

Report to:	EXECUTIVE
Relevant Officer:	Neil Jack, Chief Executive
Relevant Cabinet Member	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	5 September 2022

NHS AND SOCIAL CARE INTEGRATION: PLACE BASED PARTNERSHIP DEVELOPMENTS

1.0 Purpose of the report:

1.1 To inform members of recent changes in the footprint of the Health and Social Care Place Based Partnership (PBP) and to seek their endorsement and commitment to the Council's active participation in relevant groups and to note the appointment (subject to confirmation at the Chief Officers Employment Committee meeting to be held on 5 September 2022 at 5.15pm) of a joint Director of Health and Care Integration for Blackpool.

2.0 Recommendation(s):

2.1 To support the Lancashire and South Cumbria Integrated Care Board's (ICB) decision to change the Place Based Partnership footprint from Fylde Coast (Blackpool, Fylde and Wyre) to Blackpool, in line with the Upper Tier Local Authority footprint and as one of four Place Based Partnerships in Lancashire and South Cumbria (formerly five), each co-terminus with their respective Upper Tier Local Authorities.

2.2 Subject to confirmation at the Chief Officers Employment Committee to note the appointment of Karen Smith, Blackpool Council Director of Adult Social Services (DASS) to the joint Local Authority and Integrated Care Board appointment of Director of Health and Care Integration for Blackpool, (encompassing the statutory Director of Adult Social Services role).

2.3 To endorse the active participation of relevant Council Officers and Members in key groups relating to the Place Based Partnership for Blackpool and to note that the Leader of the Council will appoint elected member representatives under the appointments to outside body executive delegation.

3.0 Reasons for recommendation(s):

- 3.1 National Policy sets out a clear intention of a more joined-up approach to health and care built on collaborative relationships; using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

The changes made by the Integrated Care Board to the Place Based Partnership footprint, together with the joint Local Authority and NHS appointment of a Director of Health and Care Integration for Blackpool, allow resources and decision making to be aligned to local needs and priorities for Blackpool. As it is co-terminus with the local authority area it also allows a more simplified structure to operate. Elected members, businesses, health, social care, and community organisations, together with our residents will be better able to shape and influence priorities specific to Blackpool, rather than the wider Fylde Coast, whose population in many respects has different characteristics and needs.

The Council and its partners must work together to improve outcomes for people already in need of health and care services and to focus efforts on supporting the lifelong journey of the population to be born healthier, enjoy better lifelong health and wellbeing and a longer life. Blackpool's outcomes in these areas remain among the poorest in England and reducing health inequalities is a key policy aim.

- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

- 4.1 The Integrated Care Board's has already made the decision to move to 4 Place Based Partnerships, coterminous with Upper Tier Local Authorities. It is open to the Council not to support attendance at the relevant meetings. It is also open to the Council not to support the joint appointment of a Director of Health and Care Integration for Blackpool.

5.0 Council priority:

- 5.1 The relevant Council priority is: "Communities: Creating stronger communities and increasing resilience".

6.0 Background information

6.1 In Lancashire and South Cumbria Place Based Partnerships were formed around 5 footprints across the 8 legacy Clinical Commissioning Groups (CCG) and aligned to the acute provider trust footprints across Lancashire and South Cumbria. None of these place partnerships were coterminous with the Council area. The Integrated Care Board reviewed this and has decided aligning the place partnerships to the four upper tier local authority boundaries will promote deeper integration and collaboration with health and social care and facilitate the engagement of the whole town in responding to the many health challenges it faces and achieves better health outcomes for the population.

6.2 What will the Integrated Care Board do?

The Lancashire and South Cumbria Integrated Care Board is the NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area. NHS Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria. Although the Integrated Care Board is a new organisation, it will build on the successful work by all health and care organisations, including Clinical Commissioning Groups, over the last few years. The Integrated Care Board now holds commissioning responsibilities held previously by Clinical Commissioning Groups, as well as some of NHS England's commissioning functions, including delegated responsibility for commissioning the four elements of primary care (Dental and Eye Health from April 2023) and some specialised services.

6.3 Lancashire and South Cumbria Integrated Care Board aims to develop longer term partnership relationships with delivery partners. The Integrated Care Board is enabled by new powers to enter into delivery partnerships without a competitive process, this will allow funding to flow to public service and voluntary, community, faith and social enterprise organisations without a tender and contract process and enables increased flexibility and secures efficiencies which can be re-directed to invest in front-line service.

6.4 It is determined that our places will be the engine room and focus of the integration and health creation ambition. Progressing integration and tackling health inequalities in the places our citizens live will, as a principle of the target operating model, be prioritised for investment funding and the deep integration with local authorities and adult social care is seen as a key aspect of achieving the ambition to tackle inequalities and improve the health and wellbeing of our population.

6.5 The upper tier Local Authorities in Lancashire and South Cumbria and the Integrated Care Board have a requirement to ensure appropriate arrangements are in place to establish a Lancashire and South Cumbria Health and Care Partnership (known nationally as the Integrated Care partnership) from 01 July 2022. The development of this partnership is planned to happen in two phases between May and December 2022. The set-up phase (May

and June 2022) involved the establishment of the terms of reference and confirmation of the membership by each partner organisation. A copy of these terms of reference is attached at Appendix 4 (a). This will be followed by a development phase (July to December 2022) that includes establishing priorities for the integrated strategy and confirming how this partnership interfaces with other partnerships in the system (e.g. Health and Well Being Boards).

6.6 Will places hold local budgets and commission services?

During 2022/23, NHS England has been clear that there can be no delegations from the Integrated Care Board. However, the Integrated Care Board remains committed to the principle of subsidiarity and therefore it is anticipated that places will receive a financial allocation for place initially, which will then evolve into a position of delegated financial decision-making as places mature and as the financial framework for the ICB is developed. By making its places coterminous with local authority footprints, there is also the potential for greater pooling of NHS and local government funding, such as has been achieved via the Better Care Fund.

6.7 Whilst formal commissioning of delivery partnerships will be the responsibility of the Integrated Care Board, it is envisaged that places will be involved in the decision-making around this in the future through the Directors of Health and Care Integration. It should also be noted that places will have a wealth of resources at their disposal to plan and deliver health and care services for their residents, including people, community assets and the financial allocations that are available to each of the partners in a place.

6.8 The Board has agreed to the establishment and development of Place with a clear statement of remit, delegations, and desired outcomes. This will help all partners understand what is within and outside of the scope of place-based partnerships. Understanding the framework within which place operates will help partners at place build or maintain trust relationships and develop a common purpose.

6.9 When will the new leads for each place-based partnership be recruited? And what role will they play?

The four new directors of health and care integration roles will directly report into the Integrated Care Board executive team and local authorities' executive officer teams. Places will focus on achieving deeper integration, by looking at functions such as integration of health and care, Continuing Health Care, Safeguarding, Special Educational Needs and Disabilities, improving care home quality, and enhancing community and mental health provision.

6.10 The Integrated Care Board and local authorities collectively appointed the new directors of health and care integration for place-based partnerships and these were announced at the end of July 2022.

6.11 Hearing the voice of our community and including them in shaping and influencing what we do and how we do it

Blackpool's residents and communities are a fundamental part of the partnerships which exist and their voice and lived experience is vitally important in creating the culture of a social movement in our neighbourhoods and places, in ensuring that residents' needs are heard and understood and in shaping services that meet local needs. Place-based partnerships will ensure engagement involves co-production and that feedback is listened to. Much of what has been heard from local communities is that what they consider as 'place' is much more focused around the towns, villages and communities which they live in and recognition and awareness of the existing five place-based partnership areas is very low.

6.12 The partnerships will also engage with residents to encourage a social movement that fosters and enhances an increased responsibility for health and wellbeing and mobilises communities to support each other better.

6.13 Shaping Outcomes by Acting on Determinants of Health and Wellbeing

The determinants of health for individuals begin in pregnancy and continue through their lifelong journey, shaped by their experiences, actions, decisions, and situation in life. A good and happy education, healthy lifestyle, informed choices, decent affordable housing, supportive social networks and a job with at least a living wage. Everyone has a role to play in their own health and wellbeing and that of their community. These determinants are not guarantees of lifelong good health, but they do increase the chances of good health and wellbeing outcomes, shape how help and support is accessed and how well care and treatment is responded to when it is required.

Health and Care services cannot influence all these areas alone. In a Place Based Partnership, the partnership will work with and for the residents and communities, drawing in all those that can have an impact – housing providers, employers, businesses, leisure operators, educational settings, voluntary, faith and community organisations. At the same time, Health and Care services need to gear up to deliver service in a way that meets the needs and locations of the people and communities they service.

6.14 Where will Blackpool's Place Based Partnership Focus its Efforts?

From the many challenges and opportunities for Blackpool from this way of working, the Partnership will need to identify a small number of 'big ticket' areas on which to focus – things that are both significantly impactful to the health and wellbeing outcomes of the people of Blackpool and also deliverable.

6.15 Building on the enormous amount of foundational work and research that has already gone into place-based partnership and the delivery of better health and wellbeing outcomes, this will be a key early task for the Director of Health and Care Integration to distil the key deliverable areas and galvanise commitment from across the partners. This will almost certainly involve community health and care services being much more closely aligned in the

pursuit of better care and support, but focusing attention on some of our key areas that currently determine much poorer outcomes for our residents will also be important. A key factor in this will be the engagement and involvement of the community.

6.16 There will also be work to identify where investment in another part of the system can impact significantly and positively on reducing pressures on urgent and emergency acute health services, initially releasing the inexorable rise in demand pressures that are widely experienced and seen in the urgent and emergency care services of all types, but ultimately (and potentially relatively quickly) freeing them up to do more of the planned work that both improves the health and wellbeing of the population and enables them to access the financial resources that come from doing this work, freeing up further investment for community services and preventive work.

6.17 **Wider Geographical considerations**

There will be times when it will be essential to work on a wider Fylde Coast footprint – for example in relation to the following (this is not an exhaustive list):

- (a) The acute hospital footprint. The activity around prevention of admission and facilitation of timely discharge is a joint partnership between acute and community health providers and both Blackpool Council and Lancashire County Council. Bottom line, a bed occupied when no longer needed by a Fylde or Wyre resident is a bed not available to a Blackpool resident.
- (b) The Mental Health provision. In Blackpool, this is an alignment of a specialist provider (Lancashire and South Cumbria Foundation Trust), Blackpool Teaching Hospitals and Blackpool Council Adult Social Care. The former two organisations operate on a broader footprint and again in terms of bed-based care, a bed occupied by anyone is a bed not available to Blackpool residents.
- (c) Existing Collaborative Working Arrangements. Some GP Surgeries stretch over the border into their neighbouring boroughs. Pragmatic arrangements are in place to ensure that other relevant services are available to all patients. Blackpool's social care services work together with Lancashire County Council where issues cross council boundaries, or where collaborative working delivers strength of design, approach and response.

6.18 **How does the Place Based Partnership fit with existing Governance, Oversight and formal Boards?**

The Health and Wellbeing Board, chaired by Councillor Jo Farrell, is a key element of the Place Based Partnership and its membership comprises many (but not all) of the essential partners. A review of membership and purpose, relative to the purpose of a Placed Based Partnership will help the opportunities be understood to ensure that duplication is kept to a minimum and that decision making is in the correct forum. There are opportunities to

strengthen its influence and direction of strategy and actions and refresh its focus on the key areas under its remit.

- 6.19 The Council's Adult Social care and Health Scrutiny Committee has the opportunity to have clear oversight, challenge and accountability for the activities of the Place Based Partnership, particularly in relation to directly relevant Health and Care integration and delivery matters.
- 6.20 Does the information submitted include any exempt information? No

7.0 List of Appendices:

- 7.1 Appendix 4 (a) – Terms of Reference of the Lancashire and South Cumbria Health and Care Partnership

8.0 Financial considerations:

- 8.1 One of the outputs of a Place Based Partnership is intended to be a better alignment of resources and shifting investment to where it can have optimal effect, whilst ensuring that direct service delivery is adequately resourced.

9.0 Legal considerations:

- 9.1 At this stage there are no plans to create new legal entities or merge existing ones. There is a draft Memorandum of Understanding between Blackpool Council and Lancashire and South Cumbria covering the joint role of Director of Health and Care Integration.

10.0 Risk management considerations:

- 10.1 Place Based Partnership working is an integral element of national policy direction for Health and Social Care. Alignment with Upper Tier Local Authority boundaries brings our approach much more into line with other areas of the country and is designed to optimise the distribution of resources and clearly align public services with the needs of the community and all those that have something to contribute.

11.0 Equalities considerations:

- 11.1 Aligning relevant organisations in this way supports the work needed to reduce health inequalities in the population of Blackpool and better respond to those that need support.

12.0 Sustainability, climate change and environmental considerations:

- 12.1 Localising the approach will help to reduce travel across Lancashire and South Cumbria and make best use of our capital assets and buildings.

13.0 Internal/external consultation undertaken:

13.1 A significant partner consultation exercise took place across all of Lancashire and South Cumbria regarding these proposed changes, the outcomes of which are outlined in the final report, the link to which is in the appendices to this report.

14.0 Background papers:

14.1 [Item 09 - Place Based Partnership Review.pdf \(healthierlsc.co.uk\)](#)

[Lancashire and South Cumbria Health and Care Partnership :: Frequently asked questions - review of place-based partnerships \(healthierlsc.co.uk\)](#)

15.0 Key decision information:

15.1 Is this a key decision? No

15.2 If so, Forward Plan reference number:

15.3 If a key decision, is the decision required in less than five days? No

15.4 If **yes**, please describe the reason for urgency:

16.0 Call-in information:

16.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

16.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

17.0 Scrutiny Committee Chairman (where appropriate):

Date informed: N/A

Date approved:

18.0 **Declarations of interest (if applicable):**

18.1

19.0 **Summary of Discussion:**

19.1

20.0 **Executive decision:**

20.1

21.0 **Date of Decision:**

21.1

22.0 **Reason(s) for decision:**

22.1

23.0 **Date Decision published:**

23.1

24.0 **Alternative Options Considered and Rejected:**

24.1

25.0 **Executive Members in attendance:**

25.1

26.0 **Call-in:**

26.1

27.0 **Notes:**

27.1