**Lancashire and Cumbria Health Equity Commission Panel Meeting:**

**Learning from Integrated Care Partnerships**

**Monday 6th of December 2021**

**North Cumbria**

***Speakers:*** Peter Rooney, Chief Operating Officer for NHS North Cumbria CCG; Leslie Jones, Public Health Consultant; Colin Paterson, Medical Director North Cumbria CCG

* North Cumbria is part of a different ICS to Lancashire and South Cumbria
* Health outcomes reflect the national average, but this masks significant differences across the patch e.g.
  + 45% of people who live in Workington live in a ward in the bottom quintile for socioeconomic deprivation in contrast to 0% of people in Eden
  + The region has a much older population which poses an additional challenge for promoting health equity
* The focus on this presentation is what the health and care system can do to promote health equity, and how the system can be ‘radically purposeful’ in allocating resources to reverse the Inverse Care Law in the region
* Also guided by the new CORE20PLUS5 where:
  + 20 refers to the people living in the 20% most deprived areas
  + PLUS is ICS-determined populations who typically have poorer health outcomes (e.g. coastal populations; people with learning disability; people with substance misuse problems; travelling community etc.)
  + 5 is five clinical areas of focus – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case finding
* Key reflection on health equity efforts to date:
  + Often people across the system doesn’t fully understand what health equity/inequalities mean within the health and care system – can’t measure what you don’t measure/understand
  + Governance structures have been toothless when push comes to shove and NHS measures take priority, never felt the ‘white heat’ of accountability around how to improve health equity in the way that is felt around NHS constitution standards (e.g. A&E performance, elective care) - ? will be any different with CORE20PLUS5
  + Too much strategy development; not enough capacity development – need to have the human resource needs, institutional mechanisms, and incentives all in place
* Key to future action:
  + Clear investment strategy
  + Very strong narrative; positive about the region and the people; empowering people
  + Strong commitments – focusing down on changes that will make the biggest impact (80/20 rule)
  + Keeping health equity to the forefront of our minds at all times
* **Ask of panel:** what does good look like so that organisations can practically aspire to this?

**Morecambe Bay**

***Speakers:*** Jeff Joliffe, GP in Barrow in Furness; Professor Mike Thomas [Joint Chairs of Bay Health Partners]

* Morecambe bay is a large geographic area which is difficult to navigate not just due to poor transport infrastructure but also cost, and distance from main service hubs
* It is not a homogenous region; there are lots of different problems for different people across the patch that all need to be addressed e.g. densely packed poor housing in some areas; social isolation in rural communities
* Expectations between professionals and the community are not aligned (e.g. people not expecting to live beyond late 50s – seen as standard) which needs addressing
* Key priorities for the area:
  + Decrease poverty
  + Increase activity around early years of life
  + Improve mental health
  + Reduce obesity
  + Reduce admissions and attendance at A&E
  + Improve in life expectancy
* Key recommendations to achieve these priorities:
  + System leadership
  + Shared accountability
  + Shared priorities – get beyond the complex system currently working in silos
  + Data sharing to inform plans
  + Investment in prevention (e.g. mental health investment standard has made a difference)
  + Ring-fenced investment standard in population health
* **Ask of the panel:** 
  + Don’t need more evidence about the problems – but *how* to solve them; what are the best interventions?
  + Support to look at how:
    - Commissioning is done
    - To agree system oversight
    - To bring mental and physical health closer together
    - To reduce the separation between primary, secondary, tertiary care
    - To account for rural experience and explore potential for more and better technology to support these communities
  + Guidance and tools to help in decision making and to mainstream health inequalities

**Fylde Coast**

***Speakers:*** Steve Fogg, Chair of the Fylde Coast Place-Based Partnership; Pauline Wigglesworth, Development Director; Mark Spencer, GP; Tracy Hopkins, Chief Executive of Citizen’s Advice; Henry Pollock, Boing Boing; Chloe Dornack, Head Start

* Blackpool has some of the most deprived areas in the country and the partnership is focusing on the pre-determinants of poor health
* The challenges on the Fylde Coast are *huge* – 42% of children live in households in receipt of universal credit; financial resilience is extremely low (e.g. people turning off heating over concerns about paying heating bills due to poor health)
* Cheap foreign holidays had a severe impact on Blackpool tourism, income, and identity in central Blackpool and thriving areas now experience significant social problems (e.g. crime; poor quality housing); in the past 10 years the council has, cumulatively, lost £1.2B
* Do need to *invest our way out* of these issues - need to find a way to pool resources across sectors and come together to tackle these issues in a very integrated way; exploiting role of anchor institutions
* Co-produced priorities with partners (focus on community wellbeing rather population health management terminology):
  + Mental health
  + Housing
  + Education, training, and employment
  + Healthy lifestyle
  + First 1000 days
* Plan is to gather range of experts, including experts by experience to develop solutions to tricky system issues around each of these priorities
* Focus on what can be done locally in light of challenge political and financial backdrop:
  + Educating the workforce around inequity
  + Working with individuals and communities (e.g. Grange Park community-led regeneration that needs to be replicated)
  + Anchor organisations as employers (e.g. Kickstart programme) – but so much more that could be down through this route
  + Working in partnership – need help to strengthen this and working with residents as equal partners
  + Workforce as advocates for wider determinants and inequity – people have been shouting loudly but not being listened too; needs to be amplified to the point where it can’t be ignored
* Also need to exploit the networks and connections across the system to help people today who are facing extremely challenging circumstances (e.g. health linking in with citizen’s advice, housing etc. to respond to urgent need)
* Ongoing community engagement work is exploring what the community think about the Fylde Coast health inequalities and prevention strategy:
  + One of the main critiques of the strategy is that it **doesn’t go deep enough** when thinking about the root causes of the issues facing communities and so many of the interventions, while welcome, aren’t going to solve the problem
  + Need to be thinking about why people are, for example, misusing substances and understand the importance of mental health and the need to invest in robust systems of support for families, schools, and social care
* Specific challenges to the Fylde Coast:
  + Recruiting and keep people on the Fylde Coast is extremely difficult
  + Need control of housing benefit system
  + Need research infrastructure
  + Largely forgotten coastal community and need relentless focus nationally on communities like Blackpool
* **Asks of the panel:** 
  + Make recommendations that can influence things for the most vulnerable
  + Making sure there is a focus on prevention
  + Make sure everybody is leading on the health equity agenda – needs to be written into leadership schemes, job descriptions
  + Come and find out about what is working within the area – come and really sit with people on the front line
  + Share the solutions that are happening across other areas
  + Make young people front and centre – and reimburse them for any involvement
  + Promote the work of Fylde Coast through the panel networks

**Central Lancashire**

***Speakers:*** Marie Burnham, Independent Chair Central Lancashire Partnership; Gary Hall, Chief Executive Chorley Council; Sarah James, Director Place-Based Partnership; Liz Huntbach Head of Partnership Development

* Public sector system is extremely complex in the area and there has historically been an inability to work together
* However, the answers to a lot of the problems are in the room and actually what’s needed is a reflective piece on what the system can do collectively to make things better – there is a lot of things that can be done locally
* Strategy in Central Lancashire underpinned by the Marmot principles

***Reponses to key questions***

* **Sectors to work with:** 
  + Need to work with all sectors as this is everybody’s business
  + Cultural shift (as well as organisational) – needs to become part of the mindset
  + Also need effective partnerships with residents – connect, listen
* **Outside of funding, what is needed to address SDoH:** 
  + Build a repository of knowledge - extensive front line experience, insight, stories; combined information across the patch in terms of business intelligence
  + Need to now how to effectively enact change together i.e.:
    - Clarity around governance
    - Clarify of funding streams and their accessibility
    - Project management support
    - Forum for collective development and sharing of best practices
    - Emphasising getting to the causes of the causes
* **Can you see investment in SDoH in the next 5 years?**
  + We must, and to make this investment happen there is a need for:
    - Agreed and multifaceted case for change needed – that would appeal to wide audience
    - Need evidence of de-escalation of demand
    - Creating a shared language
    - Shared evidence-base underpinning investment decisions
* **Main challenges?**
  + Making sure that the system is working together through integration of effort, intelligence, resourcing
  + Difficult not to be highly reactive – need to keep the future in mind
  + Need to recognise this is the main and most pressing problem
* **Recommendations:** 
  + Convene a sense of hope that together the system can make improvements by being a catalyst for inward investment to reduce health inequalities and ensure core funding spent on the right things
  + Connect up the micro personalised approaches with overall strategic direction – both need to be resourced appropriately
  + Have a co-designed strategy owned by all partners that removes duplication of effort/silo working by bringing together the LSC Health and Care Partnership with Lancashire Enterprise partnership at all levels
  + Commit to collaborate for the long-term through demonstrable commitments and measures of success that outline organisational change

**West Lancashire**

***Speakers:*** Dr Peter Gregory, GP, Chair of West Lancashire Partnership; Jackie Moran, Director of Transformation and Integration for the CCG; Karen Tordoff, Programme Manager for the develop of the Partnership; Greg Mitten, Chair West Lancashire VCFSE; Jill Gardner, support with technology

* See video and accompanying documents that include a narrative of the response to the HEC ask
* **Asks of the panel:** 
  + Don’t forget about us
  + Consider links outside of L&SC e.g. into Chesire and Merseyside economy
  + Push for NHS investment into prevention and alignment across other sectors
  + Align priorities across different elements of the system (ICB, ICP, LEP, HWBB)
  + Put health at centre of economic strategy
  + Enable closer alignment between ICB and relevant economic forums and partnerships
  + Put a focus on transport
  + Create conditions for leaders to tackle SDH – coalition of cross-sector voices that can advocate to government

**Pennine Lancashire**

***Speakers:*** Martin Hodgson, Chief Executive East Lancashire Hospitals Trust; Phillipa Cross, Head of Partnership Development for Healthier Pennine Lancashire; Christine Blythe, Chief Executive of Burnley, Pendle, and Rossendale Council for Voluntary Services

* Fair share of inequalities - 47% of the neighbourhoods within L&SC that feature in the most deprived 10% nationally are in Pennine, Lancashire
* The involvement of acute care leads in this work is important and symbolic and it is recognised that the system is, in its current form, is unsustainable
* There is a lot going on in term of reducing inequalities locally but do need to be more proactive
* Key priorities for the area:
  + Proactive action in the 1st 1000 days
  + Earliest help possible for children and families
  + Raise aspirations but also providing opportunities for jobs, housing, community assets through anchor institution model
  + Person-centred services
* **Asks of the panel:** 
  + Be a driving force for differential investment; needs driven and prevention focus
  + Encourage pan-Lancashire organisations to base their assets, staff, and estates into Pennine Lancashire
  + Bring together the Health and Care Partnership with the Lancashire Enterprise Partnership to create a system plan with joint priorities for health and wealth
  + Enable establishment of robust governance and delivery system for health equity – embedded within everything they do and have the right mechanisms to drive longer term action and investment that goes beyond organisational churn – long term accountability for delivery
  + Support the system to embed the voice of lived experience of people and communities to drive impactful change – need to create social movement and don’t assume that we know best or are best placed to deliver solutions
  + Greater resourcing of public and population heath capacity and capability within the system
  + Support with collective voice for the north – need to bring all the systems together to be a powerful force for change
* See also the video from Christine