Blackburn with Darwen.

Links are made with national and regional expert advisors and good governance dictates that latest evidence, policy and practice are regularly reviewed to ensure that work continues to be relevant and current in the context of local needs and circumstances.

It is essential that this work also provides guidance and advice to the wider Sustainability and Transformation Partnership (STP) and relevant links have been made with cancer and cardio-vascular prevention work streams.

5.7 Does the information submitted include any exempt information? No

5.8 List of Appendices:

Appendix 6a: Tobacco Free Lancashire 'Towards a smokefree generation 2018-2023 strategy'

6.0 Legal considerations:

6.1 There are no legal considerations in relation to the strategy.

7.0 Human Resources considerations:

7.1 There are no Human Resources implications.

8.0 Equalities considerations:

8.1 A joint Equality Impact Assessment has been completed as part of the development of this strategy. Tobacco use has a significant impact on health inequalities in Lancashire and therefore addressing these inequalities is a fundamental part of this Strategy.

9.0 Financial considerations:

9.1 The work will be delivered from existing resources.

10.0 Risk management considerations:

10.1 The strategy will be led by the Tobacco Free Lancashire group, facilitated by the Public Health tobacco leads for each of the 3 organisations (Blackpool Council, Lancashire County Council and Blackburn with Darwen Council). The risks are low for this work not to be delivered.

11.0 Ethical considerations:

11.1 There are no ethical considerations.

12.0 Internal/ External Consultation undertaken:

12.1 A number of engagement events, involving internal and external partners, have been undertaken as part of the development process for this strategy.

13.0 Background papers:

13.1 None.

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Tobacco FREE Lancashire

Towards a Smokefree Generation

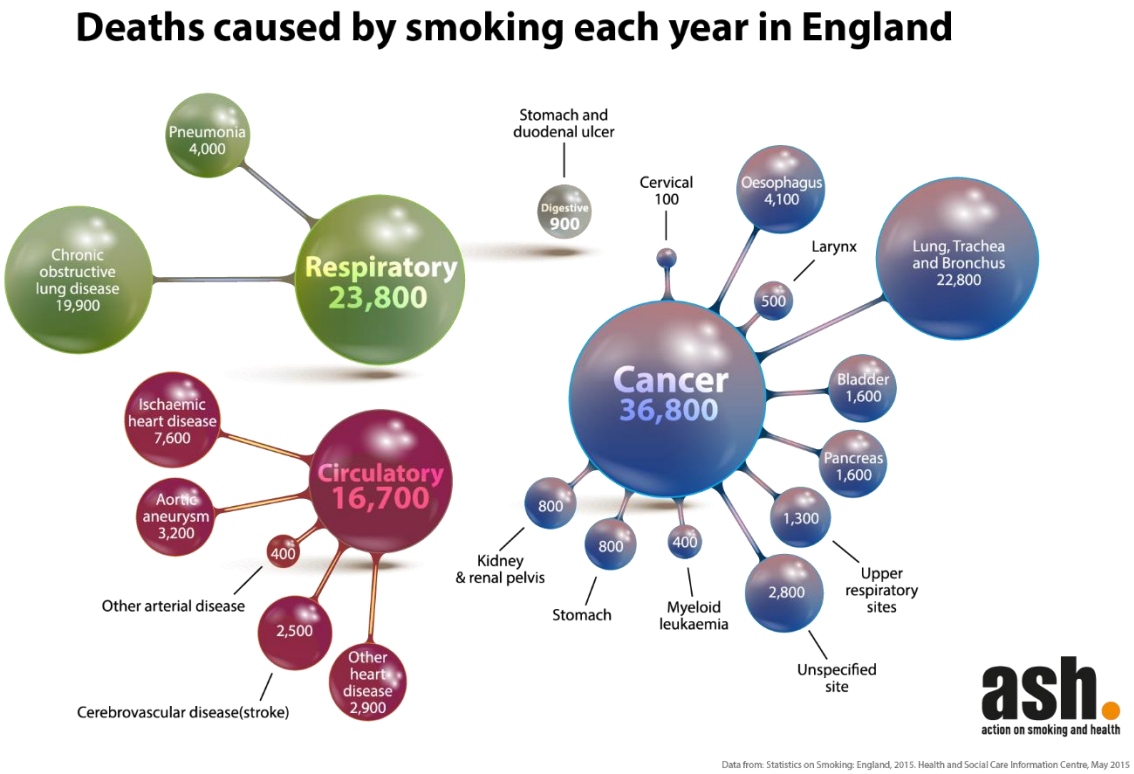
2018-2023

Contents

Foreword

Whilst we have made great progress in reducing the harms caused by tobacco and smoking, this remains the single largest preventable cause of ill health, premature death and health inequalities in Lancashire. One in two long-term smokers die prematurely as a result of smoking, half of these in middle age; and on average, each smoker loses 16 years of life and experiences many more years of ill-health than a non-smoker (Department of Health, 2011)[1].

Smoking kills approximately 79,000 people each year in England and 2,905 adults aged 35 years and over in Lancashire, Blackpool and Blackburn with Darwen. 36% of deaths from respiratory disease and 54% of cancer deaths are estimated to be attributable to smoking (NHS Digital, 2017)[2].



Reducing the health inequalities resulting from smoking, and protecting successive generations of children and young people from the harms of tobacco, therefore remains a public health priority in Lancashire.

We are committed to reducing the prevalence of smoking from 16.9% (in 2016) to the England national ambition of 12% or less by 2022 and will continue to challenge the social norms that we currently see; that smoking is acceptable or normal behaviour.

Our new Tobacco Free Lancashire strategy has the overarching framework of ‘smokefree’ – to reduce the damaging impact of tobacco by helping people to quit smoking, reducing the availability of illicit tobacco and challenging the social norm of smoking. We will be seeking to create more smokefree environments and spaces across our communities so that we can challenge the norm of smoking. We need to promote the message that non-smoking is the norm in our society, as we know that young people are significantly less likely to take up smoking themselves if they experience restrictions on smoking in public places, schools and at home. In addition, a person’s behaviour is influenced by the perception of how others behave in society, meaning that an individual is more likely to engage in harmful behaviour if that behaviour is seen as typical (Linkenbach, J., 2003)[3].

This Strategy is ambitious; whilst we have such high rates of smoking prevalence in parts of Lancashire, we feel we need to challenge and create the drive, impetus, and partner and public engagement needed to achieve this.

County Councillor Turner, Lancashire County Council

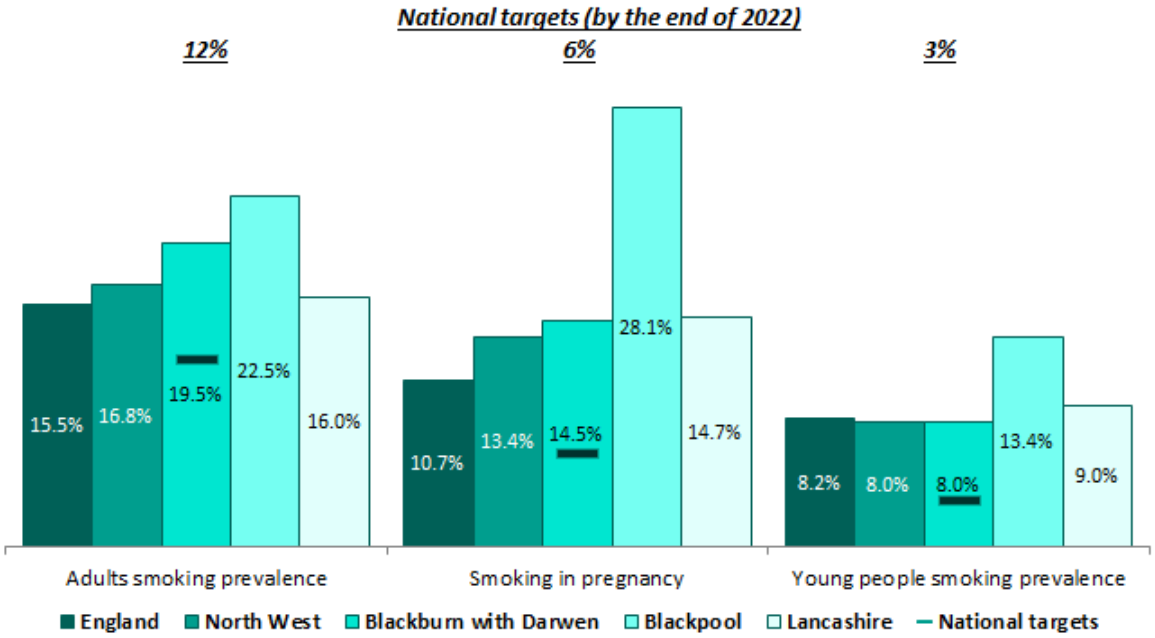
Councillor Taylor, Blackburn with Darwen Council

Councillor Cross, Blackpool Council

Tobacco use in Lancashire

Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, nationally 15.5% of adults still smoke. Smoking rates remain higher in Lancashire than England in adults, pregnant women and young people. Within this is great variation in prevalence when comparing Lancashire, Blackpool and Blackburn with Darwen.

Figure 1: Progress against national targets



Source: PHE, Local Tobacco Profiles

The majority of people who smoke become addicted as children before they are legally old enough to buy cigarettes; with two-thirds initiating smoking under the age of 18, the legal age of sale, and almost two-fifths under 16 years[4].

Smoking disproportionally affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V[5,6]. Adults in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations (27% vs 13% respectively)[7].

Women who smoke in pregnancy are more likely to be younger, single, of lower educational achievement and in unskilled occupations[8]. Smokers from routine and manual groups comprise 44% of the overall smoking population and reducing smoking in this group is critical to reducing inequalities.

Smoking rates are also higher among Bangladeshi and Irish males[8] (40% and 30% respectively), prisoners[9] (80%) and people living with a mental health condition. Nationally, a third (32%) of people with depression or an anxiety disorder and 40% for those with probable psychosis smoke[10]. Even higher rates are experienced in mental health inpatient settings, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers[11].

Smoking is the primary cause of preventable ill health and premature death from respiratory diseases, circulatory disease and cancer (Appendix 1) accounting for approximately 2,800 deaths in adults aged 35 years and over each year in Lancashire alone (PHE, Local Health Profiles 2017)[12]. One in 20 hospital admissions are smoking related[13] and the estimated lifetime cost of treating a smoker with a smoking-related disease in Lancashire is £15,121[14].

Reducing health inequalities resulting from smoking, therefore, remains a public health priority in Lancashire and we need to take new and braver action to drive smoking rates down further.

Smokefree Lancashire

This Strategy has the overarching framework of 'smokefree' – to reduce the damaging impact of tobacco by; encouraging young people not to start smoking, helping people to quit smoking, reducing the availability of illicit tobacco and challenging the social norm of smoking. An essential element of this framework is to create more and more smokefree environments and spaces across our communities so that we can challenge the norm of smoking.

The World Health Organisation (WHO) has listed secondhand smoke (SHS) from tobacco as a human carcinogen, to which there is no safe level of exposure[15]. Thirty minutes exposure to SHS reduces blood flow to the heart in fit, healthy adults and long-term exposure increases a non-smoker's risk of developing heart disease and lung cancer by a quarter, and stroke by three-quarters[16,17].

Children are especially at risk from the effects of SHS because they have smaller vessels and their organs are still developing. Therefore, they breathe faster and breathe in more toxic chemicals than adults[18]. Children exposed to SHS are at increased risk of bronchitis, asthma symptoms, middle ear infections (glue ear), meningitis and sudden infant death syndrome (cot death) [18].

It is estimated that there are approximately 3,900 additional incidents of childhood diseases each year within Lancashire, directly attributable to SHS [18,19]:

- 470 new cases of lower respiratory tract infection in children under two years old
- 2,900 new cases of middle ear infections in children of all ages
- 540 new cases of wheeze and asthma in children
- at least 16 new cases of bacterial meningitis

Infographic 1: Additional incidents of childhood diseases in Lancashire attributable to secondhand smoke

Smokefree homes and cars scheme is one such initiative which aims to reduce exposure to SHS and assist pregnant women to quit, and for them and their families to remain smokefree. When implemented effectively the scheme has the potential to improve the health of children and young people through preventing exposure to secondhand smoke in the home and when travelling in a car.

Ambitions

- we will support NHS Trusts across Lancashire to implement the new CQUIN and NICE guidance PH48[21] in fulfilling smokefree policies and effective ways to help people stop smoking, in acute, maternity and mental health settings
- we will work with local businesses to support their workforce to stop smoking, including the development of smokefree policies and supporting the implementation of NICE guidance PH5[22] on workplace interventions to help people stop smoking
- we will work with local authority regulatory and other enforcement agencies, including the police, in Lancashire to ensure compliance with smokefree legislation, including vehicles
- we will work with a range of partners across Lancashire to support the implementation of smokefree parks, schools and public places

Policy context

This Tobacco Free Lancashire strategy has been developed in-line with the new Tobacco Control Plan for England[23] which sets out the ambition to achieve a smokefree generation by:

- preventing children from taking up smoking in the first place
- stamping out inequality for example smoking in pregnancy
- supporting smokers to quit

The national strategy has also identified the need to address parity of esteem in terms of the health inequalities that exist for people with a mental health condition who 'die on average 10 to 20 year earlier than the general population' (DH, 2017)[23]. It has also identified the need to create more working environments which encourage smokers to quit, such as the NHS as a workplace and NHS Trusts as a setting.

Our strategy supports these ambitions and provides some high-level priorities which will inform more detailed action planning at both the pan-Lancashire and local levels in order to achieve improvements in outcomes.

Key priorities for Lancashire

This strategy has an overarching framework of achieving a smokefree Lancashire and has prioritised the following areas based on detailed local intelligence at an individual level in order to reduce health inequalities and improve quality of life by reducing smoking prevalence in the following groups:

- pregnancy
- people with mental health conditions
- people with long-term conditions

Smoking in pregnancy

Overall, smoking during pregnancy increases the risk of infant mortality by around 40% and causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths in the UK every year[24]. It has been estimated that a 10% reduction in infant and fetal deaths could be achieved if all pregnant women stopped smoking[25].

Rates of smoking in pregnancy are variable throughout the UK and are strongly linked to age and social economic deprivation. Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively)[26]. Women in routine and manual occupations are more than five times as likely to smoke throughout pregnancy compared to those in managerial and professional occupations. As a result, those from lower socio-economic groups are at much greater risk of complications in pregnancy[27].

Reducing smoking in pregnancy is a key public health priority for Smokefree Lancashire. The recently published Tobacco Plan for England[23] aims to reduce prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022. This is an ambitious challenge considering recent smoking at time of delivery (SATOD) figures vary considerably over the fourteen areas from 28.1% in Blackpool to 9.8% in Chorley and South Ribble[23]. SATOD data

provides a measurable outcome and working in partnership can provide the opportunity to reduce the leading modifiable risk to stillbirth.

Table 1: Reported SATOD Data Annual Reporting for 2016/17 (source NHS Digital, 2017)[2].

Smoking At Time Of Delivery (SATOD) 2016/17	2016/17 (Annual)		
	Maternities	No. of Smokers	%
England	619,234	65,023	**10.7**
NHS England North	172,929	24,228	14.0
NHS England North (Lancashire)	16,203	2,595	**16.0**
NHS Blackburn with Darwen	2,147	309	14.4
NHS Blackpool	1,804	507	28.1
NHS Cumbria	4,686	569	12.1
NHS Chorley and South Ribble	1,861	183	**9.8**
NHS East Lancashire	4,354	716	**16.4**
NHS Fylde & Wyre	1,266	208	**16.4**
NHS Greater Preston	2,413	288	**11.9**
NHS Lancashire North	1,462	262	**17.9**
NHS West Lancashire	896	122	**13.6**
Lancashire	12,252	1,779	**14.5**

The Saving Babies Lives Care Bundle[29] has been designed to tackle stillbirth and early neonatal death. It is a significant driver to deliver the ambition to reduce the number of stillbirths, bringing four elements of care together which incorporates:

- reducing smoking in pregnancy
- risk assessment and surveillance for fetal growth restriction
- raising awareness of reduced fetal movement
- effective fetal monitoring during labour

Developing a care bundle has previously demonstrated a more rapid response to smaller interventions, such as stop smoking, when implemented as part of a package as opposed to individually. In order to improve outcomes, partnership working is essential.

As a result, the Lancashire wide Smoking in Pregnancy Task and Finish Group will continue to meet and work with multi-partners in order to improve early intervention and to prevent poor outcomes before, during and after pregnancy as proposed in the Maternity Transformation Programme[30].

The group will focus on reducing the number of women who smoke in pregnancy, in accordance with NICE guidance PH26[31], improving maternity pathways to better incorporate stop smoking interventions and sharing good practice. This will include training, which will support reassessing cultural norms, lifestyles and behaviours as well as quit attempts.

Ambitions

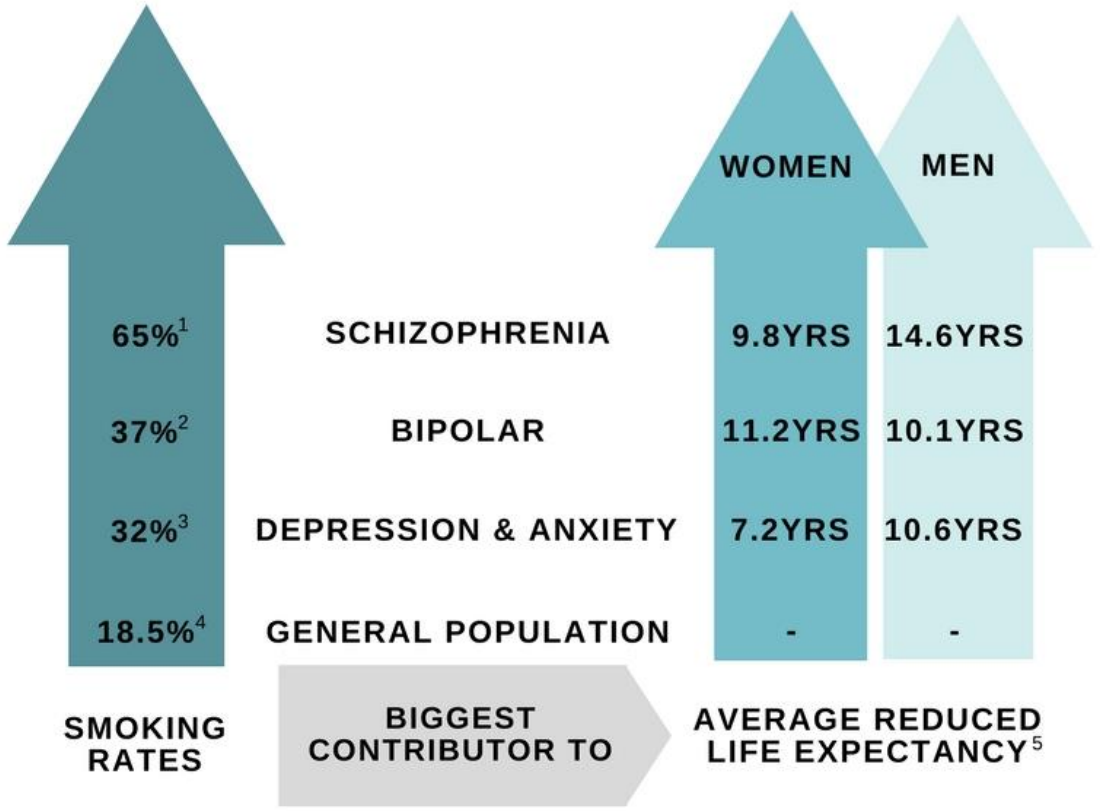
- we will encourage all health care professionals, who come into contact with pregnant women who smoke, to be trained as a minimum in giving very brief advice, so they can provide a consistent message for women (NCSCT online training)
- we will encourage the inclusion of carbon monoxide (CO) screening as routine practice; minimum at booking and delivery (36 weeks)
- we will ensure that midwifery leads are kept up-to-date with current evidence and national guidance through the Smoking in Pregnancy group
- we will work towards reducing smoking in pregnancy SATOD to 6% or less
- we will work to improve pathways between midwifery and stop smoking services, with an opt-out system being the preferred approach
- we will review the smoking status of partners and advise accordingly around the impacts of SHS

Smoking and mental health conditions

It is estimated that one in four people are affected at some point in their life from a mental health illness, and the life expectancy of those diagnosed with a mental health illness is on average 10-20 years less than someone without a mental health diagnosis. The main reason for this difference in life expectancy is due to smoking. More than two fifths (42%) of all cigarettes smoked in England in 2007 were by people with a mental health condition[32].

Figure 2 illustrates the association between the severity of a mental illness, smoking prevalence rates and reduced life expectancy.

Figure 2: Smoking rates and average reduced life expectancy by mental health condition



1: Wu C.Y et al. (2013). PLoS ONE 8(9): e74262. 2: THIN data 3: McManus et al (2010) NCSR
4: www.smokinginengland.info 5: Chang et al, Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental health Care Case Register in London, PLoS ONE, 2011

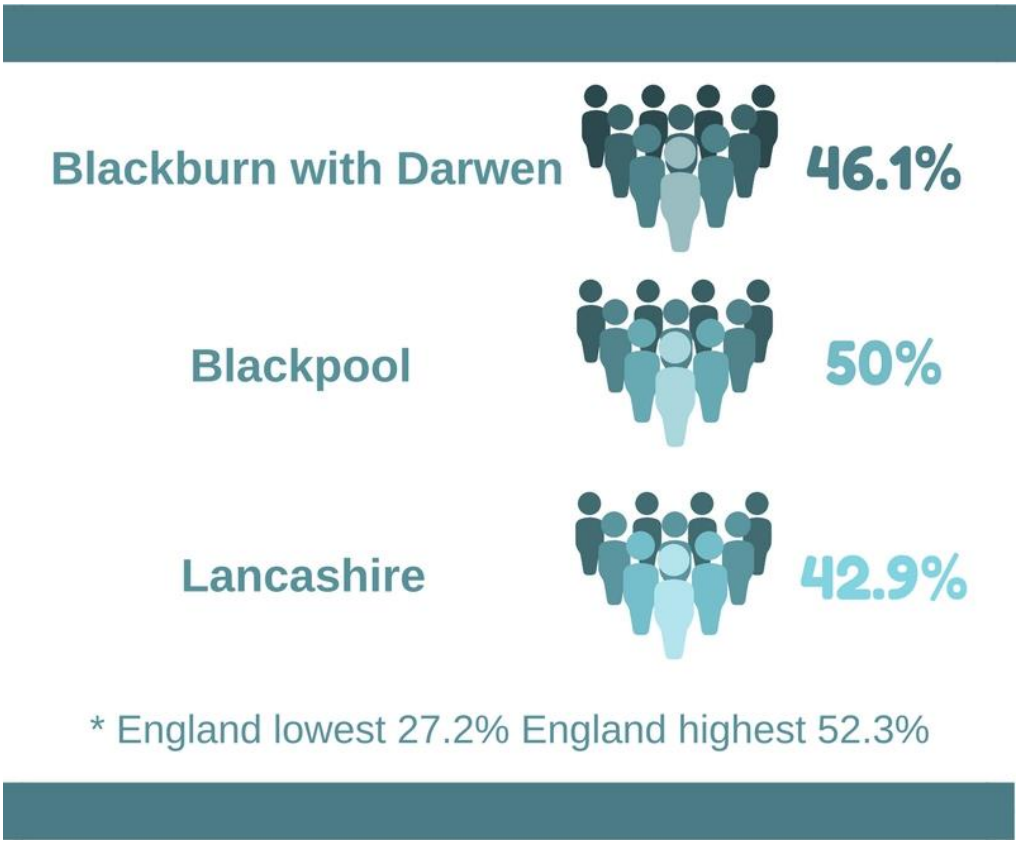
The correlation between the prevalence of smoking and people with mental health conditions has been shown to dramatically increase with the severity of the mental health illness. In 2014 it was estimated that 31% of men and 23% of women who had ever been diagnosed with a mental health condition smoked, compared to 19% of men and 13% of women in the general population. People with more severe mental health illnesses, such as psychosis, have been

shown to have smoking rates as high as 60% whilst prevalence rates for inpatients in psychiatric units have been estimated at 70%[32]. People with severe mental health illnesses are also at more risk from physical health conditions, for example cardiovascular disease, and the life expectancy for people with schizophrenia is estimated to be 15-20 years less than the general population[33].

Whilst smoking rates in the general population have been declining in England since the mid-1990s to a reported level of approximately 19% in 2014, smoking rates for people with a mental health condition over the 20-year period have remained the same at an estimated 40%[34].

Statistics illustrating smoking prevalence for people living in Blackpool, Blackburn with Darwen and Lancashire who have a severe mental health condition are shown in Infographic 2 below.

Infographic 2: Smoking Prevalence for people with a severe mental health condition



*PHE 2015. *Data quality query*

A number of explanations have been made for this high prevalence rate which include:

- the complexity of the issue. People with mental health conditions have often been smoking for many years, smoke more cigarettes and are more addicted to nicotine
- a combination of a number of factors including biological, environmental and social norm.

- lack of encouragement to quit[35]. In some instances, the use of cigarettes to 'manage patients' has been reported[36,37]

A change in attitudes and culture towards smoking is required to ensure this trend is reversed. People with a mental health condition are more likely to engage with health services as it is estimated that 80% of people with a severe mental health condition seek medical treatment from different settings including GP surgeries or outreach teams to name but a few[38]. It is, therefore, a prime opportunity for health professionals to engage in a conversation about smoking cessation.

People with a mental health condition are also just as likely to want to quit smoking but are aware of the hardship of trying to quit and have been known to be less likely to succeed[39]. A Health Survey for England conducted in 2010 reported that 66% of people with a mental health condition would like to quit[40].

The majority of mental health services are provided in the community. Therefore, primary care and community care providers are essential in ensuring the delivery of an integrated tobacco treatment pathway. This will include identification of a smoker, provision of advice and timely access to stop smoking support services[23].

Ambitions

- we will support and advise CCGs to implement NICE guidance PH45 and PH48
- we will increase awareness of the benefits of peer support and mental health champion programmes to improve confidence, knowledge and dispel myths on smoking and mental health within healthcare settings and the wider community
- we will work in partnership, whenever possible, with primary and secondary healthcare services to improve pathways to stop smoking services
- we will increase awareness and understanding in local health and social care systems of the needs of smokers with a mental health condition(s) in relation to targeted smoking cessation approaches and interventions
- we will work with Primary Care to share the latest evidence, improve confidence, knowledge and dispel myths on smoking and mental health

Smoking and long-term conditions

Over a quarter of the population in England have a physical long-term condition and an increasing number of these people have multiple conditions, with the number of people with three or more conditions expecting to increase from 1.9 million in 2008 to 2.9 million by 2018[41]. A long-term condition is one that can be controlled but not cured. Smokers are more likely to live with a long-term condition and many are either caused or exacerbated by smoking.

People with long-term conditions use a significant proportion of health care services, accounting for 50% of all GP appointments; 64% of outpatient appointments, 70% of inpatient bed days and 70% of the total health and care spend in England[42].

Chronic Obstructive Pulmonary Disease (COPD) causes 24,000 deaths in England every year[43] and smoking accounts for 85% of COPD related deaths[44]. People suffering from asthma who smoke experience higher rates of hospitalisation, worse symptoms and a more rapid decline in lung function than those with asthma who do not smoke[45]. Smoking significantly increases the risk of heart disease and stroke, and smokers with diabetes have increased risks of complications and premature death.

Lancashire experiences higher prevalence rates of diagnosed long-term conditions than England as a whole. Table 2 shows the diagnosed prevalence of long-term conditions (2014/15) for Lancashire in comparison to England.

Smokers and the socially deprived suffer disproportionately. Those in lower socio-economic groups are significantly more likely to live with a long-term condition and also have high rates of smoking, which has significant implications for their health and wellbeing. Smoking is responsible for half the difference in life expectancy between the rich and poor, and smokers are likely to need care on average nine years earlier than non-smokers[45].

Table 2: Prevalence of long-term conditions in Lancashire compared with England

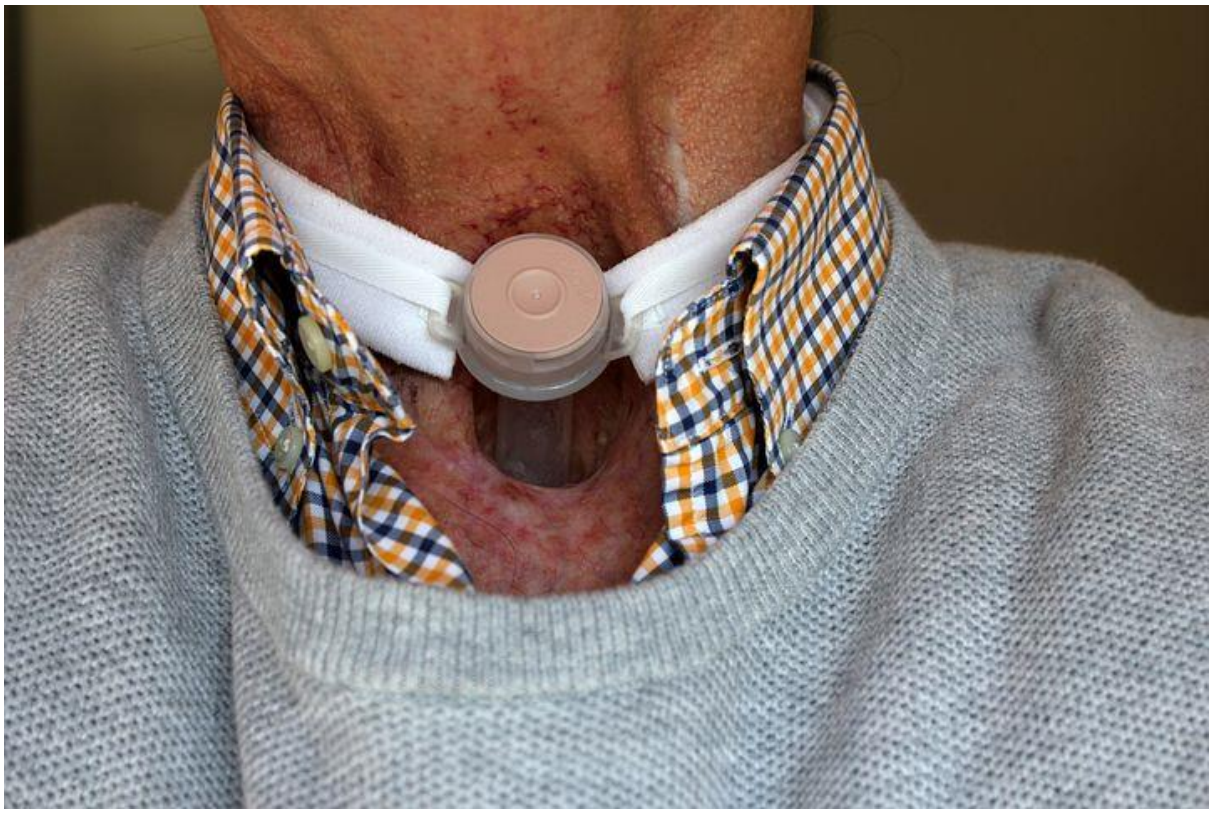
Long-term condition	England		Lancashire	
	Number affected	% affected	Number affected	% affected
Hypertension	7,833,779	13.8	223,779	14.7
Depression (18+)	3,305363	7/3	112,863	9.3
Asthma	3.402,437	6.0	103,935	6.8
Diabetes (17+)	2,913,538	6.4	85,290	6.9
Coronary Heart Disease	1,843,813	3.3	62,788	4.1
Chronis Kidney Disease (18+)	1,859,963	4.1	62,278	5.1
Chronic Obstructive Pulmonary Disease	1,034,578	1.8	37,598	2.5
Cancer	1,281,811	2.3	37,243	2.4
Stroke & TIA	981,836	1.7	30,727	2.0
Atrial Fibrillation	926,551	1.6	27,058	1.8
Mental Health	500,451	0.9	15,368	1.0
Heart Failure	410,783	0.7	15,131	1.0
Dementia	419,073	0.7	13,107	0.9
Epilepsy	357,096	0.8	11,266	0.9

Source: HSCIC, Quality and Outcomes Framework (QOF) for April 2014-March 2015, England

Smoking doubles the risk of developing care needs and every year Local Authorities spend an additional £600 million providing care as a result of smoking-related diseases (ASH, 2015)[45].

Ambitions

- we will encourage NHS organisations across Lancashire to provide very brief advice to patients identified as a smoker, so they can provide a consistent message (NCSCT on-line training)
- we will encourage the inclusion of carbon monoxide (CO) screening as routine practice on admission to hospital, pre-operatively, on outpatient assessments and in other settings
- we will encourage the development of smokefree champions and brief intervention training to increase confidence and change attitudes of professionals who are supporting people with long-term conditions
- we will encourage staff to identify at-risk groups for them to be supported as a priority



Tobacco control enforcement

The trade in illicit tobacco impacts on public health policy and has a devastating effect on individuals and communities nationally. It impacts on legitimate businesses and allows tobacco to be more accessible to children[23].

Environmental health services are responsible for enforcing the bans on smoking in enclosed public spaces and cars transporting children. In the main, the bans introduced in 2007 and 2015 are respected. The main focus of work for some local authorities is in dealing with shisha bars where shisha pipe smoking often takes place in enclosed spaces.

Trading Standards services deal with the following tobacco controls:

- removing illegal tobacco from the market – counterfeit, foreign labelled and cheap white tobacco products
- display and pricing requirements
- health warning and other labelling requirements
- standardised packaging
- pack size controls and ban on the sale of single cigarettes
- sale of tobacco to children (under 18-year olds)
- niche tobacco such as shisha, chewing tobacco and snuff

Trading Standards are also responsible for dealing with the following issues around e-cigarettes

- underage sales of products and e-liquids to under 18s
- enforcement of health warnings/usage instructions on packs
- control of nicotine content
- refill pack size
- childproof packaging

In 2014, studies showed that 46% of children aged 11-15 years purchased cigarettes from shops, even though the law prohibits the sale to young people under 18 years of age. This

illustrates the need for robust enforcement of the legislation preventing underage sales of tobacco[45].

Local authorities use a range of techniques when tackling tobacco problems including offering advice and guidance, test purchasing, seizure of illegal products and the prosecution of those who flout the law. This work involves strong partnership working with the police and HM Revenue and Customs (HMRC).

Environmental impacts of smoking

Environmental impacts of smoking and littering of streets and urban areas are costly to remove. More than £1 billion of taxpayers' money was spent in England in 2013 to clean up tobacco litter[46]. Cigarette butts constitute 25-50% of all litter and in some areas, the percentage of littering by smokers' materials is even higher. Studies of littering have found that smokers' materials remain the most prominent littering item since 2003[47].

Cigarette butts are made from cellulose acetate which is not biodegradable. The butts often contain the carcinogenic components of cigarettes such as pesticides[48]. A study of the impacts of heavy metals leaching from cigarette butts in watercourses concluded the leachate from cigarette butts was toxic to fish[49]. Cigarette butts have also been known to be poisonous to bird life and animals when ingested.

It is therefore important to acknowledge the impact of littering from smokers' materials and to consider policies to reduce the impact. A method to reduce this burden on society may be through the expansion of smokefree outdoor areas[48].

Ambitions

- we will review the sanctions for tobacco retailers who repeatedly flout the legislation which is designed to protect children and young people
- we will work with a range of partners across Lancashire to support the expansion of smokefree parks, schools and public places
- we will raise awareness that it is a criminal offence to drop cigarette litter and ensure local enforcement strategies are implemented
- we will minimise tobacco industry influence on local public health policy through implementing Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control*[16]

*The WHO Framework Convention on Tobacco Control, to which the UK is a party, states in Article 5.3 that, "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."

Electronic cigarettes

Lancashire Directors of Public Health endorse the Association of Directors of Public Health (ADPH) position statement on nicotine vapourisers (December 2015).

"Throughout this position statement we use the term nicotine vapourisers – to encompass the range of products variously described as electronic cigarettes or Electronic Nicotine Delivery Systems (ENDS), etc.

ADPH recognises the significant burden that smoking places on individuals and society. Stopping smoking, however this is achieved, is the single best thing anyone can do for their health. ADPH supports the updated NICE guidance on tobacco harm reduction.

We believe that restrictions and regulations on the advertising, marketing and use in enclosed public spaces of smoked tobacco products should also apply to nicotine vapourisers, given the lack of knowledge on their long-term health risks and to prevent undermining of the successful efforts that have been made to de-normalise smoking behaviour.

We are cognisant of arguments for the potential impact of nicotine vapourisers as a means of quitting or reducing harm by substituting for conventional tobacco products. However, we believe that more research is needed to establish clear evidence of safety and their long-term impact on health – as well as on wider questions relating to re-normalisation of smoking behaviour, and the impact on young people of product development, advertising and marketing. Therefore, we do not advocate their use beyond supporting smokers who have unsuccessfully tried other methods of quitting.

The involvement of the tobacco industry in product development raises concerns, and whilst efforts to de-normalise tobacco use are welcomed, attempts to maintain a population addicted to nicotine (including tobacco) are not.

We welcome the introduction of regulations in 2016. We will continue to review our policy position in the light of further research and evidence, in response to product development and after assessing the impact of new regulations. We will continue to work in collaboration with other Public Health organisations to support the development of evidence-based approaches to nicotine vapourisers."

Governance and accountability

Tobacco Free Lancashire is a multi-agency group which has individual lines of reporting to each of the partner organisations. Overall accountability for the work of the group is however to each of the three Health and Wellbeing Boards (HWBs); Lancashire, Blackpool and Blackburn with Darwen.

Links are made with national and regional expert advisors and good governance dictates that latest evidence, policy and practice are regularly reviewed to ensure that work continues to be relevant and current in the context of local needs and circumstances.

Learning and development are essential, and the Tobacco Free Lancashire group is committed to using key tools and resources in order to enhance and improve the role and influence of the group – for example using the CLeaR assessment, CQUIN and NHS Right Care Patient Decision Aids.

It is essential that this work also provides guidance and advice to the wider Sustainability & Transformation Partnership (STP) and relevant links have been made with cancer and CVD prevention work streams.

Achieving our ambitions

The main areas of activity required to achieve these aims and ambitions fall into the following broad categories, around which detailed action plans can be built:

- communication
- training
- advocacy
- performance management
- specialist support
- regulation and enforcement

Progress towards achieving our ambitions will be measured against the Tobacco Free Lancashire strategy action plans in line with the Public Health Outcomes Framework and reported to the three Health and Wellbeing Boards.

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Marie Demaine	Public Health Specialist, Lancashire County Council
Jacqui Evans	Public Health Development Manager Blackburn with Darwen Borough Council
Liz Petch	Public Health Specialist Blackpool Council
Rachel Swindells	Public Health Practitioner Blackpool Council

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting	22 March 2018

PHARMACEUTICAL NEEDS ASSESSMENT

1.0 Purpose of the report:

1.1 This paper outlines the Pharmaceutical Needs Assessment process pan-Lancashire, summarises the findings and recommendations, provides links to the draft Pharmaceutical Needs Assessment 2018 documents and seeks the approval of the Board to publish the Pharmaceutical Needs Assessment on the Joint Strategic Needs Assessment website.

2.0 Recommendation(s):

2.1 To consider the draft pan-Lancashire Pharmaceutical Needs Assessment 2018.

2.2 To note the finding that there is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire.

2.3 To note the recommendations from the Pharmaceutical Needs Assessment 2018.

2.4 To approve the pan-Lancashire Pharmaceutical Needs Assessment for publication by 31 March 2018.

3.0 Reasons for recommendation(s):

3.1 To ensure the new pan-Lancashire Pharmaceutical Needs Assessment is published by 1 April 2018.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 From 1 April 2013 the statutory responsibility for publishing and updating a statement of the need for local pharmaceutical services passed to Health and Wellbeing Boards Pharmaceutical Needs Assessments are used for a number of purposes including consideration of applications for new pharmacies in an area as well as by commissioners to identify local health needs that could be addressed by pharmacy services.

5.2 The three (Blackburn with Darwen, Blackpool and Lancashire) Health and Wellbeing Boards have a duty to ensure a revised Pharmaceutical Needs Assessment is in place by 1 April 2018.

5.3 On agreement of the Directors of Public Health, the co-ordination and production of the pan-Lancashire Pharmaceutical Needs Assessment covering the three upper tier local authorities commenced in November 2016 and has been delegated to a steering group of partners. This collaborative approach gives ownership of the Pharmaceutical Needs Assessment Process across the three local authorities and aims to encourage the widest range of stakeholders and those with a specific interest in the Pharmaceutical Needs Assessment to participate in its development.

5.4 The Pharmaceutical Needs Assessment describes the needs of the citizens of the pan-Lancashire area for pharmacy services and includes information on:

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to provide local public health services and join the healthy living pharmacy scheme

5.5 The Pharmaceutical Needs Assessment is used to support NHS England – North

(Lancashire and South Cumbria) in making decisions to approve/reject applications to join the pharmaceutical list (also known as market entry), as well as applications to change existing pharmaceutical services. When making the decision NHS England is required to refer to the local Pharmaceutical Needs Assessment. As these decisions may be appealed or challenged via the courts, it is important that Pharmaceutical Needs Assessments, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the Pharmaceutical Needs Assessment up-to-date.

5.6 In accordance with these regulations, Pharmaceutical Needs Assessments are updated every three years.

5.7 The draft full PNA 2018 report and appendices are published for reference.

Findings:

- There are 26 pharmaceutical service providers per 100,000 registered population in pan-Lancashire, with the England average being 21
- There is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire
- Across Blackpool there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20 minute walk
- The majority of citizens are aware of the different services available at the pharmacy, although most people are only able to mention a few of them

5.8 A 60-day public consultation was undertaken to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback was gathered and logged and all necessary changes made to the Pharmaceutical Needs Assessment document.

5.9 The final Pharmaceutical Needs Assessment will be published here on 30 March 2018:

http://www.blackpooljsna.org.uk/Living-and-Working-Well/Pharmaceutical-Needs-Assessment/Pharmaceutical-Needs-Assessment.aspx

5.10 Does the information submitted include any exempt information? No

5.11 List of Appendices:

Appendix 7a: Pharmaceutical Needs Assessment Executive Summary.

6.0 Legal considerations:

6.1 By statue, the Pharmaceutical Needs Assessment must be published by 1 April 2018.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 The Pharmaceutical Needs Assessment PNA must be published by 1 April 2018. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 Full pan-Lancashire Pharmaceutical Needs Assessment.

Appendix 7a

Pan-Lancashire Pharmaceutical Needs Assessment 2018

Acknowledgements

Name	Organisation
Farhat Abbas	Lancashire County Council (LCC)
Stephen Boydell	Blackpool Council
Kath Gulson	Community Pharmacy Lancashire
Max Harrison	NHS England – North (Lancashire and South Cumbria)
Mark Lindsay	NHS England – North (Lancashire and South Cumbria)
Liz Petch	Blackpool Council
Emma Phillips	NHS Blackpool Clinical Commissioning Group
Michael Rawsterne	Blackburn with Darwen Council
Mike Walker	LCC
Public Health commissioners from Blackburn with Darwen Council, Blackpool Council and Lancashire County Council	
David Jenks (Business Intelligence, LCC) and Lesley Sutcliffe (Planning and Environment, LCC) for location maps and drive/walk time maps, respectively. Richard Sharples (Planning and Environment, LCC) for information on housing growth.	
Contributors from NHS Blackburn with Darwen CCG, NHS Blackpool CCG, NHS Chorley and South Ribble CCG, NHS East Lancashire CCG, NHS Fylde and Wyre CCG, NHS Greater Preston CCG, NHS Morecambe Bay CCG and NHS West Lancashire CCG.	

The three health and wellbeing boards across pan-Lancashire would also like to acknowledge the contribution of the stakeholders and members of the public and thank them for their participation in the consultation and development of the PNA.

Executive summary

The three health and wellbeing boards (HWBs) across pan-Lancashire have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area. This is referred to as a pharmaceutical needs assessment (PNA) and needs to be published before 1 April 2018.

This PNA describes the needs of the citizens of the pan-Lancashire area for pharmacy services.

This PNA includes information on

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring HWB areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to providing local public health services and join the healthy living pharmacy scheme

Decisions on whether to open new pharmacies are made by the NHS England - North (Lancashire and South Cumbria). When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed or challenged via the courts, it is important that PNAs, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, the PNA will be updated every three years.

1.Context

The PNA for the pan-Lancashire area is undertaken in the context of the needs of the local population. The health and wellbeing needs of the local population are described in the Blackburn with Darwen, Blackpool and Lancashire joint strategic needs assessments (JSNAs). The PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the three JSNAs across pan-Lancashire.

Deprivation in Lancashire is higher than the national average and approximately 21% children live in poverty. Life expectancy in pan-Lancashire for both men and women is lower than the England average. Additionally, there are considerable inequalities across the area.

To ensure that pharmaceutical services are commissioned in line with population need, the health and wellbeing boards and their partners will monitor the development of major housing sites and will provide supplementary statements if necessary in accordance with regulations.

2. Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Undertaking the PNA, the pan-Lancashire (Blackburn with Darwen, Blackpool and Lancashire) steering group sought the views of stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A

survey was administered as part of this PNA, targeting pharmacies, to collect information on the services they provide.

A 60-day public consultation was undertaken to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback was gathered and logged and all necessary changes made to the PNA document.

3. Findings

There is currently no need for any further additional pharmacies, as current pharmaceutical service provision is deemed adequate across pan-Lancashire.

Providers of pharmaceutical services have an important role in improving the health of pan-Lancashire citizens. They are easily accessible and are often the first point of contact, especially for those who might otherwise not access health services.

There are 383 pharmacies overall across pan-Lancashire, representing under a 2% reduction in the number of providers since the last publication of the PNA in 2015.

The number of pharmaceutical service providers per population has remain unchanged during the same period. The last PNA showed that there were 26 pharmacies per 100,000 registered population, when the national figure for England was 22 and the average for the North of England was 24. There remain 26 pharmaceutical service providers per 100,000 registered population in pan-Lancashire, with the average in England being 21 and the average for the North of England being 24.

Pharmacies can be a useful first point of contact to health care and for some public health services. Pharmacies can either provide the relevant service or signpost citizens to the most appropriate provider.

Many pharmacies are open long hours, but finding information about the nearest such pharmacy can be a challenge.

Across the pan-Lancashire area there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20-minute drive.

The majority of citizens are aware of the different services available at the pharmacy, although most people are only able to mention a few of them (“Your Voice Pharmacies in Lancashire, November 2017” - Healthwatch).

It is acknowledged that pharmacies have a role in supporting urgent and emergency care services such that patients receive care in an appropriate setting, eg minor ailment schemes and support to self-care.

87% of pharmacies deliver dispensed medicines free of charge on request.

More than 80% of pharmacies and dispensing surgeries have wheelchair access to their consultation area.

Of the pharmacies across pan-Lancashire signed up to local improvement service (LIS) agreements, 268 pharmacies have signed up to LIS agreements to provide emergency hormonal contraception without prescription.

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including motivational interviewing, providing information and brief advice, providing ongoing support for behaviour change and signposting to other services.

In Blackburn with Darwen and across the twelve localities in Lancashire County Council stop smoking services operate a Pharmacy NRT Voucher Scheme.

Many pharmacies across the area provide dispensing for prescriptions issued for the management of substance misuse, supervised consumption of prescribed medication, and needle and syringe exchange.

A Lancashire Healthy Living Pharmacy Programme prospectus has been drawn up that local pharmacy contractors are invited to sign up to. Healthy living pharmacy (HLP) is an identified priority in the Local Professional Network (Pharmacy) (LPN) work plan.

Pharmacies displaying the Lancashire Healthy Living Pharmacy logo give advice and offer services to improve the health of citizens. Healthy living pharmacies do these alongside with their core services. It should be recognised that the elements highlighted above are also possible from non-HLP accredited pharmacies, who may not be recognised with the HLP quality mark.

Local authority public health commissioned services available across pan-Lancashire, as of June 2017, are listed below.

Blackburn with Darwen

- Needle and syringe exchange service
- Supervised consumption
- One to one stop smoking level two
- Nicotine replacement voucher scheme
- Emergency hormonal contraception

Blackpool

- Needle and syringe exchange service (via provider)
- Supervised consumption (via provider)

Lancashire

- Emergency hormonal contraception (Includes Chlamydia)
- Nicotine Replacement Therapy: NRT Voucher Scheme
- One to one stop smoking level two (specific uptake)
- Supervised self-administration of methadone and buprenorphine
- Integrated substance misuse service pharmacy needle and syringe programme

4. Recommendations

1) The pan-Lancashire area is well provided for by pharmaceutical services and there is no need for additional pharmaceutical contracts. However, additional services negotiated with Community Pharmacy Lancashire (CPL) from existing pharmacies would benefit the population.
2) The range of services pharmacies provide may not be fully known to citizens. There is an opportunity for all pharmacies and social and healthcare agencies to publicise and promote pharmacy services.
3) The extended opening hours of community pharmacies are valued and these extended hours should be maintained. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services.
4) Commissioners are recommended to commission services in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In conclusion, this Pharmaceutical Needs Assessment 2018 identifies that the PNA should be the basis for all future pharmacy commissioning intentions, pharmacies provide a wide range of services above core contracts and there was no identified need for additional pharmacies.