

# Lancashire Place Update

Integrated Care Partnership - 25 March 2024



Astley Hall,  
Chorley

Ormskirk  
Clock

Harris Museum,  
Preston

Lytham  
Windmill

Eric Morecambe  
Statue

Lancaster  
Castle

Whalley  
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Singing Ringing  
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Living Better Lives in  
**Lancashire**

# The Lancashire Place – Key Challenges



The Lancashire Place is **vast** and includes both densely populated **urbanised cities** and expansive areas of **countryside**.



We operate within a **distinct 2-tier system** of local government of which there are **12 district councils** working alongside a **single upper tier authority**.



Lancashire has 28 Primary Care Networks with a potential to result in 20 Integrated Neighbourhood teams.



Large **health inequalities** exist throughout the county with **6 of the 12 districts** having neighbourhoods featuring in the **most deprived areas** in England.

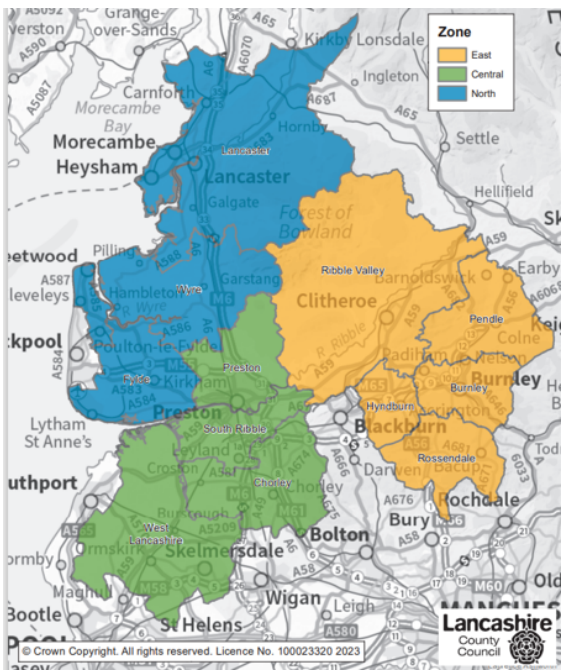


**Life expectancy has decreased overall** in both the most and least deprived areas of the county.



The **cost-of-living crisis** and **housing** provide significant challenges throughout the county with many residents living in **overcrowded and poorly heated homes**.

# The Lancashire Place



Due to the Lancashire Place being as big as some ICBs, we operate across three localities which are based upon the footprints of our district councils:

- North
- East
- Central

Our population size is **1.2m** - over 65% of the total population across the Lancashire & South Cumbria ICB footprint



People aged **67+** to increase by **105k** in Lancashire by 2043



35% of over 65's assessed as being **'Frail'**



Prevalence of people living with **Dementia** is higher than the national average




**15 Priority Wards** in Lancashire where emergency Hospital admissions are higher than expected





Lancashire County Council supports around **250 people per week** to be discharged from hospital who need social care support (pathways 1-3)


# Pan Lancashire Data


## North Lancashire (c337 pop)


 Increase of 36k aged 67+ by 2043


 30% over 65's Frail

 High no. of falls related admissions

 25 lower super output areas in most deprived 10% of country

 High no. of single person households


 Low levels of physical activity (Fylde)


 Depression levels high in over 18's


## Central Lancashire (c598 pop)


 5 Priority wards


 9k children living in poverty

 High levels of Homelessness


 High levels of Obesity (West Lancs)


 Smoking prevalence high


 Depression levels high in over 18's


 High levels of Tooth decay in under 5's


## East Lancashire (c392 pop)


 10 Priority wards


 Increase of 28k aged 67+ by 2043

 42% over 65's Frail

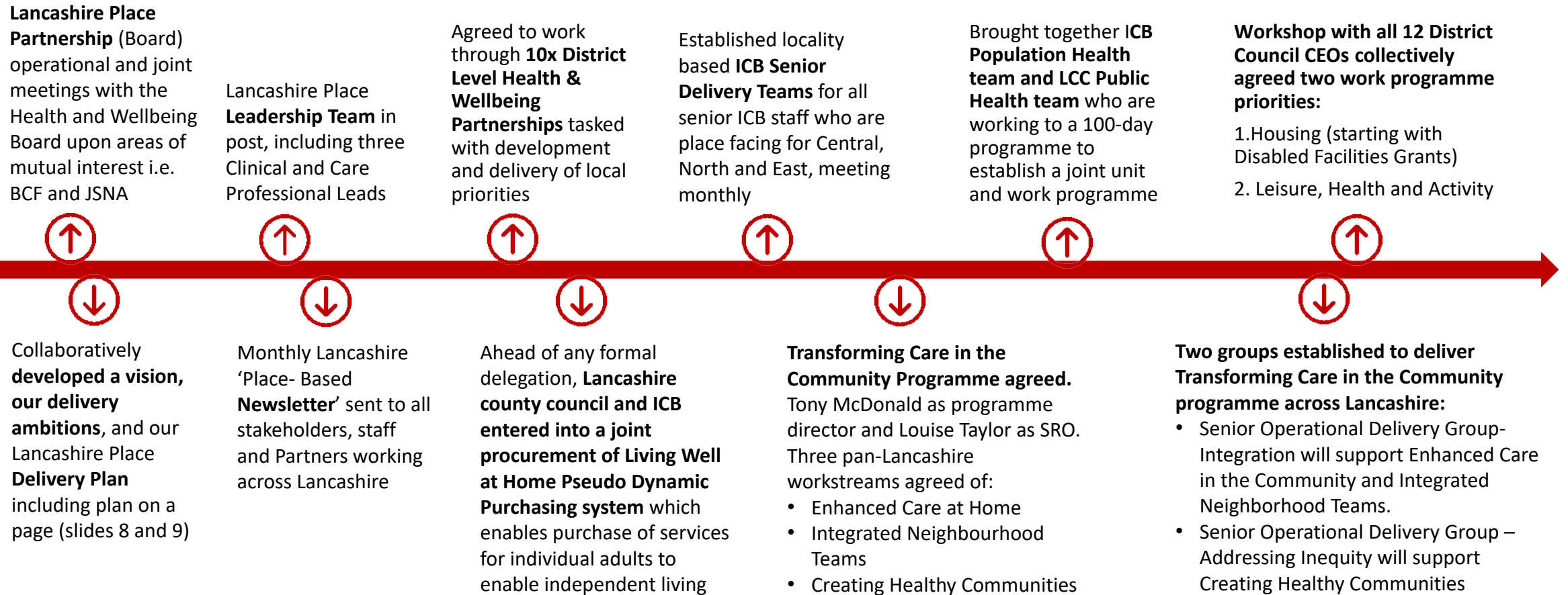
 High no. of falls related admissions

 High obesity levels in Burnley

 61 lower super output areas in most deprived 10% of country

 Low % children meeting expected standard in reading, writing and maths at end of KS2

# Lancashire Place Foundational Year 2023/24 – Key Achievements



# The focus of the Lancashire Place

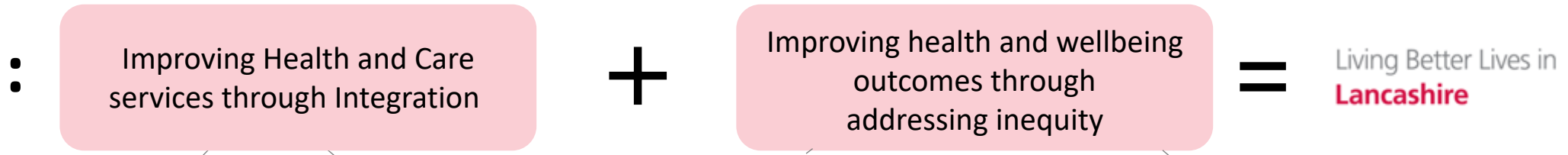


## Vision: Living Better Lives in Lancashire

Our ambition is to help the citizens of Lancashire to live longer, healthier and happier lives.

We will do this by improving health and care services through integration and addressing health and wellbeing inequity across the Lancashire Place

Purpose of the Lancashire Place Partnership



The Lancashire Model

Healthier and Happier Lancashire

Transforming Care in the Community – The Approach



Data as outlined in previous slides supports that these workstreams will achieve tangible results for Lancashire residents.

## Vision: Living Better Lives in Lancashire

*Our ambition is to help the citizens of Lancashire to live longer, healthier and happier lives.*

*We will do this by improving health and care services through integration and addressing health and wellbeing inequity across the Lancashire Place*

### ACTIONS we will take:

### OUTCOMES we will deliver:

#### Enhanced Care in the Community (ECC)

The **Lancashire** Model

#### Integrated Neighbourhood Team Development (INT)

Healthier & Happier **Lancashire**

#### Creating Healthy Communities (CHvC)

**Implement the 'Lancashire Model of Intermediate Care' (step up and step down)**  
 a) Integrated approach to Care Market management (Joint Strategic Integrated Commissioning Plans)  
 b) Effective management of the Care Market (Integrated Brokerage Model)  
 c) Strength based & outcome focussed 'Short Term Support' (optimum delivery model) alongside test of change

Manage demand for Care and Support Services across Lancashire (Virtual Wards, 2HUCR, Remote Monitoring & Advanced Care Plans)

Maximise the use of the Lancashire pound - full review of the Lancashire Better Care Fund

Identify Frailty earlier & provide proactive intervention

Transform and transact new model of Community Services delivery in East and Central Lancashire

Deliver Functioning Integrated Neighbourhood Teams with integrated operational working and functioning MDT meetings

Co-produce the 'Lancashire Vision' for integrated working

Define the functions that will be delivered through integrated working at Neighbourhood, District and Place level

Agree principles for how we will integrate that are signed up to by all system partners

Jointly commission solutions that facilitate integrated working

Work collaboratively with system colleagues to:

- Deliver integrated solutions to reduce health inequalities
- Facilitate engagement with PCN's for INT development
- Integrate processes/ clear interface between Mental and Physical Health

Link effectively with District Health and Wellbeing Partnerships & Integration Partnership

Deliver a minimum of 10x health improvement actions across the 12 Districts of Lancashire using a data led approach

Deliver 10 x evidence based, district level, longer term Health and Wellbeing 5-10-year Strategies

Deliver a pan Lancashire Disabled Facilities Grants Programme based on local need to maximise benefit and provide efficiency/ consistency

Improve and integrate leisure, health & activity offers through agreed way of working between NHS (via ICB) and L.A.'s

Create a joint unit between LCC Public Health & ICB Population Health focussed on reducing health inequalities and prevention



• **Cost savings** circa. £10m-£15m per annum (D2A/ new delivery model)

• **Efficiency savings**- system efficiency and flow



• **No more than 5%** NMC2R

• **Reduce** A& E attendance, admissions & avg. LoS

• **Reduce** overall demand for care and support services



• **Cost savings** : no duplication of effort/ resources

• **Efficiency savings**- system efficiency and flow



• **Functioning** operational INT's across 12 Districts

• **Integrate & strengthen** primary & community care at Place with partners & providers



• **Reduce** health inequalities and prevent ill health in priority/focussed wards

• **Reduce** attributable risk factors across Districts



• **Deliver world class care** for priority disease areas, conditions, population groups and communities



• **Increased** Direct Payments & Personal Health budgets

• **Increased utilisation** of Virtual Wards , 2HUCR, LCC bed base

• **Increased** service user voice

• **Improved quality & outcomes**- personalised care

• **Culture shift** to asset/ strengths-based care



• **Delivery** of joint asset utilisation plan

• **Delivery** of agreed KPI's

• **Children & young people's** engagement across system

• **10 x Health & Wellbeing Partnerships** linked to INT's

• **Parity of esteem** for mental health service users



• **Increased** Life Expectancy

• **Improve** physical, mental & wellbeing health outcomes

• **Maximise benefit** of DFG's & provide efficiencies

• **Improve & integrate** leisure, health & activity

\* We will support delivery of the Integrated Care Strategy and ensure delivery through the Lancashire Performance Dashboard

## Examples of Good Practice

- Undertaken **successful joint procurements** between LCC and the ICB worth £4.1billion over a twelve-year contract
- Brought together **ICB Population Health team and LCC Public Health team** to integrate programmes of work (such as health checks)
- Developed an **Integration and Transformation Programme for Community Health Services in Central Lancashire**
- Listened to our partners - Outputs from locality based **listening events have been** used to **shape and inform priorities** for the Lancashire Place
- Acted upon feedback from our communities - Hearing impaired coordinators have been appointed in adult social care and a contract review of BSL services in primary care has been instigated as a **direct result of engagement** with this community
- Improved access in deprived wards by listening to our communities - transport links and access to local community facilities improved across Lea and Larches (priority ward) in Preston as a **direct result of listening to this community via a population health approach to address inequalities**
- We are making our services seamless for residents and patients - LCC Council run care homes are supporting the reduction of out of area long stay placements for Mental Health Patients



## Next Steps

- Continue to develop the Lancashire Place Partnership as an effective forum to bring both challenge and support to our Place
- Establish the two new Senior Operational Delivery Groups to develop the Lancashire Model and oversee delivery of our priority workstreams



- Finalise delivery targets for each Locality within Lancashire and use our developing Performance Scorecard to monitor performance through Lancashire Place Partnership
- Continue to develop meaningful co-production with our communities including a co-production processes and plan, ensuring that our work ties into community aspirations for their specific health and wellbeing needs

# Questions and Feedback



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