



Healthier Lancashire & South Cumbria

Our next steps

26th April 2019

For public Boards/Governing Bodies

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Introduction

Healthier Lancashire and South Cumbria is the name we have given to a **partnership** of NHS, local councils, voluntary sector and community organisations working together to support the 1.7 million people who live in this part of North West England.

We are working together as an “integrated care system” or ICS. The aims of the partnership are to join up health and care services, to listen to the priorities of our communities, citizens and patients and to tackle some of the biggest challenges we are all facing.

Our next steps is a strategic document which we have developed as part of our response to the NHS Long Term Plan (published in January 2019). Firstly, we set out our vision for a healthier Lancashire and South Cumbria. Then, we explain how working in partnership helps us respond to the challenges our communities and front line professionals are experiencing and how we can use our resources better. We also commit to building stronger alliances between our organisations to realise our ambition that Lancashire and South Cumbria becomes a great place to live and work.

This version of Our next steps has been developed for system leaders and senior clinical/programme leads.

The ICS is asking leaders to endorse the priorities set out here for the ICS partnership and lead the process of sharing our thinking with the public, with our staff and with our local representatives. We will develop additional engagement materials to help us to do this which will be specific for these audiences. We'd like to know what you think about Our Next Steps for working together and delivering safe and sustainable services.

Our Vision for Healthier Lancashire and South Cumbria

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

At the heart of this are the following ambitions:

- **We will have healthy communities**
- **We will have high quality and efficient services**
- **We will have a health and care service that works for everyone, including our staff**



Section 1: A case for changing the way we work

We recognise that there is no single factor, no one organisation that can guarantee the health of every community or person. Our health and wellbeing is heavily influenced by our education and work opportunities, our lifestyle behaviours, our environment including the quality of our homes – as well our ability to maintain our own health and access good clinical care when we are ill.

We understand that members of the public are concerned when they hear about pressures on local health and care services. This may be a consequence of personal experiences of receiving care or hearing that “difficult choices” need to be made about the future of local services.

It is true that we are facing some significant challenges and believe that our ICS partnership provides new opportunities to tackle these, working together with local people. We know that:

- **We are not taking sufficient action to tackle health inequalities**
- **Our services do not always provide consistently high quality care for everyone**
- **Our performance on some national targets is poor**
- **We are spending more money than we receive from government**

The scale of these challenges is illustrated on the next slide:

A case for changing the way we work

We are not taking sufficient action to tackle health inequalities

Where you are born can affect how long you live by as much as 10 years in Lancashire and South Cumbria

1:6 of neighbourhoods in Lancashire and 1:10 in Cumbria are in the most deprived decile nationally



Our services do not always provide consistently high quality care for everyone



There is unwarranted variation in outcomes for people with conditions such as Cancer, Coronary Heart Disease and Mental Health

Gaps in the workforce create fragility in hospitals, community and care services

Our performance on some national targets is poor



We struggle to consistently achieve targets for treatment in A&E, cancer services and routine surgery in all of our hospitals

Solving many of these issues requires action by several organisations

We are spending more money than we receive from government



NHS organisations need to reduce spending by £167m over the next few years

Local Authority funding has reduced by an average of 40% over the last 5 years

A case for changing the way we work

We believe that we need to change the way we work together if we are to address these major issues successfully:

- Agreeing the key priorities which all our partner organisations support will help us repair the fragmentation in our current health and care system;
- Simplifying the current complex arrangements for making decisions will ensure faster progress in tackling poor performance and reducing financial deficits in our frontline organisations;
- Sharing good practice across Lancashire and South Cumbria will help us to talk honestly with the public about how we create sustainable services for the future - and enable our staff deliver those changes.

The good news is that we have begun to take action already.

We have some great examples of work taking place in neighbourhoods, in our local Integrated Care Partnerships (ICPs) and across Healthier Lancashire and South Cumbria. For more details about this please see Appendix 1. The infographic on the next slide also helps to summarise how this work is being focused on the needs of our 1.7 million citizens.

In your neighbourhood and community

Health and social care will work together **to support your social, physical and mental health**

You will be helped to care for yourself with support from digital technology

Community groups and local teams, including your GP, **will work with you**

You will be seen as equal partners and encouraged to support each other



Healthier Lancashire & South Cumbria

Patients and local people will be at the centre of everything we do.

Our communities will be healthy and local people will have the best start in life, so they can live and age well.

We will have high quality and efficient services

We will have a health and care service that works for everyone, including our staff

Together we can make things better with you

We aim to manage our spending better. As much of the local health and care pound as possible will be spent in local places

We will work together on issues like **mental health, stroke, cancer and urgent care**

We will use the latest technology. This includes sharing records and booking appointments online

Our hospitals will work closer together so you have the best treatment possible

In your local area

Care will be delivered **locally**, managed **locally** and planned **locally**.

We will **make the best use of all the expertise and staff skills** available to us

We will talk to you and your community about how best to provide care

You know better what you and your community needs

Section 2: Our Plans and our partnership priorities

This visual representation of our vision shows how local organisations are already working together. We believe that local people and patients must be at the centre of everything we do.

Our job is therefore to ensure our partnership organisations:

- support people in their neighbourhood and community,
- create shared plans for local areas (ICPs) of 300-500,000 people,
- unite around a set of priorities we have agreed to undertake in partnership across Lancashire and South Cumbria.

Across Lancashire and South Cumbria

Our plans and our partnership priorities

Each year, NHS organisations are required to develop a 1 year “Operational Plan.” This sets out the agreements about activity levels, performance targets and financial commitments between local commissioners and providers. Operational plans are submitted to NHS England and NHS Improvement and must align to the priorities set out in national planning guidance.

In Lancashire and South Cumbria, operational plans for 2019/20 will be connected to existing organisational and ICP-based strategies. These will influence the way the NHS and its partners work together.

Healthier Lancashire and South Cumbria is using this document called Our Next Steps to develop a five year partnership strategy by September 2019. This is part of our response to the NHS Long Term Plan. In so doing, it is understood that the Operational Plans for 2019/20 are considered the first year of this 5 year approach.

The ICS also has a number of existing clinical workstreams through which partners are working to improve quality, performance, resilience and efficiency. Several of these are key national priorities in the Long Term Plan.

It will be necessary to review these workstreams to ensure that they have clear objectives and remain a priority for the ICS partners.

The current clinical workstreams are as follows:

Cancer	Regulated Care	Stroke
Mental Health	Maternity and Paediatrics	Head and Neck Cancer
Urgent Care	Elective Care Diagnostics	Vascular Surgery
Learning Disability	Primary Care	Prevention

Our partnership priorities

The effectiveness of the ICS partnership will be judged by our ability to join up health and care services, to listen to the priorities of our communities, citizens and patients and to tackle some of the biggest challenges we are all facing. Leaders across the system are proposing 8 priorities through which the partners agree to take action over the next 5 years:

1. Maximise the benefits of our work in **neighbourhoods**
2. Deliver an integrated health and social care **workforce** for the future with the capacity and capability to provide sustainable care and support to our local communities.
3. Strengthen the resilience and **mental health** of people and communities
4. Establish a group model for all **hospital services** in Lancashire and South Cumbria
5. Reinvigorate strategic partnerships across the **public sector**
6. Establish a public sector **enterprise and innovation** alliance with our ICS partners, including academic partners and Local Enterprise Partnerships to deliver inward investment and support job creation
7. Bring the entire health and social care system back into **financial balance**
8. Consolidate commissioning so that our arrangements for **planning and prioritising** our resources improve our population's health and the outcomes of health and social care.

These priorities are shown on the following infographic and then set out in more detail in the subsequent slides.



Our partnership priorities

This is an illustration of the partnership priorities we are proposing Healthier Lancashire and South Cumbria should take forward over the next 5 years. Our priorities show how we intend to:

- Support our communities and our staff,
- Strengthen partnerships to improve care and promote innovation
- Plan to improve our population's health and our use of resources

Priority 1

Maximise the benefits of our work in neighbourhoods

Why is this priority important?

Neighbourhood care models are one of the five major practical changes identified in the NHS Long Term Plan to tackle the health challenges faced by the population and provide a sustainable service model for the future.

We also need to tackle significant inequalities of health which exist in different communities.

If we work effectively as partners in each of our neighbourhoods, then we will be able to:

- Manage the health of the community proactively using predictive prevention, screening, case finding and early diagnosis to better support people stay healthy
- Provide more coordinated care for the increasing number of people with long-term health conditions
- Empower individuals, families and communities to become “fully engaged” in their own health and wellbeing,

What are the ICS partners trying to achieve through this priority?

We are building on a number of positive local and national exemplars in which frontline professionals (GPs, community nurses, therapists, social workers, VCFS partners) have improved and integrated the care provided to local neighbourhoods of 30-50,000 residents. As well as delivering better care planning and outcomes for patients, these integrated models of care enable us to maximise the benefits of a multidisciplinary workforce –and offer potential to create a sustainable future for primary and community services which have been under significant pressure in recent years.

We also want to use our approach to working in neighbourhoods to continue learning about how best to engage with local people about their health and wellbeing, using the assets of each community to do so. Our aim is to make this approach one of the most distinct characteristics of the ICS partnership in Lancashire and South Cumbria.

Priority 1

Maximise the benefits of our work in neighbourhoods

How will we track progress for this priority in our local communities?

Based on our work to date, we will continue to track progress using a number of measures relating to patient activity, the use of resources and the utilisation of technology to support their needs. These may include hospital admission rates, increasing the number of people with full access to their electronic, integrated health and care record and supporting more people with long term conditions with technology to manage their needs.

We will continue to use patient satisfaction surveys to understand if citizens feel they can access the best services for them at the right time. We know that each neighbourhood/primary care network team will also have to respond to 7 new national service specifications over the next 1-2 years e.g. support to care homes.

It is vital that we discuss with local people which measures of progress are most important to them.

How will we track progress for this priority in front line organisations?

We will use a locally developed maturity matrix to support the continued development of our Neighbourhood/Primary Care Network care teams over the next two years.

Each Neighbourhood will develop a 1 year plan for 2019/20 with their objectives for 2019/20 by the end of March 2019. These plans identify individual priorities, the benefits expected to be realised and how they will be measured.

The work of neighbourhoods will also be evaluated as part of the updated national contract for General Practices. From April 2020 every Primary Care Network will be able to see its relative progress on key metrics contained in a comprehensive new national Dashboard, including population health and prevention, urgent care and anticipatory care, prescribing and hospital use. It will also cover metrics for all the new national service specifications.

Priority 2

Deliver an integrated health and social care workforce for the future with the capacity and capability to provide sustainable care and support to our local communities.

Why is this priority important?

There are significant vacancies in both health and social care and staffing gaps in all professional areas. These include but are not exclusive to nursing, medical, primary care, social work and regulated care staff. Lancashire and South Cumbria represents a huge geographic challenge and opportunity, with diverse services operating from countryside to coastal, urban and rural, highly populated and isolated communities.

Delivering the ambitions in the NHS Long Term Plan is contingent on having the right workforce (skills, experience and numbers) to provide the right care to our local population and support them in preventing ill health and maintaining wellbeing. There are significant health inequalities in our area and we need the workforce to help us address these.

There is a need to improve recruitment processes and cross organisational approaches to fluid and flexible employment; improve the offer in terms of access to careers advice and entry level opportunities, including apprenticeships; and support workforce flexibility and mobility. Alongside this, work is needed on consistent skills and competency development, developing roles at scale and creating new ways of working to support service redesign.

What are the ICS partners trying to achieve through this priority?

We want to develop a system-wide approach to tackle the range of issues affecting our workforce. Foremost of these is our ability to recruit and retain the workforce needed to provide care to our local population. We want to attract the workforce from our local population as well as growing our own workforce so that we can maximise the wider social benefits arising from good employment opportunities.

We are committed to making Lancashire and South Cumbria a positive employment and career choice for health and care staff nationally and internationally.

Priority 2

Deliver an integrated health and social care workforce for the future with the capacity and capability to provide sustainable care and support to our local communities.

How will we track progress for this priority in our local communities?

- Having a clear value proposition and communication plan for why you should live and work in Lancashire and South Cumbria
- Establishment of Health and Social Care Academies to ensure full coverage across Healthier Lancashire and South Cumbria
- Increased access to health and social care work experience programmes (numbers of students/numbers of placements)
- Uptake of NHS Careers Passport (current coverage, targets to achieve this)
- % increase in access to health and social care related Further Education / Higher Education Institutions courses (current position/increase)
- Implementation of joint health and social care apprenticeship programme (numbers/target for future)
- Rollout of volunteer programmes and uptake of these
- Service users and local citizens into employment (e.g. Mental Health support workers, link workers, social prescribing roles)
- Uptake of employment into wider roles (link workers, social prescribing roles)
- New models of employment and rotation schemes across Lancashire and South Cumbria

How will we track progress for this priority in front line organisations?

- Reduction in vacancies at system level for main staff groups
- Target to increase international recruitment by X% (depends on supply/migration rules)
- Target to increase nursing apprenticeships by X% (contingent on funding)
- Reduced turnover levels at system level for main staff groups
- Improved staff satisfaction scores from national staff survey (system level aggregation)
- Reduction in sickness absence rates to England average
- Sustaining talent management programmes across the ICS
- Agreed approach to modelling impacts of new technology on the workforce
- Using technology to improve working conditions for front line staff

Priority 3

Strengthen the resilience and mental health of people and communities

Why is this priority important?

Mental Health problems are experienced by a significant number of people in our communities (e.g. one in ten children between the ages of 5 to 16 has a diagnosable mental health problem; one in four adults experiences at least one diagnosable mental health problem in any given year).

Demand for specialist mental health services has significantly risen in recent years in Lancashire and South Cumbria –raising concerns about the resilience of our communities, gaps in services and the capacity to offer access to care within reasonable time limits.

Increasing investment in all age mental health services at a rate above the overall funding growth for the NHS is also a clear priority in the NHS Long Term Plan. Lancashire and South Cumbria is committed to meeting this Mental Health Investment Standard.

What are the ICS partners trying to achieve through this priority?

Our ambition in Lancashire and South Cumbria is that the mental health and wellbeing of children and adults is considered of equal importance to physical health in all of our communities. When citizens require more support, they should be able to access an effective range of age-appropriate mental health services. At present, there is variation in access, provision and clinical outcomes.

Improving mental health and wellbeing is also a critical example of our whole approach to population health - we need to ensure we support individuals with their education, access to employment opportunities and good housing as well as improving health care services.

Priority 3

Strengthen the resilience and mental health of people and communities

How will we track progress for this priority in our local communities?

Build resilient community services with a focus on early intervention, ensuring these are responsive to the health and social care needs of children and adults – these services need to be part of our joined up neighbourhood care teams by March 2020.

Work with our local third sector and independent providers to broaden the workforce, making different skill sets and service models available to our citizens in local areas.

Enable individuals, their families and carers to develop resilience in their communities, schools and workplaces and provide locally-facing support within a “recovery college” model.

Neighbourhood care teams and ICPs agree plans to achieve 0 preventable deaths including from suicide from April 2020.

How will we track progress for this priority in front line organisations?

No individual waits more than 12 hours for an inpatient bed (for mental health or detoxification) by March 2020.

50% reduction in the number of out of area placements for acute care and rehabilitation by March 2021 and a 75% reduction by March 2023.

Build robust 24/7 crisis intervention services and community mental health services. This may also involve commissioning bespoke services at a locality level which reduce dependency on NHS specialist services and align to our urgent care pathways.

Ensure that we have no inappropriate admissions to in-patient beds by providing a range of alternatives that provide a greater focus on upstream support.

Priority 4

Establish a group model for all Hospital services in Lancashire and South Cumbria

Why is this priority important?

Our hospitals have identified a number of “fragile” services where workforce gaps or models of care make it difficult for every hospital to deliver comprehensive, sustainable services. Financial deficits add further complexity to the challenges facing the sector.

Although we are working hard to address workforce shortages we now need to think differently about the way we utilise our staff across the ICS, so that they work in the right place to maximise their expertise and availability.

We know that elsewhere in the UK, hospitals have been working together to develop stronger networks of care and tackle variation in the quality, access and treatment available to local citizens –as well as to help make services financially more efficient. It is now essential that we explore these approaches more systematically in Lancashire and South Cumbria.

What are the ICS partners trying to achieve through this priority?

We want our hospitals to continue to deliver the highest quality, safe and sustainable care to the people of Lancashire and South Cumbria. To achieve this, our hospitals will increasingly work more closely together, transforming the ways in which some of our more specialised services and patient pathways are organised. This could involve changes to current models of care, locations of care or the number of hospitals which provide care.

Our ambition is that our hospitals develop further as “centres of excellence,” sharing skills and expertise where appropriate to ensure these is available to all of our citizens as equitably and efficiently as possible.

Our hospitals are willing to explore the opportunities of working as a group to enable them to work systematically on these issues – building on their existing collaborations.

Priority 4

Establish a group model for all Hospital services in Lancashire and South Cumbria

How will we track progress for this priority in our local communities?

We will be really clear with our communities in 19/20 about which services (for routine and urgent care) will be delivered locally (in neighbourhoods/communities) and which would benefit from a group/network-based model of care. We will set out how these service changes can be measured in a quantitative and qualitative way.

To do this we need to urgently prioritise the implementation of a shared dataset supported by ICS-wide digital integration. Local communities will access this to identify, monitor and measure progress on identified clinical patient pathways in terms of access, diagnostics, treatment and outcomes, which are based on national and local standards of care.

Metrics: RTT 18 weeks, Cancer 62 day (and others), Patient and Staff Surveys, DTOC, IAPT etc.

How will we track progress for this priority in front line organisations?

We will agree a small number of priority clinical areas using local, regional and national measures by the end of June 2019.

We will use these to test commitment as to whether a group/network-based model of care could work across Lancashire and South Cumbria by March 2020.

Priority 5

Reinvigorate strategic partnerships across the public sector

Why is this priority important?

Many of our most significant challenges require cross-cutting approaches across multiple public sector partners. We cannot tackle health inequalities, improve poor performance or resolve our financial problems as individual organisations. We also need to demonstrate an ability to remove obstacles pointed out by people who use our services and our own staff – at whatever level in the system these become apparent.

Our approach in Healthier Lancashire and South Cumbria is also to acknowledge that different organisations are best placed to lead on issues such as economic regeneration, workforce innovation and community resilience – our public sector partnerships need to support and drive these priorities forwards.

The NHS Long Term Plan puts significant focus on the delivery of new models of care, promoting shifts of resource from secondary care to more preventative models in the community – this can only be delivered if there are stronger partnerships between NHS and local authority-funded services.

What are the ICS partners trying to achieve through this priority?

We recognise that our communities, staff and organisations are facing a range of complex challenges. Responding effectively to these requires a more coherent, joined-up approaches from public sector organisations than exists at present in Lancashire and South Cumbria.

This priority commits public sector leaders to make sense of their different roles and accountabilities and determine how their organisations will work in partnership, agree joint priorities and improve decision-making – whether this is in neighbourhoods, in local areas or across Lancashire and South Cumbria.

We want to increase the confidence of local communities that our organisations are delivering the right priorities and support to all of our citizens.

Priority 5

Reinvigorate strategic partnerships across the public sector

How will we track progress for this priority in our local communities?

- Partners to identify specific progress measures across the whole of this Next Steps document which illustrate effectiveness of strategic partnership working – this to include impact of neighbourhood care models, inclusive economic growth plans, support for regulated care sector, workforce innovation

How will we track progress for this priority in front line organisations?

- Strengthen collective commitment towards improving population health and wellbeing through a joint review of the governance arrangements for Health and Wellbeing Boards by October 2019
- Use learning from local/national experiences of the Better Care Fund to agree joint NHS/LA investment strategies at ICS and ICP levels by March 2020
- Develop action plan for NHS and LA in Lancashire CC area in response to review of Intermediate Care by July 2019.
- NHS and LA commissioners to agree changes to existing unsatisfactory arrangements for assessing people requiring complex care packages or continuing health care by March 2020.

Priority 6

Establish a public sector Enterprise and Innovation alliance with our ICS partners, including academic partners and Local Enterprise Partnerships.

Why is this priority important?

Public sector partners have a duty to create opportunities for growth, investment, employment, life-long learning and innovation.

Action taken across the partnership can help tackle health and other social problems caused by poverty, poor housing, limited educational attainment and under-investment.

We want to ensure that public sector partners (including the NHS, local authorities, Higher Education) take a full and active role in supporting economic growth, education, research and skills development in all of our communities

Lancashire and South Cumbria must play a full and distinctive role in the ambitions for a Northern Powerhouse – to make this a place in which people want to come to work, learn, grow and invest in jobs and people..

What are the ICS partners trying to achieve through this priority?

We know there are significant and diverse opportunities to develop the Lancashire and South Cumbria economy, promoting a wide range of benefits to the population from this approach to collaboration, mutual learning and investment in new ideas. This allows us to respond locally to the global impacts of technological, social, scientific and environmental changes.

Our organisations also employ a highly trained and motivated workforce with the skills to innovate, research and create opportunities to provide sustainable future services to the people they serve.

Priority 6

Establish a public sector Enterprise and Innovation alliance with our ICS partners, including academic partners and Local Enterprise Partnerships.

How will we track progress for this priority in our local communities?

- Creation of a Strategic Health Commission with the Lancashire LEP and Innovation Alliance
- Identification of 3 actions health sector can take to make best use of NHS spend in L&SC in 2019
- Each ICP to report on a subset of smart objectives as part of ICS/ICP reviews
- Discussion with Economic Development Director in Blackburn with Darwen Council to determine how best to engage the LEP
- Annual partnership assessment of whether there is real and perceived benefit in working collaboratively in this area
- Measure number of programmes or inward funding leveraged through partnership

How will we track progress for this priority in front line organisations?

- Each ICP to report on a subset of smart objectives
- Develop and agree local targets that are place specific as part of ICS/ICP reviews
- Annual partnership assessment of whether there is real and perceived benefit in working collaboratively in this area
- Measure number of programmes or inward funding leveraged through partnership
- Measure reduction in waste and increases in energy efficiency
- Track new jobs created and increase in local workforce
- Track health status and weight reduction in NHS staff
- Continued implementation of the Lancashire and South Cumbria Digital Health Strategy

Priority 7

Bring the entire health and social care system back into financial balance.

Why is this priority important?

Parliament votes a fixed amount of money, sourced from taxpayers, to the NHS each year. Income for Local Authorities is sourced from local council tax as well as from national government. In overall terms, Lancashire and South Cumbria receives its fair share of the national budget for health. However, health organisations in the area spend more on delivering services (that are not fully meeting patients' needs and quality standards) than they are receiving in income, resulting in a deficit of £167m per annum. This cannot continue.

The good news is that there is clear evidence that greater efficiency could be achieved and waste reduced significantly were services to be organised and delivered differently to the way they are now. Moreover, reform of services would also ensure that they better meet the changing needs of our population.

What are the ICS partners trying to achieve through this priority?

Our ambition is that NHS and social care services are able to deliver clinically sustainable services **within** the financial resources available to us by 2022/23. This will be achieved by improving the value for money we currently expend in delivering care, eradicating waste and changing the way we deliver some services.

Priority 7

Bring the entire health and social care system back into financial balance.

How will we track progress for this priority in our local communities?

The difference between the amount we spend on average per person and the average amount of income we receive per person reduces year on year by an amount sufficient to achieve financial balance by 2023/24, with a higher level of savings weighted towards the earlier years.

We are able to identify waste in every setting and agree local ways to reduce it and track progress.

Our status as a national exemplar for population health management is offering early promise in using advanced analytics to increase prevention activity, reducing demand and expenditure as a result.

We are able to achieve a higher level of efficiency in service delivery, measured through national and any locally determined “best value” criteria and also benchmark favourably against RightCare and Getting it Right First Time (GIRFT) metrics.

How will we track progress for this priority in front line organisations?

Organisations will be able to meet their control totals every year.

Organisations will reduce the level of deficit by an agreed amount each year, until they achieve a break even position (the level of annual savings should be weighted towards the earlier years of this strategy).

Organisations will achieve their agreed efficiency schemes each year on a recurring basis.

Organisations are situated in the top half or top quartile for an agreed range of programmes/services as defined in GIRFT, RightCare and CIPFA benchmarking schemes.

Priority 8

Consolidate commissioning so that our arrangements for planning and prioritising our resources improve our population's health and the outcomes of health and social care

Why is this priority important?

We want to improve the health of our communities in our neighbourhoods, ICPs and across the ICS by taking effective and efficient decisions about the use of public funds.

We need to sustain and accelerate the evolution of integrated care models by ensuring that commissioners are combining local decision-making with local providers, councils and other partners.

We also want our commissioners to agree plans and priorities which help to reduce health inequalities and achieve common standards and outcomes from the care provided to our citizens across Lancashire and South Cumbria.

What are the ICS partners trying to achieve through this priority?

The roles of commissioners will evolve to focus on planning and priority-setting to improve the health of the populations served by each of our Integrated Care Partnerships.

There is a clear expectation in the NHS Long Term Plan that the number of commissioning organisations will reduce, releasing funds to be directed into front line care.

Agreeing joint approaches to this between NHS and Local Government partners will also be critical to agree investment plans and achieve better outcomes for many people living in Lancashire and South Cumbria.

This priority also supports our ambition to align both our priorities and decision-making for specialised services between NHS England and the ICS.

Priority 8

Consolidate commissioning so that our arrangements for planning and prioritising our resources improve our population's health and the outcomes of health and social care

How will we track progress for this priority in our local communities?

- Mature neighbourhood (PCN) care models in place across L&SC by March 2021 (see priority 1)
- 5 year plans in each ICP to reduce health inequalities by March 2020
- NHS and Local Authorities will be able to describe how their joint approach to key priorities is impacting on neighbourhoods by March 2020

How will we track progress for this priority in front line organisations?

- Implementation of place-based commissioning at neighbourhood, ICP and ICS levels will continue through 2019/20
- Each ICP will set out their leadership arrangements for population health management/planning/integrated commissioning by September 2019
- Agreement on future configuration of CCGs in L&SC by April 2020 for implementation by April 2021

Section 3: What will be different?

In two years...

Integrated community teams deliver risk stratified and coordinated physical and mental health care to their local neighbourhoods

Improved retention of staff in all sectors

Frontline staff will have greater access to data shared by partners

Joint NHS and Local Authorities working encourage further engagement of communities in their health and wellbeing – and create 500 new jobs through economic development

Group hospital model completes first wave of sustainable service changes with quality and financial improvements

Living and working in Lancashire and South Cumbria has a clear value proposition

In five years...

The Integrated Care System will have matured into an effective group model of integrated care providers working together with an integrated health and care strategic commissioner

Our hospitals will be providing networks of services with sustainable staffing levels and consistent pathways of care

Partners will demonstrate how the Strategic Health Commission has supported economic development and innovation – to benefit citizens, patients and staff

We will demonstrate best value from the Lancashire and South Cumbria pound – and return the system to financial balance

Our future workforce will be attracted into Lancashire and South Cumbria by a creative and innovative offer

Our public sector partnership will lead to organisations sharing power with the asset-based communities we serve

Integrated community teams will work with local citizens to make best use of local housing and leisure services

We will make better predictions of people's needs and personalise care to meet those needs

Our populations will be “fully engaged” in their health and wellbeing, and public sector leaders will have a clear view on what is important to them

Our approach to population health will create confidence in the evidence of improving life expectancy and reducing inequalities in our most deprived neighbourhoods

Section 4: Engagement Process

The Healthier Lancashire and South Cumbria partners are required to share the proposals set out in this document and gain feedback from the public, from our staff and from local representative groups and individuals.

The purpose of the engagement is to galvanise partners and mobilise staff towards working in partnership across Lancashire and South Cumbria and the benefits of this. For our staff and public we want to capture their feedback about how developing stronger partnerships provides opportunities to work differently.

The insights from this process will contribute to a 5 year strategy for the ICS which will be published by September 2019.

Engagement activity will be led locally by organisational leaders to ensure that the connections between existing work in neighbourhoods, local areas (ICPs) and across Lancashire and South Cumbria are clearly explained. This is vital to ensure local issues, networks and relationships are managed sensitively. Our colleagues from Healthwatch are also undertaking an independent assessment of local opinions – this has been supported at a national level as part of the response to the Long Term Plan.

None of the priorities set out in this document remove the statutory duty of NHS organisations to conduct formal public consultation in the context of significant change to services.

The ICS proposes to use a phased approach to engagement which is set out as a timeline on the next slide.

Key messages for our staff and local people

- 1 Only by working in partnership across Lancashire and South Cumbria do we have a chance to tackle some of our biggest challenges
- 2 We need to work differently going forwards if we want to deliver the ambitions of the Long Term Plan and deliver integrated care.
- 3 We want to involve local people and staff in developing our new ways to make sure local people are able to live longer, healthier lives.

Additional materials will be produced to support engagement including:

Slides, a public facing document, a staff facing document, social media toolkit for local teams, website content.

Phases of engagement

1 Development of priorities

Involve wide range of system leaders including from NHS, Local Authority, VCFS, and local Healthwatch to develop existing partnership work into a set of propositions where partnership working at ICS would provide the most impact.

January - April

2 Healthwatch local engagement

Local Healthwatch to engage with communities to capture independent intelligence about the NHS Long Term Plan to shape the clinical strategy and provide local insights.

April - July

4 Develop 5 Year strategy using insight from engagement

Use the insights from the previous phases to draft a Five Year Strategy for the Integrated Care System and publish for wider comments and involvement from stakeholders.

July - August

September

3 Wider engagement with stakeholder groups

Engage with communities on the vision for the ICS and the draft partnership priorities to explain and shape how the system will work together to benefit local people. This will be led locally and include patient groups, patient representatives, Councillors and staff. Includes MPs, Councillors, CCG and Trust Governing Bodies.

5 Publish the Five Year Strategy and demonstrate the impact of involvement

Publish and effectively communicate the strategy. We will demonstrate the impact of the involvement of the public and stakeholders in the previous stages and how this contributed to the strategy.

Section 5: Next Steps for system leaders

The ICS Board is endorsing several actions to take forwards the work set out in **Our next steps**. System leaders are therefore asked to:

- Endorse the 8 priorities personally in advance of endorsing them with organisational boards and leadership teams.
- Indicate to the ICS Chief Officer if you are willing to sponsor one of the ICS priorities
- Support the actions now required to create an effective engagement process across the ICS. This will include the drafting of additional materials which can be used to support engagement with patients, citizens, staff and wider partners. Planning meetings will be arranged with ICP leaders to ensure that the connections between the ICS partnership priorities and existing ICP strategies can be clearly articulated.
- Confirm the highest priorities for the ICS' clinical workstreams.
- Support the further system development work now being arranged in respect of provider collaboration, commissioning and partnerships between local authorities and the NHS.
- Contribute to the current review of ICS governance and decision-making arrangements

Appendix 1: what the ICS has achieved already

101,000 people are actively using apps to book their primary care appointments across Lancashire and South Cumbria

Partnership working has maximised our flexibility to enable organisations to reach our financial targets

Our partners are working with parents, children and young people to co-produce and implement a THRIVE model for CAMHS services for 0-19 year olds

A partnership approach to performance against nationally recognised clinical indicators of good acute stroke care (SSNAP) have improved

Five primary care networks are part of a national programme to pilot a population health management approach

A Health and Social Skills Partnership has been re-established in collaboration with the Local Enterprise Partnership

The Healthier Fleetwood model resulted in the Primary Care Network receiving an award from the National Association of Primary Care

78% of care homes are actively using a tool which allows for bed vacancies to be tracked which is helping to reduce avoidable lengthy stays in hospital

Partnership work across maternity services has resulted in 29.2% of women being booked onto pathways which can offer continuity of carer, exceeding the national target of 20%

£7.6million funding from NHS England is facilitating an initiative to diagnose lung cancer earlier in Blackpool and Blackburn with Darwen

Nurse recruitment is being developed through the Global Health Exchange Programme – all Trusts have taken part in an initial recruitment exercise with over 200 offers of employment being made

Glossary of terms

We need to create a more consistent dialogue across Lancashire and South Cumbria which requires defining some of the terms we use. A glossary of terms has been developed below:

Healthier Lancashire and South Cumbria	The name for our partnership of NHS, local councils, voluntary sector and community organisations working together to support the 1.7 million people who live in this part of North West England.
Integrated Care System (ICS)	In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. (Definition from the NHS Long Term Plan).
Integrated Care Partnerships (ICP)	These are our five sub Lancashire and South Cumbria level partnerships: Pennine Lancashire, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire.
Neighbourhoods	These areas are local areas based on populations of between 30,000 and 50,000 where all aspects of NHS and Local Authority services come together with the voluntary, community organisations and local citizens. Examples include Fleetwood, Barrow, Burnley East or Skelmersdale.. There are currently 41 neighbourhoods in Lancashire and South Cumbria.
Primary Care Networks	Primary Care Networks are the multi-disciplinary care teams working in our neighbourhoods. They will build on the core of existing general practice and other community-based services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
A group model for acute services	We have not yet defined the detail of this term. We will work with partners and staff from the acute trusts during the engagement phase to define the meaning for this term.