

# Lancashire and South Cumbria Integrated Care System

## Proposals for a Place Integration Deal

ICB Board Meeting  
05 July 2023



# Our vision for places as part of the LSC system

Our vision



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

## Our aims

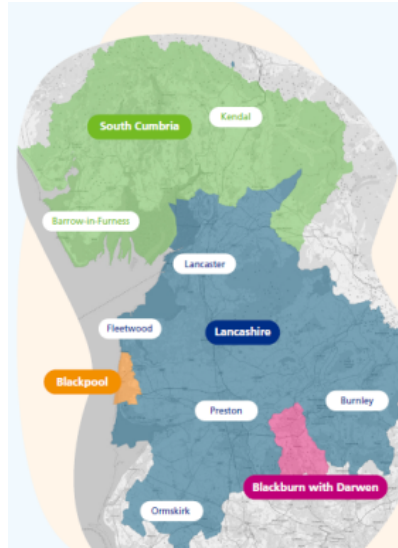
- A much stronger focus on prevention
- A step change in community-based services to a more integrated approach across health and care
- Delivering world class care for priority diseases, conditions, population groups and communities
- Getting better value from our collective resources
- Using data and intelligence to focus on local needs
- Strengthening places and neighbourhoods to ensure decision-making happens closer to people and with local communities



## The impact for our people



# What is the Place Integration Deal?



The 'Place Integration Deal' sets out the way in which places will operate as part of the Lancashire and South Cumbria integrated care system, specifically in relation to the NHS Lancashire and South Cumbria Integrated Care Board (ICB).

It describes:

- Why** • Why the Place Integration Deal is key to meeting national and local expectations
- What** • What will be planned and delivered in places
- How** • How the Place Integration Deal will be implemented

**This is the first stage of the Place Integration Deal. It sets out the way in which the ICB will work with places at the centre of our integrated care system and lays the foundations for more integrated working with local government.**

In line with our strategic narrative for places and the Directors of Health and Care Integration holding shared roles across the NHS and our local authorities, **the next stage will be to consider the 'what' and the 'how' from the perspective of local authorities, thus enabling deeper integration in each place.** This will mean agreement to joint leadership, decision making and financial arrangements between the ICB and partners in our places. Detailed design and implementation of the Place Integration Deal is likely to be a 2- to 3-year development journey for our places and those organisations that are key partners in places and across the system.



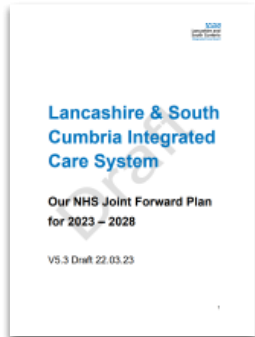
# Implementation of the Place Integration Deal will enable delivery of key commitments...



## Integrated Care Strategy (April 2023) – five long-term measures of success for our system

Development of this strategy included review and inclusion of key elements from the local authority Health and Wellbeing strategies.

- Early years development
- Years in good health
- Avoidable mortality
- Unemployment rate for the working age population
- Life satisfaction



## Joint Forward Plan (March 2023 – in draft) – sets out six long-term measures of success for the NHS

- Improved financial sustainability
- Improved healthy life expectancy
- Enhanced and seamless care provision within our neighbourhoods
- Improved quality of care across all providers
- Improved pathways of care across the system



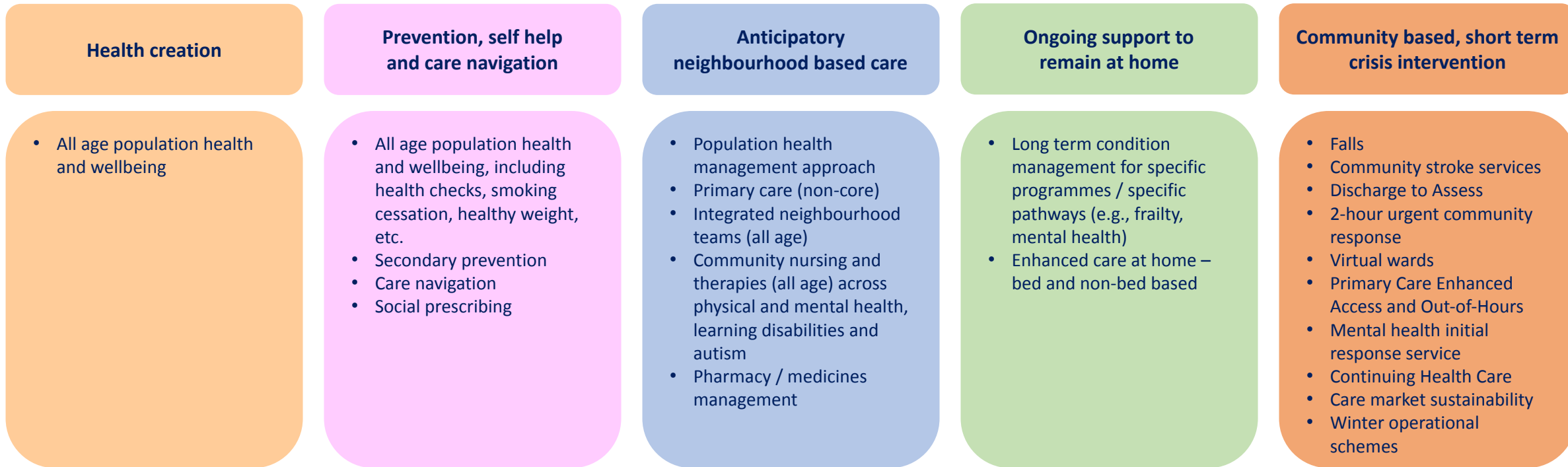
## ‘Turning challenges into opportunities – The state of our system report’ (March 2023) and the ICB financial recovery programme – set out key ambitions for a sustainable system

- All trusts will be high performing
- Maximise efficiency across emergency and elective care
- Rationalize our system for greater efficiency
- Invest in community services
- Reconfigure the ICB itself to support this approach.

# The scope in relation to the ICB – key areas of NHS planning and delivery in our places

This is the first stage of the Place Integration Deal. It sets out the way in which places will operate as part of the Lancashire and South Cumbria integrated care system, specifically in relation to the NHS via the ICB and working with key partners. Therefore, we have set out the NHS functions / services where we envisage planning and delivery to happen at place, but recognise that this will evolve over time as places and the ICB mature, and as delegations happen from other partners in place.

What



Greater use of a population health management approach to planning  
 Joint commissioning in place, including VCFSE commissioned services and the scope of the Better Care Fund  
 Engagement, coproduction and evaluation with our communities

# Maintaining clear focus on delivery - priorities across our places

Operational delivery

From 2023/24

## Common priorities for operational delivery through leadership in places from 2023/24

- Population health – addressing inequalities
- Primary care – development of Integrated Neighbourhood Teams (INTs) and transformation
- Scope of the Better Care Fund (BCF) and Section 75/256 agreements
- Community services – transaction and transformation
- Continuing Health Care (CHC)

	Phase 1	Phase 2	Phase 3
Blackburn with Darwen	<ul style="list-style-type: none"> <li>• Integrated neighbourhoods incl. Physical, Mental, Family Hubs &amp; Fuller *</li> <li>• Improve care sector quality *</li> <li>• Focused interventions based on need – start, live, age, die well – frailty</li> <li>• Community services (incl. enhanced care at home)</li> <li>• Population health</li> <li>• Winter operational schemes (*inc meds optimisation)</li> </ul>	<ul style="list-style-type: none"> <li>• CHC and Personal Health budgets – roll out wider</li> <li>• Discharge to assess and effective step-up care</li> <li>• Local primary care quality and access improvement (GP)</li> <li>• Joint commissioning opportunities with Council</li> <li>• Focused interventions based on need – start, live, age, die well – mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Local primary care quality and access improvement (dental, optometry, pharmacy)</li> <li>• Focused interventions based on need – start, live, age, die well – children and young people</li> </ul>
Blackpool	<ul style="list-style-type: none"> <li>• Continuing Health Care / Personalised Health Budgets</li> <li>• Community services – transaction / transformation (including enhanced care at home)</li> <li>• Focused interventions based on need – specific cohorts</li> </ul>	<ul style="list-style-type: none"> <li>• Long term conditions pathways</li> <li>• Personal Health budgets – roll out wider (offer to host on behalf of all areas)</li> </ul>	
South Cumbria	<ul style="list-style-type: none"> <li>• Community wellness centre</li> <li>• Enhanced Care at Home programme</li> <li>• Workforce model – Local workforce analysis</li> <li>• Whole System Flow Programme</li> <li>• Thriving Communities - alignment of Community Development; Population Health &amp; Public Health priorities and programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Community wellness centre</li> <li>• MBRN roll out south Cumbria (subject to investment proposal)</li> <li>• Whole System Flow programme</li> <li>• Joint governance arrangements between ICB and Local Authority (to oversee the BCF and Section 75/256 agreements)</li> <li>• Focused interventions based on need – reflecting JSNA</li> </ul>	<ul style="list-style-type: none"> <li>• Community wellness centre</li> <li>• Whole System Flow Programme</li> <li>• Focused interventions based on need – reflecting JSNA</li> </ul>
Lancashire	<ul style="list-style-type: none"> <li>• Integrated Commissioning of Care at Home Services</li> <li>• Alignment of Care Navigation/ Brokerage of Care Sector</li> <li>• ASC and ICB workforce-agreed approach to recruitment and rostering of agency workers</li> <li>• Discharge to Assess (D2A)</li> </ul>	<ul style="list-style-type: none"> <li>• Learning Disabilities Pooled Budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Urgent Care Services (such as out of hospital emergency care, including Urgent Treatment Centres, and on the day urgent Primary and Community Care)</li> <li>• TBC following engagement with District Council Chief Execs</li> </ul>

What

# Impact for our people

Considering the scope of place, the phased approach to delegations, and the priority areas for delivery, we envisage that a core set of metrics could be adopted to measure successful integration and the impact of integration in our places. These will evolve as our places increase in maturity and further work will be undertaken with residents and partners in order to scope what these metrics could be.

## Initial Metrics

- Smoking cessation rates
- Annual health checks for people with a learning disability
- Access to mental health support for children & young people
- Access to GP appointments
- People 65+yrs with a recorded frailty score have a care plan
- Use of 2hr urgent community response
- Lengths of hospital stays



People will live in a places that actively supports economic development and has a culture of enabling them and their families to take care of themselves and their communities

People will have to access help, advice and signposting when they need it

People will get more help or support in the community to help them remain at home

People get the right care, from a trained professional, in the right place, when they need it

People will receive intensive, short term care or longer term support in the community, which enables them to maintain their independence, or in some cases remain safe

# Phased approach to governance arrangements

We recognise that delegation of decision-making to places will evolve as our places and the ICB mature, and as confidence grows in place-based ways of working. Our decision making arrangements in place will evolve across three stages of maturity – ‘in development’, ‘in shadow’ and ‘ready for delegation’.

How we will implement this

## In development

- Interim Place-Based Partnership Board established as a ‘consultative forum’
- Partners come together to undertake the core responsibilities of each place
- This may be through:
  - Members of the board having delegated decision-making from their own organisation;
  - or
  - The consultative forum making recommendations for approval by individual organisations

## In shadow

- Place-Based Partnership Board confirmed as a ‘shadow board’ and operates as if it has delegations
- DHCI has delegated authority from the ICB around any NHS budget allocated to place
- Some DSHCI may also have delegated authority from the upper tier/unitary local authority, depending on their role
- DHCI exercises some/all delegations via the Place-Based Partnership Board to support collective decision-making between partners in place

## Ready for delegation

- Place-Based Partnership Board fully constituted as a committee of the ICB (or a joint committee of the ICB and local authority if local authority delegations are also included)
- There is an appointed chair of the Place-Based Partnership
- Terms of Reference are formally agreed by all place partners
- The ICB SORD (and local authority Constitution if relevant) confirm any delegations
- Over time, wider partners may delegate into the committee.

Our governance will be an enabler to achieving:

- Improved experiences and outcomes for our local people
- Joined up care and delivery
- Bringing decision-making closer to our local people
- Making decision-making more focused on local population needs
- Creating greater transparency and accountability to the public

**We anticipate all places should have reached this phase by April 2024**