Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board

Tuesday, 7 March 2023, 2.00 pm,

Burnley Boys and Girls Club, Barden Playing Fields, Barden Lane, Burnley, Lancashire BB10 1JQ

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meeting held on 24 January 2023	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 14)	2.05pm

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. East Lancashire Citizen/Group Story	Information and Ask	To receive a real life story from a citizen or group in East Lancashire and what they want to see different or expect the Health and Wellbeing to support/change ways of working.	Clare Platt/David Blacklock		2.10pm
5. Place Based Partnership					
a) Integrated Care Strategy	Discussion/ Decision	To receive information on the development of the draft Lancashire and South Cumbria Integrated Care Strategy and the next steps for further engagement and finalisation of the document.	Craig Harris	(Pages 15 - 100)	2.30pm
b) Joint Forward Plan	Discussion/ Decision	To receive an overview of the emerging Joint Forward Plan (JFP) for the Lancashire and South Cumbria Integrated Care Board (ICB).	Carl Ashworth	(Pages 101 - 104)	2.45pm
c) Lancashire Place Based Partnership	Discussion/ Decison	To receive a progress report on the actions taken to develop the Lancashire Place-Based Partnership.	Sarah James	(Pages 105 - 110)	3.00pm
6. Transformation work in the Communities	Discussion	To discuss the transformation work.	James Fleet, Peter Tinson, Andrew Bennett	(Verbal Report)	3.15pm
7. Better Care Fund	Update	To receive an update on the impact of the Discharge Support Fund and the progress on the Better Care Fund 'Reset'.	Paul Robinson, Sue Lott	(Pages 111 - 114)	3.45pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		4.15pm
9. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 9 May 2023, venue to be confirmed.	Chair		4.20pm

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 24th January, 2023 at 2.00 pm in St Mary's Community Centre, Broadfield Walk, Broadfield Drive, Leyland, PR25 1PD

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board
County Councillor Alan Cullens BEM, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Jacqui Old CBE, Education and Children's Services, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
Councillor Viv Willder, Fylde Coast, Lancashire Leaders Group
Councillor Matthew Brown, Central, Lancashire Leaders Group
Chris Sinnott, Lancashire Chief Executive Group
Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

David Blacklock, Healthwatch

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked the staff at St Mary's Community Centre for hosting the Board meeting and thanked officers from the Public Health team and Democratic Services for arranging the meeting.

Apologies were noted as above.

Janet Malone, Head of Community Events was invited to give a brief overview of what St Mary's Community Centre provides for the Community, which includes a food bank that feeds over 90 families most weeks, a furniture scheme, monthly community lunches, chat lounges, mums and toddlers group, pensioners group and a widows group, which are just a few that take place regularly at the Centre. The

Board noted that the Centre was one of the Warm Spaces in Leyland funded by Lancashire County Council.

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 15 November 2022

Resolved: That the Board agreed the minutes of the meeting held on 15 November 2022.

There were no matters arising from them.

4. Health and Wellbeing Board and Integrated Care System - National Guidance

Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council discussed with the Board the recently published national guidance for health and Wellbeing Boards in the context of a changed NHS landscape; and identified some initial implications for further consideration as detailed further in the report attached to this agenda. As the guidance develops further, a better understanding will be learnt of the Boards responsibilities going forwards.

Sarah James, Lancashire and South Cumbria Integrated Care Board informed the Board that the Integrated Care Strategy has been developed up through the Integrated Care Partnership and is drawn from the Joint Strategic Needs Assessment, it fully lines up with the Health and Wellbeing Boards taking into wider considerations across Lancashire and South Cumbria and will be presented to this Board in March 2023 as well as a briefing on the wider context. There will also be a whole system plan which will set out a 10-year vision for what the Integrated Care Board expects from the NHS and its wider partners to work towards in Lancashire and South Cumbria. It will incorporate what the NHS will do to respond to the Integrated Care Strategy, what it will do to respond to wider national challenges as well as setting out a three-year financial framework. The Plan, which will have been responded to by the Strategy, will be presented to the Health and Wellbeing Board meeting in May 2023 where sign-off and endorsement will be requested.

The Board noted that Items 4 and 5 ran in conjunction with each other and the Chair requested that both presentations be received before discussions commenced for both items.

Following both presentations, the following points/comments were raised:

- The Health and Wellbeing Board will need to maintain oversight of the Board itself of which the guidance helps clarify that there is a role for this forum which strategic and not entirely delivery, which is filled by the Place Based Partnership Board and there needs to be a longer-term view of the strategy in terms of the Health and Wellbeing Board.

- The Board were asked to note the newly emerging themes and to commit to explore what the next steps for the Board should be with regards to the:
  - Joint Capital Plans
  - Care Quality Commission (CQC)
- It was confirmed that the membership of the Board would be reviewed on a regular basis, however, at present, it was felt that no changes were required.
- With regards to the workshops, it was noted that invites had been sent to County and District Councils, local community groups, colleges, Fire Service, hospices, NHS colleagues (Acute providers, community services, GPs and other providers) as well as others who have registered an interest. Further work that is wanting to be built on is around residents' voices and people with lived experience, however currently the workshops are more aimed at professionals.
- Details of the workshops will be forwarded on to members of the Health and Wellbeing Board following this meeting.
- In terms of data throughout the life course, ie Start Well, Live Well, Age Well and Die Well there will be a broad range of indicators from district level, down to ward level indicating where there are 'hot spots'.
- Maintaining relationships between wider partners is crucial in delivering key priorities and unexpected issues within public health and in response to them, build on the infrastructures that already exist.
- It is also the responsibility of Boards such as the Health and Wellbeing Board and system leaders to agree where improvements are required and to address the key priorities.
- Respond to trends with maybe resilience forums as was seen with the COVID pandemic and worked well.
- It was noted that North Lancashire and South Cumbria are reflected in terms of representation on all Boards, including the Health and Wellbeing Board, Integrated Care Partnerships and Integrated Care Boards.

Resolved: That the Health and Wellbeing Board:

(i) Considered whether the membership of the Health and Wellbeing Board requires amendment in the context of a changed NHS landscape.

(ii) Considered the opportunities for future governance further to the introduction of the Place Based Partnership.

(iii) Endorsed collaboration with the Integrated Care Partnership on strategy development.

(iv) Endorsed the development of an annual timeline to facilitate collaboration, including participation in the Integrated Care Board's forward plan and annual report development/review, and system wide NHS capital resource use planning.

(v) Investigated further the potential role of the Board in relation to the Care Quality Commission reviews of the integrated care system.

5. Place Based Partnership Update

Sarah James, Lancashire and South Cumbria Integrated Care Board provided an update to the Health and Wellbeing Board on the Lancashire Place Based Partnership for information. It included the progress made since November 2022, the establishment of the Interim Place Based Partnership Board and the next steps.

Following the discussion that was held at the last Health and Wellbeing Board meeting in November 2022 where an initial idea was presented to the Board on how the Integrated Care Board is looking to align some of the governance rather than duplicate it and the Board endorsed that an options appraisal be done around the consideration of the Health and Wellbeing Board becoming the focal point of the Place Based Partnership Board for Lancashire and South Cumbria. The report provides further information:

- Progress made since the last update (November 2022)
- Interim Lancashire Place Based Partnership Board
- Working with the Other Place Based Partnerships
- Next Steps

The Board noted the workshops that were currently planned in localities in Lancashire (Centra, North and East) in January and February 2023, with wider partners, to review, iterate and generate shared ownership of the proposal and were encouraged to attend.

Following the presentation, details of the discussion that took place are noted at Item 4.

Resolved: That the Health and Wellbeing Board noted the update on the development of the Lancashire Place Based Partnership.

6. Health and Wellbeing Board Key Priorities - Progress Update

Ruksana Sardar-Akram (Best Start in Life), Aidan Kirkpatrick (Healthy Hearts) and Fiona Inston (Happier Minds), Public Health, Lancashire County Council provided an update on the work to address the three key Health and Wellbeing Board priorities and updated on the associated milestones and performance.

Best Start in Life

Ruksana Sardar-Akram, Public Health and Mel Foster, Education Improvement, Lancashire County Council provided an update on work that has been happening since the initial report that was presented to the Board on 10 May 2022.

The priorities for Best Start in Life are:

i) Infant Mortality
ii) School Readiness

iii) Adolescent Mental Health

Further detailed information can be found in the report.

The Board noted the Performance Review (Appendix 'A') for Best Start in Life and were informed that some areas had shown improvement since the last report and other outcomes are still poor. There is a reduction in Infant Mortality which is the lowest it has been for 15 years, and Lancashire is currently in comparison to the national average. Local variations are also detailed in the performance review and whilst some districts are well above the national average, others are still poor, and work continues to improve these district outcomes.

Mel Foster, Education Improvement, Lancashire County Council gave a brief update on the 2-year-old offer, even though the offer is for 2, 3 and 4 year olds, 2-year-olds are Lancashire's most vulnerable children. Therefore over the past 12 months, there has been targeted work on this age group, which has resulted in a positive news story seeing a 14% increase in uptake from Spring 2021 to Spring 2022 (data only published annually in Spring). Lancashire is above the England average and in line with the North West average for the first time. Lancashire's growth was also higher even though it is in line with the North West, the growth was actually higher which is really positive. There are still a number of priority areas that need continued focus on including Pendle which has the lowest district take up and has been for some time, however, there was success still in that area as there was a further 21% take up from the previous year from 60% to 81%. The other areas that remain a priority are Preston, Hyndburn, Rossendale and Burnley. There is a multi-agency approach to targeting these areas and work is being carried out closely with internal colleagues in Children and Family Wellbeing Service and Children's Social Care to ensure those vulnerable groups and those known to Children's Social Care are accessing those places. Again an increase has been seen in children look after, children in need and children on child protection plans accessing places, however there is still more work to do in those areas. Close work is also being undertaken with health colleagues and other wider partners on the school setting infrastructure which again is a multi-agency approach to improving outcomes. The detailed analysis of the School Readiness (Early Years Placement Uptake) was attached to the agenda at Appendix 'B'.

The Board were asked to note the key milestones that were alluded to in the data as attached at Appendix 'A' – Best Start in Life.

In terms of next steps, it is about looking at some of the inequalities, performance data and looking at what the targets might be.

Following the presentation, the following comments/issues were raised:

- The Board noted that there was now a Strategic Best Start in Life Group, which is a multi-agency group that brings key partners together so ensure that everybody is working towards the same outcomes and they the data is understood in terms of where the gaps are to pinpoint where the inequalities are and to prioritise them.

- In terms of the data for School Readiness in Lancashire, on average 69.2% of children are ready for school when they start, however at Ward level, in some Wards only one in two children are ready for school, therefore there is still a long way to go in ensuring that every child in Lancashire is ready for school by the time they take up their placement.
- The Health and Wellbeing Board can support the ambitions as set out in the data in terms of School Readiness and as the Early Years Services that are commissioned by Lancashire County Council and the Speech and Language Service, NHS are due for review, it is those opportunities that the Best Start in Life Board are pursuing.
- It was noted that in the East, close partnership working with the Department for Work and Pensions is enabling targeted work with Universal Credit families that have got young children and ensuring that services that work with those families are aware of what the 2, 3 and 4 year old offer is.
- Close work is also happening with the voluntary sector and the same kind of approach as the one with the Department for Work and Pensions is also being rolled out with those agencies and the Voluntary Sector and getting those professionals trained, so that they can have engaging conversations with those families.
- It is about breaking down some of the barriers with families that might not be accessing the offer, such as they see childcare as something that working families need.
- There needs to be clearer pathways to the right support and accessing the right services.
- Further opportunities to link in more with the NHS particularly around speech and language services and other NHS services to understand what the inequalities are from a health perspective and working together with public health to look at that intelligence and prioritise what is going to be key to moving forwards.
- School readiness is often affected by parents' drug and alcohol issues and this target should also be included in Best Start in Life.
- A key aspect is how services work with families as well as children and young people.
- Another priority was adolescent mental health – James Fleet and Jacqui Old CBE agreed to discuss this outside of the meeting.
- There is an opportunity for the Health and Wellbeing Board to commit to having one system that is easy for a family to be able to navigate across public sectors.

Healthy Hearts

Aidan Kirkpatrick and Alison Moore, Public Health Lancashire County Council and Jeannie Hayhurst, NHS provided an update on work that has been happening since the initial report that was presented to the Board on 8 March 2022.

The Board were reminded of the Healthy Hearts programme which has been developed to encompass the following seven thematic workstreams:

i) Tobacco
ii) Alcohol
iii) Physical Activity

iv) Supporting Healthy Weight
v) Food Diet and Nutrition
vi) Health in All Policies Approach
vii) Cardiovascular Risk Modification

Further detailed information can be found in the report.

In terms of the some of the key activities over the past nine months it has been essential to ensure that there is a very solid foundation upon which to build on with regards to the healthy hearts approach. The existing service offer has been scoped out as well as the evidence being robustly reviewed, and a gap analysis has been carried out to ensure that the program is designed to deliver in line with what the evidence base says.

In terms of the performance review, further detailed information, key milestones and ambitions for each of the seven delivery platforms can be found in Appendix 'A' – Healthy Hearts.

The Board noted that in the past week Lancashire has been awarded £50 million as part of the Levelling Up Fund specifically to support investment within East Lancashire to ensure that there is a complimentary offer not only around public transport, but also about developing cycling and walking opportunities.

Jeannie Hayhurst, Cardiovascular Prevention, NHS give a brief outline on the metrics in the Healthy Hearts Performance Review (Appendix 'A'), Cardiovascular Disease Risk Modification, which reflect the ambitions of the NHS long term plan that was released in 2019 and set out some 10 year ambitions in the attempt to try and reduce the number of heart attacks and strokes. The main focus of the measurements within this section are to try and increase detection of the three main risk factors for heart attack and stroke and also improve the management of those three main risk factors. They focus on atrial fibrillation; high blood pressure and high cholesterol and the measures look at how well the Service is doing in terms of identifying atrial fibrillation, treating people who have got a Defibrillation with anticoagulants in order to prevent them having a stroke. As outlined in the Performance Data it shows that Service is doing well in the first area, atrial fibrillation and the ambition is to achieve a target of 85% of patients identified with this condition by 2029, with the figure currently at 84% across the area. In terms of treating these patients with anticoagulants, the target is 90% and currently the figure is at 88.7%, again which is good news in that area.

The second area is high blood pressure, where there is still a lot more work to do with the target of identifying people with high blood pressure being set at 80% by 2029 and it is currently at 68% on average across Lancashire. There are two measures that are recorded and reported on locally with regards to this condition which are, i) how well patients are treated over 80 and ii) how well patients are treated under 80. Data shows that treatment for those over 80 is better than those under 80, so there is quite a long way to go in terms of improvements.

The third area that is reported on is cholesterol and the first metric that is measured is how well cholesterol is recorded in people who are aged between 40 and 74,

which obviously reflects the uptake of the NHS health checks across the patch and the second metric is recording how many people who are identified at high risk of having a heart attack or stroke, how well they are being treated in terms of giving them a statin and again there is a long way to go as targets are way behind currently being 21% with a target of 75% by 2029.

The final metric is the ambition to find more people with familial hypercholesterolemia which is a genetic condition and puts people at very, very high risk of heart attack at a young age. The national ambition is to recognise up to 25% of people with the condition by 2024. Progress data is currently not available on this; however it is something that is being worked on.

Following the presentation, the following comments/issues were raised:

- An area of concern for the Health and Wellbeing Board is with regards to the health checks and current data outlines only 21% of Lancashire's population have undertaken one, which is exceptionally low, however, it is expected that by the end of this financial year the number will be back to 50% of pre COVID levels. The big challenge however is the variation in coverage across Lancashire as some areas are already achieving 75% however other areas are performing very poorly and that is where crucial engagement with NHS colleagues to ensure that all practices are able to offer that service and if for any reason individual practices are struggling to deliver that service, maybe there is an argument for other models of delivery.
- Lancashire County Council have recently commissioned Choose Health who are delivering the health checks in the community, workplaces and places of worship and started delivering on that in Spring 2022 where there has been a steady increase in the number of checks that are being delivered.
- Significant progress has been made in terms of getting general practices back on track and there is much better communication now with Lancashire's 135 GPs.
- There has been a review of different models for the payment because at the moment it is completely payment by results. Work is ongoing on a Federated model over in West Lancashire working on a Primary Care Network model from Rossendale.
- Data needs to be joined up across the providers to highlight the inequalities in the different districts.
- Need to be more active in getting the public to take more ownership of their health and to come forward for health checks.
- Elected Members could encourage Local Authorities to have health checks in the work place on an annual basis.
- E-cigarettes and the use of these inside premises is still an issue and the under-age use of these is increasing. The Board noted that there is a workshop shortly at a system level to look at this issue.

Happier Minds

Fiona Inston Public Health Lancashire County Council provided an update on work that has been happening since the initial report that was presented to the Board on 19 July 2022.

The Board were reminded of the Happier Minds programme which is a partnership and system leadership approach to addressing five key strands of work:

i) Emotional Health and Self-Care
ii) Loneliness and Social Isolation
iii) Dementia
iv) Alcohol and Drug Use
v) Self-Harm and Suicide

Further detailed information can be found in the report.

The Board noted some of the key milestones in the Performance Review (Appendix 'A') which focussed mainly on Self-Harm and Suicide and Alcohol and Drug Use. Research indicates that one in four young women and one in four young male, self-harmed. This data is hard to measure because the data will say that in 2021 over 2000 people have attended A&E in Lancashire, however, it does not indicate what the hidden element of self-harm it is. Feedback is received through Child and Adolescent Mental Health Services as well as schools and some work that is undertaken will be around parents understanding some of the signs and indications of self-harm and how they can support their child and be signposted to services. Links to self-harm can also be associated with suicide and again this is the leading cause of death in men under 50 and women under 35 and it is also linked to deprivation with men living in the most deprived areas are 10 times more likely to take their lives, and suffer from mental health, which is a theme that keeps coming through in data. Variations across the county based on the most recent figures show that the highest variation in suicide is 25 in Preston and the lowest is four in Ribble Valley.

A new National Strategy on Suicide to precede the 2016 version is awaited when the ambition was for suicides to reduce by 10% was produced for suicides by 10%. In 2021, nationally over 5000 died due to suicide. Generally over the last few years there was an ongoing increase regardless of the pandemic in suicide.
With regards to the Happier Minds programme the key is about what the actions Services can commit to together to start addressing and supporting Lancashire's communities across NHS and down into grassroots in communities.

With regards to alcohol and drug-use, currently 15% of people in Lancashire are dependent on drug and alcohol treatment services as alluded to previously and there is an ambition that those accessing treatment will increase over the next two years and that there will be additional funding too into detailed programmes. The other key aspect is around drug related deaths particularly in areas of deprivation. In 2020, there were eight recorded related deaths that happened in Burnley and two districts Rossendale and Ribble Valley recorded no deaths due to drugs. Nationally there has been a target to reduce 1000 preventable deaths due to related harm and in terms of the National Strategy what this means locally and going forwards is that there has been an appointment made within the Public Health team who is going to focus on drug related deaths (ie how it started and what lessons can be learned and how the learning can be taken forwards and influence change). There is also a focus around establishing a drug related panel and to hold a drug related death

conference in 2024 of which members of the Health and Wellbeing Board will be invited to.

Following the presentation, the following comments/issues were raised:

- Happier minds is the most challenging priority for the Board and there is still a lot of work to be done on it, however, further investment will help residents in Lancashire to address financial security, relationships and that 50% of those who have a dependent alcohol problem are actually known to the authority, the others are known through child protection, child abuse, crime and mental health.
- The Board will need to continue to oversee progress in this area.
- The challenge is around how to continue some of that good work that has been done and also recognising the positive aspects of what has been happening within the communities and to keep the momentum going.

In general it was agreed that a review of the Board's three main priorities be brought back to the Board in 12 months' time and in the meantime a conversation would take place outside of the meeting with regards to the challenges and barriers each area was facing.

Resolved: That the Health and Wellbeing Board considered the performance update and endorsed the areas identified as opportunities for collaboration and advocacy of the Board.

7. Lancashire Drug and Alcohol Partnership Update

Fiona Inston, Public Health, Lancashire County Council outlined to the Health and Wellbeing Board the progress made and next steps for the Lancashire Alcohol and Drug Partnership following the publication of the National Drug Strategy in 2021. Further detailed information can be found in the report attached to the agenda.

The Board noted that an Alcohol and Drug Partnership had been formed in Lancashire and first convened in July 2022. It is anticipated that the membership will engage and work with wider partners. It has also been agreed that the new partnership will report to the Health and Wellbeing Board.

The national strategy required that a Local Joint Needs Assessment (Appendix 'A') be completed by November 2022 and the draft was presented at the Lancashire Alcohol and Drugs Partnership in November 2022 and was approved at the Partnership meeting on 14 December 2022.

The Board were provided with some highlights from the Joint Local Needs Assessment which includes that:

- There are 4500 adults in drug treatment services.
- There is a significant about of unmet need for people using those services.
- The ambition is that by 2025 based on the baseline figures from 21 to 22, there will be an additional 2181 people through treatment services and that is the target that is being set nationally and to support some of the action additional funding

has been received c £15 million over the next three years to supplement the work that is done in drug and treatment services.

- The Family Needs Assessment worked in consultation with local partners where an action plan for delivery was formed which has 40 actions that are cross cutting across the three key priorities of the strategy.
- The plan is to update the Partnership Group around the key action points, including:

  - Workplaces and how they support employers with treatment services.
  - How to address some of the stigma.
  - Education around alcohol eg underage sales, working with the trade and Trading Standards, however most young people get their alcohol from their parents, so work needs to be carried out with the parents around that.
  - There are eight Community Alcohol Partnerships across the County, and the ambition is to have one in each district across Lancashire.
  - Discussions also need to take place with people who are not access treatment services to understand the barriers.
  - How to work with the prison and probation service?
  - How to influence the national policy for licensing?

Following the presentation, the following comments/issues were raised:

- The Joint Needs Assessment captures the 12 Lancashire Districts however there are references to other neighbouring Districts ie Blackpool.
- A query was raised as to how substance misuse was ascertained in terms of canisters. It was agreed that Fiona Inston would seek further clarification regarding this and reply to County Councillor Cullens outside of the meeting. A request was also made to highlight particular hotspots also.
- Visits are planned for Year 9 pupils to speak about drug and alcohol misuse as well as self-harm and if they are aware of services available to them.

Resolved: That the Health and Wellbeing Board endorsed the Lancashire Alcohol and Drugs Needs Assessment (Appendix 'A') and the steps being taken to implement the national drugs plan to cut crime and save lives.

8. Lancashire Better Care Fund Update

Paul Robinson, Midlands and Lancashire Commissioning Support Unit, NHS and Sue Lott, Adult Social Care, Lancashire County Council updated the Health and Wellbeing Board following the workshop to "reset" the Better Care Fund in Lancashire. Further detailed information can be found in the report.

The Board were reminded that there was a spend of £174 million across Lancashire and within that it covers a minimum spend from the Integrated Care Board allocation of just under £70 million on NHS Commissioned Out of Hospital services and just under £40 million on Adult Social Care services spend.

The plan was approved nationally at the end of December 2022 and the approval letters sent shortly after that. There has been no reporting requirement other than to

the Health and Wellbeing Board at a national or regional level, however, it is expected that there will be an end of year reporting requirement, which will be presented to this Board when available.

The Board noted that a Section 75 agreement was required that covers the management of the Better Care Fund. This is an agreement under section 75 of the NHS Act 2006 and is the mechanism by which the funds across health and social care and manage the Better Care Fund itself. The pool itself is hosted by Lancashire County Council and ways are being explored as to how the tool can be better used in managing the money across health and social care. There is a slight delay in the sign off of the agreement due to the Adult Social Care Discharge Fund, however it will be signed of by 31 January 2023.

The report to the Board covers two aspects:

i) Better Care Fund Reset
ii) Adult Social Care Discharge Fund

In terms of the Better Care Fund reset, a workshop was held on 1 December 2022 and the outcomes/themes/next steps from the workshop are detailed further at Appendix 'A'.

A steering group has been established and will meet monthly to oversee the programme of work and to focus initially on interim governance setting and the parameters of how to review the spend across the Better Care Fund. The Board will receive the framework at a future meeting.

With regards to the Adult Social Care – Discharge Support Fund as the Health and Wellbeing Board it has oversight and accountability for the spend within the plan. The fund was announced in September 2022 and formally confirmed towards the end of November 2022. The plan had to be submitted by 16 December 2022 and formally signed off by the Chair of the Health and Wellbeing Board, Chief Executives of the Integrated Care Board and the Local Authority and the Local Authority, Section 151 officer.

The support fund itself is a national £500 million fund and it is to be used to support timely and safe discharge from hospital into the community, reducing the number of people delayed in the hospital who are awaiting social care and includes those people on the mental health wards. It can also be used to boost adult social care and workforce capacity through staff recruitment, staff retention and where that will contribute to reducing delayed discharges. The funding is split with 60% of the fund directed through to the Integrated Care Boards and 40% through to Local Authorities. The total combined amount for Lancashire across the Local Authority and the Integrated Care Board is £9.7 million and the monies are to be spent by the end of March 2023.

There are a number of regulations associated with the funding which needs to be met alongside the requirements to provide fortnightly monitoring reports which set out the actual spend, the activity, how many discharges have been achieved and the

progress against each of the schemes and the impact that they are making. The first report was submitted on 6 January 2023 and the second one on 20 January 2023.

The Board were informed that all the funding has to be pooled into the Better Care Fund, hence the Health and Wellbeing Board's oversight of the plan. The Lancashire Plan (Appendix 'B') focuses on continuing the many services that were stepped up to support the Discharge to Assess (D2A). Without the additional funding, those services were at risk of ceasing in November 2022 due to the short-term funding that was previously attached to them.

As the guidance stands currently, the monies cannot be carried over into next year it has to be spent by the end of March 2023, however formal confirmation is awaited to see if this timescale can be extended.

Some other elements of the plan include:

- Monies identify to facilitate overtime for existing staff, both to meet surges in demand around hospital discharge and hospital escalation pressures, plus extending the mental health discharge team to work across seven days.
- There is also some money for additional nurse capacity to increase nursing needs assessments directed towards the mental health wards to remove waits for people being delayed on those wards currently.
- A community intensive support team for mental health to enable people on mental health wards to be discharged earlier.
- Funding additional community equipment to ensure it is more widely available and to broaden the availability of certain small items that will support people being discharged from all hospitals.
- Monies to contribute to supporting the social care sector in terms of stability around workforce.

The Board will receive further updates on the progress of this scheme, however so far, the funding has facilitated care and support to approximately 1200 people who have been discharged from hospital over the last 5/6 weeks.

Following the presentation, the following comments were noted:

The Board needs to ensure that they are challenging that the Better Care Fund is being used for integration and to ensure services are being supported by the funding included the Boards three main priorities.

Resolved: That the Health and Wellbeing Board:

(i) Noted the progress in the "reset" of the Lancashire Better Care Fund and next steps.

(ii) Received further updates on reset activity beginning with outcomes of the financial review and recommendations for governance.

(iii) Noted the approach to using the Adult Social Care Discharge Fund as set out in the plan and formally record Health and Wellbeing Board approval and Chair's sign-off.

(iv) Received updates on the impact of the use of the Adult Social Care Discharge Fund.

9. Urgent Business

Prevention in Health and Social Care – Committees – UK Parliament

This item of Urgent Business had been received and agreed by the Chair, as the Government had recently launched an inquiry with a call for submissions until 8 February 2023 on the Prevention in Health and Social Care – Committees.

Resolved: That the Health and Wellbeing Board:

(i) Noted that the inquiry had been launched on the Prevention in Health and Social Care – Committees.

(ii) Agreed that Dr Sakthi Karunanithi draft a response with colleagues and share with members of the Health and Wellbeing Board before submitting it, by 8 February 2023. It was also noted that the response will also feed into a system wide one too nationally.

10. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on Tuesday, 7 March 2023, venue to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board
Meeting to be held on 7 March 2023

Corporate Priorities:
Delivering better services;

Development of the Lancashire and South Cumbria Integrated Care Strategy 2023-2028
(Appendices 'A', 'B' and 'C' refer)

Contact for further information:
Sarah James, Integrated Place Leader, Lancashire and South Cumbria Integrated Care Board (ICB), sarah.james79@nhs.net

Brief Summary

This paper provides the Health and Wellbeing Board with information on the development of the draft Lancashire and South Cumbria Integrated Care Strategy and the next steps for further engagement and finalisation of the document.

Recommendations

The Health and Wellbeing Board is asked to:

i) Endorse the current version of the Lancashire and South Cumbria Integrated Care Strategy, noting that this will be further updated in the coming weeks to reflect feedback from partners and residents.
ii) Note that the final version of the Lancashire and South Cumbria Integrated Care Strategy will be presented to the Integrated Care Partnership (ICP) in April 2023 for formal agreement.

Detail

This paper provides the Health and Wellbeing Board with information on the development of the draft Lancashire and South Cumbria Integrated Care Strategy and the next steps for further engagement and finalisation of the document.

Requirements of the Integrated Care Partnership and the Integrated Care Strategy

The Integrated Care Partnership (ICP) is a statutory joint committee of the Integrated Care Board (ICB) and each responsible local authority (upper tier and unitary) within the Lancashire and South Cumbria area. Membership of the Integrated Care Partnership (ICP) includes elected members from each of upper tier and unitary local

authorities, as well as two representatives of district councils – one for Lancashire and one for Cumbria.

The Health and Care Act 2022 requires Integrated Care Partnerships (ICPs) to develop an Integrated Care Strategy which details how the assessed needs of the population, as identified in joint strategic needs assessments (JSNAs), will be met by the exercise of functions by the Integrated Care Board, partner Local Authorities, and NHS England. This strategy is described in NHS England (NHSE) guidance as setting "the direction of the system … setting out how the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life".

Locally, the Integrated Care Partnership (ICP) has agreed that this strategy provides an opportunity for us to set out our ambitions for what we can achieve as an Integrated Care System. It aims to outline, at a high level, the difference we can make by working in an integrated way. It does not seek to replace or duplicate existing strategies and activity that is already underway in the system. Instead, it seeks to link them together by providing an overarching narrative about what it is that we are all trying to change and improve together.

The national expectation was for each system to publish its initial strategy by December 2022, although this was not a statutory requirement. Locally, it has been agreed that the final version of the strategy will be agreed by the Integrated Care Partnership (ICP) in April 2024 following further engagement with residents and stakeholders.

Development of the draft strategy: work to date

Work to date on the draft Integrated Care Strategy has included:

September 2022

Identifying the needs and wants of the population: The joint strategic needs assessments (JSNAs), Joint Health and Wellbeing Strategies and Public Health Annual Reports for Lancashire, Blackpool, Blackburn with Darwen, Cumbria and North Yorkshire were reviewed, and key themes identified. Additional data from Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and the Lancashire and Cumbria Health Equity Commission was also used to supplement this stage of work. These themes were triangulated with insights from resident engagement activities that have taken place over the past several years, mainly those led by the Clinical Commissioning Groups (CCGs).

Identifying draft priorities: Based on the above work and discussions at the inaugural Integrated Care Partnership (ICP) meeting in September 2022, a number of draft priorities were used as the basis for further engagement.

October 2022

Engaging with residents and staff on the draft priorities: The timeframe for creating an initial draft of the strategy limited our engagement activities. However, during October 2022 we engaged with over 1000 people via a range of engagement

activities with our residents and staff (an online survey managed by the Integrated Care Board (ICB) Communications and Engagement Team, and a series of focus groups/pop-up events run by Healthwatch Together). The findings from this engagement are attached as Appendices 'A' and 'B'.

November 2022

Scoping the priorities: This commenced by using the Integrated Care Partnership (ICP) meeting in October 2022 as a workshop to consider feedback from the engagement activities and generate our sense of ambition for the above priorities, as well as considering key enablers to delivery. From this workshop, we identified a number of executive leads, and asked them to undertake further scoping work during November 2022, as well as testing their thinking with a range of stakeholders.

December 2022

Creating the draft strategy: An initial draft of the Integrated Care Strategy was presented to the Integrated Care Partnership (ICP) in January 2023.

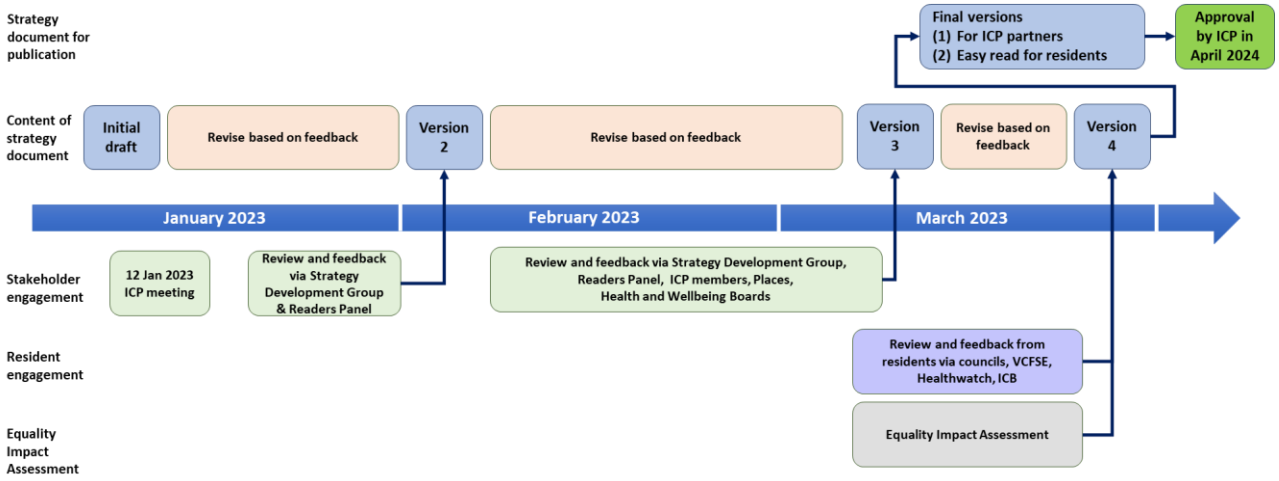
Current version of the strategy: The current version of the Integrated Care Strategy is attached as Appendix 'C'. As outlined above, this has been developed through, and fully endorsed by, the Integrated Care Partnership (ICP). It must be noted that this remains a ‘work in progress’ with further minor amendments/additions to be made to the content of document in the coming weeks along with refinements to the design/layout of information.

This version is currently being circulated to members of the Integrated Care Partnership (ICP) and the executive leads for the life course priorities, with an ask that they provide any further feedback as soon as possible.

Finalising the strategy: next steps: The final version of the Integrated Care Strategy will be presented to the Integrated Care Partnership (ICP) in April 2023 for formal agreement.

To support achievement of this, a time-limited Strategy Development Group has been established to oversee finalisation of the strategy and the next stage of engagement with residents and stakeholders.

The diagram below shows the phases of engagement and future iterations of the strategy document. The final version of the strategy will include a document that is intended for Integrated Care Partnership (ICP) partners and a document that is an 'easy read' intended for residents.



List of background papers

N/A

Reason for inclusion in Part II, if appropriate

N/A

Lancashire and South Cumbria
Integrated Care Partnership

Listening to our communities on our draft priorities: final summary of findings

Appendix A

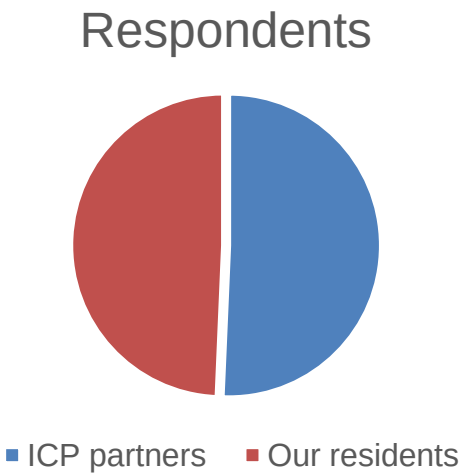
Process of engagement

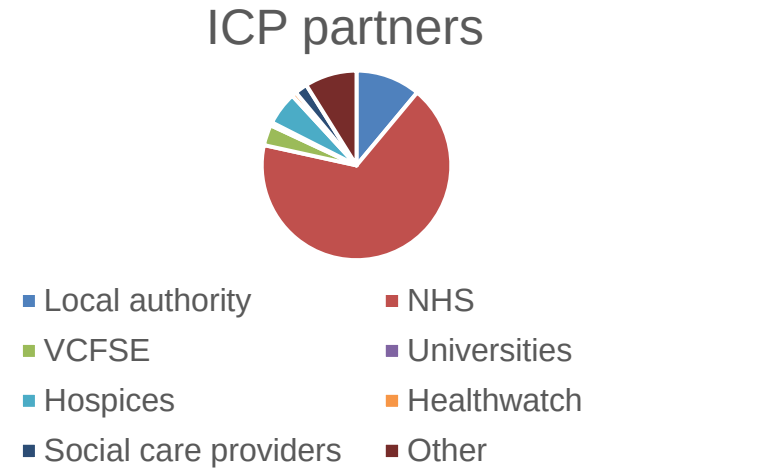
Online survey and Healthwatch focus groups

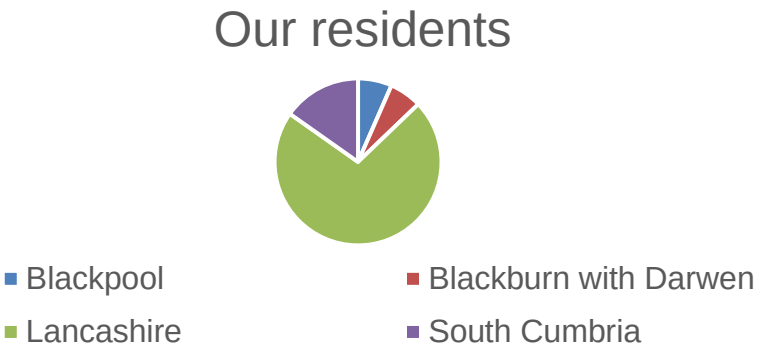
- An engagement process was launched on 3 October, inviting feedback on the six draft priorities proposed by the Integrated Care Partnership on 30 September.
- Due to tight timescales, a survey was open for three weeks and Healthwatch Together undertook face to face engagement (through focus groups and pop-up events) during this period.
- The Integrated Care Partnership was provided with an initial summary of findings with the meeting papers - and this final summary of findings has been shared now that the survey has closed.
- As you will see in the results, the findings of the survey are similar across the online survey and Healthwatch engagement, with the same ranking for the priorities and similar feedback provided.

Who did we hear from?

Total number of respondents: 734







The draft priorities

Of the proposed priorities, how would you rank them in terms of importance?

Priority	Total score (weighted calculation)	Overall rank
Living well: Preventing ill health and tackling health inequalities	3510	1
Starting well: Supporting children and their families in the first 1000 days of a child's life	3364	2
Ageing well: High quality care that supports people to stay well in their own home	2681	3
Living well: Supporting people into employment and staying in work	2344	4
Dying well: Supporting people to choose their preferred place of death and that they and their families receive holistic support	1798	5
Living well: Large scale organisations' role in social and economic development	1717	6

Select the issue within “starting well: supporting children and their families in the first 1000 days of a child’s life” that you think should be addressed most urgently:

			Response Percent	Response Total
1	Support to give up smoking during pregnancy		3.54%	26
2	Emotional support during pregnancy		5.72%	42
3	Support to increase breastfeeding rates		2.86%	21
4	Providing safety information for how to prevent injuries in babies and young children		3.95%	29
5	Increasing numbers of childhood vaccinations administered		4.09%	30
6	Increasing access and provision of early years services in areas with higher levels of deprivation		40.46%	297
7	Preventing childhood obesity		5.31%	39
8	Preventing dental decay		1.23%	9
9	Supporting children living in poverty		27.11%	199
10	Support with school readiness		5.72%	42
			answered	734

Select the issue within "living well: supporting people into employment and staying in work" that you think should be addressed most urgently:

			Response Percent	Response Total
1	Tackling zero hour contracts		10.90%	80
2	Improving transport in rural areas to travel to places of employment		7.08%	52
3	Improving knowledge of digital tools for use in employment		1.63%	12
4	Support with decreasing personal debt		4.09%	30
5	Help for those living in food or fuel poverty		18.66%	137
6	Support with qualifications, training and readiness for work, especially in areas with higher levels of deprivation		38.01%	279
7	Tackling homelessness and poor quality housing		19.62%	144
			answered	734

Please select the issue within "living well: large scale organisations' role in social and economic development" that you think should be addressed most urgently:

			Response Percent	Response Total
1	Reducing environmental impact such as carbon emissions and air pollution		10.22%	75
2	Using buildings and spaces to support communities		12.13%	89
3	Widening access to work and helping to develop local residents in their careers		14.99%	110
4	Moving to a culture of employing people from, and investing in, the local community		29.02%	213
5	Reducing impact of digital exclusion		2.45%	18
6	Ensuring health and care infrastructure is in place for new housing developments		16.08%	118
7	Embedding a culture of health and wellbeing support at work		15.12%	111
			answered	734

Please select the issue within "living well: preventing ill health and tackling health inequalities" that you think should be addressed most urgently:

			Response Percent	Response Total
1	Increasing years of healthy life expectancy, through promotion of healthier lifestyle		18.94%	139
2	Supporting mental health and wellbeing and reducing suicide rates		25.89%	190
3	Support for people with learning disabilities and autism		6.95%	51
4	Community based support for long term conditions including diabetes, COPD and respiratory disease		11.31%	83
5	Reducing inequalities in access to care, including those with accessibility needs		14.31%	105
6	Improving communication and sharing of information between services		14.03%	103
7	Promotion of alternative treatment or services available, including social prescribing		6.81%	50
8	Supporting domestic abuse victims		1.77%	13
			answered	734

Please select the issue within “ageing well: high quality care that supports people to stay well in their own home” that you think should be addressed most urgently:

			Response Percent	Response Total
1	Support for unpaid carers		13.49%	99
2	Increased access to social care for older people		28.88%	212
3	Support for people living with dementia		7.77%	57
4	Support for people living with loneliness and social isolation		17.03%	125
5	Opportunity to receive care closer to home		8.72%	64
6	Improved communication for patients and their families to access care and support		12.67%	93
7	Improved communication and sharing of information between health and care services		11.44%	84
			answered	734

Please select the issue within "dying well: supporting people to choose their preferred place of death and that they and their families receive holistic support" that you think should be addressed most urgently:

			Response Percent	Response Total
1	Support for health and care professionals to begin conversations about end of life at an early stage		11.44%	84
2	Helping people to die in their place of choice		20.44%	150
3	Signposting to support available for people who are dying and their families		8.99%	66
4	Improving patient and family involvement in shaping treatment plans		12.81%	94
5	Support for unpaid carers		7.63%	56
6	Reducing loneliness and maintaining dignity for those who are dying		16.49%	121
7	Helping patients and families to plan a patient's future health and care		18.26%	134
8	Increased access to bereavement support		3.95%	29
			answered	734

Is there anything else you would like to add regarding the proposed priorities?

Word cloud

Is there anything else you would like to add regarding the proposed priorities?

Overarching themes – quick analysis

- Hard to rank the priorities as they are interlinked and all important
- Need a whole team / partnership approach to these priorities and better communication between partners
- Equity and improving access is important - one approach will not meet the needs of all people across Lancashire and South Cumbria
- Need to be accountable and transparent and have an overarching priority about listening, coproduction, and working effectively with people and communities
- Tackling health inequalities is an underlying result of all the other priorities
- Lots of comments referred to specific partner organisation issues – e.g. for NHS GP waiting times or local authority public transport (these will be shared with individual organisations).

What one improvement would you like to see, based on these proposed priorities?

Word cloud

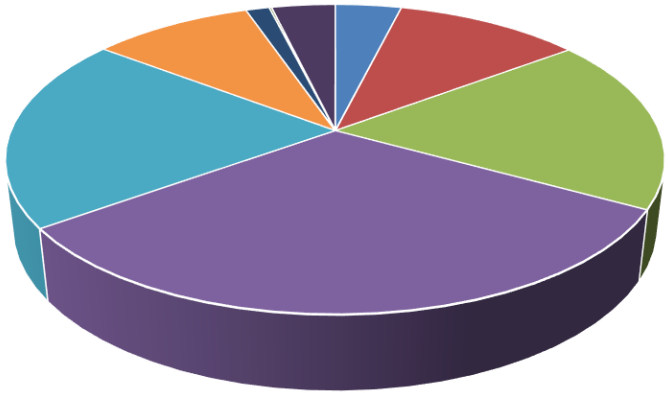
What one improvement would you like to see, based on these proposed priorities?

Overarching themes – quick analysis

- More joined up approach between all health and care partners
- Improved life expectancy and reduced health inequalities
- The role of VCFSE sector organisations embedded as an equal partner
- More equitable access to health and care services
- Easier access to social care and improved environment for social care workers
- Implementation plan based around the priorities with measures of success
- Support for understanding how to navigate the health and care system

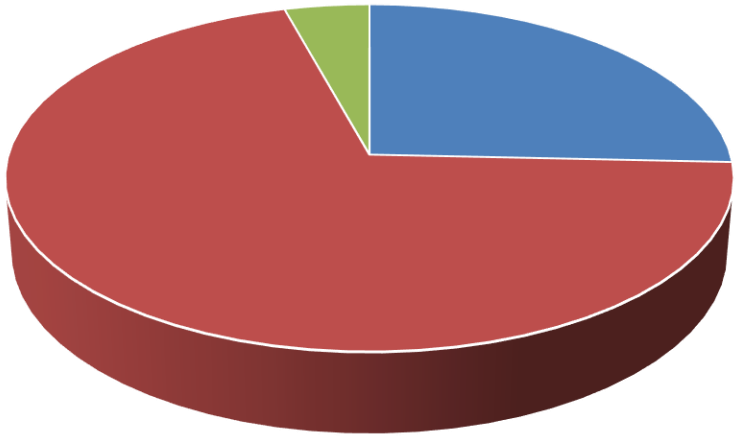
Equality monitoring

Respondents by age



19-29
30-39
40-49
50-59
60-69
70-79
80-89
90-99
100+
Prefer not to say

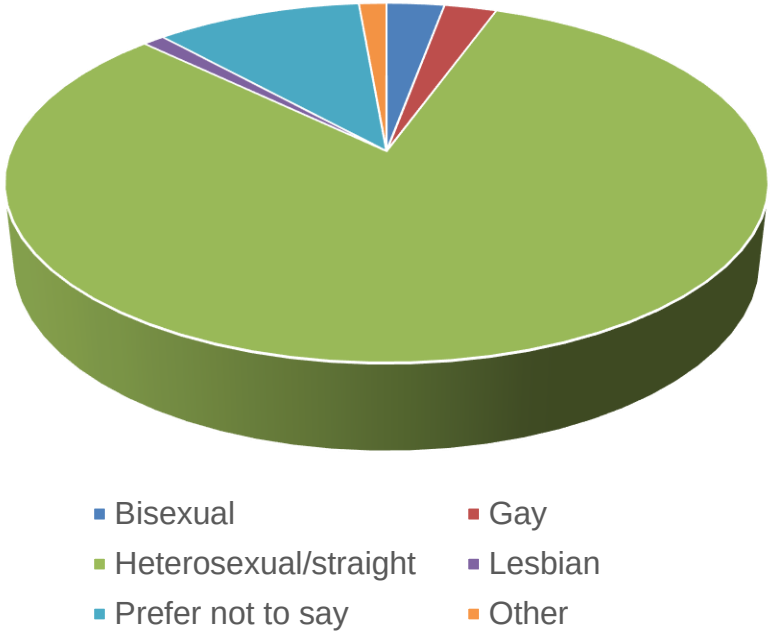
Respondents by sex



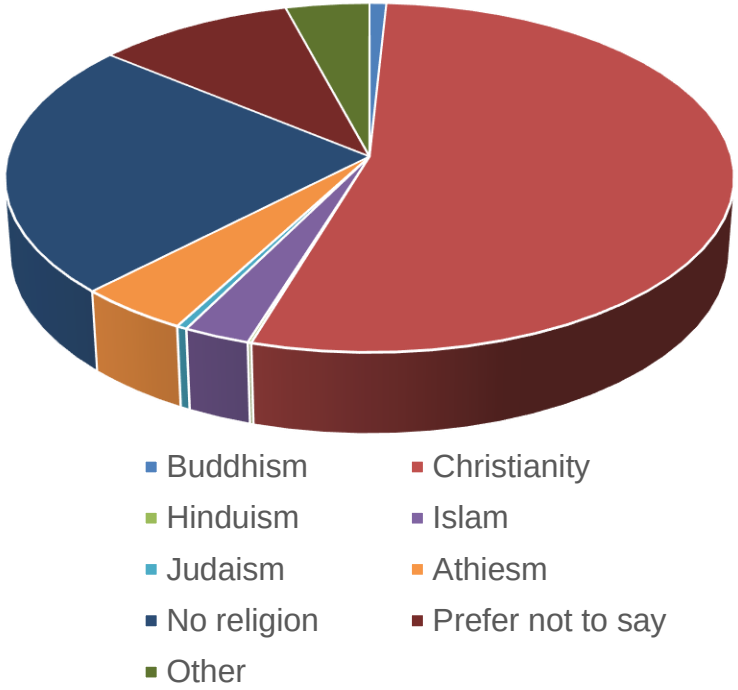
Male
Female
Prefer not to say

Equality monitoring

Respondents by sexual orientation



Respondents by religion

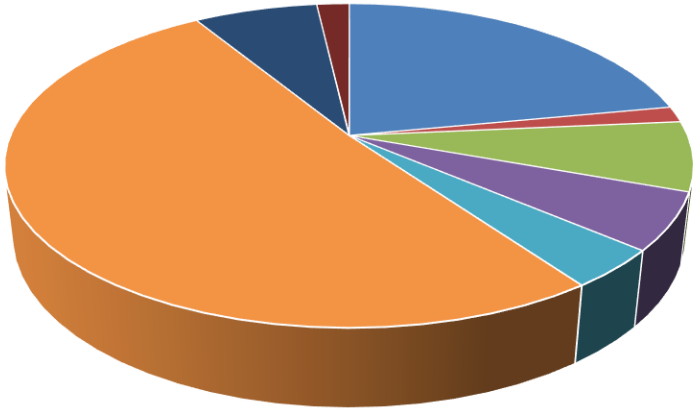


Equality monitoring

Respondents by ethnicity

Ethnicity	No.	Ethnicity	No.
Asian or Asian British - Indian	16	White British / English / Northern Irish / Scottish / Welsh	622
Asian or Asian British - Pakistani	6	White Gypsy or Irish Traveller	1
Asian or Asian British - other	5	White Irish	12
Black or Black British - other	1	White other	15
Mixed Asian and White	3	Other - Arab	1
Mixed Black African and White	1	Other	6
Mixed Black Caribbean and White	2	Prefer not to say	28
Mixed other	5		

Respondents by disability



Healthwatch Together
Roadshow Engagement Findings

Healthwatch Together

Blackburn with Darwen, Blackpool, Cumbria and Lancashire working in partnership

Healthwatch Together (HWT) Roadshow Findings Summary

TOTAL NUMBER OF PEOPLE ENGAGED WITH = 346

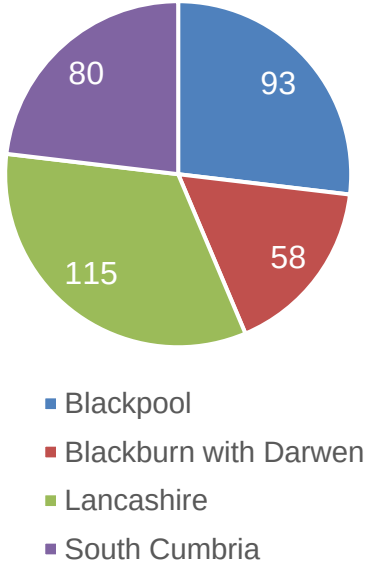
- 13 Focus Groups, total of 163 participants

Focus Group Demographics:		
3 – Young people groups	2 – Adults with Learning Disabilities and Autism groups	2 – Refugee support groups
1 – Men group	1 – Carers group	1 – South Asian Women group
1 – Mental health group	1 – Deaf Group	1 – New and expecting mothers group

- 183 more people engaged with via 8 pop up events

Pop up events held:	
Burnley, St James Street	Lancaster Museum Square
St Georges Centre, Preston	Blackpool
Darwen Health Centre	Blackburn Library
Barrow-in-Furness Market	Ulverston Market

Our respondents



HWT Roadshow Findings Summary continued…

The draft priorities – Overall Ranking

HWT asked all participants what they believed to be the most important priority, below is a table showing the ranking of the priorities based on the feedback from all 346 respondents.

Priority	Overall rank
Living well: Preventing ill health and tackling health inequalities	1
Starting well: Supporting children and their families in the first 1000 days of a child's life	2
Ageing well: High quality care that supports people to stay well in their own home	3
Living well: Supporting people into employment and staying in work	4
Dying well: Supporting people to choose their preferred place of death and that they and their families receive holistic support	5
Living well: Large scale organisations' role in social and economic development	6

Focus Group Findings

KEY FINDINGS

- Increase support for mental health and wellbeing
- Improve communication and sharing of resources
- Increase accessibility of care (reduce inequalities)

Young People

- Health inequalities - support for mental health and wellbeing
- Support people into employment - want help to gain qualifications and to prepare for work
- Support families – tackling childhood obesity and pregnancy smoking

Adults with Learning Disabilities and Autism

- Health inequalities - Want an increase in support for those living with these conditions (LD and Autism)
- Provide care so people can stay in their own homes - increase access to social care and support those living in social isolation

Refugees

- Support families – reducing inequalities to accessing care & improve communication/sharing of resources

Men

- Health inequalities - support for mental health and wellbeing

Carers

- Health inequalities - support for mental health and wellbeing
- More support for unpaid carers

South Asian Women

- Health inequalities – reduce inequalities in accessing care

People with mental health conditions

- Improve communication/sharing of resources (both between services and to increase access to care)

Deaf individuals

- High quality care - Improved communication to access care and support

New and expecting mothers

- Provide more support to families

Healthwatch Together

General Engagement Findings

Ranking of priorities and the corresponding issue that participants from pop up events considered to be in need of being most urgently addressed:

Priority	Overall rank	Issue which most urgently needs addressing
Living well: Preventing ill health and tackling health inequalities	1	Supporting mental health and wellbeing and reducing suicide rates
Ageing well: High quality care that supports people to stay well in their own home	2	Support for people living with loneliness and social isolation
Starting well: Supporting children and their families in the first 1000 days of a child's life	3	Supporting children living in poverty
Dying well: Supporting people to choose their preferred place of death and that they and their families receive holistic support	4	Signposting to support available for people who are dying and their families
Living well: Supporting people into employment and staying in work	5	Help for those living in food or fuel poverty
Living well: Large scale organisations' role in social and economic development	6	Moving to a culture of employing people from, and investing in, the local community

What would people like to add regarding the 6 proposed priorities?

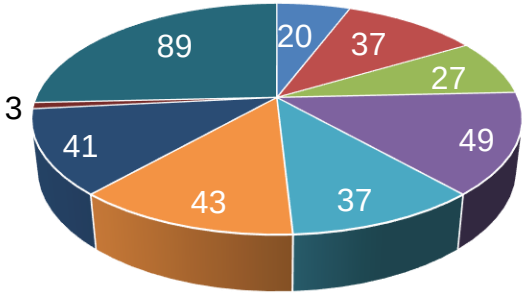
- More joined up approach by services
- Focus on mental health (awareness, stigma reducing, staff training)
- Equal opportunities to access health and social care
- Patients to receive the right support at the right time (accessibility and communication)
- Impact of the cost of living (including, prescriptions, transport and parking)
- Reduced pressure on Emergency Departments

What improvements would people like to see, based on the 6 proposed priorities?

- Better communication and sharing of information
  - between services
  - with patients
  - about available support
- Financial support (i.e. prescriptions, parking and transport, a real living wage)
- Reduced waiting lists
- Increased access to GPs and Dental services (including, more face to face appointments)
- Equal access to health services and resources for all (i.e. British Sign Language)

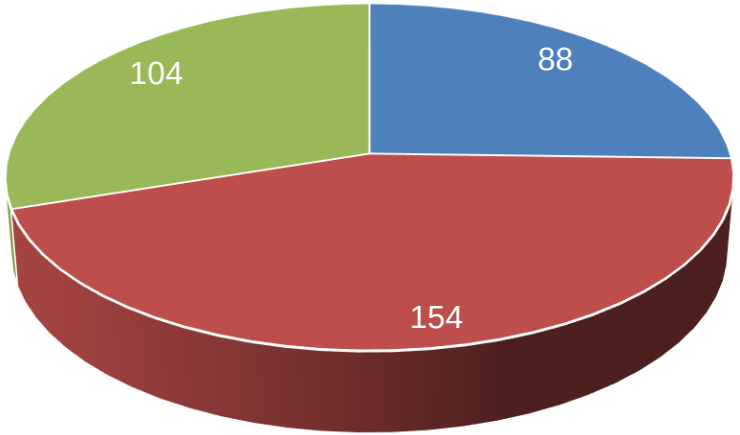
Equality monitoring

Respondents by age



- 0-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90-99
- 100+
- Prefer not to say

Respondents by sex



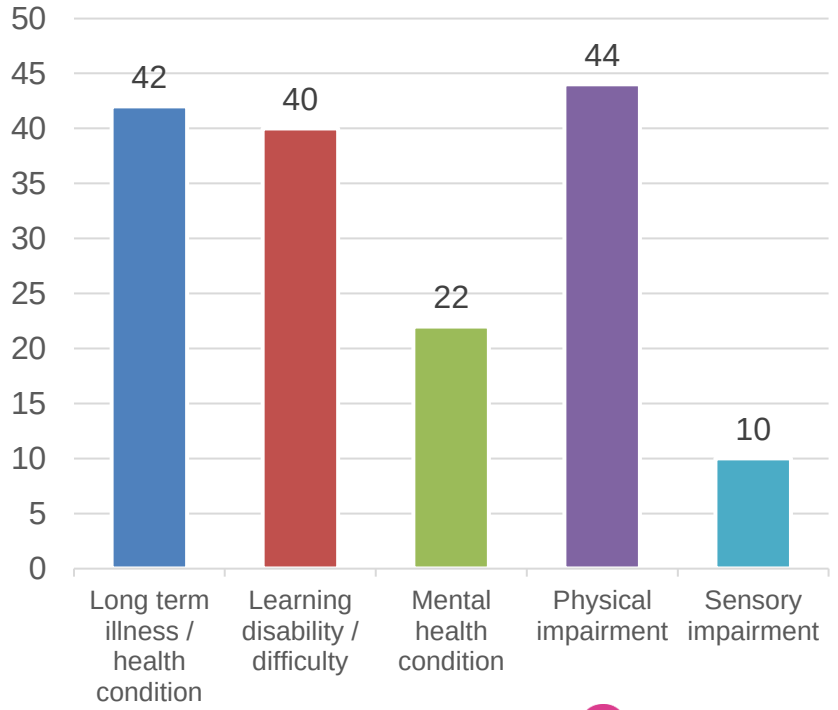
- Male
- Female
- Prefer not to say

Equality monitoring

Respondents by ethnicity

Ethnicity	No.	Ethnicity	No.
Asian or Asian British - Indian	15	White British / English / Northern Irish / Scottish / Welsh	166
Asian or Asian British - Pakistani	21	White Irish	1
Asian or Asian British - Chinese	1	Mixed other	8
Asian or Asian British - other	9	Arab	1
Black or Black British - other	2	Other	16
		Prefer not to say	106

Respondents disabilities



Lancashire and South Cumbria
Integrated Care Partnership

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Appendix B

Listening to our communities on our draft priorities: analysis of text feedback

Introduction

An engagement process was launched on 3 October to invite feedback from colleagues, partners and the wider community on the six draft priorities proposed by the Lancashire and South Cumbria Integrated Care Partnership (ICP).

The survey was open for a four-week period with an initial summary given after three weeks and a final summary of findings from the closed question options provided on 31 October. This included a summary of the Healthwatch focus group sessions undertaken over the same period.

Due to tight timescales the summary of findings did not include an analysis of the open text feedback responses that were received. Two questions were asked that required written responses. Between them these elicited 824 open text comments, consisting of over 23,000 words of text.

Analysis of open text responses

The findings will be considered in the order the survey questions were asked.

Is there anything else you would like to add regarding the proposed priorities?

Response levels

334 (45.6% of all survey respondents) provided a response to this question.

Of these, 174 (52%) indicated, in response to other questions in the survey, that they did not work for one of the organisations in the Partnership. Only a small proportion of these respondents (5%) identified which organisation they worked for and some of these were in fact, members of the Partnership. This seems to indicate that work remains to inform groups and individuals on the scope and membership of the ICP.

160 (48%) of respondents who provided additional comments indicated they worked for one of the member organisations. On balance therefore, approximately half of the comments provided were from members of the ICP.

In respect of organisational breakdown, of those providing a response to this question:

- 21 (6.2%) were from local government
- 105 (31.4%) were from the NHS

- 7 (2.1%) were from hospices
- 3 (0.9%) were from universities
- 24 (7.2%) were from VCFSE organisations
- 1 was from Healthwatch
- 167 (50%) were from no organisation or in a non-ICP organisation
- 6 left this element blank

In terms of ICP membership therefore, most responses came from NHS partners. From within the NHS the highest proportion of comments received were from NHS Trust staff, with 65, 19% of all those who provided their feedback to this question.

Themes

There was a broad range of issues and concerns that respondents raised. To make these more manageable some broad themes have been identified, split into two categories. The first relates to the main themes raised, where more than 5% of respondents mentioned the theme/issue in their response, and the second to those where fewer than 5% of respondents mentioned the theme but enough to make the issue resonate.

The main themes were, in descending order:

- Maternity, early years, or family related issues (46 – 13.8% or responses)
- Communication, co-ordination and collaborative working between partners and organisations and/or with communities (40 – 12% of responses)
- That it was hard to rank priorities or pick a single priority as they are all interlinked or all important (33 – 9.9% of responses)
- No comment or nothing further to add (30 – 9% of responses)
- Had an issue with the survey itself or about the priorities chosen (21 – 6.3% of responses)

Other, less frequently raised themes included:

- Access to services, especially GP services
- Workforce issues
- Older people services and/or social care investment and standards
- Mental health, LD, autism, loneliness/isolation
- Transport and/or keeping services local
- Cost of living, poverty
- Prevention
- Health inequalities
- Employment
- Palliative/end of life care
- Rural deprivation or disparity of service provision
- Housing, both social housing and new builds

Some of these less frequently raised themes are inter-linked or have an underlying connection and have been grouped together in a more detailed exploration of these themes below.

Maternity, early years or family related issues

This attracted the largest number of written responses and the comments received around maternity, early years and/or family issues related to the priority “starting well: supporting children and their families in the first 1000 days of a child’s life.”

Some of the comments received related to maternity care and support for pregnancy, touching on perinatal mental health, post-partum care, particularly around physiotherapy, fully staffed maternity units and support for pregnant mothers in more deprived areas. There was also a call for the continued emotional support in NICU units for parents who lose a child and for those whose children are born early.

Others were strident in the call for improved support services for young families, especially the need to invest in and restore the health visitor and school nurse service, which “have been run into the ground since they were taken over by Virgin and now HCRG.” It was felt that these services, and midwifery too, were vital to support families in the first 1000 days of life, with one respondent emphasising the vital role of breastfeeding and that “we don’t have the same support that we used to, families are very much alone.”

In addition, a proportion of respondents also called for the return of Sure Start centres. “I have witnessed a significant negative impact in deprived communities with the closing of Sure Start Centres. These were often lifelines for those with young children to help them get the best start in life.”

A significant proportion of those giving feedback on this priority however, felt the priority needed to go well beyond the first 1000 days. “We need to support children and young people past the 1000 days – so many other issues later in life and mentioned in many priorities could be addressed by providing better health care, support and education to families.” “If we get it right for them, it will have long lasting benefits for the population and the system.”

This also linked to a focus on education and prevention. “We should invest more in children, encourage healthy lifestyles, educate parents on home management (fever, minor illnesses) and support young families” and another believed that “early intervention to help parents needs a huge overhaul, was not fit for purpose and desperately need re-thinking.”

There was a fairly broad perception that health inequalities begin from birth and do not wait until adulthood before impacting upon the health and life chances of individuals and communities and there is “currently significant inequality of access to health care for children and young people in Lancashire and South Cumbria.”

A proportion of these respondents also expressed their concern for mental health and emotional support for children. “Mental health support for school aged children and more access to counselling during school.” Some felt there needed to be a “higher focus and increased funding for Child and Adolescent Mental Health. The services are underfunded and understaffed.” A range of respondents also expressed concern about the services for autistic children and children with learning disabilities.

Although these responses, in many respects, supported the priority identified, many went beyond this to cover children of all ages and their families.

Communication and collaborative working across all partners

Over 10% of those providing additional feedback commented on the need for better communication and collaboration between the partners and/or with the communities they serve. Some called for a full or improved integration of health and social care while others felt there was a need for partners to “work together as one,” and to be “on the same page.” One member of the public felt it was important that partners “do not fall into organisational bickering about ‘who is in charge of each of these priorities,” and that we “agree how ‘we’ are going to work most effectively together to address these big issues.”

Although improved or better communication was often mentioned a significant proportion of respondents also referred to the need to share information and records better and to have systems that talk to each other. Others indicated that an improved infrastructure was needed before better partnership working can take place.

A few respondents, while recognising the requirement for “significant partnership work” wanted reassurance that “partners have signed up to these priorities” and an understanding that the “measure of success will be down to all partners.” It was also felt that there was a need to remove “bureaucracy and red tape” and “make the lines of responsibility really clear and transparent.”

One respondent felt these priorities have not changed “for around 15 years” and have been exacerbated by decisions made in the past. These pressures are “felt differently in different geographies based on the environment ‘people’ live in, so a local perspective and accountability is needed to help citizens of the area.”

This links with another area of feedback, the need for partners to work with and involve communities. “I think there is an overarching priority about listening, co-production, and working effectively with people and communities, particularly those with lived experience.” Partners “need to be accountable and transparent and communicate with the population and involve them in proposals and action.”

There was also a significant call for greater support and funding for VCFSE partners and an acknowledgement of the vital role they play in delivering many health and care services.

Many also felt there had to be improved communication at various levels, not just between partners in different sectors but also between partners in the health service. It

was felt that "improved communication between General Practice and Hospital care is essential. Improvements in more holistic care, with multiple departments communicating to discuss the patient as a whole, not in their individual 'streams' of care."

Survey/priority issues

10% of these respondents expressed a concern with the survey itself and/or with the priorities chosen.

Some of the feedback received was general, in that it concerned the survey as a whole, and some was concerned with particular elements of the survey or of a particular priority.

A high proportion of this feedback indicated they felt the survey was "too rigid" and did not allow for people to submit their own choices and priorities. A snapshot of the comments made is included below:

"It would have been good to be able to rank all of the items in each list as many of the areas are important."

"The option to choose one sub-topic in each category seems a little over-simplistic. A ranking option, perhaps limited to three, might provide a better picture."

"You aren't asking the public, you're just putting ICB questions that suits your priorities without proper public consultation and thousands of your service users are being left behind and not given a voice because they don't use technology or social media."

"Some of these statements do not reflect the priorities of all the partners in the system and still focus on lifestyle improvements, treatment and NHS based issues when we need to be looking wider at preventing ill health."

"They don't mention increasing the heath and care workforce, support for looked-after children, access to services for families with autistic or learning-disabled children, employment and skills for disabled adults, the poverty levels of the health and care workforce."

Several respondents felt issues around the health and care workforce was overlooked but that little could be achieved without this being addressed. There was also a feeling that some of these priorities were "huge" and that tackling health inequalities, identified in just one priority area, ran through many.

Several respondents also expressed their concern that a range of key priorities were not mentioned or touched on in the "pre-determined list." These include:

- increasing the health and care workforce
- poverty levels of the health and care workforce
- housing
- crime – reducing offences and ASB
- failings in GP Practices regarding Chiropody Services, Eyes and Hearing Care and general wellbeing of older people

- increasing the number of hospital beds
- more easily accessible urgent care
- more signposting to services and advice
- positive parenting and reducing the impact of adverse childhood experiences
- support for looked-after children
- access to services for families with autistic or learning-disabled children
- employment and skills for disabled adults
- improving support to challenge poor employer practices
- holistic support for the family
- leisure/open spaces – provision of facilities, especially for our young to be occupied and active

Several respondents also expressed their view that “a lot of the work of the ICP will sit outside of the NHS, in social care and specifically in the VCFSE, where resources are needed to ensure the priorities identified can be achieved.” An indication that some at least, felt the priorities dominated by the NHS.

The feedback, and frustrations, of this group of respondents can be summed up by indicating “we have so many of these documents, plans, strategies etc. which all promise ‘a real focus on putting people first’ or ‘preventing ill health through early intervention’ and so on and son; when will we actually see significant and crucially sufficient resources including people, money, services and assets oriented around these priorities in terms of strategic planning, workforce development, purchasing and evaluating? I’ve only been at this a little over 13 years and it’s not happened yet, despite many pretty documents.”

Access to services and workforce issues

Over 10% of these respondents raised one or more of several inter-linked issues relating to access to services, both in general terms and in more specific points concerning resources, infrastructure and the wider determinants of health. Respondents often referred to equity of access to services and the barriers that prevented this, including poverty, knowledge and education, language, transport and locality. It was felt that we should be “creating services and systems that are accessible and work for our citizens not just the organisations and institutions that deliver the services.”

Access to a GP was the service most frequently mentioned by respondents, but other services were also mentioned, including:

- social care
- health visiting
- dentists
- children’s hospital (the only one is outside our area)
- early intervention services
- support services for children and adults with autism and learning disabilities
- CAMHS

- community centres
- hospitals

When mentioning poor access to GP services some respondents felt the priorities did not address the “crisis in General Practice: workforce, workload and estates,” which need “urgent attention.”

Others also mentioned workforce issues as a significant contributor to the poor access to some services. For example, “there is no mention of the health visiting service which has been depleted over the past 10 years to the sad state it is now.”

Poverty was considered one of the major barriers to access and there was a call from several respondents to target support and delivery to more deprived areas and to those more marginalised groups: BAME; asylum seekers; LGBTQ; homeless; people with learning disabilities. Although tackling health inequalities is discussed further below, for several respondents, improving access to services meant tackling these inequalities and ensuring there was “increased social support for all people who are at risk/vulnerable, regardless of age.”

A relatively high proportion of these respondents also felt transport was a major concern, especially for those in more rural areas; “people in more rural areas do not have access to care and are often cut off due to lack of public transport.” “I recently had a family member bed blocking in hospital because it was impossible to get carers to his village and as a public transport user myself, I could not get there to help.”

It was also felt that deprivation was considered an “urban” issue, but that it can be just as significant in rural areas. This also related to calls for services to be local or to keep them local. New hospitals were fine, but they tended to serve urban populations not those in rural areas.

Wider determinants of health

8% of these respondents focused on the wider determinants of health. A little less than a third of these referred to the cost-of-living crises and that this, and its impact, was a major priority over the next 12 months. Indeed, for one respondent, the consequences of fuel poverty and increasing levels of indebtedness meant the existing priorities “have been developed six months ago and the world has changed since then.”

In addition to comments on the cost-of-living crises and poverty generally, a proportion of respondents also felt employment was a key priority. “Getting people into work is key to everything” as “employment has a huge impact on health and wellbeing.” “It helps people’s self-esteem/mental health, their economic wellbeing, access to leisure, healthy diets and lifestyles.”

There was also a range of comments around increased access to good social housing at reasonable rents and improvements to housing generally. Some respondents, however, were keen to link improvement in accessing good housing, and better employment, to other improvements in some of the wider determinants of health and the infrastructure to

support it. Reference was also made by several respondents to new house build projects and lack of services (health, schools, community facilities etc.) that went with them was only putting pressure on these services and building problems for the future.

Mental health, learning disabilities and older people services

Although three different service areas some respondents grouped these together as part of their feedback on services that needed further development, resources, or a higher priority.

Mental health was felt to be a top priority by over 5% of respondents and applied to all age groups. Some respondents felt “we are in a mental health crisis that appears to be ignored by the majority,” and “impacts every area of an individual’s life.”

Respondents also identified several issues that impact upon our mental health, including loneliness and isolation (“a killer as serious as smoking”), gambling, drug and alcohol abuse and, most importantly for a smaller group of respondents, dementia. For the latter we needed to “fix the holes in the care system and the impact on families,” and ensure the memory service was “working closer with GPs when patients are discharged.”

Others also felt there should be “more care, consideration and support given to families living with someone with a learning disability,” and that we should “strengthen GP signposting to services for those living with disabilities.”

There was particular concern for people with autism, and that we should “consider separating out autism from learning disability.” Other feedback on this issue concerned the families and carers who support and live with those with autism, “listening to them when they say they are in a crisis situation,” and understanding that “the level of support available to family members who care for other family members is not sufficient.” There was a call for giving priority to parent carers, unpaid carers and young carers.

Although a slightly different issue, it was also felt by some respondents that “we are not focused enough on the increased ageing population” and that community and support services for older people, even giving them places to go and gather socially, required greater input and priority.

Prevention and health inequalities

5% of respondents who provided written feedback mentioned prevention and/or health inequalities. It was felt that there needs to be an “emphasis on health promotion and prevention,” but the priorities seemed “very light on Public Health issues.” It was felt that more effort and “funding in preventative approaches in, and across, the NHS” needs to be given and that people need to be given the tools to take responsibility for their own health.

Touched on previously, some respondents emphasised the requirement to tackle health inequalities and the need to “work closer with vulnerable groups” and involve “hard to reach communities.” Some specific services were also mentioned, including cancer (“I

am surprised to see no objective around cancer considering we are one the most underperforming countries"), stroke, heart disease, obesity, mental health and sexual health.

One respondent was concerned that "health inequalities will continue, and that Lancashire will be prioritised over Cumbria, in particular South Lakeland."

Other themes

A few other themes were raised by a relatively small number of respondents, but sufficient for them to register. These concern end of life/palliative care and investment in social care.

Mentioned by 2% of respondents to this question, several points were raised regarding end of life/palliative care. These included:

- prioritising funding to achieve an effective electronic end of life care co-ordination record (EPaCCS)
- hospices under funded and not an equal partner
- the resources to support dying well at home are not in place

These respondents felt palliative care "needs a vast improvement" and there needed to be "more support for the family within 'dying well'." "People want to die at home, but only if they have the right level of support to enable them to die well – this means adequate social support, good carer support as well as nursing and medical support. This needs enough workforce to meet these needs, and for those staff to be appropriately trained. The workforce issues and the training (within health and social care) would have the most impact."

A similar level of respondents felt social care services were the first priority, with a need to improve access and to see better pay for social care staff to improve its attraction as an area of work and to address the "chronic shortage of capacity in care at home and residential care." There was also a call for "a dedicated person for each person to speak to, who can advise on all aspects of social care" for those who need it.

The point was also made that many people confuse social care with the NHS and believe it is free at the point of service, which means "so much time and resources are used to explain that social care is means tested." There is a need to "dispel the urban myth regarding '6 weeks of free care'."

Finally, in respect of those who had something to add to their responses, there were a few individual comments of note. These are included below:

- digital deprivation was mentioned and, while not undermining the need to enhance digital solutions, it was important that we remember or learn "how to communicate effectively with people who are not IT literate or do not access a smartphone or the internet."
- there was no mention "under the Living Well category of reducing waiting times for surgery in the NHS."

- under the Living Well section “supporting domestic abuse victims was too narrow and needs to include all people who have experienced sexual violence. The impact of sexual violence (not just domestic violence) causes long term mental health problems, physical ill health, financial difficulties and can lead to loss of housing and suicide.”
- “the systems that people are working in/with are not supportive of delivering the accessible, easy in easy out responsive pathways/services that are needed to support the increasing number of people across our divers geographical footprint.”

What one improvement would you like to see, based on these proposed priorities?

Response levels

479 (65.3% of all survey respondents) provided a response to this question.

Of these, 234 (48%) did not work for one of the organisations in the Partnership.

255 (52%) of respondents who provided additional comments indicated they worked for one of the member organisations. On balance therefore, approximately half of the comments provided were from members of the ICP.

In respect of organisational breakdown, of those providing a response to this question:

- 39 (8.1%) were from local government
- 161 (33.6%) were from the NHS
- 16 (3.3%) were from hospices
- 2 (0.4%) were from universities
- 20 (4.1%) were from VCFSE organisations
- 3 (0.6%) were from Healthwatch
- 9 (1.9%) left this element blank

In terms of ICP membership therefore, most responses came from NHS partners, as previously. Similarly, from within the NHS the highest proportion of comments received were from NHS Trust staff, with 100, 21% of all those who provided their feedback to this question.

Themes

Many of the themes, issues and topics mentioned in response to the previous question were raised again here, with much of the feedback repeating or adding little to the responses already given. Although asked for one improvement some respondents were

unable to do so and mentioned two, three or more areas. As there were more respondents to this question, some issues became more prominent.

The themes raised included the following:

- Children, young people and families – this was again the most prominent area of service and support, with over 11% of respondents. Some of the main points raised in this respect concerned
    - Support for children and families in areas of deprivation or in poverty
    - Providing the best start in life, with even more calls for the return or expansion of Sure Start centres or by creating “children’s hubs”, where integrated services would provide “a more comprehensive, cohesive whole system service”
    - Greater support for education and prevention, “with more joined up strategic thinking between education, health and social care”
    - More requests for improving health visitor services, including having “a named Health Visitor who has a local caseload and regularly communicates with the local medical practice/GP”
- Closer working, communication and integration between health and social care, and other partners, was on a par with the above, and included
    - Improved communications
    - Greater collaboration, honesty, and openness
    - True integration of services and budgets
    - Shared systems and information
- Improved or more equitable access to services, which over 8% of respondents mentioned. This included
    - Access to services generally
    - GP services
    - Mental health and related therapies
    - Almost half of these responses mentioned improved or better access to social care
- Tackling or reducing health inequalities
- Prevention, including
    - Investment in prevention services
    - Improved support and lifestyle guidance for parents-to-be
    - More emphasis on supporting and educating people on the benefits of looking after themselves to prevent illness
    - GPs, hospitals, care workers etc to be more pro-active with regard to illness prevention
- Community services, with investment in quality community care pathways/services and better supported community solutions, with better signposting and advice and, more importantly, more hands-on community support services
    - “There needs to be investment in quality community provision such as diagnostics to shift the balance from the acute settings to community care” and “24-hour coverage of district nursing or similar services.”

    - Ability to “access relevant investigations or documentation when patients are being transported between hospitals and between community services and acute services.”
- Social care services – improvement and investment in social care was specifically mentioned by over 8% of these respondents, and included
    - Accessible and affordable care homes
    - Improved access to social care support for older people
    - Better pay for care staff, paying them “above what local coffee shop and supermarkets are.”
    - Almost half these responses mentioned greater support for unpaid carers “whatever age they are and whichever family member they are caring for and whatever the family members problem is.” First-hand experience of feeling “isolated and ignored by health professionals,” and getting “no support from anywhere and it’s utterly exhausting and soul destroying.”

These were the most prominent themes. Others mentioned largely echoed those covered in the previous question, including

- poverty (especially food and fuel poverty)
- end of life/palliative care
- care for older people
- mental health
- employment
- housing and homelessness
- dementia
- learning disabilities and autism
- more equitable funding and involvement of VCFSE organisations as an equal partner
- a greater emphasis on holistic care and service delivery
- and improving life expectancy.

There were a few additional points made that are worth noting, not found elsewhere in the feedback provided. These were:

“This survey should be written in plain English. Half the population won’t have a clue what you're on about.”

“The priorities and issues are all laudable and I recognise the visionary nature, but they also seem to lack being grounded in reality.....Feels like a bit more pragmatism is needed otherwise they fall into the trap of not being unachievable. Would be interesting to ask the ICP Board how they would measure success.”

“It is imperative that effort is made to fully understand our population and their needs and most importantly ensuring that those who are disempowered and disengaged are involved before any actions are agreed. We must also work more closely with research partners in our universities, particularly within health and care settings, to ensure that any actions are evidence-based and are properly evaluated.”

Conclusion

Although there was a significant level of support for the priorities identified this was by no means unanimous. A fairly high proportion of respondents found it too difficult to identify priorities because they were all important, testament perhaps to the challenge we are facing. Others expressed their concern about the priorities being pre-determined, dominated by the NHS, not sufficiently focused on, or involving communities, or failing to recognise some key drivers such as the cost-of-living crises and waiting lists.

It was recognised that the need to work together as a system was paramount, but there was also a strong call for various key services to be strengthened or developed, with a particular emphasis on supporting all parts of the system to deliver care, including carers, both paid and unpaid, services with depleted staffing and resources (GPs, Health Visitors, community nursing, care home staff), voluntary, community and charity organisations, and patients and their families.

There was a broad feeling that access to many services needed to be improved, both in general terms and in respect of equality of access for many groups, including those with mental health, learning disabilities and autism, other marginalised groups and, most prominently of all, children and young families. There was also fairly robust support for need to tackle health inequalities and put a greater emphasis on prevention, health promotion and education, together with the need to tackle, before or in tandem, the wider determinants of health.

Jeremy Scholey

Communications and Engagement Specialist

Lancashire and South Cumbria Integrated Care Board

DRAFT VERSION

Lancashire and South Cumbria
Integrated Care Partnership

Integrated Care Strategy

2023 - 2028

Version 3.1

Appendix C

Version	Date	Comments
1.0	6.1.23	For review by ICP members
2.0	13.2.23	For review by Readers Panel
3.0	17.2.23	For review by Strategy Development Group
3.1	20.2.23	For review by Health and Wellbeing Boards

Contents

Foreword

Cllr Michael Green
Chair of the Lancashire and South Cumbria Integrated Care Partnership

Angela Allen
Deputy Chair of the Lancashire and South Cumbria Integrated Care Partnership

Our Integrated Care System was formalised on 1 July 2022, with the establishment of the new Integrated Care Board and statutory Integrated Care Partnership. One of the most important actions of our new Integrated Care System has been the development of this strategy, to set out how we will come together as partners to improve health, care, and wellbeing for the people of Lancashire and South Cumbria.

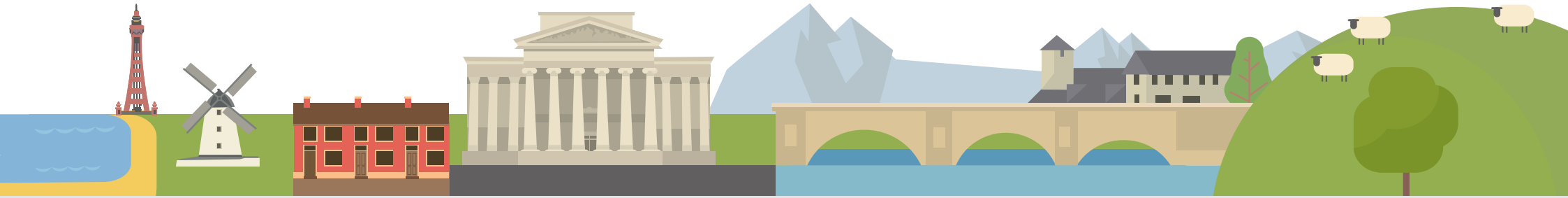
We are developing this strategy at a time of enormous challenge for health and care services. The pressures we face are not unique to Lancashire and South Cumbria, but their impact is affected by our local context. Almost a third of our residents are living in some of the most deprived areas in England, with poor health outcomes and widening inequalities. We want people in Lancashire and South Cumbria to be living longer, healthier, happier lives than they currently do.

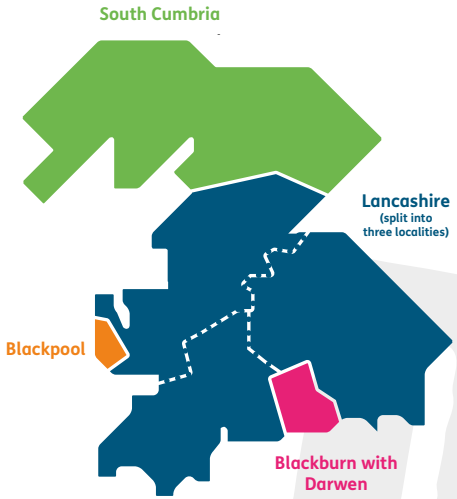
Our Integrated Care System is committed to improving population health and wellbeing in its broadest sense, with a wide range of partners working together to improve access to health and care services, to support individuals with their own health and wellbeing choices, and to tackle the wider determinants of health. Recognising the links between these wider determinants of health and people's overall wellbeing is key to enabling people to remain healthy and well.

This strategy provides an opportunity for us to set out our ambitions for what we can achieve as an Integrated Care System. It aims to outline, at a high level, the difference we can make by working in an integrated way. It doesn't seek to replace or duplicate existing strategies and activity that is already underway in the system – instead it seeks to link them together by providing an overarching narrative about what it is that we are all trying to change and improve together. We have taken the decision as a system to only focus on a few specific priorities, where we can have the biggest impact by delivering collectively as a system.

We will work together at all levels and as locally as possible. Much of the activity to integrate care and improve health and wellbeing will be driven by organisations working together in our places and through integrated teams working together in our neighbourhoods. It is here that we will truly put residents at the centre of what we do, listening to lived experiences and different perspectives, and acting on what we have heard.

By working together to deliver our strategy, we will achieve our vision of being healthier, wealthier and happier.





1. Introduction

An introduction to Lancashire and South Cumbria

There are nearly 1.8 million people living in Lancashire and South Cumbria, with almost a third of our residents living in some of the most deprived areas across England. We understand from conversations with our residents and from data about our population that people have different needs, experiences, aspirations and opportunities. Our people have different day to day lives, with different factors contributing to their health and wellbeing, different health outcomes, and different life expectancies.

We are committed to improving the health and wellbeing of the people of Lancashire and South Cumbria, getting better health and care outcomes, reducing health inequalities, and providing the best care at the right time to enable people to live healthy and fulfilling lives.

We know that being able to access health and care services is very important to our residents, as is the way in which services work together to make them easier to navigate, and the quality of services that are provided. We also know that there are other factors that contribute to people's health and wellbeing. These include individual health and wellbeing choices, such as heathy eating and exercise, and the wider determinants of health, such as education, housing, employment, and the environment. Recognising the links between the wider determinants of health is key to enabling people to remain healthy and well.

We cannot just aim to provide an increasing range of services that meet everyone's needs when they are ill or in need to support. We must change the way in which we identify and respond to the health and wellbeing needs of our residents, including the way in which we plan and deliver health and care services. This is vital if we are to address the inequalities that exist across our population and to meet the increasing demands that come with an ageing population and a population with a high prevalence of long-term conditions. We must increase our focus on the promotion of good health and wellbeing, meeting individual needs whilst developing preventative approaches, and enabling communities to support themselves by building on their inherent strengths.

As a partnership, we want to develop our health and care system in a way that builds on the strong sense of community that we experienced during the pandemic and the significant assets that we have across our region. We will put our residents at the centre of what we do, working with communities to help people to stay healthy in ways that work for them. With a focus on prevention and support that is targeted where it's most needed, we will reduce the unfairness some people experience in accessing care. Our partners will come together to support our residents into employment, and we will encourage businesses of all sizes to understand their role in contributing to the health, wellbeing and prosperity of their employees and the wider community.

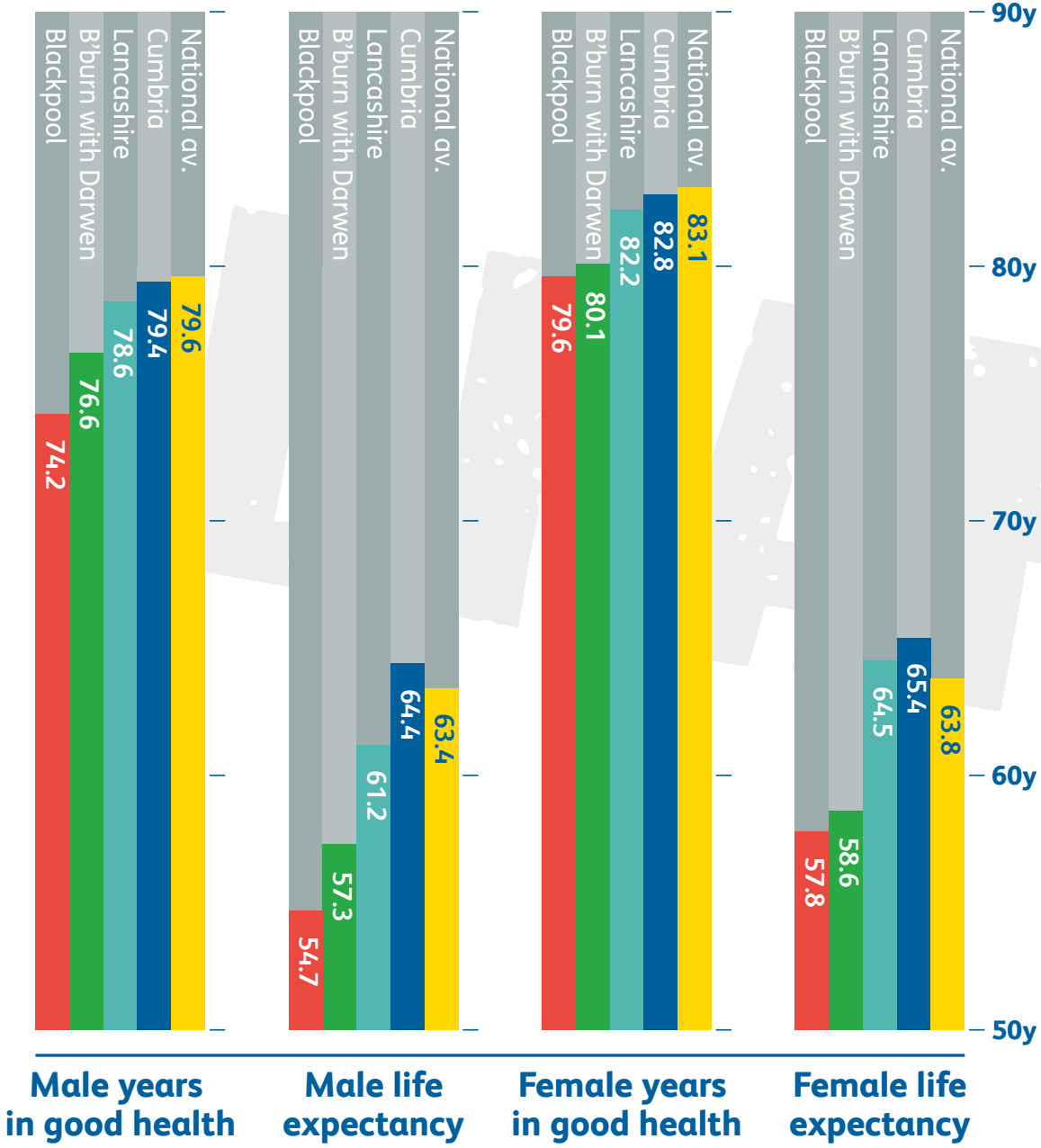
The health and wellbeing of our population

We face a number of challenges in Lancashire and South Cumbria which have a direct impact on people's health and wellbeing.

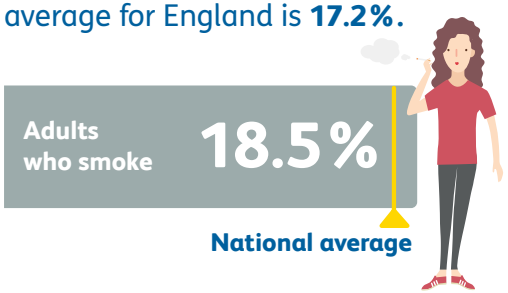
- Nearly a third of our residents live in some of the most deprived areas across England.
- The percentage of people living in fuel poverty and unable to afford to heat their homes, is higher than the national average: 13% for Lancashire and South Cumbria whilst the national average is 10.6%.
- A significant proportion of children experience adverse living conditions including child poverty leading to significant variation in their development and school readiness. The percentage of children living in poverty across Lancashire and South Cumbria ranges from a low of 12% to as high as 38% compared with the national average of 30%.
- Approximately 40% of ill-health in Lancashire and South Cumbria is due to smoking, physical inactivity, obesity and substance misuse.
- Some 18.5% of adults smoke in Lancashire and South Cumbria, compared with the national average for England of 17.2%.
- Only around a fifth of adults are meeting the recommended levels of physical activity.
- We need to do more to encourage children to be active: just 15% of young people aged 15 in Lancashire are meeting the recommended levels of physical activity; 14.1% in Blackpool; and 12.4% in Blackburn with Darwen.

As a result, many of our health and wellbeing outcomes do not compare well against the rest of England:

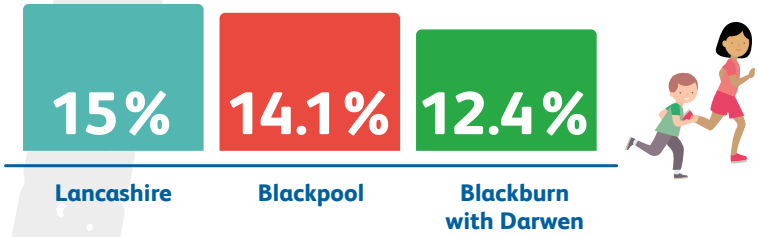
- Life expectancy in Lancashire and South Cumbria is lower than the national average, and there is a significant level of unwarranted variation in the number of years people can expect to live a healthy life.
- Healthy life expectancy and disability-free life expectancy is predicted to be less than the expected state pension age of 68 years for children born today - in some neighbourhoods, current healthy life expectancy is 46.5 years.
- The main causes of ill-health are cancer, conditions relating to the heart and lungs, mental health, and conditions relating to the brain and nervous system. Around 21,000 people have five or more long term health conditions in Lancashire and South Cumbria.
- The estimated prevalence of common mental health disorders is higher than the England estimate.
- Suicide rates are significantly higher than average in Lancashire and South Cumbria, particularly in Barrow in Furness, Blackpool, Chorley and Wyre.



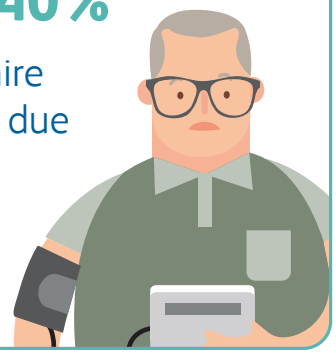
18.5% of adults smoke, the national average for England is **17.2%**.



Much more needs to be done to encourage children to be active: just **15%** of young people aged 15 in Lancashire are meeting the recommended levels of physical activity, **14.1%** in Blackpool and **12.4%** in Blackburn with Darwen.



Approximately **40%** of ill-health in Lancashire and South Cumbria is due to smoking, physical inactivity, obesity and substance misuse.



Our residents have shared their thoughts about living and working in Lancashire and South Cumbria

Lancashire

"I like living in Lancashire, I'm from the south originally and I think it's a really good place to live".

"I like the community"

"There's a lot around to do. Everything's quite close by. Lancashire is actually pretty easy to get around. There's a lot, not just in Preston but around surrounding areas, so it's nice."

"I love living in Lancaster. I work in Kirkby Lonsdale, so I get a lovely drive to work every morning. Beautiful surroundings, lovely people."

"Healthcare is probably at its worst at the minute. I'm struggling at the moment with dentists and mental health."

"It just feels like there should be one NHS hub for everything that they can get information from."

Blackpool

"I moved to Blackpool in 1989. At the time it was reluctantly from the south of England, but since moving I've found I've had more opportunities, met nicer people, and on the whole received better medical care."

"The reason I like Blackpool is because we're like family and without the culture, it wouldn't be Blackpool."

"What matters to me is making services a bit better, because of my transition and also my special needs with my autism because it also makes me anxious. What could be better is also waiting times for GPs."

"To make sure that anything I complain about is looked into and just to be accepted as a person, irrespective of my age would help me live a healthier life."

South Cumbria / Westmorland and Furness

"It's a lovely part of the world to live in. Very lucky to be as close to the Lake District as we are. Really lovely to live in Barrow. Really lovely community."

"I'm really passionate about living in Cumbria, particularly Barrow in Furness, I think it's an amazing place to live. I think we've got so many good, positive things about it and I love living here."

"I love living in Barrow, I'm originally from Barrow, it's got a big place in my heart. It's got great people and it's a great place to work."

"We've had some difficulties over the past couple of years accessing primary care."

"The only negative is waiting for an appointment it can sometimes be lengthy. Once you're actually there the service that you get is great."

"It's a lot of telephone appointments now and I think you can't diagnose certain things over the phone."

Blackburn with Darwen

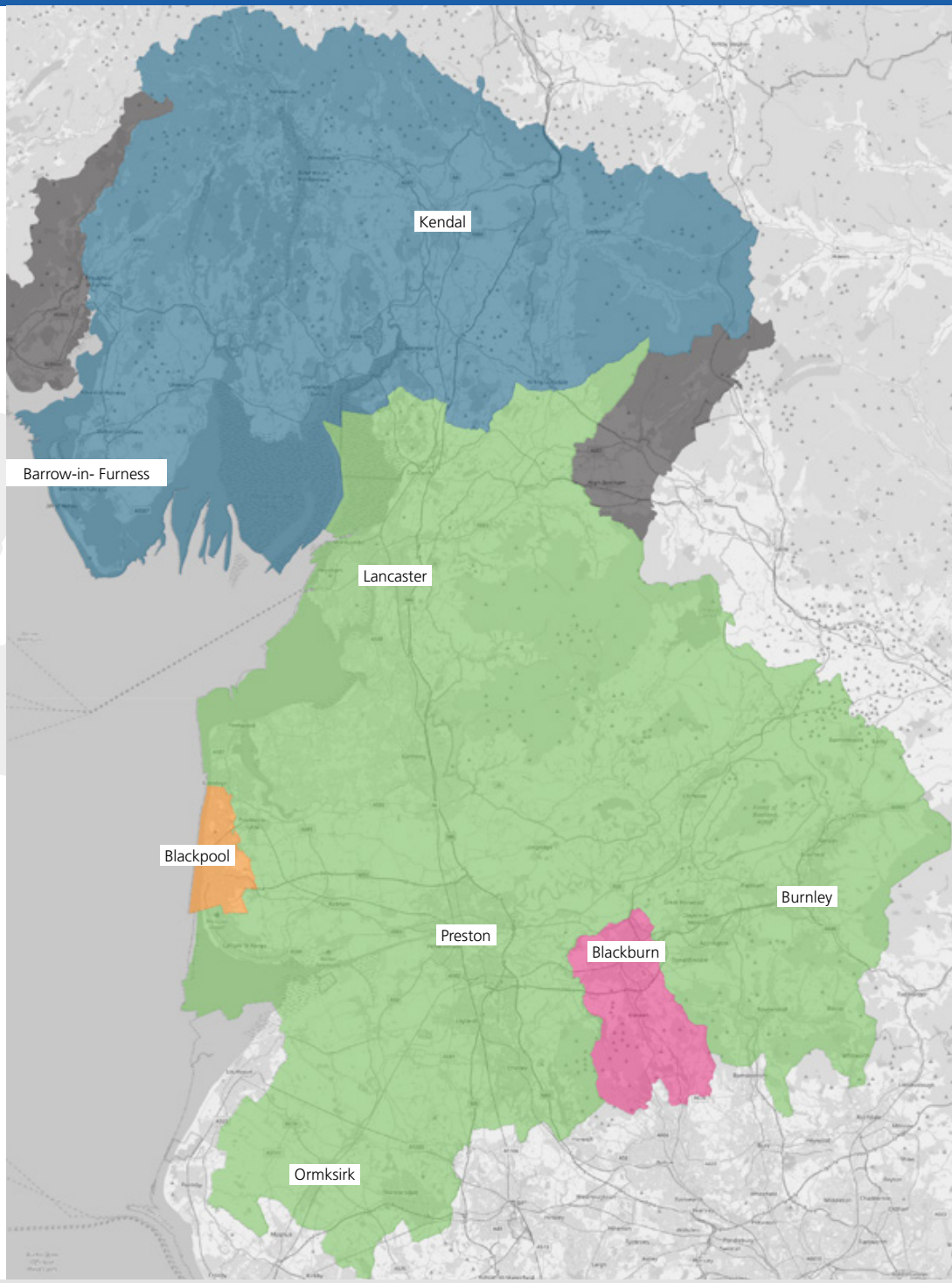
"Considering Blackburn isn't a very big town, I think we're quite lucky to have a lot of the facilities and services that we do have here. From a living perspective, everything's on your doorstep. It's readily accessible, it's all within walking distance as well."

"It's alright around here. The people are usually quite nice. There's plenty of things to do in Blackburn if you look hard enough."

"I've lived in Blackburn for the majority of my life. I've moved away a few times but I always find myself coming back, because it's home".

"What I do quite like about Blackburn is there's a lot of networking and a lot of partnership working with organisations that do work closely together."

"From my own personal experience, I think support and understanding of mental health conditions is lacking. When you present yourself as really struggling, or you need support, the support isn't really there for you."


Kendal
Barrow-in- Furness
Lancaster
Blackpool
Burnley
Preston
Blackburn
Ormksirk

2. Our partnership and the wider health and care system

Integrated Care Systems were formally established across England through the Health and Care Act (2022), with national expectations to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area. Our Lancashire and South Cumbria Integrated Care System covers:

The entire geography of

- Blackburn with Darwen Borough Council
- Blackpool Council
- Lancashire County Council with its twelve district councils

The South Cumbria part of our system covers:

- The geography of the newly established Westmorland and Furness Council, excluding Eden District
- Some parts of the Borough of Copeland which sits within the newly established Cumberland Council
- Some parts of the District of Craven which sits within the newly established North Yorkshire Council

This means that it is important that we work with some local authorities and providers of health and care services who are outside of our borders.

Our Lancashire and South Cumbria Integrated Care System works through several different partnerships across different geographies and for different purposes:

Our Integrated Care Partnership

Our Lancashire and South Cumbria Integrated Care Partnership brings together a broad alliance of partners to align ambitions and build shared strategies across our entire footprint. These partners include health, local government, the voluntary, community, faith and social enterprise sector, education institutions, representatives of local businesses, and our residents.

We believe that our Integrated Care Partnership can make a real difference to the lives of our residents by working together across a wide range of sectors and organisations to create a collective purpose, and committing to alignment of our resources to these shared ambitions.

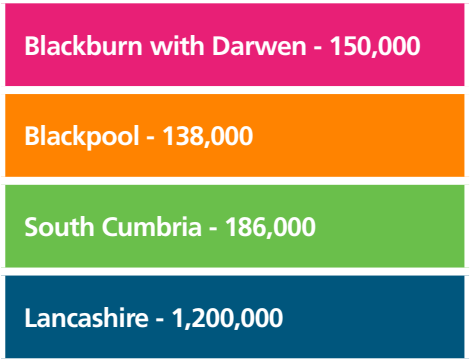
The key to success is the alignment of the partners around a set of common goals.

The Integrated Care Board

The Integrated Care Board is known as NHS Lancashire and South Cumbria.

The Integrated Care Board is the NHS organisation that is responsible for developing a plan to meet the health needs of the population, managing the NHS budget and arranging for the provision of health services locally.

Number of people living in each place



Total - c 2,000,000

The Integrated Care Board includes members from NHS Trusts / Foundation Trusts, Local Authorities, primary care, mental health, the voluntary, community, faith and social enterprise sector and Healthwatch so that the health and care needs of the population can be considered in full. The Integrated Care Board brings these representatives together to enable a collective approach to addressing population health, and to ensure the health and care needs of the communities in Lancashire and South Cumbria are met. Its plans and decision-making will reflect the shared ambitions and strategies of the Integrated Care Partnership.

Our four places

Within the Lancashire and South Cumbria Integrated Care System there are four places:

- Blackburn with Darwen – resident population c. 150,000
  A semi-rural borough with compact urban areas around the towns of Blackburn and Darwen and several small rural villages and hamlets
  A multicultural borough, the area is home to many people with diverse ethnicities and identities

- Blackpool - resident population c. 138,000
  An urban area, with a thriving tourist economy and a strong sense of community
  With high levels of deprivation and a transient population, Blackpool has some of the most challenging health needs in the country

- South Cumbria - resident population c. 186,000
  A mixture of coastal and rural areas, ranging from Barrow-in-Furness, a busy shipbuilding town and port, to South Lakeland and Eden with rural, land-based and thriving visitor economies
  A wide range of affluent and deprived communities
  England's most sparsely populated local authority area, which presents challenges in sustaining and delivering services, public transport, and connectivity.

- Lancashire - resident population c. 1.2 million
  A diverse geography ranging from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland.
  Urban areas include Preston and Lancaster, former textile towns such as Burnley, coastal resorts and market towns.
  A wide range of affluent and deprived communities, and in the more rural areas, poverty and social exclusion exist alongside affluence. Larger areas of deprivation exist in East Lancashire, Morecambe, Skelmersdale and Preston.

The Lancashire place covers a large geographic footprint and a large population. Within this place there will be three localities, each of which will be responsible for coordinating planning and delivery within their relevant area:

- North and Coastal Lancashire
- Central and West Lancashire
- East Lancashire

Within each of our places we are forming place-based partnerships. These are collaborations of health, local authority, voluntary, community, faith and social enterprise organisations, independent sector providers and the wider community, which take collective responsibility for the planning and delivery of services and joined up ways of working that will improve health and wellbeing outcomes for the population, prevent ill health,

and address health inequalities across our neighbourhoods.

Our places will be the engine room driving delivery of the Integrated Care Strategy.

Leadership of our places sits across health and local government, with a key focus on integration of services and health creation, tailored to meet the specific needs of residents. By working in places, we will enable decision-making to happen as close as possible to where people live and work, with specific delegations from the Integrated Care Board and the Local Authority that will allow places to determine how resources are used to achieve the best outcomes for our residents and the best value for money.

Our places and neighbourhoods provide the greatest opportunity for our residents, their families, their carers, and wider communities to be at the centre of our integrated working. Most people's day to day care and support needs will be planned and delivered within a place and its neighbourhoods.

Our neighbourhoods

Neighbourhoods are where communities come together to shape and integrate health and care services, but also to address the wider determinants of health. The exact size and shape of neighbourhoods is determined locally within places. This is because each neighbourhood is different – they are based around footprints that make sense to communities, often related to specific towns or villages, or centred around specific community assets.

Integrated working on these footprints will include community groups and organisations, primary care services and wider health and care teams which will come together to form neighbourhood teams.

Our neighbourhood teams will enable us to address health inequalities and ensure our communities are provided with the appropriate services to support them to remain well and access proactive support when required from local teams.

3. Working in partnership with our residents

Our Integrated Care Partnership will put our residents at the centre of what we do, treating everyone with equal respect and dignity, listening to lived experiences and different perspectives, and acting on what we have heard. We will ensure that the voices of our residents, patients, families and carers are heard and valued across our neighbourhoods, places and system. Together we will create a culture of wellness, with shared responsibility for our individual and collective health and wellbeing.

We will:

Listen and understand

- Understand a community's needs, experience of, and aspirations for health and care, using engagement to find out if change is having the desired effect
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

Plan together

- Co-produce and redesign services and tackle system priorities in partnership with people and communities
- Put the voices of people and communities at the centre of decision-making and governance, at every level of the Integrated Care System – in neighbourhoods, in places and across the system
- Learn from what works well and build on the assets of all partners

Build relationships

- Ensure strong connections across all of our communities, particularly those who have previously felt excluded or who have been affected by inequalities
- Work with our local Healthwatch organisations, the voluntary, community, faith and social enterprise sector, and our district councils as key partners who are well-connected to our communities

Communicate well

- Provide clear and accessible information about our vision, plans and progress, to build understanding and trust

Empowering our communities

We will work with our communities to create and build on effective partnerships that bring insight to health and care organisations and, most importantly, draw benefits to the communities themselves.

This will require us to put communities at the heart of decision-making in our places, with meaningful community involvement that leads to real change.

We will listen to local residents and ensure that the voice of communities is the driving force behind local action. In many cases, the role of the voluntary, community, faith and social enterprise sector is vital in this approach. These organisations and groups (which range in size and scope significantly), are often closest to individuals and communities, particularly those who are seldom heard or who are living in our most deprived areas and experiencing most inequalities.

We will move towards an 'asset approach', which builds on the assets and strengths of specific communities and engages residents in taking action for themselves. This will include using community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities, and strengthening community involvement in action on the social determinants of health and wellbeing, supported by data which reflects their concerns is accessible and useful for them.

Population insights in developing our strategy

We have used a number of methods to ensure the views of the population of Lancashire and South Cumbria have been included throughout this document. The Joint Strategic Needs Assessments undertaken by our Local Authorities form the basis of these insights as they provide a detailed assessment of the current and future needs of our local communities.

We have also engaged with our residents directly through online surveys, "on the street" engagement events, and specific resident-focused groups to test our thinking. This has been supported by Healthwatch (an independent voice that makes sure NHS leaders and other decision makers listen to resident feedback and improve standards of care), our local health and care commissioners, and our voluntary, community, faith and social enterprise organisations.

4. Our vision

Together we can...

Be healthier

Improve our health and wellbeing and reduce inequalities

Be wealthier

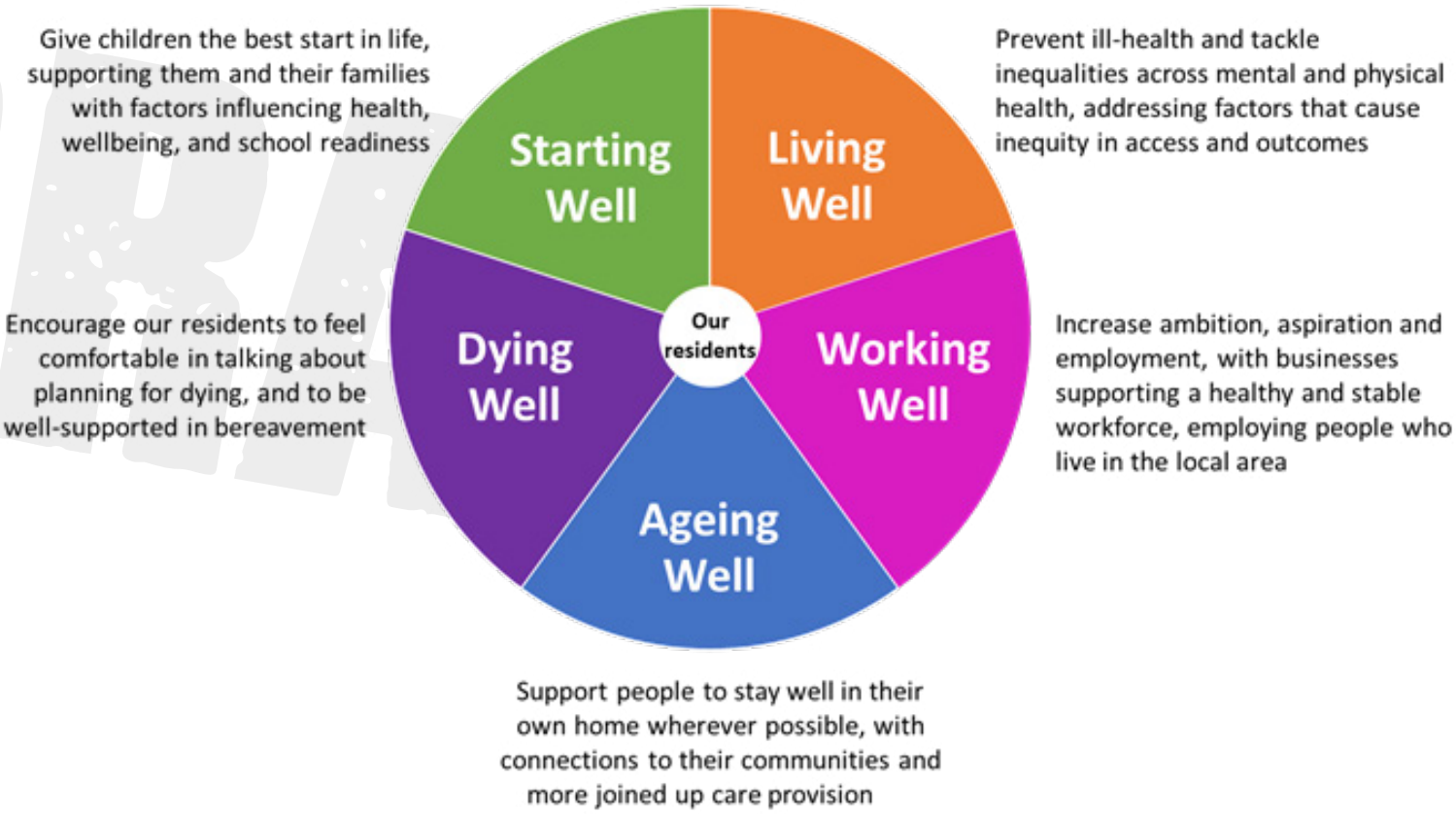
Improve the prosperity of our communities and increase employment

Be happy

Live more fulfilling lives and feel more connected to our communities

5. Our priorities

We have used a life course approach to describe our priorities:



Starting Well

Our vision: We will enable our children to have the best start in life by taking a targeted approach to tackling health inequalities and vulnerabilities and ensuring that all of our children and families have the best opportunity to achieve the same positive health outcomes and be school ready.

Our themes

1. Integrated support for families – providing joined-up, wrap around support for children and their families across Lancashire and South Cumbria

2. Reduce health inequalities and vulnerabilities – taking targeted action to address unwarranted differences in access to services and health and wellbeing outcomes for children and their families

3. Achieving full potential – supporting all of our children to achieve their full potential by their third birthday

Our key actions

Develop Family Hub Networks to provide integrated support to families across all themes

1. Commission and deliver joined up, co-located services and teams that will that meet population health and wellbeing needs and wrap personalised care and support around children and families
2. Develop a consistent 'Start for Life' offer across Lancashire and South Cumbria, co-designed with parents and families, including maternity services, school nurses and education, with a focus on mental health and wellbeing, antenatal support and infant feeding and health visiting (Healthy Child Programme).

1. Increase the uptake of breastfeeding across Lancashire and South Cumbria for all, with a targeted approach for those in our community experiencing the greatest health inequalities
2. Reduce childhood obesity across Lancashire and South Cumbria for all, with a targeted approach for those in our community experiencing the greatest health inequalities.
3. Reduce and stop smoking in pregnancy across Lancashire and South Cumbria for all, with a targeted approach for those in our community experiencing the greatest health inequalities.

1. Improve school readiness, including supporting new parents and creating home learning environments
2. Develop and protect a comprehensive structure once developmental needs are identified through the healthy child programme, ensuring that there is a joined up responsive health and development service which will include community paediatrics and therapies
3. Ensure that the families of all pre-school children with additional needs receive meaningful support, access to appropriate professionals and signposting across both health and children's social care services

Our delivery plans

These actions will be delivered through our places, led by local authority colleagues but will require true integrated working with wider partners to operate successfully.

These actions will be delivered through the work of our Health and Wellbeing Boards and supported by our health partners through the workstreams within the population health teams. It will be imperative to ensure that delivery is at a Place level to enable specific nuances for local populations and communities

These actions will be delivered through the work of our health and children's social care disabilities teams and SEND architecture.

Knowing how we're doing

Increased proportion of families across Lancashire and South Cumbria accessing services through family hubs.

Short term – increased breastfeeding rates
increased levels of activity, increased access to nutritional advice through family hubs
reduction in prevalence of smoking in pregnancy

Medium term – reduction in childhood obesity
reduction in demand in acute neonatal settings

TBC

Living Well

Our vision: Working together to prevent ill-health, tackle inequalities across mental and physical health, and address factors that cause inequity in access, experience and outcomes. Our aim is that everyone across all age ranges including children and young people will benefit from sustained improvements in health and wellbeing, with the greatest improvements for those living in our most deprived areas and those experiencing the greatest inequalities

Our themes	**1. Supporting those with existing mental and physical ill health –** taking action on earlier diagnosis, improving support to people living with their conditions and preventing further deterioration, with a particular focus on those who face the greatest inequalities in access, experience and outcomes.	**2. Healthy choices** - supporting our residents in making healthy lifestyle choices, with the greatest focus on those experiencing the biggest health inequalities	**3 Addressing the causes of poor health and care –** working together to address the wider determinants which have an impact on health and wellbeing
Our key actions	1. Provide increased and equitable access to detection, and diagnosis of long-term conditions and cancers targeting those experiencing the greatest health inequalities. 2. Identify residents with existing long-term conditions and better support them and their families and carers through more joined up, personalised care that supports the person, not the condition. 3. Better support our residents who have mental health needs, learning disabilities and/or autism with a particular focus on improving access to support for those experiencing the greatest health inequalities. 4. Improve access to interpreting services and improved recognition for carers.	1. Reduce the prevalence of the key risk factors that lead to reduced life expectancy and reduced healthy life expectancy (such as smoking, obesity, inactivity, drug and alcohol consumption) targeting those experiencing the greatest health inequalities. 2. Build on the assets and strengths of specific communities to enable residents to identify the services and support they need to develop strong and resilient communities 3. Improve access to emotional and mental well-being support with a particular focus on those who are at greatest risk of experiencing health inequalities. 4. Improve uptake of immunisations, screening and NHS health checks with a particular focus on those experiencing the greatest health inequalities.	1. Take action to address wider determinants such as fuel poverty, standards of housing, homelessness, and factors leading to complex social needs. 2. Support large scale organisations to take a role in contributing to the wellbeing of the population and improving social value. 3. Strengthen community involvement in action on the social determinants of health and wellbeing, supported by data. 4. Actively target our residents who experience or are at risk of social isolation/loneliness to feel part of our communities. 5. Increase the visibility of action to address health inequalities across the range of civic policy– eg through economic regeneration, transport, digital access and environmental policy
Our delivery plans	These actions will be delivered in each place across Lancashire and South Cumbria through our place based partnerships in conjunction with Health and Wellbeing Boards. The development of neighbourhood-based integrated care models will be an essential component of delivery and will need to be appropriately-resourced. Delivery will include a combination of existing plans (eg delivery of the agreed "All-Age System Strategies" for mental health, learning disabilities and autism) as well as exploration of new approaches. A key enabler is ensuring longer term funding for the community, voluntary, faith and social enterprise partners and ensuring that public sector funding is proportionately higher in areas of higher deprivation. We will develop the workforce at all levels and across all partner organisations to deliver action on inequalities, including developing a workforce that is more representative of our communities.		
Knowing how we're doing	Improving access, experience and outcomes for those facing the greatest health inequalities. Improved uptake of screening and NHS health checks Earlier detection/diagnosis eg cancer Reduction in preventable emergency NHS use Reduced under 75 preventable mortality, reduced gap in life expectancy and healthy life expectancy.	Increased access to preventative services ' Improved uptake of vaccinations Reduction in prevalence of smoking and other risk factors. Reduction in hospital admissions related to alcohol. Increase in healthy lifestyle measures eg walking/cycling	Reduction in the number of households living in in fuel poverty Reduced hospital admissions related to the home Improved housing availability, quality and affordability. Reduction in numbers who are homeless/at risk of homelessness. Improvement in air quality and access to leisure Improved employment figures eg NEET, inclusive workforce School readiness and school attainment measures

Working Well

Our vision: We aim to increase ambition, aspiration and employment across Lancashire and South Cumbria, with businesses of all sizes and across all industries supporting a healthy and stable workforce and employing people who live in the local area. We believe this will improve the health and wellbeing of all our communities.

Our themes	**1 Young people** - supporting young people to feel increased ambition and aspiration, helping them to gain life skills needed for work, and encouraging them into professions/sectors with good career opportunities	**2 Skills development** - supporting our working-age population into stable and healthy workplaces, helping individuals, particularly from disadvantaged communities, to gain confidence and skills which enable them to compete for jobs as equals	**3 Wellbeing at work** – creating workplaces and cultures that promote health and wellbeing, identify the signs of ill health and wellbeing early and offer support where needed	**4 Businesses supporting communities** - encouraging large organisations and local businesses to support social and economic development in their local area
Our key actions	1. Deliver a single Health and Care Careers and Engagement Service, with increased school/college engagement and a broad range of careers activities and programmes, including work experience and placements. 2. Coordinated action across health and care organisations to maximise the number of apprenticeships available along with other vocational training pathways, and ensure these are a stable and secure route into a career in health and care 3. Increase the range of entry routes into health and care training roles, working with higher education institutions to ringfence places for local residents	1. Deliver a broad range of employability programmes across health and care organisations, targeting those from disadvantaged communities and those who suffer inequalities in achieving successful employment 2. Increase the number of volunteering opportunities that provide skills and experience which are useful for securing stable employment, and ensure this is recognised as a route into a career in health and care services 3. Develop skills programmes that provide re-training and career change opportunities for all people of working age	1. Large scale organisations fulfil their role as 'anchors' in each place, supporting the wellbeing of their own workforce through enhanced occupational health and wellbeing services, and contributing to the wellbeing of the population through a focus on the prevention of ill-health 2. Small and medium size businesses in all industries are able to access schemes that support wellbeing in the workplace and are incentivised to create healthy working environments 3. Residents with long term conditions are supported into employment to improve their health and mental wellbeing.	1. Build on the success of 'social value' or 'community wealth building' approaches that are already in place by introducing a common charter across local businesses that sets out a commitment to create healthy workplaces and support the development of local communities including the creation of 'healthier high streets' within our neighbourhoods. 2. Encourage entrepreneurship with clear visibility of commitment to heath benefits. 3. Create community and regional health for wealth champions.
Our delivery plans	These actions are linked and will be coordinated through the Lancashire and South Cumbria People Board but delivered through our places. It is in places where partners will work closely with residents to ensure that actions are tailored to the specific needs of individuals and communities, to delivered a targeted approach that will reduce inequalities.		Several of these actions are linked and will be coordinated through the Lancashire and South Cumbria People Board, the NHS Trust / Foundation Trust Provider Collaborative, or the Lancashire Enterprise Partnership. It is in places where local businesses will work directly with communities to support their development and prosperity.	
Knowing how we're doing	Increased proportion of Lancashire and South Cumbria residents entering health and care training in the system, and increased retention within the system Increased employment rates for young people, particularly in the health and care sector	Increased employment rates for the working age population, particularly in the health and care sector Increased proportion of adults in Lancashire achieving an appropriate level qualification	Reduced long term sickness absence rates, particularly in the health and care sector and in large scale organisations Increased proportion of Lancashire and South Cumbria residents employed by anchor institutions, across all professions Increased prosperity in communities with a proactive approach to 'social value'	

Working Well Case Study

Louise came to Citizens Advice Blackpool for help with financial problems that had built up over several years. Louise had been in and out of work as casual contracts ended and seasonal work stopped over the winter months.

Citizens Advice Blackpool provided debt advice that enabled Louise to start on a clean slate. Louise was keen to get things back on track but had not worked for a while due to confidence issues and health problems including depression, hypertension and diabetes. Louise started as a volunteer at Citizens Advice Blackpool and was supported to achieve the Generalist Adviser level certificate. Not only did this boost her confidence, it enabled Louise to consider paid employment.

After applying for some part-time administrative jobs locally and not having any success, a role in Administration and Finance came up at Citizens Advice Blackpool. Louise was successful in securing the role and has worked part-time for almost three years now. Her confidence has increased further and the flexibility the role offers has enabled Louise to improve her IT skills and manage her health conditions alongside the demands of the role. Louise is hoping to step away from the need for welfare benefits and move into full-time, secure work in the future.

Ageing Well

Our vision: To provide high quality care that supports people to stay well in their own home and age well, with radical and innovative approaches to integrating care provision.

Our themes

1. Integrated support for older people – providing joined-up, wrap around support for our most vulnerable and frail residents, their families and their carers

2. Choice and Control - ensuring a range of provision when circumstances change, for an individual or their carers, and care becomes a necessity whilst still enabling individuals to maximise their independence.

3. Healthy ageing – keeping our maturing population mentally and physically active as well as involved and contributing to their communities

Our key actions

Develop Older People's Hubs to provide integrated support to older people across all themes

Jointly manage the care sector market to ensure adequate supply of high-quality options for residents including digital services

1. Commission and deliver joined up, co-located services and teams that meet our residents' needs and provide personalised care and support for physical and mental health and wellbeing that allow people to stay in their own home wherever possible
2. Streamline and provide proactive support to reduce the number of people in crisis, recognising and supporting the contribution of carers
3. Develop a consistent service offer for our most vulnerable and frail residents, including regular health checks, a comprehensive falls service, enhanced support for dementia

Increase awareness of services that can provide support to residents, their families and their carers

1. Ensure the offer includes care to help people back on their feet through to longer term care provision

2. Provide more accessible information about what care is available, when and how to access this including more straightforward details about costs and funding options

1. Target those at risk of frailty and/or isolation using data analytics and support a range of community activities to meet diverse needs and interests, encouraging self-care through better education, developing skill acquisition or maintenance
2. 'Live longer better' - supporting residents to access information and support to maintain and optimise their own health and wellbeing
3. Connecting residents, their families and their carers to lead active, healthy, and positive lives, to plan ahead for their old age, and consider things that can be arranged in should their needs change or health deteriorate
4. Services will take an asset-based approach to meeting needs – focusing on what people can do for themselves, what their families and wider networks can contribute, and what the wider community can contribute, rather than merely 'assessment for services'

Our delivery plans

The joint planning, commissioning and delivery of services will take place through partnership working between adult social care and health services in each of our four places. Together we will strengthen the care market to ensure we have stability and sustainability. We will work across all partners including colleagues from district councils and the voluntary, community, faith and social enterprise sector to ensure community development work which creates local activities that delay the need for regulated care until it is absolutely essential.

Knowing how we're doing

CQC ratings of the regulated care sector and increased satisfaction feedback

A reduction in the average frailty score for our population

Expansion of independent living and extra care schemes
Increase in digitally enabled care satisfaction levels with care service provision

Fewer people identified as socially isolated
Groups/activities in all places to link people to and provide choice

Dying Well

Our vision: Our ambition is to get the people of Lancashire & South Cumbria comfortable with talking about and planning for dying and then well supported in bereavement.

Need addressed: Poor end of life care and planning hugely impacts families and friends who suffer and find not knowing end of life arrangements stressful, hard work and difficult emotionally, as well as health & care partners, local authorities and local community organisations who may end up dealing with a persons matters that they sadly know little about.

Our themes	**1 Talking** - get the people of Lancashire & South Cumbria comfortable with talking about death and dying.	**2 Planning** - End of life care will be personalised, using care plans, to the person who needs it, regardless of where they live or their condition.	**3 Supporting bereavement** - outstanding bereavement support for people, their families and carers in our communities.
Our key actions	1. Compassionate conversations (inc. Last Days Matters Training) - raise awareness of talking about and planning for dying with the public through community communications campaigns 2. Increase in the number of people supported (people, families and their carers) to have end of life conversations and choosing their care and dying preferences. 3. Support a consistent approach across LSC to early identification of people coming towards the end of their life, regardless of where they live or needs	1. Establish resources for communities to deliver advance and emergency care plans for people near end of life and choose their care and place of dying. 2. Support Public Health partners to promote end of life care conversations/plans, and bereavement support with our communities 3. Build capacity for planning for advanced care including appropriately trained volunteers 4. Support people to complete advance and emergency care plans within their community	1. Bereavement services mapped at place with a plan to reduce variation improve access and coverage across all of LSC 2. Bereavement Improvement Plan to develop knowledge, skills and confidence with our communities
Our delivery plans	These actions are linked and will co-ordinated regionally, but delivered through our places, who will work with local borough councils, vcfs partners particularly faith sector colleagues and our hospices. Our regional (multi-sector) working group, including NHS colleagues, will support local place project partners with resource and guidance to help ensure delivery. Our Anchor institutions can support by providing community venues, assisting promotion and delivery. Our NHS colleagues can provide population health data and support linking to local GPs and the patient records systems.		
Knowing how we're doing	Key measure: Increase in people who have an end of life conversation by the time they have died (included on the GP Palliative Care Register and recorded on their electronic record) which includes planning for advance care/end of life, choosing their care arrangements including preferred place of care and place of death.		Key Measure: Each PLACE to have access to bereavement support (at levels 1, 2 and 3)

6. Key underpinning themes

One Workforce

We know that change happens through people, and our workforce is our greatest asset. We also know that the health and care workforce is much wider than those who are employed by organisations who are direct providers of health and care services. A hugely important and valuable role is played by our carers and volunteers, and by those working in the voluntary, community, faith and social enterprise sector who contribute to people's overall health and wellbeing in a wide variety of ways.

In addition to the ambitions and priority actions that are set out in our Working Well section of this strategy, our system is focused on ensuring that we create 'One Workforce' across health and care. We want to see better coordination of the recruitment, planning, development and support for our staff across health, adult social care, local government, the voluntary, community, faith and social enterprise sector, carers and volunteers.

This integrated workforce will be able to deliver new ways of working that meet population health and wellbeing needs and wrap personalised care and support around our residents. To succeed we need to plan the future health and care workforce together rather than simply considering individual organisations or sectors. Our work will include practical activities to enable our staff to transfer their skills and knowledge between the NHS, public health, and social care, as well as a focus on creating roles that can support care coordination across organisational boundaries. This will enable our workforce to come together more easily in places and in neighbourhoods, building teams that include primary care, community care, social care, acute care, mental health, public health and the voluntary, community and faith sector.

Supporting unpaid carers

We know that our unpaid carers play a vital role in supporting people in our communities. We also know that our carers are a very diverse group – they vary significantly in age, and they are supporting people with a wide range of different caring needs. This can mean that they experience their own challenges, and it is important that we support them as best we can.

Our young carers are most often supporting family members, usually one or both parents or their siblings, who have additional caring needs. This might result from a long-term disability, long term condition or an acute illness. It also often relates to social circumstances, for example children of drug or alcohol dependent parents. Young carers often experience multiple disadvantages, through reduced time available to focus on their education, or to build peer social groups, and often also experience other features of socio-economic deprivation.

Our adult carers include parents providing support to their own children, sometimes into adulthood, including those with physical care needs, learning disabilities or severe and enduring mental illness. It also includes carers providing support for older adults, particularly elderly family members who need support for the normal functions of daily living, for example due to a significant cognitive impairment or dementia. Carers themselves often experience poorer health outcomes, and consistently report that the experience of care for their loved one, and indeed for themselves, could be improved.

We will become better at identifying carers and provide more support to them in terms of their own health and wellbeing, and to the people for whom they care.

Digital assets and use of information

We know that appropriate use of technology can support our residents with their health and wellbeing and can support our workforce to deliver health and care in a more, efficient and joined up way. We also know that people have differing levels of access to devices in their home or that they can access in the community, and that there a variation in individuals' levels of confidence in using these devices to access information or to monitor their own health and wellbeing.

By making the best use of our community assets coupled with appropriate use of technology, we can provide health and care innovatively to deliver services closer to home, across a wider range of different health and care professions wrapped around an individual, and in a more timely way. In planning for this, we will co-design our services with our residents, to ensure that we use technology in a way that people feel comfortable with.

There is a lot of information available across our partners which we can use to better understand the needs of our residents, the factors affecting their health and wellbeing, the ways in which our organisations are working together, the quality of our services, and how our residents feel about their experiences of living and working in Lancashire and South Cumbria. There is much that we can do to use this better by joining together different pieces of information from different organisations to give us a more rounded picture of what is happening in our communities. By doing this, we can plan our services better, so that resources can be targeted where they will have the most impact. We can identify specific challenges facing different people living in different parts of our system, and we can understand what is working well in making a real difference to people's health and wellbeing and share this across similar neighbourhoods and communities.

Our buildings

We know that our health and care services are delivered across a huge number and range of buildings, not all of which are in a good state of repair and not all of which are easy to access. We also know that the way in which we use our buildings can be an enabler for integration, by encouraging teams to work together in neighbourhoods and places, thereby providing more joined up services for our residents.

By making the best use of our public sector buildings, we can get the most out of our collective assets. This includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by the voluntary, community, faith and social enterprise sector and local communities who are contributing to the health and wellbeing of our residents.

As a system, we can develop spaces and establish the conditions for communities to improve their wellbeing, in ways that work for them. There are many examples of spaces which support communities to manage their own health and wellbeing, and we must seek out opportunities to expand this way of using our buildings to best effect.

Our commitment to sustainability

The Lancashire and South Cumbria integrated care system is committed to playing its part in tackling climate change, reducing our environmental impact and being leaders in achieving net zero carbon emissions.

The Health and Care Act 2022 placed new duties on the NHS to contribute to statutory emissions and environmental targets. The NHS is aiming to be the first healthcare service in the world to reach net zero on carbon emissions by 2040, which will be delivered by partnership working with other organisations across the system, staff and residents. Our local authorities already have clear plans to achieve a carbon net zero ambition.

Across our integrated care partnership, we will work together to identify a coordinated plan of activity to maximise the effect of our collective action in tackling climate change through the delivery of sustainable health and care services.

We know that the more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing.

7. The role of our partnerships

Oversight and ongoing review of this integrated care strategy is the responsibility of the Lancashire and South Cumbria Integrated Care Partnership.

This strategy provides an opportunity for us to set out our ambitions for what we can achieve as an Integrated Care System. It aims to outline, at a high level, the difference we can make by working in an integrated way. It doesn't seek to replace or duplicate existing strategies and activity that is already underway in the system – instead it seeks to link them together by providing an overarching narrative about what it is that we are all trying to change and improve together.

Examples of other documents that are relevant to this strategy are:

- A hopeful future: equity and the social determinants of health in Lancashire and Cumbria
- Blackburn with Darwen Joint Health and Wellbeing Strategy
- Blackpool Joint Health and Wellbeing Strategy
- Cumbria Joint Health and Wellbeing Strategy
- Lancashire Joint Health and Wellbeing Strategy
- Lancashire 2050 - A strategic framework for Lancashire

All partners will have a role to play in implementing the strategy, as individual organisations and sectors, but also through a number of formal partnerships that already exist in our neighbourhoods, places and across the system.

8. Glossary of terms

Anchor institution: This refers to large, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchor institutions, who are rooted in their local communities, can positively contribute to their local area in many ways such as: widening access to quality work for local people; buying more from local businesses; reducing our environmental impact; using buildings and spaces to support communities; working more closely with local partners.

Clinical commissioning groups: Clinically-led statutory NHS bodies which, under the Health and Care Act 2022 closed down on 30 June 2022 and their functions transferred to Integrated Care Boards.

Fragile services: Services which are at risk of being unsustainable because of lack of staff or other resources.

Health and Care Act 2022: A new law regarding health and social care provision which originated in the House of Commons in July 2021 and completed the Parliamentary process in April 2022. Amongst other things, the legislation aims to tackle health inequalities and create safer, more joined-up services that puts the health and care system on a more sustainable footing.

Health inequalities: The unfair and unacceptable differences in people's health that arise because of where we are born, grow, live, work and age.

Integrated Care System (ICS): Refers to the health and care system across Lancashire and South Cumbria. There are 42 ICSs across the country. Within each ICS there is an Integrated Care Partnership and an Integrated Care Board.

Integrated Care Partnership (ICP): The broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

Model of care: This broadly defines the way health and care services are organised and delivered.

Neighbourhoods: Based on local populations of between 30,000 and 50,000. Neighbourhoods, in some instances, may align with Primary Care Networks and Integrated Care Communities.

Networked services: This describes the way a clinical service works in a joined-up way across multiple sites or organisations. Often a clinical network will have one clinical lead who oversees the whole service.

Integrated Care Board (ICB): Under the Health and Care Act 2022, this is the NHS organisation that was established on 1 July 2022 - NHS Lancashire and South Cumbria Integrated Care Board. CCGs closed down and their functions transferred to the new organisation, which is responsible for NHS spend and the day-to-day running of the NHS in Lancashire and South Cumbria.

Place-based director of health and care integration: There are four directors of health and care integration responsible for improving health and wellbeing of residents within each of four place-based partnerships. They sit both on the ICB board and the board of the local authorities to create positive working links and shared priorities between both organisations. These roles have been put in place through collaboration with local

authority partners. You can find out more about who they are here.

Place-based partnerships: Planners and providers working together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place. For information on our place-based partnerships click here.

Primary care: Primary care is the first point of contact for healthcare for most people. It is mainly provided by GPs (general practitioners) but community pharmacists, opticians, dentists and other community services are also primary healthcare providers.

Primary Care Networks (PCNs): GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Find out more on PCNs on the NHS England website

Provider Collaborative: Service providers will be collaborating at the various different levels of system, place and neighbourhood according to need. National guidance, Working together at scale: Guidance on Provider Collaboratives has been published and a Provider Collaborative Board (PCB) has been established to enable partnership working of the acute, mental health and community providers across Lancashire and South Cumbria. Find out about the Provider Collaborative in Lancashire and South Cumbria. The organisations that are involved as part of the collaborative are:

- Lancashire Teaching Hospitals NHS Foundation Trust
- Blackpool Teaching Hospital NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust

Population health management: This uses data and an understanding of local populations to identify those who are at risk in order to proactively plan and deliver care.

Social value: This is about how we secure wider social, economic and environmental benefits for our population in addition to providing health and care. As anchor institutions we want to make the greatest positive impact possible on the lives of our communities to improve health and wellbeing, and reduce health inequalities.

Specialised commissioning: Planning and buying specialised services which support people with a range of rare and complex conditions, for example, rare cancers, genetic disorders or complex medical or surgical conditions.

Wider determinants of health: The diverse range of social, economic and environmental factors which influence people's mental and physical health. These include employment, housing, crime, education, air quality, access to green spaces and access to health and care services, among other things.

Lancashire County Council

Lancashire Health and Wellbeing Board
Meeting to be held on 7 March 2023

Corporate Priorities:
Delivering better services;

Lancashire and South Cumbria Integrated Care Board – Development of a Joint Forward Plan for 2023-2028

Contact for further information:
Carl Ashworth, Director of Planning, Lancashire and South Cumbria Integrated Care Board (ICB), carlashworth@nhs.net

Brief Summary

This paper provides the Health and Wellbeing Board with an overview of the emerging Joint Forward Plan (JFP) for the Lancashire and South Cumbria Integrated Care Board (ICB). It includes the background, requirement and context for a Joint Forward Plan (JFP), and the key issues for consideration in development of the Joint Forward Plan (JFP).

It notes that the Lancashire and South Cumbria Integrated Care Board (ICB) is intending to produce a draft version of the plan by 31 March 2023 for consultation (further iterations may continue after this prior to the plan being finalised in time for publication and sharing by 30 June 2023.) Given this timeframe, and to engage Health and Wellbeing Boards as early as possible, an overview of the emerging themes of the Joint Forward Plan will be presented to the Health and Wellbeing Board during their meeting on 7 March 2023.

Recommendations

The Health and Wellbeing Board is asked to:

i) Consider the key themes highlighted within the emerging Joint Forward Plan (JFP) for Lancashire and South Cumbria Integrated Care Board (ICB), offering their reflections on the content and particularly on whether they feel that the key themes take proper account of the Lancashire Health and Wellbeing Strategy.
ii) Note that a *draft* version of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board after signing off by the Integrated Care Board (ICB) at the end of March 2023.
iii) Note that a *final* version of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board prior to its sign off by the Integrated Care Board (ICB) the end of June 2023.

Detail

Background – the requirement and context for a Joint Forward Plan

The Health and Care Act 2022 established new NHS bodies in the form of Integrated Care Boards (ICBs), that take on functions previously delivered by Clinical Commissioning Groups (CCGs) and required the creation of Integrated Care Partnerships (ICPs) in each local system area, with a view to empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

Before the start of each financial year, the Integrated Care Board (ICB), with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year Joint Forward Plan (JFP), to be refreshed each year.

The Act did not change the statutory duties of Health and Wellbeing Boards, as such - similar to the previous relationship with Clinical Commissioning Groups (CCGs), the Integrated Care Board (ICB) must involve the Health and Wellbeing Board in the exercising of its statutory functions as below:

- Joint Forward Plans (JFPs) must set out the steps that the Integrated Care Board (ICB) proposes to take to implement the health and wellbeing strategy.
- The Health and Wellbeing Board must be involved in the preparation or revision of the Joint Forward Plan (JFP).
- In particular, the Health and Wellbeing Board must be provided with a draft of the Joint Forward Plan (JFP), and the Integrated Care Board (ICB) must consult with the Health and Wellbeing Board on whether the draft takes proper account of the health and wellbeing strategy.
- Following consultation, the Health and Wellbeing Board has the right to respond to the Integrated Care Board (ICB) and may give its opinion to NHS England.
- The forward plan must include a statement from the Health and Wellbeing Board as to whether the Health and Wellbeing Strategy has been taken proper account of.

Key Issues for consideration in development of the Joint Forward Plan (JFP) for Lancashire and South Cumbria

Integrated Care Boards (ICBs) are encouraged to use the Joint Forward Plan (JFP) development process to produce a shared delivery plan for the Integrated Care Strategy (developed by the Integrated Care Partnership (ICP)) and the Joint Local Health and Wellbeing Strategies (JLHWS) (developed by local authorities through Health and Wellbeing Boards) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

As a minimum, the Joint Forward Plan (JFP) should describe how the Integrated Care Board (ICB) and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments (for the purposes of this guidance, universal NHS commitments are those described in the annual NHS

priorities and operational planning guidance and NHS Long Term Plan); address the Integrated Care Systems' four core purposes and meet legal requirements (this includes the National Health Service Act 2006 and the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010).

The following principles describing the Joint Forward Plan's (JFPs) nature and function, these have been co-developed nationally with Integrated Care Boards (ICBs), trusts and national organisations representing local authorities and other system partners.

- **Principle 1:** Fully aligned with the wider system partnership's ambitions.
- **Principle 2:** Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- **Principle 3:** Delivery focused, including specific objectives, trajectories and milestones as appropriate.

Joint Forward Plans (JFPs) should build on and reflect existing Joint Strategic Needs Assessments (JSNAs), Joint Local Health and Wellbeing Strategies (JLHWSs) and NHS delivery plans, along with previous local patient and public engagement, as such it is not anticipated that their development will require full formal public consultation, unless a significant reconfiguration or major service change is proposed, which is not the case for Lancashire and South Cumbria at this time.

Integrated Care Boards (ICBs) and their partner acute trusts have a duty to prepare a first Joint Forward Plan (JFP) before the start of each financial year. For this first year, however, NHS England has specified that the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships (ICPs) and Health and Wellbeing Boards, is 30 June 2023 rather than 1 April 2023.

As 2022/23 is a transition year for Integrated Care Boards (ICBs), national guidance anticipates that the breadth and depth of the initial Joint Forward Plan (JFP) will be constrained, with an expectation that a more comprehensive plan will be developed for 2024/25 onwards.

The Lancashire and South Cumbria Integrated Care Board (ICB) is intending to produce a draft version of the plan by 31 March 2023 for consultation - further iterations may continue after this prior to the plan being finalised in time for publication and sharing by 30 June 2023.

An overview of the emerging themes of the Joint Forward Plan (JFP) will be presented to the Health and Wellbeing Board in the course of their meeting on 7 March 2023.

List of background papers

N/A

Reason for inclusion in Part II, if appropriate

N/A

Lancashire Health and Wellbeing Board
Meeting to be held on 7 March 2023

Corporate Priorities:
Delivering better services;

Development of the Lancashire Place Based Partnership - A Progress Report
(Appendix 'A' refers)

Contact for further information:
Sarah James, Integrated Place Leader, Lancashire and South Cumbria Integrated Care Board (ICB), sarah.james79@nhs.net

Brief Summary

This report provides the Health and Wellbeing Board with progress report on the actions taken to develop the Lancashire Place-Based Partnership. It covers the period January – March 2023 following the last update to the Board in January 2023 and intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during this development phase

Recommendations

The Health and Wellbeing Board is asked to note the progress report on the development of the Lancashire Place Based Partnership.

Detail

Developing the Lancashire Place - Workshops

At the last update, Board Members were informed of a series of workshops running with partners throughout January and February. A series of five workshops have been held across the three localities, in Lancaster, Chorley, Poulton-le-Fylde, Burnley and Blackburn. There is a final session for those not able to attend the original dates in mid-March.

The purpose of these workshops was to;

1) Share an update on progress made on developing the new arrangements and our thinking to date
2) Listen to feedback from our partners on the emerging vision, principles, ways of working and what will happen at each level (community / locality / place / system)
3) Ask partners:
   a) What should we prioritise to do together - Based on what we know about our locality, is already underway, and what the data is telling us?

b) How can we best work together for the benefit of our residents?

Many organisations and sectors were represented across the various workshops, which were aimed at local partners – organisations who have had minimal attendance to date or who work pan Lancashire – will be targeted for involvement in the final workshop.

Emerging themes from these workshops have included:

- **Definitions** – consideration of our use of language and consistency in the different levels of the system i.e. Place/Locality/Districts/Neighborhoods/Communities.
- **Value of being listened to** – throughout the workshops, people have felt involved and respected, rather than being a one-off this needs to be instrumental to our ways of working and to what the Lancashire Place is about (co-production).
- **Centralised v Localised** – we need to be clear as to when and why we would take a centralised approach and not control or stifle the local influence, recognising that the system itself has an important yet smaller role to play in the delivery of priorities at Place where greater traction can be gained from colleagues on the ground.
- **One size does not fit all** – we need to listen and learn from our colleagues at grass roots level and not force a model upon them, we should consider how we can sustain their good work and let people know about it.
- **Voluntary, Community, Faith and Social Enterprise (VCFSE) sector** – we need to fully recognise the value of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in our future work.
- **Prevention** –better results could be achieved if the population health resource held within the Integrated Care Board (ICB) were to be embedded within local areas, there could be duplication between the two in striving to reduce health inequalities.
- **Resource** –significant benefits are being achieved within our communities using modest sums of money, we need to sustain this and consider the positive impact of non-financial contributions such as volunteering time.
- **Data** – colleagues have been appreciative of using data for a focus, we need to support colleagues within our communities to access data to enable both targeted interventions and to demonstrate their wider economic impact.
- **Priorities** – a small number of priorities at Place level are needed, we need to be clear upon where and how cross cutting priorities such as housing and employment will be delivered whilst enabling priorities within localities to be nuanced to the particular needs of the residents.
- **Deliver** – in order to deliver we need to stick to what we have agreed and allow proportionate time for projects to realise benefits.
- **Aspirations** – we need to work urgently on raising the aspirations of our residents to enable a generational impact.
- **Hubs** – a universal hub offer, not just that of Family Hubs, would maximise delivery of services within the community.
- **Communicate** – we do not communicate enough the good work that is ongoing within our communities, we should share the benefits and enable others to learn and replicate where success is proven.

- **Infrastructure** – we do not wish to develop an industry from the establishment of governance structures, we need to recognize what we already have and build upon this.

All of these themes are being taken into consideration and influencing our next steps as noted in the sections below.

What we want to do together – developing our priorities

In developing the Lancashire Place, much of our current focus is working with partners to agree what we will do together, at a local (district) level based on population needs, and at a pan Lancashire level, where there is great potential for LCC and the Integrated Care Board to invest in transformational programmes. All of this will align to the strategic direction set through the Integrated Care Strategy for the wider system.

Priority ideas have emerged through the workshops, which will be triangulated with an evidence base to ensure that we are targeting for the most impact. This will come together in our Lancashire Place Delivery Plan for 2023/24. The emerging priorities are contained in Appendix 'A' for information, and a final version will be brought back through the Health and Wellbeing Board in due course.

How we want to work together – developing our ways of working in localities

As well as considering what we want to do together, we are also starting to build the supporting infrastructure to enable delivery. This includes working from our communities upwards, agreeing how we will work together as partners to develop integrated neighbourhood teams, and how they will come together in a larger footprint (district or groups of districts). Our localities of North, East and Central Lancashire will need the right infrastructure to translate our strategic agreement to priorities into operational delivery which must be developed with partners. The initial feedback at the workshops indicated that this infrastructure must be designed to:

- **Translate strategic agreement into operational delivery** to improve lives and well-being of the whole population; places are all age.
- **Influence the wider Place** by providing feedback to the Lancashire Place Partnership via a forum(s) to discuss wider Place issues and how they impact at a locality level.
- **Enable and support networks of communities** to flourish – supporting an asset and strengths based approach to support.
- Ensure that **Lancashire wide priorities are included in local plans based on need**.
- Enable **local priorities to be developed, delivered** and recognised to address health and well-being inequity.
- **Undertake performance management** to assess impact and support targeting of work.

How we want to work together – developing our ways of working at a Lancashire level

At a pan Lancashire level, we have now established the Lancashire Interim Place Board, which will meet monthly to:

- Provide oversight, with check and challenge for the options appraisal work to consider the long-term potential of joint arrangements between the Lancashire Health and Wellbeing Board and the Lancashire Place Based Partnership.
- Agree an options appraisal to be presented to Health and Wellbeing Board.
- Act as a Place Based Partnership in the interim until any new arrangements are established and maintaining progress on the development of the delivery plans associated with the key priorities and programmes.

At their February meeting, the interim Board approved the scope and timeframe for the options appraisal work regarding the future governance which will see a final options appraisal coming to the Health and Wellbeing Board at the July meeting.

Why we want to work together – developing our narrative

During the workshops, we have heard feedback on the Lancashire Place Proposal which outlined early thinking on the ways we could work together. We are now using that feedback to revise the proposal and create a more accessible document.

List of background papers

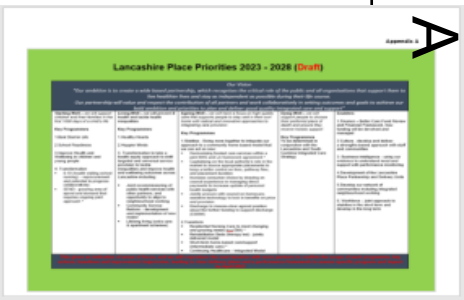
N/A

Reason for inclusion in Part II, if appropriate

N/A

Appendix A - Draft Lancashire Priorities

	Starting Well	Living Well	Ageing Well	Dying Well
Lancashire Place Priority	**We will support children and their families in the first 1000 days of a child's life:** • Best start in life • School Readiness • Improve health and wellbeing in children and young people • Transform 0-19 and SEND services	**We will prevent ill health and tackle health inequalities:** • Healthy Hearts • Happy Minds • Transform to take a health equity approach to shift targeted and universal service provision to tackle inequalities and improve health and wellbeing outcomes across Lancashire including: 1. Joint recommissioning of public health services 2. Community service reform 3. Lifelong living	**We will have a focus on high quality care that supports people to stay well in their own home with radical and innovative approaches to integrating care provision, in particular we will:** • Stabilise – integrate our approach to a community home based model • Transform residential nursing care, rehab beds, intermediate care and CHC to an integrated model	**We will encourage our residents across all age ranges, including children and young adults where necessary, to feel comfortable in talking about planning for dying, and to be well-supported in bereavement.**
Does feedback from the Localities support the above as Lancashire priorities	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓
Additional priorities emerging from feedback pan-Lancashire	• Development of Family Hubs • Support implementation of Fuller recommendations	• Employment • Housing • Loneliness and social isolation	• Support for carers • Frailty/all age Hubs	• Palliative care nurses integrated within communities within INTs
Additional priorities emerging from feedback unique to an area(s)	• Teenage pregnancy • Social isolation • Transport in rural areas • European population • Neglect	• Rough sleeping • Poverty • Refugees and asylum seekers	• Dementia • Support during menopause	• Specific bereavement support tailored to suicide • Enable more people to die at home – develop hospice at home models
Does the data that we have now indicate specific areas that require addressing within localities?	TASS Team – engage with them more and enhance their priority workstreams through partnership working There is a clear need to look at a broader dataset to show where specific interventions are required, as there may be some differentiation as to how we address priorities within different district areas.	The data shows we need to target the following in varying degrees specifically in Burnley and Lancaster • Cancer • Cardiovascular conditions • Diabetes • Kidney and liver disease • Musculoskeletal conditions • Respiratory conditions	The data shows we need to target the following in varying degrees specifically in Burnley, Hyndburn, Pendle, Rossendale, Lancaster, Wyre, Chorley, and Preston • Frailty • Dementia • Life expectancy • Suicides • Avoidable mortality • Mortality from all causes	*As per slide 8, the dataset for dying well requires further work.*



Lancashire Health and Wellbeing Board
Meeting to be held on 7th March 2023

Corporate Priorities:
Caring for the Vulnerable;

Lancashire Better Care Fund Update

Contact for further information:
Sue Lott, Lancashire County Council, Tel: 07887 831240 Email: sue.lott@lancashire.gov.uk
Paul Robinson, Midlands and Lancashire Commissioning Support Unit, Tel: 07920466112, paul.robinson27@nhs.net

Brief Summary

The Lancashire Better Care Fund reset work continues to move forward with the Finance Workstream having been established and the first workshop taken place. An interim Governance Board is being set up, with work to commence on defining the governance on an ongoing basis.

The Discharge Support Fund continues to support timely discharges for Lancashire residents from both the general Acute Hospitals and the Mental Health Hospitals locally. There is a fortnightly reporting requirement against the plan for spend until the end of March 2023, and Lancashire activity is reported in line with this. For 2023/24 there will be an allocation nationally of £600 million to the Adult Social Care Discharge Fund and conversations will be taking place to agree how this will be spent.

Recommendations

The Health and Wellbeing Board is asked to:

i) Note the progress in the “reset” of the Lancashire Better Care Fund and next steps.
ii) To receive further updates on reset activity beginning with outcomes of the financial review and recommendations for governance.
iii) Note the approach to using the Adult Social Care Discharge Fund as set out in the plan and formally record Health & Wellbeing Board approval and Chair's sign-off.
iv) Receive updates on the impact of the use of the Adult Social Care Discharge Fund.

Lancashire Better Care Fund Reset

Work continues to take place on the 'reset' of the Lancashire Better Care Fund. Since the last update, the first session of the Finance Workstream has taken place, with the group starting to consider what the review of each spend line in the Fund needs to look like and include. A template will be drafted, alongside a robust process which will include not just how each element of spend is reviewed and considered

against the criteria to be set, but also what the transitions arrangements will be for areas of spend that are deemed not to sit in the Better Care Fund going forward.

Prior to the next workstream session, the Integrated Care Board (ICB) is collating the finer detail of some of the NHS spend lines where that clarity is required as part of the baseline prior to review. All spend lines will then be grouped into themes to aid the review process.

Within the finance workstream session, it was also agreed that both the NHS and Lancashire County Council will look to identify any underspend in the 2022/23 spend, to create a small transformation fund for 2023/24. This aligns with the future intention and will enable an initial testing of the concept on a small scale.

Discussions are scheduled to take place to agree how citizen engagement and involvement will best take place.

Metrics And Performance

It is the intention of the reset to improve the reporting on the performance of both the fund and the Better Care Fund metrics that the fund aims to improve performance against.

Whilst the reporting and performance workstream is not scheduled to commence yet, the table below sets out as an indicator for the Health and Wellbeing Board the position of Lancashire against the following metrics:

Metric	December Data - Lancashire	December Data – Average All Health and Wellbeing Board Areas
Discharge to Usual Place of Residence (from hospital)	90.16%	92.53%
Length of Stay (Hospital) 14 days	13.26%	11.67%
Length of Stay (Hospital) 21 days	7.41%	6.32%

In Q3 2023/24 there were 3,024 avoidable admissions for Lancashire residents, which gives significant opportunity for improved opportunities to support more people in their usual place of residence.

Adult Social Care Discharge Fund

The Discharge Support Fund continues to support people to be discharged from hospital in a timely way, pooled into the Better Care Fund the monies support a range of 'discharge to assess' services including discharges from Mental Health wards.

Fortnightly activity and spend reports are submitted to the Departments of Health and Social Care and Levelling Up and Communities until the end of March 2023. For Lancashire, the fund has so far supported the following activity:

Scheme	Activity (15.12.2022 to 15.2.2023
Discharges Directly Home (with formal support)	1,530
Discharges Directly Home (supported by AgeUK)	731
Discharges Home with a 'one off personal budget'	18
Discharges Home with Reablement (at point of discharge)	68
Discharges to Bed Based Intermediate Care/Discharge to Assess (D2A) Placement	530

Total spend to date from the Discharge Support Fund is £4.9m.

Stabilisation support to the care market workforce through grants have been agreed and are in progress to be shared with care providers imminently.

Conversations are taking place across health and social care regarding next year's funding, and how this can continue to support discharge to assess.

List of background papers

Link to Adult Social Care Discharge Fund planning requirements and guidance
https://www.gov.uk/government/publications/adult-social-care-discharge-fund