



Lancashire Health and Wellbeing Board  
Tuesday, 19 January 2021, 2.00 pm,  
Teams Virtual Meeting - Teams

**AGENDA**

**Part I (Open to Press and Public)**

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. <b>Welcome, introductions and apologies</b>	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. <b>Disclosure of Pecuniary and Non-Pecuniary Interests</b>	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. <b>Minutes of the Last Meeting held on 3 November 2020</b>	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 8)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>4. Action Sheet and Forward Plan</b>	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 9 - 12)	
<b>5. Lancashire Health and Wellbeing Board - SEND Sub-Committee</b>	Update	To receive an update from the SEND Sub-Committee on the latest version of the Accelerated Progress Plan (APP).	Dr Sally Richardson	(Pages 13 - 14)	2.10pm
<b>6. National Consultation: Integrated Care System</b>	Action	To note the next steps to building strong and effective integrated care systems across England.	Dr Andrew Bennett	(Pages 15 - 26)	2.25pm
<b>7. Lancashire COVID-19 Outbreak Management Update</b>	Information	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi	(Verbal Report)	2.45pm
<b>8. Urgent Business</b>	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		3.05pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>9. Date of Next Meeting</b>	Information	The next scheduled meeting of the Board will be held at 2pm on 9 March 2021, via Microsoft Teams.	Chair		3.10pm

L Sales  
Director for Corporate Services

County Hall  
Preston



## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 3rd November, 2020 at 2.00 pm in Teams  
Virtual Meeting - Teams**

### **Present:**

#### **Chair**

County Councillor Shaun Turner, Lancashire County Council

#### **Committee Members**

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG  
County Councillor Graham Gooch, Lancashire County Council  
County Councillor Keith Iddon, Lancashire County Council  
County Councillor Phillippa Williamson, Lancashire County Council  
Dr Sakthi Karunanithi, Public Health, Lancashire County Council  
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council  
Edwina Grant OBE, Education and Children's Services, Lancashire County Council  
Dr Julie Higgins, East Lancashire CCG  
Sam Proffitt, Lancashire Care Foundation Trust  
Councillor Jackie Oakes, East Lancashire, Lancashire Leaders Group  
Councillor Bridget Hilton, Central Lancashire, Lancashire Leaders Group  
Councillor Jayne Nixon, Fylde Coast, Lancashire Leaders Group  
Councillor Margaret France, Central Health and Wellbeing Partnership  
Greg Mitten, West Lancashire Health and Wellbeing Partnership  
Tammy Bradley, Housing Providers  
Ben Norman, Lancashire Fire and Rescue  
David Blacklock, Healthwatch  
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council  
Sam Gorton, Democratic Services, Lancashire County Council

### **Apologies**

Stephen Young	Growth, Environment, Transport and Community Services, Lancashire County Council
Dr Geoff Jolliffe	Morecambe Bay CCG
Dr Adam Janjua	Fylde and Wyre CCG
Karen Partington	Lancashire Teaching Hospitals Foundation Trust
Stephen Ashley	LCSAP, LASB
Adrian Leather	Third Sector

### **1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting.

Apologies were noted as above.

A new Board member was welcomed to the meeting:

- Councillor Jayne Nixon replacing Councillor Viv Willder, Fylde Coast, Lancashire Leaders Group

Replacements for the meetings were as follows:

- County Councillor Keith Iddon replacing County Councillor Geoff Driver, Lancashire County Council
- Denis Gizzi replacing Dr Lindsey Dickinson, Chorley and South Ribble, Clinical Commissioning Group, Dr Sumantra Mukerji, Greater Preston Clinical Commissioning Group
- Ben Norman for David Russel, Lancashire Fire and Rescue Service

Additional apologies were received from Blackburn with Darwen Council

- Dominic Harrison, Director of Public Health
- Councillor Mohammed Khan, Chair of Health and Wellbeing Board

Observer for the meeting:

- David Flory, Independent Chair, Independent Care System, Lancashire and South Cumbria.

## **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 8 September 2020**

**Resolved:** That the Board agreed the minutes of the meeting held on 8 September 2020.

## **4. Action Sheet and Forward Plan**

**Resolved:** That the action sheet and forward plan was noted by the Board.

Any future items for the forward plan should be submitted to Sam Gorton, email [sam.gorton@lancashire.gov.uk](mailto:sam.gorton@lancashire.gov.uk).

## **5. Lancashire Health and Wellbeing Board - SEND Sub-Committee**

Sarah Callaghan, Director of Education and Skills, Lancashire County Council updated the Board following the first Health and Wellbeing Board, Special Educational Needs and Disabilities (SEND) Sub-Committee which was held on 24 September 2020, where the Accelerated Progress Plan (APP) would be monitored at each meeting, as well as at the monthly Special Educational Needs and Disabilities Operations Group and progress would be reported to the Special Educational Needs and Disabilities Partnership Board and at

each Health and Wellbeing Board. The Department for Education case lead for Lancashire would also attend a meeting of the Special Educational Needs and Disabilities Operations Group every six weeks.

The Accelerated Progress Plan will be presented recurrently to the Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board for scrutiny and challenge. At the first meeting of the Sub-Committee it was agreed that a baseline position for each of the five areas of improvement be presented to facilitate this process. A required outcome of the activity which was taking place to improve leaders' view of the local area was to create a data dashboard; this would be shared and reported against at each Special Educational Needs and Disabilities Sub-Committee meeting. It would also consider the progress and impact at its meeting in December 2020 prior to the next meeting of the Health and Wellbeing Board and all subsequent meetings.

Progress on the Accelerated Progress Plan will be reviewed formally by the Department for Education and NHS England/Improvement (E/I) after six months and twelve months; there will be no further Ofsted/Care Quality Commission revisit inspections.

In addition, following a review of the Terms of Reference at the initial Special Educational Needs and Disabilities Sub-Committee it was proposed to remove the officers from the membership who would report to the Sub-Committee and be accountable for delivering the improvements.

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

- i) Noted the Accelerated Progress Plan (APP) submitted to the Department for Education (Appendix 'A') to address the five areas where it had been judged that sufficient progress had not yet been achieved;
- ii) Noted the establishment of the Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board, which met for the first time on 24 September 2020;
- iii) Received a verbal update on the progress of actions in the Accelerated Progress Plan due to be completed at the end of October 2020.
- iv) Approved the revised Terms of Reference for the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities Sub-Committee as set out in Appendix 'B' of the report.

## **6. Blackburn with Darwen, Blackpool and Lancashire Child Death Overview Panel Annual Report 2019-20**

Ruksana Sardar-Akram, Interim Public Health Consultant, Lancashire County Council presented the report which updated the members of the Health and Wellbeing Board of the work undertaken by the pan-Lancashire Child Death Overview Panel (CDOP) during 2019/20, which included key findings from child death data, progress made on last year's recommendations (2018/19), partnership achievements, and priorities and recommendations for 2020/21.

During the 2019/20 reporting year, the Child Death Overview Panel (CDOP) was notified of 108 child deaths (20 Blackburn with Darwen (BwD) residents, 6 Blackpool residents and 82 Lancashire residents) that were in line with Working Together to Safeguard Children definition and therefore considered by the Pan-Lancashire CDOP. The total number of unexpected deaths in children was 36 in 2019-20, with the Sudden Unexplained Death in Childhood (SUDC) Service recording the lowest number of deaths in 2019-20, since the service began in 2008.

The report also highlighted the key progress and achievements and thus highlighted the key themes that included co-sleeping and inappropriate sleeping, which continue to be prioritised with sub-groups and partners on this topic. Further details are found detailed within the report.

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

- i) Noted the update and priorities identified.
- ii) Sought confirmation from each organisation that Child Death Overview Panel (CDOP) forms are returned within the statutory three week deadline and are completed as fully as possible, including details of father or other male carers in the household, before they are submitted to Child Death Overview Panel (CDOP). (The CDOP Business group monitors this on a monthly basis. Whilst there have been measureable improvements over the course of the year, there are still gaps in information which are being followed up).
- iii) Assured themselves that there are relevant interagency initiatives in place to reduce the prevalence of modifiable factors, identified in the under one population including:
  - Safe sleeping
  - Risk factors for reducing premature births including:
  - High body mass index (BMI) (including healthy diet and physical activity)
  - High blood pressure (linked to high BMI)
  - Smoking
  - Alcohol use
  - Substance misuse
  - Domestic violence
  - Mental health
  - Diabetes (often linked to BMI)
  - Lack of physical activity

## **7. Integrated Care Fund and Winter Grant Spending Plan 2021/2021**

Louise Taylor, Executive Director of Adult Services and Health and Wellbeing, Lancashire County Council outlined the funding arrangements as detailed in the report, to support additional health and social care winter capacity in Lancashire to the Board.

The need to respond to the COVID-19 pandemic had seen the suspension of the Advancing Integration governance arrangements in Lancashire. To enable decisions to be made on the use of funding allocation of the Winter Pressures grant and the additional COVID Grant monies the Out of Hospital cell of the Lancashire and South Cumbria NHS Command and Control Structure has been used as it contains the required level and breadth of NHS and social care representation. That body has agreed the plan for the use of the above grant monies with a continued emphasis on increasing capacity in core community/intermediate care services and whilst continuing to support people to stay or return to their own home.

There was a potential need for a further £4.3m for continuation of the externally commissioned services for a further six months. This is to be considered further.

The Board was reminded that it was the accountable body for the Better Care Fund and the Winter Fund, both of which come as an annual grant. Each year the Council and Clinical Commissioning Groups determine how the winter funds will be spent and, as expected at this time of year how it can be stepped up, as well as increasing capacity to ensure meeting the extra demand which, this year, has equally had to take account of the ongoing pernicious nature of the COVID pandemic and its impact on Lancashire's vulnerable population.

The Better Care Fund, is spent collaboratively with the Clinical Commissioning Groups and this tends to be on services that are referred to as intermediate care – services that allow the Authority to keep people safe and supported at home with care provision if that is necessary, or to step people down if they have been in hospital and feel that they have an ongoing need when they are discharged.

In addition the Council has also allocated some of its COVID grant that has been received from Government to supplement the arrangements to ensure there is adequate capacity at this extremely critical period.

**Resolved:** That the Health and Wellbeing Board recognised the validity of the decision making process, under current arrangements, and supported the spending plan as outlined in the report.

## **8. Adult Social Care Winter Plan 2020/21**

Sue Lott, Head of Service, Community North and County Acute and Prisons, Lancashire County Council outlined the details of the Council's Adult Social Care Winter Plan for 2020-21 (Appendix A on the agenda item) and the additional capacity that would be mobilised to meet the anticipated demand. The Winter Plan 2020-21 would be considered by Cabinet on 5 November 2020. Further context around the plan were detailed in the report circulated with the agenda and the presentation covered the following in more detail:

- Winter Planning
  - Context
  - Funding
  - What is in the Plan
  - Next Steps

Following the presentation, it was noted that a range of key issues had been considered and planned for during the winter. In terms of designated settings, the Authority had been asked by the Department of Health and Social Care to consider identifying care homes across the County that would be prepared to accept people from hospital who were tested positive for COVID-19. Contact had been made with all providers across County asking if they would be willing to be considered and be able to demonstrate that they could appropriately segregate people so that if they were accepting COVID-19 positive individuals that they were not increasing the risk of transmission to other residents. They then have to go through an inspection by the Care Quality Commission (CQC) who carry out an on-site inspection. There was also national as well as local concern with regards insurance for the purposes of accepting this level of responsibility. As of 3 November 2020, there were two facilities that had already been visited by the Care Quality Commission in Lancashire. As this was a moving picture, when there was a more definitive position, Louise Taylor agreed to circulate the list to Board Members, of the homes who would be actively accepting people with that designated status.

Work was also continuing with Blackburn with Darwen Council, Blackpool Council and the NHS on an agreed specification that it was clear on what would be expected as the commissioning organisations and equally what enhanced support any provider would receive from the Authorities and the NHS services. Some forecasting had taken place to know how many homes might be required and it is about getting the right spread across the County.

The Council's day centres are opening their facilities back up and have supported the independent sector with some financial support. The policy on day centres has been revised to maintain day centre provision during the period of any further restrictions. It had also been agreed by the Lancashire Resilience Forum that day centres were going to be prioritised for the testing pilot to ensure that a regular testing regime can be undertaken by staff.

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

- i) Noted the report.
- ii) Supported the ongoing work of Adult Social Care to ensure that vulnerable people who needed social care support across the winter period and throughout the pandemic, received the right support at the right time.
- iii) Louise Taylor, Executive Director for Adult Services and Health and Wellbeing would circulate a list of homes who would be actively accepting people with COVID-19 when it was finalised.

## **9. Lancashire COVID-19 Outbreak Management Update**

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County provided a current overview on the COVID-19 outbreak.

The Board was signposted to the single source of weekly updates for Lancashire's COVID-19 statistics, which can be found via the following link: <https://www.lancashire.gov.uk/covidweekly/>. The Board were informed that if they had any further questions or requirements in terms of data, to contact Dr Karunanithi, email [Sakthi.karunanithi@lancashire.gov.uk](mailto:Sakthi.karunanithi@lancashire.gov.uk).

Lancashire is currently in Tier 3, which is a local area level – very high. Early signs were that the number of new cases reported every day has started to slow down, however this was also combined with fewer people coming forward for tests, which was a slight concern. The main areas affected in Lancashire are the more deprived areas in the East of the County, as well as in Preston and West Lancashire. The age groups most affected were older, younger and middle aged individuals; although reducing in the younger age groups, whereas it was still on the upward trend in those with other complications and the over 60s.

There is about two to three weeks gap between the cases rising and the hospital admission rate changing. The capacity in hospitals was increasingly challenged, impacting on other work to support both physical and mental health.

There is more testing capacity being made available under local influence, in discussions with NHS and Directors of Public Health, and more on the spot testing, particularly for people who are asymptomatic. This is starting to be rolled out with specific groups of staff within the care sector, police and fire services and the plan is to roll it out to wider groups.

Plans for the vaccination programme will commence with specific groups on a small scale before the beginning of 2021 and then roll out more widely.

There needs to be continued hard work to reduce the high level of infection to as low as reasonably possible, and that will depend on a number of things:

- i) Community consent and people following the advice, particularly those who are symptomatic or are positive, to support them to remain at home.
- ii) Protecting the vulnerable.
- iii) Case finding, testing, isolation, tracing – more capacity for testing and a successful tracing programme.
- iv) Vaccination programme plan.
- v) Enforcement.

Current concerns are the end of term migration of students going back to family homes for the festive season.

A query was raised about people not getting tested. There appear to be a number of reasons for that, which are:

- Concerns around isolation
- People having caring responsibilities
- Being the key wage earner
- Lack of support to stay at home.

The Board was asked to encourage people to come forward for testing and ensure that there is support available through the district hubs and the NHS to support those that are isolating.

**Resolved:** That the Board noted the update.

**10. Urgent Business**

There were no items of urgent business received.

**11. Date of Next Meeting**

The next scheduled meeting of the Board will be held on Tuesday, 19 January 2021 at 2pm, via Microsoft Teams.

L Sales  
Director of Corporate Services

County Hall  
Preston

## Lancashire Health and Wellbeing Board

### Actions, 3 November 2020

Action topic	Summary	Owner
<b>Lancashire Health and Wellbeing Board - SEND Sub-Committee</b>	<p>The Board:</p> <ul style="list-style-type: none"><li>• Noted the Accelerated Progress Plan (APP) submitted to the Department for Education (Appendix 'A') to address the five areas where it had been judged that sufficient progress had not yet been achieved;</li><li>• Noted the establishment of the Special Educational Needs and Disabilities Sub-Committee of the Health and Wellbeing Board, which met for the first time on 24 September 2020;</li><li>• Received a verbal update on the progress of actions in the Accelerated Progress Plan due to be completed at the end of October 2020.</li><li>• Approved the revised Terms of Reference for the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities Sub-Committee as set out in Appendix 'B' of the report.</li></ul>	Health and Wellbeing Board members
<b>Blackburn with Darwen, Blackpool and Lancashire Child Death Overview Panel Annual Report 2019-20</b>	<p>The Board:</p> <ul style="list-style-type: none"><li>• Noted the update and priorities identified.</li><li>• Sought confirmation from each organisation that Child Death Overview Panel (CDOP) forms are returned within the statutory three week deadline and are completed as fully as possible, including details of father or other male carers in the household, before they are submitted to Child Death Overview Panel (CDOP). (The CDOP Business group monitors this on a monthly basis. Whilst there have been measureable improvements over the course of the year, there are still gaps in information which are being followed up).</li><li>• Assured themselves that there are relevant interagency initiatives in place to reduce the prevalence of modifiable factors, identified in the under one population including:<ul style="list-style-type: none"><li>➤ Safe sleeping</li><li>➤ Risk factors for reducing premature births including:<ul style="list-style-type: none"><li>○ High body mass index (BMI) (including healthy diet and physical activity)</li></ul></li></ul></li></ul>	Health and Wellbeing Board members

	<ul style="list-style-type: none"> <li>○ High blood pressure (linked to high BMI)</li> <li>○ Smoking</li> <li>○ Alcohol use</li> <li>○ Substance misuse</li> <li>○ Domestic violence</li> <li>○ Mental health</li> <li>○ Diabetes (often linked to BMI)</li> <li>○ Lack of physical activity</li> </ul>	
<b>Integrated Care Fund and Winter Grant Spending Plan 2021/2021</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• Recognised the validity of the decision making process, under current arrangements, and supported the spending plan as outlined in the report.</li> </ul>	Health and Wellbeing Board members
<b>Adult Social Care Winter Plan 2020/21</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the report.</li> <li>• Supported the ongoing work of Adult Social Care to ensure that vulnerable people who needed social care support across the winter period and throughout the pandemic, received the right support at the right time.</li> <li>• Louise Taylor, Executive Director for Adult Services and Health and Wellbeing would circulate a list of homes who would be actively accepting people with COVID-19 when it was finalised.</li> </ul>	<p>Health and Wellbeing Board members</p> <p>Louise Taylor</p>
<b>Lancashire COVID-19 Outbreak Management Update</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the update.</li> </ul>	Health and Wellbeing Board members

## Lancashire Health and Wellbeing Board

### Forward Planner

Date of Meeting	Topic	Summary	Owner
March 2021	Voluntary Community and Faith Sector Strategy	To receive the VCFS Strategy.	Lynne Johnstone
March 2021	Lancashire Health and Wellbeing Board – SEND Sub-Committee <b>(Standing Item)</b>	To receive an update from the SEND Sub-Committee.	Sarah Callaghan
March 2021	Lancashire COVID-19 Outbreak Management Update <b>(Standing Item)</b>	To receive an update on the current situation and what has happened since the last Board meeting.	Dr Sakthi Karunanithi

### **Joint HWBB Meetings – Pan Lancashire**

TBC	ICP/ICS Strategy	To consider the strategy.	Amanda Doyle/Andrew Bennett
TBC	Commissioning Reform in Lancashire and South Cumbria – A Case for Change	To receive a report on the Commissioning Reform.	Louise Taylor



## Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 19 January 2021

### Lancashire Health and Wellbeing Board - Special Educational Needs and Disabilities (SEND) Sub-Committee

Contact for further information:

Sarah Callaghan, Director of Education and Skills, Lancashire County Council,

Tel: 01772 538840, [sarah.callaghan@lancashire.gov.uk](mailto:sarah.callaghan@lancashire.gov.uk)

#### Executive Summary

The minutes of the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub Committee from its meeting held on 18 December 2020 and the latest version of the Accelerated Progress Plan (APP) are available to view [here](#).

#### Recommendations

The Health and Wellbeing Board is asked that the report of the Lancashire Health and Wellbeing Board – SEND Sub Committee, be noted.

#### Background

The Lancashire Health and Wellbeing Board – SEND Sub-Committee met virtually on Friday, 18 December 2020 to discuss the Accelerated Progress Plan (APP) including the progress made by officers since the previous meeting of the Sub Committee on 24 September 2020.

The recommendations made by the Sub-Committee at the meeting on 18 December 2020 were as followed:

#### Resolved: That;

- i. The progress of the Accelerated Progress Plan (APP) to date on the five areas of concern, including those areas highlighted in 'red' or 'amber, be noted;
- ii. That the highlight report be amended to include a key of the colours used for the RAG ratings, a glossary of abbreviations and terms, and a section to identify which key milestones refer to which particular priority;
- iii. The report that was sent to the Children and Young People's Commissioning Network, to be circulated to Committee members for their information;
- iv. The National Autism Team work streams would be circulated to members of the Committee;
- v. The possibilities of members' being invited to attend the SEND Partnership Board, be investigated; and
- vi. The minutes from the previous meetings of the SEND Partnership Board be sent to the Committee.

## List of background papers

None

## Lancashire Health and Wellbeing Board

Meeting to be held on 19<sup>th</sup> January 2021

### National Consultation: Integrating Care – Next Steps to building strong and effective integrated care systems across England

Contact for further information:

Andrew Bennett, Lancashire & South Cumbria Integrated Care System, 07976 269159,  
[andrew.bennett5@nhs.net](mailto:andrew.bennett5@nhs.net)

#### Executive Summary

*Integrating care: Next steps to building strong and effective integrated care systems across England* was published by NHS England and Improvement in November 2020. This paper introduces the key messages from the consultation document and the Lancashire and South Cumbria Integrated Care System (ICS) response to the consultation which was submitted on 8 January 2021.

#### Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Discuss the major proposals arising from the national consultation document *Integrating Care: Next Steps* set out in the attached slide set.
- (ii) Note that a number of organisations and local Integrated Care Partnerships have made responses to the consultation process.
- (iii) Note the Lancashire and South Cumbria Integrated Care System response to the consultation in support of option 2: development of a statutory Integrated Care System body.

#### Background

Published by NHS England and Improvement (NHSEI) in November 2020, *Integrating care: Next steps to building strong and effective integrated care systems across England* is a consultation document which sets out proposals to put Integrated Care Systems (ICS) on a clearer statutory footing.

The key messages within the document are summarised in the attached slide set and underpinned by four fundamental aims:

- improve population health and healthcare;
- tackle unequal outcomes and access;
- enhance productivity and value for money; and
- help the NHS to support broader social and economic development.

The paper presents two options to support the continued development of integrated partnership models for health and care systems in England:

- Option 1: a statutory ICS Board/Joint Committee with an Accountable Officer. In this option, there would be one aligned Clinical Commissioning Group (CCG) only per ICS footprint, and new powers would allow that CCGs are able to delegate many of its population health functions to providers.
- Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS.

These options are further described on slide 8.

The proposals within the consultation document build on the work we have done over the past three years to develop system-based working and are consistent with the benefits we are already seeing from the greater collaboration of partners in our neighbourhoods, place-based partnerships and across the Lancashire and South Cumbria footprint.

Whilst Health and Wellbeing Boards are not specifically referenced in the consultation document there is a clear emphasis on health inequalities throughout the paper and the role of partnerships and systems in agreeing how to address these.

The consultation period closed on 8 January 2021. A response from the Lancashire and South Cumbria ICS (attached below) has been submitted setting out our support for option 2, development of an ICS statutory body. Individual organisations and Integrated Care Partnerships have also submitted individual responses.

While the outcomes of the consultation process are reviewed, the ICS will move forward as requested to plan for a period of transition during 2021/22. This will enable us to respond effectively to any agreed changes in operating arrangements as the legislative process takes effect.

The ICS will also continue to ensure that we provide regular updates on these proposed changes to the public, our partners and our staff over the course of the next year.

### **List of background papers**

Integrating care: Next steps to building strong and effective integrated care systems across England, NHSE, November 2020

<https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>

Lancashire & South Cumbria ICS Response to Integrating Care: Next Steps, 08.01.2021



LSCICSResponse\_IntegratingCareNextSteps

# Integrating care

**Next steps to building strong and effective integrated care systems across England**

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Key Messages

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## Introduction

- Builds on the route map set out in the NHS Long Term Plan, for health and care joined up locally around people's needs
- Details how systems and their constituent organisations will accelerate collaborative ways of working in future
- Describes options for giving ICSs a firmer footing in legislation likely to take effect from April 2022 (subject to Parliamentary decision)
- NHS England and NHS Improvement are inviting views on these proposed options from all interested individuals and organisations by Friday 8 January.

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## ICSs will need to work together across partners to determine

- **distribution of financial resources** to places and sectors that is targeted at areas of greatest need and tackling inequalities;
- **improvement and transformation resource** that can be used flexibly to address system priorities;
- **operational delivery** arrangements that are based on collective accountability between partners;
- **workforce planning, commissioning and development** to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
- **emergency planning and response** to join up action at times of greatest need; and
- the use of **digital and data** to drive system working and improved outcomes.

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## Provider Collaboratives

- Provider organisations will have **mandated representation in ICS leadership** and decision-making, they will help to set system priorities and allocate resources
- Providers will join up services across systems:
  - **within places** - vertical integration through place-based partnerships between primary, community, local acute, and social care, or within and between primary care networks
  - **between places at scale** - horizontal integration for example, through an alliance or a mental health provider collaborative
- All NHS provider trusts will be expected to be part of a **provider collaborative**
- NHS England and NHS Improvement will set out **further guidance** in early 2021, describing a number of potential models for provider collaboratives

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## Strong & Effective Place Based Partnerships

### 4 Main Roles:

- support and develop PCNs which join up primary and community services across local neighbourhoods;
- simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate);
- understand and identify – using PHM techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

**Systems should ensure that each place has appropriate resources, autonomy and decision-making capabilities to discharge these roles effectively**, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include places taking on delegated budgets.

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## Clinical & Professional Leadership

- ICSs should embed **system-wide clinical and professional leadership** through their partnership board and other governance arrangements, including **PCN** representation.
- **Primary care clinical leadership** takes place through critical leadership roles in neighbourhoods through PCNs, in place based partnerships and at system level.
- **Specialist clinical leadership** across secondary and tertiary services must also be embedded in systems.
- **Wider clinical and professional leadership** across systems from nursing, social care, allied health professionals, high street dentists, optometrists, pharmacists and the full range of specialisms and care settings.

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## Financial Framework

- **‘Single pot’** to bring together current CCG commissioning budgets, primary care budgets, the majority of specialised commissioning spend, the budgets for certain other directly commissioned services, central support or sustainability funding and nationally-held transformation funding that is allocated to systems
- **ICS leaders will have a duty to distribute resources** in line with national rules and locally-agreed strategies for health and care, to protect the future sustainability of local services and to ensure that their health and care system consumes their fair share of resources allocated to it
- ICSs will be expected to use **new freedoms to delegate significant budgets to ‘place’ level.**
- **Decisions about the use of all of these budgets will usually be made at the lowest possible level**, closest to those communities they serve and in partnership with their local authority

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## Legislative Proposals - ICSs

### Option 1: a statutory ICS Board/ Joint Committee with an Accountable Officer

- one aligned CCG only per ICS footprint
- current accountability structures for CCG and providers would remain
- CCG able to delegate many of its population health functions to providers
- duty for the Board to agree and deliver a system plan and all members would have an explicit duty to comply with it

### Option 2: a statutory ICS body

- ICS Board to include NHS providers, primary care and local government alongside a Chair, a Chief Executive and a Chief Financial Officer, with flexibility to appoint others
- ICSs would take on the commissioning functions of CCGs. Additional functions would be conferred and existing functions modified to produce a new framework of duties and powers
- flexibility to make arrangements with providers through contracts or by delegating responsibility for arranging specified services to one or more providers

**Both Options:** 'continued employment promise' for staff carrying out commissioning functions. We will preserve terms and conditions to the new organisations (even if not required by law) to help provide stability and to remove uncertainty

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## Next steps

- Leaders understand that any changes are subject to a legislative process in spring of 2021
- 2021/22 becomes a transitional year for any changes to the statutory basis of Integrated Care Systems
- Partners in the ICS will continue to develop plans for system reform which reflect the emphasis on:
  - Communicating agreed changes to partners, the public and our staff
  - Identifying the key measures of success for making these changes
  - Taking strategic decisions together on a Lancashire and South Cumbria footprint
  - Continuing to develop our place-based partnerships between NHS, local government, voluntary, community, faith and social enterprise partners
  - Supporting priorities for provider collaborations
  - Working closely with Local Government partners as discussions with government about reorganisation continue

