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VERSION**

Appendix 4c



Lancashire and  
South Cumbria  
Integrated Care Partnership

# Integrated Care Strategy

**2023 - 2028**

Version 3.1



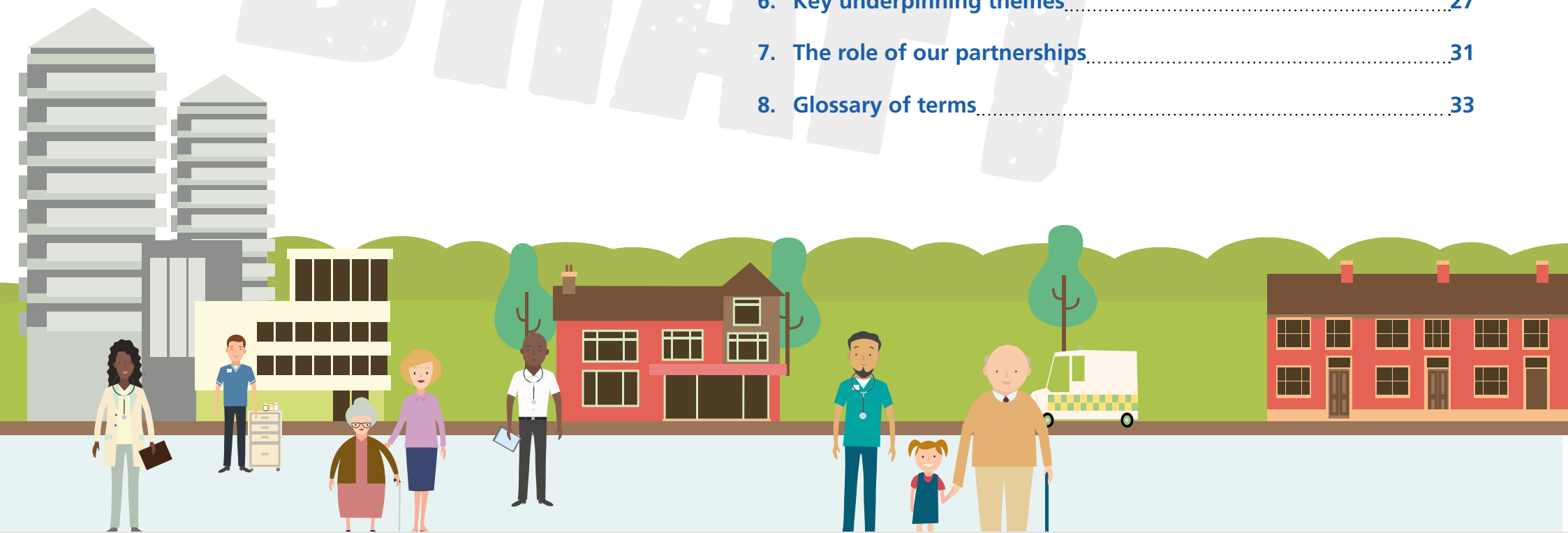
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# Foreword



**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.

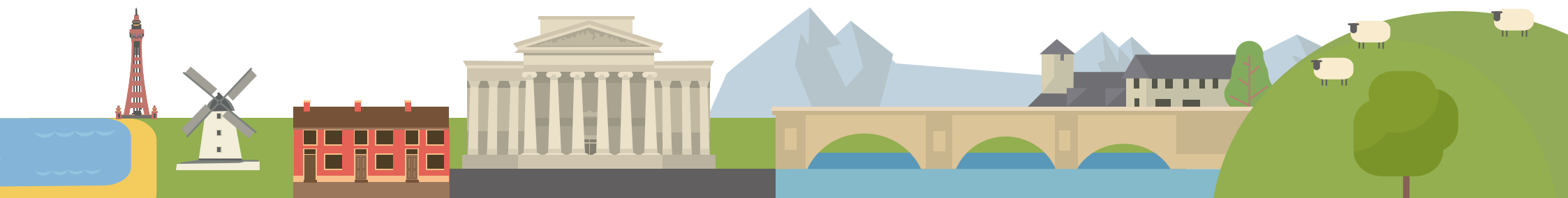
Our Integrated Care System is committed to improving population health and wellbeing in its broadest sense, with a wide range of partners working together to improve access to health and care services, to support individuals with their own health and wellbeing choices, and to tackle the wider determinants 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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# 1. Introduction

## An introduction to Lancashire and South Cumbria

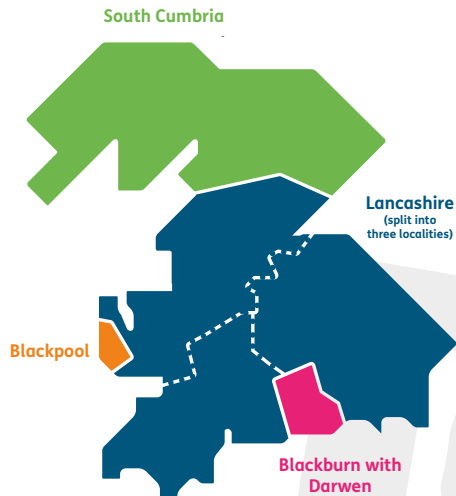
There are nearly 1.8 million people living in Lancashire and South Cumbria, with almost a third of our residents living in some of the most deprived areas across England. We understand from conversations with our residents and from data about our population that people have different needs, experiences, 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 healthy 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.

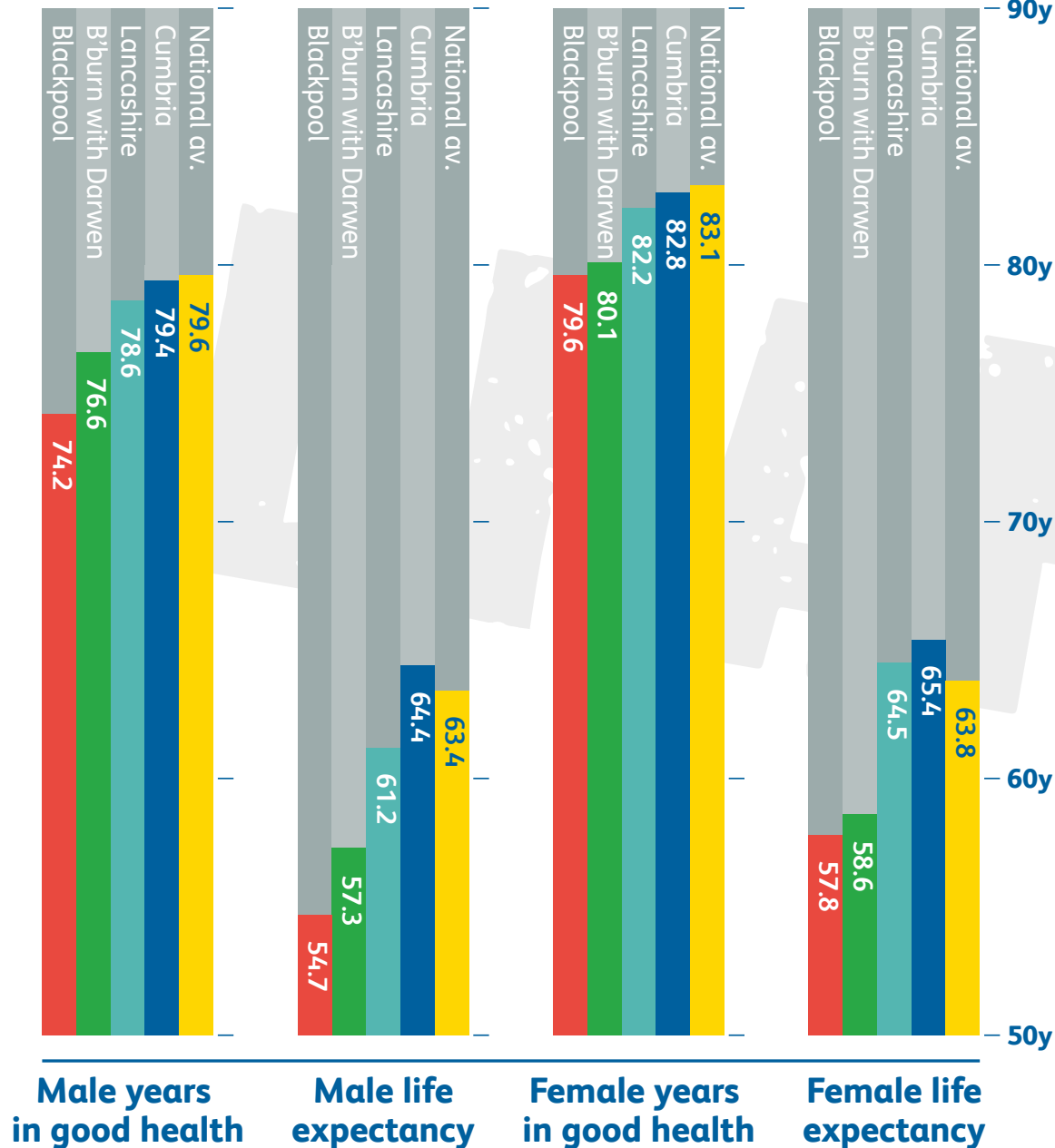
- Nearly a third of our residents live in some of the most deprived areas across England.
- The percentage of people living in fuel poverty and unable to afford to heat their homes, is higher than the national average: 13% for Lancashire and South Cumbria whilst the national average is 10.6%.
- A significant 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.

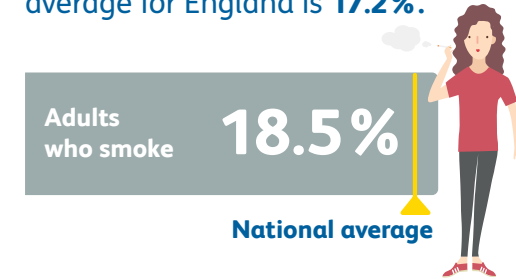
As a result, many of our health and wellbeing outcomes do not compare well against the rest of England:

- 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.

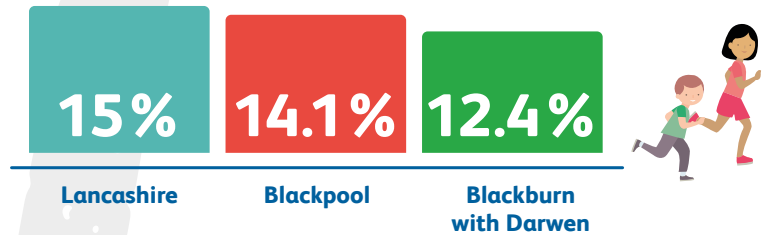




18.5% of adults smoke, the national average for England is 17.2%.

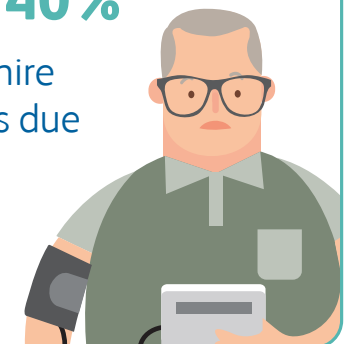


Much more needs to be done to encourage children to be active: just 15% of young people aged 15 in Lancashire are meeting the recommended levels of physical activity, 14.1% in Blackpool and 12.4% in Blackburn with Darwen.



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 nice."

"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."

#### 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."

## 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."

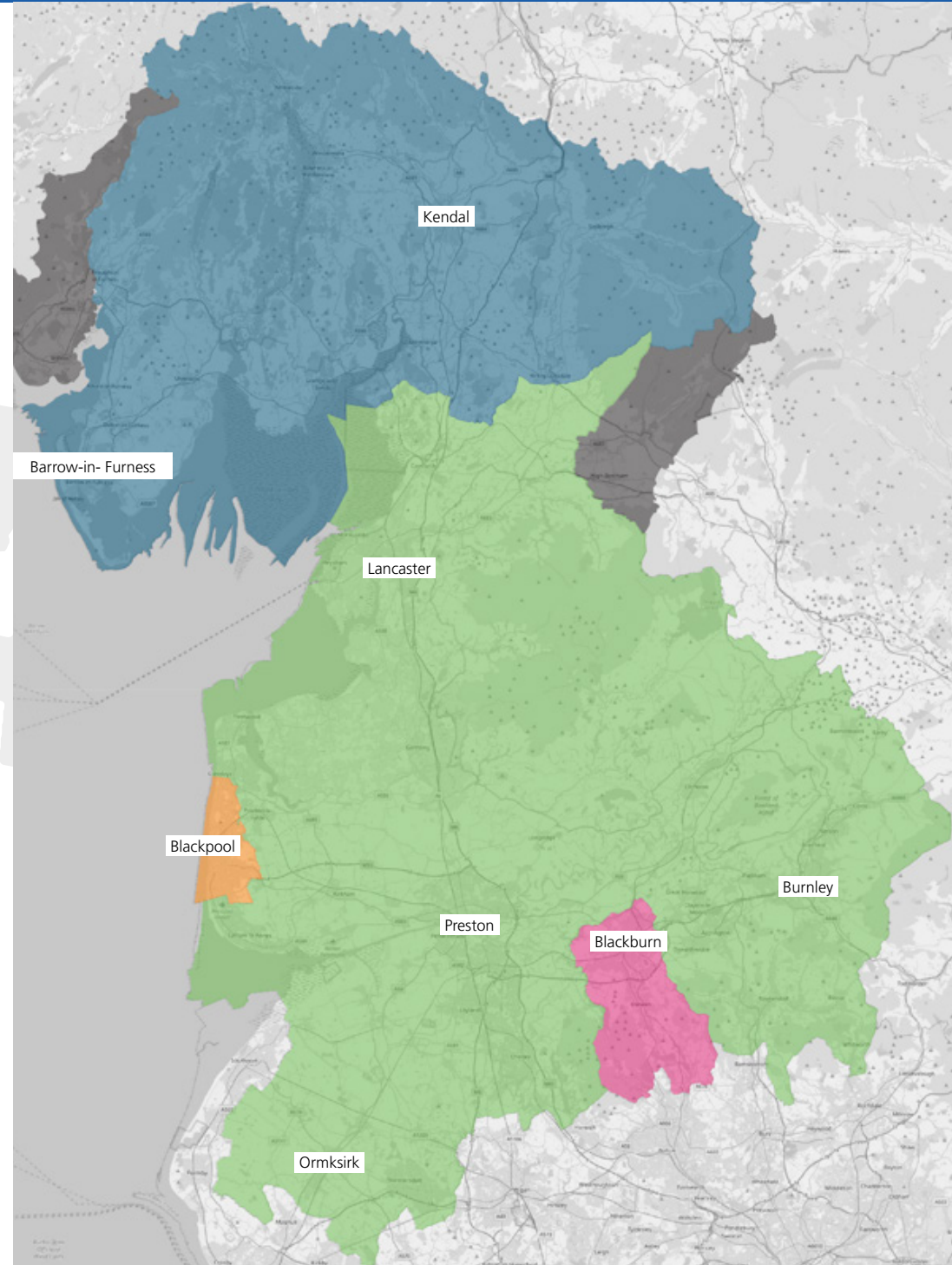
"I've lived in Blackburn for the majority of my life. I've moved away a few times but I always find myself coming back, because it's home".

"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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## 2. Our partnership and the wider health and care system

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.***

## 10 Our partnership and the wider health and care system

### 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

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:

### 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.



## 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

Improve our health and wellbeing and reduce inequalities



#### Be wealthier

Improve the prosperity of our communities and increase employment



#### Be happy

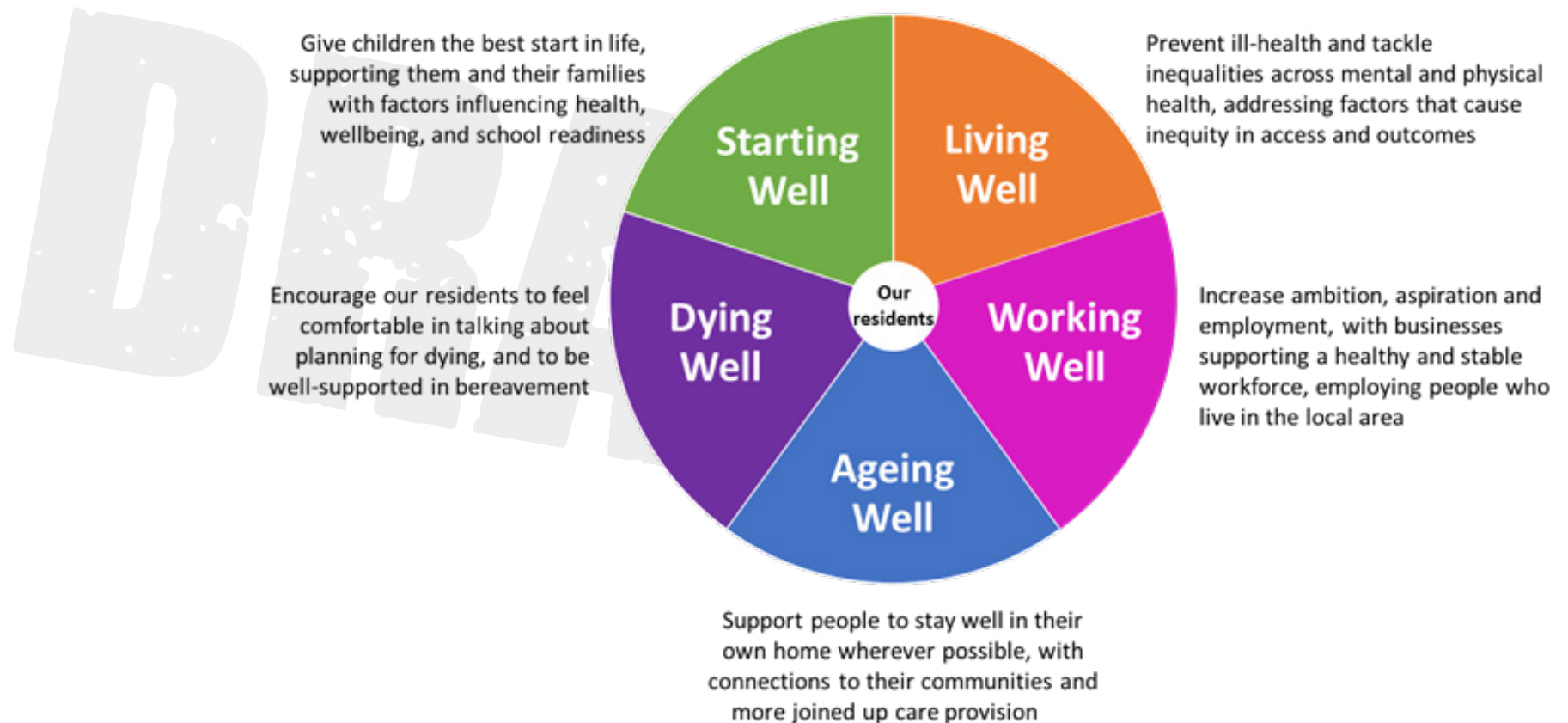
Live more fulfilling lives and feel more connected to our communities



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## 5. Our priorities

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



## 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 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	<p><b>1. Supporting those with existing mental and physical ill health</b> – 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.</p>	<p><b>2. Healthy choices</b> - supporting our residents in making healthy lifestyle choices, with the greatest focus on those experiencing the biggest health inequalities</p>	<p><b>3 Addressing the causes of poor health and care</b> – working together to address the wider determinants which have an impact on health and wellbeing</p>
Our key actions	<ol style="list-style-type: none"> <li>1. Provide increased and equitable access to detection, and diagnosis of long-term conditions and cancers targeting those experiencing the greatest health inequalities.</li> <li>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.</li> <li>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.</li> <li>4. Improve access to interpreting services and improved recognition for carers.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>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</li> <li>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.</li> <li>4. Improve uptake of immunisations, screening and NHS health checks with a particular focus on those experiencing the greatest health inequalities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Take action to address wider determinants such as fuel poverty, standards of housing, homelessness, and factors leading to complex social needs.</li> <li>2. Support large scale organisations to take a role in contributing to the wellbeing of the population and improving social value.</li> <li>3. Strengthen community involvement in action on the social determinants of health and wellbeing, supported by data.</li> <li>4. Actively target our residents who experience or are at risk of social isolation/loneliness to feel part of our communities.</li> <li>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</li> </ol>
Our delivery plans	<p>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.</p>		
Knowing how we're doing	<p>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.</p>	<p>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</p>	<p>Reduction in the number of households living 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</p>

## 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	<p><b>1 Young people</b> - 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</p>	<p><b>2 Skills development</b> - 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</p>	<p><b>3 Wellbeing at work</b> – creating workplaces and cultures that promote health and wellbeing, identify the signs of ill health and wellbeing early and offer support where needed</p>	<p><b>4 Businesses supporting communities</b> - encouraging large organisations and local businesses to support social and economic development in their local area</p>
Our key actions	<ol style="list-style-type: none"> <li>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.</li> <li>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</li> <li>3. Increase the range of entry routes into health and care training roles, working with higher education institutions to ringfence places for local residents</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. Develop skills programmes that provide re-training and career change opportunities for all people of working age</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. Residents with long term conditions are supported into employment to improve their health and mental wellbeing.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Encourage entrepreneurship with clear visibility of commitment to health benefits.</li> <li>3. Create community and regional health for wealth champions.</li> </ol>
Our delivery plans	<p>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.</p>		<p>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.</p>	
Knowing how we’re doing	<p>Increased proportion of Lancashire and South Cumbria residents entering health and care training in the system, and increased retention within the system</p> <p>Increased employment rates for young people, particularly in the health and care sector</p>	<p>Increased employment rates for the working age population, particularly in the health and care sector</p> <p>Increased proportion of adults in Lancashire achieving an appropriate level qualification</p>	<p>Reduced long term sickness absence rates, particularly in the health and care sector and in large scale organisations</p> <p>Increased proportion of Lancashire and South Cumbria residents employed by anchor institutions, across all professions</p> <p>Increased prosperity in communities with a proactive approach to ‘social value’</p>	

## 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.



## 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.

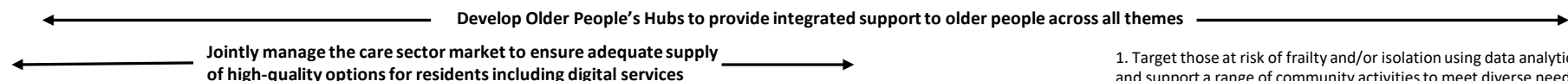
### Our themes

**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



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			
<p><b>Our vision: Our ambition is to get the people of Lancashire &amp; South Cumbria comfortable with talking about and planning for dying and then well supported in bereavement.</b></p>			
<p><b>Need addressed:</b> 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 &amp; care partners, local authorities and local community organisations who may end up dealing with a persons matters that they sadly know little about.</p>			
Our themes	<p><b>1 Talking</b> - get the people of Lancashire &amp; South Cumbria comfortable with talking about death and dying.</p>	<p><b>2 Planning</b> - End of life care will be personalised, using care plans, to the person who needs it, regardless of where they live or their condition.</p>	<p><b>3 Supporting bereavement</b> - outstanding bereavement support for people, their families and carers in our communities.</p>
Our key actions	<ol style="list-style-type: none"> <li>1. Compassionate conversations (inc. Last Days Matters Training) - raise awareness of talking about and planning for dying with the public through community communications campaigns</li> <li>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.</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Support Public Health partners to promote end of life care conversations/plans, and bereavement support with our communities</li> <li>3. Build capacity for planning for advanced care including appropriately trained volunteers</li> <li>4. Support people to complete advance and emergency care plans within their community</li> </ol>	<ol style="list-style-type: none"> <li>1. Bereavement services mapped at place with a plan to reduce variation improve access and coverage across all of LSC</li> <li>2. Bereavement Improvement Plan to develop knowledge, skills and confidence with our communities</li> </ol>
Our delivery plans	<p>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.</p>		
Knowing how we're doing	<p>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.</p>		<p>Key Measure: Each PLACE to have access to bereavement support (at levels 1, 2 and 3)</p>

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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.

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 is 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.





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.



### 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.



## 7. The role of our partnerships

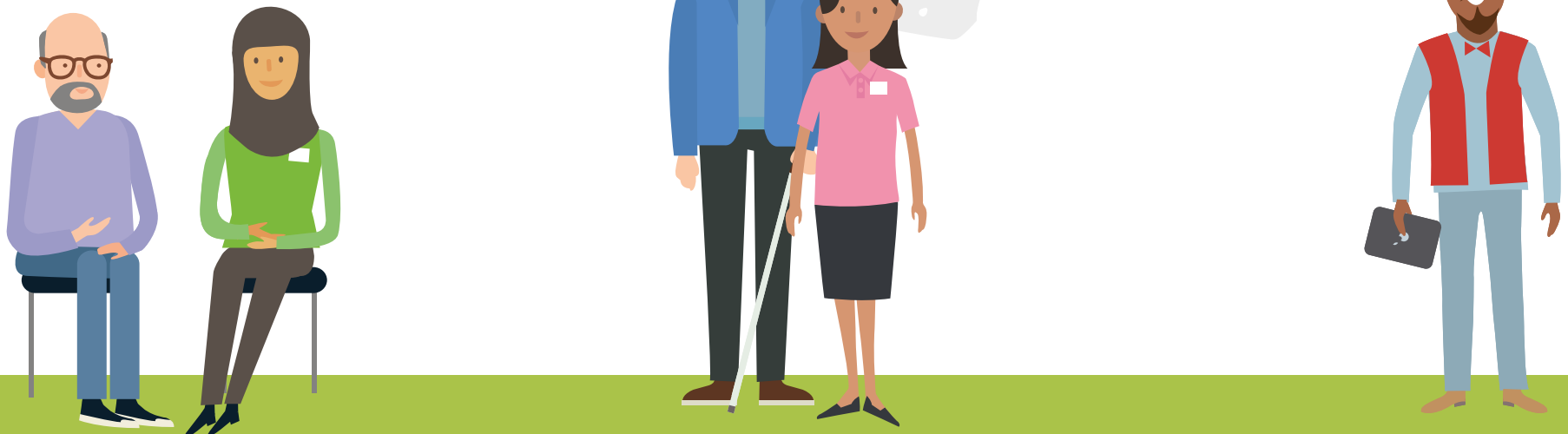
Oversight and ongoing review of this integrated care strategy is the responsibility of the Lancashire and South Cumbria Integrated Care Partnership.

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

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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