DRAFT VERSION

Lancashire and South Cumbria
Integrated Care Partnership

# Integrated Care Strategy

## 2023 - 2025

# Contents





# 1. Introduction

Narrative to be confirmed once final draft is agreed.

# 2. Executive summary

The Lancashire and South Cumbria (LSC) Integrated Care Partnership has developed this draft Integrated Care Strategy in response to (a) the statutory requirement of the LSC Integrated Care Board to work with Local Authority partners to set out how they intend to meet the health and well-being needs of their population and (b) associated planning guidance from the of Health and Social Care. The Partnership has confirmed that its shared vision for the Integrated Care Strategy is as follows:

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

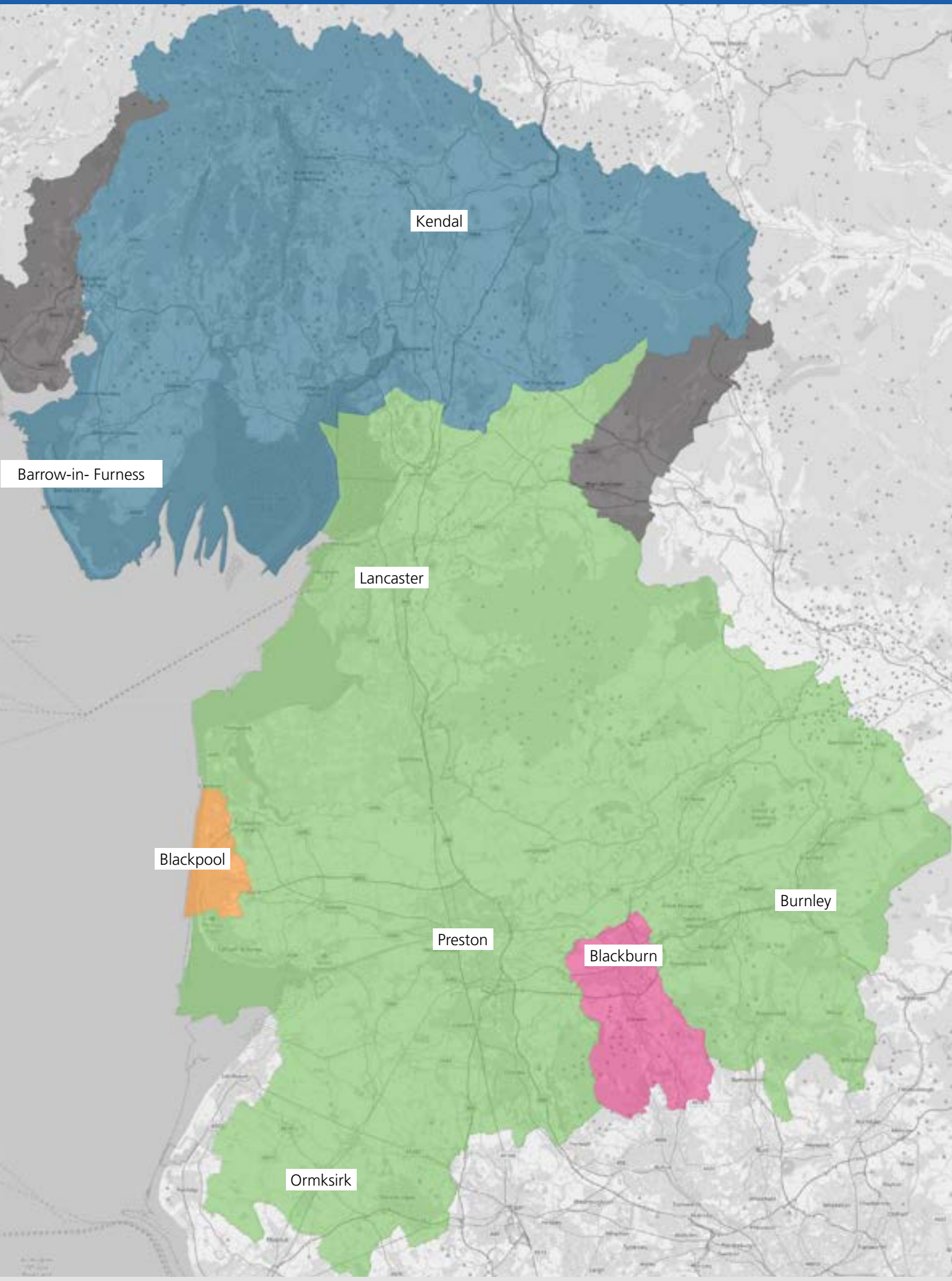
**At the heart of this vision are the following ambitions:**

| We will have healthy communities | We will have high quality and efficient services | We will have a health and care service that works for everyone, including our staff |
|---|---|---|
|  |  |  |

From a detailed review of Joint Strategic Needs Assessments and local health and well being plans developed across LSC, the partnership has identified a number of priorities for shared action that have been tested with stakeholders with support from Healthwatch. Following updates made in response to this engagement, the following shared priorities have been identified:

| Starting well | Living well | Working well | Ageing well | Dying well |
|---|---|---|---|---|
| A focus on **supporting children and their families in the first 1000 days of a child's life**, with a holistic consideration of factors influencing health, wellbeing and school readiness | A focus on **preventing ill health and tackling health inequalities**, recognising the importance of mental wellbeing, as well as physical health, and addressing the factors that cause inequality in access and outcomes | A focus on **supporting people into employment and staying in work**, recognising the opportunities associated with health and care as a career for local residents | A focus on **high quality care that supports people to stay well in their own home**, with radical and innovative approaches to integrating care provision | Supporting people, their families and carers to talk about the plan for an improved end of life, choosing their preferred place of death and then providing excellent bereavement support |

A delivery plan for each priority – setting out responsibilities across the ICB, Local Authorities and other partners - will be developed between January and March 2023 before sign-off by the ICP and publication of the full strategy at the end of March.


Kendal
Barrow-in- Furness
Lancaster
Blackpool
Burnley
Preston
Blackburn
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# 3. Context

## The health and care system in Lancashire and South Cumbria

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area.

Following several years of locally led development, recommendations from NHS England and the passage of the Health and Care Act (2022), forty-two ICSs were established across England on a statutory basis on 1st July 2022. The ICS is made up of two main committees:

- **Integrated Care Board (ICB):** A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System area. The establishment of ICBs resulted in Clinical Commissioning Groups being closed and their statutory powers transferred to the ICBs.

- **Integrated Care Partnership (ICP):** A statutory committee jointly formed between the NHS ICB and all upper-tier local authorities that fall within the ICS area (councils with responsibility for children's and adult social care and public health). The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy on how to meet the health and wellbeing needs of the population in the Integrated Care System area.

In Lancashire and South Cumbria, our ICS is made up of a wide range of partners, supporting our population of 1.8m people. We operate at several levels, ensuring that we always organise our work and deliver services at the most local appropriate level and closest to the residents we serve:

- **Neighbourhoods:** The areas covered by our 41 primary care networks, and local neighbourhood teams.
- **Places:** The areas covered by our four place-based partnerships, covering Lancashire, Blackburn with Darwen, Blackpool and South Cumbria.
- **System:** Lancashire and South Cumbria.

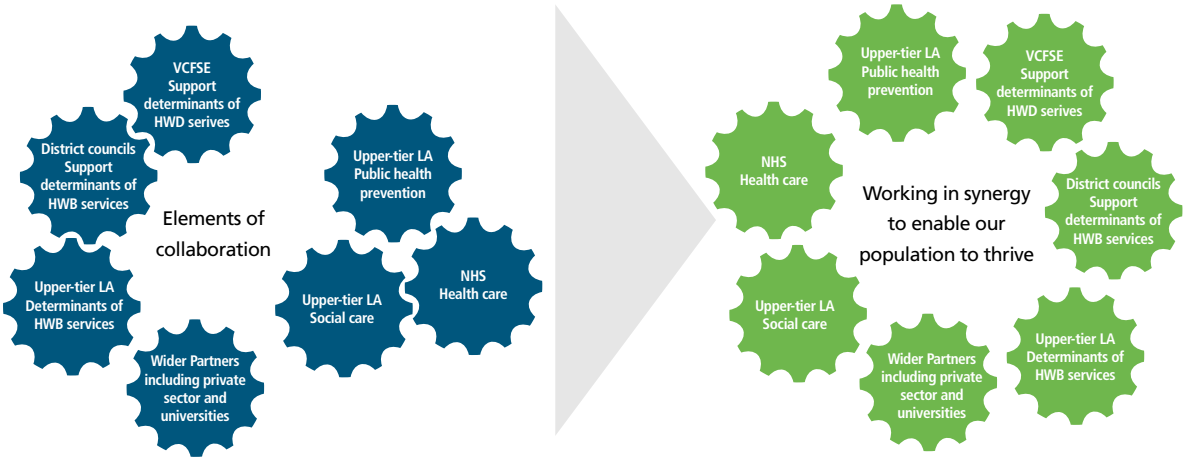
Our Partnership includes:

- **Four upper-tier local authorities:** Lancashire County Council, Cumbria County Council, Blackpool Council (unitary) and Blackburn with Darwen Council (unitary).
- **Fourteen district councils:** Preston City Council, Chorley Council, South Ribble Borough Council, Fylde Council, Wyre Council, West Lancashire Borough Council, Lancaster City Council, Burnley Borough council, Hyndburn Borough Council, Pendle Borough Council, Ribble Valley Borough Council, Rossendale Borough Council, South Lakeland District Council, Barrow-in-Furness Borough Council.

- **Four acute / community service providers:** Blackpool Teaching Hospitals NHS Foundation Trust (acute and community services), East Lancashire Hospitals NHS Trust (acute and community services), Lancashire Teaching Hospitals NHS Foundation Trust (acute services), University Hospitals of Morecambe Bay NHS Foundation Trust (acute and community services)
- **One mental health/community provider:** Lancashire and South Cumbria NHS Foundation Trust
  ***All five of the NHS trusts / foundation trusts work together under a provider collaborative board.***
- **One ambulance service provider:** North West Ambulance Service NHS Trust (NWAS).
- **Primary care:** 41 primary care networks (PCN) covering 248 GP Practices.
- **Four local independent watchdog bodies:** Healthwatch: Blackburn with Darwen, Blackpool, Cumbria and Lancashire.
  ***All four Healthwatch organisations work collaboratively as Healthwatch Together***
- **Seven collectives of community voluntary services:** Blackburn with Darwen CVS, Burnley, Pendle and Rossendale CVS, Cumbria CVS, Hyndburn and Ribble Valley CVS, Lancaster District CVS, Blackpool, Wyre and Fylde CVS.
- **Other partners:** including our local universities, colleges, hospices and community and faith organisations.

## Benefits of partnership working

The Health and Wellbeing of the population is dependent on the contribution of the local authorities at upper tier and district level, the Voluntary, Community, Faith, and Social Enterprise sector (VCSFE), the NHS and the independent sector providers of care. Ideally, all the commissioners and providers would work together seamlessly, to support the population.




The new legislative architecture introduced in 2022 has paved the way for such partnership working to be fully embraced and harnessed. The intention is to move from

fragmentation of delivery to partnership and collaboration. The legislation has proffered a unique opportunity for all partners across Lancashire and South Cumbria to step back from 'doing the doing' to truly understand each other's contribution to health and wellbeing, to develop shared plans and to develop relationships and forge new working arrangements for the benefit of the population.

The key to success for these new arrangements is the alignment of the partners around a set of common goals. The process is iterative and organic with the acknowledgement nationally that inter-partner knowledge and understanding will develop over time. In the words of Henry Ford, 'coming together is just the beginning, keeping together is progress and working together is success.'

## Our Integrated Care Partnership

The Lancashire and South Cumbria Integrated Care Partnership (ICP) was formed in September 2022. The ambition and purpose of the partnership is to harness the collective efforts of all partners to improve the health and wellbeing of the Lancashire and South Cumbria population. The intention is for the collective efforts of all partners to work in synergy and harmony to enable the whole to be greater than the sum of the parts. A spirit of openness and a great deal of enthusiasm have been critical to progress to date. To progress from a fledgling partnership to a high performing team will require patience and time.

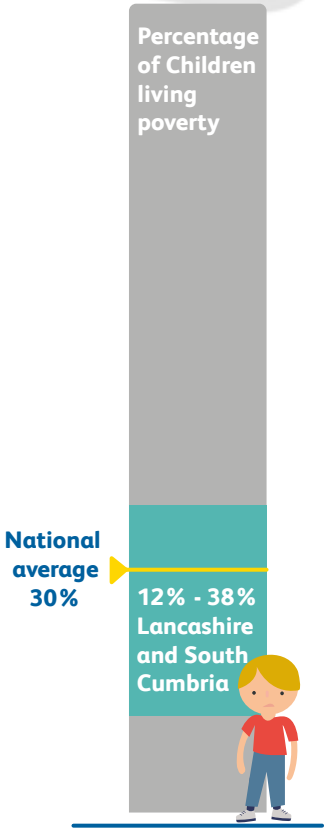
The scope of the work of the partnership is on shared priorities for collaboration at system level; this will complement established forums such as the Health and Wellbeing Boards who will take a lead on areas such as the determinants of health. The Lancashire and South Cumbria Integrated Care System is committed to leaving 'no stone unturned' in searching out opportunities for collaboration and joint working; reducing health inequalities; and improving the healthy life expectancy of our population.

# 4. The health and well-being of our population

## Our Population


There are nearly 1.8 million people living in Lancashire and South Cumbria. We understand from data and conversations with local people that our residents have very different needs, opportunities, assets, views, and experiences. Similarly, our data tells us they have different day to day lives, different factors contributing to their health and wellbeing and even different life expectancies. Understanding the demographics is vital to providing the best quality health and care services for the region and maintaining a strong relationship with the population that we serve.

Nearly a third of our residents live in some of the most deprived areas across England. The percentage of people living in fuel poverty and unable to afford to heat their homes, is higher than the national average: 13% for Lancashire and South Cumbria whilst the national average is 10.6%. A significant proportion of children experience adverse living conditions including child poverty leading to significant variation in their development and school readiness. The percentage of children living in poverty across Lancashire and South Cumbria ranges from a low of 12% to as high as 38% compared with the national average of 30%. Life expectancy in Lancashire and South Cumbria is lower than the national average, and there is a significant level of unwarranted variation in the number of years people can expect to live a healthy life. Healthy life expectancy and disability-free life expectancy is predicted to be less than the expected state pension age of 68 years for children born today - in some neighbourhoods, current healthy life expectancy is 46.5 years.




## Health and Wellbeing

Only around a fifth of adults are meeting the recommended levels of physical activity. Much more needs to be done to encourage children to be active: just 15% of young people aged 15 in Lancashire are meeting the recommended levels of physical activity; 14.1% in Blackpool; and 12.4% in Blackburn with Darwen. Some 18.5% of adults smoke in LSC, compared with the national average for England of 17.2%. The main causes of ill-health are cancer, cardiovascular, respiratory, mental health, and neurological conditions - around 21,442 people have five or more long term health conditions in Lancashire and South Cumbria. Suicide rates are significantly higher than average in LSC, particularly in Barrow in Furness, Blackpool, Chorley and Wyre. The estimated prevalence of common mental health disorders is higher than the England estimate. Approximately 40% of ill-health in Lancashire and South Cumbria is due to smoking, physical inactivity, obesity and substance misuse.

## Health Needs

An outline of some of the challenges our population faces is shown the table below. The indicators have been grouped into start well, live well and age well to highlight some of the key areas of concern. It is immediately evident that most of these indicators are red as compared to the England average with some measures significantly below average.

**Lancashire and South Cumbria ICS profile based on eight CCGs aggregated**

| Indicators | LSC ICS | England | Summary chart |
|---|---|---|---|
| Child Development at age 5 (%) | 60.3 | 60.4 | |
| GCSE Achievement (5A*-C inc. Eng & Maths) (%) | 55.8 | 56.6 | |
| Unemployment (%) | 2.3 | 1.9 | |
| Long Term Unemployment (Rate/1,000 working age population) | 3.1 | 3.6 | |
| Older people living alone (%) | 31.8 | 31.5 | |
| Deliveries to teenage mothers (%) | 1.5 | 1.1 | |
| Low birth weight of term babies (%) | 3.3 | 2.8 | |
| Emergency admissions in under 5s (Crude rate per 1000) | 240.4 | 149.2 | |
| A&E attendances in under 5s (Crude rate per 1000) | 566.6 | 551.6 | |
| Admissions for injuries in under 5s (Crude rate per 10,000) | 192.9 | 138.8 | |
| Admissions for injuries in under 15s (Crude rate/100,000 aged 0-17) | 147.7 | 110.1 | |
| Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000) | 163.3 | 137 | |
| Emergency hospital admissions for all causes (SAR) | 112 | 100 | |
| Emergency hospital admissions for CHD (SAR) | 128.1 | 100 | |
| Emergency hospital admissions for stroke (SAR) | 103.4 | 100 | |
| Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) | 123.1 | 100 | |
| Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) | 127.3 | 100 | |
| Incidence of all cancer (SIR / per 100) | 101.6 | 100 | |
| Incidence of breast cancer (SIR / per 100) | 96.7 | 100 | |
| Incidence of colorectal cancer (SIR / per 100) | 98.5 | 100 | |
| Incidence of lung cancer (SIR / per 100) | 110.4 | 100 | |
| Incidence of prostate cancer (SIR / per 100) | 90.9 | 100 | |
| Hospital stays for self harm (SAR) | 137.5 | 100 | |
| Hospital stays for alcohol related harm (Narrow definition) (SAR) | 113.2 | 100 | |
| Hospital stays for alcohol related harm (Broad definition) (SAR) | 115.4 | 100 | |
| Emergency hospital admissions for hip fracture in 65+ (SAR) | 100.9 | 100 | |
| Limiting long-term illness or disability (%) | 20.7 | 17.6 | |
| Deaths from all causes, all ages (SMR) | 109.7 | 100 | |
| Deaths from all causes, under 75 years (SMR) | 114.9 | 100 | |
| Deaths from all cancer, all ages (SMR) | 103.5 | 100 | |
| Deaths from all cancer, under 75 years (SMR) | 105.8 | 100 | |
| Deaths from circulatory disease, all ages (SMR) | 111 | 100 | |
| Deaths from circulatory disease, under 75 years (SMR) | 117.3 | 100 | |
| Deaths from coronary heart disease, all ages (SMR) | 117.9 | 100 | |
| Deaths from stroke, all ages, all persons (SMR) | 109.9 | 100 | |
| Deaths from respiratory diseases, all ages, all persons (SMR) | 118.3 | 100 | |
| Deaths from causes considered preventable (SMR) | 116.3 | 100 | |

Start Well
Live Well
Age Well

*Source: PHE Local Health*

# 5. How we have developed the strategy

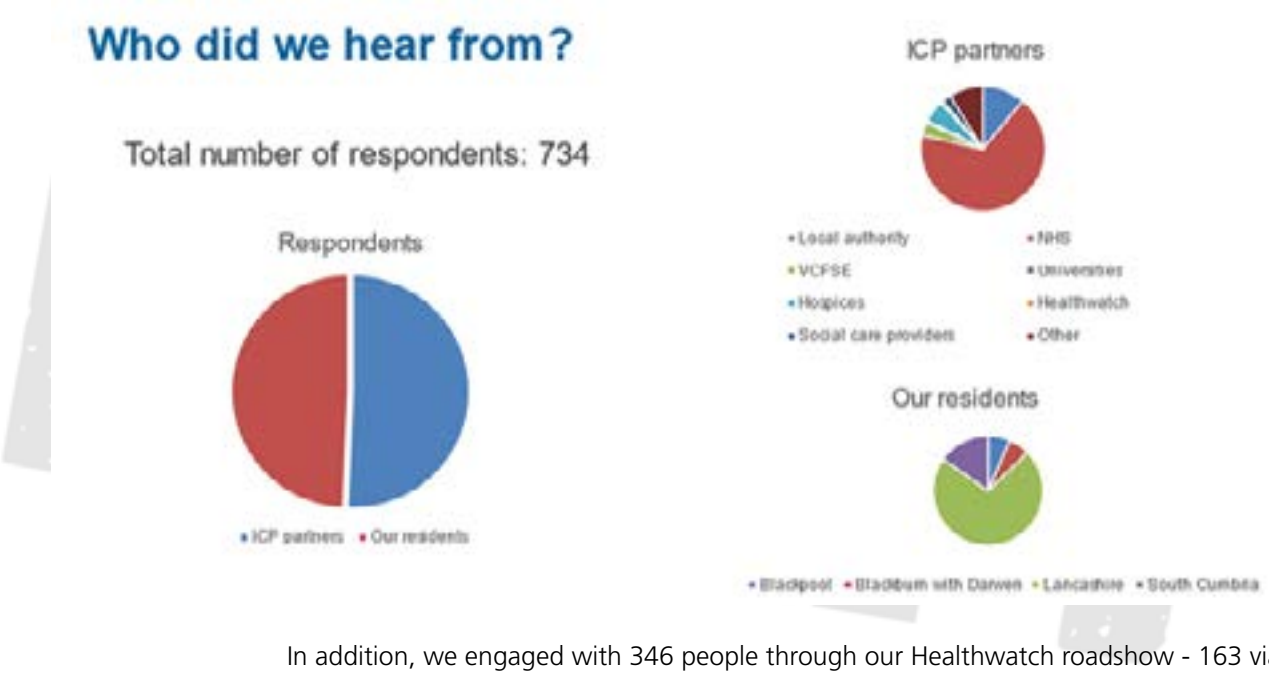
In Lancashire and South Cumbria, we have committed to embedding in our work the ten principles set out in national guidance for effective public involvement in our health and care partnership collaborative programmes of work. These are:

- Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
- Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust
- Use community development approaches that empower people and communities, making connections to social action
- Use co-production, insight and engagement to achieve accountable health and care services
- Co-produce and redesign services and tackle system priorities in partnership with people and communities
- Learn from what works and build on the assets of all ICS partners –networks, relationships, activity in local places.

In the development of this draft strategy, therefore, although the timescales have been tight, we have engaged with key stakeholders and our population to ensure that the voice of the community is reflected in our priorities for action.

Arising from a detailed review of Joint Strategic Needs Assessments and Joint Health and Wellbeing Plans across the Health and wellbeing Boards of L&SC, we developed a proposed set of six joint priorities for action at the heart of our Integrated Care Strategy. These draft priorities were reviewed and agreed by the Integrated Care Partnership.

Working with partners in Healthwatch, we launched our engagement process, inviting feedback from stakeholders on the six draft priorities. Due to tight timescales, a survey was open for three weeks and Healthwatch Together undertook face to face engagement (through focus groups and pop-up events) during this period. A summary of responses received follows:




In addition, we engaged with 346 people through our Healthwatch roadshow - 163 via 13 focus groups and 183 people via eight pop-up events.

In line with the outcomes of the engagement process, the six draft priorities were condensed into five key areas of focus of the Integrated Care Strategy:

- Starting Well
- Living Well
- Working Well
- Ageing Well
- Dying Well

Following the identification of these five areas, partners were invited to provide their subject matter expertise on what initiatives and programmes of work should be included in associated action plans.

# 6. Our vision

Our resident centred shared vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives. At the heart of this vision are the following ambitions:

- We will have healthy communities
- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff

In seeking to deliver this vision, the Integrated Care Partnership will focus on tackling the most complex issues that cannot be solved by individual organisations, and/or where the potential achievements of working together are greater than can be achieved by the constituent organisations working separately. The Integrated Care Strategy aims to harness the collective knowledge, skills, and talents of all organisations to make a difference to the health and wellbeing of the population. This will be achieved via collective action on five priority areas: starting well, living well, working well, ageing well, and dying well.

# 7. Our shared objectives and priorities

To identify the priorities for collaboration, a comprehensive desktop review was undertaken; encompassing the Joint Strategic Needs Assessments, the Public Health Annual Reports and the Health and Wellbeing Strategies to identify themes. The outcome of this exercise was a short list of proposals which were endorsed by the ICP members and shared with the public.

The life-course was used as a framework for determining the priorities which enabled the identification of key opportunities for minimising risk factors and enhancing protective factors at key stages of life.

The following diagram summarises the five priorities identified through this process and subsequently consolidated following the stakeholder engagement process:

| Starting well | Living well | Working well | Ageing well | Dying well |
|---|---|---|---|---|
| A focus on **supporting children and their families in the first 1000 days of a child's life**, with a holistic consideration of factors influencing health, wellbeing and school readiness | A focus on **preventing ill health and tackling health inequalities**, recognising the importance of mental wellbeing, as well as physical health, and addressing the factors that cause inequality in access and outcomes | A focus on **supporting people into employment and staying in work**, recognising the opportunities associated with health and care as a career for local residents | A focus on **high quality care that supports people to stay well in their own home**, with radical and innovative approaches to integrating care provision | Supporting people, their families and carers to talk about the plan for an improved end of life, choosing their preferred place of death and then providing excellent bereavement support |

The following tables provide further detail on these priorities; a future vision of each; measures of success; short/longer term ambitions; and outward facing programmes of work required to deliver those ambitions.

## 7.1 Starting Well

| Starting Well | |
|---|---|
| Priority | A focus on supporting children and their families in the first 1000 days of a child's life, with a holistic consideration of factors influencing health, wellbeing, and school readiness. *The priority includes intervention pre- conception and extends to the first 1000 days of a child's life,* |
| Future Vision | As a partnership, we will enable our children across Lancashire and South Cumbria to have the best start in life by:<br>• Taking a targeted approach to tackling health inequalities and vulnerabilities<br>• Providing equity to ensure that all of our children and families have the best opportunity to achieve the same positive health outcomes and be school ready. |
| Measures for success | The development of these measures will be part of the next steps in this programme of work |
| Short Term Ambitions for (Years 1-2) | **Establishment of Family Hubs**<br>• The National programme focuses on:<br>- Opening Family Hubs and development of the way in which they work in line with a Family Hub Framework<br>- Developing a minimum start for life offer focused on Infant Feeding, Parenting support, Home learning environments, establishing parents' panels and publishing the Start for Life offer.<br>- To strive to go further in developing the start for life offer further<br>• Develop strong governance structures that support local leads by understanding priorities challenging and supporting the partnership removing barriers to progress.<br>• Identify opportunities to jointly commission services and commission in a way that creates lasting system change beyond 'project money'.<br>• Ensure new or re-commissioning exercises take account of guidance, not just topic specific but consideration of the Family Hub Framework and wider service delivery to support progress towards co-location and integration.<br>• Review commissioning decisions to identify opportunities to develop skill mixed teams and opportunities to facilitate closer working, co-location, and integration of teams to increase capacity.<br>• Develop a shared vision for children and young people that puts them at the centre of planning.<br>• ICP to support consistency in commissioning arrangements for universal provision across all four local authorities including maternity provision and antenatal education, public health nurses, health visiting (Healthy Child Programme).<br>• Development of clear and seamless pathways across LSC (between providers of services) and a clear offer to ensure equality of access to the whole population of LSC. |

## Starting Well

Outward facing Programmes of work

**Short- and Medium-Term Programmes (Years 1-5)**

*As a priority within Starting Well, as an ICP we will develop Family Hubs within each Place to ensure that all children across LSC by their third birthday will achieve their full potential with a specific focus upon breastfeeding, childhood obesity and smoking in pregnancy to achieve in year benefits ensuring that a joint plan for workforce development is produced.*

- All children by their third birthday should be fully developed (achieve their full potential).
- A core that transcends all is workforce; as a system we need to look to work with employers and higher education establishments to develop a joint plan.
- In-year benefits can be achieved for example, a reduction in smoking in pregnancy will directly reduce demand in acute neonatal settings. Any savings can then be re-invested within community settings.
- To facilitate the above, as a system we need to develop Family Hubs that will bring various professions together to act as wrap around support for families.
- Stronger links should be developed with the wider strategy including Working Well and our approach as a system to child care provision and Ageing Well with a growing proportion of our population who are providing free child care (grandchildren) and also caring for elderly relatives.

## 7.2 Living well

| Living Well | |
|---|---|
| Priority | Preventing Ill health and tackling inequalities, recognising the importance of mental wellbeing as well as physical health, and addressing the factors that cause inequity in access and outcomes. *This encompasses all ages and specifically children and young people.* |
| Future Vision | Working together to create a healthier, safer, and fairer Lancashire and South Cumbria where everyone benefits from sustained improvements in health and wellbeing, with the greatest improvements being for those living in the 20% most deprived areas nationally and other people facing health inequalities. |
| Measures for success | **Life expectancy and healthy life expectancy**<br><br>**Short-Term (1-2 years)**<br>• Increasing access to services to support people in reducing risk factors.<br>• Improving outcomes, increased detection and improved management. Earlier detection/diagnosis in measures e.g. cancer stages 1 and 2 in line with Core20 Plus5.<br>• Improving take-up of vaccinations and immunisations for those in our community experiencing the greatest health inequalities. Improving uptake of cancer screening for those in our community experiencing the greatest health inequalities. Improve uptake of NHS health checks (NHS, LD, SMI) for those in our community experiencing the greatest health inequalities.<br><br>**Medium-Term: (3-5 years)**<br>• Smoking - reduction in prevalence. Reduction in hospital admissions - alcohol. Activity levels<br>• Reduction in emergency and NEL access. Having the right skills at the right level for the right people (Proportionate universalism approach to behavioral interventions). |

## Living Well

Measures for success

**Long-Term: (6-10 years)**

- Reduced under 75 preventable mortality, reduced gap in life expectancy and healthy life expectancy
- Reductions in the number of suicides. Hospital admissions as a result of self harm (all ages). Percentage of loneliness.
- Households living in in fuel poverty (low income/low energy efficiency methodology) (PHOF indicator). Safety in the home (falls and accidents). Hospital admissions related to the home (i.e. falls and accidents in the home, respiratory). Housing quality (decent homes/HSSR/hazards). Housing affordability.
- Households in temporary accommodation. Number of households who are homeless or threatened with homelessness (owed a statutory duty).
- Social inclusion; community defined measures; levels of community participation in decision making.
- Improvement in air quality to 40µg/m3 for NO2 andPM10. Increased rate of cycling or walking for travel 3-5 times per week within the population who face the greatest health inequalities.
- Employment figures. Reduction in NEET. Representative workforce. Increased inclusive employment (LTCs/SMI/LD etc). Improved attainment 8 scores and narrowing of the gap between communities. Percentage and number of local employees and %/£ local procurement to measurements.
- Demonstrable consideration of health equity in all public decision making.
- Percentage of employees who are from ethnic minority background and proportionate representation. Banding / grading of employees from ethnic minority groups to track career progression.

## Living Well

Short Term Ambitions for (Years 1-2)

- Risk factor groups (Healthy weight, tobacco, physical activity, substance misuse) - Increased collective focus, reducing risk factors with a particular focus upon those in our community experiencing the greatest health inequalities.
- Long term conditions and high levels of preventable mortality - Detect and treat people with LTCs with a particular focus upon those in our community experiencing the greatest health inequalities, improving equity in access to care and services.
- Mental Health and wellbeing - Improve access to mental health and wellbeing care and outcomes for those in our community experiencing the greatest health inequalities. Support the delivery of the All-Age System Strategies for Mental Health, Learning Disabilities and Autism, with a particular focus upon addressing health inequalities.
- Vaccination and immunisations, screening and health checks - Improving take-up of vaccinations and immunisations, uptake of cancer screening and NHS health checks for those in our community experiencing the greatest health inequalities
- Improved equity of annual health checks for adults with learning disabilities and also health assessments for looked after children.
- Establish a rolling programme of funded training for primary care, early years settings, schools, community organisations etc. regarding the important of preventative programmes.
- Healthy Homes - Reduce fuel poverty by improving access to/take up of warm homes advice, support and interventions, targeted at those most at risk.
- Homelessness - Improved support for the homeless community and others with complex multiple needs, including improved access to substance misuse, MH and core NHS services
- Community power - Improved understanding of what's important to those in our community experiencing the greatest health inequalities
- Transport (active travel) - Improved access to services through cleaner, greener public transport. Improved digital access with a focus on those cohorts within the community facing greatest barriers to accessing support and services.
- Community wealth - Training and awareness raising of the principles of community wealth. Strong partnerships with Anchor institutions to enable inclusive growth and inclusive communities. Better commissioning of VCS.
- Tackle discrimination, racism and their outcomes – Improve access to interpreting services. Improved recognition for carers.

Others:

- Anchor organisations and local economic partnerships to work with schools and colleges in areas with higher levels of deprivation to provide apprenticeships, job training and employment shadowing for 18-25 year old's.
- Improved access and provision of early years services in areas with higher levels of deprivation, including improved access to speech and language therapy
- Ensure access to welfare, legal and debt advice
- Develop regional decent homes standard by 2025

## Living Well

| | |
|---|---|
| Enabling Ambitions | These are wider system ambitions which will enable the specific listed ambitions for above.<br>• Public sector funding is proportionately higher in areas of higher deprivation<br>• Prevention spend increases 1% above inflation per annum<br>• Increase proportion of spend with VCFSE sector that is long term funding<br>• Neighborhood-based models of integrated partnership working resourced and in place in every area<br>• Have a regional good work charter that is applied to all new public sector contracts.<br>• NHS Trusts to be anchor organisations<br>• Increase awareness of health equity within the workforce<br>• Achieve data sharing between public sector and VCFSE partners regarding social determinants<br>• Ensure regular reporting to Local Authorities and NHS bodies including ethnicity, IMD and unwarranted variation.<br>• Ambition to reduce health inequalities embedded in transport plans and measures.<br>• Increased visibility of health equity considerations in all policies and decisions, including use of Health Equity Audit to inform public service decision making<br>• Incorporate screening, vaccination and immunisation data into hybrid tool to inform collective approach to increasing uptake and effectiveness |
| Outward facing Programmes of work | • Immediate action on secondary care prevention and long-term condition management (clinical management) including mental health – clear immediate benefits in year for example smoking in pregnancy, better management and identification of those with AF or hypertension to prevent stroke.<br>• Healthy behaviours – (Risk factor groups/ lifestyles) healthy weight, tobacco, physical activity and substance misuse and link to other areas of strategy i.e. immunisations, healthy homes, smoking, obesity can all link into the work to be undertaken within Family Hubs (Starting Well priority).<br>• Wider determinants (the causes of the causes) – healthy homes, transport, community wealth etc. (It was agreed that other existing groups across the system may be able to impact priority areas within this category more effectively with their existing work plans in this area) |

## 7.3 Working well

| Working Well | |
|---|---|
| Priority | A focus on supporting people into employment and staying in work while maximising the role of large-scale organisations and local businesses in contributing to the health and wellbeing of individuals and the social and economic development of communities.<br><br>The scope will include those who are economically active and those of working age who are potentially economically active. |
| Future Vision | Organisations across Lancashire and South Cumbria will work alongside and within communities to deliver a strong pipeline of skilled people ready to enter the labour market, with a rise in employment levels across Lancashire and South Cumbria and a workforce that is predominantly drawn from our residents.<br><br>Workplaces will be healthy and supportive environments, evidenced by a reduction in sickness absence rates and improved productivity.<br><br>Local businesses of all sizes and across all industries will be good employers and contribute to the social and economic development of our communities.<br><br>**Key themes:**<br>• Supporting young people to feel increased ambition / aspiration, developing life skills / resilience, encouraging them into professions/sectors with career opportunities and/or significant recruitment challenges<br>• Supporting our working-age population into a stable and healthy work environment, allowing individuals to gain the confidence and practicalities that enable them to compete for jobs as equals<br>• Staying well in work, with work environments that promote health and wellbeing, identify challenges early, and offer support to individuals where needed<br>• Encouraging large scale organisations and local businesses to commit to supporting social and economic development, recognising that this support will vary greatly in scale (commensurate with the size of the business) |
| Measures for success | • Increased employment rates for young people, particularly in 'hard to recruit' professions / industries<br>• Increased employment rates for our entire working age population, to improve LSC economic activity rates<br>• Increase the proportion of adults in Lancashire achieving an appropriate level qualification (level 4 or higher) and improve access to tailored adult skills provision<br>• Retain a higher percentage of regional HEI graduates and ensure they are placed into graduate level jobs supporting a growing business ecosystem<br>• Reduced long term sickness absence rates, particularly those related to mental ill-health and physical long-term conditions<br>• Anchor institutions are 'employers of choice' for LSC residents, across all professions<br>• Local businesses of all sizes and across all industries are recognised as 'good employers', by signing up to an agreed LSC social and economic charter (to a level commensurate with the size of the business)<br>• Measurable improvement in community health and wealth indices |

## Working Well

**Short Term Ambitions for (Years 1-2)**

1. Supporting young people to feel increased ambition / aspiration, developing life skills / resilience, encouraging them into professions/sectors with career opportunities and/or significant recruitment challenges
   - Delivery of a single ICP-wide Health and Care Careers and Engagement Service, with provision of school/college engagement and delivery of broad range of careers activities and programmes, including work experience and placements.
   - System wide action on Apprenticeships, to focus on filling vacancies and retention within the system
2. Supporting our working-age population into a stable and healthy work environment, allowing individuals to gain the confidence and practicalities that enable them to compete for jobs as equals
   - Delivery of a broad range of Employability Programmes, targeting those from disadvantaged communities, NEETs; BAME, Veterans, Redundancy pipeline
   - Increased volunteering opportunities as a route to employment
3. Staying well in work, with work environments that promote health and wellbeing, identify challenges early, and offer support to individuals where needed
   - Anchor institutions in LSC offering an Enhanced Occupational Health and Wellbeing Service
   - Continuation of schemes supporting wellbeing at work, including Business Health Matters
4. Encouraging large scale organisations and local businesses to commit to supporting social and economic development, recognising that this support will vary greatly in scale (commensurate with the size of the business)
   - ICP to work with other agencies to encourage and support new businesses into the LSC region, some of whom would have products designed to address LSC health issues
   - To agree a charter that existing businesses and those coming into the region would develop collaboratively with the LSC ICP to create healthy business and local community environments

## Working Well

Outward facing Programmes of work

**Key themes:**

5. Supporting young people to feel increased ambition / aspiration, developing life skills / resilience, encouraging them into professions/sectors with career opportunities and/or significant recruitment challenges

   Years 3 – 5

   - Greater flexibility in spending of Apprenticeship Levy across the LSC system enabling the flexibility to address workforce issues
   - A ringfenced offer for a % of local people at our HEIs – creating a quality pipeline for our workforce
   - Offer alternative entry routes into health and care training roles for unsuccessful further / higher education applicant

   Years 6 – 10

   - A reliable and evidenced based workforce planning strategy informing FE/HE, apprenticeship and IOT training output

6. Supporting our working-age population into a stable and healthy work environment, allowing individuals to gain the confidence and practicalities that enable them to compete for jobs as equals

   Years 3 – 5

   - Investment in VCFSE infrastructure to enable volunteering to become embedded in an overall offer of skills and training for people furthest away from the labour market

   Years 6 – 10

   - Staying well in work, with work environments that promote health and wellbeing, identify challenges early, and offer support to individuals where needed

   Years 3 – 5

7. Expansion of schemes supporting wellbeing at work, aligned with the increased reach of the LSC social and economic charter

   Years 6 – 10

8. Encouraging large scale organisations and local businesses to commit to supporting social and economic development, recognising that this support will vary greatly in scale (commensurate with the size of the business)

   Years 3 – 5

   - The establishment of a business ecosystem (federation) committed to charter principles of healthy workplace, healthy families and community enhancement engagement events
   - Establishment of LCS business incubation and innovation centre with access to technology and investment support

   Years 6 – 10

   - Businesses fully committed to healthy workplace and enriched communities
   - Incubation hub established at Salmesbury directing businesses into the regional health ecosystem creating jobs, wealth, healthy workplaces, charter committed and healthier communities and environments

### 7.4 Ageing Well

| Ageing Well | |
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| Priority | A focus on high quality care that supports people to stay well in their own home, with radical and innovative approaches to integrating care provision |
| Future Vision | • People will have access to information and support to optimise their own health and wellbeing and that of their family members throughout their life in a way that is age-appropriate, meaningful and accessible for them.<br>• People will be supported to lead active, healthy, and positive lives, plan ahead for their old age, and consider things that can be arranged in advance as well as wishes should their needs change or health deteriorate.<br>• People, their families, and carers (formal and informal) will be equal partners with health and social care services in understanding their needs and the options for meeting them<br>• Services will take an asset-based approach to meeting needs – focusing on what people can do for themselves, what their families and wider networks can contribute, and what the wider community can contribute, rather than merely 'assessment for services'<br>• Independence, inclusion, and choice (appropriate to capacity or best interests) will lead decision-making.<br>• People's wishes as to where they call home will be respected, and important decisions about where to live and what help and support will be needed in the medium to long term will not be made under pressure during a period of crisis or temporary deterioration in health and wellbeing<br>• High quality care will support people to stay well in their own home, with radical and innovative approaches to integrating care provision and wraparound / holistic services |

## Ageing Well

Measures for success

**Years 1-2**

- Multiple methods of access available for principal services, such as primary care, dentistry, social care,
- Rapid crisis response care and reablement is available to all people within their homes or usual place of residence, including care homes.
- 'Live longer better' is an overt part of advice & information, and care & support planning
- Fees for the same social care are aligned at place, whether commissioned by NHS or Local Authorities.
- Not meeting Criteria to Reside caused by lack of care at home hours reduces
- Reduction in avoidable admissions / deteriorations

**Years 3-5**

- Earlier identification of the development or deterioration of health issues
- Not meeting criteria to reside reduces caused by lack of viable social or community care options
- Recruitment and retention issues and skills gaps in key areas reduce / new roles promote career progression as well as enhanced service capability
- People experience joined up /holistic service delivery
- Live better longer – narrows the gap between years of healthy life expectancy and life expectancy and between places and for people with individual characteristics.
- Shift of balance between acute and community care – care closer to home
- Years of healthy life expectancy improve for all characteristics and places
- Community geriatricians / frailty specialists outnumber hospital –based equivalents

## Ageing Well

### Short Term Ambitions for (Years 1-2)

**Statement of Intent**

- Access to services is not solely via telephone triage. Access is culturally appropriate and sensitive to particular needs, such as language, executive function, capacity.
- Key primary determinants of poor health and wellbeing are better addressed, for example: malnutrition, dehydration, skin integrity, inactivity
- Secondary determinants of poor health and wellbeing form part of conversations regarding people's health and care needs and action is taken to address impactful issues
- Community Health services align more closely with social care services
- Address insufficiencies at place that impede effective response, for example in domiciliary care services – where causes are not the same across all areas, but likely to include one or more of fee levels, workforce availability & skills, logistics of care delivery, cultural appropriateness, rising demands & complexity, more frequent changes due to Discharge to Assess policy, rising medication prompts.
- Collaborative market management and fee-setting alignment for social care services
- Falls lifting services extend to all community falls, including care and nursing homes and dovetail with falls prevention services
- Communications campaign to shift the narrative to older people as assets in their community, break down stereotypes and
- Identify the extent to which social care services and primary care are supporting people with needs that are due to long waits for hospital care that, if met, would reduce demand for equipment, adaptations, hands-on social care and primary care services.

### Outward facing Programmes of work

**Identified Deliverables**

- Year 1 priority
  - Identify our most vulnerable / frail residents using data to identify
  - Contact vulnerable / frail person (as defined above)
  - Provide a minimum standard offer which now needs to be worked up i.e. regular health check; etc. This would be best undertaken at Place level
  - Provide a clear, concise package of information to these residents of things we think they may need to know including *'what happens if I need to go into residential care?'*
  - Agree to retain and ideally increase investment into VCFSE to provide the support to help keep frail residents safe and independent
- The growth of family hubs has been identified as a priority within Starting Well, something similar requires developing to service our maturing population to provide a space where they can come for support and address wider issues such as social isolation.
- We want this to be less of a medical model, to instead encourage an active, healthy and participative population and commit ICP support to this.
- Increase awareness of existing provision such as day hospice facilities which are already established.
- Digital exclusion was highlighted as an important factor that needs to be taken into consideration when developing this area of the strategy.

## 7.5 Dying Well

| Dying Well | |
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| Priority | Supporting people, their families and carers to talk about and plan for an improved end of life, choosing their preferred place of death and then providing excellent bereavement support. |
| Future Vision | *Our ambition is to get the people of Lancashire & South Cumbria comfortable with talking about death and dying.*<br><br>*Poor end of life care and planning hugely impacts families and friends who suffer and find not knowing end of life arrangements stressful, hard work and difficult emotionally, as well as health & care partners, local authorities and local community organisations who have to deal with personal and financial matters that they know little about. We know even clinicians find this difficult, so our aim is to mobilise communities to get them talking so that planning for the end of life is as normal as planning a birth.*<br><br>*Lancashire and South Cumbria to provide outstanding support for people, their families and carers to plan for, improve end-of-life, and provide excellent bereavement support to our communities. End of life care will be personalised to the person who needs it, and wants it, and available regardless of where they live or what their illness is; there will be no postcode lottery.* |
| Measures for success | • Increase in the number of people supported (people, families and their carers) to have conversations and plan for future care, recognised as probably being near end of life and included on a GP palliative care register (reported by PLACE based partnership)<br>• 60% of those people to have had an end of life conversation by the time they have died (included on the GP Palliative Care Register and recorded on their electronic record/ EPaCCS) which includes planning for future care (reported by PLACE based partnership)<br>• Each PLACE to have access to bereavement support (at levels 1, 2 and 3)<br>• Each PLACE to have a rolling programme of (Last Days Matter) training to raise awareness of death and dying |
| Ambitions for Years 1-2 | • To raise awareness of death and dying and planning for future care with the public through communications campaigns<br>• Support a consistent approach across LSC to early identification of people coming towards the end of their life, regardless of disease, where they live, their care setting – no postcode lottery<br>• Build capacity for planning for future care including appropriately trained volunteers<br>• Bereavement services mapped with a plan to reduce variation improve access to excellent support across all of LSC |

## Dying Well

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| Outward facing Programmes of work | • Establish & implement shared model/programme of work around<br>- 1. Compassionate conversations<br>- 2. Last Days Matters Training<br>- 3. Advance / Future Care Plans<br>- 4. Bereavement service improvement plan<br>• Support a consistent approach across LSC through a shared model with Primary Care, Regulated Care and Social Care to early identification at end of life<br>• Working with VCFSE to develop capacity for planning for future care, knowledge, skills and confidence with our communities<br>• Support Public Health partners to promote end of life care conversations, planning for future care, and bereavement support with our communities |

# 8. Implementing the strategy

PLACE HOLDER – need to cover

- further engagement and development during January-March to agreed final strategy
- NHS commitments to feed into whole system plan
- clarity on role of place in implementation