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Blackpool Council

28 February 2023

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 8 March 2023 at 3.00 pm
in Conference Room 3A and 3B, Bickerstaffe House

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

(a) personal interest
(b) prejudicial interest
(c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 14 DECEMBER 2022 (Pages 1 - 6)

To agree the minutes of the last meeting held on 14 December 2022 as a true and correct record.

3 SOCIAL PRESCRIBING PRESENTATION (Pages 7 - 10)

To inform the Board about Social Prescribing services across Blackpool including the model of delivery and the outcomes for people in our communities.

4 LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE PARTNERSHIP: DEVELOPMENT OF THE INTEGRATED CARE STRATEGY 2023-2028 (Pages 11 - 98)

To provide 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.

5 LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD - DEVELOPMENT OF A JOINT FORWARD PLAN FOR 2023-2028 (Pages 99 - 104)

To provide the Health and Wellbeing Board with an overview of the emerging Joint Forward Plan for the Lancashire and South Cumbria Integrated Care Board (ICB).

6 BLACKPOOL JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE (Pages 105 - 114)

To provide the Board with an update on the Blackpool Joint Local Health and Wellbeing Strategy.

7 BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT (Pages 115 - 124)

To update the Health and Wellbeing Board on recent developments regarding the emerging Blackpool place-based partnership.

8 HEALTH PROTECTION DRAFT STRATEGY UPDATE (Pages 125 - 142)

To summarise progress with Blackpool's first Health Protection Strategy and how It assists the Council's statutory duty for Health Protection.

Venue information:

Third floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 14 DECEMBER 2022

Present:

Councillor Farrell (in the Chair)

Councillors

Hobson Mrs Scott

Dr Arif Rajpura, Director of Public Health, Blackpool Council
Karen Smith, Director of Adult Services, Blackpool Council and Director of Health Integration, Lancashire and South Cumbria Integrated Care Board

Roy Fisher, Non-Executive Director, Lancashire and South Cumbria Integrated Care Board
Professor Sarah O'Brien, Chief Nursing Officer, Lancashire and South Cumbria Integrated Care Board

Tracy Hopkins, Blackpool Citizens Advice Bureau, Voluntary Sector Representative

In Attendance:

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council
Stephen Boydell, Principal Epidemiologist, Blackpool Council
Dianne Draper, Consultant in Public Health, Blackpool Council
Sarah Kipps, Speciality Registrar, Blackpool Council
Liz Petch, Consultant in Public Health, Blackpool Council
Lucia Plant, Lead For Care Act, Better Care Fund, Projects and Policy, Blackpool Council
Pauline Wigglesworth, Health Determinants Research Collaboration Programme Director, Blackpool Council

Apologies:

Beth Martin, Blackpool Healthwatch Representative

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 5 OCTOBER 2022

The Health and Wellbeing Board considered the minutes of the last meeting held on 5 October 2022.

Resolved:

That the minutes of the last meeting held on 5 October 2022 be approved and signed by the Chairman as a correct record.

3 BLACKPOOL HEALTH DETERMINANTS RESEARCH COLLABORATION

Pauline Wigglesworth, Health Determinants Research Collaboration Programme Director, provided the Board with a brief presentation on the new Health Determinants Research Collaboration (HDRC) project. Ms Wigglesworth explained that Blackpool Council had one of ten Councils and the only one in the North West England which had successfully bid to the National Institution for Health Research, the Council's bid had been in partnership with Lancaster University, Blackpool Teaching Hospitals and Empowerment Charity. In the initial years of the Health Determinants Research Collaboration, activities would be aligned to the priorities of the Place-Based Partnership namely: Housing; The first 1001 days of life; Education, employment and skills; and Mental health; with Healthy Lifestyles being a part of all aspects of the research.

Members of the board offered congratulations to those involved on the successful bid. The Board noted that there were significant potential synergies with other developing strategies and the Board considered it very positive that the views of service users and others with lived experience would be central to the programme. The Board noted that while the research collaboration would be separate from other projects by its very nature having a robust evidence base on how things worked would result in strong bids for other funding streams and the chance to have the greatest potential impact.

Resolved:

1. To support the Health Determinants Research Collaboration implementation and development over the next 5 years.

2. To receive 6 monthly updates on Health Determinants Research Collaboration and agree that links be developed with the Health and Wellbeing Strategy and Joint Strategic Needs assessment.

4 BETTER CARE FUND UPDATE

Lucia Plant, Better Care Fund Lead, provided the Board with an update on the financial monitoring of the Blackpool Better Care Fund. Ms Plant explained that it had not been possible to present the Better Care Fund planning template for 2022/23 to the Health and Wellbeing Board due to the short timescale for submission and the late receipt of amended statutory guidance. Councillor Farrell as the Chair had reviewed the planning template prior to approval and it had been agreed by the key partners- the Board's approval of the template was therefore sought retrospectively. The Board noted that while approval and assurance by NHS England of the planning template remained outstanding it was not anticipated that were would be any issues in that regard.

Ms Plant explained that a new Section 75 agreement, which underpinned the Better Care Fund Plan had been required following the transfer of Clinical Commissioning Groups to Integrated Care Boards and that this revised agreement had been approved by the Council's Executive at its meeting on the 5 December 2022.

Ms Plant provided a brief update on the financial reporting and asked board members to note that officers have been unable to submit a consolidated report for this financial year due to the continued delayed publication of the Better Care Fund Policy Statement. It remained clear however that the Better Care Fund was within its overall budget parameters as individual organisations (Blackpool Council and Lancashire and South Cumbria Integrated Care Board) had still been monitoring their respective schemes as part of their own financial reporting requirements and through the Better Care Fund Monitoring Group. It was anticipated that a full budget monitoring would be presented to a future meeting of the Board.

Ms Plant then explained the imminent changes to the Better Care Fund with the newly announced Adult Social Care Discharge Fund proposed to be distributed via the Better Care Fund. The funding would be provided in 2 phases – the first (40%) in December 2022, and the second (60%) by the end of January 2023. In response to questions regarding the short timescales, Ms Plant and Karen Smith, Director of Adult Services, Blackpool Council and Director of Health Integration, Lancashire and South Cumbria Integrated Care Board, explained that the use of the fund would involve the expansion of existing initiatives and schemes which already had a strong evidence of past success in addressing the issue.

The Board expressed satisfaction with the current delivery of the Better Care Fund but considered that given the importance of the Better Care Fund to the delivery of the Board's objectives an update should be presented at least once every 6 months to the Board.

Resolved:

1. To note the report and the brief verbal update summarised above in these minutes.

2. To support the continuation of the Better Care Fund Monitoring Group which would be responsible for day to day monitoring and management of the Better Care Fund and require that body to report to the Health and Wellbeing Board on at least a 6 monthly basis.

3. To confirm the Board's approval of the Better Care Fund planning template for 2022/23 attached at Appendix 4a to the agenda.

5 BLACKPOOL JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a presentation that explained the statutory requirement for the Health and Wellbeing Board to undertake a Joint Strategic Needs Assessment (JSNA) and the purpose of the Assessment. The presentation outlined the position in terms of the current and future health and wellbeing needs and the causes of poor health in Blackpool.

The Board noted the broad sections within the Joint Strategic Needs Assessment namely the area profile, starting well, developing well, living and working well, ageing well, and people and places. The Board noted a broad alignment with the Integrated Care Board's priorities but suggested that this alignment should be more explicitly marked as this would also fit in with the Health Determinants Research Collaboration.

The Board considered that it also would be useful for officers to consider restarting the the Joint Strategic Needs Assessment Officer group and potentially allow for greater involvement of people with lived experience of the service.

Resolved:

1. To note the presentation and the Joint Strategic Needs Assessment.

2. To agree that the priorities on the Joint Strategic Needs Assessment should mirror exactly those of the Place based strategy.

BLACKPOOL PUBLIC HEALTH ANNUAL REPORT 2021/22

Dr Arif Rajpura, Director of Public Health, presented to the Board the 2021/22 Public Health Annual Report which explored the important challenges faced by Blackpool in common with other coastal communities and disadvantaged areas. The report explained Health outcomes in Blackpool remained poor for many residents of the town, as could be seen in the factors explored in both in the annual report, previous reports and more comprehensively in the Blackpool Joint Strategic Needs Assessment.

A main focus of the report was the challenges faced by people experiencing the most severe forms of disadvantage. The report outlined that these were people who experienced problems with substance misuse, poor mental health, domestic violence, homelessness and offending.

Dr Rajpura explained that there was recognition of the complex circumstances many people who need support find themselves in. Dr Rajpura described many of the services designed to support people experiencing problems and how a holistic, multi-agency approach was adopted rather than focusing on singular issues. The Board noted the range of positive interventions outlined in the report ~~as~~ already being undertaken and the potential future synergies with the Health Determinants Research Collaboration. Dr Rajpura explained that a key priority remained on the linkages between the improvements to the townscape delivered by the regeneration of Blackpool and the situation of those experiencing the most severe forms of disadvantage.

The specific recommendations of the report were endorsed by the Board namely:

1) Forge closer links with organisations in other coastal communities to share learning and implement best practice. The ADDER project pairs Blackpool with Hastings and links are being formed with the local authority Public Health team in Hull.

2) Implement the recommendations of the Chief Medical Officer's Annual Report 2021 that can be influenced locally.

3) Public health and targeted healthcare interventions should be incorporated into the development of the Levelling Up programme to ensure that the maximum possible benefit for the most disadvantaged communities in Blackpool is achieved.

4) Learning from the programmes to support people experiencing multiple disadvantage must be shared, to determine where further value can be achieved, and to establish a future direction for a collaborative response to supporting people facing multiple disadvantage. The Fylde Coast Multiple Disadvantage Strategic Group is an important forum for improving collaborative working practices.

5) Services to support people with complex needs are often funded as short term projects. Closer integrated working, via the Blackpool Health and Wellbeing Board, the Fylde Coast Multiple Disadvantage Strategic Group and the Integrated Care Board is required to ensure long term sustainable funding is available to tackle multiple complex needs.

6) Multi-agency partners should continue to collaborate in developing consistent workforce training and development in trauma-informed approaches. They should also work together to practically apply this trauma-informed approach at scale across local services.

The Board particularly noted the importance of a trauma-informed approach in all service delivery.

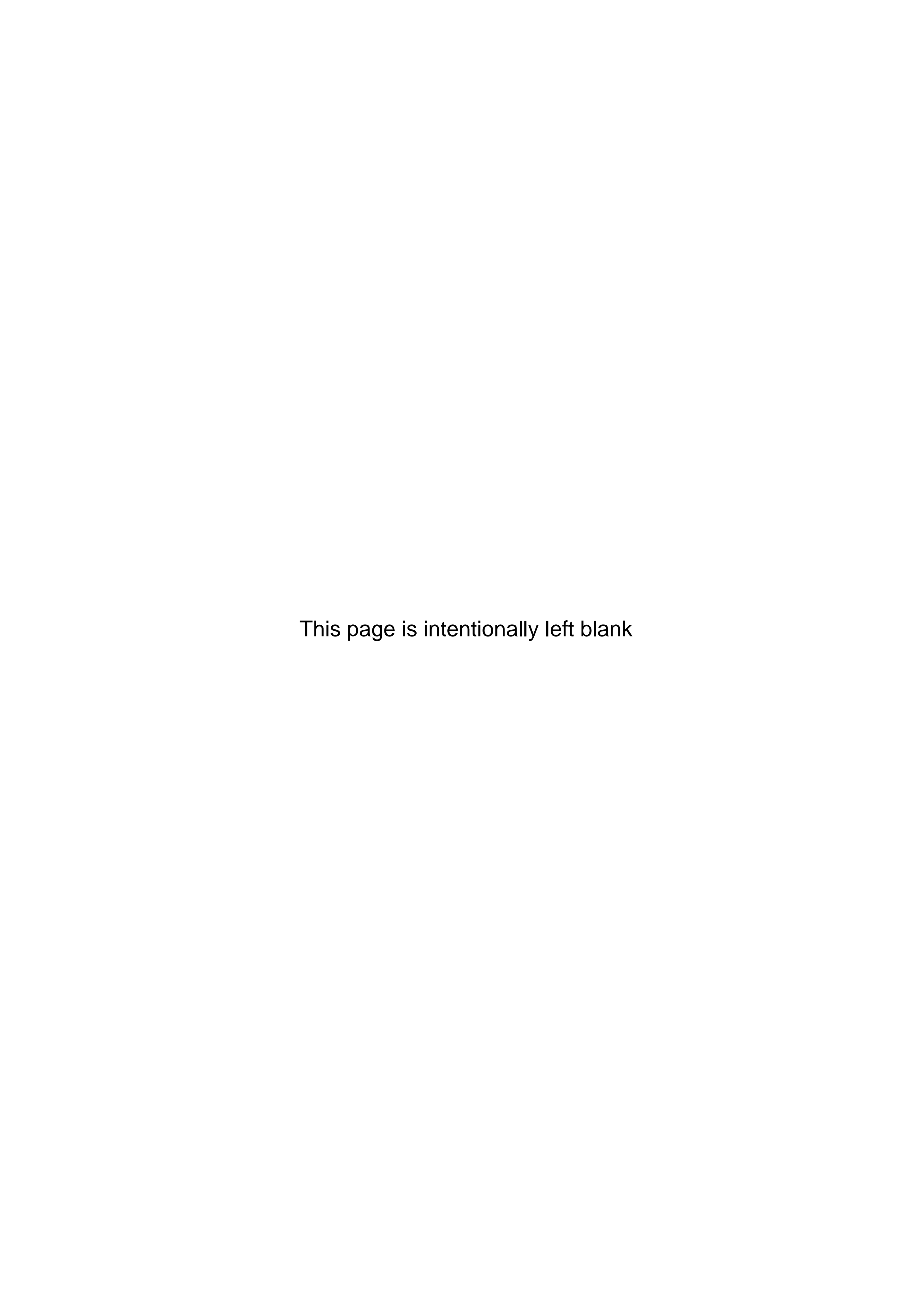
Resolved:

To note the findings of the Public Health Annual Report and endorse the recommendations for action.

Chairman

(The meeting ended at 4.45 pm)

Any queries regarding these minutes, please contact:
Lennox Beattie Executive and Regulatory Manager
Tel: 01253 477157
E-mail: lennox.beattie@blackpool.gov.uk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Report to:	**HEALTH AND WELLBEING BOARD**
Relevant Board Member:	Tracy Hopkins, 3rd Sector Representative
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Service and, Community Health and Wellbeing
Date of Meeting:	8 March 2023

SOCIAL PRESCRIBING PRESENTATION

1.0 Purpose of the report:

1.1 To inform the Board about Social Prescribing services across Blackpool including the model of delivery and the outcomes for people in our communities.

2.0 Recommendation(s):

2.1 To note the content of the presentation.

3.0 Reasons for recommendation(s):

3.1 To raise awareness of Social Prescribing and how it can link to the priorities of the Health and Wellbeing Board.

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 None, the report and presentation are for information only.

5.0 Council priority:

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

6.0 Background information

6.1 Citizens Advice Blackpool are part of a partnership with the Volunteer Centre that delivers Social Prescribing to people in Blackpool. Working with 4 Primary Care Networks the partnership (Let's Connect) has helped over 2,000 people since 2020. The presentation will demonstrate the need for social prescribing and how important it is to link it with other support in the community (advice services in particular). It will also inform the Board about who is being helped and provide some case studies of where people's health and wellbeing has improved.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 None arising from the presentation.

9.0 Legal considerations:

9.1 None arising from the presentation.

10.0 Risk management considerations:

10.1 None arising from the presentation.

11.0 Equalities considerations:

11.1 None arising from the presentation.

12.0 Sustainability, climate change and environmental considerations:

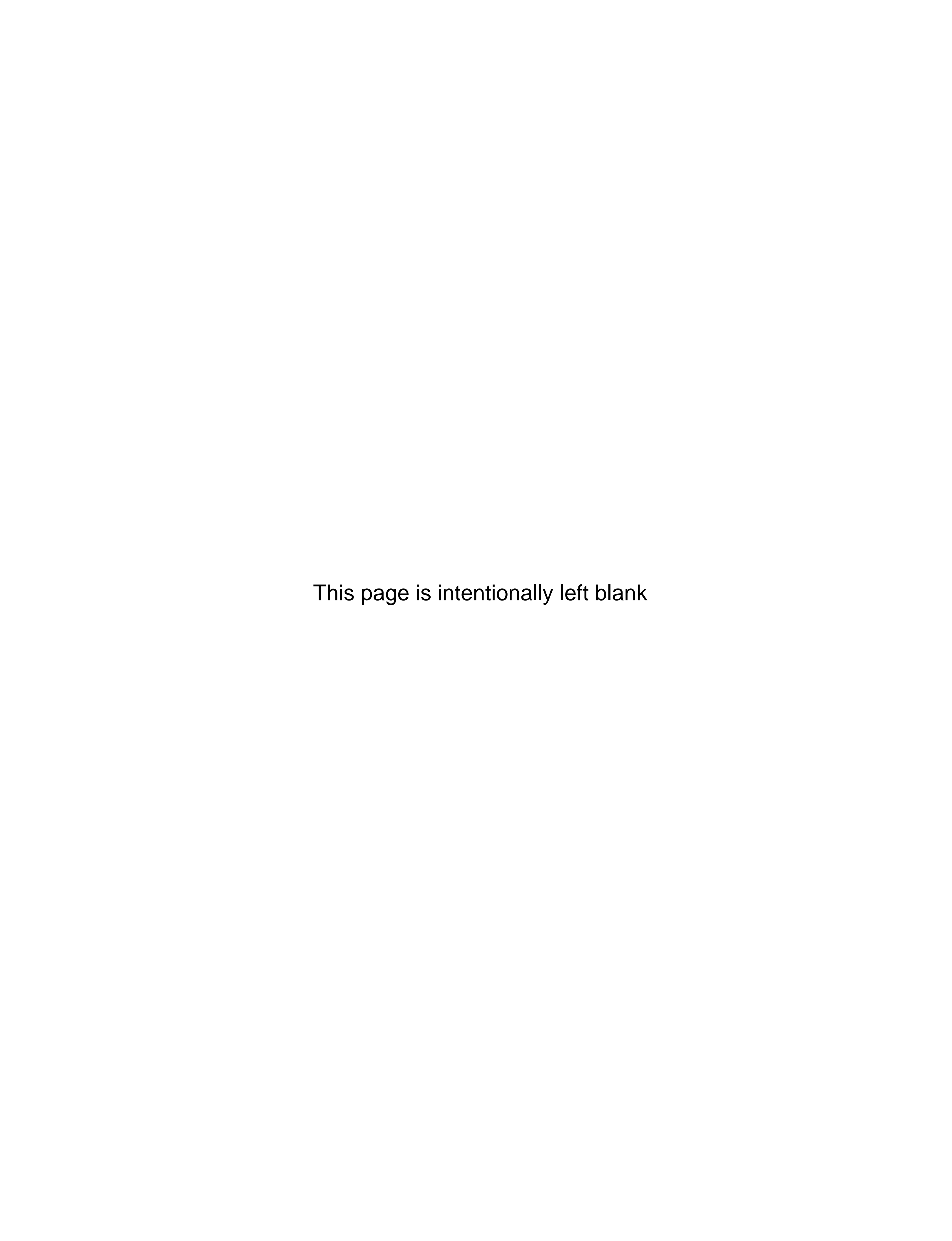
12.1 None arising from the presentation.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.



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Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Karen Smith, Director of Adult Social Services / Director of Health and Care Integration, Lancashire and South Cumbria Integrated Care Board (ICB)
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	8 March 2023

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE PARTNERSHIP: DEVELOPMENT OF THE INTEGRATED CARE STRATEGY 2023-2028

1.0 Purpose of the report:

1.1 To provide 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.

2.0 Recommendation(s):

2.1 To 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.

2.2 To note that the final version of the Lancashire and South Cumbria Integrated Care Strategy will be presented to the Integrated Care Partnership in April 2023 for formal agreement.

3.0 Reasons for recommendation(s):

3.1 To keep the Health and Wellbeing Board in formed of progress.

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 None.

5.0 Council priority:

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

6.0 Background information

6.1 **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 includes elected members from each of the 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 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 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 partners 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 in April 2024 following further engagement with residents and stakeholders.

6.2 **Development of the draft strategy: work to date**
Work to date on the draft Integrated Care Strategy included:

September 2022
Identifying the needs and wants of the population: The Joint Strategic Needs Assessments, 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 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).

September 2022
Identifying draft priorities: Based on the above work and discussions at the inaugural Integrated Care Partnership 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 engagement activities. However, during October 2022 we engaged with over 1,000 people via a range of engagement activities with residents and staff (an online survey managed by the Integrated Care Board 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 5a and 5b.

November 2022
Scoping the priorities: This commenced by using the Integrated Care Partnership 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 in January 2023.

6.3 **Current version of the strategy**

The current version of the Integrated Care Strategy is attached as Appendix 5c. As outlined above, this has been developed through, and fully endorsed by, the Integrated Care Partnership. 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 and the executive leads for the life course priorities, with an ask that they provide any further feedback as soon as possible.

6.4 **Finalising the strategy: next steps**

The final version of the Integrated Care Strategy will be presented to the Integrated Care Partnership 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 ICP partners and a document that is an 'easy read' intended for residents

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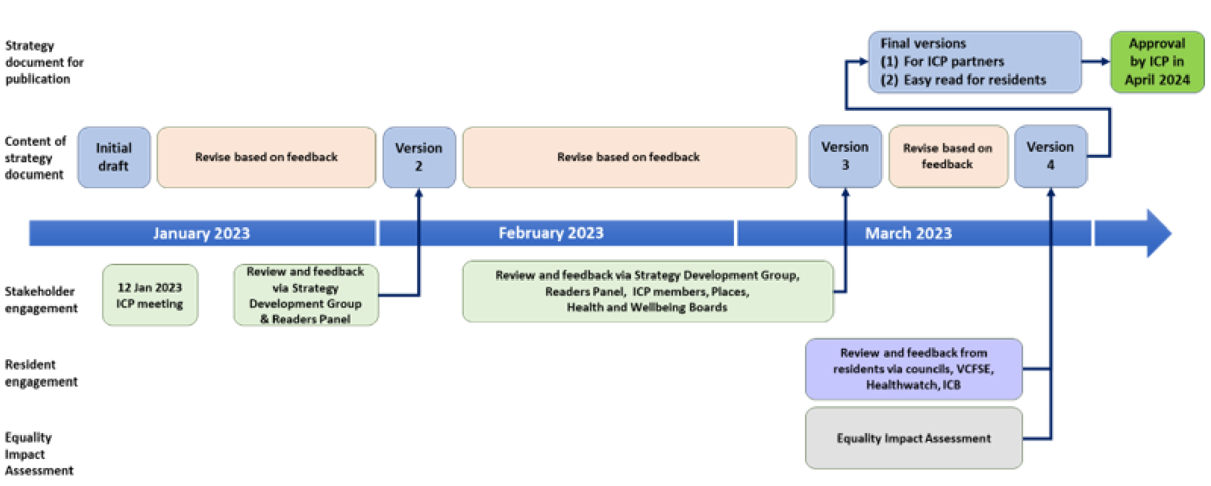


6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4a - Feedback on priorities
Appendix 4b – Feedback on priorities
Appendix 4c – Integrated Care Partnership Strategy Document

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 The Integrated Care Partnership has not yet undertaken an Equality Impact Assessment. This will be completed in parallel with the production of the final version of the strategy.

12.0 Sustainability, climate change and environmental considerations:

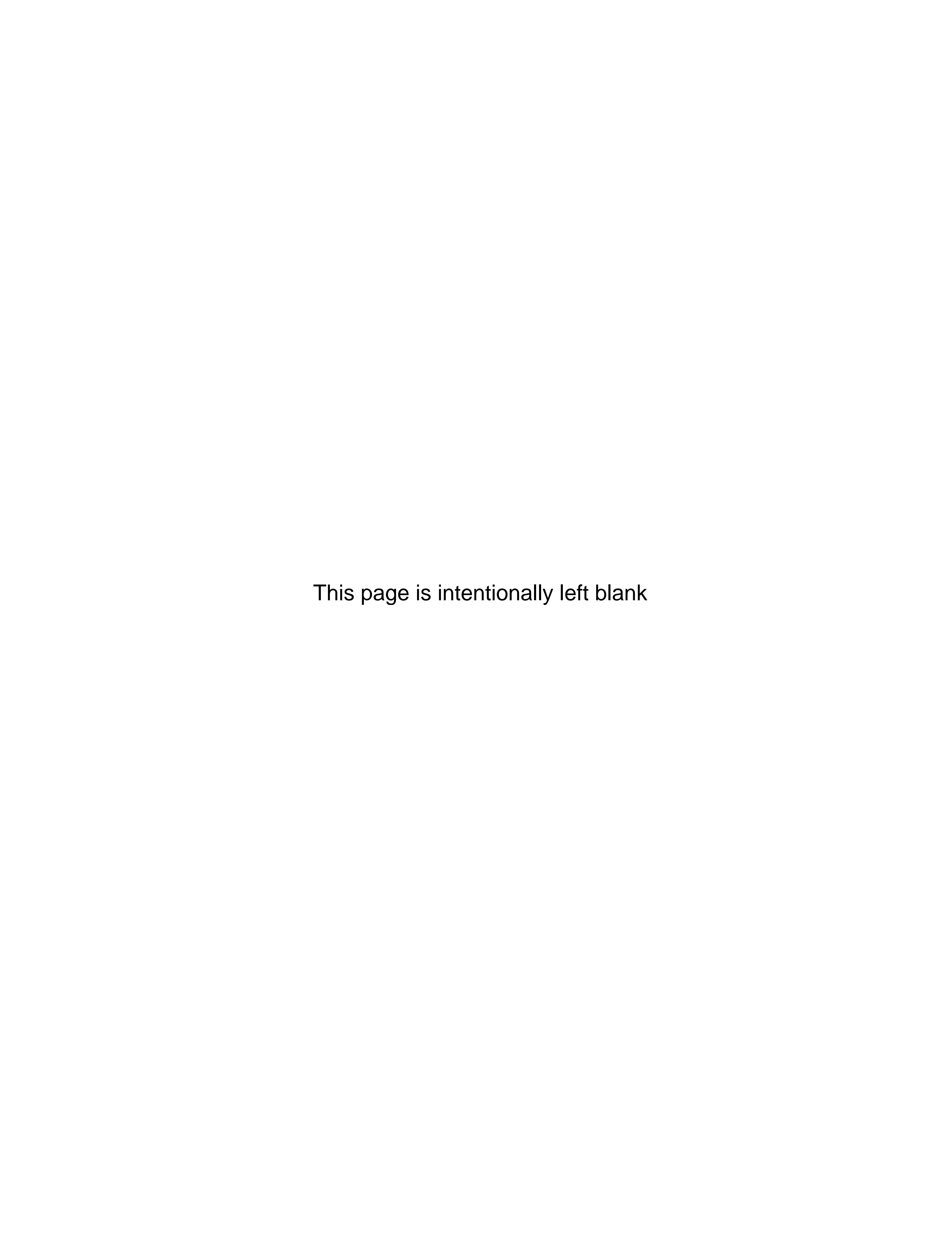
12.1 None.

13.0 Internal/external consultation undertaken:

13.1 Engagement activities are detailed in the body of the paper and Appendices 4a and 4b provide the outcomes of that engagement

14.0 Background papers:

14.1 None.



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Appendix 4a

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

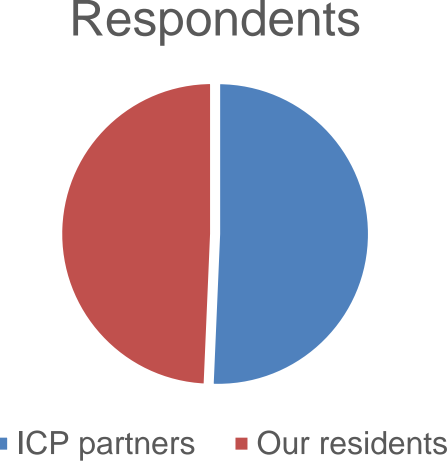
Process of engagement

Online survey and Healthwatch focus groups

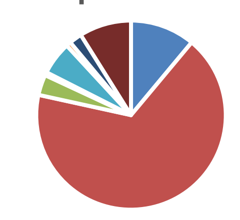
- An engagement process was launched on 3 October, inviting feedback on the six draft priorities proposed by the Integrated Care Partnership on 30 September.
- Due to tight timescales, a survey was open for three weeks and Healthwatch Together undertook face to face engagement (through focus groups and 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

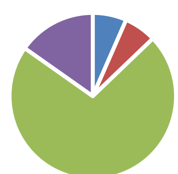


ICP partners



- Local authority
- NHS
- VCFSE
- Universities
- Hospices
- Healthwatch
- Social care providers
- Other

Our residents



- Blackpool
- Blackburn with Darwen
- Lancashire
- South Cumbria

The draft priorities

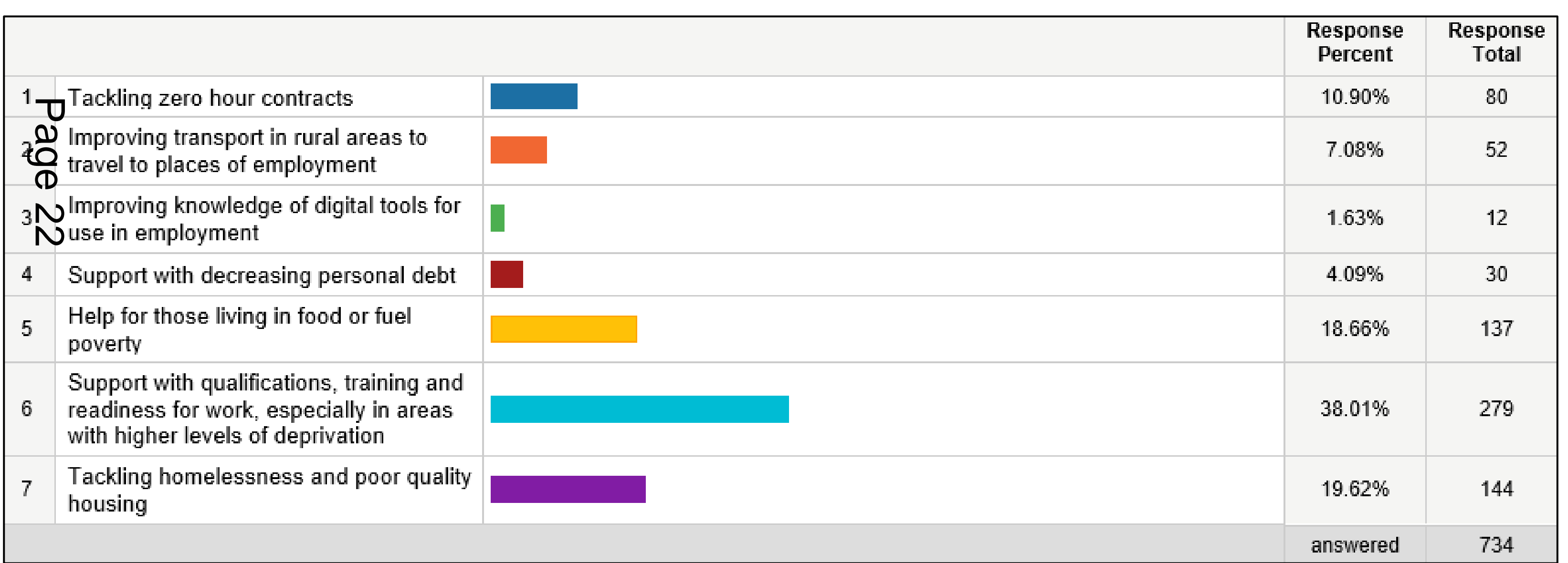
Of the proposed priorities, how would you rank them in terms of importance?

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

housing
hospital care health
inequalities
patients breastfeeding communication
life years living child families poverty
community people children healthcare
digital
parents mental issues nhs employment
education funding staff support
conditions access
family local social communities
good term young wellbeing
person

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

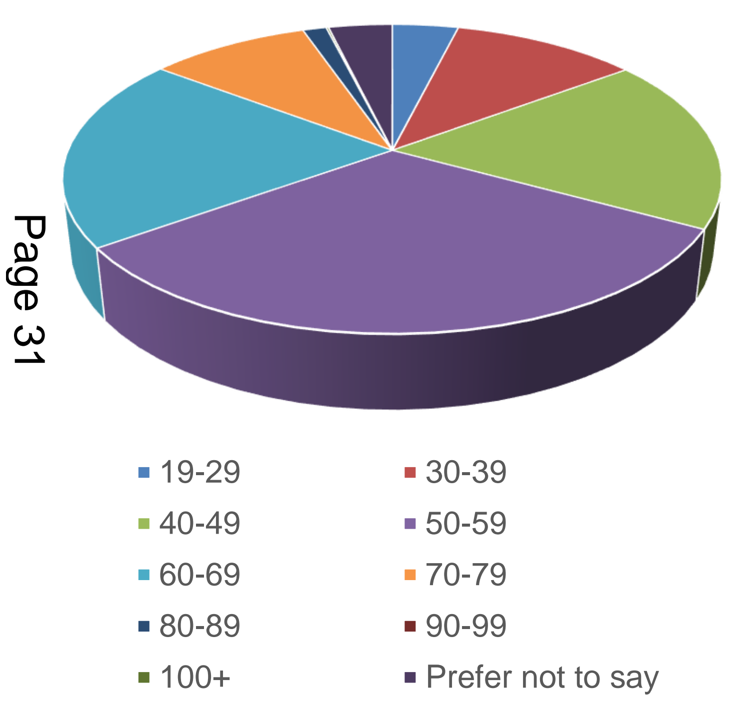
What one improvement would you like to see, based on these proposed priorities?

Overarching themes – quick analysis

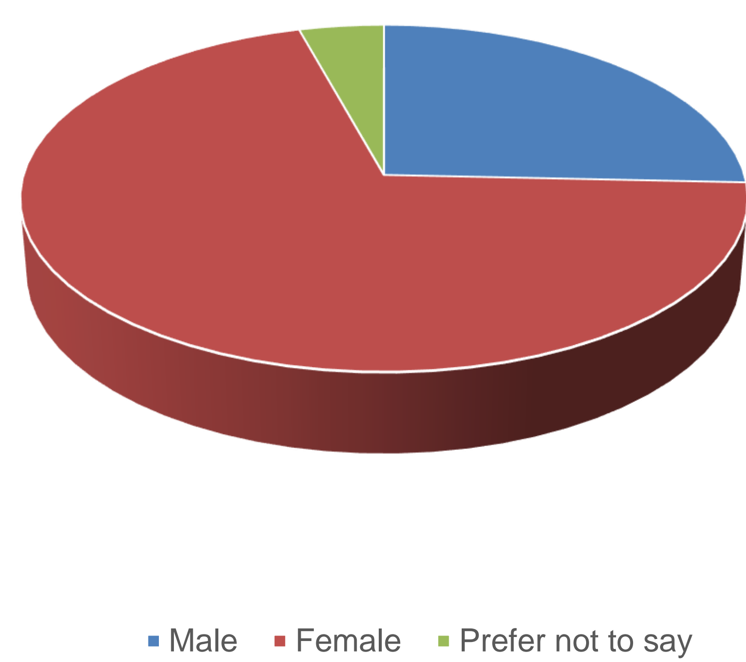
- More joined up approach between all health and care partners
- Improved life expectancy and reduced health inequalities
- The role of VCFSE sector organisations embedded as an equal partner
- More equitable access to health and care services
- Easier access to social care and improved environment for 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



Respondents by sex

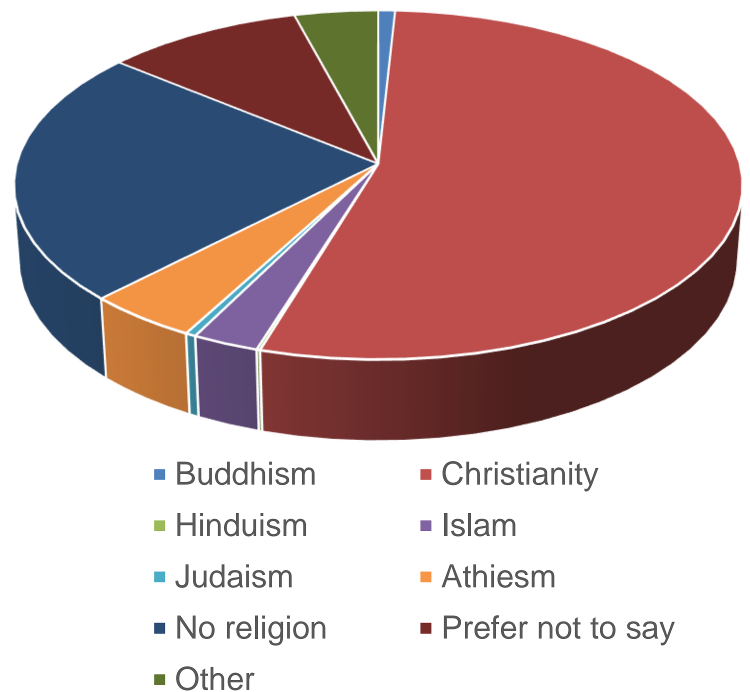


Equality monitoring

Respondents by sexual orientation

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Other

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		

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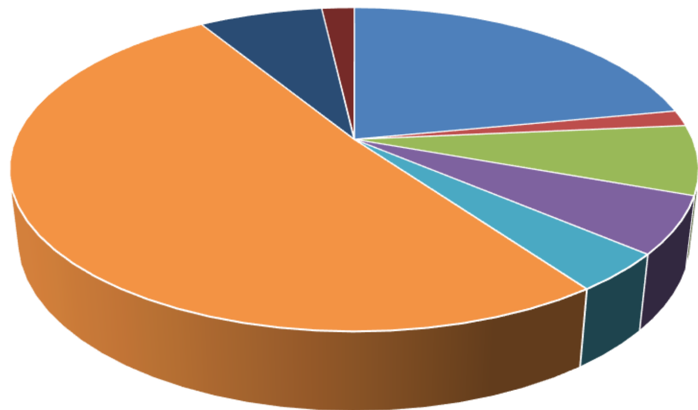
Respondents by disability



Healthwatch Together
Roadshow Engagement Findings

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

Healthwatch Together (HWT) Roadshow Findings Summary

TOTAL NUMBER OF PEOPLE ENGAGED WITH = 346

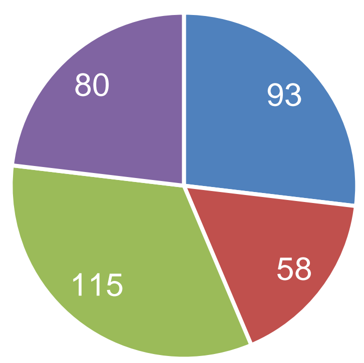
- 13 Focus Groups, total of 163 participants

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

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?

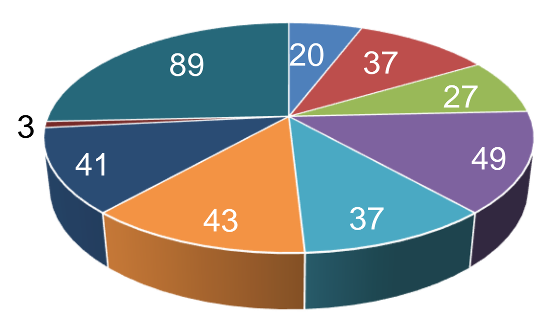
- Better communication and sharing of information
  - between services
  - with patients
  - about available support

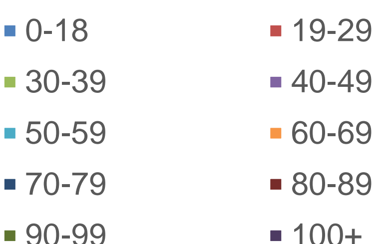
- Financial support (i.e. prescriptions, parking and transport, a real living wage)
- Reduced waiting lists
- Increased access to GPs and Dental services (including, more face to face appointments)
- Equal access to health services and resources for all (i.e. British Sign Language)

Healthwatch Together

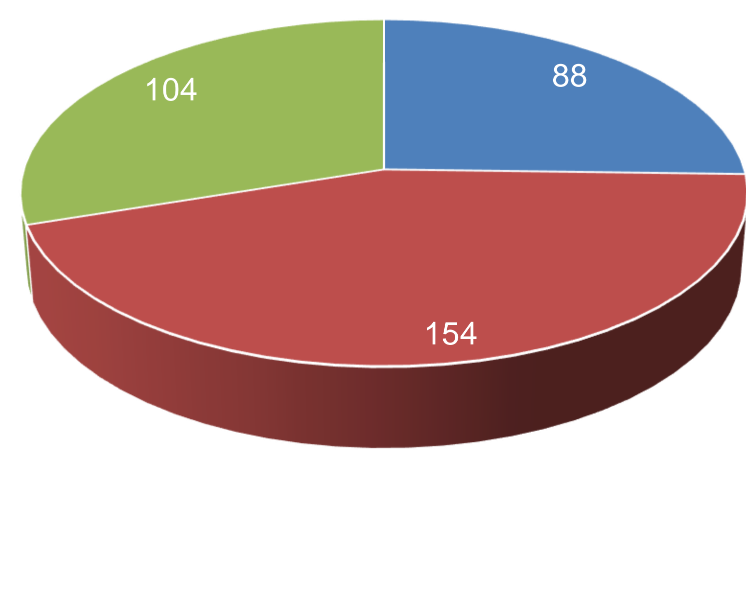
Equality monitoring

Respondents by age





Respondents by sex



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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

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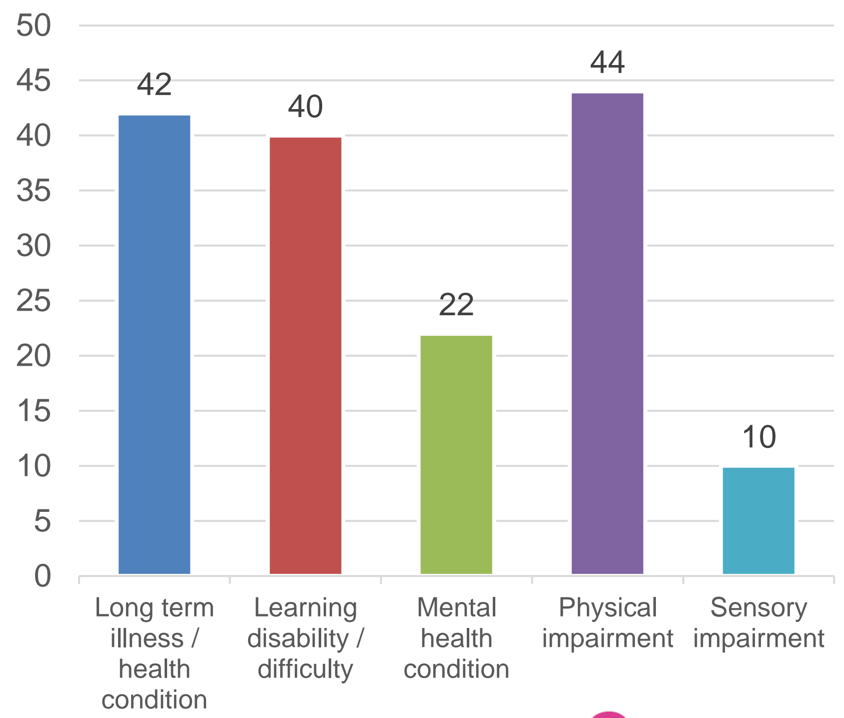
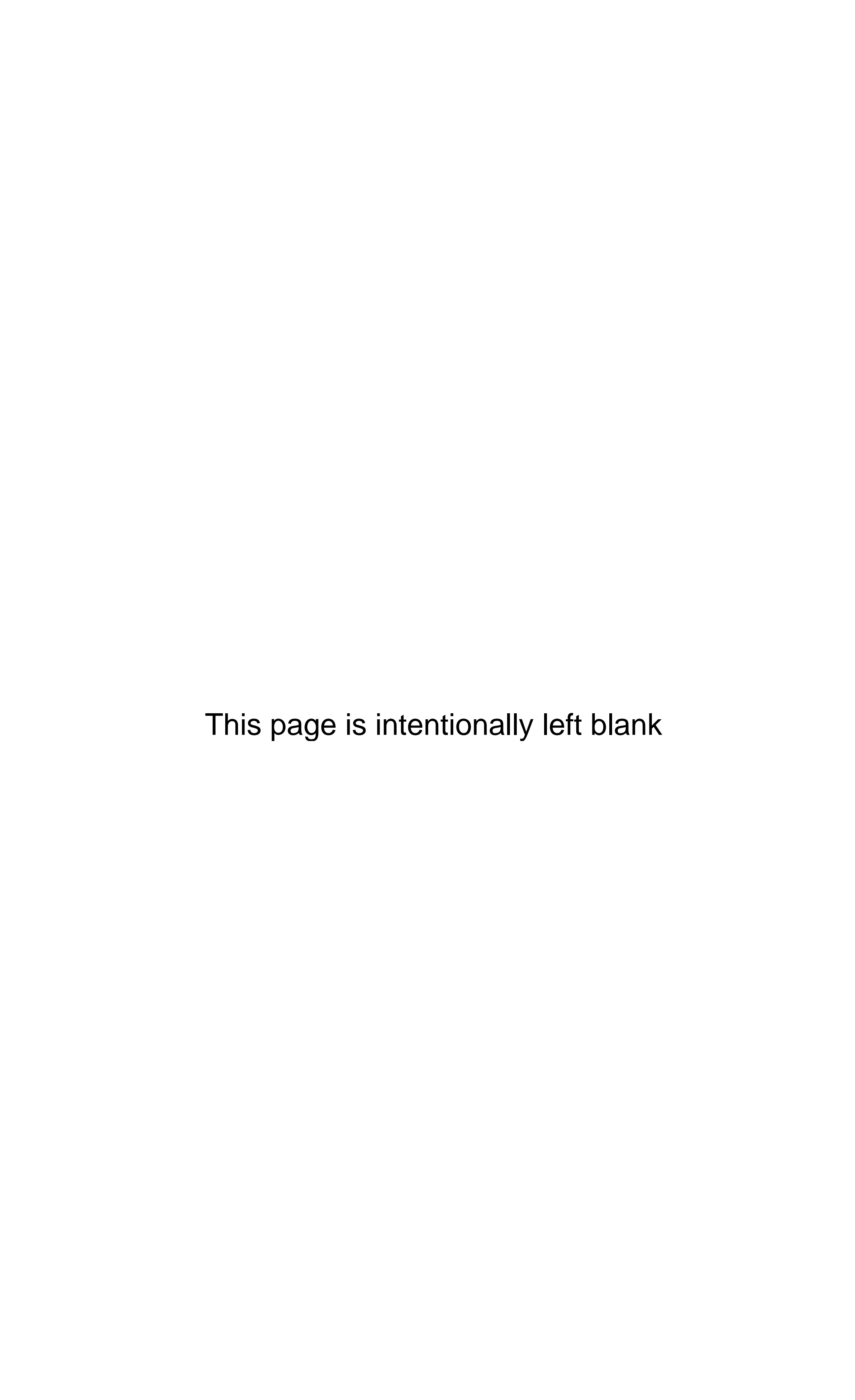
Respondents disabilities



Web healthierlsc.co.uk | **Facebook** @HealthierLSC | **Twitter** @HealthierLSC



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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.

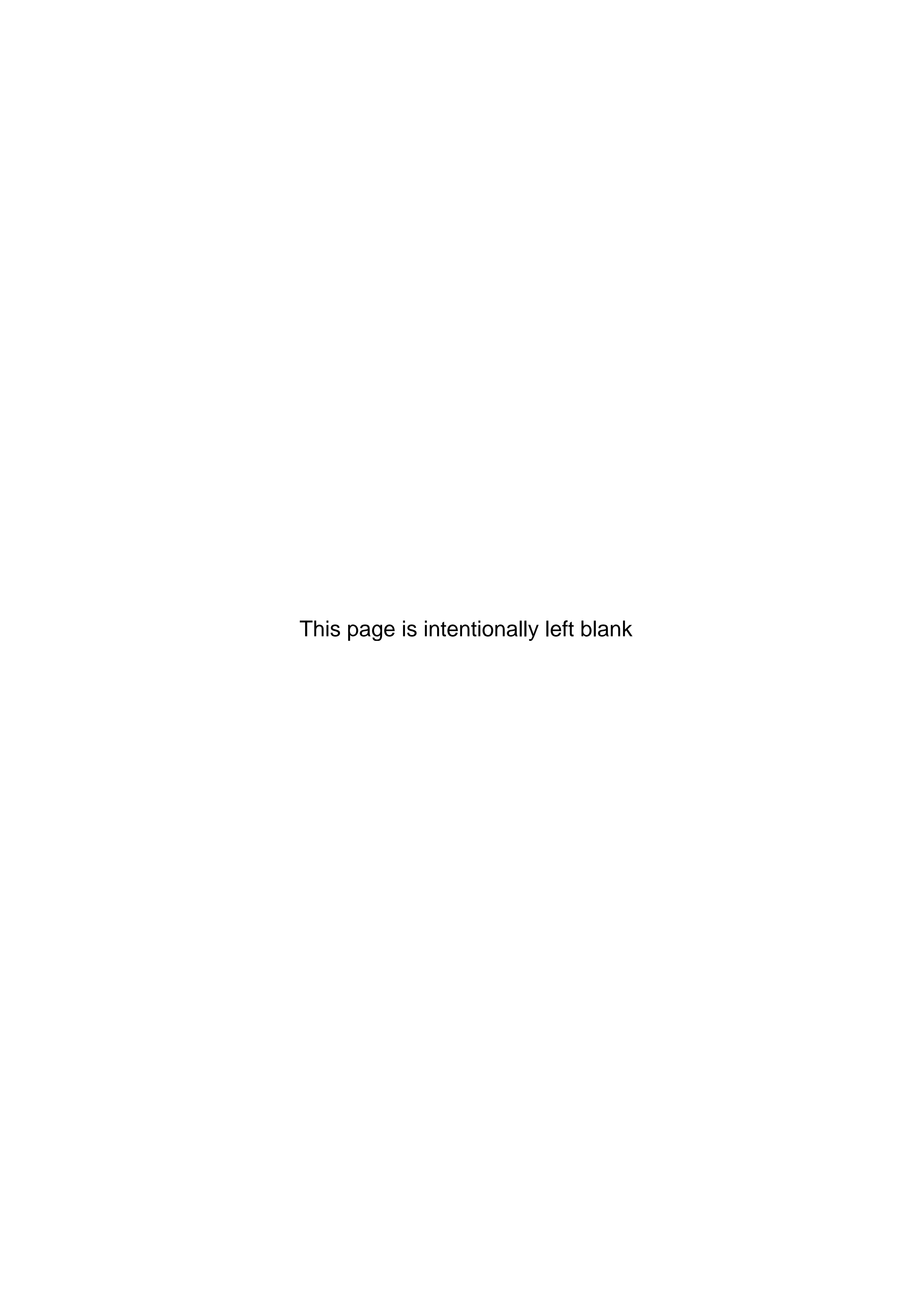
It was recognised that the need to work together as a system was paramount, but there was also a strong call for various key services to be strengthened or developed, with a particular emphasis on supporting all parts of the system to deliver care, including carers, both paid and unpaid, services with 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



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Appendix 4c

Integrated Care Strategy

2023 - 2028

Version 3.1

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

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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.

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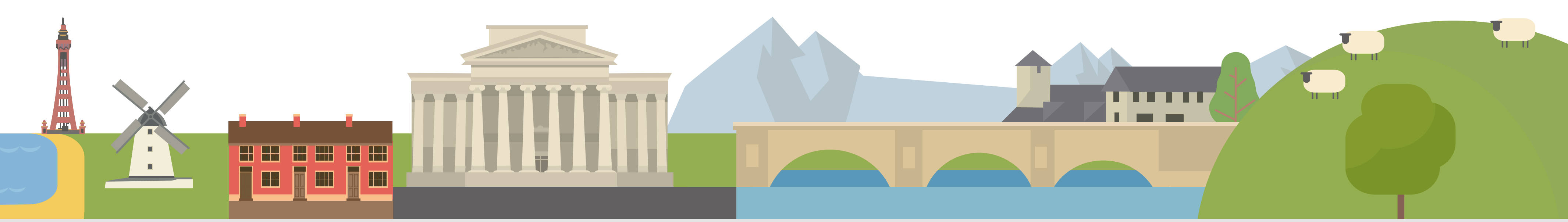

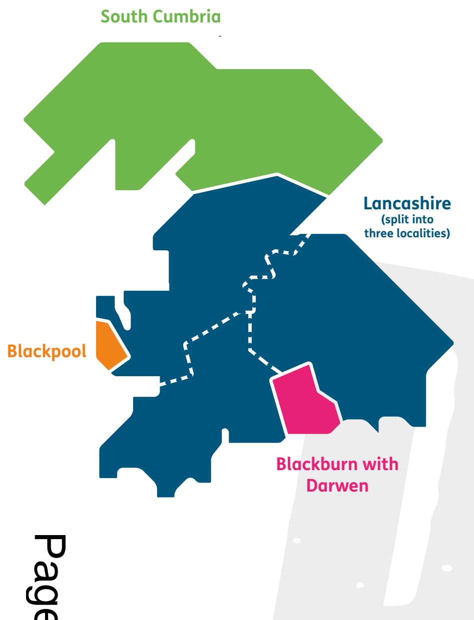

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1. Introduction

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.

Percentage of Children living poverty

National average 30%

12% - 38% Lancashire and South Cumbria

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.

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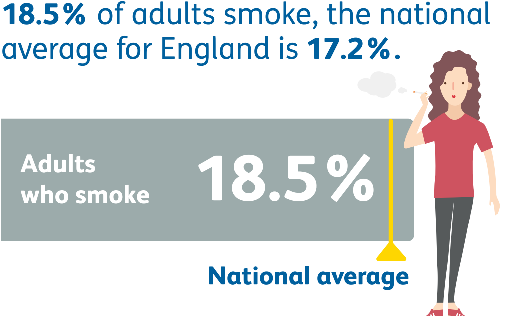
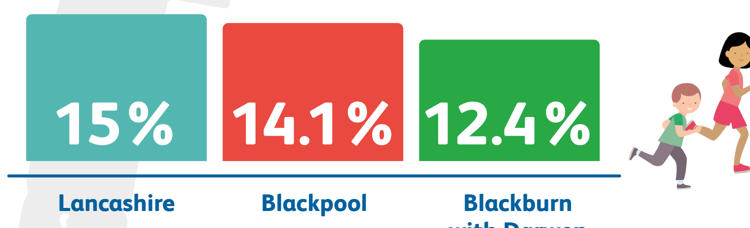
	Blackpool	B'burn with Darwen	Lancashire	Cumbria	National av.
Male years in good health	74.2	76.6	78.6	79.4	79.6
Male life expectancy	54.7	57.3	61.2	64.4	63.4
Female years in good health	79.6	80.1	82.2	82.8	83.1
Female life expectancy	57.8	58.6	64.5	65.4	63.8

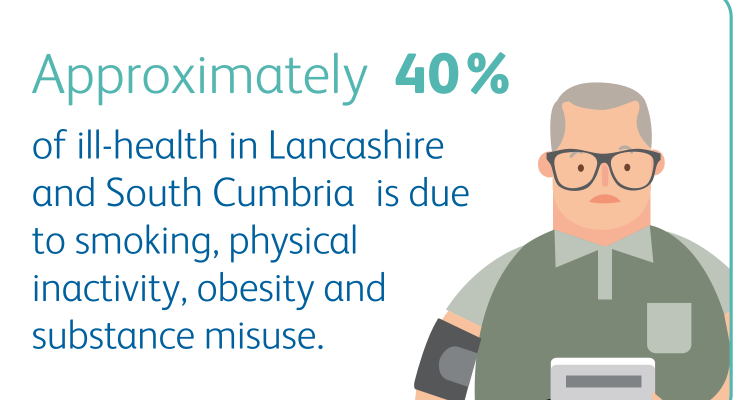
Axis: 50y – 60y – 70y – 80y – 90y

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 place."

"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."

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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."

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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."

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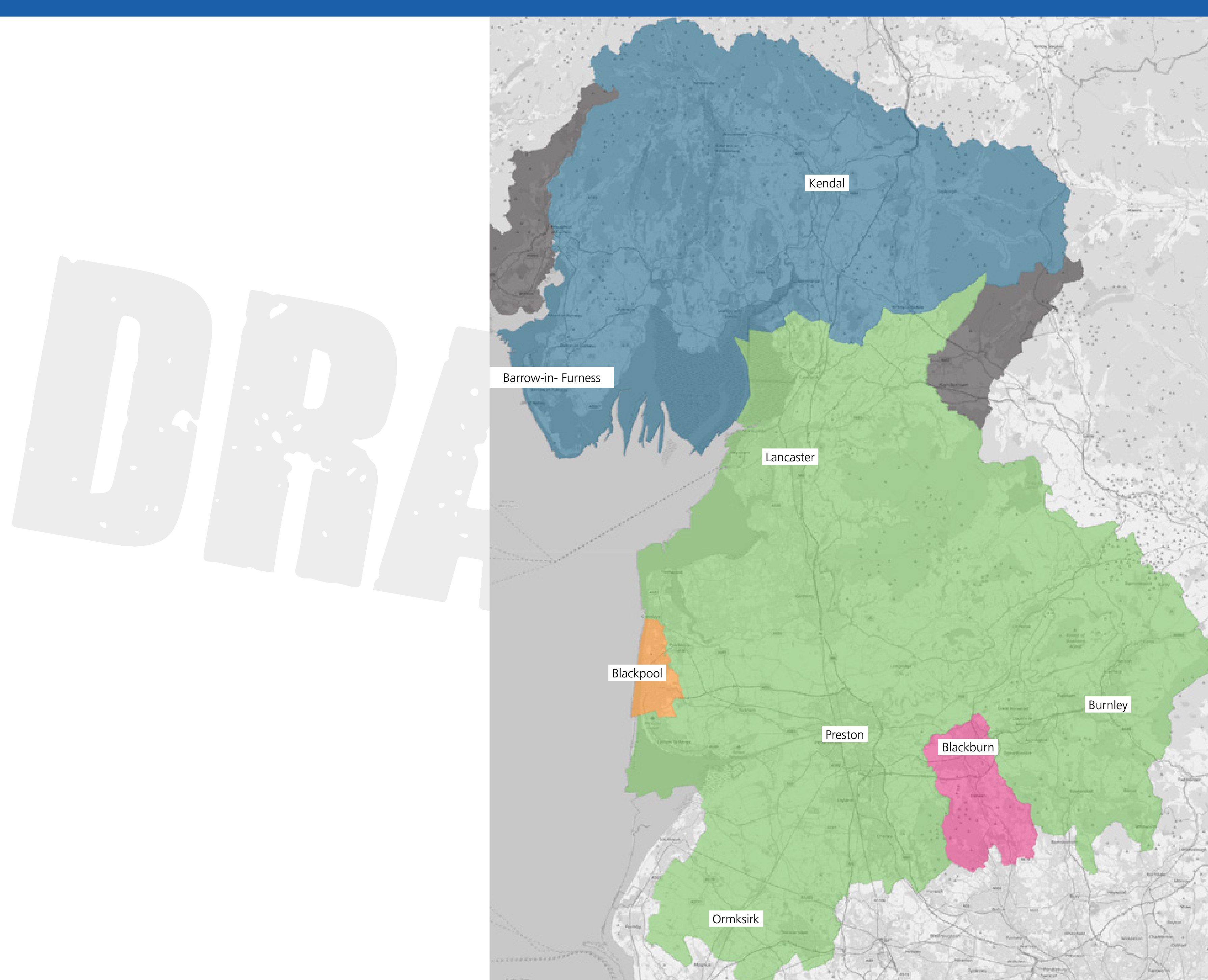

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2. Our partnership and the wider health and care system

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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

- **Blackburn with Darwen - 150,000**
- **Blackpool - 138,000**
- **South Cumbria - 186,000**
- **Lancashire - 1,200,000**

Total - c 2,000,000

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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.

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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:

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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.

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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.

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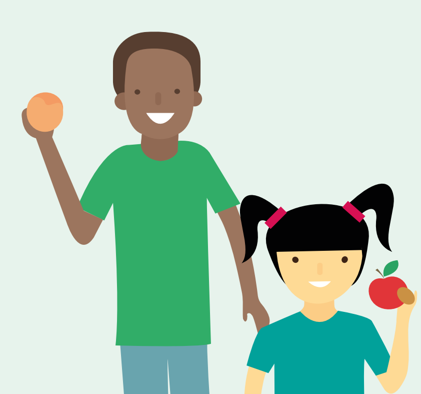
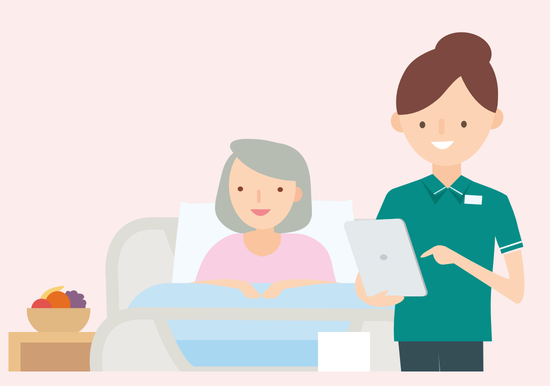
4. Our vision

Together we can...

Be healthier	Be wealthier	Be happy
Improve our health and wellbeing and reduce inequalities	Improve the prosperity of our communities and increase employment	Live more fulfilling lives and feel more connected to our communities





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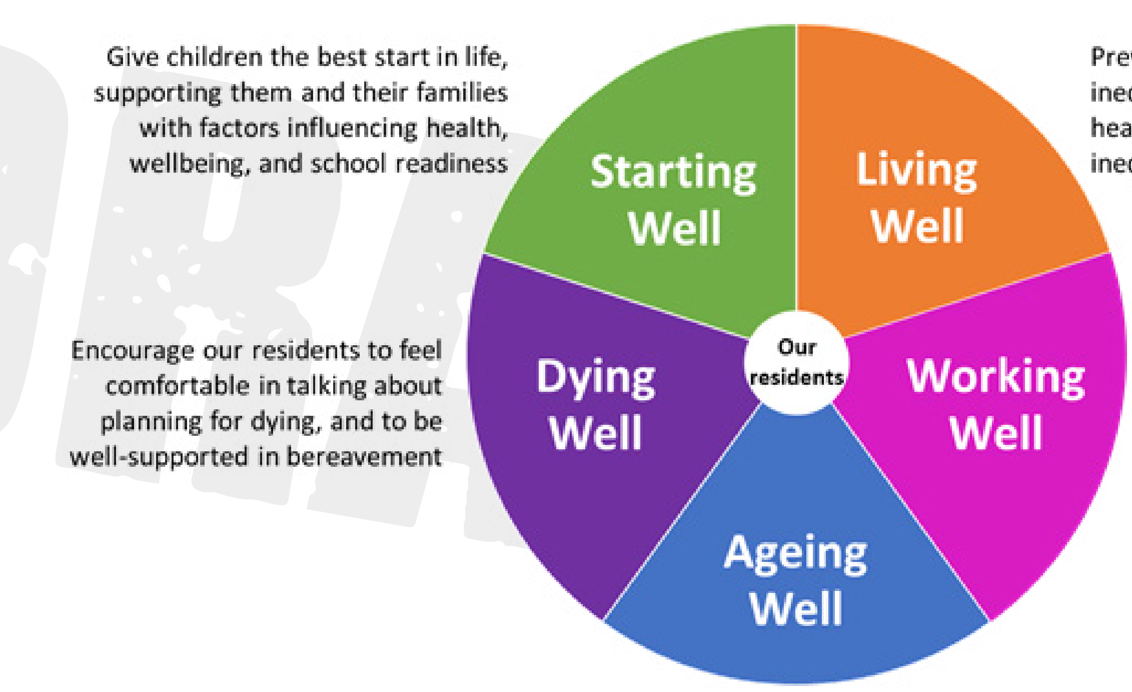
5. Our priorities

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



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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.

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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)

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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.

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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.

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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.

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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.

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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.

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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

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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.

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Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Carl Ashworth, Director of Planning, Lancashire and South Cumbria Integrated Care Board
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	8 March 2023

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD – DEVELOPMENT OF A JOINT FORWARD PLAN FOR 2023-2028

1.0 Purpose of the report:

1.1 To provide the Health and Wellbeing Board with an overview of the emerging Joint Forward Plan for the Lancashire and South Cumbria Integrated Care Board (ICB).

2.0 Recommendation(s):

2.1 To consider the key themes highlighted within the emerging Joint Forward Plan for Lancashire and South Cumbria Integrated Care Board, offering their reflections on the content and particularly on whether they feel that the key themes take proper account of the existing and developing Health and Wellbeing Strategy.

2.2 To note that a draft version of the Joint Forward Plan will be circulated to members of the Health and Wellbeing Board for information, after the plan is approved by the Integrated Care Board (this is intended to be at the end of March 2023).

2.3 To note that a final version of the Joint Forward Plan will be presented to the Health and Wellbeing Board prior to its sign off by the Integrated Care Board the end of June 2023.

3.0 Reasons for recommendation(s):

3.1 To keep the Health and Wellbeing Board in formed of progress.

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 None.

5.0 Council priority:

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

6.0 Background information

6.1 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 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, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year Joint Forward Plan, 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, the Integrated Care Board must involve the Health and Wellbeing Board in the exercising of its statutory functions as below:

- Joint Forward Plans must set out the steps that the Integrated Care Board 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.
- In particular, the Health and Wellbeing Board must be provided with a draft of the joint forward plan, and the Integrated Care Board 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 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.

6.2 **Rationale:**

This new approach provides an opportunity to strengthen the Board's influence in prioritising prevention of ill health and ensuring provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

6.3 **Key Issues :**

Integrated Care Boards are encouraged to use the joint forward plan development process to produce a shared delivery plan for the integrated care strategy (developed by the Integrated Care) and the Health and Wellbeing Board Strategy (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 should describe how the Integrated Care Boards 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 nature and function, these have been co-developed nationally with Integrated Care Boards, 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 should build on and reflect existing Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies, 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 and their partner acute trusts have a duty to prepare a first Joint Forward Plan 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 (HWBs), is 30 June 2023 rather than 1 April 2023.

As 2022/23 is a transition year for Integrated Care Boards, national guidance anticipates that the breadth and depth of the initial Joint Forward Plan 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 Boards 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 will be presented to the Health and Wellbeing Board in the course of their meeting on 8 March 2023.

6.4 **Policy Implications**:
It is intended that the joint forward plan should be informed by the Joint Local Health and Wellbeing Strategy and Joint Strategic Needs Assessment of the Health and Wellbeing Board. In considering the emerging draft Joint Forward Plan the Blackpool Health and Wellbeing Board should consider whether it shows consideration and alignment to existing Blackpool policies and strategies

6.5 **Resource Implications:**
There are no direct resource implications resulting from this report, however, the priorities outlined within in the emerging Joint Forward Plan are intended to inform the delivery plans of all the health and care organisations in Lancashire and South Cumbria and will particularly require resource considerations to be discussed within the Blackpool Place-based Partnership.

6.6 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 There are no financial implications resulting from this report.

9.0 Legal considerations:

9.1 There are no financial implications resulting from this report.

10.0 Risk management considerations:

10.1 There are no risk management considerations resulting from this report.

11.0 Equalities considerations:

11.1 The Integrated Care Partnership has not yet undertaken an Equality Impact Assessment. This will be completed in parallel with the production of the final version of the strategy.

12.0 Sustainability, climate change and environmental considerations:

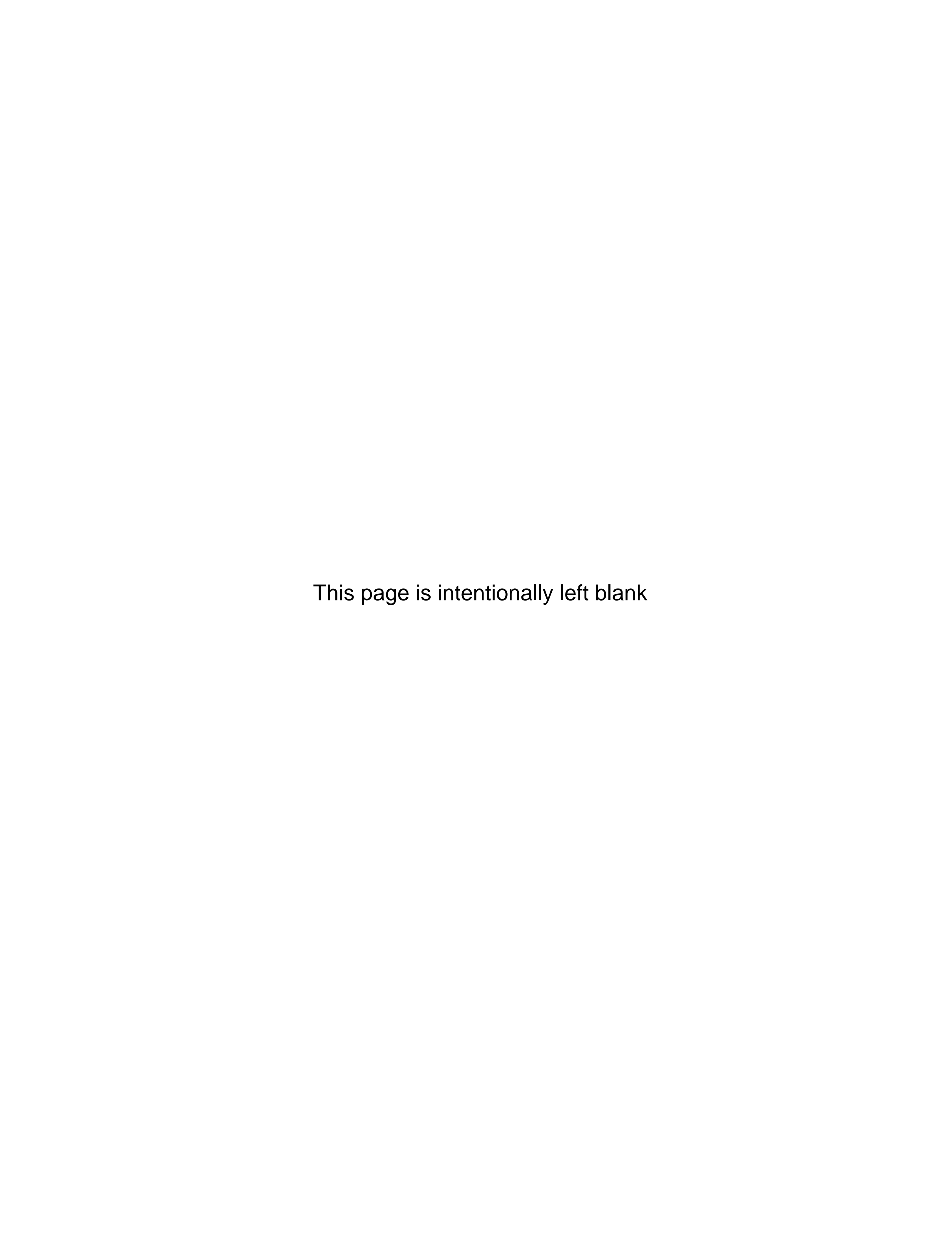
12.1 Nine.

13.0 Internal/external consultation undertaken:

13.1 The Forward Plan itself has not yet been the subject of consultation – however, the plan will (a) be based upon the previous Integrated Care Strategy plan from 2020 which was being consulted upon prior to COVID and (b) respond to the Integrated Care Strategy which has been developed from collation of Health and Wellbeing Board plans; has been the subject of consultation in its development; and is currently under wider consultation in its draft form (see Agenda Item 4).

14.0 Background papers:

14.1 None.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Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Liz Petch, Consultant in Public Health
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	8 March 2023

BLACKPOOL JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE

1.0 Purpose of the report:

1.1 To provide the Board with an update on the Blackpool Joint Local Health and Wellbeing Strategy.

2.0 Recommendation(s):

2.1 To note the report and any verbal update.

3.0 Reasons for recommendation(s):

3.1 The report is for information to ensure that the Board is kept aware of the development of the Blackpool Joint Local Health and Wellbeing Strategy.

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 None.

5.0 Council priority:

5.1 The relevant Council priorities are both:

- "The economy: Maximising growth and opportunity across Blackpool"
- "Communities: Creating stronger communities and increasing resilience"

6.0 Background information

6.1 Following from the Health and Wellbeing Board meeting on 5 October 2022, the Board has agreed the need to write a new Joint Local Health and Wellbeing Strategy for Blackpool as the previous Joint Health and Wellbeing Strategy 2016-2019 had elapsed.

6.2 Following the implementation of the Health and Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007 has been amended and renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. However, there is currently no guidance on what 'local' means in this context. Any guidance or clarification provided will be taken into consideration.

6.3 The Board also agreed to appoint a task and finish group consisting of Councillor Jo Farrell, Dr Arif Rajpura, Director of Public Health and Steve Christian, Blackpool Teaching Hospitals Trust to develop an evidence-based strategy and report back to the Board.

6.4 A Strategy Development Proposal Template for the Blackpool Joint Local Health and Wellbeing Strategy has been produced following the first Task and Finish Group meeting, held on 9 January 2023. The template was presented as an item to the Council's weekly Corporate Leadership Team meeting on 21 January 2023 for their involvement and direction on the strategy.

6.5 Following advice from the Scrutiny Manager regarding the pre-election period and the formation of the new political administration, the Strategy Team and NHS Lancashire and South Cumbria Integrated Care Board will hold an informal session with the Adult Care and Health Scrutiny Committee, or their successor, in September 2023.

6.6 Health and Wellbeing Boards have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The new Health and Care Act 2022 introduced new architecture to the health and care system, specifically the introduction of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). In this new landscape, Health and Wellbeing Boards continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

Health and Wellbeing Boards have a statutory function to:

- Assess the health and wellbeing needs of the local population and publish a Joint Strategic Needs Assessment (JSNA);
- Publish a Joint Local Health and Wellbeing Strategy (JLHWS) which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the Joint Strategic Needs Assessment;
- The Joint Local Health and Wellbeing Strategy should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

Health and Wellbeing Boards should be active participants in the development of the integrated care strategy, which should build on and complement the Joint Local Health and Wellbeing Strategy, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

As a minimum it is expected that all partners – the Health and Wellbeing Boards, Integrated Care Boards (at Lancashire and South Cumbria level) and Integrated Care Partnership - adopt a set of principles in developing relationships, including:

- Building from the bottom up
- Following the principles of subsidiarity
- Having clear governance, with clarity at all times on which statutory duties are being discharged
- Ensuring that leadership is collaborative
- Avoiding duplication of existing governance mechanisms
- Being led by a focus on population health and health inequalities

Integrated Care Board and Integrated Care Partnership leaders within local systems, informed by the people in their local communities, need to have regard for and build on the work of Health and Wellbeing Boards to maximise the value of place based collaboration and integration, and reduce the risk of duplication. They should ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population.

Integrated Care Board and Integrated Care Partnership strategies and priorities should not detract from or undermine the local collaboration at place level. In an effective health and care system the Integrated Care Partnership should build upon the existing work by Health and Wellbeing Boards and any place-based partnerships

to integrate services. Working together at system level is helpful for issues that benefit from being tackled at scale.

The Health and Wellbeing Board should continue the relationships it had with NHS Clinical Commissioning Groups with the new Integrated Care Board. This includes developing:

- Forward plans (replacing commissioning plans)
- Annual reports
- Performance assessments

6.7 The outline timeline for the development of the strategy is as follows:

- Review of existing strategies, systems and structures – March 2023
- Review of Joint Strategic Needs Assessment Data – April 2023
- Internal stakeholder workshop – June 2023
- External stakeholder workshop - June 2023
- Equality analysis - July 2023
- First draft of the Joint Local Health and Wellbeing Strategy issued for internal comment- August 2023
- Informal session with Adult Social Care and Health Scrutiny Committee - September 2023
- Six week public consultation on the draft strategy –September/October 2023
- Report on public consultation findings – November 2023
- Consideration of consultation findings with the Portfolio Holder – November 2023
- Health and Wellbeing Board approval – December 2023
- Executive Approval - January 2024
- Council Approval- February 2024

6.8 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6a - Strategy Development Proposal Template for the Blackpool Joint Local Health and Wellbeing Strategy.

8.0 Financial considerations:

8.1 There may be financial resources needed to facilitate an inclusive consultation and development process for a new Joint Health and Wellbeing Strategy. These will be identified as the strategy is developed and approval sought through the decision making processes.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration will be given to this throughout strategy process. This includes consideration about how the community is involved, the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing.

11.2 The underlying theme of the strategy is to improve people's health and wellbeing, and reduce health inequalities that exist in Blackpool. It is not anticipated that the strategy would adversely impact on key protected equality groups. An Equality Analysis will be completed as part of the strategy development process.

12.0 Sustainability, climate change and environmental considerations:

12.1 Reducing Blackpool's contribution to the climate crisis and creating resilience to respond to the worst impacts of climate change is an opportunity to protect health.

Dependent upon the priorities of the strategy, the Joint Local Health and Wellbeing Strategy could contribute to the delivery of the council's climate emergency declaration in the following ways:

- Climate mitigation (efforts to limit the emission of greenhouse gases): the strategy could incorporate actions which improve health as well as reduce greenhouse gas emissions. For example, by improving the energy efficiency of housing this would mean houses would use less energy, thereby reducing greenhouse gas emissions. Improving housing energy efficiency would help to address issues such as fuel poverty and the physical and mental health issues associated with cold homes. This shows how incorporating climate mitigation considerations into the strategy could positively impact models of care by reducing inequalities in health and reducing avoidable hospital admissions.

- Climate adaptation (actions taken to reduce the negative consequences of climate change): the strategy could address the expected health impacts as a result of climate change and incorporate actions to prepare for and be equipped to respond to the climate crisis. For example, increasing education on the health impacts and risks associated with heat can enable people to cope more effectively. This shows how incorporating climate adaptation considerations into the strategy could increase community resilience to climate change and provide support to vulnerable residents to reduce the impact of climate change.

Other examples of how the strategy could promote healthy living while reducing environmental impacts include promoting active travel, reducing the carbon footprint of healthcare facilities, and ensuring that new programmes support the local environment.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

Appendix 6a: Policy Framework Strategy Development Proposal

Overview	
Title:	Blackpool Joint Local Health and Wellbeing Strategy (JLHWS) 2023 -2033
Lifespan:	10 years
Purpose & Rationale:	The Blackpool Health and Wellbeing Board are developing a 10-year JLHWS for Blackpool. The need for this strategy is driven by the following: • The previous Joint Health and Wellbeing Strategy (2016-2019) has expired. • Health and Wellbeing boards have a statutory responsibility to prepare a JLHWS for their local population. The purpose of the Blackpool JLHWS is to explain what priorities the Blackpool Health and Wellbeing board has set in order to tackle the needs identified in the Blackpool Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local community. The statutory guidance emphasises that the JSNA should be taken into account by the Health and Wellbeing Board and will identify the future health, care and wellbeing needs of the people of Blackpool and will guide how services are planned and developed. The issues identified in the JSNA will inform the priorities in the Blackpool JLHWS. Following the implementation of the Health and Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007 has been amended and renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'.
Lead Department:	Public Health
Lead Officers:	Liz Petch (Consultant in Public Health) Karen Tordoff (NHS Lancashire and South Cumbria Integrated Care Board) Scott Butterfield (Strategy and Climate Lead)
Is the strategy being developed in partnership with other organisations?	The strategy is being developed by members of the Health and Wellbeing Board. These include: • Blackpool Council • Blackpool Teaching Hospitals NHS Foundation Trust • Lancashire and South Cumbria Integrated Care Board • Health Watch • Lancashire Fire and Rescue Service • Lancashire Constabulary
Timeline for Development	
Approximate timescale for development:	February 2023 – February 2024.
Anticipated date of refresh:	The strategy will be refreshed every 3 years (2026, 2029 and 2032)
Policy Framework	
Is this strategy part of the Council's Constitutional Policy Framework, as set	Yes, the JLHWS is required by law to form part of the Council's Constitutional Policy Framework.

out in the Constitution?	
Which Council committee or group will provide final approval?	Executive and Full Council. The Health and Wellbeing Board is a special committee of the Council and will also need to approve the document.
Links with Council Plan and other Strategies, Policies or Plans	
Which Council Priorities does the strategy support?	The primary focus of the JLHWS is Priority 1 'Communities', but there is also links to Priority 2 'The Economy'. Priority 1 and 2 are interdependent and achieving positive outcomes in one area is reliant on success in the other. The strategies' main focus will be on the health and wellbeing of residents, however, the economy plays an important role in health and wellbeing because poverty and income inequalities are major causes of health inequalities.
Which other strategies, policies and plans does the strategy link to?	This strategy is linked to a number of other strategies and plans that will inform future strategy development. These include: • Blackpool Council Plan • Fylde Coast Health inequalities Strategy • Integrated Care Partnership Strategy • Joint Forward Plan • Community Safety Plan • Blackpool Health Protection Strategy • Healthy Weight Strategy • Sexual Health Strategy There are less direct links to other strategies and connections will be made throughout the development process. Consultation and liaison will be undertaken with the relevant strategy leads.
Climate Emergency	
How will the Strategy contribute to the delivery of the Council's Climate Emergency declaration?	Reducing Blackpool's contribution to the climate crisis and creating resilience to respond to the worst impacts of climate change is an opportunity to protect health. Dependent upon the priorities of the strategy, the JLHWS could contribute to the delivery of the council's climate emergency declaration in the following ways: • Climate mitigation (efforts to limit the emission of greenhouse gases): the strategy could incorporate actions which improve health as well as reduce greenhouse gas emissions. For example, by improving the energy efficiency of housing this would mean houses would use less energy, thereby reducing greenhouse gas emissions. Improving housing energy efficiency would help to address issues such as fuel poverty and the physical and mental health issues associated with cold homes. • Climate adaptation (actions taken to reduce the negative consequences of climate change): the strategy could address the expected health impacts as a result of climate change and incorporate actions to prepare for and be equipped to respond to the climate crisis. For example, increasing education on the health impacts and risks associated with heat can enable people to cope more effectively.
Evidence Base	
What evidence is there to justify the need for this	The JSNA, available at www.blackpooljsna.org.uk and its supporting evidence base provide a comprehensive assessment of health and wellbeing needs and the

strategy? How does this inform the strategic direction?	causes of poor health in Blackpool. The aim of the JSNA is to promote a common understanding of health and wellbeing and provides transparency with regard to the local decision making processes. The Health & Wellbeing Board and its partners are expected to prioritise based on the information and evidence identified by the local JSNA, as it highlights where there are gaps in knowledge or services and so helps inform effective decision making. Priority may be given where: • There is a deteriorating trend • There is significant need identified in Blackpool when compared against national or other comparators. • There are significant inequalities between communities • There is a gap in current service provision Life expectancy figures in particular provide a strong justification for the need of a targeted strategy. Both men and women in Blackpool have the lowest life expectancy from birth of any local authority in England. There also are considerable differences in life expectancy within Blackpool. For example, men in the least deprived areas of the town can expect to live 13.2 years longer than men in the most deprived areas. Similarly, for women this difference is 9.5 years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability. Lack of income, inappropriate housing, unsafe workplaces and poor access to healthcare are some of the factors that affect the health of individuals and communities. Lifestyle is also an important driver of health outcomes. A healthy diet, being active, not smoking, stopping smoking, not drinking too much alcohol and maintaining a healthy body weight are all proven ways to stay healthy and avoid many health problems. Increasing the numbers of people who have healthier lifestyles would have major impacts on the health and wellbeing of people living in Blackpool. People in our more deprived population groups are more likely not to have a healthy lifestyle and this contributes to the health inequality experienced by these groups.
Is additional research planned or necessary to shape the strategic direction?	Other planned additional research will include: • A review of the complex systems and structures (including existing initiatives and programmes of work) that exist in Blackpool and Lancashire that may have an influence in this work going forward. This includes the existing and developing strategies that also have the purpose to tackle health inequalities and improve health and wellbeing, such as The Health Equity Commission report, Levelling Up, Lancashire 2050, Joint Forward Plan and Integrated Care Strategy. • Informal and formal workshops/meetings with stakeholders to gather qualitative data. • General public consultation.
Stakeholder Engagement	
Which stakeholders will	The strategy will positively impact all residents of Blackpool, as well as informing

be affected and how can they influence the strategic planning?	commissioning plans and shaping service provision. Key stakeholders will include: • Health and Wellbeing Board • Blackpool Council • Blackpool Teaching Hospitals NHS Foundation Trust • Lancashire and South Cumbria Integrated Care Board • Health Watch • Lancashire Fire and Rescue • Lancashire Constabulary • The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector • Local residents and service users Stakeholders will be able to influence strategic planning through engaging with, and giving feedback in formal and informal stakeholder workshops/meetings.
Who will be consulted on the strategic direction and when will this happen?	Members of the Blackpool Health and Wellbeing Board will be consulted on the strategic direction at future Health and Wellbeing Board meetings. A public consultation exercise will be undertaken on the draft strategy.
How do you propose to involve Scrutiny in the development process?	Via an informal session with the Adult Social Care and Health Scrutiny Committee.
Budget and Resources	
What finance or resources are required in order to deliver the defined activity?	Budget and resources will be drawn from existing council and service provision. There may be financial resources needed to facilitate an inclusive consultation and development process for a new JLHWS. These will be identified as the strategy is developed and approval sought through the decision making processes.
Monitoring and Performance Measurement	
How will the strategy be monitored?	An annual report will be submitted to the Health and Wellbeing Board.
How will performance be measured?	Once the priorities are selected, suitable indicators will be developed and included in the annual updates, with the board being responsible for setting targets based on the evidence gathered through the strategy development process.
Risks	
What are the risks that might prevent the activity from being delivered?	The risks centre around how the stakeholders buy-in to the priorities and aims of the strategy, and how actions developed would be funded. This will be mitigated by working with the board on governance arrangements to look at options on how pooled or aligned funding arrangements could be used to finance the strategy action plan.
Equalities	
Is there any data or other reason to suggest that this strategy will have a disproportionately adverse impact on key protected equality groups?	It Is not anticipated that this strategy would adversely impact on key protected equality groups. An Equality Analysis (EA) will be completed as part of the strategy development process. Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration will be given to this throughout strategy process. This includes consideration about how the community is involved, the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing.

Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Karen Smith, Director of Adult Social Services / Director of Health and Care Integration, Lancashire and South Cumbria Integrated Care Board (ICB)
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	8 March 2023

BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT

1.0 Purpose of the report:

1.1 To update the Health and Wellbeing Board on recent developments regarding the emerging Blackpool place-based partnership.

2.0 Recommendation(s):

2.1 To support the Blackpool place-based partnership implementation and current developments, including its alignment with other strategies and work programmes.

3.0 Reasons for recommendation(s):

3.1 The Blackpool place-based partnership will require the support of partners across Blackpool, to be successful in its ambition to promote integration. An ambition which aligns with the key statutory functions of the Health and Wellbeing Board and which includes setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

Promoting integrated, person-centred care and health improvement is a key objective of:

- the DHSC's adult social care reform vision
- the Health and Care Act 2022
- the NHS Long Term Plan
- the DHSC's integration white paper (Health and social care integration: joining up care for people, places and populations)

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 None

5.0 Council priority:

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

6.0 Background information

6.1 NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established on 1 July 2022 as a result of the Health and Social Care Act 2022. The Integrated Care Board took on the Clinical Commissioning Group commissioning functions as well as some of NHS England's commissioning functions and is accountable for NHS spending and performance within the system.

The strategic aims of the Integrated Care Board are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

6.2 As part of the Health and Social Care Act 2022, the Integrated Care Partnership (ICP) was also established as a statutory committee on 1 July 2022. The Integrated Care Board and the unitary and upper-tier local authorities hold a statutory duty to coordinate Lancashire and South Cumbria Integrated Care Partnership together. The partnership sees health and care partners work together by agreeing joint priorities and a joint health and care strategy. Blackpool Council is a statutory member of this partnership, as are other Lancashire and South Cumbria local authorities, NHS organisations, businesses, education, Healthwatch and voluntary, community, faith and social enterprise (VCFSE) organisations.

6.3 In July, the Integrated Care Board realigned its place boundaries with the upper-tier and unitary local authorities within the footprint:

- Blackpool Council
- Lancashire County Council
- Blackburn with Darwen Council
- South Cumbria

6.4 This supports the deeper integration of health and social care services across the now 4 Lancashire and South Cumbria places.

There is a long-term vision for developing, and delegating responsibility to Place-based Partnerships such as Blackpool. The place-based partnership is currently in the early stages of this journey.

The long-term aspirations are that places will:

- Coordinate the planning and delivery of all-age, community-based service provision for physical and mental health care.
- Focus on supporting people to live well and independently; reducing health inequalities and unwarranted variation within their place.
- Collaborate with a different place (Place+) or as a collective of four places in Lancashire and South Cumbria (all places).
- Hospitals Trusts will be important as partners and large-scale employers, to ensure seamless pathways for residents and in supporting health creation, prevention, providing care in neighbourhoods and ongoing support for people to remain at home.
- However, planning and delivery of most hospital-based (secondary) and specialist (tertiary) care provision is not in scope for planning and delivery within Place-based Partnerships.
- While this is a broad overview of the Integrated Care Partnership's aspirations for places in Lancashire and South Cumbria, the focus in Blackpool will be on Blackpool and its specific and unique needs.

6.5 At a Lancashire and South Cumbria system level there continues to be ongoing discussions with regards to the scope and remit of the 4 Lancashire and South Cumbria places and associated delegations from April 2024. Consequently, the Blackpool place-based partnership is currently evolving in terms of its operating model, associated work programmes and supporting governance framework. However, there are strong foundations in relation to partnership working which has helped inform some early draft place-based partnership priorities (please refer to Appendix 7a). These priorities require further development and engagement as the partnership moves forward towards April 2024.

6.6 Assurance can be provided to the Health and Wellbeing Board that this early place-based partnership work will have due regard for -

- the development of the emerging Blackpool Joint Local Health and Wellbeing strategy. This is being undertaken via the Health and Wellbeing Board task and finish group which is currently in operation.
- The priorities contained within the draft Lancashire and South Cumbria Integrated Care Partnership strategy

Please refer to Appendix 7b for visual representation of how the system works together.

Linked to the above, in areas where each place-based partnership covers the same population as a single Health and Wellbeing Board, there can be a close relationship between the two and complementary roles. Whatever the arrangements agreed locally, the 2022 Health and Care Act is clear that that all Integrated Care Boards – and by extension, place-based partnerships – have a responsibility to pay regard to local health and wellbeing strategies in developing their plans. A key challenge is ensuring Health and Wellbeing Boards and place-based partnerships are complementary and avoid duplicating functions (Kings Fund, 2022)

6.7 In terms of interdependencies, although there is already Health and Wellbeing Board representation within the Blackpool place-based partnership membership, whilst remit and scope of place continues to be worked through, the recommendation is that the Health and Wellbeing Board continues to receive regular updates on Blackpool place-based partnership developments. The frequency of which is to be determined by this Board.

6.8 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7a – draft place-based partnership priorities
Appendix 7b - How the system works together, including proposed strategies.

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 An underlying theme of place-based partnerships is to improve people's health and wellbeing and reduce health inequalities that exist in Blackpool. It is not anticipated that this early work would adversely impact on key protected equality groups. An Equality Analysis will be completed as part of service developments going forward, if, and as, required.

12.0 Sustainability, climate change and environmental considerations:

12.1 Reducing Blackpool's contribution to the climate crisis and creating resilience to respond to the worst impacts of climate change is an opportunity to protect health.

12.2 Examples of how the work of the place-based partnership could promote healthy living while reducing environmental impacts include promoting active travel, reducing the carbon footprint of healthcare facilities, and ensuring that new programmes support the local environment.

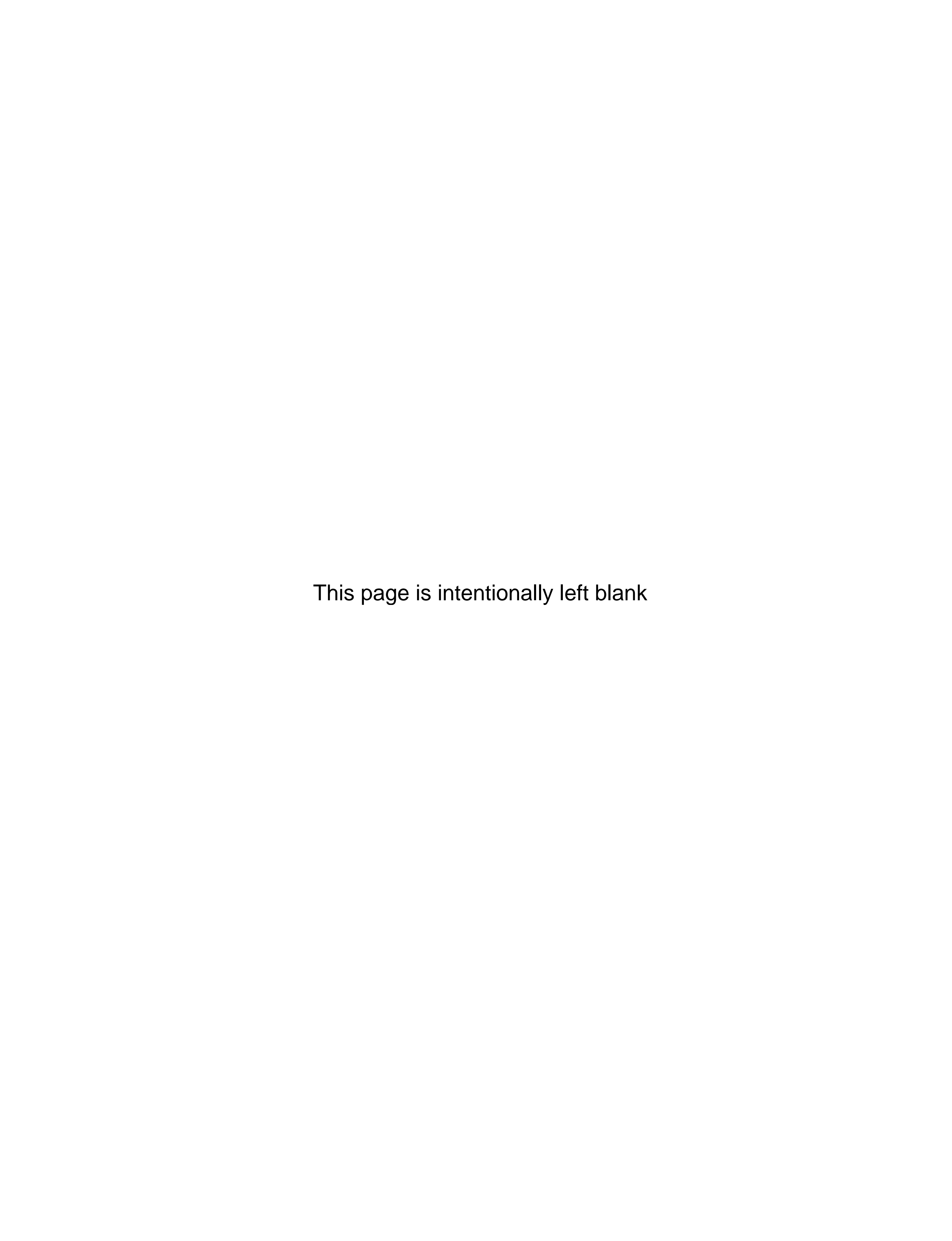
12.3 However, programmes of work are very much in their infancy presently.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.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Appendix 7a

Initial thinking - emerging Blackpool place priorities and alignment with ICP strategy priorities

Implementing other local initiatives e.g. Spring into Spring

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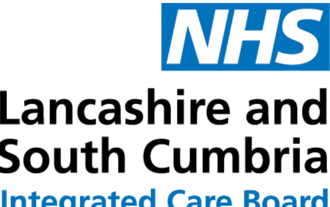
How the system works together

Appendix 7b



Statutory requirements of the Lancashire and South Cumbria Integrated Care System

Statutory founder member

Statutory founder member

Local Authorities

Health and Wellbeing Boards

Blackburn with Darwen
Blackpool
Lancashire
Cumbria
North Yorkshire

Agree the health and wellbeing strategy for each area

ICBs and LAs will have regard for the ICP's integrated care strategy when developing their plans and priorities and should consider how assurance can be provided to the ICP on delivery.

JSNAs HWB Strategies

Integrated Care Strategy

System partnership

Lancashire and South Cumbria Integrated Care Partnership

Jointly convened by local authorities and ICB as a statutory committee of the ICS

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.

Agrees integrated care strategy for Lancashire and South Cumbria and sets small number of strategic priorities / ambitions to be delivered in places or through other partnerships

Complements place-based working and partnerships, developing relationships and tackling issues that are better addressed on a bigger area

Includes wide range of stakeholders

Integrated Care Strategy

NHS (with Partner Members)

Lancashire and South Cumbria Integrated Care Board

Statutory organisation that brings the NHS together locally to establish shared strategic priorities within the NHS, connecting to wider partnerships across the ICS, and to improve population health

The organisation will discharge its duties through a unitary board.

ICBs and LAs will have regard for the ICP's integrated care strategy when developing their plans and priorities and should consider how assurance can be provided to the ICP on delivery.

Integrated Care Strategy

Delegations to place
- 'Ask' from LA for delivery through places
- Resources to support delivery (teams)
- Financial allocation / delegation

Place Based Partnerships

Multi-stakeholder partnerships delivering integrated health and care within each place

Delivers on common priorities agreed by the ICP for implementation in place, with clearly defined expected outcomes and timeframes

Sets a small number of strategic and operational priorities that are local to the specific place, with clearly defined expected outcomes and timeframes

Agrees actions and responsibilities of each partner in place

Delegations to place
- 'Ask' from ICB for delivery through places
- Resources to support delivery (teams)
- Financial allocation / delegation

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Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Dianne Draper, Consultant in Public Health
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting:	8 March 2023

HEALTH PROTECTION DRAFT STRATEGY UPDATE

1.0 Purpose of the report:

1.1 To summarise progress with Blackpool's first Health Protection Strategy and how It assists the Council's statutory duty for Health Protection.

2.0 Recommendation(s):

2.1 To endorse the approach outlined in the report and draft strategy at Appendix 8a.

3.0 Reasons for recommendation(s):

3.1 To be assured of the process taken with stakeholders to develop the strategy and the action plan to oversee activity and outcomes for our population.

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 No other option / board within the area.

5.0 Council priority:

5.1 The relevant Council priority is both:

- "The economy: Maximising growth and opportunity across Blackpool"
- "Communities: Creating stronger communities and increasing resilience"

6.0 Background information

6.1 On 21 September 2022, key stakeholders from the Local Authority, NHS, Healthwatch and UK Health Security Agency came together to start to plan Blackpool's first Health Protection Strategy.

The day was chaired by the Director of Public Health Arif Rajpura and the relevant Cabinet Member for Health and Wellbeing Councillor Jo Farrell, and focused on:

- Setting the scene (critical data and intelligence)
- Reviewing our Strengths, Opportunities, Threats and Weaknesses (SWOT)
- Visioning our strategy
- Planning next steps

6.2 Feedback from the session was analysed thematically. Once the evidence for each recommendation was reviewed, priority actions were written into a strategic approach to addressing critical health protection issues for the town. Appendices 8a and 8b are the documents discussed at the Health Protection Board 10 January 2023, where the board approved the direction of travel for the strategy.

The strategy summarises our purpose and vision, supported by four priority outcomes and two priority activities to enable the outcomes. In addition, it identifies crucial building blocks and specific actions for public health. Health and Well Being Board members can find the summary slide here for convenience:

This strategy intends to drive action and activity to protect the population of Blackpool's health, and it does not cover all actions and activity on health protection. The health protection board oversees other key efforts and ambitions such as wider council departments such as public protection, UK Health Security Agency and NHS agencies and colleagues.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 8a: Draft Health Protection draft strategy

7.2 Appendix 8b: Draft Action Plan.

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 Acting without a strategic approach to health protection risks, the Director of Public Health is unable to comprehensively fulfil the Regulation 8 Statutory Duty, which imposes a duty on local authorities to provide information and advice to certain persons and bodies within their area to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population, including infectious disease, environmental hazards and extreme weather events.

11.0 Equalities considerations:

11.1 Equity and inequalities will be a core agenda item for the group as evidence suggests that socio-economics circumstances and other factors can exasperate communicable disease and health protection issues.

12.0 Sustainability, climate change and environmental considerations:

12.1 Environmental Hazards and Extreme Weather are a broader partnership activity of the Health Protection strategy.

13.0 Internal/external consultation undertaken:

13.1 A consultation session on developing a Blackpool-wide Health Protection Strategy was held on the 21 September 2022, helping us oversee these issues and prioritise action. A draft was taken to the Health Protection Board on the 10 January 2023, and further discussion will be held at this Health and Well Being Board with a view to final consultation with the Health Protection Board on the 25 April 2023.

14.0 Background papers:

14.1 None.

DRAFT FOR COMMENT

Protecting the health of residents and visitors in Blackpool (2023-2027)

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How this strategy was produced

On the 21st September 2022 key stakeholder from the Local Authority, NHS, Healthwatch, & UKHSA came together to start to plan Blackpool's first Health Protection Strategy

The day was chaired by the Director of Public Health Arif Rajpura and the Health and Well Being Portfolio Holder Cllr Jo Farrell

The days focus on:

- Setting the scene (key data and intelligence)
- Reviewing our Strengths, Opportunities, Threats and Weakness (SWOT)
- Visioning our strategy
- Planning next steps

The following strategic overview is the result of that planning session and other engagement with key stakeholders.

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Our purpose To work together across Blackpool to protect the health of residents and visitors based on best practice and best evidence.

Our vision The ensure that the health and wellbeing of residents and visitors in Blackpool is protected against all health protection hazards and threats.

What we will achieve for our residents and visitors				How we will work together to achieve our vision for Blackpool	
Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
Protect our children by increasing vaccination rates	Protect our vulnerable residents and reduce inequalities	Enhance the way we communicate risk to our residents and visitors	Work together to address outbreaks and incidents	Shared data and intelligence platform and governance	learn from others & from our residents

Building blocks	Recognised place of good practice where good work is recognised	Our residents and visitors are informed of risk and have the opportunity for increased self care	Comprehensive approach to risk and risk management	A place where we make every contact counts	High ambitions on behalf of our residents

For the public health family	Ensure Blackpool has capacity to address all Health Protection issues and that specialists are trained and competent.

Priority 1 Protect our children by increasing vaccination rates

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Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year.

Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.

Blackpool has higher than average rates of vaccination for our children, but we struggle with seasonal flu vaccination and pre-school boosters

To address this we will:

- Work with the commissioners of childhood vaccination and monitor their uptake and coverage
- Work with our best performing PCNs to learn how to improve vaccination rates across all of Blackpool
- Work with our health visitors and school nurses to champion vaccination
- Ensure our asylum seeker and all other transient populations are given access to vaccination services.

Priority 2 Protect our vulnerable residents and reduce inequalities

Over the past years, there have been impressive social economic and health improvements in the North West. Unfortunately, not everyone in Blackpool have been able to share the benefits of these improvements. It is essential that everyone is empowered and encouraged to do so.

Health inequalities are unacceptable. Tackling health inequalities is one of the top priority areas for health protection across Blackpool and is focused on:

Narrowing the health gap between disadvantaged groups, communities and the rest of the country; improving health protection responses overall.

We will work together across Blackpool, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective efforts and resources

Targeted activity to protect the health of those most vulnerable in Blackpool, especially homeless, asylum, older populations.

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Priority 3 Enhance the way we communicate risk to our residents and visitors

Lessons learnt from the coronavirus pandemic has reaffirmed the importance of health communication, especially communicating how to stay safe, understanding risk and challenging myths and misinformation.

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Well-designed health communications have been shown to have a real impact, especially when we work with our residents to understand their beliefs about how a health issue is relevant to them, for example, can help professionals to craft effective health messages.

To address this we will:

Engage or residents and work to make sure our communication is timely and appropriate to their needs

We will work within good practice guidelines to develop any health information for our residents and population

We will commit to an annual programme of communications for health protection issues such as flu vaccination and AMR champions

Priority 4 Work together to address outbreaks and incidents

Outbreaks of disease — the occurrence of more cases than expected — occur frequently.

These can range from hospital acquired infections to influenza in a care home.

It's essential to have a comprehensive response to managing outbreaks and incidents in order to protect the health of residents and visitors to Blackpool through preventing or controlling the threat to health.

Work with UKHSA to develop on MOU to guide response to incidents and outbreaks locally.

Ensure all working on health protection in public health are skilled and competent

Work across key agencies in Blackpool to enhance the monitoring and evaluation of key statistics

Strengthen governance and engagement with our partners

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Priority 5 Shared data and intelligence platform and governance

We will bring datasets together in a timely manner to maximize their use and empower services and staff. These datasets will be overseen at the Health Protection Board

Immunisations and health inequalities will be a main focus for the first few years of the strategy

These datasets will be user friendly and allow us to work collaboratively across Blackpool

We will share data appropriately and sensitively to protect the health of all living and visiting Blackpool

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Priority 6 Learn from others & from our residents

We will engage with our key stakeholders on improvement activity, focusing on care homes and childhood vaccination initially

We will share good practice across our governance systems and ensure the good work conducted in Blackpool is recognised

We will raise the competence in our staff by attending appropriate networks and learning opportunities and sharing the good practice across Blackpool

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Crucial Interdependencies

This strategy intends to drive action and activity to protect the population of Blackpool's health, it *does not* cover all action and activity on health protection. The health protection board has oversight of other key actions and ambitions such as:

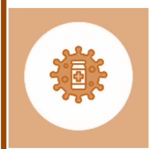
Blackpool Teaching Hospt. Hospital Acquired Infections

UKHSA public health protection and infectious disease capability

Asylum seekers & migrant health Blackpool Council

Clean Water Blackpool Council

Health Protection Strategy and Board



Infectious disease teams including IPC and TB NHS & Blackpool Council

Public Protection in Blackpool Council (food safety, housing & environmental Protection)

Clean air Public Protection in Blackpool Council

Emergency Preparedness Blackpool Council & Teaching Hospital

Appendix 8b: DRAFT Blackpool Health Protection Strategy Draft Action Plan 2023-2027

Priority	Outcome	Actions	Owner / Partners	• Estimated timeframe
What we will achieve for our residents and visitors				
1	Protect our children by increasing vaccination rates	Review routine and childhood vaccinations by GP practice and establish an approach to increasing all childhood vaccinations to ≥95%	Lisa Murphy	• Review complete end March 2023 • Planned approach 2023-2024 • Impact seen by end March 2024
		Establish a catch-up service for HPV vaccination in young people, including those not within educational settings. Possible measure re pre-pandemic vaccination rates	Tricia Spedding (CR Sexual Health Strategy)	
		Ensure all asylum seeker children vaccinations are checked against the UK schedule and updated as necessary	Primary Care NHSE	
		Engage with Maternity service providers to ensure all women are educated and actively signposted to immunization services. Improve Immunisation availability within the maternity setting by empowering BTH midwives to undertake training and deliver an in house immunisation service. Strategic promotion to those who come in contact with pregnant mums particularly vulnerable and non-English speaking and signpost to services. Possible measure re improvement on 2022/23	Lisa Murphy NHSE	• Action plan with BTH March 2023 • Impact seen by December 2023.

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2	Protect our vulnerable residents and reduce inequalities	Use a positive deviance model to raise vaccination in care homes amongst staff and residents and celebrate uptake through certification Workshop to review PD approach and possible measure re improvement on 2022/23	Dianne Draper	Spring 2023 Summer 2023
		Develop a care pathway to coordinate support for individuals facing multiple disadvantage who have presented to hospital with a wound infection. Pathway of care to include: • Liaison with the local and/or regional health protection teams and contact tracing (for those with a notifiable infection) • Community support for physical and mental health following hospital discharge	Brigit Chesworth (BC) Lorraine Moffatt (FCMS) *(Cross-referenced with Drugs Strategy)*	
		Increase vaccination across frontline health, social care and council staff through accessible flu vaccination, leadership, business continuity and communications Possible measure re improvement on 2022/23	Sue Wild (BTH) Karen White (BC) Sam Hewlett (Comms)	
		Continue working with Care Home on outbreaks and ensuring our homes are supported to be safe, clean spaces	Carol Ann Copp QoM BC	
		Explore the ebug IPC training for schools, opportunities to embed in health education sessions in schools	Carol Ann Copp	
3	Enhance the way we communicate risk to our residents and visitors	Ensure Health Protection Communication actions are captured as part of the Public Health Communications Plan, linked to amplify national campaigns re AMR week.	Sam Hewlett	
		Communications leads to be key member of any outbreaks or incidents	Sam Hewlett UKHSA	

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4	Work together to address outbreaks and incidents	Sign off MOU agreement between UKHSA and Blackpool Council	Arif Rajpura Will Morton	Summer 2023
How we will work together to achieve our vision for Blackpool				
5	Shared data and intelligence platform and governance	Develop a protocol and agreement to allow information sharing between Blackpool Teaching Hospitals and relevant community organisations, to facilitate care and support for individuals facing multiple disadvantage who have presented to hospital with a wound infection.	Brigit Chesworth (BC) Lorraine Moffatt (FCMS)	
		Work with NHSE to agree dating sharing agreement to increase ability to analyse and target work across immunisation programmes and in reducing vaccine preventable disease	Dianne Draper Tricia Spedding	
6	Learn from others & from our residents	Contribute to and learn from emerging evidence around VPD	Dianne Draper Lisa Murphy NHSE	
		Use the behavioural evaluation tool to review action around immunisation	Dianne Draper Lisa Murphy NHSE / UKHSA	
		Plan an engagement programme with the Blackpool population around vaccine hesitancy, starting with care home staff.	Dianne Draper Lisa Murphy NHSE Sam Hewlett	

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