



To: **The Chair and Members of the Health and Wellbeing Board**

Agenda

Dear Member

HEALTH AND WELLBEING BOARD

A meeting of the Health and Wellbeing Board will be held as follows:

Date: Monday, 22 April 2024
Time 10.00 am,
Place: Council Chamber, Penrith Town Hall

Linda Jones
Chief Legal and Monitoring Officer
Westmorland and Furness Council

Enquiries and requests for supporting papers to: Anthony Farrar
Direct Line: 07909 932418
Email: anthony.farrar@westmorlandandfurness.gov.uk

MEMBERSHIP

Cllr P Bell
Mr D Blacklock
Cllr J Brook
Mr D Fillingham
Ms J Lawlor
Dr D Levy
Mr S Morgan
Ms C Mann
Mr C Ranshaw
Ms K Stephens

Ms S Plum
Mr M Vasic
Cllr S Sanderson
Ms J Scattergood
Mr R Carden
Mr E Tallis
Cllr V Taylor
Ms C Whalley
Ms S Rees

ACCESS TO INFORMATION

Agenda and Reports

Copies of the agenda and Part I reports are available for members of the public to inspect prior to the meeting. Copies will also be available at the meeting.

The agenda and Part I reports are also available on the Westmorland and Furness website

<https://westmorlandandfurness.moderngov.co.uk/ieListMeetings.aspx?Committeeld=271>

AGENDA

There will be a member only development session on the rise of the meeting.

1. Apologies for Absence

To receive any apologies for absence.

2. Declarations of Interest/Dispensations

To receive declarations of interest by members of any interests on respect of items on this agenda, and to consider any dispensations.

Members may however, also decide, in the interests of clarity and transparency, to declare at this point in the meeting, any such disclosable pecuniary interests which they have already declared in the Register, as well as any other registerable or other interests.

3. Exclusion of Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any item on the agenda.

4. Minutes of the Previous Meeting

To consider the minutes of the previous meeting held on 8 February 2024 (copy enclosed).
(Pages 5 - 10)

5. Ambition for Every Child

To receive a report from the Director of Children's Services (copy enclosed).
(Pages 11 - 26)

6. Children's Oral Health

To consider a report by Director of Public Health (copy enclosed).
(Pages 27 - 36)

7. Lancashire & South Cumbria Integrated Care Board - Children in Care and Care Leavers Strategy

To receive a report from the Director of Health and Care Integration, South Cumbria (copy enclosed).
(Pages 37 - 52)

8. Place Based Partnership Assurance Update

To consider a report by ICB Director of Place, North Cumbria; and Director of Health and Care Integration, South Cumbria (copy enclosed).
(Pages 53 - 60)

9. Better Care Fund 2024 onwards

To consider a report by Director of Adult Social Care, Westmorland and Furness Council; ICB Director of Place, North Cumbria; Director of Health and Care Integration, South Cumbria (copy enclosed)

(Pages 61 - 88)

10. Suicide Prevention Plan

To consider a report by Director of Public Health (copy enclosed).

(Pages 89 - 92)

11. Forward Plan

To consider the Forward Plan of future items (copy enclosed).

(Pages 93 - 98)

12. Date and Time of Next Meeting

To note that the next meeting of the Board will be held on Monday 1 July 2024 at 10.00 am in Council Chambers, Kendal Town Hall.

WESTMORLAND AND FURNESS COUNCIL HEALTH & WELLBEING BOARD

Minutes of a Meeting of the **Health and Wellbeing Board** held on Thursday, 8 February 2024 at 10.00 am at Council Chamber, Kendal Town Hall

PRESENT:

Cllr P Bell	Cabinet Member for Adults, Health & Care
Mr D Blacklock	Chief Executive Officer Healthwatch Westmorland and Furness
Cllr J Brook (Chair)	Leader of Westmorland and Furness Council
Mr M Cullinan	Non Executive Director, North Cumbria Integrated Care NHS Foundation Trust
Mr P Farrimond	Non Executive Director at Lancashire & South Cumbria NHS Foundation Trust
Mr D Muir	Nursing & Chief Operating Officer, Cumbria Northumberland Tyne & Wear NHS Foundation Trust
Mr G O'Neill	Associate Director for Population Health, NHS Lancashire and South Cumbria ICB
Ms S Plum	Chief Executive, Westmorland and Furness Council
Mr C Ranshaw (Vice-Chair)	Third Sector Network Representative
Ms K Stephens	Director of Public Health, Westmorland and Furness Council
Mr E Tallis	Integrated Care Board Director of Place - North Cumbria
Cllr V Taylor	Cabinet Member for Sustainable Communities and Localities
Ms C Whalley	Director of Adult Social Care, Westmorland and Furness Council

Officers in attendance:

Ms I Booler	Assistant Director, Education and Inclusion
Mr A Farrar	Democratic Services Officer
Ms V Hepworth-Putt	Consultant in Public Health
Mr D Houston	Senior Manager - Health and Care Integration
Ms L Jones	Chief Legal and Monitoring Officer
Mr C Phipps	Service Manager – Adult Social Care Transformation and Commissioning

PART I ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

35. APOLOGIES FOR ABSENCE

Apologies were received from Mr D Levy, Ms S Rees, Ms J Scattergood with Mr G O'Neill substituting, Mr D Fillingham with Mr P Farrimond substituting, Mr M Vasic with Ms I Booler substituting and Mr S Morgan with Mr M Cullinan substituting.

36. DECLARATIONS OF INTEREST/DISPENSATIONS

There were no declarations of interest.

37. EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public not be excluded from the meeting during consideration of any item on the agenda.

38. MINUTES OF THE PREVIOUS MEETING

RESOLVED that, the minutes of the meeting held on 5 December 2023 be confirmed as a correct record.

39. ARMED FORCES COVENANT

Members received a report on the Armed Forces Covenant. The Chief Legal and Monitoring Officer and Lead Officer for the Armed Forces for Westmorland and Furness Council presented this second report following the approval by the Board of the development of the Armed Forces and Veterans Health and Well Being Action Plan. This was to ensure that we were delivering against our legal duties and commitments given by our organisations in signing the armed forces covenant. Westmorland and Furness Council had held 2 Armed Forces Board meetings with Veterans and key partners. The Council has also attended the Cumbria wide Armed Forces Partnership. It has been agreed that the Cumbria wide Armed Forces Partnership meeting will be Co – Chaired by Westmorland and Furness and Cumberland Council. This report provided feedback to the Health and Well Being Board on matters being raised by veterans attending the Westmorland and Furness Armed Forces Board meeting relating to Health and Wellbeing. We had received a response from the NHS Lancashire and South Cumbria ICB (as Dental Services Commissioners) that the NHS were not required to provide priority treatment for veterans. A link had been provided to send to our veterans LSC Integrated Care Board : Dentistry (icb.nhs.uk). The Veterans we had engaged with had requested more information regarding Veteran friendly GP practices across Westmorland and Furness. The Royal College of GP's had an accreditation scheme and information about the Westmorland and Furness position would be appreciated. The question being asked was how do we make veterans aware of the veteran friendly GP practices and how do we ensure that more GP practices sign up.

Mr Tallis commented on how many GP practices were veteran friendly and there is a national problem for dentistry in the general population.

The Director of Adult Social Care supported the paper and offered support in the future.

The Director of Public Health noted that it was important that the data was recorded correctly.

Mr Muir remarked about the recent introduction of the National Veterans ID Card which would assist in the recording of data.

RESOLVED, that the Health and Wellbeing Board

- (1) noted for information the update on the agreed Armed Forces and Veterans Health and Well Being Action Plan and specific questions highlighted in.
- (2) agreed that a paper on access by the Armed Forces to dentistry across Westmorland and Furness is brought back to the next meeting.
- (3) agreed that a future paper is brought to the Board Access to Veteran Friendly GP Practices across Westmorland and Furness.
- (4) agreed to develop 3 areas of work relating to Commissioning and Armed Forces Families, Veterans and Social Prescribing and Veterans within the Hospital setting.
- (5) noted that the Westmorland and Furness Armed Forces Board veterans have been requested to provide feedback on the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- (6) agreed that the Chief Legal and Monitoring Officer works with partners to develop a training package for all staff.
- (7) agreed that the Chief Legal and Monitoring Officer works with partners to assess how we are ensuring compliance with the Armed Forces Act 2021 duties relating to healthcare as outlined in the table and reports back to a future meeting.
- (8) agreed that the Westmorland and Furness Health and Well Being Action Plan is presented to the South Cumbria and North Cumbria Place Based Partnerships to consider how Armed Forces Families are being considered in the emerging Governance and work programmes.

40. SEND IMPROVEMENT UPDATE

Members received a report on the Progress on implementing the SEND Continuous Improvement Plan and Accelerated Progress Plan. The Assistant Director, Education and Inclusion presented the report The continuing improvement of SEND services and provision across the local area remained a priority for all partners and providers. The focus for improvement, since the SEND Ofsted inspection revisit in 2022, is set out in a Continuous Improvement Plan. This also included the response

to the feedback from the inspection in a Department for Education (DfE) and National Health Service England (NHSE) monitored Accelerated Progress Plan.

The Cabinet Member for Adults, Health and Care remarked that it would be helpful to understand why an item had been delayed, as it may be possible for problems to be unblocked and would representation from Adult Social Care be considered.

The Director of Adult Social Care would recommend representation from Adult Social Care.

The Assistant Director, Education and Inclusion would recommend this to the SEND Partnership Board.

Mr Blacklock commented that children should be involved in the process.

A discussion took place on developing a more social approach rather than diagnosis. It was commented that it was important to move away from an adversarial approach and to meet need earlier. Cumberland Council are proposing to develop this model and it was hoped that alignment could take place. Mr Farrimond noted that referrals had escalated post Covid.

The Cabinet Member for Sustainable Communities and Localities commented on what advantage was there to the family if offered a social approach and who decides what the process was to approve a social approach.

The Assistant Director, Education and Inclusion remarked that it needed to be discerned if there was a shared ambition and will to move to a social approach. The SEND Partnership Board and the Health and Wellbeing Board would need to approve the social approach and discussions would need to take place sooner rather than later and Westmorland and Furness Council would need to face the fact that it received the 3rd lowest amount in the country and were running a deficit on the High Needs Block, this equated to £744 per pupil.

RESOLVED, that the Health and Wellbeing Board

- (1) noted the progress made in implementing the actions set out in the SEND Partnership Continuous Improvement Plan and the Accelerated Progress Plan required following the SEND Revisit Inspection
- (2) noted the next review of progress in February/March 2024 of the Accelerated Progress Plan actions by the DfE and NHSE as a pan Cumbria partnership.
- (3) noted the arrangements for reviewing and revising the Continuous Improvement Plan following the cessation of the pan Cumbria SEND Partnership arrangements in December 2023.

41. CUMBRIA CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2022-2023

Members received a report from the Director of Public Health which provided a summary of the Cumbria Child Death Overview Panel (CDOP) Annual Report for 2022/23. It included a summary of key findings from child death data, progress made on last years recommendations (21/22) and recommendations for 22/23. CDOP reported to each statutory partner individually (at appropriate intervals and by exception) and to statutory strategic partnerships including the Cumbria Safeguarding Children Board and Westmorland and Furness and Cumberland Health and Wellbeing Boards.

RESOLVED, that the Health and Wellbeing Board

- (1) noted the content of this report.
- (2) noted the recommendations and the role of the Child Death Overview Panel and other relevant partnerships in taking action to respond to the recommendations.

42. VACCINATION UPDATE

The Director of Public Health gave a verbal update on vaccinations. There had been a resurgence of measles in England especially since October 2023 and the vast majority of cases were unvaccinated people. The isolation period for measles was 21 days and it is a very transmissible disease. The national MMR vaccination rates are at their lowest for 10 years 89.4% 2 year olds were vaccinated and 82.5% 5 year olds vaccinated. The aspiration is for 95% to be vaccinated. Cumbria has a high rate of vaccination with 95.6% 2 year olds vaccinated and 95% 5 year olds vaccinated. The key message was that Cumbria was in a good position.

Mr Tallis reassured the Health & Wellbeing Board that everyone was aware and that GP practices were reaching out to unvaccinated people.

Mr Ranshaw commented that accessibility was an issue and was clinics out of normal working hours considered.

The Director of Public Health noted that access pressure on working families was a concern however we do not seem to be following national trends.

The Chair commented that as uptake was high could those lessons be applied elsewhere.

The Director of Public Health remarked that the uptake was with a stable, ageing demographic in the county.

Mr Tallis noted that the joined up nature as to how organisations and 3rd sector worked had contributed to uptake in vaccinations.

43. BETTER CARE FUND 2024 ONWARDS

The Service Manager – Adult Social Care Transformation and Commissioning presented the report which provided an update on the priorities for the 2024-25 Westmorland and Furness Better Care Fund.

Mr Blacklock commented that it would be helpful for the experiences of those who benefit from the Better Care Fund to be heard in future reports.

The Service Manager – Adult Social Care Transformation and Commissioning noted that it would be helpful in future reports.

RESOLVED, that the Health and Wellbeing Board

(1) noted the contents of the report.

44. DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was Monday 22 April 2024 at 10:00am.

The meeting ended at 11.15 am

Agenda Item 5

Westmorland and Furness Council

Report Title:	Ambition for Every Child - a Strategy and Plan for Westmorland and Furness
Meeting:	Health and Wellbeing Board
Meeting Date:	22 April 2024
Report Author:	Sian Rees, Strategic Lead Transition, Improvement and Development
Lead Cabinet Member:	Councillor Sue Sanderson, Cabinet Member for Children's Services, Education and Skills
Wards Affected	All
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices	Ambition for Every Child - draft document

1. Executive Summary

- 1.1 The draft document attached as Appendix 1 provides a framework for the work taking place to deliver and improve services for children, young people and their families over the next five years. It is the first overarching document setting out the strategic intentions and priorities since becoming a new council in April 2023; it will be updated every eighteen months to reflect progress and new work taking place.

2. Recommendation

For the reasons set out in this report, it is recommended that the Board:

- 2.1 consider the draft document and provide comment on the content.

3. Developing a strategy and plan to improve services for children and young people

- 3.1 Whilst there is no longer a formal requirement on statutory partners to produce a Children and Young People's Plan, many have continued to develop a strategy and/or plan setting out their priorities and explaining how they will work to achieve change.

- 3.2 The document sets out the principles and approach to our work to achieve a shared ambition for the local area.

- 3.3 It also includes our strategic priorities for the next five years under four main themes of:

- Improving the life chances of children and young people
- Caring for and keeping children and young people safe
- Ensuring access to services and provision

- Working in partnership to manage our collective resources effectively
- 3.4 The actions for the next eighteen months are included and will ensure progress towards the achievement of these priorities. The progress on these actions will be monitored regularly and impact assessed using statutory and local measures.
- 3.5 A description of the partnership governance arrangements is provided in Appendix 2 to support the diagrammatic depiction in the document.

4. Link to Health and Wellbeing Strategy

- 4.1 The Health and Wellbeing Strategy aims to improve the quality of services, a person's experience of the system and to reduce inequalities. Ambition for Every Child is focused on improving the outcomes that affect the life chances of children and young people, particularly the most vulnerable.
- 4.2 There is also a focus on action to improve the quality of and access to services and on the experiences of children and their families and learning from this experience to improve services further.

5. Consultation Outcomes

- 5.1 The draft document is being shared for consideration and comment; a roll out plan is in place to ensure every opportunity is taken to share the document prior to implementation and capture the feedback received.
- 5.2 Children and young people have already shared their views, and these are included in the document.

6. Alternative Options Considered

- 6.1 The alternative is to produce the statutory plans for children's services alongside separate organisation/service plans, without an overarching document which provides the framework to secure a coherent approach in collaboration with partners.

7. Financial Implications and risk

8. Legal and Governance Implications

8.1

9. Equality and Diversity Implications

- 9.1 Actions to improve services for those children and young people who may be cared for, care experienced and/or have special educational needs or a disability are included in this document.

10. Background Information and Sources (used in preparation of this Report)

10.1 The Westmorland and Furness Council Plan

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Ambition for Every Child

A Children and Young People’s Plan – Working Together to Make a Difference for Every Child in Westmorland and Furness

Introduction

Our ambition is for Westmorland and Furness to be a great place to live, work and thrive; a place where there are opportunities for children and young people to live happy healthy lives, safeguarded from harm in the place they call home and within their community.

We are ambitious for our children – we want to provide the right support for them to start well, to both learn and train well in excellent local settings, with the aim of young people becoming confident adults contributing to society as tolerant global citizens.

Every child is unique and precious; our role is to value and advocate for all our children, working in partnership with their families so that together they play an active part in the decisions that affect their lives.

It is our belief that we are more effective when we work together and through a more holistic approach across all sectors to make things happen more quickly for the common good.

As leaders and service providers we are committed to delivering consistently good statutory services, despite the increasing complexity and challenging context of doing so. To achieve this, we will make sure we have the capacity to deliver what we say we will do, by aligning our resources and working through our collective structures.

This is the first Children and Young People’s Plan since becoming a new council in April 2023 – the plan provides a framework for our work together over the next five years. It will be updated every eighteen months to reflect our progress and new aspects of our work.

Councillor Sue Sanderson

Lead Member Children’s Services

Mil Vasic

Director of Children’s Services

Ambition for Every Child

Principles and Approach

We will continue to be inclusive of the whole system, entrusting others to lead work on our behalf and respecting both our collective responsibility and individual accountability.

We will work with energy and courage, to make a difference for our communities and their children. Through our collective leadership, shared passion, and commitment we **will**:

- Be proactive, innovative, and collaborative
- Reflect our diversity and uniqueness
- Provide equity and equality
- Learn from each other and share what works best.

To ensure our strategic approach is coherent, we will align our priorities and actions with those captured in other key strategies and plans including:



Ambition for Every Child

Children and Young People's Views

Through regular surveys and direct work with children and young people they have told us that their priorities are:

- Feeling safe in their communities and in their homes
- Doing well at school, with help to progress into training or work
- Receiving support earlier for their health and wellbeing
- Taking part in activities or visiting places that are inexpensive

They feel worried about bullying online and on school buses, achieving at school without the support they need and the risk to their health by vaping.

They would like to feel more comfortable approaching the pastoral support in schools, see a more flexible curriculum for those struggling to cope full-time, education as early as possible about the dangers of vaping and access to multi-purpose spaces for 11–18-year-olds.

Ambition for Every Child

Our Strategic Priorities for the next five years

Improving the life chances of children and young people by:

- strengthening the voice of the child in all our work
- promoting and supporting regular attendance at school
- developing the confidence of every child as a reader
- increasing educational achievement, especially in the early years and for the most disadvantaged
- ensuring high quality inclusive provision for all phases of education

Caring for and keeping children and young people safe by:

- providing help and support for children as early as possible
- securing consistently good social work practice
- supporting families to stay together
- providing stable homes for all our children

Ensuring access to services and provision by:

- developing provision to meet a range of needs for children to learn locally
- improving services available to support children's emotional health and wellbeing
- making sure there are enough places for those in need of our care

Working in partnership to manage our collective resources effectively by:

- providing a more efficient and cost effective home to school transport service
- maximising the efficiencies in our High Needs funding for SEND
- working with parents and carers of our children with SEND

Ambition for Every Child

Action from April 2024 to December 2025

Over the following eighteen months we will be taking action to ensure progress towards the achievement of our strategic priorities.

Improving the life chances of children and young people by:

- designing and delivering an Early Help offer which meets national requirements and is focused on prevention
- developing and implementing a strategy for the Early Years
- establishing a strategic alliance with our providers focused on improving learning outcomes
- developing a model attendance policy for schools
- improving council wide support for children who are cared for, and care experienced
- agreeing a council wide approach to secure improved attendance

Caring for and keeping children and young people safe by:

- implementing the Children and Families Social Care improvement plan
- embedding the new National Social Care Framework
- delivering our cared for and care experienced strategy
- delivering a relationship based, trauma informed practice model
- evaluating the improvement in practice for those children living with domestic abuse and neglect
- developing a programme of work with North Yorkshire to improve practice and outcomes for young people who are care experienced
- determining our strategy for children's residential care following an independent review
- developing our response and quality assurance for unaccompanied asylum seeking children

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Ensuring children, young people and families can access services and provision by:

- implementing the education sufficiency strategy and organisation plan
- developing and extending local SEND and Alternative Provision
- reviewing and consulting on school admission processes and changes
- reviewing the effectiveness of our short breaks homes and offer for families
- developing a model to ensure early help services are delivered in community settings
- improving availability of services to support children's emotional health and wellbeing

Strengthening our partnership work by:

- securing the engagement and participation of children, young people and their families
- developing our working arrangements with parent carers who have children with SEND
- implementing the new arrangements for Working Together to safeguard children
- reviewing our arrangements for the Children's Safeguarding Partnership
- implementing a SEND Continuous Improvement Plan
- establishing a Regional Adoption Agency with Cumberland Council
- defining our approach to and developing a social work academy
- preparing collectively for SEND and Social Care inspections

Managing our resources more effectively by:

- implementing Home to School Transport Transformation Plan - Phase 2
- reviewing the schools Traded Services offer and strategy
- establishing rigorous monitoring process for hosted services (fostering, adoption, residential and edge of care)
- delivering the DfE Better Value in SEND programme of activity

Ambition for Every Child

Governance and Accountability

Progress on this plan will be monitored regularly and reported to the Children's Programme Board. There is alignment with the work of the statutory and local partnership boards and their plans as illustrated in the diagram above. The appendix attached describes the role of each group and the interdependencies between them.

We will use internal and external quality assurance processes, including the views and feedback from children and young people to assess the impact our action is making for children, young people and their families.

The performance and impact of services will be considered using statutory measures and locally determined priorities, including those in the Council Plan:

Improving the life chances of children and young people

- Children attending an outstanding or good school
- Good levels of development achieved
- Attainment for all children including cared for, SEND, disadvantaged
- Overall absence for all children including those cared for and with SEND
- 16-17 year olds Not in Employment, Education or Training including care experienced and SEND
- EHCPs issued within timescales

Caring for and keeping children and young people safe

- Rate of children subject to a CP Plan per 10,000 population 0-17
- Referrals within 12 months of a previous referral (rolling 12 month)

Ensuring children, young people and families can access services and provision

- Permanent exclusions in relation to the number of pupils in all schools
- Children living in placements within 20 mile radius from home
- Care leavers in suitable accommodation (any age)
- Cared for Children living in the in same placement for 2 + years
- Children with EHCP educated in local provision (mainstream and special)

This plan will be updated annually - the next revision is due in September 2025

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Ambition for Every Child

Partnership Oversight and Governance

Board or Group	Purpose	Role	Chair	Meeting Frequency
Health and Wellbeing Board	Provide strategic leadership and promote integration of health and care	Discharges functions set out in Section 194 of the Health and Social Care Act 2012	Leader of the Council	Five times a year
Safeguarding Partnership	<p>Ensure that organisations and agencies pan-Cumbria are clear about how they will work together to safeguard children and promote their welfare</p> <p>Promote and embed a learning culture which supports local services to become more reflective and implement changes to practice</p> <p>Secure a good knowledge and understanding about the quality of local practice and its impact on children and families</p>	<p>Oversee and be accountable for the multi-agency safeguarding arrangements</p> <p>Set the vision to improve outcomes for children locally across all levels of need and all types of harm</p> <p>Ensure a prompt, appropriate and responses to ensure the protection and support of children</p> <p>Challenge effectively holding one another to account</p> <p>Determine the areas of strength and/or improvement within arrangements and practice</p> <p>Collect, share and analyse data to identify risks, issues and emerging threats</p>	Independent Appointee	Six times a year

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		to secure a joined-up response		
SEND Partnership	Provide leadership and strategic direction to deliver improvements in SEND services and the outcomes for and experiences of children and young people with SEND and their families	<p>Publish SEND and Alternative Provision Inclusion Plan for the local area</p> <p>Support and challenge service development and delivery</p> <p>Ensure co-production is embedded as part of the operating culture of SEND services</p> <p>Implement changes resulting from the national SEND and Alternative Provision Improvement Plan</p>	LA/Health Accountable Officers on rotation	Six times a year
Early Help Programme Board	<p>Set the strategic vision, operational model, deliverables and direction for early help</p> <p>Oversee the work required to determine the early help model and strategy</p>	<p>Deliver the early help strategic plan</p> <p>Ensure effective delivery of early help to support children and families</p> <p>Ensure partners respond to need by initiating early help assessments promptly and contributing to plans</p> <p>Monitor performance, provide challenge</p>	AD Children and Families	<p>Every two months</p> <p>To be reviewed in six months</p>

Ambition for Every Child

		and support to partners to ensure continuous improvement		
Strategic Education Alliance	To contribute to and have oversight of the strategic priorities for education in support of those set out in the plan for Westmorland and Furness in <i>Ambition for Every Child</i>	<p>Oversee outcomes and performance of settings, schools and colleges</p> <p>Drive the delivery of the SEND Strategy</p> <p>Provide a forum for collaboration and consultation across the education sector</p> <p>Facilitate the exchange of information and data</p> <p>Strengthen the communication between and across the sector</p>	Nominated education leader	Four times a year
Children's Programme Board	Oversight of the Ambition for Every Child Strategy and investment programme, along with wider improvement activity aligned to inspection regimes	<p>Report on activity and progress of sub-programmes, improvement plans, strategies, and transformation plans</p> <p>Consider the development of the investment programme, ensuring corporate expectations for reporting are met</p> <p>Review individual service programmes; strategies, risks and</p>	DCS	Every eight weeks

Ambition for Every Child

		improvement or transformation plans		

March 2024 V1.2

Agenda Item 6

Westmorland and Furness Council

Report Title:	Improving Oral Health in Westmorland and Furness
Meeting:	Westmorland and Furness Health and Wellbeing Board
Meeting Date:	22nd April 2024
Report Author:	Katherine Taylor With contributions from Nicholas Barkworth (Lancashire and South Cumbria ICB), Pauline Fletcher (Northeast and North Cumbria ICB), Natalie Carmen (NCIC Cumberland Infirmary)
Lead Cabinet Member(s):	Patricia Bell, Cabinet Member for Adults, Health & Care
Wards Affected?	Westmorland and Furness
PUBLIC, PART EXEMPT OR FULLY EXEMPT	PUBLIC
List of Appendices (if any)	N/A

1. Executive Summary

- 1.1 Oral health has some of the most wide-reaching and long-lasting effects on health and development throughout the life course and is an important public health issue in Westmorland and Furness.
- 1.2 The 2012 Health and Social Care Act conferred responsibility for oral and general health improvement on local authorities.
- 1.3 Oral health improvement is not the sole responsibility of one organisation: Westmorland and Furness Council and both the NHS Northeast and North Cumbria Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB all have an important role to play.

2. Recommendations

- 2.1 The Board note the report, the high rates of dental decay in some parts of Westmorland and Furness and the activity currently being taken to improve oral health.
- 2.2 The Board considers that improvements to oral health are to be included in the priorities and actions of the developing Health and Wellbeing Strategy.
- 2.3 The Board requests that the Director of Public Health submits a positive response to the consultation on the expansion of community water fluoridation in the Northeast on behalf of the Health and Wellbeing Board.

3. Information: Current Position

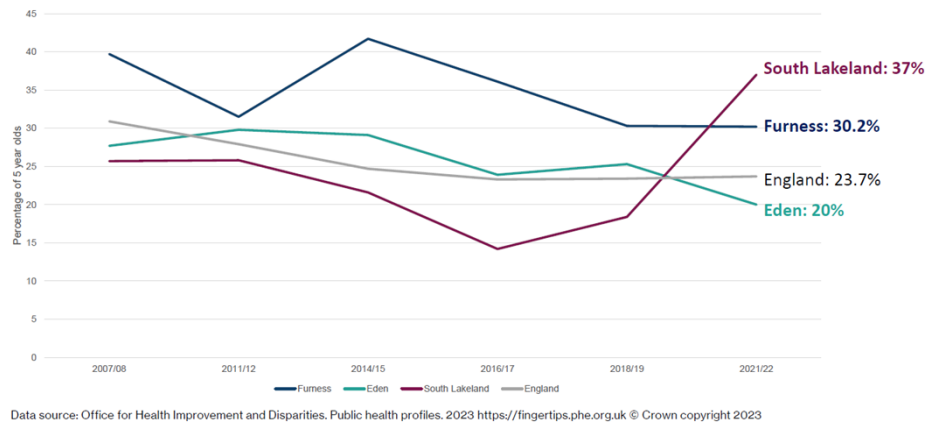
- 3.1 The decayed, missing and filled primary teeth (dmft) and permanent teeth (DMFT) measures are commonly used to understand and monitor the oral health status of a population.
- 3.2 The most recent data available for Westmorland and Furness is for children in Year 6. The survey was carried out as part of the Office for Health Improvement and Disparities' National Dental Epidemiology Programme (NDEP).
- 3.3 The aim of the survey was to measure the prevalence and severity of tooth decay in permanent teeth among children in year 6 within each lower tier local authority.
- 3.4 The survey showed that in Westmorland and Furness rates of dental decay are similar to the England average, with 16.4% in Year 6 experiencing dental decay in Westmorland and Furness.

Table 1. Year 6 DEF in Westmorland and Furness 2024

Area	Percentage %
England	16.15
Northwest	18.3
Westmorland and Furness	16.4

- 3.5 In 2022 the Dental Epidemiology Programme examined the oral health of 5-year-old children. The survey showed that in Eden rates of dental decay were similar to the England average, with 20% in experiencing dental decay in Eden, compared with 23.7% in England. Rates of dental decay in Barrow (30.2%) and South Lakeland (37%) were higher than the England rate.
- 3.6 The reasons for the significant increase in the proportion of 5-year-olds with evidence of dental decay in South Lakeland between 2018/19 and 2021/22 is not fully understood. The 5-year-old survey is undertaken every other year and the next set of survey data should help us to understand if the 2021/22 result is an outlier or a sustained change in prevalence of dental decay.

3.7 **Figure 1. Proportion of 5-year-olds with decayed missing or filled primary teeth 2022**



4. Westmorland and Furness Council

4.1 Westmorland and Furness Council commissions an All-Age Oral Health Improvement Service to address the prevention of oral and dental ill health, targeted in geographical areas of need with a particular focus on early years settings, special schools, and care homes. The service is jointly commissioned with Cumberland Council and provided by North Cumbria Integrated Care NHS Trust (NCIC).

4.2 NCIC co-ordinate and deliver several evidence based oral health interventions across Westmorland and Furness, driven by local need and incorporating best practice to support the population to make choices that will benefit their long-term oral health. The service delivers in five key areas (numbers in brackets are activity figures for 2023-24 Q1-3):

1. Development and/or distribution of oral health promotion resources (5445 distributed). The NCIC resources provide information, materials, and resource packs to reinforce evidence-based messages around oral health improvement (OHI). NCIC ensure OHI /Smile4Life information and training materials are available in a range of accessible formats and mediums to meet the language and literacy needs of Service Users and their clients.

2. Supervised tooth brushing schemes (30 schemes have been delivered in targeted early years settings). The scheme delivers an effective supervised tooth brushing programme in targeted early years settings in localities most at

risk of poor oral health outcomes. The purpose of the Programme is to improve children's oral health by increasing exposure to fluoride and improving behavioural and self-care skills at home.

3. NCIC deliver a Smile4Life in Cumbria programme and has supported 95 settings to engage in the Smile4Life award since April 2019. The children's Smile4life programme is a way of training and implementing a 'whole setting approach' to oral health improvement. The Smile4Life Award enables all practitioners in Early Years Foundation Stage settings to demonstrate and be recognised for the interventions they undertake that improve oral health and lay solid foundations for good oral health throughout life. The Award is underpinned by a portfolio of evidence and the collection of Best Practice Case Studies in the following areas:

- Healthy Eating and Drinking
- Regular Toothbrushing
- Adopting a Healthier Lifestyle
- Visiting a Dentist Regularly

4.3 NCIC also deliver workforce development and training (throughout Cumbria 95 Oral Health Improvement (OHI) training sessions have been delivered for staff /volunteers working with children and young people (CYP) and 22 OHI training sessions have been delivered for staff/volunteers working with vulnerable adults including adults with dementia.). The training is prioritised to the settings who work with the following priority groups:

- Children (with a focus on those in the most deprived areas and early year's settings)
- Cared for children
- Children with a physical or learning disability.

And, where adult oral health improvement is needed in vulnerable adult groups including but not limited to:

- Substance users (including alcohol)
- Adults with physical or mental/learning disabilities
- Homeless adults or those who frequently move for example the travelling community
- Older people
- Communities with identified oral health needs.
- Some black, Asian and minority ethnic groups

4.5 Additionally NCIC work with staff and volunteers to ensure they understand how good oral health contributes to general health and wellbeing and support the development of good oral health practices by:

- Promoting breastfeeding, healthy weaning and encourage healthy eating and drinking.
- Advising on alternatives to sugary foods, drinks and snacks as pacifiers and treats
- Explaining that tooth decay is a preventable disease and how fluoride can help to prevent it.
- Encouraging regular tooth brushing at least twice a day including last thing at night and promote the use of family fluoride toothpaste as soon as teeth come through. Spitting not rinsing after brushing.
- Encouraging people to regularly visit the dentist from when a child gets their first tooth and explaining who is entitled to free dental treatment.
- Provide details of how to access routine and emergency dental services.
- Encourage the promotion of a healthier lifestyle e.g., reduce alcohol consumption and tobacco use.
- Using sugar-free medicine
- Enabling them to give a practical demonstration of how to achieve and maintain good oral hygiene and encouraging tooth brushing from an early age.
- Asking the dentist about fluoride varnish
- Making every contact count (MECC)

4.6 National campaigns also support the local delivery and promotion across Westmorland and Furness for example, but not exclusively, National Smile Month, Mouth Cancer Awareness Month and National No Smoking Day.

4.7 A consideration for future commissioning for Oral Health Improvement programme is fluoride varnishing and fluoride varnishing training. Fluoride varnishing is an evidence-based intervention to prevent dental caries. Within the current programme geographic access and availability of staff has proved a barrier to implementing this intervention within the service.

5. Dental Health Epidemiology Programme

5.1 Westmorland and Furness Council are also responsible for commissioning local dental epidemiology surveys as part of the national Dental Public Health Epidemiology Programme. The Programme provides robust, comparable data about levels of dental decay in the child population and a range of other dentally related information about various other population groups. The survey programme includes provision of detailed information about dental decay levels among five-year-olds which is a Public Health Outcome Indicator. The survey of five-year olds is conducted once every two years, with surveys of another age group (selected nationally) taking place on alternate years.

6. NHS Lancashire and South Cumbria ICB

6.1 NHS Lancashire and South Cumbria has launched its dental access and oral health improvement programme to improve access to primary care dental services in the high street and to improve oral health. Primary care dental services include:

- Routine care for people who require a check-up and any follow-up care.
 - Urgent dental care for those in immediate need of support.
- 6.2 The programme looks to prioritise the areas of Lancashire and South Cumbria with the greatest need for dental access and oral health support. It also aims to reduce inequalities in dental access and oral health across the region.
- 6.3 The programme focuses on where investment should be prioritised, improving patient pathways, communications to the public and to staff, supporting retention and recruitment of the dental workforce and contract management.
- 6.4 Within Lancashire and South Cumbria ICB, the initial area of prioritisation is the child access 0-5 pathway and care homes. Later in the year there will be a further development of a SetforSurgery, Long term conditions and a vulnerable group pathway. There will also be a care pathway for health Visitors, GPs, and urgent care.

7 North East and North Cumbria ICB

7.1 The North East and North Cumbria ICB is adopting a strategic approach toward improving access to NHS dentistry services and the oral health of the local population which includes:

- Short-term actions to stabilise services.
- A more strategic approach to workforce and service delivery.

Developing an oral health strategy to improve oral health and reduce pressure on dentistry

7.2 Short term actions to stabilise services.

7.2.1 The NENC ICB Primary Care Dental Access Recovery Plan agreed by the Board in July 2023 included investment of £3m for 2023-24 to implement some initial actions designed to *'Protect, retain and stabilise'* NHS dentistry provision. The funding has been used to implement targeted short-term initiatives that increase access for unscheduled urgent, vulnerable and more complex care patient groups, with a further £3.6m earmarked to continue with these initiatives into 2024-25.

7.2.2 As part of plans to *'build back NHS dentistry UDA capacity'*, the ICB is actively taking steps to replace lost UDA capacity that has resulted from NHS practice closures and contract hand backs through the implementation of a local commissioning process from existing NHS dental practice and formal procurement routes.

7.3 A more strategic approach to workforce and service delivery

7.3.1 Building upon emerging national NHS Dentistry Regulatory Reforms and the recently published *"Opportunities for flexible commissioning in primary care dentistry; A framework for ICB Commissioners"* (Oct 2023)

proposals are currently being considered to secure the beginnings of a '*transformed and sustainable*' long term local NHS dentistry solution for the North East and North Cumbria.

7.3.2 The ICB is also committed to implementing where appropriate the initiatives outlined within the recently published national Dental Plan and supporting out NHS England workforce training and education colleagues as they take forward the National Dental Workforce Plan.

7.4 Developing an oral health strategy to improve oral health and reduce pressure on dentistry

The ICB is also working with system partners on the development of an overarching NENC wide oral health strategy which aims to bring together the key themes from the recently completed local oral health needs assessment and partner Local Authority Oral Health Strategies. The aim being to develop a NENC wide oral health action plan focusing on initiatives to improve oral health and reduce inequalities across the Northeast and North Cumbria.

8. Consultation on the expansion of Community Water Fluoridation in the North East

8.1 On 25th March, the Department for Health and Social Care (DHSC) launched a 12-week consultation on expanding water fluoridation in the North East to reduce tooth decay and its impacts.

8.2 The Health and Care Act 2022 gave the Secretary of State for Health and Social Care the power to introduce water fluoridation schemes subject to consultation. The purpose is to expand water fluoridation to a further 1.6 million people in the region.

8.3 The proposed expansion of water fluoridation predominantly covers areas within the North East region of England, however because of the way water is provided the Alston area of Westmorland and Furness is also included in the proposed expansion.

8.4 The consultation seeks views from the public on the proposal, specifically:

- The extent to which people agree or disagree with the proposal to expand water fluoridation.
- Submitting any scientific evidence for DHSC to consider in their final impact assessment.

8.5 Water fluoridation is an effective and safe public health measure:

- Ensuring drinking water contains the recommended level of fluoride is an effective way to prevent tooth decay.
- Preventing tooth decay reduces pain and distress, and the need for hospital admissions and complex dental treatments.

- 5-year-old children living in areas of the North East without fluoridated water are up to 3 times more likely to have teeth removed than those living in fluoridated areas.
- The safety of water fluoridation has been widely monitored and researched.
- There is no convincing scientific evidence of harm to general health from water containing fluoride within regulatory limits.

8.6 Water fluoridation has benefits for the whole population but especially people living in areas with the highest levels of tooth decay. Water fluoridation achieves the greatest reductions in tooth decay in areas with higher levels of deprivation, thereby reducing health inequalities.

8.7 Water fluoridation is a very cost-effective public health intervention. An estimated £731,200 per year could be saved by extending water fluoridation across the North East.

8.8 The Consultation is open until 17th June 2024 and is available at: [community water fluoridation expansion in the north east of England](#). Health and Wellbeing Board members are encouraged to respond to the consultation.

9. Human Resource Implications

9.1 N/A

10. Link to Health and Wellbeing Strategy

10.1 The oral health needs of Westmorland and Furness are described in the JSNA and in the emerging priorities for the Joint Health and Wellbeing Strategy.

11. Consultation Outcomes

11.1 Consultations on the Joint Health and Wellbeing Strategy have identified oral health as a priority for improving health and wellbeing and reducing health inequalities.

12. Alternative Options Considered

12.1 N/A

13. Legal & Governance Implications

13.1 N/A

14. Equality & Diversity Implications (including the public sector equality duty, Armed Forces Families, Care Leavers and Health inequalities implications)

14.1 There are significant inequalities in oral health outcomes. Activity undertaken to improve oral health is targeting groups and populations with the highest level of need, for example care experienced children and young people.

15. Background Information & Sources (used in preparation of this Report)

15.1

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Agenda Item 7

Westmorland and Furness Council

Report Title:	Lancashire and South Cumbria ICB Children in Care and Care Leavers Health Strategy 2024-2026.
Meeting:	Health and Well-Being Board
Meeting Date:	22 nd April 2024
Report Author:	Kirsty Cleary, Designated Nurse for Children in Care and Care Leavers
Lead Cabinet Member(s):	Patricia Bell
Wards Affected?	All
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices (if any)	Lancashire and South Cumbria ICB Children in Care and Care Leavers Health Strategy 2024-2026

1. Executive Summary

- 1.1 This report introduces the Lancashire and South Cumbria Integrated Care Board's (ICB's) Children in Care and Care Leavers Health Strategy 2024-2026. The strategy outlines the ICB's commitment and propose activity to meet its statutory responsibilities and corporate parenting duties.
- 1.2 The vision of the ICB is to ensure all children in care and care leavers will be afforded the opportunity to achieve positive health outcomes. This will be facilitated by the effective commissioning and delivery of health services across the ICB to reduce any unwarranted variation in service offer, scope of service and equity of access.

2. Recommendation

For the reasons set out in this report, it is recommended that -

- 2.1 The Board notes the contents of this report and the attached Lancashire and South Cumbria ICB Children in Care and Care Leavers Health Strategy 2024-2026.

3. Information: the Rationale and Evidence

- 3.1 The NHS has a major role in ensuring the timely and effective delivery of health services to children in care and care leavers as part of its statutory responsibilities. The NHS Constitution for England makes clear the responsibilities of NHS Integrated Care Boards (ICBs) and NHS England (NHSE) to children in care and care leavers.
- 3.2 The publication of the Independent Review of Children's Social Care in May 2022 by Josh MacAlister identified the need for ICBs to reflect their contribution to the review's vision within their strategic plans. The government's response to the UK Care Review 'Stable Homes, built on love'

consultation, published in September 2023, outlines that strengthened corporate parenting responsibilities will also be extended to relevant public bodies including ICBs within the next 18 months.

- 3.3 The ICBs Joint Forward plan (2023) identifies children in care and care leavers as a priority population group to improve health outcomes and reduce inequalities. This strategy seeks to further detail the required activity to achieve this alongside delivery against the ICB statutory responsibilities and corporate parenting duties.
- 3.4 Developed in consultation with children in care and care leavers and the ICB children in care and care leavers health professionals' network, the strategy details the ICB strategic vision, delivery outcomes and measures of success, providing a robust framework for achieving compliance with statutory responsibilities/duties and reduction of health inequalities of a vulnerable population.
- 3.5 In recognition of the interdependencies with local authorities in their lead role as corporate parents for children in care and care leavers, the strategy is aligned to their respective corporate parenting strategies.
- 3.6 Underpinned by a strategic delivery plan, the designated nurses for children in care and care leavers will provide system leadership to facilitate delivery against the proposed outcomes and its effectiveness, further validated by feedback of children in care and care leavers and statutory partners.

4. Link to Health and Wellbeing Strategy

- 4.1 The developing Joint Local Health and Wellbeing Strategy will be considered as part of the ICB strategy delivery plan when finalised.

5. Consultation Outcomes

- 5.1 The ICB strategy was developed in consultation with children in care and care leavers, alongside our health professionals network.
- 5.2 The strategy supports a continued consultation and engagement model with our children in care and care leavers, to co-produce and inform health service delivery and commissioning of services.

6. Alternative Options Considered

- 6.1 There are no alternative options to consider as the strategy is a requirement of the ICB.

7. Financial Implications and risk

- 7.1 There are no financial implications arising from this report.

8. Legal & Governance Implications

8.1 There are no legal implications arising from this report.

9. Equality & Diversity Implications (including the public sector equality duty, Armed Forces Families, Care Leavers, and Health inequalities implications)

9.1 This strategy aims to reduce the health inequalities of our Care Experienced population.

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Lancashire and
South Cumbria
Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board Children in Care and Care Leavers Health Strategy

2024-2026



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Introduction

Children in care and care leavers are identified as the most vulnerable cohort within our populations. This is in view of their adverse childhood experiences, trauma and subsequent increased vulnerability to harm and health inequalities. A plethora of research available to date evidence that this population often experience poorer outcomes and life chances than that of their peers. Children in care are 50% more likely to have a diagnosable mental health disorder. Children in care and care leavers are at increased risk of being exploited, experience substance misuse issues and are overrepresented in the criminal justice system.

The NHS has a significant role in ensuring the timely and effective delivery of health services to children in care as part of their statutory responsibilities. The NHS Constitution for England make clear the responsibilities of NHS Integrated Care Boards (ICBs) and NHS England to children in care and care leavers. The NHS must cooperate with NHSE/I, Public Health England, and Local Authorities to commission effective services.

The Children Act (2004), and further strengthened in the Children and Social Work Act (2017), outlines the corporate parenting responsibility of local authorities and creates a duty for relevant partners, including health, to cooperate with local authorities to improve the well-being of children in their local area. The corporate parenting principles include the requirements to act in the best interests, and promote the physical, mental health and wellbeing of children in care and as corporate parents ask, “whether this would be “good enough for my own child.” The government’s response to the UK Care Review ‘Stable Homes, built on love’ consultation, published in September 2023, outlines that strengthened corporate parenting responsibilities will also be extended to relevant public bodies which incorporates ICBs within the next 18 months. This strategy aims to take into consideration the future requirements of these duties.

This strategy outlines Lancashire and South Cumbria Integrated Care Board’s commitment and proposed activity in meeting our statutory responsibilities and corporate parenting duties. Each section of the strategy identifies the key priority areas required to support improved health outcomes for the children in care and care leavers population. The delivery of this strategy is aligned in recognition of the interdependencies with Local Authorities in their lead role as Corporate Parents for children in care and care leavers and their respective Corporate Parenting Strategies.

Our Vision Statement

Our vision is to ensure all children in care and care leavers will be afforded the opportunity to achieve positive health outcomes. This will be facilitated by the effective commissioning and delivery of health services across the ICB to reduce any unwarranted variation in service offer, scope of service and equity of access. The ICB has pledge to move to a Trauma Informed system, which will continue to build health commissioned services that will deliver trauma practice, with a skilled workforce who are knowledgeable around their individual roles and responsibilities as corporate parents.

Children in care and care leavers views

"Moving areas shouldn't put you at the bottom of the list."

"The nurse does help me understand my needs and tries to encourage me to go to the appointments that I should go to which shows me that she is bothered. She also listens to me when I say that I do not want to do that, and I feel this is because she respects what I have to say."

"Talking based therapies aren't for everyone."

"The waiting times to be seen are too long."

"Make sure I have all my own health information as I got no family to ask."

"Not being struck off for missing an appointment."

"Training for professionals to make the health experience better so it feels less like a tick box."

"Being able to stick with someone who you have a relationship with."

"I would like to have a number to contact if I need to talk to someone in confidence."

It would be better if services took into account how disorganised we are or how we do not always understand the need to attend appointments when we could be doing something we enjoy. I feel that they should give us more time to attend appointments before discharging us.

Safeguarding children in care and care leavers

“Children and young people in care, and those with safeguarding concerns, remain some of the most vulnerable in our society”

Care Quality Commission (2016) ‘Not seen, Not Heard’.

Outcomes – what are we trying to achieve.

- To understand the specific issues that children in care and care leavers face are known, and that they inform practice and increase quality of provision and experience.
- To ensure that experiences of health commissioned services will not re-traumatise children in care and care leavers.
- Young people can make informed decisions around risk, they recognise positive relationships.
- All health professionals are aware of children in care and care leavers increased vulnerabilities and risk of harm.
- There are consistent and robust information sharing arrangements within health, provider organisations and with our statutory safeguarding partners.
- Transitional safeguarding – that there are robust support plans into adult services for young people preparing to leave care.
- Children and young people report to living in homes and communities where they feel safe.
- To influence local safeguarding partnerships to have clear governance arrangements with policies and procedures specific to children in care and care leavers.
- Children in care will have access to timely, trauma informed statutory health assessments which will agree with the child a plan of care, identify any early vulnerability to risk, share key public health messages and access support from other services as required to keep them safe.

Deliverables – how will we achieve our aim?

- Children in care and care leavers will be listened to and we can demonstrate how we take account of their views, according to their age and understanding in identifying and meeting physical, emotional, and mental health needs.
- We will as a statutory safeguarding partner, ensure that current safeguarding arrangements and safeguarding strategies reflect inequalities that impact children in care and care leavers.
- All health service delivery will be trauma informed.
- We will work with health partners to ensure there is effective delivery and uptake of mandatory safeguarding training and the impact of this measured.
- Ensure that there are effective communication and information sharing pathways between health and regulated / unregulated residential care providers.
- We will implement learning from missing from home episodes and use this to influence and changes health related practice where required.

- We will implement learning from national and local safeguarding reviews where children in care and care leavers are cited.

Positive emotional health well-being

“Children in care are approximately four times more likely to have a mental disorder than children living in their birth families and there is a high prevalence of trauma in children in care and young people.”

NSPCC, (2015).

Outcomes – what are we trying to achieve.

- We will be able to have a greater understanding of the emotional health of the ICB’s children in care and care leavers population and using this to inform commissioning of future provision.
- Children in care and care leavers report positive self-esteem and experience good emotional health and wellbeing.
- Children in care and care leavers have dedicated timely access and have good outcomes from dedicated specialist emotional health provision.
- We will minimise re-trauma of our children in care and care leavers by health services delivering trauma informed approaches.
- We will continue to demonstrate compliance with statutory requirements to support the positive emotional health and wellbeing of children in care and care leavers.
- There will be equity of access of mental health services for children in care and care leavers who live within our footprint.
- Strength and difficulty questionnaire annual scores will reflect an overall improved average demonstrating children and young people are experiencing good emotional health and wellbeing.

Deliverables – how will we achieve our aim?

- Ensure all health services offer a trauma informed approach to prevent re-traumatisation and therefore promote future engagement with health services to access the right support at the right time.
- The specific health needs of children in care and care leavers are reflected in mental health strategies and policies across the ICB and are recognised as requiring priority access.
- We will ensure that the annual completion of the ‘strength and difficulty questionnaire,’ forms part of children in care key performance indicators.

- `Health` are embedded in care planning processes to facilitate seamless transfer of care to prevent any delays in provision.
- Ensure that all commissioned services capture and provide analysis of the specific mental health needs of our children in care and care leavers population to inform future commissioning.

We will aim to ensure that all children and young people will experience reduced health inequalities.

“Improving the health outcomes and life chances of children in care is a matter of public health concern. On average, individuals who have been looked after face worse outcomes across a range of measures, throughout the life course”

Bywater’s (2015).

Outcomes – what are we trying to achieve.

- We will be able to demonstrate that all our children in care have experience of timely and quality statutory health assessment and provision by services that understand their needs.
- Children in care and their support network and families will have the required skills and knowledge to effectively navigate health services without discrimination or unconscious bias.
- All children in care are given options, knowledge, details of benefits and risks to have fully informed access to immunisation programmes, routine dental care, and universal health services as and when required.
- All children in care, irrespective of their originating area, will have the same access to services and support. Living away from their originating authority will not disadvantage children in care.
- Our commissioned services understand, and their policies reflect children in care and care leaver’s additional vulnerabilities so they can receive the right support.

Deliverables – how will we achieve our aim?

- Consultation and co-production with children in care and care leavers to ensure that we are getting it right.
- We will collaborate with key partners and stakeholders to support high quality residential provision for children in care to minimise breakdowns in these arrangements.
- We will include in the ICB joint forward plan our commitment to improve our response to conducting statutory health care assessments for children in care.

- Collaborate with local authorities to improve quality, timeliness of initial health assessments and associated pathways for the statutory health assessment co-ordination.
- All professionals supporting children in care and care leavers understand their specific health needs and vulnerabilities.
- Development of an ICB service specification built upon public health principles of health promotion, health protection and ill health prevention for delivery of an enhanced offer to support the children in care and care leaver population.
- Development of an ICB dashboard for system performance in respect of providing assurance around compliance with key performance indicators for children in care.
- We will work with local authority/receiving authority/residential providers to facilitate robust transfer of care processes, ensuring that health is involved in care planning arrangements.

We will ensure health services are commissioned to support the specific health needs of children in care and care leavers.

“All commissioners of health services should have appropriate arrangements and resources to meet the physical and mental health needs of looked after children”.

Department of Health (2015), Promoting the Health of Looked After Children.

Outcomes – what are we trying to achieve.

- Access to quality and timely services irrespective of where they live without any facing any barriers.
- Children in care and care leavers have positive experience of health services.
- They will experience effective transition from children to adult health services as deemed necessary.
- They will report positive relationships with health professionals who have a sound knowledge of their role as corporate parents.
- We will know the specific health needs of our children in care and care leavers population.
- Ensure that commissioned services design and delivery is informed by the specific health needs of children in care and care leaver population based on local need and in co-production with children and young people.

Deliverables – how will we achieve our aim?

- Commissioning of all health services will include the requirement for contractual reporting of the service offer and uptake by children in care and care leavers.

- Undertake a health needs assessment of our ICB population and discuss and listen to children in care and care leavers to inform future integrated programmes of work, commissioning of services.
- Any identified gaps in service provision will be included in future commissioning intentions and activity.
- Care leaver health summaries will be reviewed in partnership with young people to provide them with the necessary tools and knowledge to navigate the health system.
- Ensure that there is robust information sharing agreements and systems in place for children in care and care leavers, so they do not have to repeat their life stories.

Health is a Good Corporate Parent

“In order to thrive, children and young people have certain key needs that good parent meet. This principle is to act in the best interests and promote their physical and mental health and wellbeing”.

HM Government (2018).

Outcomes – what are we trying to achieve.

- Corporate parenting principles are understood and embedded.
- Children in care and care leavers have a positive experience of accessing health services and professions that work collaboratively.
- We will strive to ensure there are access and opportunities for care leavers to enter work via apprenticeships pathways within health services.
- Care leavers on low incomes are fully aware and confident in their ability to access universal and specific services and are not disadvantaged due to the care experienced status.
- We will have a good understanding of all the specific health needs of children in care and care leavers.

Deliverables – how will we achieve our aim?

- We will embed the corporate parenting principles and have corporate parent champions in each of our health settings.
- Children in care and care leavers will be actively supported as part of our participation offer to influence, inform, and shape pathways and improvement programmes.
- Children in care and care leavers participate in health recruitment processes of specialist roles within health.
- We will work to raise awareness to the wider health workforce of their role as a corporate parent, embedding a trauma informed approach e.g. use of language.

- We will work with NHSE/I colleagues and the ICB to develop opportunities to provide a care leaver apprenticeship scheme and work experiences.
- We will seek to develop an ICB offer for the provision of free prescriptions for care leavers age 18-25 specific to their needs, i.e. whether a student, low income, or condition management.
- Our corporate parenting responsibilities will be referenced in our ICB strategies and policies.
- We will deliver against the commitments as set out in the Care Leavers Covenant.

When young people leave care their additional health needs and vulnerabilities will be recognised.

“Care leavers will have faced many challenges in their lives and are likely to need much more support than other young people as they make the transition to adulthood”.

Edward Timpson HM Government, Keep on Caring (2016).

Outcomes – what are we trying to achieve.

- Care leavers will experience a co-ordinated transition from children health services to adult health services.
- Care leavers will be able to access dedicated support in addressing their emotional health and well-being.
- Our adult services will offer a trauma informed care approach and be aware of the specific vulnerabilities of care leavers.
- Health services will be able to identify care leavers in their care, so support them in receiving timely access to services.

Deliverables – how will we achieve our aim?

- Inclusion of a training offer in future service delivery for the adult health workforce on the health of the specific needs of care leavers and corporate parenting responsibilities.
- We will provide voice and engagement/consultation opportunities to ensure that we are getting it right.
- We will ensure provision of a summary of previous health information and detailing support to how to access health services via a personal health passport to all care leavers.
- We will work with mental health and primary care commissioners to strengthen the offer for our care leavers population through a trauma informed approach, so that care leavers are able to be identified for receiving the right support at the right time.

We will seek to provide additional support to those children and young people who are in the process of or have secured permanence.

“There is growing evidence that adopted and permanently children in care’s early experiences continue to have an impact on their outcomes long after they move to their adoptive families” Department for Education (2017).

Outcomes – what are we trying to achieve.

- Children will continue to receive support from health services to support timely permanence arrangements.
- Children who have secured permanence via adoption will continue to receive a health offer to support their continued health needs.

Deliverables – how will we achieve our aim?

- We will work in partnership with local authorities and regional adoption agencies to support timely and quality health information is available to inform permanence via adoption for children in care.
- Development of ICB wide health adoption policies and procedures to ensure there are robust frameworks in place.
- We will work with all commissioners of health services across the Integrated Care System to explore the universal offer to provide a continued health offer for supporting children and their families pre and post adoption and children reunified home.
- We will work in partnership with local authorities to develop shared adoption medical processes and procedures through a single health approach to reduce unwarranted variation.
- We will work with key stakeholders and statutory partners with corporate parenting responsibilities so that when children are reunified home, they do not experience any delays in health provision.

Measures of Success

“A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

World Health Organisation (1986).

To measure improved health outcomes for children in care and care leavers, the wider social determinants of health need to be included and form part of a shared outcome framework in conjunction with activity undertaken by statutory partners and key stakeholders. The ICB will implement a delivery action plan which underpins the strategy and outlines health’s contribution to supporting improved health outcomes as detailed below.

- Compliance with performance for the provision of timely and high-quality statutory health assessments for children in care.
- ICB consultation and engagement model with our children in care and care leavers, to co-produce and inform health service delivery and commissioning of services.
- The strengths and difficulties questionnaire average score demonstrates good emotional health for our children in care.
- There is no unwarranted variation in access to health services and children placed away from their originating area are not disadvantaged.
- Compliance with all statutory health responsibilities reported via an ICB dashboard.
- Positive feedback from children and young people around their experiences and access to health services that we are getting it right and providing a trauma informed approach.
- Health professionals and key stakeholders provide positive feedback regarding the health services afforded to children in care and care leavers and their accessibility.
- External regulatory activity identifies good and outstanding practice which can be evidenced as having an impact on reducing health inequalities.

Agenda Item 8

Westmorland and Furness Council

Report Title:	Update on the work of the Place Based Partnerships
Meeting:	Health and Wellbeing Board
Meeting Date:	22 April 2024
Report Author:	Jane Scattergood, Ed Tallis
Lead Cabinet Member(s):	Patricia Bell, Cabinet Member for Adults, Health & Care
Wards Affected?	All
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices (if any)	

1. Executive Summary

- 1.1 This report sets out the progress that has been made in establishing the two Place Based Partnerships (PBP) that cover the Westmorland and Furness–North Cumbria and South Cumbria. In particular, it sets out how they are working to help deliver the interim priorities identified by the Health and Wellbeing Board at its 19th June 2023 meeting.

2. Recommendation

For the reasons set out in this report, it is recommended that -

- 2.1 The Board notes the progress that has been made by both Place Based Partnerships in establishing themselves and developing their delivery workstreams.
- 2.2 The Board agrees that it will receive further updates from the two Place Based Partnerships at alternate Board meetings.

3. Information: the Rationale and Evidence

- 3.1 The Health and Wellbeing Board is responsible for agreeing the Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing Strategy (JLHWS). These will inform, and be informed by, the two Integrated Care Partnerships' integrated care strategies.
- 3.2 Whilst it is an immediate priority of the Board to produce a new JSNA for Westmorland and Furness which would provide an evidence base for future work on producing the JLHWS, it was recognised that the process for producing the JSNA and the JLHWS would take time. In the meantime, the Board agreed some interim priorities:
- The workforce challenges that were being faced across the whole health and care system

- Children’s emotional and mental wellbeing
- The findings and recommendations of the Health Equity Commission
- Ensuring that any health and wellbeing developments were embedded in the community and responded to the needs of different neighbourhoods
- The challenges face by system flow across the health and care system
- Access to primary care – especially GPs and Dentistry
- An active approach to population health management targeted at priority risk areas
- Parity of esteem between mental and physical health – recognising the issues that the mental health system faced.
- Action to address the high rates of suicide

3.3 Whilst the Board has responsibility for the production of the needs assessment and the JLHWS, it is not itself a delivery mechanism. Delivery of the priorities outlined in the strategies sits with partner organisations. In particular, as a result of the 2022 Integration White Paper, and the emergence of Place Based Partnerships, there is a real opportunity to align the priorities of the PBPs with the priorities of the Health and Wellbeing Board to ensure clear read through from strategy to delivery.

3.4 At the 19th of June 2023 Meeting, it was recognised that the two PBPs that cover Westmorland and Furness are still at a formative stage, however it was agreed that as part of their development there would be the need to build in reporting mechanisms to provide assurance to the Board that the priorities within the JLHWS (or the interim priorities) were being delivered.

3.5 It should be noted that whilst the priorities of the Westmorland and Furness Health and Wellbeing Board inform the Place Based Partnerships work programme, they are not the only driver. Due to their geography, North Cumbria PBP also has to have regard to the Cumberland JLHWS and the North East and North Cumbria ICP integrated care strategy. South Cumbria also has to have regard to the Cumberland JLHWS, the North Yorkshire JLHWS and the Lancashire and South Cumbria ICP integrated care strategy.

3.6 **North Cumbria**

3.7 In North Cumbria a PBP has now been established with terms of reference agreed. This includes agreement of structures to enable delegation from the North East and North Cumbria ICB to North Cumbria Place. It is recognised that the work of the PBP is emergent and likely to change over the coming months and years as partnership working develops. However, in order to progress the priorities identified by partners – including those priorities identified by the Westmorland and Furness HWB - the PBP has agreed a governance structure that will enable focussed work to be undertaken. The PBP feeds into and out from the North Cumbria Integrated Care Partnership, which meets twice per year.

3.8 Of particular relevance to the interim priorities of the Board are the following workstreams:

Workstream	Current activity
Population Health and Inequalities	<p>This programme is managed through a group chaired by Colin Cox (Cumberland DPH)</p> <p>Priorities are;</p> <ul style="list-style-type: none"> • Workington Project • Smoke free & tobacco dependence • Drug and Alcohol Related Deaths • Suicide prevention • Cardiovascular disease. • Healthy weight • Gambling harms • Children and Young People • Social isolation] • Long-Term conditions
Workforce	<p>Work has been undertaken to review the current provision of system wide workforce development programs in North Cumbria, to assess the strengths and limitations and to identify any areas of improvement.</p> <p>As part of this work, a series of workshops were organized within the 4th quarter of 2023/24, during which North Cumbria system partners agreed their workforce priorities for the next 2-3 years, reflecting the ICS People Strategy (2023/24). Following this the group set about developing the current a program of work to deliver these priorities and assessed the barriers to success.</p> <p>The main barrier identified was the lack of program support for this work in its current form. This has hindered progress and placed additional strain on staff working within the workstreams.</p> <p>The next step for the workforce programme in North Cumbria is to develop a business case for a Workforce Partnership Development Lead, as the appointment of this post has been shown to have a positive impact on workforce development in South Cumbria. In the meantime, the group will continue to meet and work towards the workforce priorities determined as part of the workshops. with it is hoped improved representation from additional system partners.</p>
Mental Health, Learning Disabilities and Neurodiversity	<p>A North Cumbria Partnership board has been established and is now meeting monthly to discuss a range of issues relating to this group of people.</p>

Integrated Care Communities	Following a recent value for money paper and diagnostic, the ICC governance has been reviewed and work is being undertaken to reduce variation between ICCs, develop standardised operational procedures and embed best practice across all the ICCs. The main focus is to identify some funding for programme support for each ICC to enable them to become more organised and therefore offer greater value.
LADB	A total review of the LADB has now been completed and has resulted in a clear programme of work to include 6 pathway projects, each with an SRO and action plan. Metrics are being utilised to improve flow and a winter plan has been agreed.
CYP	A new CYP Partnership board is being established.
End of Life/palliative Care	The 3 x Hospices have agreed to lead on the development of a comprehensive framework for EoL.

3.9 Whilst the North Cumbria PBP matures, the measure outlined above are mainly process and activity based. However, as work develops in each of the workstreams outcome-based performance measure will be developed and reported to future Board Meetings.

3.10 South Cumbria

3.11 The approach taken by the South Cumbria Place Based Partnership is different to that taken by North. The work undertaken has focussed on developing strong partnership working across a wide range of partners, rather than developing a formal governance structure.

3.12 This work has taken the form of monthly development sessions which provided an opportunity for in-depth and focused work with a wide range of partners, stakeholders and people with lived experience to initiate work of key priorities.

3.13 Work has been undertaken to establish formal governance arrangements:

- Place Partnership Board – in the absence of any formal budgetary delegations, and associated decision-making, from the LSC ICB, this board will be a forum where partners agree recommendations associated with delivering the aims and vision of the partnership through agreed work programmes. A development session is scheduled for 10th May 2024 to explore the core functions of the board, including how the group will interact with statutory organisational committees/boards, along with format, proposed agenda items, membership and frequency of meetings. This will be facilitated by a national advisor on health and care integration.
- Place Partnership Forum – the workshops have evolved into this forum, which is used to provide updates to our place partners, test ideas

and work through challenges identified by our work programmes, and generate recommendations to the place-based partnership board. It will have a clear forward view linked to our work programme.

- Place Clinical and Care Professional Forum – an initial scoping session was held on 12th March 2024 with representatives from a range of sectors, organisations and professions, with proposals for the scope and function of this group to be finalised during Q1 of 2024/25. It was noted that this must be an enabling group where cross-cutting changes to pathways and ways of working can be explored, with professionals advising on impact and risk.
- Underpinning all of this is a commitment to meaningful resident engagement and involvement – during Q1 of 2024/25, the place aims to create a framework to support listening (embedding Lived Experience Voices), co-design of solutions, and co-design of measures of success across all work programmes, as well as ensuring that the above groups are fully connected to our residents and their needs.

3.14 Reflecting the interim priorities identified by the Westmorland and Furness Joint local health and Wellbeing Strategy, and the ICP integrated care Strategy, a number of workstreams have been initiated:

3.15

Workstream	Current activity
Thriving Healthy Communities	<ul style="list-style-type: none"> • Community Power (Increasing community voices in decision-making, Build community strengths, Priority Wards) • Health Promotion (Tobacco,/nicotine, Weight management, Sexual health, Oral health, Mental health inc. suicide prevention, Substance misuse) • Health Protection, with a focus on CORE20PLUS5 (Measles, Flu, Screening, Early Cancer detection) • Healthcare Public Health (Refresh PHM approach, Increase detection of unmet need, Expand Personalised Care and Behaviour change Workforce) • Targeted work via Poverty Truth Commissions (Barrow and South Lakes) and Healthier Streets (four streets in Barrow)
Not Meeting Medical Criteria to reside	<ul style="list-style-type: none"> • Identifying community-based initiatives that will support admission avoidance and timely transition of care from hospital to community
Integrated Wellness Centre	<ul style="list-style-type: none"> • Creating a hub to support independence for the frail and/or elderly population
Workforce	<ul style="list-style-type: none"> • Increasing our workforce capacity • Supporting and enabling our existing workforce to thrive

	<ul style="list-style-type: none"> • Working innovatively to develop joint solutions to workforce priorities • Engaging with our communities to grow our future workforce • Workforce productivity and transformation (Virtual Recruitment Hub) • Joint calendar of recruitment events • Shared roles / Cross-organisational working / Rotational placements • Shared career pathways to enhance mobility • Increasing workforce mobility across sectors • Workforce planning / analytics • Place-wide inductions • Support network for international recruitment (recruiters and employees) • Accessing untapped labour markets
Intermediate Care	<ul style="list-style-type: none"> • Creating capacity to create step-up/step-down beds that will prevent hospital admission and enable timely discharge. • Findings / recommendations of LGA review of Discharge To Assess (D2A) process commissioned by W&F council. • Existing UEC and System Flow workstreams • Contents of 'Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge', published by NHSE in September 2023
Children & young people's mental health & emotional wellbeing	<ul style="list-style-type: none"> • Development Session held with wide range of partners to consolidate previous work and initiate workstream. • Working Group established to identify existing workstreams to avoid duplication and maximise use of resources
Anchor Institutions	<ul style="list-style-type: none"> • Widening Access to Quality Work • Workforce Wellness (HWB Charter, Suicide Prevention & Postvention, Mental Health, Menopause, Carers, Veterans, Lifestyle) • Reducing environmental impact • Purchasing and commissioning for social value
Integrated Care Communities	<ul style="list-style-type: none"> • Ensuring maximum integration across health and care to support residents in their own community. • Streamlining access to care and advice, MDTs, Care Navigation, providing more proactive, personalised care with support from a multidisciplinary team of professionals, helping people to stay well for longer. • A focus on prevention and staying well, including frailty and long-term condition

	management, supporting a reduction in unwarranted use of health services.
Mental Health	<ul style="list-style-type: none"> • Mental Health Community Transformation • Right Care Right Person • Street Triage
Dying Well – Palliative and end of life care	<ul style="list-style-type: none"> • Using the ‘Getting to Outstanding’ framework to design future integrated care provision and influence behavioural change. • Actions identified to deliver Compassionate Communities and Excellent Experience
Women’s Health and Wellbeing	<ul style="list-style-type: none"> • A holistic approach, focused on wellness throughout the life course, rather an episodic approach to treating illness and/or particular symptoms in isolation. • Proactive, bespoke engagement and awareness raising in communities • A gold standard approach to Well Women in the Workplace • A consistent minimum service offer across all PCNs/ICCs by working in partnership • Physical / virtual Well Women Hubs -holistic offer to supporting women to be well throughout the life course, with access to a range of support offers inc. social activities, lifestyle, fitness, mental health, physical health.
Barrow Delivery Plan	<ul style="list-style-type: none"> • Tackling opportunities/needs associated with investment in the DefenceNuclear Enterprise, including significant population increase and associated demand for health and care services. • Addressing structural and long-term poverty and health inequalities • Providing social and economic benefits to individuals and communities • Ensuring sufficient health service provision for the incoming working age population and their families

3.16 Work over the coming months will focus on enhancing the core strategic work programmes (scope, ambitions and measures of success) and establishing oversight groups. In addition, work will take place to ensure engagement and agreement on future governance models, to ensure readiness for delegation from the ICB.

3.17 As a result of this work outcome-based performance measure will be developed and reported to future Board Meetings.

4. Link to Health and Wellbeing Strategy

- 4.1 Whilst the Joint Local Health and Wellbeing Strategy is being developed the Board agreed a set of interim priorities on the 19th of June. This report sets out the work that has been undertaken to deliver those interim priorities.

Agenda Item 9

Westmorland and Furness Council

Report Title:	2023-2025 Better Care Fund Update
Meeting:	Westmorland and Furness Report
Meeting Date:	22 April 2024
Report Author:	Cath Whalley, Director of Adult Social Care, Westmorland and Furness Council; Ed Tallis, ICB Director of Place, North Cumbria; Jane Scattergood, Director of Health and Care Integration, South Cumbria
Lead Cabinet Member(s):	Cllr Patricia Bell – Cabinet Member for Adults, Health and Care Cllr Andrew Jarvis – Cabinet Member for Finance
Wards Affected?	All
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices (if any)	Appendix A – Draft Better Care Fund Tables Appendix B – Lancashire and South Cumbria ICB Better Care Fund Review Specification Appendix C – Better Care Fund Quarter 3 Submission

1. Executive Summary

- 1.1 This report provides an update on Westmorland and Furness 2023-2025 Better Care Fund and asks the Board to approve in principle revised funding tables in appendix A.
- 1.2 The report asks for delegations to be put in place for 2024/25 in relation to the approval of the 2023-2025 Better Care Fund plan updates, quarterly updates and to agree virements to the agreed plan within the financial year to respond to ongoing reviews.
- 1.3 The report notes the Lancashire & South Cumbria ICB Better Care Fund review specification that has been agreed through the delegated process agreed by the Board on 5th December 2023.
- 1.4 The report notes the Quarter 3 Better Care Fund submission made to NHS England 10th February 2024.

2. Recommendation

For the reasons set out in this report, it is recommended that -

- 2.1 That the Board approve in principle the revised 2023-25 funding tables in Appendix A
- 2.2 That the Board formally agree to delegate to the Director of Adult Social Care in consultation with the Chair and Vice Chairs of the Board to make required

2023-2025 Better Care Fund updated planning submissions and Quarterly Reports to NHS England/Better Care Fund Team.

2.3 That the Board formally agree to delegate to the Director of Adult Social Care in consultation with the Chair and Vice Chairs of the Board, the authority to agree variations and/or changes to the Better Care Fund plan during the 2024-2025 delivery plan period to ensure flexibility to meet challenges most effectively within the health and social care system.

2.4 That the Board notes the contents of the Quarter 3 submission.

3. Information: the Rationale and Evidence

3.1 The Better Care Fund (BCF) is a joint plan between Westmorland & Furness Council, Lancashire & South Cumbria ICB and North East and North Cumbria ICB.

3.2 Since 2015 The Better Care Fund has been a pooled fund arrangement by NHS and Local Authority partners that was designed to incentivise integrated delivery of health and social care. The Better Care Fund has evolved over that period and is now a collection of different grants to achieve core objectives.

3.3 At the time of writing funding allocations for some of the grant components are still to be confirmed for 2024/25. For the purposes of the report assumptions for the predicted changes in grant values have been used but are subject to change. The predicted values per grant area are set out below.

- Minimum NHS Contribution - £20.608m. This is funding made up from the Lancashire and South Cumbria Integrated Care Board and the North East and North Cumbria Integrated Care Board. This is split into two parts; the Adult Social Care services spend £13.913m and the NHS Commissioned Out of Hospital Spend £6.696m.
- The improved Better Care Fund which is a grant directly paid to the local authority of £9.304m.
- The Disabled Facilities Grant, directly paid to the local authority of £3.039m
- The Additional Discharge Fund. This is in two parts, a grant that is directly paid to the local authority (£2.174m) and a contribution from the two relevant Integrated Care Boards (£1.784m).

3.4 The notable evolution for 2024/25 is the proposed additional funding to support significant developments in intermediate care (see appendix A local authority adult social care discharge grant). The funding will support both bed based and community short term support services that will support people to return home more quickly after a hospital stay, maximise their independence

and support the ethos of prevention. As well as achieving better outcomes for the people of Westmorland and Furness it is anticipated this will also support improved flow of hospital discharges and reduce the number of people who are in hospital who are discharge ready.

- 3.5 For improved clarity of reporting the number of scheme lines in appendix A has been reduced for simplification as a number of scheme lines were supporting the same or similar areas of activity.
- 3.6 The four national conditions for the Better Care Fund will remain as below.
- 3.7 National condition 1: a jointly agreed plan between local health and social care commissioners with the final sign off required by the local Health and Wellbeing Board. This includes an agreement on the use of mandatory BCF funding streams, an assessment of capacity and demand for intermediate care services and ambitions for making progress against the national metrics. This requires the Council along with its partners; The Lancashire & South Cumbria Integrated Care Board and The North East and North Cumbria Integrated Care Board to agree the plan that can be submitted to the Westmorland and Furness Health and Wellbeing Board for their sign off which enables the plan to be submitted to NHS England/Better Care Fund Team. Noting the spend of the Better Care Fund will be split between the Council and the Integrated Care Boards.
- 3.8 National condition 2: implementing the policy objective “enabling people to stay well, safe and independent at home for longer”. There should be a focus on promoting people’s independence in the community and addressing the health, social care and housing needs of those who are at risk of reduced independence. This focus should draw on the High Impact Change Models for reducing preventable admissions to hospital and long term care and improving health and wellbeing through housing.
- 3.9 National condition 3: implementing the policy objective “providing the right care, at the right place at the right time”. This includes ensuring people are discharged to the right place, at the right time, and with the right support that maximises their independence and leads to the best possible sustainable outcomes.
- 3.10 National Condition 4: maintaining NHS contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF) and investment in NHS commissioned out of hospital services.
- 3.11 Beyond the 4 conditions (and the separate grant conditions of the Adult Social Care Discharge Fund), areas have flexibility in how the fund is spent across health, care and housing schemes or services, but need to agree ambitions on how this spending will improve performance against the BCF 2023 to 2025 metrics

3.12 The Better Care Fund for 2024/25 will support a number of key services delivered by the Council and Health partners that ensures that the relative organisations can meet their statutory requirements and meets the health and social care needs of the population of Westmorland and Furness. These include (but not limited to):

- Support for unpaid carers
- Development of new Intermediate Care Services
- Community equipment and assistive technology
- Care management (social workers and occupational therapists)
- Reablement
- Advocacy
- Commissioned packages of care
- Supporting the social care market
- Community services to support hospital discharge

3.13 At the Board meeting on the 5th December 2023 the external review of the Better Care Fund to be commissioned by the Lancashire and South Cumbria ICB was discussed. It was agreed by the Board to put in place a delegated process to agree the specification for this review. Through this delegated process positive discussions took place between partners and the specification was agreed (appendix B). The specification supports a review of the Better Care Fund that is mindful of the existing review that is already in progress, respects local governance and will have regard to local population needs and desired outcomes.

3.14 As part of the requirements of the Better Care Fund the Westmorland and Furness system is required to submit quarterly reports to NHS-England/Better Care Fund Team. The latest quarter three report (appendix C) was submitted in February 2024.

3.15 The quarter 3 report details the system is on course to meet all the set Better Care Fund targets regarding: avoidable admissions, discharge to normal place of residence, falls, residential admissions and reablement. There do however remain some challenges regarding two of the metrics where corrected updated targets have not yet been applied by the Better Care Fund Team. This issue is currently being worked through. The report also affirms all four national conditions are being met.

4. Link to Council Plan Priorities: (People, Climate, Communities, Economy and Culture, Customers, Workforce)

- 4.1 The Better Care Fund supports the Council's priorities for People, Communities, Customers and Workforce by: ensuring that those who deliver care and the people who are in need of care will be supported to the best of our ability to help empower them to achieve their ambitions. Working with voluntary and third sector to support with the delivery of the aims of the Better Care fund. Customers will play a crucial role in the development and co-production of many of the service areas supported by the Better Care Fund. The Better Care Fund will support a health and care workforce that is focused on delivering great services and whom are valued in their role.
- 4.2 Whilst the Westmorland and Furness Better Care Fund Plan is currently under development, it will be cognisant of the Joint Local Health and Wellbeing Strategy and will be mindful with the key needs assessment data in the Joint Strategic Needs Assessment (JSNA).

5. Consultation Outcomes (with services, ward councillors & public consultation where required)

- 5.1 None that are specific to the Better Care Fund. However individual services areas supported by the Better Care Fund have and will continue to engage and/or consult with key stakeholders, including customers as part of their development.

6. Alternative Options Considered

- 6.1 The Board could decide not to agree the delegations from the BCF submission process, this could result in a failure to complete required submissions by the required dates which may potentially place funding at risk.

7. Financial Implications and risk

- 7.1 At the time of writing funding allocations for some of the grant components are still to be confirmed for 2024/25. The draft 2024/25 Pooled Better Care Fund for Westmorland and Furness totals £36.909m. This includes funding from ICBs in relation to their contribution to the pooled fund for their allocation of health funding for discharges in Westmorland & Furness. It comprises the following different areas of funding:

Funding	£m	MTFP 24/25 £m	Change £m
BCF Minimum NHS Contribution	20.608	19.904	0.704
Disabled Facilities Grant	3.039	2.043	0.996
Improved Better Care Fund (iBCF)	9.304	9.304	0.000
Adult Social Care Discharge Fund (also part of the iBCF)	2.174	2.174	0.000
ICB Discharge Allocations	1.784	1.784	0.000
Total	36.909	35.209	1.700

- 7.2 The Minimum NHS Contribution of £20.608m includes the Adult Social Care minimum mandated investment totalling £13.913m. This funds Adult Social Care activity funded within Council, plans for which are agreed through the

Health & Wellbeing Board in conjunction with health partners in line with spend in other areas aligned to the different source of funding for the Pooled BCF. The funding is £0.704m more than estimated when the 2024/25 revenue budget was agreed by Council. As per the detail in Appendix A the allocations to the individual schemes have been updated to reflect the revised funding figure.

- 7.3 The Disabled Facilities Grant figure approved as part of the 2024/25 capital programme was £2.043m. As part of Q1 monitoring this will be increased to reflect the £0.996m increased grant. This grant is ring fenced for this purpose.

8. Legal & Governance Implications

- 8.1 As made clear in the 2023 to 2025 Better Care Fund Policy Framework the Health and Wellbeing Board owns the Better Care Fund joint plan. Accordingly, it is responsible for monitoring the joint plan throughout the year.

9. Human Resources Implications

- 9.1 The Better Care Fund is utilised by the Council to progress a number of initiatives to maximise independent living and funds a number of Council officers who provide care services to achieve the desired outcomes within the report.
- 9.2 Westmorland & Furness Council has a responsibility under the Health & Safety at Work Act 1974 and associated regulations to ensure, as far as is reasonably practicable, that there are arrangements in place to ensure a healthy and safe working environment for all Council related activity or services commissioned by the County Council.
- 9.3 Whilst there are no direct health and safety implications from the report itself, all Better Care Fund expenditure schemes within the responsibility of the Council require appropriate health and safety management, risk assessments, controls and monitoring arrangements to be in place as per the commitments published in the 2023/24 Annual Health & Safety Policy Statement agreed by Cabinet in April 2023.

10. Equality & Diversity Implications (including the public sector equality duty, Armed Forces Families, Care Leavers and Health inequalities implications)

- 10.1 Each of the individual schemes supported by the Better Care Fund will consider equality and diversity implications as required.

11. Background Information & Sources (used in preparation of this Report)

- 11.1 2023 to 2025 Better Care Fund Policy Framework -
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>

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Appendix A BCF/iBCF/ASC DF Draft Spend Proposals 2024-25

BCF Minimum NHS Contribution (ASC Services Spend element)

	2024-25 (m)
Carers	0.978
Equipment	2.004
Care Management, Hospital Discharge Support and Advocacy	4.257
Reablement	2.292
GDC and Night services	0.466
Support for Social Care	3.916
Total	13.913

BCF Minimum NHS Contribution (NHS Commissioned Out of Hospital Spend element)

	L&SC ICB 2024-25 (m)	NE&NC ICB 2024-25 (m)	Total (m)
Development of MDTs		0.023	0.023
Primary Care Community	3.525	0.484	4.009
Help to stay at home	1.354	0.392	1.746
Palliative Care	0.000	0.115	0.115
Personalised Care At Home	0.000	0.092	0.092
Common Platform	0.279	0.097	0.376
Care Home Education Support Services	0.192	0.053	0.245
Psychiatric Liaison	0.000	0.090	0.090
Totals	5.350	1.346	6.696

iBCF Grant

	W&F (m)	L&SC ICB (m)	NE&NC ICB (m)	Total (m)
Additional Reablement Capacity	1.602			1.602
Additional Care Management Capacity	1.146			1.158
Additional Support for Social Care	5.019			5.019
NHS North Therapeutic in-reach and support for interim beds			0.075	0.075
NHS North Hospital to homecare team			0.188	0.188
NHS South Hospital Homecare Team		1.262		1.262
Total				9.304

Additional Discharge Funding 2024-25 Proposals LA Grant Element

Scheme	Allocation (m)
Intermediate Care	0.774
Improving Assessment and Brokerage Capacity	0.500
Community Equipment Services Additionality, Assistive Technology and Virtual Care	0.350
Short Term Domiciliary Care	0.400
Vol Sector Schemes	0.150
Total	2.174

Additional Discharge Funding 2024-25 ICB element

Scheme	Allocation (m)
L&SC ICB Discharge Support	1.584
NE&NC ICB Discharge Support	0.200

Disabled Facilities Grant (DFG) 2024-25 ICB element

Scheme	Allocation (m)
DFG	3.039

Specification	
Project name:	<i>Lancashire and South Cumbria ICB: BCF Review</i>
Brief Project description:	The aim of this project is to maximise joint funding across the ICB and Local Authorities by performing a comprehensive system-wide review of the BCF across the four places and four of the six Health and Wellbeing Boards that fall within the Lancashire and South Cumbria ICB footprint. This will cover a review of the current status of the BCF, a predictive modelling tool and support in relation to BCF leadership, decision making, governance arrangements and financial modelling.

Introduction and background	<p>The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health (PCH) working with well-respected organisations.</p> <p>PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.</p> <p>The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support, and building connections. It is funded by Government and offered to councils without charge.</p> <p>The Better Care Fund (BCF) programme supports Local Systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.</p> <p>It represents a unique collaboration between:</p> <ul style="list-style-type: none"> • The Department of Health and Social Care • The Department for Levelling Up, Housing and Communities • NHS England • The Local Government Association <p>The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.</p> <p>The LGA has been commissioned to provide a comprehensive BCF programme, during 2023-2025, of Health, Housing and Social Care integration support that is tailored to a diverse range of Local System needs and designed to help systems deliver person centred integrated services. This will involve designing and delivering a comprehensive,</p>
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	diverse range of support options. Tailoring the support to specific local needs is a particularly vital aspect.
Project requirements including objective(s):	<p>LSC ICB has identified that, based on the current delivery model, many services will be unaffordable within the next 10 years. Added to this, Adult Social Care and Local Authorities continue to face significant financial challenges, resulting in a number of local authorities declaring sections 114. We therefore need to urgently review and reform a number of key elements of the health and care system.</p> <p>Partners have expressed the need for a common understanding of the different schemes currently funded through BCF pooled budgets across LSC and the similarities and differences between them, and that:</p> <ul style="list-style-type: none"> • They need a consistent approach that enables economies of scale and can be tailored to meet the specific needs and inequalities prevalent in each Place – without detriment to any place or population. • The current delivery model is often hospital-centric, with 60% of the ICBs total budget allocated to acute services and many of the drivers of this spend going in the wrong direction. • They have an increasingly ageing population with an increasing number of over 85's with multiple long-term conditions. • They are still tackling the impacts of long Covid and treatment backlogs due to Covid. • Persistent and high levels of poverty and inequalities are present in the patch. • There is increased pressure and demand for both adult and children's social care services. • There is a need to ensure we are maximising value for money and recognise the vital role our VCFSE partners play <p>Looking ahead, the BCF needs to support and align to with the integrated care system's ambitions around deeper integration of health and care. This may involve de-prioritising some schemes that no longer align with this direction of travel, balanced with ensuring delivery against the nationally mandated core principles, performance metrics and where appropriate, some of the wider grant requirements:</p> <ul style="list-style-type: none"> • Reducing unplanned admissions for people with long term ambulatory conditions • Increasing the percentage of people discharged from hospital to their ordinary place of residence • Reducing permanent admissions into long term residential care • Increasing the proportion of older people who remain living independently at home following a period of reablement/rehabilitation after discharge from hospital. <p>The support should look at elements such as Virtual Wards, expansion of Enhanced Care at Home, step up/step down care and a multi-disciplinary</p>

	<p>team approach to support the frail and elderly to maintain health and independence for as long as possible.</p> <p>The review should recognise that BCF arrangements support and fund some core health and social care services which are integral to health and social care delivery. These are in-scope to be reviewed as part of this process.</p> <p>There needs to be a significant focus on developing neighbourhood services through Integrated Neighbourhood Teams, a risk stratification approach in primary care, community health services, and prevention schemes, some of which are currently funded by BCF monies.</p> <p>The review must complement and be cognisant of the developing community model, and the associated assumptions in relation to the New Hospitals Programme. There is a joint commitment from all councils and the LSC ICB to support and progress this work. The review should also align with and be mindful of any place-based and/or wider system reviews that are underway or planned.</p> <p>By considering all of these elements and completing the above outputs, the system will gain a comprehensive understanding of the state of play for its BCF at all levels, and will develop organisationally, regarding how it governs and implements the BCF moving forwards.</p> <p>The objectives of the review are to:</p> <ul style="list-style-type: none"> • Understand - What the four, in-scope, BCFs currently fund in each of the four Places. • Assure – Value for money and maximum impact against BCF metrics and objectives, ensuring spend in right places, return on investment, realisation of benefits, and reduction of double funding across health and social care schemes. • Align - Identify where schemes are aligned across the four Places and where there are opportunities for a consistent approach across the four Places, as outlined within the system’s Place Integration Deal. For the BCF, this would mean a framework, consistently applied against national governance, and demonstrating compliance with investment in schemes in order to deliver national BCF outcomes. Whilst recognising local governance requirements and needs of the local population. • Clarify – The statutory roles, responsibilities, governance, and accountabilities for the BCF through the Health and Wellbeing Boards within Lancashire and South Cumbria is recognised, understood, aligned to national guidance and supportive of delegation to follow; including recommendations of how this might need to be tailored for each of the four places.
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	<ul style="list-style-type: none"> • Transparency – Conducting a joint ICB and LA review of what is jointly funded through BCF and associated funding decisions.
<p>The geography</p>	<p>Lancashire and South Cumbria ICB is comprised of four Places; Blackburn with Darwen, Blackpool, South Cumbria and Lancashire. These place-based partnerships work closely with the corresponding BCFs managed through the Health and Wellbeing Boards (HWBBs).</p> <p>The place boundaries for Lancashire, Blackburn with Darwen and Blackpool are coterminous with their upper tier/unitary local authorities and BCFs. The South Cumbria geography is more complex as its place footprint incorporates Westmorland and Furness Council, Cumberland Council and North Yorkshire Council. LSC ICB contribute to the three corresponding BCFs, managed by three separate HWBBs.</p> <p>For the purposes of this review, it has been agreed that the activities of Cumberland BCF and North Yorkshire BCF are out of scope. The Westmorland and Furness BCF will be included in its entirety, including the district of Eden which sits outside of the South Cumbria place and the LSC ICB boundary as part of North East and North Cumbria ICB.</p> <p>In order to overcome the geographical complexities of South Cumbria, a number of principles have been developed, with all partners which are detailed below. These will be predicated on the development of a bespoke method of collating information related to the in-scope schemes funded by the four BCFs taking part in this review – Blackpool, Blackburn with Darwen, Lancashire and Westmorland and Furness.</p> <ul style="list-style-type: none"> • Methodology developed to collate BCF funded schemes to be shared with Cumberland Council and North Yorkshire council upon request to enable this work to feed into any similar BCF review they may wish to undertake at a future date. • Methodology developed to collate BCF funded schemes to be shared with Humber & North Yorkshire ICB upon request to enable this work to feed into any similar BCF review they may wish to undertake at a future date. • Data specific to the district of Eden shared with North East & North Cumbria ICB, in addition to the methodology developed to collate BCF funded schemes. • North East & North Cumbria ICB have agreed to accept the read-out of this review for the parts of Westmorland and Furness within their footprint i.e., Eden to enable the review to report on the whole of the Westmorland and Furness BCF footprint, in line with the sovereignty of this Health and Wellbeing Board. • Should a similar review be undertaken on Cumberland and/or North Yorkshire footprints, LSC ICB will accept the read outs of these reviews.

<p>Expected Outcomes and Outputs:</p>	<p>External consultant to deliver:</p> <ul style="list-style-type: none"> • Independent assessment of the four in-scope, BCFs from an ICB, LA and place partners perspective, jointly between the ICB and Local Authorities around the core requirements of the BCF. • Analysis of what is working well, where, and how. • Zero base budget review. • Desktop review of other BCF frameworks and what is working well elsewhere. • Develop a predictive modelling tool that can be used to assess the scale and growth of the BCF in future years considering local, systemwide, and national drivers. Data related to Eden will need to be separated out from LSC-wide predictive modelling and the old districts of Barrow-in-Furness and South Lakeland used to model on the WM&F footprint. • Develop a recommended BCF framework for LSC aligned to longer-term strategy of deeper integration between health and care organisation. Consider both LA-centric and NHS-centric approach to develop the optimal model that can be tailored to the needs of each place for implementation. <p>In addition, work with the system on other elements of this BCF review and facilitate ICB and LA colleagues to deliver:</p> <ul style="list-style-type: none"> • Facilitate session for four places to work through wicked issues. • Facilitate discussion and agreement as to what could/should be funded through BCF. • Facilitate the development of a joint framework across the ICS, to enable consistent application of national governance and demonstrate compliance against delivery of national BCF outcomes. This will need to be aligned with Place and local HWBB governance arrangements. • Facilitate the development of shared finance principles and arrangements (to minimise any perception of cost shunting and enable an open and transparent culture). • Facilitate the development of shared decision-making arrangements at LA, ICB and place level, to reflect local requirements, including readiness assessments, and approach to conflict management. • Facilitate the development of other opportunities for further collaboration, pooled budgets, joint working risk/gain share etc. across LSC. • Facilitate the development of a 'safe transition' process from where we are to where we want to be, with implementation/delivery through places. • What do we need to keep and what do we need to do differently to deliver the optimal model.
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	<ul style="list-style-type: none"> • Agree next steps and recommendations for how we deliver, with implementation through our place-based partnerships. <p>Recommendations generated through this work will be fed back into each HWBB through locally agreed governance routes.</p> <p>To support this work, LSC ICB and local authorities are currently working on the following:</p> <ul style="list-style-type: none"> • Current position – Work underway to map BCF spend for each of the four places on Health and Wellbeing Board footprints, led at place. • Overview of national conditions for planning, and performance metrics, with LSC performance mapped against metrics for each BCF and by each scheme within them, building in local improvement trajectories. • Mapping of schemes, leads, and interfaces at a HWBB/place level. • Start, stop, continue review of BCF funded schemes aligned to longer-term strategy of deeper integration across health and care.
Project Budget	The maximum budget for this work is [REDACTED] + VAT. Please note that this price is inclusive of expenses.
Project timescales	The work will begin once the contract has been awarded. The final outputs from the project should be completed by the end of six months.
Risks	<p>Risk 1: Scale and scope of work Mitigation: The contractor should be clear of the scale and scope of the work, understanding what activities must be completed independently and which must be done in tandem with the system itself.</p> <p>Risk 2: Availability of key stakeholders Mitigation: The contractor should be aware of the flexibility they will need to exhibit, as well as meeting with the BCF Support Programme Adviser team to update on progress.</p> <p>Risk 3: Complexities of South Cumbria place geography and working across three BCFs Mitigation: Development of principles for sharing information with neighbouring ICBs and/or Local Authorities. Plus, a bespoke methodology for reviewing schemes funded by BCFs that can be shared with neighbouring ICBs/HWBBs.</p>
Contract Management Requirements	The contractor will be required to work with system data. Data used and presented will be agreed by ICB and Local Authorities

Extension option:	Extension is available at buyer's discretion. Please note extension is not bound by geographical location.
Constraints:	The contractor should be prepared to work closely with system colleagues, particularly on elements the system is already undertaking.
Quality assurance mechanisms	The contractor should liaise with both the BCF Support Programme lead Adviser and Local Authority BCF leads and feed into as appropriate to Place, and HWBB level governance structures, wherever necessary.

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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 ([link below](#)) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

Health and Wellbeing Board:	Westmorland and Furness	
Completed by:	Colin Phipps	
E-mail:	colin.phipps@westmorlandandfurness.gov.uk	
Contact number:		7968545955
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 22/04/2024	<< Please enter using the format, DD/MM/YYYY

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Westmorland and Furness

Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	28/02/2024	
Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Westmorland and Furness

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,305.0	1,305.0	1,305.0	1,305.0	131.2	201.2	On track to meet target	Noting there is an error in the target metric. The target should be 170.0, we believe the number of admissions has been submitted in error. There has been an uptick in Q2 but for the year we are confident we will meet	The ICCs and Primary Care Networks continue to work together to support patients with long-term conditions to self-care and to manage exacerbations of their condition at home, avoiding the need for
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.7%	93.9%	94.0%	94.0%	94.1%	95.5%	On track to meet target	There is confidence we are on track to meet target. We have seen improvements in community services that have been able to support this.	There has been increased capacity in domiciliary services (part funding through the BCF) which as help support this. In addition there has been the continued delivery the third sector support to home
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,021.2	442.9	436.6	On track to meet target	There is confidence we are on track to meet target.	There are a number of activities that have supported this, a number of which a supported through the BCF, which include: Reablement, Community Equipment Services and use of DFGs. In addition there
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				284	2022-23 ASCOF outcome: No Data available for Westmorland and Furness		On track to meet target	The current rate for Q3 is 456.4. which is in line with our targets. Please note the end of year target of 284 here is inaccurate. We did note at the time of the original submission there were fields we could not alter, but this	The rate is already very low in Westmorland and Furness and maintaining this low rate is an achievement given rising demand and increased complexity of cases
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				86.7%	2022-23 ASCOF outcome: No Data available for Westmorland and Furness%		On track to meet target	In Q1 we achieved over 91%, Q2 was 87.93% and Q3 at 87% all above our target for 2023/24. This figure has been impacted by the current pressures in the social care system, which has placed additional	Despite the challenges presented there has been improvement compared to the previous year all three quarters have been above the target rate.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Westmorland and Furness

Checklist											Yes	Yes	Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.			
1	BCF Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,727,500	£1,489,242	14,000	12069	Number of beneficiaries	No				
3	BCF Carers Support	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£924,000	£913,820	3,600	3560	Beneficiaries	No				
12	BCF Reablement	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£2,169,000	£1,627,000	850	638	Packages	No				
15	BCF GDC and Night Services	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£466,000	£350,000	16,500	12375	Hours of care (Unless short-term in which case it is packages)	No				
15	IBCF Community Support at Home	Home Care or Domiciliary Care	Other	IBCF	£3,802,000	£2,852,000	150,000	112500	Hours of care (Unless short-term in which case it is packages)	No				
17	IBCF Residential and Nursing Placements	Residential Placements	Care home	IBCF	£2,147,000	£1,610,250	60	45	Number of beds/placements	No				
12	IBCF Additional Reablement Support	Home-based intermediate care services	Other	IBCF	£672,000	£504,000	300	225	Packages	No				
5	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,786,159	£2,089,619	500	375	Number of adaptations funded/people supported	No				
11	Additional Discharge Residential	Residential Placements	Short-term residential/nursing care for someone	ICB Discharge Funding	£1,348,768	£1,011,576		28	Number of beds/placements	No				
12	Additional Discharge Community	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	ICB Discharge Funding	£576,923	£432,692	20,000	16000	Hours of care (Unless short-term in which case it is packages)	No				
1	Additional Discharge Equipment Assistive Technology	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£350,384	£300,000	1,500	1284	Number of beneficiaries	No				
3	Additional Discharge Carers Support	Carers Services	Other	Local Authority Discharge Funding	£75,000	£75,000	150	150	Beneficiaries	No				

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Westmorland and Furness Council

Report Title:	Suicide Prevention Strategy
Meeting:	Health & Wellbeing Board
Meeting Date:	Monday 22 nd April 2024
Report Author:	Vicky Snape – Public Health Registrar ST3
Lead Cabinet Member(s):	Patricia Bell, Cabinet Member for Adults, Health & Care
Wards Affected?	Covers all of Westmorland & Furness
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices (if any)	

1. Executive Summary

1.1 Suicide prevention forms part of the Health and Wellbeing Board workplan for 23/24 and the Integrated Care Partnerships strategies.

1.2 We know that in Cumbria between January 2020 and October 2023, 287 people have died by suspected suicide. Every one of those deaths is a tragedy. They are also a shocking reminder that we must continue to improve suicide prevention action and not only improve the support for those who have lost a loved one to suicide but also make support more available and accessible to those who have had suicidal thoughts.

Cumbria has a suicide rate of 15.5 per 100,000 which is higher than the England rate of 10.4. After Blackpool, Cumbria has the highest rate of suicides among local authorities in the North West and it is in the quartile of local authorities with the highest rates of suicide in England.

1.3 The Public Health team has a key leadership role on behalf of the council in the coordination of suicide prevention. Central to this is a multi-agency Suicide Prevention action plan. The previous Cumbria Suicide plan, 2019 – 2022 has not yet been updated due to -

- the local government changes in April 2023 and
- the release of the new National Suicide Prevention in England: 5-year cross sector strategy which was published in September 2023.

2. Recommendation

For the reasons set out in this report, it is recommended that –

1) The Board notes the previous work that has been undertaken on suicide prevention.

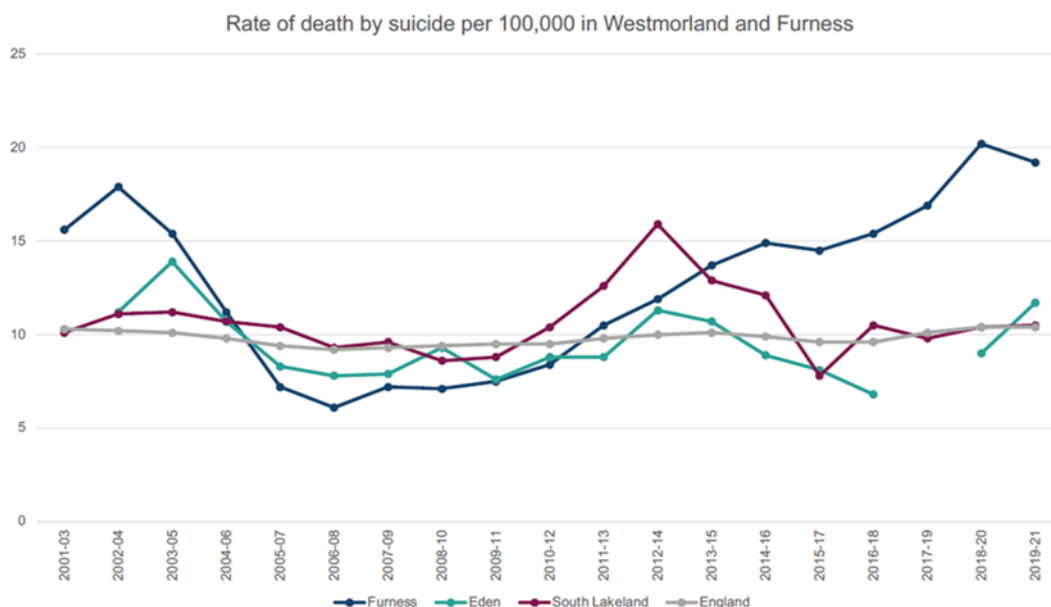
- 2) The Board endorses the continued working on suicide prevention and the development of a Cumbria Suicide Prevention Action Plan (2024 – 2029).
- 3) The Board is requested to advise on whether it wishes to see the draft plan for comment in July, prior to receiving the final plan for endorsement in September.

3. Information: the Rationale and Evidence

3.1 Suicide data nationally is taken from the Coroners reports. Since 2012 considerable progress has been made in implementing the priorities and actions that were set out in the Suicide Prevention Strategy for England and in the last 10 years, one of the lowest ever rates of registered suicides was recorded in 2017, 9.2 registered suicides per 100,000 people.

3.2 In 2018, there was an increase in the suicide rate following several years of steady decline. Although this was partly due to a change in the ‘standard of proof’ required for coroners to record a death as suicide, we know that other factors have played a part too. In 2022, 2 years on from the COVID-19 pandemic, [provisional data suggested there were 5,275 deaths by suicide registered](#), a rate of 10.6 per 100,000 people. And while, overall, the current suicide rate is not significantly higher than in 2012, the rate is not falling.

3.3 In Westmorland and Furness between 2019 – 2021, the ONS data shows the death rate per 100,000 people was 19.2 for Barrow, 11.2 for Eden 11.7 and 10.5 for South Lakeland. Barrow was the highest rate across Cumbria. Barrow in Furness has the highest number of suicides across the whole of Westmorland & Furness.



3.4 Previously there has been substantial work undertaken across Cumbria in suicide prevention, with the Public Health team working very closely with a

range of partners including the Police, the Voluntary sector and the NHS. Every Life Matters works across Cumbria in different parts of both Westmorland & Furness and Cumberland delivering training to different organisations and local people and will shortly be delivering bereavement support.

- 3.5 We are proposing that a new Suicide Prevention Action Plan for Cumbria is developed for 2024-2029, which will draw on the learning of past plans and best practice and reflect regional and national priorities. We are anticipating that a draft action plan could be prepared by May 2024. The action plan will be developed on a Cumbria footprint given that many partners who will work on this plan work across the geographic footprint including Police and Every Life Matters. This will help ensure joined up working and minimises duplication. Furthermore as the ICB's aren't co-terminus with Local Authority boundaries a single plan will help ensure a joined up approach across Westmorland and Furness. Within the plan there will be specific actions relevant to Westmorland & Furness only where this is relevant to meet the needs of our population.
- 3.6 This plan will need the buy in and commitment of both the council and key partners, as successful implementation is reliant on officer time, council, and partner resources alongside continued and enhanced frontline investment. The Health and Wellbeing Board will be presented with this draft plan with an opportunity to comment before the final version is published late summer.
- 3.7 A workshop will be held on 26th March across the Cumbria footprint with a wide range of partners including lived experience and the Community, Voluntary and Faith Sector to discuss the previous strategy, the new National strategy, current data and intelligence and identify the key priorities for Cumbria.

4. Link to Health and Wellbeing Strategy

The Health and Well being strategy is under development. In line with the data highlighted, it is likely that there will be an ambition to reduce suicide prevention.

- 5. Consultation Outcomes**
- 6. Alternative Options Considered**
- 7. Financial Implications and risk**
- 8. Legal & Governance Implications**
- 9. Equality & Diversity Implications** (including the public sector equality duty, Armed Forces Families, Care Leavers and Health inequalities implications)
 - 9.1 An Equality Impact Assessment will be carried out as part of the suicide prevention plan.
- 10. Background Information & Sources (used in preparation of this Report)**
 - 10.1 National Suicide Prevention Strategy 2023, Cumbria Suicide Prevention Strategy 2019-2022

Health & Wellbeing Board Forward Plan

MEETING DATE:	Monday 1 July	
Agenda Planning Meeting	Thursday 18 April	
Final Reports to Democratic Services	Monday 3 June	
REPORTS		
Report Title	Lead Officer	Directorate
BCF 2024 Onwards	Cath Whalley & Colin Phipps	
Joint Strategic Needs Assessment	Katrina Stephens	
Approval of Joint Local Health Wellbeing Strategy	Katrina Stephens	
Lancashire & South Cumbria ICB System Delivery Plans	Jane Scattergood	
North East & North Cumbria ICB Annual Report	Ed Tallis	
Suicide Prevention Plan	Katrina Stephens	
SEND Improvement Update	Mil Vasic	
Armed Forces Update	Linda Jones	

Health & Wellbeing Board Forward Plan

MEETING DATE:	Monday 30 September 2024	
Agenda Planning Meeting	Tuesday 9 July 2024	
Final Reports to Democratic Services	Monday 9 September 2024	
REPORTS		
Report Title	Lead Officer	Directorate
BCF Q1	Cath Whalley & Colin Phipps	
Place Based Plan Assurance	Jane Scattergood & Ed Tallis	
Suicide Prevention Plan	Katrina Stephens	
Integrated Care Boards - Joint Capital Resource Use Plan	Jane Scattergood & Ed Tallis	
Lived Experience Voices		
Review of Board	Derek Houston	
Team Barrow	Katrina Stephens	
Lancashire & South Cumbria ICB Annual Report	Jane Scattergood	

Health & Wellbeing Board Forward Plan

MEETING DATE:	Thursday 19 December 2024	
Agenda Planning Meeting		
Final Reports to Democratic Services	Wednesday 20 November 2024	
REPORTS		
Report Title	Lead Officer	Directorate
SEND Improvement Update	Mil Vasic	
BCF Q2	Cath Whalley & Colin Phipps	
Armed Forces Update	Linda Jones	
Joint Local Health Wellbeing Strategy Update	Katrina Stephens	

Health & Wellbeing Board Forward Plan

MEETING DATE:	Tuesday 18 February 2025	
Agenda Planning Meeting		
Final Reports to Democratic Services	Tuesday 20 January 2025	
REPORTS		
Report Title	Lead Officer	Directorate
BCF Q3	Cath Whalley & Colin Phipps	
BCF 2025/26	Cath Whalley & Colin Phipps	
ICB Joint Forward Plan	Ed Tallis & Jane Scattergood	
Place Based Plan Assurance	Ed Tallis & Jane Scattergood	
Joint Local Health Wellbeing Strategy Update	Katrina Stephens	

Health & Wellbeing Board Forward Plan

MEETING DATE:	Monday 14 April 2025	
Agenda Planning Meeting		
Final Reports to Democratic Services		
REPORTS		
Report Title	Lead Officer	Directorate
BCF Q3	Cath Whalley & Colin Phipps	
BCF 2025/26	Cath Whalley & Colin Phipps	
ICB Joint Forward Plan	Ed Tallis & Jane Scattergood	
Place Based Plan Assurance	Ed Tallis & Jane Scattergood	
Joint Local Health Wellbeing Strategy Update	Katrina Stephens	

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