

**Lancashire County Council**

**Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 15th November, 2022 at 2.00 pm in  
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

**Present:**

**Chair**

County Councillor Michael Green, Lancashire County Council

**Committee Members**

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board  
County Councillor Phillippa Williamson, Lancashire County Council  
County Councillor Sue Whittam, Lancashire County Council  
Dr Sakthi Karunanithi, Public Health, Lancashire County Council  
Jacqui Old, Education and Children's Services, LCC  
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council  
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group  
David Blacklock, Healthwatch  
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council  
Sam Gorton, Democratic Services, Lancashire County Council

**Apologies**

Gary Hall	Lancashire Chief Executive Group
Councillor Viv Willder	Fylde Coast, Lancashire Leaders Group
Councillor Matthew Brown	Central, Lancashire Leaders Group

**1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting and introductions were made.

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board and Deputy Chair of the Health and Wellbeing Board was welcomed to his first meeting in-person.

Jacqui Old, Education and Children's Services, Lancashire County Council was also welcomed to her first meeting of the Board.

Apologies were noted as above.



## 2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

## 3. Minutes of the Last Meeting held on 19 July 2022

**Resolved:** That the Board agreed the minutes of the meeting held on 19 July 2022.

There were no matters arising from them.

The Board were informed that notes from the informal meeting held on 6 September 2022 would be circulated in due course.

## 4. Lancashire Better Care Fund Plan 2022/23 and Update

Paul Robinson, Midlands and Lancashire Commissioning Support Unit and Sue Lott, Adult Social Care, Lancashire County Council presented the [report](#) and presentation (attached to the minutes) which provided an overview of the Lancashire Better Care Fund (BCF) Plan 2022/23. Following approval from both Lancashire County Council and Lancashire and South Cumbria Integrated Care Board the plan was signed off by the Chair of the Board and submitted to the national Better Care Fund (BCF) team for the required assurance. It was anticipated that the plan would receive national approval, and this expected shortly.

The Board noted that the three elements required for submission were:

- (i) The Plan Narrative ([Appendix 'A'](#) of the report) which details what is being done and what is planned to be done with the allocated monies.
- (ii) The Planning Template (Appendix 'B' of the report) which includes income (minimum requirements), expenditure plan and metrics.
- (iii) Intermediate Care Capacity and Demand analysis.

Further details on their purpose and contents can be found detailed in the report circulated with the agenda.

The Board received an update on the work that had been happening since the Health and Wellbeing Board workshop on 6 September 2022 with regards to the "reset" and were reminded that the Health and Wellbeing Board are the key accountable body, and that Lancashire County Council was working with one NHS body, the Integrated Care Board. Following the workshop and with support of the regional Better Care Fund team in collaboration with the Integrated Care Board, colleagues' plans have been put in place to hold a Multi-Agency Better Care Fund workshop in early December 2022 to begin the process and provide the basis for early and improved planning for 2023/24. The aim, for all partners, is to have in place a plan by April 2023 and an agreed approach to continued improvement on the use of the Better Care Fund.



It was also noted that the Health and Wellbeing Board would support the:

- Review and reset the Lancashire Better Care Fund
- Work with regional Better Care Fund support and Lancashire partners
- Multi-Agency workshop early December 2022 and the:
  - Analysis of spend and opportunities
  - Timely and robust planning for 2023/24
  - Basis for a refocused Better Care Fund in Lancashire

Following the presentation, the following comments were noted that:

- This was a good opportunity to invest collective resources in prevention and expand the scope to beyond Health and Social Care services.
- The workshop was encouraged to discuss the previous point and present plans to the Health and Wellbeing Board on taking this forwards and using the Better Care Fund for upstream prevention as well as reducing the needs and work with Community groups and Voluntary, Community and Faith Sector where there are opportunities that previously have not been considered as part of the Better Care Fund.
- It was a good opportunity to be ambitious and influence the clear metrics including in-hospital metrics.
- That the Better Care Fund is different now, than in the past, the level of commitment and engagement from all partners is very strong and reinforces that there is a strong ambition to change how things happen for the people of Lancashire.
- That an update on the Better Care Fund be presented at every Board meeting, to ensure it is engaged. This will be alongside the formal quarterly reporting prescribed requirements from Central Government.
- Further engagement work with Lancashire citizens will be included as part of the review and reset and work continues with commissioning colleagues around this.
- That there is an opportunity to include mental health and transitions from Children's Services to Adult Services.
- That metrics can be set locally alongside national requirements to help improve outcomes for Lancashire citizens.

**Resolved:** That the Health and Wellbeing Board:

- (i) Confirmed the sign off of the Lancashire Better Care Fund Plan 2022/23.
- (ii) Would seek updates on Better Care Fund progress at future Board meetings in line with quarterly reporting requirements.
- (iii) Agreed to engage with and support the work through the Better Care Fund workshop and beyond to "reset" the Better Care Fund in Lancashire.



## 5. Timetable of Meetings 2023/2024

**Resolved:** That the Board noted the schedule of meetings for 2023/2024 and were reminded that the venues (even though stated on the schedule that they would be held in County Hall) will continue to be held across different locations in Lancashire and members will be notified prior to each meeting.

## 6. Fuller Stocktake Delivery Planning - Lancashire and South Cumbria Response

James Fleet and Peter Tinson, NHS Lancashire and South Cumbria Integrated Care Board provided an update on the "Next Steps for Integrating Primary Care – Fuller Report, Developing our Lancashire and South Cumbria Delivery Plan" work that has taken place to date, how the wider engagement has been sought and feedback received. An updated version of the presentation to that circulated with the agenda, was given at the meeting and is appended to these minutes.

Further information on the following can be found in the presentation:

- Introduction from Dr Claire Fuller
- Next Steps for Integrating Primary Care: Fuller Stocktake Report
- Fuller: A reminder of the key themes
- Fuller: Recommendations in a nutshell
- Neighbourhoods and Places
- Local Context
- Developing our Lancashire and South Cumbria Fuller Delivery Plan
- Our Seven Themes
- Key Deliverables
- Six Products
- Our Journey So Far...
- Draft Lancashire and South Cumbria Fuller Delivery Framework
- Things to Note
- Key Feedback to Date
- How to Feedback

Following the presentation a number of comments were received:

- In terms of those areas that were further advanced, it was clarified that support will continue to enable those areas to continue to drive forwards at pace, whilst supporting the other areas to catch up consistently. The aim around the Integrated Neighbourhood Team development is to look to reduce the variation that there currently is.
- There are resources available to develop a Leadership Development Programme for all of the Primary Care Networks and wider Neighbourhood colleagues.
- Primary Care Networks stepped up throughout the pandemic and became a strong entity in the terms of the role that they played, and it is timely to look at how this can be built on and build on the connectivity and the relationships that have developed across partnerships.



- To look at building on successful work already happening in Children's Services and to include Primary Care in that agenda with children and families and to understand population need, development of family hubs and how that can be built on in Lancashire, particularly in terms of Family Safeguarding which is multi-disciplinary and brings to the fore how complex issues are dealt with.

The Board noted that when the engagement process has been completed, an update would be brought to a future meeting to discuss what the next steps would be in the Delivery Plan.

**Resolved:** That the Health and Wellbeing Board engaged and gave thoughts/comments on the Fuller Draft Delivery Framework and process to date.

## 7. Addressing Health Inequalities in Lancashire

Dr Sakthi Karunanithi, Public Health and Wellbeing and Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council provided an overview of the Lancashire and Cumbria Health Equity Commission final report that has been published and presented to the relevant upper tier local authority. This report follows on from the Health Equity Commission report on the draft recommendations that had been presented to the Health and Wellbeing Board at its workshop on 6 September 2022 by Dr Tammy Boyce, Institute of Health Equity.

The Board noted that the [report](#) attached to this agenda outlines the recommendations ([Appendix A](#)) identified in the Health Equity Commission [final report](#) which provides a reminder of the need to address health inequalities through action on social, economic and environmental drivers. The Health and Wellbeing Board will act as the co-ordinating Board for implementing the local health inequalities recommendations as detailed at Appendix 'A'. Further details can be found in the report and also in the presentation appended to these minutes which outlines the:

- Context
- Current Short-Term Health and Wellbeing Board Priorities
- Best Start in Life
- Health Equity Commission Recommendations (Appendix 'A')
- Work in Progress
- Proposed Approach

Following the presentation, the following comments were raised:

- The connection between the Integrated Care Board, Integrated Care Partnership and the Health and Wellbeing Board is key, and each need to understand who is doing what, who is responsible for what and who has shared responsibilities and how to maximise the advantage of that. Work still needs to be done on how this is driven forwards for the people of Lancashire without duplicating and making the most of the resources available.



- That the Health and Wellbeing Board is the right place for the Health Equity Commission work and the mapping process is key to it, in order of a baseline position where the Board knows what is being done well or overlapping in which case the Board can use its influence to address that.
- At Recommendation 8, there are various areas that can be assigned easily and others in reality that may be difficult to deliver against, therefore it was recognised that further work around what can be delivered on and realise that other areas may not be realistic be carried out at this time.
- It has evolved following discussions that from the 61 recommendations that they fall into three areas which are:
  - (i) What can be directly controlled by the Board
  - (ii) What the Board can influence through itself or other relevant Boards
  - (iii) The Board can neither be in direct control nor influence locally
- The Board needs to be clear of the extent of its influence.

**Resolved:** That the Health and Wellbeing Board:

- (i) Endorsed the proposed approach to address the Health Equity Commission recommendations and identified those appropriate for inclusion in the refreshed Health and Wellbeing Strategy.
- (ii) Considered and agreed the leadership role of the Board in facilitating the actions to address health inequalities across Lancashire.

## 8. Urgent Business

### Developing the Lancashire Place – Our Proposition for Aligned Governance

The item of Urgent Business had been received and agreed by the Chair as there was a need to agree governance arrangements for the recently established Place Based Partnership in relation to the Health and Wellbeing Board.

Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council and Sarah James, Health and Care Integration, NHS provided the context along with the attached presentation which outlines the proposal for new governance and requested the views of the Health and Wellbeing Board.

The Board noted that as a result of the major reform of the NHS, there has been some changes in the architecture of Lancashire and South Cumbria that has introduced an Integrated Care Board which manages the NHS spend and performance and has established an Integrated Care Partnership which is mainly between local government and the NHS and must involve and engage a whole range of other key partners on collaborative working to make a difference in Lancashire to Lancashire people.

The Board were asked as to whether the Health and Wellbeing Board could play a more prominent role in the new arrangements given that the Board exists and has a statutory responsibility to the Better Care Fund which was introduced to encourage the NHS and Lancashire County Council to pool its funds to decide where to



collaborate and spend and particularly to support people in the community. The Board were asked whether it could capitalise on that and produce a Joint Strategic Needs Assessment (JSNA) to make the Lancashire Health and Wellbeing Board the Place Based Partnership. It would be the main collaborative space for agreeing its' strategic direction, priorities and assurance on delivery whilst delivery itself would take place through Central, East and North localities across Lancashire as well as at district and community level.

If taken forward, the Health and Wellbeing Board in its new role would have strategic direction around the Better Care Fund, the Health and Wellbeing Strategy and the delivery will be done within the localities due to the size, range and scope of the services within Lancashire and would need the strong delivery units to carry out the work.

Further detail was highlighted in the presentation attached to these minutes, which set out the timeframe for the proposed aligned governance as to how a move from the Health and Wellbeing Board to a Place Board discharging the functions of the Health and Wellbeing Board, to a full Joint Committee with delegated decision making.

Following the presentation, the following comments were made:

- The focus needs to be on outcomes and there needs to be proportionate governance in place.
- It will bring additional responsibilities to the Health and Wellbeing Board, which could mean additional time commitments and the willingness to take on these responsibilities and drive it forwards.
- A review of membership would need to take place, however keeping it streamlined with key partners playing an integral part in order to set a strategic direction of travel with a degree of oversight and assurance with the key being the delivery units.
- To look at the perception of locality working and ensure that everything is not brough back to the "centre".
- Healthwatch are looking to establish a Citizen Ambassador model which is a group of citizens who are supported, trained and encouraged by Healthwatch, who have lived experience of using services and can help shape, design and run services and ask them to attend meetings. It does, however, require resources and a small amount of money to reward people for their involvement and giving their time and need to consider involving people with lived experience.
- Brief discussions with the Integrated Care Board regarding the proposals have taken place, however, dependant on the views of the Health and Wellbeing Board and their agreement to the proposals at this meeting, then further discussions would take place with the Integrated Care Board prior to the next Health and Wellbeing Board.
- There needs to be a differentiation between what the role of the Board/Committee is and the role of what the teams are being asked and are able to do.
- Discussions have taken place with other areas, eg Cheshire and Merseyside with some areas discounting the proposals however, it was reinforced that all Health



and Wellbeing Boards operate differently, and Lancashire is larger than some Integrated Care Systems, therefore it cannot be compared to most other areas.

- The proposals should be embraced as the intent of the Board.
- It was felt that membership needed to reflect more of the public voice.
- It is unclear currently, what is going to be delegated and this is something that needs to be very clear as to what the Board will be responsible for.
- There is a difference between Health Care and Health and also Health and Social Care and Health and Wellbeing. 20% of Health and Wellbeing outcomes are influenced by Health and Care Services with the remaining 80% around the wider determinants of health.
- The Health and Wellbeing Board has a wider strategic role around improving outcomes and reducing inequalities.
- Noted how the new role of the Board would embed itself in the wider manifestation of public sector collaboration for Lancashire's places and communities.
- That it is around proportionate governance and to focus on the outcomes.
- The Board would need to set the strategic context for the local delivery and operate as an enabler.
- If Lancashire is the first Board to become a Place Based Partnership, it should be embraced.

**Resolved:** That the Health and Wellbeing Board:

- (i) Considered the proposal in principal and approved further work to be undertaken.
- (ii) If further work was approved, requested the development and more detail on the potential new arrangement and that a fuller proposal be received at its next meeting on 24 January 2023.

## 9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2.00pm on Tuesday, 24 January 2023, venue to be confirmed.

L Sales  
Director of Corporate Services

County Hall  
Preston





# Lancashire Better Care Fund

Health and Wellbeing Board 15<sup>th</sup> November 2022

# Lancashire Better Care Fund Plan 2022/23

- Planning template
  - Income
    - Minimum requirements
  - Expenditure Plan
  - Metrics
- Narrative
  - What we do and what we are planning to do
- Intermediate Care Capacity and Demand analysis
- Plan sign off and assurance
- Quarterly reporting

# Lancashire Better Care Fund 2023/24 and beyond

- Health and Wellbeing Board as key accountable body
- Lancashire County Council working with one NHS body, the ICB.
- Health and Wellbeing Board support to:
  - Review and reset the Lancashire BCF
  - Work with regional BCF support and Lancashire partners
  - Multi agency workshop early December 2022
    - Analysis of spend and opportunities
    - Timely and robust planning for 2023/24
    - Basis for a refocussed Better Care Fund in Lancashire



# Next Steps for Integrating Primary Care – Fuller Report

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## Developing our LSC Delivery Plan

DRAFT Delivery Framework Engagement  
3<sup>rd</sup> October - 17th November 2022

# Overview

1. Next Steps for Integrating Primary Care: Fuller Stocktake Report
  - a) Introduction
  - b) Vision
  - c) Three essential offers
  - d) Recommendations
  - e) Fuller in a nutshell
  - f) Neighbourhoods and Places
  - g) Local context
2. LSC ICB Six Step Approach to development of a Delivery Plan
3. Developing our LSC Delivery Plan
  - a) Seven themes
  - b) Key deliverables
  - c) Six products
4. DRAFT LSC Fuller Delivery Framework – an introduction
5. Things to note and key feedback to date
6. How to feed back

# Introduction from Dr Claire Fuller

- For generations, primary care has been at the heart of our communities.
- Health visitors, community and district nurses, GPs, dentists, pharmacists, opticians, and social care workers are among the most recognisable of a multitude of dedicated staff delivering care around the clock in every neighbourhood in the country.
- Every day, more than a million people benefit from the advice and support of primary care professionals.
- This enduring connection to people is what makes primary care so valued by the communities it serves.
- Despite this, there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it.
- Teams are stretched beyond capacity, with staff morale at a record low. Left as it is, primary care as we know it will become unsustainable in a relatively short period of time.
- *It is against this backdrop that the Chief Executive of the NHS, Amanda Pritchard, asked for Dr Fuller for a ground up, major stocktake to take place.*

# Next Steps for Integrating Primary Care: Fuller Stocktake Report

**Sets out a vision for integrating primary care.....improving access, experience and outcomes for our communities**

Published May 2022, available in full:

<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>





# Fuller: A reminder of the key themes

## Three essential offers:

- **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention

*Fifteen recommendations – most for ICSs, others for DHSC, NHSE, HEE*

# Fuller: Recommendations in a nutshell

- Enable all PCNs to evolve into integrated neighbourhood teams
- Work with local people and communities to tackle ill health
- A system wide approach to a single integrated same day urgent care pathway
- Primary care workforce to be an integral part of system and national level strategy
- System leadership to become driver of primary care improvements
- System wide estates plan to support fit-for-purpose buildings
- Improve data flow and embed digital transformation in holistic care
- Create a clear development plan to support primary care sustainability
- Enable legislative, contractual, commissioning and funding frameworks

# Neighbourhoods and Places

Level	Functions	Priorities from the NHS Long-Term Plan
<b>Neighbourhood (c.30,000 to 50,000 people)</b>	<ul style="list-style-type: none"> <li>• Integrated multi-disciplinary teams</li> <li>• Strengthened primary care through primary care networks – working across practices and health and social care</li> <li>• Proactive role in population health and prevention</li> <li>• Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams).</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate primary and community services</li> <li>• Implement integrated care models</li> <li>• Embed and use population health management approaches</li> <li>• Roll out primary care networks with expanded neighbourhood teams</li> <li>• Embed primary care network contract and shared savings scheme</li> <li>• Appoint named accountable clinical director of each network</li> </ul>
<b>Place (c.250,000 to 500,000 people)</b>	<ul style="list-style-type: none"> <li>• Typically council/borough level</li> <li>• Integration of hospital, council and primary care teams / services</li> <li>• Develop new provider models for 'anticipatory' care</li> <li>• Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance</li> </ul>	<ul style="list-style-type: none"> <li>• Closer working with local government and voluntary sector partners on prevention and health inequalities</li> <li>• Primary care network leadership to form part of provider alliances or other collaborative arrangements</li> <li>• Implement integrated care models</li> <li>• Embed population health management approaches</li> <li>• Deliver Long-Term Plan commitments on care delivery and redesign</li> <li>• Implement Enhanced Health in Care Homes (EHCH) model</li> </ul>

# Local Context

## Fuller is big but its only part of the story....

We have a range of work programmes underway such as Population Health Management, Working with People and Communities, Urgent & Emergency Care, Workforce etc which are all about improving access, outcomes and experience for our communities. We know that our Fuller response needs to align with these.

*“...whilst we’re focussing on the ‘what’ and the ‘how’ we mustn’t lose sight of the ‘why’...”*

## Everyone is on a journey...

Some areas are well on the way with their journey towards integration, others are just starting out, nowhere is at the end.

*“...we are all on a journey...”*

## We have a lot of really great work going on across LSC already...

A key part of the Fuller work has to be to support sharing and learning from each other, it is that sharing and learning and the relationships we build which will enable everyone to move forwards

*“...relationship, relationships, relationships...”*

# Developing our LSC Fuller Delivery Plan

In July 2022, the ICB Board agreed six step process



- **Step 1:** Defining what ‘good’ looks like – workshop 20<sup>th</sup> July 2022, 137 participants
- **Step 2:** Setting out the steps to get to ‘good’ – rapid workshops x 7
- **Step 3a:** Develop draft Delivery Framework, Self Assessment Tool and Delivery Planning Tool – follow on workshop 22.09.22, 94 participants
- **Step 3b:** Engagement on draft Delivery Framework . . . ● *Our focus today*
- **Step 3c:** Engagement on PCN Neighbourhood Self Assessment and Delivery Planning Tool
- **Step 3d:** Produce final Delivery Framework, System Delivery Plan, PCN/Neighbourhood Self Assessment Tool and Delivery Planning Tool
- **Step 4:** PCN/Neighbourhood self assessment (supported) and PCN/Neighbourhood Delivery Plans including support requirements
- **Step 5:** System and Place delivery support plans
- **Step 6:** Ongoing delivery oversight and support, including sharing learning and practice

# Our Seven Themes

We have clustered the Fuller recommendations into seven themes

## 1. Integrated Neighbourhood Teams

- Co-located generalist and specialist
- Secondary care consultants aligned
  - Community engagement and outreach

## 2. Integrated Urgent Same Day Care

- Single urgent care team in each neighbourhood
- All patients clinically assessed as requiring urgent care
- Care from the most appropriate service/professional/modality

## 3. Working with people & communities

- Plans tailored to local needs and preferences
- Take account of demographic and cultural factors

## 4. Digital, Data & Intelligence

- Functionality
- Improve data to support access
- Solve problem of data sharing liability

## 5. Workforce

- Baseline existing capacity
- Innovative employment models
- Training, supervision, recruitment, retention and participation
  - Flexibilities

## 6. Estates

- 'One public estate' approach
- Maximise use of community assets and spaces

## 7. Support

- For PCN and Neighbourhood leadership teams
  - Team development
- Development forums/networks
- Provider collaborative, federations supra PCNs

# Key Deliverables

<b>1. Integrated Neighbourhood Teams</b>	<ul style="list-style-type: none"> <li>• Provide feedback on proposed INT prioritisation and build approach</li> <li>• Contribute to effective INT and MDT guide</li> <li>• PCNs/Neighbourhoods will be asked to identify their proposed INT build sequences (including the supporting population health analysis)</li> </ul>
<b>2. Integrated Urgent Same Day Care</b>	<ul style="list-style-type: none"> <li>• Develop an outline Urgent Same Day Care Vision and Approach which includes the formation of USDC Teams.</li> <li>• Develop an outline sustainable and resilient integrated Urgent Same Day Care Model across LSC for 24/7 out of hospital urgent care provision.</li> <li>• Ensure all services are collated across LSC and shared across respective places to support clear care navigation of patients and share learning</li> </ul>
<b>3. Working with people &amp; communities</b>	<ul style="list-style-type: none"> <li>• Undertake a review to consider where your partnership is up to in terms of listening to and building relationships with communities, and in particular those communities who face the greatest health inequalities.</li> <li>• Have worked with the defined population to understand barriers, develop co-produced solutions and built a strong working relationship with this community</li> <li>• Continue to refine and improve learning how to listen, learning new ways of connecting with communities, strengthening the voice of those facing the greatest barriers to accessing healthcare and using learning to shape services</li> </ul>
<b>4. Digital, Data &amp; Intelligence</b>	<ul style="list-style-type: none"> <li>• Working in partnership with local authorities (in particular public health and housing teams), local communities and other local system partners, to pool information and population health data</li> <li>• Digitally enabled personalised care and support planning implemented across multiple settings of care to be shared across systems and settings.</li> <li>• Commonality of read and write access across system partners.</li> </ul>
<b>5. Workforce</b>	<ul style="list-style-type: none"> <li>• Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams, across their functions including workforce plans and models</li> <li>• Ensure there is a consistent and comprehensive training, supervision and development offer</li> <li>• Co-design a set of measures to support neighbourhoods in knowing when a confident and skilled workforce is being achieved.</li> </ul>
<b>6. Estates</b>	<ul style="list-style-type: none"> <li>• Undertake a review of current estate utilisation in order to highlight any underutilised capacity within local systems in order to quickly resolve short / medium term capacity issues.</li> <li>• Ensure that all stakeholders with the NHS are adequately engaged in the system estate management and review process and that the NHS engages with in an effective manner with other stakeholders across the system – any public body, Councils, Voluntary Sector, Charities etc</li> <li>• Support the PCN and Place Neighbourhood to use and develop Strategic Plans and an ongoing process</li> </ul>
<b>7. Support</b>	<ul style="list-style-type: none"> <li>• Create a collaborative culture amongst partners across the system through stakeholder engagement, opportunities for shared learning and shared organisational and team development.</li> <li>• Ensure the support and collaboration of key local leaders in improving access, experience and outcomes for patients and communities by building relationships with existing local groups and embedding primary care leadership from all four pillars across the System</li> <li>• Support PCNs/Neighbourhoods to establish appropriate governance to underpin collaborative work with other providers within Neighbourhoods, across Place and as part of the wider System</li> </ul>

# Six Products

**Our six step process will lead to the development of six products to support delivery of Fuller in LSC**

- **Delivery Framework** - an overarching document which sets out what 'good' looks like and the steps needed to get to 'good' for Neighbourhoods, Places and System
- **Compendium of good practice examples** from across Lancashire and South Cumbria and nationally
- **System Delivery Plan** - setting out the key actions at system level to support delivery of Fuller in LSC
- **PCN/Neighbourhood Self Assessment Tool** - supporting PCNs and Neighbourhoods to understand where they are on their development journey and the next steps
- **PCN/Neighbourhood Annual Planning Template** - supporting PCNs and Neighbourhoods to plan the next steps on their development journey and identify the support they will need to progress
- **System and Place Delivery Support Plans** – drawing on the PCN and Neighbourhood Annual Plans, setting out the support for PCNs and Neighbourhoods on their Fuller development journey



# Our Journey so far...

**DRAFT What 'Good' Looks Like & Key Deliverables & Good practice examples**



Key stakeholders including: Practice manager, PCN CD, Community, Hospital, Healthwatch, Community Pharmacy, Dental, Optometry, VCFSE, Mental Health, Local Authority, Place Clinical Director, P&C Clinical Lead, PHM, GP Fed, LMC



**DRAFT Delivery Framework & Compendium of Good Practice**



*Engagement*  
3.10.22-17.11.22

# Draft LSC Fuller Delivery Framework

## Seven sections, seven themes

At the top of each section is a header which tells you the name of the theme

The second section sets out the DRAFT summary of what 'good' looks like for that theme

There are three columns setting out the 'steps to get to good' for Neighbourhoods, Places and System respectively

When-by dates are included in the shaded horizontal lines

Section headers are included to help you see which steps relate to which parts of the summary of 'good' at the top of the page

Support		
<p>What Good Looks like in LSC</p> <p>Our Support approach will:</p> <ul style="list-style-type: none"> <li>Develop a range of back-office and transformation functions including HR, quality improvement, organisational development, data and analytics and finance to support the development of neighbourhoods and integrated neighbourhood teams</li> <li>Support PCNs/Neighbourhoods to establish appropriate governance to underpin collaborative work with other providers within Neighbourhoods, across Place and as part of the wider System</li> <li>Create a collaborative culture amongst partners across the system through stakeholder engagement, opportunities for shared learning and shared organisational and team development</li> <li>Develop a more consistent and comprehensive leadership development offer for neighbourhood partners including the provision of sufficient protected time to be able to meet the leadership challenge in integrated neighbourhood teams</li> <li>Ensure the support and collaboration of key local leaders in improving access, experience and outcomes for patients and communities by building relationships with existing local groups and embedding primary care leadership from all four pillars across the System</li> <li>Work to create a step change in how investment and financial support flows through the system, maximising local control over the direction of investment, with the aim of improving equity in distribution of resource to ultimately improve health outcomes</li> </ul>		
Neighbourhoods	Place	System
<p><b>Back Office &amp; Transformation Support</b></p>		
Have a clear understanding of back office and transformation assets already in the Neighbourhood, not just health but all partners. Including what the support vehicles e.g. Feds, and offers are for the Neighbourhood currently	Undertake a survey of back office and transformation assets already in the Place, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.	Design, co-ordinate and collate a survey of back office and transformation assets already in the System, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.
<p><b>Investment and Financial Support</b></p>		
		Identify 'bridge' funding, the process and support for long term investment in order to drive new initiatives which in time will self-fund
		Ensure understanding of current spending distribution, compared with the system allocation and health inequalities
<p><b>Collaboration of Key Local Leaders</b></p>		
	Ensure effective utilisation of bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place - system	Establish a bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place - system
	Work with System to support the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPIs	Work with Places to lead the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPIs
Work with system to create a shared space (virtual) for Neighbourhoods		Work with Neighbourhoods to create a shared space (virtual) for Neighbourhoods
<p><b>Leadership Development</b></p>		
Adapt and adopt model role definitions for Neighbourhood Leadership Teams	Support development of Model role definitions for Neighbourhood Leadership Teams and support Neighbourhood teams to adapt and adopt these locally	Co-ordinate development of model role definitions for PCN Leadership Teams
Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level
<p><b>Governance</b></p>		
Work with Places to develop their local Neighbourhood vision, priorities and plan.	Support PCNs/Neighbourhood to develop their local vision, priorities and plan.	Develop tools and a process to support PCNs/Neighbourhood to develop their local vision, priorities and plan.
Adopt and embed the Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods
<p><b>Collaborative Culture</b></p>		
	Support PCN development via investment and development support outside of the Network Contract DES - Place teams to support neighbourhoods.	Support PCN development via investment and development support outside of the Network Contract DES
<p><b>By March 2023</b></p>		
<p><b>Back Office and Transformation Support</b></p>		
Work with Places and System to co-produce a model of provider at scale	Work with Neighbourhoods and System to co-produce a model of provider at scale	Work with Places and Neighbourhoods to co-produce a model of provider at scale
<p><b>Leadership Development</b></p>		
Undertake a skills audit and training needs analysis for members of Neighbourhood leadership teams	Support the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams	Co-ordinate the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams
A PCN must have in place a Clinical Director who works collaboratively with CDS from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans	Support PCN Clinical Directors to work collaboratively with CDS from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans	Establish arrangements which support PCN Clinical Directors to work collaboratively with CDS from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans
Engage with Place teams for support where the primary care wants to work with other providers at scale	Support primary care where they want to work with other providers at scale	Ensure the right arrangements are in place to support primary care where it wants to work with other providers at scale
<p><b>Collaborative Culture</b></p>		
		Put in place sufficient support for all clinical directors and multi-professional leadership development, protected time for team development and to be able to meet the leadership challenge in integrated neighbourhood teams
<p><b>By September 2023</b></p>		
<p><b>Back Office and Transformation Support</b></p>		
	Make available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g. pharmacy. With additional development support for providers.	Make available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g. pharmacy. With additional development support for providers.

# Things to note

- The six products will be live documents that will continue to develop as we progress on our integration journey for Neighbourhoods in LSC, building on previous work as well as starting some new work
- There are language issues with the Delivery Framework currently and further work will be needed to address these – your suggestions will be welcomed
- We will also need to do a ‘read across’ between the frameworks from the seven groups, to consider interdependencies and alignment of timelines – again, your suggestion will be welcomed
- We are committed to honouring all feedback received and will use your comments to help further shape all of the products
- Rapid task groups will work on issues raised so far including: Definitions e.g. MDT, INT , PCN, Neighbourhood; footprints e.g. PCN : Neighbourhood; overarching principles; delivery oversight arrangements; risks and issues

# Key Feedback to date

- Fuller is a good example of how partners need to work together across system, places and neighbourhoods.
- Delivery needs to be resourced.
- We need to understand our current investment, workforce and delivery, across health and care
- Informs a longer term view about response to key challenges e.g. workforce, and investment (including an approach to allocation)
- Needs to be responsive to local population and communities
- Build on national and local examples of good practice
- Develop an outcomes framework

# How to feed back

Please share your feedback on the **DRAFT Delivery Framework** using the survey link below

<https://forms.office.com/r/i2DcfU8c3k>



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Health and Care Partnership

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**Web** [lancashireandsouthcumbria.icb.nhs.uk](http://lancashireandsouthcumbria.icb.nhs.uk) | **Facebook** [@LSCICB](https://www.facebook.com/LSCICB) | **Twitter** [@LSCICB](https://twitter.com/LSCICB)



# Addressing Health Inequalities in Lancashire

Clare Platt

Head of Health Equity, Welfare & Partnerships

# Context

- HWB responsibilities
  - Joint strategic needs assessment
  - Health and wellbeing strategy
  - Better care fund
  - Integrated commissioning
- Place-based partnership
- NHS population health / health inequalities
- Economic, Environment & Transport strategies





# Current Short Term HWB Priorities

- Best Start in Life
- Healthy Hearts
- Happier Minds



# Also

- Supporting the economy and anchor institutions to improve wider determinants of health and reduce inequalities
- Developing our local voluntary, community, faith and natural assets so that everyone can benefit from them
- Promoting person centred services that put prevention and best value at their core



# Best Start in Life

- First 1000 days
  - School readiness
    - Support parenting
    - Improve speech and language – detection and support
    - Uptake early years placements
- Reduce infant mortality



# Health Equity Commission Recommendations

- Wide in scope / complexity / timescale
  - From best start in life
    - Overall good current & active alignment
  - To create and develop healthy and sustainable places and communities
    - Overall little current & active alignment



# Work in progress ...

Institute of Health Equity - Equity and the Social Determinants of Health in Lancashire and Cumbria	Lancashire County Council	NHS	Lancs 2050	Other
<b>Recommendations</b>				
<b>1. GIVE EVERY CHILD THE BEST START IN LIFE.</b>				
a) Reduce the gap in level of development in reception age children and set a target that every child achieve above the national average at readiness for school at reception.	Best Start in Life Board			
b) Increase access and provision of early years services in areas with higher levels of deprivation, and ensure allocation of funding is proportionately higher in areas of higher deprivation	Best Start in Life Board			
c) ICS and local authorities equip all those working with young children to support parents in developing their children’s early learning, especially with regard to speech and language skills.	Best Start in Life Board			
d) Develop and adopt a region-wide childcare workforce standard that includes training and qualifications on the job, including access to NHS training and offer, as a minimum, the real living wage to all early years staff.				



# Proposed Approach

Work with:

- Integrated Care Board Population Health team
- Integrated Care Lancashire Place Partnership team
- Lancashire County Council services
- Lancashire 2050 support



# So that ...

- Health and Wellbeing Board facilitates shared ambition & joint commitment
- Identify priorities:
  - Short term – clinical focus
  - Medium term – behaviour change focus
  - Long term – structural focus
- Identify where the delivery will be
- Commitment to trajectories and targets





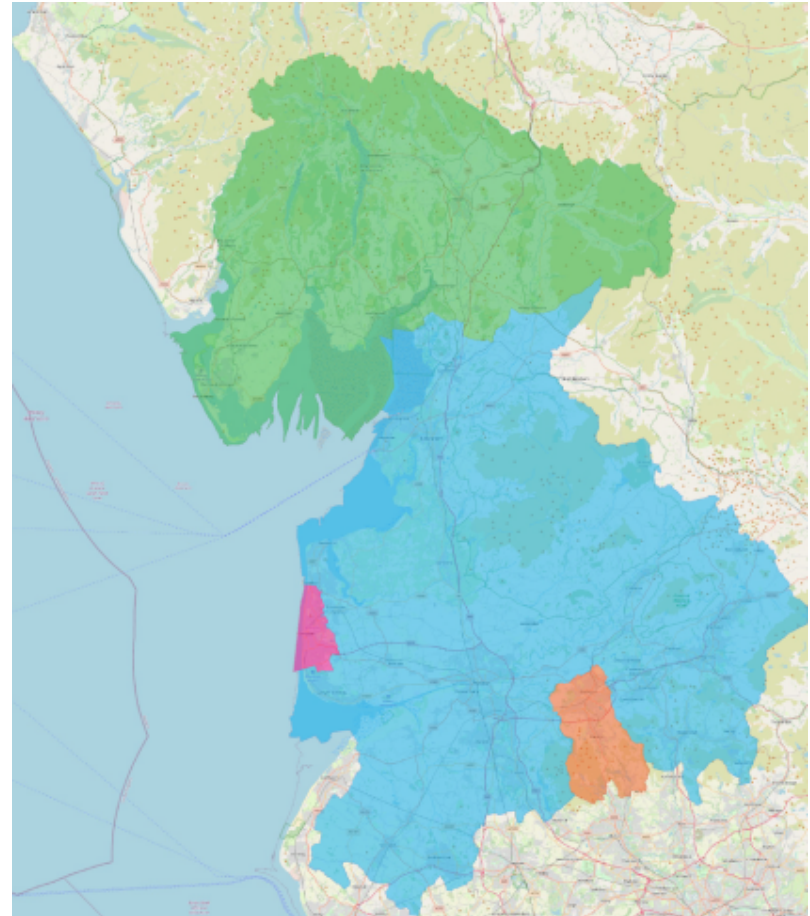


# Developing the Lancashire Place – Our Proposition for aligned governance

November 2022

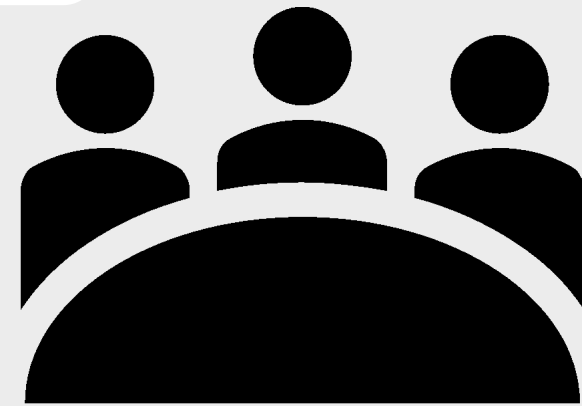
# Context

- Over November, we are developing our proposition for the new Lancashire Place. This will consider how it will operate with our different geographical levels, from our communities to the wider system, and what our priorities and associated deliverables will be for 23/24 and beyond
- As part of this we need to consider what governance we need to put in place. We have committed that we will have proportional but light governance, with a focus on delivery
- This provides an outline proposal for that new governance



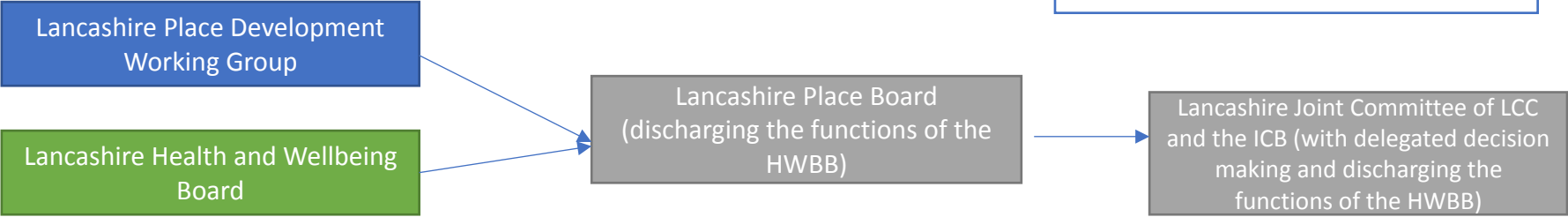
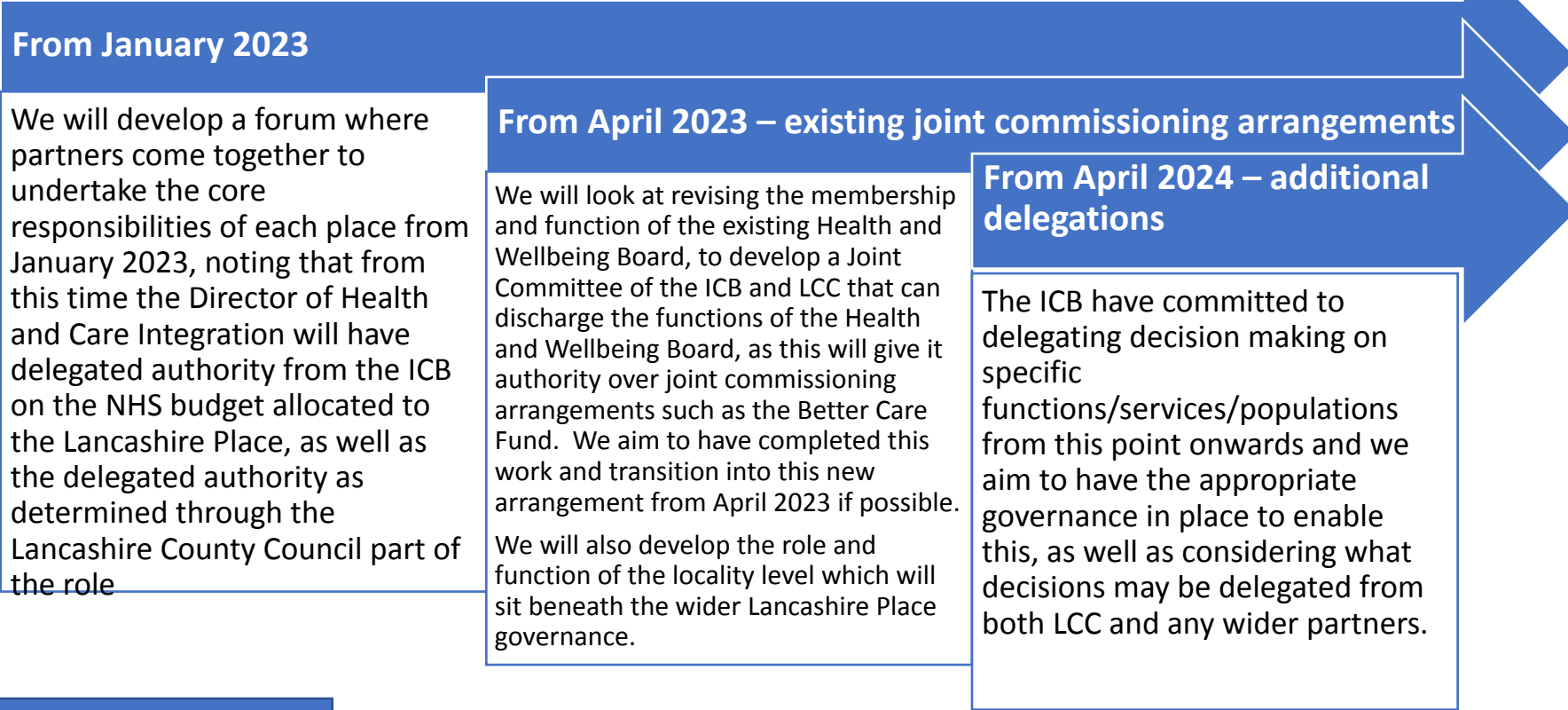
# Role of the Lancashire Health and Wellbeing Board in the new arrangements

- Given the integral role of the health and wellbeing Board within Lancashire, for all partners, we want to seize the opportunity to explore this being the main forum for the Place based Partnership for Lancashire
- Given the permissive nature of the guidance, we have the chance to ensure aligned governance rather than burdensome governance
- It will require a review of the Health and Wellbeing Board including governance, membership etc – however, it would place the current joint commissioning vehicle for the NHS and LCC (the Better Care Fund), at the heart of the new arrangements as an enabler for change and integration
- This would be the main collaborative space for agreeing our strategic direction, priorities and assurance on delivery whilst delivery itself would take place through our localities of Central, East and North and at district and community level.



# Proposal for aligned governance

*The timeframe below shows how we could move from a Health and Wellbeing Board, to a Place Board discharging the functions of the HWBB, to a full Joint Committee with delegated decision making discharging the functions of the HWBB*



# Actions

The Health and Wellbeing Board are asked to;

- Consider this proposal in principle, and approve further work to be undertaken
- If further work is approved, we will develop more detail on the potential new arrangements and bring a fuller proposal back to the next meeting of the Health and Wellbeing Board on 24 Jan 2023

