

27 July 2022

Frequently Asked Questions: boundary review of place-based partnerships

In line with The Health and Care Act 2022, NHS Lancashire and South Cumbria is aiming to develop deeper integration within health and care. The Integrated Care Board (ICB) carried out a review into the place-based partnership boundaries. The following frequently asked questions aim to answer common queries our staff, partners and stakeholders may have.

What are place based partnerships?

They are a collaboration of planners and providers across health, local authority and the wider community, who take collective responsibility for improving the health and wellbeing of residents within a place.

Many factors affect people's health and wellbeing from their homes and personal finances, to their education and employment. Place-based partnerships bring together the organisations and groups that provide these services (and many others) to better support people and communities.

There is a perception that place-based partnerships are an evolution of Clinical Commissioning Groups (CCGs), understandably since the CCGs have been heavily involved in developing place-based partnerships throughout the last few years. This is not the case. The commissioning duties held previously within the CCGs are now within the ICB.

The core aims of a place-based partnership are to:

- Improve the health and wellbeing of the population and reduce inequalities.
- Ensure partners provide consistent, high-quality services that remove unwarranted variation in outcomes.
- Consistently achieve national standards and targets across the sectors within the partnership.
- Maximise the use of resources available to each place, including people, assets and financial allocations

How are place-based partnerships boundaries currently shaped?

In Lancashire and South Cumbria, the partnerships have been formed around five footprints across the eight legacy CCGs and aligned to the CCG footprints across Lancashire and South Cumbria. None of the existing place-based partnership boundaries are coterminous with local authority footprints.

Why did you carry out this place boundary review?

We undertook this review of our current five place-based partnerships to understand how re-aligning the boundaries with the four upper-tier or unitary local authority footprints may help us to achieve our aim of deeper integration between services and an associated improvement in outcomes, while also making real tangible progress on supporting our citizens to live healthy lives across the life course.

Lancashire and South Cumbria ICS is one of only a few systems where place-based partnerships are not coterminous with local authority footprints, and the only system in the North West where this is the case. Some other systems within the UK are also moving to align their place-based partnerships with local authority footprints.

Who was involved in the review?

The review was carried out by NHS Lancashire and South Cumbria Integrated Care Board (ICB) from May to July 2022. Individuals and organisations from across the existing place-based partnerships, primary and community care, acute, community and mental health trusts, hospices, local authorities, public health, adult social care, voluntary, community, faith and social enterprise gave their invaluable feedback through the extensive engagement as part of the review.

The review involved over 170 conversations with groups and individuals, supported by an online survey which was responded to by 243 people from across the NHS and wider partners.

What is the outcome of the review?

Following the decision, the place-based partnerships will now be aligned to the two upper tier and two unitary local authorities within the footprint: Blackpool, South Cumbria, Lancashire and Blackburn with Darwen. It is recognised that the Lancashire footprint is very large, and therefore within the county there will be three delivery units: East Lancashire, Central Lancashire (including West Lancashire) and North/Coastal Lancashire (including Fylde, Wyre and Lancaster). Please see maps at the end of this set of FAQs.

Further discussions will take place in relation to the footprint of South Cumbria and the new Westmorland and Furness Local Authority which is not aligned to our current South Cumbria footprint.

How was the decision made, and by who?

The Designate ICB unitary board discussed comprehensive findings at an informal meeting on 21 June 2022. After much reflection and consideration, the unitary board for NHS Lancashire and South Cumbria ICB, led by chair David Flory CBE and chief executive Kevin Lavery, made the formal decision at a public meeting on 27 July. Details of the full membership of the board are available via the [website](#). The board sees these new coterminous boundaries as an enabler for achieving deeper integration of health and social care and an opportunity for a real step change in tackling some of the biggest challenges in improving health and care services and reducing health inequalities. This is being described by current legislation to promote excellence in seamless, efficient care for our citizens. This will be achieved by building on the excellent work to date; teams will enhance and deepen relationships with partners in upper tier, unitary and district councils to tackle health inequalities and join up care services. This will also bring about opportunities for workforce development, action on recruitment, joint training will be maximised, as well as pooled budgets for jointly managed services and improvements.

Where can I read more about the findings of the review?

The recommendations paper is within the board papers – [available online here](#).

Will places hold local budgets and commission services?

During 2022/23, NHS England has been clear that there can be no delegations from the ICB. However, the ICB remains committed to the principle of subsidiarity and therefore it is anticipated that places will receive a financial allocation for place initially, which will then evolve into a position of delegated financial decision-making as our places mature and as the financial framework for the ICB is developed. By making our places coterminous with local authority footprints, there is also the potential for greater pooling of NHS and local government funding, such as we have seen via the Better Care Fund.

Whilst formal commissioning of delivery partnerships will be the responsibility of the ICB, we envisage that places will be involved in the decision-making around this in the future through the Directors of Health and Care Integration. It should also be noted that places will have a wealth of resources at their disposal to plan and deliver health and care services for their residents, including people, community assets and the financial allocations that are available to each of the partners in a place.

The board has agreed to the establishment and development of Place with a clear statement of remit, delegations, and desired outcomes. This will help all partners understand what is within and outside of the scope of place-based partnerships. Understanding the framework within which place operates will help partners at place build or maintain trust relationships and develop a common purpose.

What will the Integrated Care Board do?

NHS Lancashire and South Cumbria Integrated Care Board is the 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 a geographical area. NHS Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria. Although the ICB is a new organisation, it will build on the successful work by all health and care organisations, including CCGs, over the last few years. The ICB now holds commissioning responsibilities held previously by CCGs, as well as some of NHS England's commissioning functions, including delegated responsibility for commissioning the four elements of primary care (Dental and Eye Health from April 2023) and some specialised services.

Lancashire and South Cumbria ICB aims to develop longer term partnership relationships with delivery partners. The ICB is enabled by new powers to enter into delivery partnerships without a competitive process, this will allow funding to flow to public service and VCFSE organisations without a tender and contract process and enables increased flexibility and secures efficiencies which can be re-directed to invest in front-line service.

It is determined that our places will be the engine room and focus of the integration and health creation ambition. Progressing integration and tackling health inequalities in the places our citizens live will, as a principle of the target operating model, be prioritised for investment funding and the deep integration with local authorities and adult social care is seen as a key aspect of achieving the ambition to tackle inequalities and improve the health and wellbeing of our population.

When will the new leads for each place-based partnership be recruited? And what role will they play?

New directors of health and care integration roles will directly report into the Integrated Care Board executive team and local authorities' executive teams. Places will focus on achieving deeper integration, by looking at functions such as integration of health and care, Continuing Health Care, Safeguarding, Special Educational Needs and Disabilities, improving care home quality, and enhancing community and mental health provision.

The ICB and local authorities will collectively be appointing new directors of health and care integration for place-based partnerships imminently. An announcement will follow in the coming weeks.

What about all the work already carried out in developing place-based partnership?

This was something many partners and existing place-based partnerships raised as part of the review. We recognise the excellent work that has been carried out in developing place-based partnerships and changes to boundaries does not affect the work which has been undertaken to understand the purpose and development of place-based partnerships in Lancashire and South Cumbria. We will ensure that this progress is built upon in the coming months.

The new legislation has brought about changes to CCGs and commissioning that have brought an opportunity to work differently anyway. Aligning our boundaries in this way aims to enhance the role of place. The needs of our communities remain the same. The partners involved in focusing on these needs remain the same. We will continue to deliver work around neighbourhoods. This decision simply means the way in which these partners are working and collaborating is changing.

How will place-based partnerships involve their local communities?

Our residents and communities are a fundamental part of our partnerships and their voice and lived experience is vitally important in creating the culture of a social movement in our neighbourhoods and places, in ensuring that residents' needs are heard and understood, and in shaping services that meet local needs. Place-based partnerships will ensure engagement involves co-production and that feedback is listened to. Much of what we have heard from local communities is that what they consider as 'place' is much more focused around the towns, villages and communities which they live in and recognition and awareness of the existing five place-based partnership areas is very low.

The partnerships will also engage with residents to encourage a social movement that fosters and enhances an increased responsibility for health and wellbeing and mobilises communities to support each other better.

This is all in line with our working with people and communities strategy for the ICB and wider partnership. This will be focused on where our local residents recognise as places and within their communities.

The Lancashire place is significant in size and spans across many communities and rural and non-rural areas. How will it meet the needs of so many different communities?

The focus on communities will remain, and similar to Lancashire County Council's footprint that works on three delivery areas for adult social care with Lancashire, this will be broken down into three areas – East Lancashire, Central Lancashire (including West Lancashire) and North/Coastal Lancashire (including Fylde, Wyre and Lancaster).

Within the place boundary review, all colleagues and partners recognised the importance of all contributors/agencies in influencing wellbeing. In particular, partners valued the contribution of the unitary and district, or lower tier, local authorities, that have responsibility for many factors that contribute to wellbeing beyond health services such as planning, waste management, green spaces, housing and leisure all have an impact on our wellbeing. This will be part of the development and implementation over the coming year.

How will partners work across multiple boundaries?

Much partner working and dialogue is built on pre-existing commissioning arrangements or on a local geographic footprint. This, along with the new legislation bringing about a new operating model, presents an opportunity to enhance working with partners. NHS Trusts and local authorities contributed to the review and fed back that their relationships are typically directly with each other and not through place-based partnership arrangements and this is not expected to change as part of the outcomes of the review. We recognise that primary care services maintain an important dialogue with secondary care, developing care pathways, improving outcomes, and delivering more care close to or at home. The legislative changes to the 'commissioning' footprint and the move to delivery partners will change the way that dialogue takes Place.

What does this mean for primary care?

Our primary colleagues were involved in the conversations that made up this review. The complexities of working in primary care are fully acknowledged. We understand from conversations we have had that clinical and care professional colleagues need clarity on their opportunity to lead and influence decision-making at neighbourhood, place, and system. The cessation of CCGs, where GPs played a key role in decision making, was generated by national legislation and not a direct result of these boundary changes.

The dialogue between secondary care and primary care is also fundamental and needs supporting by a robust architecture. The recommendations report makes several primary care related points notably around the possibility of forming a Lancashire and South Cumbria? primary care collaborative. The board also discussed the Fuller Stocktake report which is available to [read online](#) which highlights the importance of issues such as the evolution of integrated neighbourhood teams, developing a single system-wide approach to managing integrated urgent care and creating a primary care network or forum at system level. In many instances local primary care colleagues work directly with hospital trust teams and this is not expected to be affected by a change of boundaries for place-based partnerships.

In advance of the decision, we invited a representative of primary care to attend the board meeting and present their views. This can be viewed on the online recording of the board meeting. We are

committed to working with primary care colleagues, who are a hugely important element of this work, to make sure we can collectively get this right.

What are the next steps?

The above responses echo some of the next steps. One key area of focus will be to communicate this decision to key stakeholders, to embark on the plans set out in the target operating model and importantly establish these new Places by April 2023. There will be a timeline developed for the establishment and development of Place over the next three to five years to help allow them to reach full maturity. This will include a clear statement of remit, delegations and desired outcomes. This, along with associated essential actions, will help all partners understand what is within and outside of the scope of place-based partnerships. Understanding the framework within which Place operates will help partners at Place build or maintain trust relationships and develop a common purpose. Another key next step is welcoming our new directors of health and care integration and supporting our teams during this transition.

How can I stay up to date with developments of NHS in Lancashire and South Cumbria?

To join our stakeholder newsletter, please send your full name, job role, department, organisation, email address to healthierlsc.news@nhs.net.

My question isn't covered in the Frequently Asked Questions, how can I access the answer I need?

ICB staff can either speak to their line manager or ask a question via our usual form:

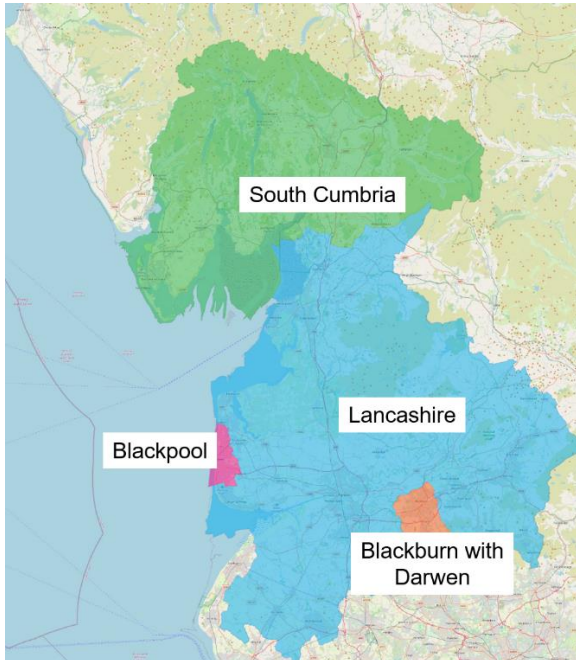
<https://www.smartsurvey.co.uk/s/ICB-staff-questions/>

Stakeholders can ask a question via our webpage: <https://www.healthierlsc.co.uk/ICB/contact-us/general-enquiries>

Members of parliament are asked to submit all queries to: lsc.icb@nhs.net

How do the boundaries look now?

The following map shows the new boundaries:



The following map shows the three areas of Lancashire (as described above):

