

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Place Integration Deal: Progress on Areas of Delivery
Presented by	Professor Craig Harris, Chief Operating Officer Directors of Health and Care Integration, Blackburn with Darwen place
Author	Lisa Roberts, Senior Programme Manager, Partnerships and Collaboration
Agenda item	12
Confidential	No

Executive summary

This paper has been produced to update Board members on the progress of our place-based partnerships in relation to the delivery of place priorities, with additional detail regarding work currently being delivered through our place-based partnerships in Appendix A.

Our place-based partnership teams have been working with ICB colleagues from workforce, finance, performance and governance on how to enact delegation to place, as outlined in the Place Integration Deal (PID) approved at the July Board.

Section 3 provides an overview of the work completed and in-progress as part of phase 1 of these delegations. We will take the learning from our phase 1 'test cases' and build on this to help inform our approach to further delegations.

It is proposed that the Place Integration Deal Delivery Group (PIDDG) oversees phase 1 activities, as part of a wider co-created workplan that will ensure the collaborative implementation of the Place Integration Deal.

There is a wealth of work already being delivered through partnerships in our places - the Place Integration Deal in action, but more opportunities available to us, to meet the transformation recovery challenges ahead through greater delegation and pooling of budgets to support more integrated working.

Recommendations

The Board is requested to:

1. Note the contents of the report including progress of the four LSC places.
2. Support the proposed phases of development and associated actions.
3. Receive a further report at its meeting in March 2024.

Which Strategic Objective/s does the report relate to:		Tick		
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓		
SO2	To equalise opportunities and clinical outcomes across the area			
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
SO4	Meet financial targets and deliver improved productivity	✓		
SO5	Meet national and locally determined performance standards and targets			
SO6	To develop and implement ambitious, deliverable strategies	✓		
Implications				
	Yes	No	N/A	Comments
Associated risks			n/a	
Are associated risks detailed on the ICB Risk Register?			n/a	
Financial Implications			n/a	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Executive Management Team	31 October 2023		Approved	
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			n/a	
Equality impact assessment completed			n/a	
Data privacy impact assessment completed			n/a	
Report authorised by:	Professor Craig Harris, Chief Operating Officer			

Integrated Care Board – 8 November 2023

Place Integration Deal: Progress on Areas of Delivery

1. Introduction

- 1.1 This paper provides an update on the progress of our place-based partnerships in relation to the delivery of place priorities and the implementation of the Place Integration Deal (PID) which was approved by the ICB Board in July 2023 and described the way places will operate as part of the Lancashire and South Cumbria (LSC) ICB.
- 1.2 The PID outlined a 2–3-year journey of development for our places and started to describe a how delegation from the ICB to places will provide an opportunity to deliver services and support joined-up care, by ensuring that decision making and spend on public services is as close to people and communities as possible.
- 1.3 This will be an iterative process; partnership arrangements will continue to evolve to reflect increasing levels of delegation and earned autonomy, with each place undertaking a self-assessment prior to each phase of delegation to ensure that delegations can be safely enacted.
- 1.4 Section 2 and the accompanying slides (Appendix A) provide an overview of current partnership work being delivered across Lancashire and South Cumbria through our four places, while section 3 details activity in relation to the implementation of the PID and to enable delegation to our places.

2. Delivery of Place Priorities

- 2.1 The four places in LSC have developed a common vision and five common priorities for operational delivery through places in 2023/24 which will be delivered through a range of different schemes at a local level tailored to the needs of their population to reduce inequalities, meet the specific needs of the communities they serve, and drive value for money through partnership working and reducing duplication. Examples of this work have been included at Appendix A. There is also work underway at place level, with wider system partners to support demand management across our acute, primary, community and social care settings. This detail is provided in the separate paper on resilience and surge planning for winter.
- 2.2 **Blackburn with Darwen Place-based partnership update** - Blackburn with Darwen (BwD) is a relatively deprived borough, and the health of people in the borough lags behind the England average on a range of indicators. Life expectancy rates for the borough remain below national levels, but there are considerable differences in life expectancy between the most and least deprived areas of the borough. The Borough is home to many people with

diverse ethnicities and identities, with nearly 40% of our population from Pakistani and Indian heritage, and a relatively young population compared to the rest of Lancashire and South Cumbria.

- 2.3 Blackburn with Darwen continues to build on its long history of joined up working, resetting its arrangements through the development of the Place Based Partnership, including refreshing ambitions and priorities, a leadership development programme for system leaders and facilitating delivery of joined up service provision to meet the needs of our communities. This includes;
- External review of neighborhoods in BwD - refresh of shared ambition and delivery model, incorporating Family Hubs and Fuller recommendations. Next steps will be launched at a partnership event on 17 November.
 - Progressing the transaction of Adult Community Services from LSCFT to East Lancashire Hospital Trust, subject to due diligence.
 - System agreement of bed based intermediate care model and working towards mobilisation of the model at Albion Mill.
- 2.4 Our Population Health programme focusses on reducing health inequalities in residents who experience above average numbers of hospital attendances and admissions, across 11 priority wards. Working with Healthwatch we have engaged with over 500 residents which has informed targeted, rapid improvement work focussing on 3 wards initially, to support prevention, earlier intervention and keep people safe and well at home. We are also working closely with Family Hubs to deliver vaccinations and immunisations in non-clinical community-based venues.
- 2.5 Our life course developments align well to both the Integrated Care Partnership and BwD Health and Wellbeing Board strategies with a focus on:
- Start Well – four family hubs launched in June, with health services delivering from the hubs; additional mental health support for Children and Young People; integrated working to mobilise new 0-19yrs provision.
 - Live/Work Well – virtual careers advice session; investment in homeless pods; co-produced carer’s plan in development; delivery of health checks and enhanced health checks.
 - Age Well – Ageing Well campaign launched, focus on frailty and Engineering Better Care Programme to support people to remain at home.
 - Dying Well – Healthwatch End of Life insight work has been undertaken to understand what a good death looks like, and we are currently undertaking a self-assessment for ‘Getting to Outstanding’ in end-of-life care.
- 2.6 **Blackpool Place-based partnership update** – Blackpool is ranked 2,3,4,5,6,7,8 and 9 out of the top 10 most deprived Lower Layer Super Output Area (LSOAs) in England based on the Index of Multiple Deprivation (IMD) 2019, with the lowest Healthy Life Expectancy for both men and women of all local authorities in England.
- 2.7 These are just two statistics which demonstrate the scale and complexity of the challenge faced by Blackpool Place partners. However, with great challenge comes great opportunity. The appended slides provide an update on the

breadth and scale of the work which has been underway following the boundary review last year and the Blackpool Place-based partnership becoming established.

- 2.8 Consistent with our ethos, we have been listening to our communities to help shape our next steps and action. As part of our Priority Wards work, we adopted a 'door knocking approach' across our five priority wards. The insight was collated into 14 themes and is of immense value in determining the shape of our work moving forwards.
- 2.9 One of these themes is 'residents understanding what support is available' which we are addressing through events such as Active for Autumn which brought together over 50 local organisations to increase awareness of the support available across Blackpool and enabled residents to access a wide range of help and advice.
- 2.10 **Lancashire place-based partnership update** - Although no formal delegations exist currently, work in the Lancashire Place has been underway to deliver efficiencies and improvements for our residents around our big four delivery ambitions to have Connected Colleagues, Seamless Services, Integrated Infrastructure and a Healthier and Happier Lancashire. To date the following has been achieved:
- Agreement in place with the 12 Chief Executives from the district councils to focus joint integrated working within the wider local government family in Lancashire, to create a coordinated approach to support our residents to stay well, at low cost or no additional cost to the wider system. All 12 district councils have agreed the following two work programme priorities:
 - Housing (starting with Disabled Facilities Grants)
 - Leisure, Health, and Activity
 - Successful joint procurements undertaken between LCC and the ICB for Care at Homes Services to create increased financial efficiencies and better overall experiences for Lancashire residents.
 - As part of the ambition to deliver the best results for Lancashire residents experiencing increasing financial pressures, a creative 'think-tank' has been established to develop new ways of working across community services that will radically change our approach and create new solutions.
 - As part of the vision towards greater integration between teams, and to achieve seamless services for Lancashire residents within existing resource, an Integration and Transformation Programme for community health services in Central Lancashire has been developed. Plans for the newly integrated community response team to go live in October, 'Care Connexions' are underway; the team will have a dedicated single phone number providing direct access to a range of health professionals.
 - Working with other stakeholders on supporting health and care integration and efficient working, LCC identified the need to improve discharge for those residents who have lost accommodation whilst in hospital or who are homeless. LCC's adult social care is now undertaking a proof of concept in the use of a housing coordinator working across both LCC and district councils to expediate and ameliorate the process of discharge for

residents who may be in need of accommodation. Feedback to date has indicated this is improving the process on discharge.

- 2.11 The development of both the Integrated Neighbourhood Teams (INTs) and Health and Wellbeing Partnerships at a district level is seen as an important part of the governance infrastructure of the Lancashire Place, something that will help to prepare for the next level of integration, aligning primary care priorities with those of the 12 district councils to improve the health and wellbeing of the residents of Lancashire. In some districts, these INTs have been in place for some time and are already addressing some of the needs of the communities. Joining up more partners to these strategic discussions and encouraging shared decision making is seen as helping support the drive to better outcomes and health improvement.
- 2.12 **South Cumbria place-based partnership update** - Uniquely in the LSC ICB, the South Cumbria place is not co-terminus with any local authority. The footprint includes the geography of the newly created Westmorland and Furness Council, excluding the previous Eden District; some parts of the previous Borough of Copeland (around Millom) which are within the newly created Cumberland Council; and some parts of the previous District of Craven (around Bentham) which are within the newly created North Yorkshire Council. This requires the South Cumbria place to work with three local authorities, each of which is in a 'stabilisation phase following establishment on 1 April 2023, as well as the North Cumbria place which is within the North East and North Cumbria ICB.
- 2.13 The South Cumbria place is developing its ways of working and agreeing its priorities through a series of interactive, collaborative workshops involving partners from a wide range of sectors and organisations. Our ethos is to be resident focused and listen to our communities, paying particular attention to lived experience voices and those who are seldom heard. During 2023, we have:
- Agreed our mission with the widest possible group of partners: To support and enable our communities to thrive, by working together with compassion, openness, and respect, to improve the health and wellbeing of everyone in South Cumbria.
 - Agreed our priority workstreams, aligned to the LSC Integrated Care Strategy and the existing health and wellbeing priorities of our three local authorities. These are focused on areas where collaborative working is necessary to have the greatest impact on improving the health and wellbeing of our communities and reducing inequalities. The priorities will be reviewed and refreshed as the unitary authorities develop their own Joint Strategic Needs Assessments (JSNAs) and associated Joint Health and Wellbeing Strategies (JHWBSs).
 - Begun to develop our team and ways of working, including recruiting to our clinical leads and delivery and engagement roles, and the establishment of a well-attended multi-sectoral partnership forum which meets monthly and regular team huddles.
 - Further developed our approach to listening to residents through Poverty Truth Commissions in Barrow and South Lakes, through our work with

Healthwatch on the experiences of our unpaid carers, and through our partnerships with VCFSE lived experience organisations being a key part of our work programmes (particularly mental health). This will form the basis of our future ambition to implement meaningful and vibrant resident-inclusive and VCFSE-inclusive co-design of our priorities and transformation programmes and a collaborative approach to commissioning and evaluation.

2.14 Our Integrated Care Communities are the bedrock of our place, as this is where we connect most closely to our communities themselves, understanding their needs and aspirations. Our work programmes through ICCs include understanding urgent care demand from our priority wards of Central and Hindpool in Barrow and identifying and addressing unmet health needs in our CORE20 and PLUS5 populations.

3. Phased Implementation of the Place Integration Deal (PID)

3.1 Since the PID was approved at the July Board, our place-based partnership teams have been working with ICB colleagues from workforce, finance, performance and governance on how to enact phased delegations to place. This includes the development of partnership arrangements to enable these delegations which are detailed in the below table for each place.

Place	Partnership Board established	Chair arrangements	Frequency of meetings	Reporting arrangements
Blackpool	PBP Board established in November 2022, currently in development phase.	Chaired by the Chair of Blackpool Teaching Hospital NHS Foundation Trust.	Monthly	Updates as required into ICB, ICP, HWB and HOSC.
Blackburn with Darwen	PBP Board established in April 2023, currently in development phase.	Chaired by Executive Member for Adults and Health.	Monthly	Regular reporting through to Health and Wellbeing Board. Update reports as requested to ICP, ICB and Council management team.
Lancashire	Interim PBP Board established in January 2023, currently in development phase.	Current arrangements of independent chair to end in December 2023, currently exploring alternative options.	Monthly	Updates as required into ICB, ICP, HWB and LCC including overview and scrutiny committee.

South Cumbria	Place Partnership Forum meeting monthly in workshop format since start of 2023. Formal Partnership Board in development phase, linked to stabilisation phase of three local authorities.	Currently chaired by DHCI. Exploring future options with local authorities.	Monthly	Updates as required into ICB, ICP, HWBs/ HOSCs. Update also provided to Westmorland and Furness Council Management Team.
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3.2 Phase 1 of these delegations will include the Population Health Investment Fund (PHIF), Better Care Fund (BCF) and the Population Health Management function, subject to the necessary process for approval, as these services are well suited to management at place level. These services also reflect the immediate delivery priorities across the four places and will facilitate further joined-up working; BCF arrangements are already governed by Section 75 arrangements to support existing pooled budgets within our places.

3.3 In light of ongoing discussions and planning in relation to financial recovery, the timeframes associated with delegation are currently being reviewed to ensure that any financial delegation to place contribute to the systemwide recovery requirements. The table below shows progress since the approval of the PID to enable delegation.

Completed	In progress
<ul style="list-style-type: none"> ✓ Agreed a shared vision for our places ✓ Agreed joint place delivery priorities for 2023/24 ✓ Population Health management teams embedded in places ✓ Population Health and Public Health teams collaborating in place ✓ Engagement mechanisms in each place to engage with residents in planning, transformation and monitoring services ✓ Formula for allocating PHIF agreed across four places 	<ul style="list-style-type: none"> ○ Place Integration Deal Delivery Group Terms of Reference and Workplan ○ Joint Funding Review (including BCF) commenced, commissioned jointly through ICB and local authorities ○ ICB and place leads coming together to enact phase 1 delegations ○ Process and governance arrangements to delegate PHIF and BCF budgets to DsHCI ○ Formula for allocating BCF funding ○ Process to delegate Population Health Management to places from 01 April 2024 ○ PHM group to oversees decision-making on PHIF work programmes and monitors progress and outcomes. ○ ICB and place delegation readiness assessment

- 3.4 It is proposed that the Place Integration Deal Delivery Group (PIDDG) will oversee the above 'in progress' elements as part of a wider co-created workplan, that will ensure the collaborative implementation of the PID.
- 3.5 Discussions will be required between ICB and place colleagues to determine the most appropriate sequencing of further delegations to place and the associated risk and reward. Engagement with a wide range of stakeholders should underpin these discussions. We will take the learning from our phase 1 'test cases' and build on this to help inform our approach to further delegations.

4. Conclusion

- 4.1 There is a wealth of work already being delivered through partnerships in our places - the Place Integration Deal in action, but more opportunities to meet the transformation recovery challenges ahead through greater delegation and pooling of budgets to support more integrated working.
- 4.2 Delegations to our places will be a phased approach which enables us to take the learning from delegations enacted in phase 1 and build on this to help inform our approach to further delegations. The process is also an iterative one, as partnership arrangements continue to evolve to reflect increasing levels of delegation and earned autonomy.
- 4.3 Ensuring that the planned delegations can be safely enacted is key, as is an understanding of the associated risk/rewards for all stakeholders. Both elements will be built into readiness assessments prior to any delegation, with the Place Integration Deal Delivery Group overseeing these activities on behalf of the ICB Board. A further report on place development will be provided at the March 024 ICB Board meeting.

5. Recommendations

- 5.1 The Board is requested to:
 - 1. Note the contents of the report including progress of the four LSC places.
 - 2. Support the proposed phases of development and associated actions.
 - 3. Receive a further report at its meeting in March 2024.

Lisa Roberts

25 October 2023

LSC ICB Board update

08 November 2023

Proud to be part of

“It is our ambition in Lancashire and South Cumbria to have a world class, all age, community centric, integrated care system which has our four places at its heart, acting as the engine room for driving the transformation and changes that we need to see to **improve health outcomes and experiences for our population.**”

Our places have a vital role to play in delivering this ambition and contributing to the transformation and recovery of our system, and have agreed the following five common priorities for operational delivery and leadership in places from 2023/24:

1. Population health – addressing inequalities
2. Primary care – development of Integrated Neighbourhood Teams (INTs) and transformation
3. Scope of the Better Care Fund (BCF) and Section 75/256 agreements
4. Community services – transaction and transformation
5. Continuing Health Care (CHC) - Aligning pathways to ensure patients experience the same end-to-end service, acknowledging local variation. This will be worked through in each place by the ICB team, CHC place teams and system partners.

The following slides demonstrate how we are delivering against these common priorities in each of our places with a tailored approach to meet the different needs of those populations

Delivering integrated health and care in the Blackburn with Darwen place



Place-based partnership
Blackburn with Darwen

The area is home to many people with diverse ethnicities and identities. This includes White English or British (56.9%), Asian/Asian British-Pakistani (17.8%) and Asian British-Indian (15.8%).

Life expectancy is 76.3yrs for men and 80.3yrs for women in Blackburn with Darwen, both figures are lower than the national averages.

The most deprived parts of the borough experience twice the national average deaths from Cardiovascular Disease (CVD) . With two thirds of all deaths from CVD in 2016-18 considered largely preventable through intervention.

The borough has the highest proportion of 0-15's in the North West (22.8%), the 5th highest in England. Many of these children experience poverty as BwD has the 3rd highest rate of child poverty in the North West, 30th highest nationally.

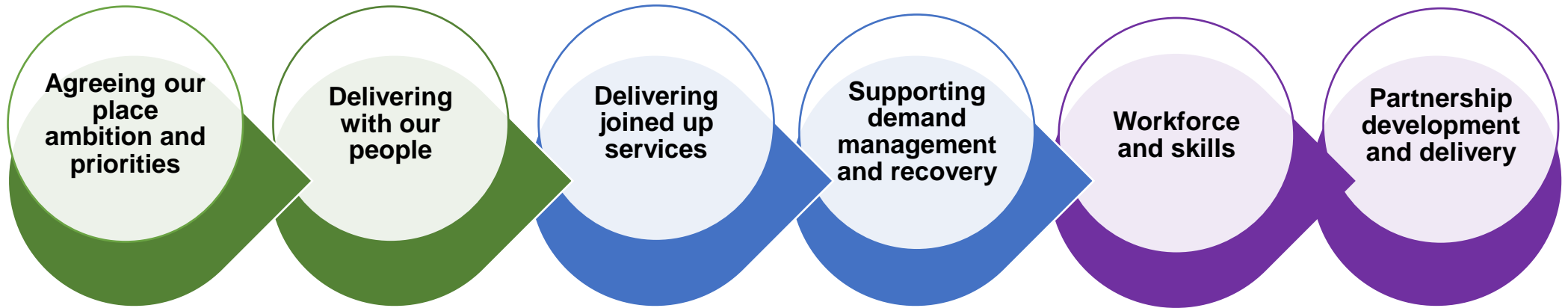
Healthy life expectancy (HLE) for men is 58.8yrs which is 5yrs lower than the national average. For women, it is 59.7yrs HLE which means females can expect to spend 74% or their life in good health.

16.2% of people aged 18+ have a GP record of having depression. This has increased year on year since 2013/14.

Source: Blackburn with Darwen [JSNA](#) & Census 2021 www.nomisweb.co.uk

Whilst our residents face a number of significant challenges, **Blackburn with Darwen is a place with an 'anything is possible' attitude**, with a deep sense of community pride and powerful long-standing partnerships acting as a force for good.

Our Journey to date



<p>Ambition setting – people, care model partnership</p> <p>Strategic alignment of priorities to ICP and HWB Strategy and local authority Corporate Plan</p> <p>Collaborative delivery planning underway</p>	<p>Healthwatch engaged with over 500 residents in priority wards</p> <p>Dying well engagement work with communities</p> <p>Co-production SEND, flu vaccinations, carers plan and family/carers panels</p> <p>Developing innovative approaches to engagement</p>	<p>Intermediate Care operating model and mobilising Albion Mill</p> <p>Community services transaction and transformation</p> <p>Review, relaunch and re-energise integrated neighbourhood teams</p> <p>Mobilising four Family Hubs</p> <p>Aligning Community Mental Health Team and hubs to our neighbourhood delivery</p>	<p>Population Health rapid improvement</p> <p>Homeless pods</p> <p>Enhanced Health Checks and community vaccinations</p> <p>Partnership approach to winter planning</p>	<p>Integrated Induction for neighbourhood teams</p> <p>Aligning apprenticeships, career days, and vacancies across our partnership</p> <p>Scoping opportunities for health and care support to reduce economic inactivity</p> <p>Developing ‘ways of working’ for ICB staff aligned to place</p>	<p>Place Based Partnership Board & Integration Leadership Team established</p> <p>Clinical and Professional Leads recruited</p> <p>Commissioning and governance reviews underway including BCF next steps</p> <p>Community Network established with voluntary sector</p>
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Examples of delivery

Delivering with our people

- ✓ Learning from our priority ward insights and implementing recommendations incl. improved communications
- ✓ Learning from our dying well insights
- ✓ Embedding **population health intelligence** and insights across our workstreams
- ✓ Defining our co-production approach



Delivering for our people – integrated services

- ✓ Implementation of Family Hubs and 0-19 service model
- ✓ Evolving **integrated neighbourhood teams**, embedding community mental health and CYP support
- ✓ Implementing **population health rapid improvement** to support people to be cared for at home this winter
- ✓ **Transforming Community Services** - Contract transaction, baseline, overarching ambitions for future
- ✓ Enhanced Care at Home – Stabilise intermediate care at Albion Mill, improve care sector quality
- ✓ Partnership review of **Better Care Fund (BCF)** scope and Section 75/256 agreements



Delivering for our people – life course improvements

- ✓ Start Well - Family hubs, Emotional and mental health and wellbeing, Vaccinations and & immunisations delivered through Family Hubs
- ✓ Live/work Well - **Reducing ill health and tackling inequalities** – Heathier Hearts; Healthy Minds; Vulnerable People, local recruitment
- ✓ Age Well – Positive Ageing in BwD campaign, ageing well/frailty programme, dementia
- ✓ Die Well – Getting to Outstanding review underway, action plan to follow



Developing our Partnership

- ✓ Scoping revisions to existing joint commissioning infrastructure
- ✓ Mobilising interim clinical and care professional leadership – role recruitment, primary/secondary interface
- ✓ Workforce – local recruitment, care academy and focus on economic inactivity
- ✓ Leadership development programme commenced



Population Health – focus on reducing inequalities and engaging communities

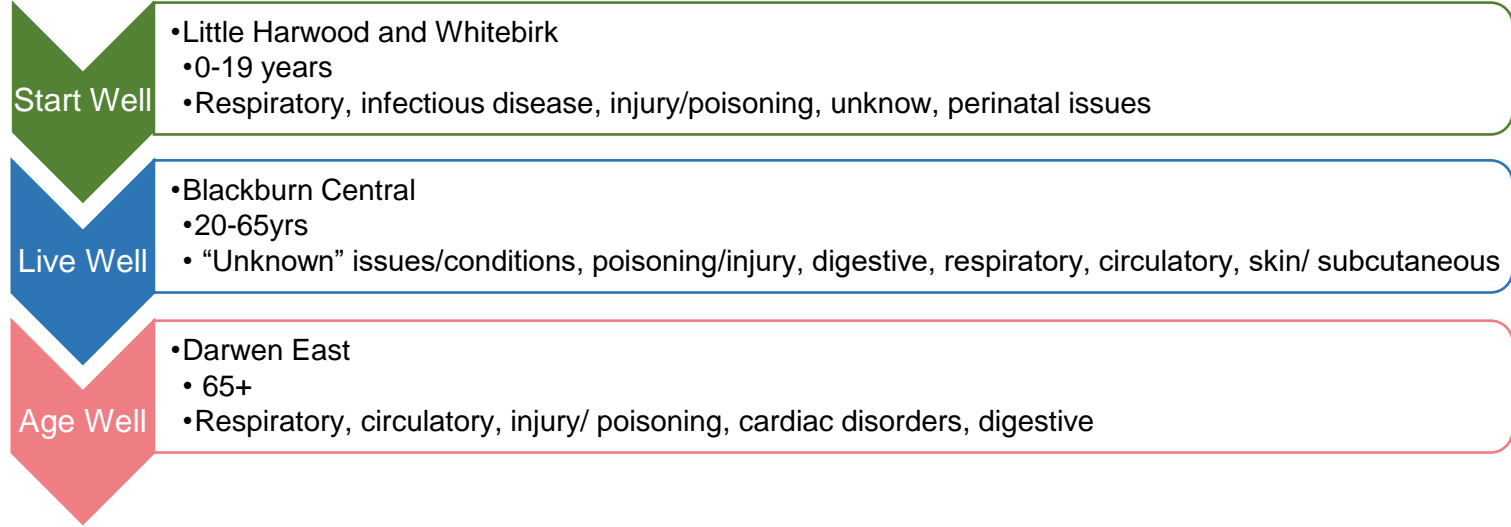
Flu Jobs
Available Now

This winter, simple actions can help us
StayWell
Visit StayWellBwD.com and let's keep moving forward

Who can attend for a free NHS flu jab?

- 2 and 3 year-olds (aged 2 and 3 years on 31 August 2023)
- Pregnant women
- Adults aged 65 years and over
- At risk adults aged 16-64 years
- All school aged children from Reception to Year 11

Monday 23rd October: Little Harwood and Shadsworth Family Hubs
Friday 27th October: Darwen Family Hub



Blackburn with Darwen Public Health
Yesterday at 14:37

Lancashire and South Cumbria Integrated Care Board
Yesterday at 12:08

If you are a carer like Muhammed, pregnant like Ilnaam, a young child like Hanaan or Shuaib, then please do what they did and come and protect yourself against flu!

We have a number of drop in clinics at our family hubs this week, no appointment is needed. Details in the image below

More information about flu and who is eligible for the vaccine on the NHS website <https://orlo.uk/bjEn3>

Listening to the views of our residents

healthwatch
Blackburn with Darwen

your view and voice

Improvement on health and social care

Homeless pods meeting the needs and improving outcomes for vulnerable residents

11 Priority Wards
Focussed on Hospital attends and admissions



Delivering integrated health and care in the Blackpool place



Place-based partnership
Blackpool

A reminder of the challenges we face ...

Out of the top 10 most deprived LSOAs based on IMD2019 rank, Blackpool is 2,3,4,5,6,7,8 & 9 out of the top 10 nationally in England

In Blackpool, 24.7% of the population was income-deprived in 2019. One of the 316 local authorities in England (excluding the Isles of Scilly). Blackpool is ranked 3rd most income-deprived

Blackpool has the highest rate of deaths from drug misuse in the country, with 76 deaths between 2019 and 2021 a rate of 19.4 per 100,000 population (directly standardised rate).

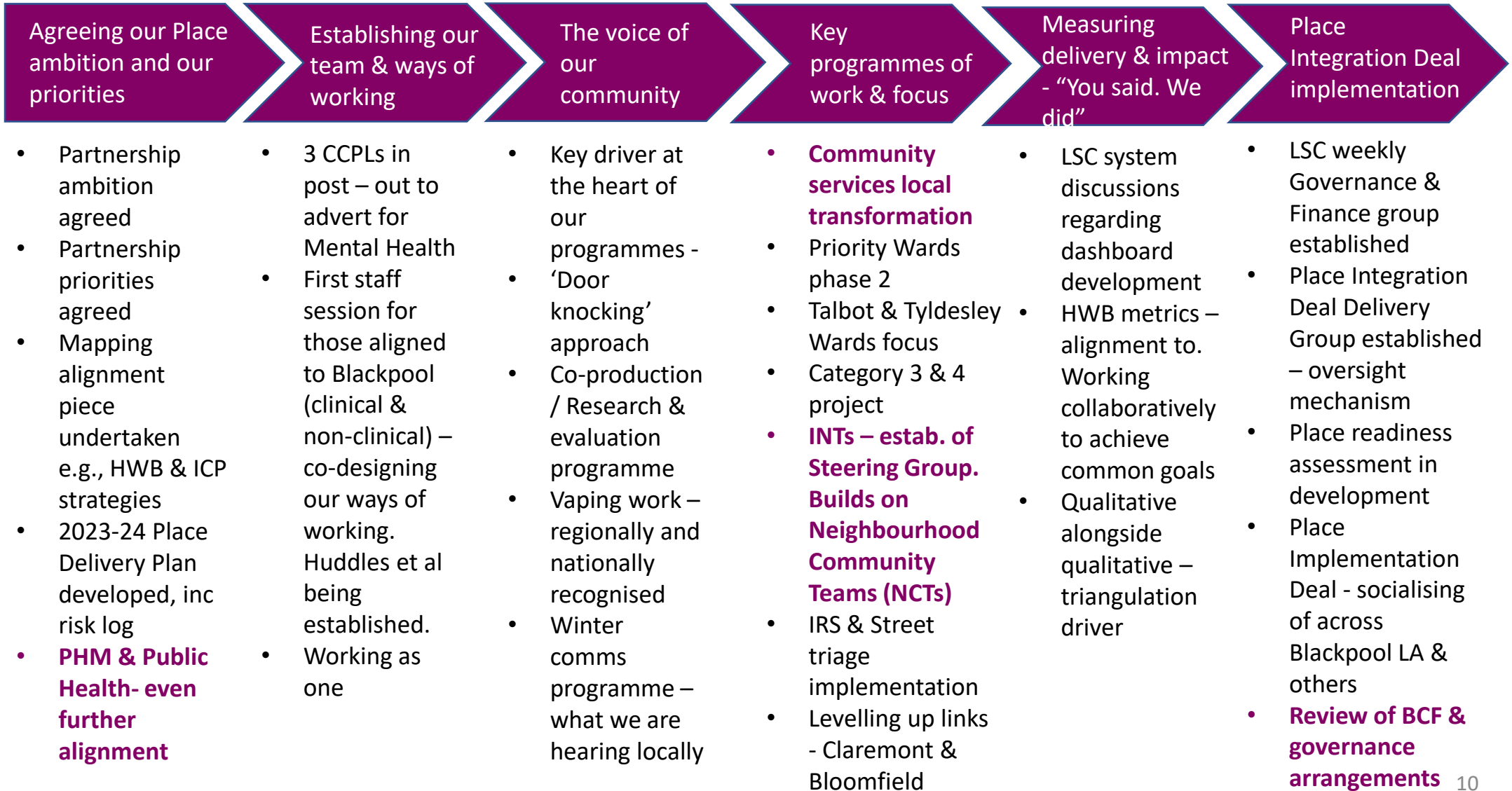
Life expectancy for men in Blackpool is 74.1 years and for women is 79.0 (2018-2020), both lower than national averages

Life expectancy is 12.3 years lower for men and 10.1 years lower for women in the most deprived areas of Blackpool than in the least deprived.

The suicide rate in Blackpool is significantly higher than the rate for England as a whole 17.4 per 100,000 vs. 10.4 per 100,000 (2018-20). Unfortunately, many people who take their own life are relatively young, with potentially many years of fulfilling life lost.

The residents of Blackpool live shorter lives than the national average, and furthermore spend a smaller proportion of their shorter lifespan healthy and disability-free. **Healthy Life Expectancy (HLE) for both men and women in the country is the lowest of all local authorities in England**, and HLE for women in Blackpool reduced from 57.1 between 2016 and 2018 to 54.29 between 2018 and 2020

Blackpool Place – our journey to date ...



Examples of delivery - Listening to our community



Healthwatch Blackpool and Revolution undertook deep dive community activities in the five Blackpool Priority Wards; Bloomfield, Claremont, Talbot, Tyldesley and Park.

Over 700 doors were knocked on

Over 400 people shared their experiences.

Discussions took place in peoples' own homes and/or in community-based focus groups.

14 themes were identified from the experiences that people shared, from access to health and care and the cost-of-living crisis, to the challenges of social isolation ...

The voice of our community is helping to shape our next steps



- True collaboration in action
- 50+ organisations in attendance
- Looking at things through that broader place lens

This is us

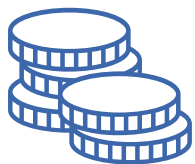
This is Blackpool Place

Examples of collaborative working



Blackpool continues to **provide a flexible bed based Intermediate Care offer** at The ARC. Building on the learning from the pandemic, The ARC flexes its provision to meet fluctuating demand across different pathways. These include hospital discharges and step up from community. The ARC is recognised as being **integral to supporting flow across the health and care system** in terms of hospital discharges. A key focus for The ARC is **prevention and the avoidance of admissions to hospital**. Close working with the Rapid Response Team that supports 'step up' to The ARC as an alternative to being conveyed to hospital is a key feature of the service and **the joint working between health and social care**.

The Transfer of Care Hub (TOCH) - is a **multi- disciplinary team of Health and Social care professionals and services** which aims to **organise, coordinate and facilitate safe, timely and effective discharge plans** for our patients following on from their hospital stay.



Blackpool is **maintaining the level of capacity in its internal homecare service** equivalent to previous years when winter funding was available. This maintenance of care is at risk to Blackpool Council, however, is recognised as **critical in terms of meeting current demand for social care across both the hospital discharge and admission avoidance pathways**. Optimising the spare capacity of the whole care at home sector, both independent and internal, in being able to respond to urgent demands in the community, working with our rapid response service.

Delivering integrated health and care in the Lancashire place



Astley Hall,
Chorley

Ormskirk
Clock

Harris Museum,
Preston

Lytham
Windmill

Eric Morecambe
Statue

Lancaster
Castle

Whalley
Viaduct

Singing Ringing
Tree, Burnley

Clitheroe
Castle

Living Better Lives in
Lancashire

The Lancashire Place



The Lancashire Place is **vast** and includes both densely populated **urbanised cities** and expansive areas of **countryside**.



We operate within a **distinct 2-tier system** of local government of which there are **12 district councils** working alongside a **single upper tier authority**.



Lancashire has 28 Primary Care Networks with a potential to result in 20 Integrated Neighbourhood teams.



Large **health inequalities** exist throughout the county with **6 of the 12 districts** having neighbourhoods featuring in the **most deprived areas** in England.



Life expectancy has decreased overall in both the most and least deprived areas of the county.



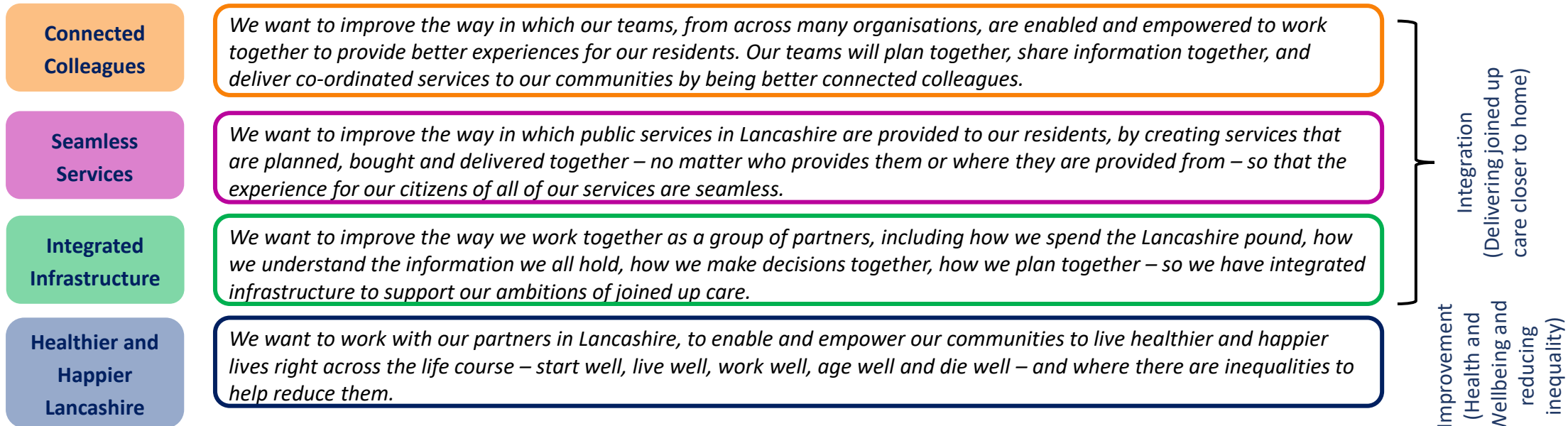
The **cost-of-living crisis** and **housing** provide significant challenges throughout the county with many residents living in **overcrowded and poorly heated homes**.

What are we planning to achieve?

Vision: Living Better Lives in Lancashire

Our ambition is to help the citizens of Lancashire to have longer healthier lives, whilst staying as independent as possible throughout their life.

Our delivery ambitions



We are big, bold and ambitious

What have we achieved?



Integrated Infrastructure



- ✓ Interim Lancashire **Place Partnership established**- engagement underway to determine future arrangements
- ✓ Interim **Performance Dashboard** in place
- ✓ Risks identified and managed through **risk framework** and risk register at Place
- ✓ Working collaboratively with partners through establishment/ re-energising **10x District Level Health & Wellbeing Partnerships**
- ✓ Key **priorities identified** for all HWBPs through stakeholders and partner workshops
- ✓ Regular system leader involvement through **5x Executive Oversight Groups**
- ✓ Integration of community services will be improved by a **Provider Alliance between LSCFT, LTH and General Practice in the Central Lancashire locality** (currently under development)
- ✓ Established locality based **ICB Senior Delivery Teams**.

What have we achieved?



Seamless Services



- ✓ Joining up the money – We have undertaken successful joint procurements between LCC and the ICB worth £4.1 billion over a twelve-year contract
- ✓ Joining up the people – Bringing together **ICB Population Health team and LCC Public Health team** to integrate programmes of work (such as health checks)
- ✓ Joining up the services – we have developed an **Integration and Transformation Programme for Community Health Services in Central Lancashire**
- ✓ We have listened to our partners - Outputs from locality based **listening events have been used to shape and inform priorities** for the Lancashire Place
- ✓ We have acted upon feedback from our communities - Hearing impaired coordinators have been appointed in adult social care and a contract review of BSL services in primary care has been instigated as a **direct result of engagement** with this community
- ✓ We have improved access in deprived wards by listening to our communities - transport links and access to local community facilities improved across Lea and Larches (priority ward) in Preston as a **direct result of listening to this community via a population health approach to address inequalities**
- ✓ We are making our services seamless for residents and patients - LCC Council run care homes are supporting the reduction of out of area long stay placements for Mental Health Patients

What have we achieved?



Connected Colleagues



- ✓ Galvanised **integrated working within the wider local government family** within Lancashire, with all 12 district councils collectively agreeing two work programme priorities:
 - 1. Housing (starting with Disabled Facilities Grants)**
 - 2. Leisure, Health and Activity**
- ✓ **Lancashire Place Core Team** is now recruited to including the Lancashire Delivery Manager role
- ✓ **Monthly Lancashire ‘Place- Based Newsletter’.**
- ✓ Developed a **vision, our delivery ambitions, and our Lancashire Place Delivery Plan.**
- ✓ Established **regular communication** with all wider Lancashire place facing ICB Staff.
- ✓ **Lancashire Place Leadership Team** in post, including three Clinical and Care Professional Leads

What are our risks?

Place and System

- Clarity on **accountability verses responsibility** at system and at place – The risk of not getting this right creates duplication and confusion
- Balance of **assurance verses delivery** - too many meetings can mean that we create layers of governance and assurance - The risk of not getting this right creates inefficiency within a stretched system

People

- Managing the **'push and pull'** on our ICB staff between system and place – The risk of not getting this right creates uncertainty and inefficiency
- Specific issues relating to **West Lancashire** (e.g., gaps in service, Community Contract, Shaping Care Together etc) – that require local understanding and knowledge regarding geography and providers

Priorities and Performance

- **Controlling the uncontrollable** – ensuring that we can deliver change and improvements when we are working without all the controls and levers for change – the risk of not getting this right may mean delivery is stalled
- **Too many asks without clarity of vision or priority** – on the same resource or capacity - the risk of not getting this right means we cannot deliver and are spread too thin
- **SEND inspection** is forthcoming

What are our next steps?



Clarify and implement the model for **Integrated Neighbourhood Teams** in Lancashire

Develop an **integrated community health and care model** including estates (creative think-tank session planned for January)

Support the **roll out of integrated CHC** and greater opportunities for collaboration with LCC around care funding, care quality management and safeguarding and short-term residential care

Implement performance framework and monitor and report on performance against score card

Complete BCF review and re-prioritise spend

Confirm additional commissioning opportunities for joint-procurement

Lancashire Place plan signed off by all 12 district councils and HWBPs

Procurement of **community services** for West Lancashire

Shaping Care Together programme for West Lancashire to reach pre-consultation business case

Roll out of care connexions in Preston, Chorley and South Ribble

Ensuring that the Lancashire Place, as a place-based partnership, matures so that it is ready to receive delegations from both the Integrated Care Board and Lancashire County Council.

Refresh of the Lancashire partnership board, to ensure the right representation and chairing arrangements moving forwards.

Delivering integrated health and care in the South Cumbria place



Thriving Communities Together
South Cumbria

A reminder of the challenges we face ...

The South Cumbria place is not coterminous with any one local authority footprint.

We work with Westmorland and Furness, Cumberland and North Yorkshire unitary councils. This also requires us to work with two other ICBs outside LSC.

We support a population of 186,478 living in a coastal and rural footprint.

Westmorland and Furness is England's most sparsely populated local authority area, which makes it hard to deliver services and to provide public transport and transport connections.

16% of our population live in the most deprived 20% of areas in England.

In Barrow and Millom, this rises to 43% of our population living in the most deprived 20% of areas in England.

The suicide rate in Barrow-in-Furness is significantly higher than the national average - 19.2 per 100,000, compared with the rate for England of 10.4 per 100,000.

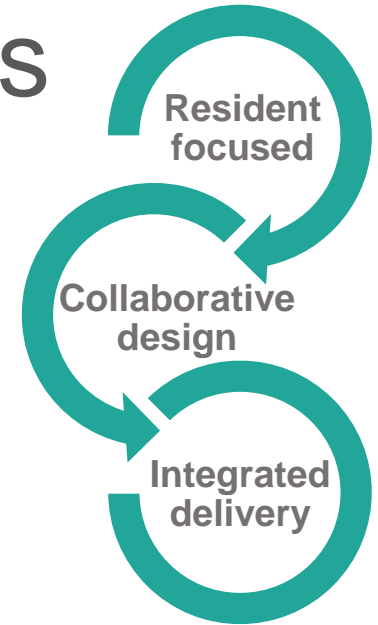
There is a significant difference between life expectancy and years spent in good health, reaching 15 years for both men and women living in Cumbria.

40% of our population has one or more known long-term condition.

18% of our population has two or more known long-term conditions.

Our approach to agreeing place priorities

We are developing our ways of working and agreeing our priorities through a series of **interactive, collaborative workshops** involving partners from a wide range of sectors and organisations.



February/March 2023

(pre-establishment of three new unitary councils)

- Agreed 3 x interim priority workstreams aligned to existing HWB priorities

1. **Thriving Healthy Communities**
2. **Enhanced Care at Home (Intermediate Care)**
3. **Workforce**

Additional areas for future development:

4. **Childrens services and Starting Well**
5. **Mental health and wellbeing**
6. **Dying Well**

June 2023

- Updates from workstreams 1 – 3
- ‘Drugs Don’t Work’ – focus on prescribed medicines associated with dependence or withdrawal symptoms
- Local focus hubs (Cumbria Constabulary)
- Fuller recommendations and development of Integrated Care Communities

September 2023

- Updates on Promoting Independence Programme (Adult Social Care) and Clinical and Care Professional Leadership
- Interactive session on children and young people’s mental health and emotional wellbeing

May 2023

- Co-created mission and values
- Review of place integration deal proposals
- Updates from workstreams 1 – 3
- I Care report and recommendations

July 2023

- Place integration deal
- Updates from workstreams 1 – 3
- Interactive session on mental health community transformation programme (with lived experience voices)

November 2023

- Updates on place integration deal and winter planning
- Interactive session on Dying Well (Getting to Outstanding Framework)

Examples of our resident focused and resident facing programmes

Population health – addressing inequalities

Primary care & ICCs

Community services

Priority Wards:

Understanding urgent care demand from the Central and Hindpool Wards in Barrow-in-Furness

- Four themes evidenced in data analysis: **self-harm, COPD, diabetes and diseases affecting children and young people**, with a further two added based on engagement activity: **Access to dental services** and **failure demand** (accessing the right service, at the right time)
- Deep dives underway for COPD and self-harm (with a key focus on children and young people's mental and emotional health and wellbeing)

Identifying unmet need:

Working upstream to identify unmet health needs in our Core 20 and Plus Populations

- Piloting **Enhanced Health Checks** in our PCNs – focus on case finding social vulnerability, potential health problems and risk factors that lead to ill health and poor wellbeing.
- CVD and hypertension – improving **detection of hidden hypertension** in the community and improving **management of known cardiovascular disease**

'Drugs Don't Work':

Focus on deaths from drugs misuse and prescribing of high dose opioids

- Training/awareness sessions on **prescribing and alternatives to pain management** for all involved in care – care home managers, community pharmacy, NWAS, GPs, AHPs, district/community nurses, social prescribers, VCFSE
- **Engagement with ICC leads and residents** to raise awareness and promote self-referral.
- Reduction in patients on opioids for > 3 months

Enhanced Care At Home (Intermediate Care):

Supporting our residents with step up / step down offers

- Findings / recommendations of review of **Discharge To Assess (D2A)** process – due for completion in November 2023 (supported by LGA)
- 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

Integrated Wellness Centre:

Supporting our frail elderly residents to stay well and retain their independence

- **Admission avoidance and timely transition of care from hospital to community**, with additional support for families and carers
- **Scoping / design work underway** with an MDT, focused on proactive caseload management (modelled on the Jean Bishop Centre Model in Hull)

I Care:

Identifying and supporting unpaid carers in our communities

- **Work undertaken by Healthwatch** to engage with residents across South Cumbria
- A number of recommendations being implemented via primary care, integrated care communities, and our workforce work programme
- Key focus on **identifying carers, improving direct access and signposting to support offers, and supporting carers in our workplaces.**

Examples of our collaborative working across different sectors

Better Care Fund and Section 75/256 arrangements

Review of existing BCF and s75/256 arrangements across three local authorities

- Prioritisation of future spend
- Development of localised measures of success

Workforce: Working collaboratively with partner organisations to create a workforce for the future

By working collaboratively with partner organisations, we will create a workforce for the future through:

- **Increasing our workforce capacity**
- **Supporting and enabling our existing workforce to thrive**
- **Working innovatively to develop joint solutions to workforce priorities**
- **Engaging with our communities to grow our future workforce.**

Examples of our work to date

- 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

Our workforce agenda is also a key part of our Anchor Collaborative, particularly through the Bay Wellness programme

Anchor Network: Working with key organisations, rooted in the community, to maximise their social value contribution

The aim of the network is to align collective actions on issues such as:

- **Widening access to quality work.**
- **Purchasing and Commissioning for social benefit.**
- **Using buildings and spaces to support communities.**
- **Reducing environmental impact.**
- **Closer working between local partners.**
- **Tackling health inequalities.**

Alongside the public sector, the network large private sector, voluntary sector and educational organisations that hold a similar level of influence and importance to our communities.

Current activities include:

- Creation of data packs to support employers in targeting social value investment
- Being a Good Employer (Bay Wellness)
- Sharing and learning on sustainability actions, joint action on staff travel and net zero ambitions
- Development of procurement strategy and tools to ensure social value is built into purchasing opportunities
- Defining measures of success and progress for social value