Lancashire and South Cumbria Integrated Care Partnership

Monday, 15th July, 2024 at 10.30 am in Teams Virtual Meeting - Teams

Agenda

No.	Item	
1.	**Welcome and apologies**	
2.	**Declarations of Interest**	
3.	**Minutes of the last meeting**	(Pages 1 - 4)
4.	**Development session feedback and actions**	(Pages 5 - 12)
5.	**Terms of Reference**	(Pages 13 - 22)
6.	**ICP Priorities**	(Pages 23 - 30)

7. Future meetings schedule

The proposed dates for meetings in 2024/25 are

- Monday 30 September 2024
- Monday 16 December 2024
- Monday 10 March 2025
- Monday 9 June 2025

All meetings to start at 10am, venues to be confirmed

8. Date of Next meeting

To be confirmed

H MacAndrew
Director of Law and Governance

County Hall
Preston

Lancashire and South Cumbria Integrated Care Partnership

Minutes of the Meeting held on Monday, 25th March, 2024 at 10.00 am at the Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present

County Councillor Michael Green

Angela Allen	Claire Richardson
Cllr Patricia Bell	Councillor Damian Talbot
Howerd Booth	Louise Taylor
Councillor Neal Brookes	Naz Zaman

In Attendance

Polly Patel, Chorley Council
Jane Cass, NHS Lancashire and South Cumbria ICB
Craig Harris, NHS Lancashire and South Cumbria ICB
Victoria Tomlinson, NHS Lancashire and South Cumbria ICB
Deborah Gent, Lancashire County Council
Claire Niebieski, NHS Lancashire and South Cumbria ICB
Josh Mynott, Lancashire County Council

27. Welcome and Apologies

Apologies were received from Councillor Alistair Bradley, Councillor Stephen Atkinson, StJohn Crean, Tracy Hopkins, Dr Geoff Joliffe, Kevin Lavery, and Jo Rycroft Malone.

28. Declarations of Interest

None

29. Minutes of the Last Meeting

Under "Any Other Business", in relation to the update on the ICB's financial position, it was noted that it had been agreed that an update would be provided on ICB expenditure, alongside local authorities, at a future meeting of the ICP.

Resolved: That the minutes be agreed as a correct record, with the amendment

set out above.

30. Lancashire Place Update

Councillor Michael Green, Cabinet Member for Health and Well Being, Lancashire County Council, and Louise Taylor, Director of Health and Care Integration (Lancashire), Lancashire and South Cumbria ICB, presented an update on the Lancashire Place-based partnership.

The presented provide information on the challenges in Lancashire, noting in particular the size, complexity and diversity of the area. The differing needs across different parts of the county were noted, and the importance of the use of data to highlight local needs and priorities was emphasised. The vision was set out, as were examples of good practice.

The presentation was welcomed by the ICP. In considering the information provided, it was agreed that an item on Primary Care should come to a future meeting of the ICP, recognizing the complexity of the picture across the whole of the ICB footprint.

The importance of "joined up" working was stressed, both at a local level and across the area. The significant financial pressures facing the whole system were recognised and were a major factor and consideration in the work being done.

Resolved: That

i. the presentation be welcomed
ii. An item on primary care be brought to a future meeting of the ICP

31. ICP Development session update and next steps proposal

The Chair and Vice-Chair of the ICP introduced an item on the outcomes of the ICP development session which took place on 26 February 2024. It was considered that it was a useful session, which had helped to identify key positives and negatives and proposed next steps. It was felt that the development session had been helpful and a programme of future such sessions should be developed.

The ICP noted the importance of ensuring that the proposed actions and activities set out in the paper could be sufficiently resourced by the partnership, noting that this was a role for all partners and not just the ICB.

Resolved: That the proposed next steps as set out in the paper be agreed

32. Terms of Reference, Membership and Chairing

The partnership considered the Terms of reference. It was noted that the membership of the ICP had been one topic of discussion at the development

session. It was agreed that form recommendations would be made to the next meeting of the ICP on membership changes, to includes consideration of additional ICB representatives to reflect the value of having the Chief Operating Officer's input and the role of the ICB Board; representation from Public Health; and consideration of membership form providers, the housing sector and other stakeholders.

Other changes to the Terms of Reference that were proposed included reference to delivering the strategy, and the partnerships role in promoting and advocating the work it does. Consideration was also given to the options for meeting arrangements, including use of virtual meeting technology.

In relation to chairing, it was suggested that the rotation also includes an ICB Non-Exec Board member. It was also noted that consideration should be given to appointing the Chair at the summer meeting following the election / appointment of the local authority representatives, which take place in May.

Nominations were sought for Chair and Deputy Chair of the ICP for the coming year.

Councilor Damian Talbot was proposed and seconded for the role of Chair. Councilor Angela Allen was proposed and seconded for Deputy Chair.

Both nominations were agreed unanimously

Resolved: That

i. a revised Terms of Reference be presented to the next meeting for approval, taking into account the comments made
ii. Councilor Damian Talbot be elected as Chair of the ICP for 2024/25
iii. Angela Allen be appointed Deputy Chair of the ICP for 2024/25

33. AskSARA

A presentation was delivered on the AskSARA online guided service tool. It was reported that Lancashire County Council were proposing to purchase the tool and the ICP was asked to consider whether the tool could be provided on a Lancashire and South Cumbria footprint under the banner of the ICP.

The ICP felt that the system has significant potential, but that there were a number of issues that would need to be worked through by individual partners, including the connection with individual ICT systems and implications for how services could be accessed.

Resolved: That the use of the AskSARA system across Lancashire and South Cumbria be supported in principle, subject to further conversations with individual partners impacted to ensure local approval and interconnectivity with existing systems and processes

34. Accelerated Reform Fund

The ICP were informed about the Accelerating Reform Fund, a funding scheme from the Department of Health and Social Care to improve the quality and accessibility of adult social care through innovation and different approaches to delivery, including the role of unpaid carers. It was reported that the four UTLAs that covered the bulk of the Lancashire and South Cumbria area had agreed a joint approach, mainly focusing on supporting communities and local networks to promote wellbeing and prevention, and on promoting access to care services, including work to help people recognize themselves as carers and the support available to them.

Resolved: That the ICP supported the approach to collaborative working in the ARF priority areas as set out in the report.

35. National Academy Social Prescribing Share Investment Fund

A report was presented on the National Academy Social Prescribing Share Investment Fund, and a proposal for the Lancashire and South Cumbria area to become an early demonstrator site.

In presenting the report, it was noted that 25% of people attending GPs attended with non-medical issues, highlighting the value of social prescribing for wellbeing and prevention. It was noted that these issues were ones where the VCFSE sector was experienced and well positioned to deliver, with the right resources.

Resolved: That the ICP agrees to work with the NASP to progress proposals to become an early demonstrator site, understanding that there were no concrete commitments at this stage and further developments would be brough back to the ICP for consideration

36. Date of Next Meeting

24 June 2024, 10am, venue to be confirmed

Lancashire & South Cumbria Integrated Care Partnership (ICP)

Development Session 5th June 2024: Summary of Notes & Actions

1. Introduction

The purpose of this report is to summarise the key themes and discussions that were shared at the 2nd ICP Development session, held on the 5th June 2024. The session, which was facilitated by NHS Confederation, provided space for members to reflect on the purpose and role of the ICP, to consider how they wanted to see the ICP develop over the coming months and to begin to identify priorities for joint collaboration. A number of actions were agreed including testing a new format for meetings and developing a framework to support the identification of ICP led priorities.

2. Participants

Name	Organisation	Role
David Blacklock	Healthwatch	Chief Executive
Howerd Booth	Lancashire and South Cumbria Hospices Together	Hospice Representative
Cllr Alistair Bradley	Chorley Council	Councillor
Tracy Cookscowen	Lancashire and South Cumbria Foundation Trust	Director of Strategic Partnerships
Jane Cass	Lancashire and South Cumbria ICB	Director of Partnerships and Collaboration
Vicki Ellarby	South Cumbria Place-based Partnership (LSC ICB)	Director of Place Development and Integration
Neil Greaves	Lancashire and South Cumbria ICB	Director of Communications and Engagement
Cllr Michael Green	Lancashire County Council	Councillor
Joe Hannett	Lancashire and South Cumbria VCFSE Alliance	Partnership Manager
Bryan Jones	University of Central Lancashire	Dean of School – Health, Social Work and Sport
Kevin Lavery	Lancashire and South Cumbria ICB	Chief Executive
Lindsay O'Dea	Blackpool Place-based Partnership (LSC ICB)	Senior Programme Manager
Claire Richardson	Blackburn with Darwen Place-based Partnership (LSC ICB)	Director of Health and Care Integration
Claire Roberts	Lancashire and South Cumbria ICB	Associate Director - Health and Care Integration
Lisa Roberts	Lancashire and South Cumbria ICB	Senior Programme Manager
Damian Talbot	Blackburn with Darwen Council	Councillor (ICP Chair)

Louise Taylor	Lancashire Place-based Partnership (LSC ICB)	Director of Health and Care Integration
Sonya Thompson	Lancashire and South Cumbria ICB	Planning
Cath Whalley	Westmorland and Furness Council	Director – Adult Social Care
Caroline Wolfenden	Chorley Council	Director of Change & Delivery
Naz Zaman	Inclusive North (Lancashire BME Network)	Chief Officer

3. Objectives for the session

Participants agreed to a number of outcomes for the session which included:

- People will have a shared understanding of the role and function of the ICP within the integrated care system
- We will have reached a shared view on the type of ICP we want in L&SC, the format and style of meetings and the topics and themes we include within agendas
- We will have a mandate to take forward the proposed changes
- Members will have greater clarity on their role within the partnership
- Member organisations recognise the collective nature of the ICP and can begin to identify the contributions that they are able to make to support the on-going development of the partnership
- We will have started to describe what a thriving and impactful ICP looks and feels like, and the conditions we will need to put in place to enable it to develop and mature

4. Building on the February Development Session

The session built on the following themes that emerged from a development session in February and subsequent discussions held in the March ICP meeting:

- Understanding the unique role of the ICP- responsibilities, accountabilities, importance and relevance
- Understanding the governance and how the ICP connects to other parts of the system
- Members wanted to see a greater focus on delivery and assurance of progress against the Integrated Care Strategy
- Recognition that there is more we can do to strengthen collaborative working and lever the skills, experience and connections that members bring.
- More productive use of ICP time- meeting structure & agendas
- Connecting with residents & communities
- We agreed to set up a working group to review the ToR and to test out ideas for next steps (which will be presented)

5. Context and Background Information

The Development Session was facilitated by colleagues from NHS Confederation who set some of the context for group discussions by describing how ICPs are developing and functioning in other parts of the country. A recent report produced by the NHS Confederation and Local Government Association (LGA) identified 3 purposes for ICPs. These were described in the session and used to prompt discussions on where we are now as an ICP and the type of ICP we want to be in the future. The 3 purposes of ICPs as described in the NHS Confed/ LGA report are outlined below.

Convenor Partnership

In a "Convenor" partnership, the primary purpose of the ICP is seen to be bringing a broad group of partners together to set and pursue shared objectives and take collective action.

In these partnerships:

- There is often an **'engine room'** or 'core committee' which drives action, and an **'assembly'** aimed at establishing a broad coalition of partners.
- There is a focus on **consensus-finding**, identification and pursuit of **shared priorities** and agreeing how to use all the tools at partners' disposal to have maximum impact for their communities.
- The work is **strategic**, driving delivery among its partners.
- It can act as a **'mediator' to help find solutions**. It acts, in the words of one interviewee, as a "non-political wrap of film around the system".

Challenge Partnership

In "Challenge" Partnerships, their purpose is to provide a counterweight – or challenge – to what is often the NHS's focus on short term priorities, such as forthcoming winters, elective backlogs, acute performance, and GP waiting times.

In these partnerships:

- Their leaders are explicit about a **focus on the wider determinants of health** (e.g. housing, climate change, education, socioeconomic development).
- Leaders focus on the **strategic direction of the system in its broadest sense,** and its long-term ambitions, rather than practical delivery in the here and now.
- They **can be seen to have an accountability role, using integrated care strategies as the lever** to drive change.

Change Partnership

In a "Change" Partnership, the primary purpose of the ICP is to identify cross-system priorities, to immerse itself in their detail, and to drive transformative change to provide maximum impact for the population it serves.

In these partnerships:

- The focus is on bringing together **the right cast of actors** to make change happen.
- **This cast of actors may vary depending on the issues** being prioritised, though there will be a consistent core group, including the ICB and local authorities no matter what issue is being prioritised.
- The partnership's role is to draw on the **broadest range of expertise to have maximum impact**, often thinking in non-traditional terms – e.g. a shift away from typical NHS levers for change.

6. Summary of Group Discussions

What type of ICP do we want to be? Where are we now, where do we want to be?
Summary of group discussions and emerging themes

Conveyor, Change of Challenge Partnership?

The last two years have been spent forming the Partnership and developing relationships across its membership. There was an initial focus on developing the Integrated Care Strategy and this was successful in bringing together partners and co-creating a set of shared ambitions. Within this period, the ICP has operated as a 'convenor' but this has laid the foundations for the next stage of the partnership. The convenor role should provide the foundation for the ICP, but this shouldn't be its sole purpose. There seemed to be consensus across the group discussions that the ICP should move into the 'challenge' and 'change' space, but this change in focus will need to be transitional and it will take time and resources to develop.

Format & Style of meetings

As we start to move towards a new role for the ICP, workshop participants felt it was important to consider new ways of working, which will include the format of meetings and agendas. There were reflections on the case studies that had been presented from the NHS Confederation report. Some participants liked ideas such as an annual EXPO or workshop sessions which led to an agreed set of actions and commitments across partner organisations. There was general consensus that meetings need to feel inclusive and collaborative and allow time for discussion. It was recognised that 4 meetings per year is not enough to see significant change, therefore work will need to take place in between meetings to move actions forward.

Driving improved outcomes/ action focused on agreed priorities

There was consistent feedback about the ICP needing to become more action focused and working together on a small number of priorities. Moving to a new focus for the ICP will take time and building trust and relationships through 'doing' was a common theme from each of the workshop groups. There was a real sense of wanting to focus on a small number of priorities which resonate with all partners and then testing new approaches through action learning. Participants recognised the current constraints we are working with, including capacity and resource issues. A number of groups fed back that the ICP should identify those things that don't require additional resource, but that would benefit from us working differently and bringing our resources together. A number of groups mentioned that having access to a set of metrics that enable us to track progress and outcomes would be important. (Dashboards and outcomes framework exist or are being developed in other parts of the system). Many felt that it was important to apply a health inequalities/inequity lens to the work of the ICP, especially given the diversity and deprivation within the LSC geography.

The ICP operating within the wider system- understanding interconnectivity

This theme emerged in many groups, particularly when considering what is achievable through the ICP and where there can be added value. Participants felt it was important to understand the impact that scale and geography has on the unique function of the ICP. There is still some work to do to understand the relationship between the ICP and place and ensuring the ICP feels connected to the wider system. Many recognised the role that the ICP can play in acting as an enabler to delivery at local (Place) level.

Joint ownership of the Integrated Care Strategy

There was broad agreement that we should identify and agree outcomes we want to improve and then work up actions to achieve that at system and place level. The ICP's role was seen as pivotal in the LSC system, and its priorities should feed into the strategies of the partner organisations. There should be a read across from the Integrated Care Strategy into the strategies of partner organisations. In thinking about the focus for the ICP we need to consider aspects such as scale, strategy, levers, collaborative opportunities. The ICP has a role in creating the optimum infrastructure to enable a systemwide and collective effort to tackle common challenges through the priorities identified. Another key theme that emerged from the group discussions was that of public accountability and many felt that it would be helpful to develop a clear narrative on how we engage with our residents and communities. There was a feedback from groups around the importance of making the best use of our time and driving actions that will have a real impact on our communities.

ICP Membership

There were discussions on potential gaps in ICP membership and agreement that there should be a review to ensure that we have the right people around the table. The ICP requires a clear sense of direction (the 'what') before deciding who needs to be in the meetings (the 'who') to deliver the right outcomes. The partnership needs to be people/relationship centric, and we may need different members in the room depending on the issue under discussion (whilst maintaining a core membership).

Defining the role of members- what does it mean to be a member of the ICP? What do you bring to the ICP? (*Summary of group discussions and emerging themes)*

Shared Purpose & Collective Skills/ Knowledge

The ICP, through its membership, brings together a unique set of skills and experience that is required in dealing with the challenges currently facing the system. There was recognition from each of the groups that members bring diverse experiences, unique expertise, lived experience of certain pathways/conditions, and their own set of relationships. However, they also recognise their similarities and the shared objective across the ICP to make a difference in the lives and health of the LSC population.

Connectivity & Influence

Members have a role to connect back into their own organisations and networks and to help identify the levers that will support change and help to make progress against identified priorities. Participants discussed how stronger connections could be made between the ICP and other boards/ committees through a read out of actions / progress after each partnership meeting. Where there is a need for formal agreement in ICP meetings, members need to have the authority to make these on behalf of the organisations they represent. There was discussion on how members can play a more proactive role, for example by 'hooking' people into the strategy through members championing different parts of the strategy. The opportunities for bringing in lived experience to the ICP was also recognised by connecting into resident and community insights and using these more systematically and effectively within the ICP.

System Focus

Many of the groups highlighted the organisationally agnostic approach that members need to have- acting in the interests of the partnership and the system. Discussions pointed to the importance of system thinking within the ICP and the role of individual organisation within system solutions.

Culture & Behaviours

The discussions teased out some of the behaviours and culture that will be important to foster within the ICP and there was a consistent focus on the importance of building trust. Other key behaviours and values that were articulated through the groups included openness, transparency, integrity and honesty. People talked about creating the right conditions for working collaboratively and engendering a culture where people are open to constructive challenge and value diversity of view and opinions.

Resources

Most of the group recognised that the ICP has limited resources to support its development and does not have a dedicated budget. We need to consider how we collectively support and resource the ICP and what each of the partners can contribute. Examples of contributions were cited including offering venues for meetings, contributing to task and finish groups or being part of an ICP 'engine room'.

ICP Priorities

Summary of group discussions and emerging themes

Groups were asked to consider priority areas for the ICP. There were a number of considerations and themes that emerged through the discussions. These included:

- Understanding where are the levers to deliver change?
- The need to develop a set of criteria that help us to determine the priorities of the ICP. The ICP needs to have a 'hard edge' to its role.

- Working through the dynamics of system and place and understanding what is best delivered at which spatial level
- Priorities need to be data & intelligence driven
- We need to look at fundamental gaps around the determinants of health, earlier intervention, proactive management of certain complex cohorts and health creation
- Understanding how we can free up demand on acute services to release acute spend to redirect into preventative and health-creation based schemes
- Apply the health inequalities lens to any priority area using the frame of the Health Equity Commission report
- It will be important to understand the problems we are seeking to address as a partnership and the outcomes we expect to deliver to ensure there is a shared view of any priority theme we work on together (easy for themes to be viewed through different organisational lenses)
- We should consider how the ICP can bring together the collective resource and assets of local anchor institutions to address agreed priorities.

Specific Priority Areas for Consideration

- Children and young people's mental health and neurodiversity* – with a recognition of the impact of social media, isolation, and the environment.
- Housing*; the relationship between health and housing (as well as other wider determinants of health).
- Frailty
- Workforce
- The shift to prevention
- Poverty
- Work & Health (employability/ economic inactivity)
- Reducing hospital admissions – focus should be on keeping people safe and well at home.

Next Steps

- Develop some parameters/ criteria for what is appropriate for the ICP to work on and prioritise (compared to the ICB, place partnerships, HWBs etc.)
- Identify priorities and develop and test a short list over the summer.
- Explore the potential of creating a partnership maturity matrix for the ICP, recognising that partnership development takes time and there are different stages (e.g. culture, trust and relationships before change and challenge functions)
- Review the structure of ICP meetings in light of the discussions (mixed levels of support for a whole day meeting quarterly like Humber and North Yorkshire ICP, with breakout sessions for CEOs, place leaders and other partners to make sure the ICP can capture the wide range of issues that affect partners around the room)
- Run workshop sessions over the summer to produce a high-level review of progress against the Integrated Care Strategy

Lancashire and South Cumbria Integrated Care Partnership

Report Title	LSC Integrated Care Partnership Terms of Reference
Date of Meeting	15 July 2024
Agenda Item	

Lead Author	Lisa Roberts

Executive Summary

Following discussions with members in various fora, the ICP Terms of Reference have been reviewed and updated to reflect the continued development of the partnership.

Updates include;

Section 7 which now includes details of both the full or core members, plus a list of people we expect to be in regular attendance. Additions made to the core membership include an ICB Non-Executive member, a Director of Public Health (nominated via the Public Health Collaborative) and a Director of Adult Social Care.

Paragraph 7.6 has been added to enable other individuals to contribute to workshop style sessions moving forwards and to ensure the partnership has the relevant subject matter expertise required to support the Partnership in meeting its responsibilities.

Paragraph 7.8 outlines the proposed updates to the rotation of the Chair, which will now be on a biennial basis (every two years) and also includes the ICB Non-Executive member within the rotation. 7.9 outlines that the Deputy Chair role will also rotate on a biennial basis in line with the Chair's role.

We are seeking any final comments during the virtual meeting in July prior to the formal ratification of the updated TOR and membership at the next formal, face to face meeting in September.

Recommendations

ICP members are asked to;

1. Review the proposed changes and provide any final comments for consideration.

Lancashire and South Cumbria Integrated Care Partnership

Terms of Reference

Approved: ***17 April 2023***
Next Review due: ***May 2024***

1. Background and Context

1.1. Lancashire and South Cumbria Integrated Care Board (ICB) and Blackburn with Darwen Borough Council, Blackpool Council, Lancashire County Council, North Yorkshire Council, Westmorland and Furness Council and Cumberland Council have resolved to establish a committee known as the Lancashire and South Cumbria Integrated Care Partnership, in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007.

1.2. The Integrated Care Partnership, together with the Lancashire and South Cumbria Integrated Care Board, form the Lancashire and South Cumbria Integrated Care System (ICS).

2. Purpose

2.1. An Integrated Care Partnership (ICP), is a 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.

2.2. National guidance outlines the following core purposes of an ICP;

- Achieve the four common aims of ICS;
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience, and access
  - Enhance productivity and value for money
  - Help the NHS support broader social and economic development
- Build shared purpose and common aspiration across the whole system to support people to live healthier and more independent lives for longer, as set out in an Integrated Care Strategy. The strategy will be informed by both Health and Wellbeing Boards (HWB) and Joint Strategic Needs Assessments (JSNA) and is a statutory requirement.

2.3. The Partnership will focus on setting short, medium, and long-term priorities and agreeing intended outcomes that are aligned to our strategic aims (as above). It will seek progress on delivery of these outcomes from the relevant organisations/sectors/partnerships across the system to be certain that the Partnership is adding value and moving towards delivery of its ambitions.

2.4. The Partnership will support the development and maturity of placed based partnerships which are well placed to act on the wider determinants of health.

3. Accountability/relationships/assurance/authority

3.1. National guidance provides the following detail on the status and establishment of an ICP:

- Will be established in law as a statutory committee of the ICS.
- Not a statutory body; therefore, members come together to take decisions on an integrated care strategy, but the committee does not take on functions from other parts of the system.
- Must be established locally and jointly by the relevant local authorities and the ICB as equal partners.
- Local authorities and designated ICB chairs and Boards should meet in the Partnership as co-owners and equal partners of that committee.
- Should evolve from existing arrangements, with mutual agreement on terms of reference, membership, ways of operating and administration.
- To facilitate broad membership and stakeholder participation, Partnerships may use a range of sub-groups, networks and other methods to convene parties to agree and deliver the priorities set out in the shared strategy.

4. Scope

4.1. The Partnership will be a statutory component of the Lancashire and South Cumbria system and will provide a strategic, multi-sectoral perspective to the development of the strategy and ways of working of the health and care system, built upon existing partnerships and avoiding duplication.

4.2. The Partnership will focus on:

- Tackling the most complex issues that cannot be solved by individual organisations, and/or where the potential achievements of working together are greater than the sum of the constituent parts.
- Staying strategic and avoid being drawn into operational detail.
- A small number of key priorities as agreed within the strategy

4.3. It will provide oversight for all agreed Partnership priorities, and a forum to make decisions and recommendations together as partners on matters which do not

impact on the statutory responsibilities of individual organisations and have been delegated formally to a collaborative forum.

4.4. The Partnership has no formal delegated powers from the organisations in the Partnership. It will work by building consensus with leaders across partner organisations, local place-based boards, and Health & Wellbeing Boards.

5. Role and Functions

The Partnership will:

5.1. Develop an Integrated Care Strategy, setting the ambition across the system to tackle the broad physical health, mental health, and social care needs of the population (both children and adults), including determinants of health such as employment, environment, and housing issues.

5.2. Plan for the future and develop proposals and recommendations for using available resources creatively in order to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.

5.3. Ensure the right partnerships, policies, incentives, and processes are in place to support practitioners and local organisations to work together to support people to live healthier and more independent lives for longer.

5.4. Complement place-based working and partnerships, develop relationships and tackle issues that are better addressed once within a larger geographical area.

5.5. Support broad and inclusive integration across places and drive meaningful improvements in cross-cutting health and care outcomes and experiences.

5.6. The Partnership will provide a forum for agreeing collective objectives, enabling place- based partnerships to thrive alongside opportunities for connected scaled activity to address health and care challenges. It will take account of the views of each Health and Well Being Board as statutory bodies.

5.7. The Partnership will continually develop its role and remit, along with optimising ways of working with Place Based Partnerships, Health and Well Being Boards, and other existing Partnerships such as the Lancashire and South Cumbria Provider Collaborative and local skills and employment partnerships.

6. Key Principles

6.1. Come together under a distributed leadership model and commit to working together as equal partners.

6.2. Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

6.3. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

6.4. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.

6.5. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.

6.6. Champion co-production with our residents and inclusiveness throughout the ICS.

6.7. Support the triple aim (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).

6.8. Ensure place-based partnership arrangements are respected and supported.

6.9. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.

6.10. Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

7. Membership and Chair

7.1. The membership of the partnership will consist of full members and those who are in regular attendance.

7.2. Full Members are as follows:

Sector	Organisation	Position
Local Government	Blackpool Council	Elected Member
Local Government	Blackburn with Darwen Borough Council	Elected Member
Local Government	Westmorland and Furness Council	Elected Member
Local Government	Lancashire County Council	Elected Member

Local Government	District Council (Lancashire) – urban	Elected Member
Local Government	District Council (Lancashire) - rural	Elected Member
NHS ICB	LSC ICB	ICB Chief Executive
NHS ICB	LSC ICB	Chief Operating Officer
NHS ICB	LSC ICB	Non-Exec Board member
Providers (Primary Care)	LSC ICB	Partner Member for Provider of Primary Medical Services
Providers (Mental Health)	LSC ICB Provider Collaborative	Representative for Mental Health Services
Providers (Acute and Community)	LSC ICB Provider Collaborative	Representative for Acute and Community Services
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration
Voluntary, Community, Faith and Social Enterprise Sector	VCFSE Alliance	Representative
Voluntary, Community, Faith and Social Enterprise Sector	VCFSE Alliance	Representative
Public, Patients and Communities	Healthwatch	Representative
Public, Patients and Communities	The Independent Race and Equality Panel (I-REP) for Lancashire	Representative
Business	Lancashire Enterprise Partnership Health Sector Board	Chair
Hospices	LSC Hospices Together	Representative
Higher Education	University	Vice Chancellor
Children's Services	Local Authority	Director of Children's Services
Adult Social Care	Local Authority	Director of Adult Social Care
Public Health Collaborative	Local Authority	Director of Public Health

7.3. The following representatives are expected to be in regular attendance at ICP meetings:

- Director of Partnerships & Collaboration, ICB (as the Lead Officer for the ICP)
- Director of Population Health, ICB
- L&SC Comms & Engagement Network Lead (joint Forum for UTA and ICB Comms & Engagement Leads)
- Local Authority Strategy Leads

7.4. The members of the Partnership shall be jointly appointed with approval from the ICB and the upper tier Local Authorities.

7.5. Members of the Partnership should aim to attend all scheduled meetings. The Chair of the Partnership will review any circumstances in which a member's attendance falls below 50% attendance over a 12-month rolling period.

7.6. The Partnership may co-opt additional members subject to the following terms:

- They have subject matter expertise required to support the Partnership in meeting its responsibilities
- They represent a community, place, or organisation required to support the Partnership in meeting its responsibilities.
- They are able to contribute to workshop style sessions on priority programmes

7.7. Partnership members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed, and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

7.8. The ICB and local authorities will jointly select a Partnership Chair, appointed on a biennial rotational basis, from each of the upper tier local authorities and nominated ICB non-Exec member. The Blackburn with Darwen council representative will take the role for the period May until May 2026.

7.9. The Deputy Chair will be a representative from the VCFSE sector, which will also rotate on a biennial basis, and this will align with the appointment of the rotated Partnership chair.

7.10. Membership may change as the priorities of the Partnership evolve and whilst the Partnership must engage with a wide range of stakeholders and understand the different viewpoints across the system and communities, membership should be kept to a productive level. Reflecting the workshop style meetings

8. Quorum

8.1. The Partnership shall be quorate when at least 30% of Partners are in attendance.

This must include:

- The partnership Chair or Deputy chair
- At least 3 of the founder members (including 1 local authority and 1 ICB representative)
- At least 1 Director of Health and Care Integration
- Two other partners, including one VCFSE representative

8.2. Where agreed in advance, virtual attendance via an appropriate remote access system will count as attendance for the purpose of quoracy and voting (see below).

8.3. At the start of the meeting, the Chair will confirm that the Partnership is quorate, after any actions have been taken to manage any declared conflicts of interest.

8.4. Nominated deputies attending ICP meetings, on behalf of substantive members, will count towards quorum.

8.5. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.

9. Meetings

9.1. The Partnership will meet at least four times per year, or as determined by the Partnership, and have an annual rolling programme of meeting dates and agenda items.

9.2. There will be administrative support required for the meetings which will include:

- Giving notice of meetings (including, when the Chair of the ICP deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
- Issuing an agenda and supporting papers to each member and attendee no later than 7 working days before the date of the meeting; and
- Ensuring an accurate record (minutes) of the meeting.
- Managing any questions posed to the Partnership

9.3. A record of the meeting will be presented at Board / committee meetings of the Founder members of the Partnership.

9.4. Core meetings of the Partnership will be held in public, and agendas and papers will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:

- Information given to any of the partners in confidence,
- Information about an individual that it would be a breach of the Data Protection

Act to disclose, or

- Information the disclosure of which could prejudice the commercial interests of any of the partners or third parties

10. Decision-making

10.1. The aim of the Partnership is to achieve consensus decision-making wherever possible.

10.2. Each voting member of the Partnership in attendance at a meeting shall have one vote.

10.3. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the Partnership members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.

10.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other ICB committees.

10.5. All decisions taken in good faith at a meeting of the Partnership shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

11. Sub Committees & Delegation

11.1. The Partnership may delegate tasks to such individuals, sub-committees, or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are governed by Terms of Reference as appropriate, and reflect appropriate arrangements for the management of conflicts of interest.

12. Code of conduct/managing conflicts of interest

12.1. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.

12.2. Conflicts of interest will be included as a standing agenda item at the beginning of each meeting, where the chair will invite any members to declare any interests in connection to the business of the meeting.

Lancashire and South Cumbria Integrated Care Partnership

Lancashire & South Cumbria Integrated Care Partnership

Identifying Priority Areas for Focus during 2024-25

Context & Background

- A focus on delivery and impact through 2 approaches:
  - Progress against the implementation of the Integrated Care Strategy (through Place or existing Thematic Boards)
  - Identified system wide priorities that would benefit from a Partnership response.
- The system priorities should be areas that all partners are able to contribute to, add value to existing work, and which would benefit from 'systems thinking' at the scale of our integrated care system
- By working collaboratively on a small number of priority areas, members want to 'learn by doing' and test out new approaches of working within the ICP
- Building trust, understanding and relationships by working together on specific issues was a recurrent theme in recent development sessions
- Members want to be able to demonstrate impact and change as a result of ICP involvement and leadership
- There will continue to be a focus on delivery against the agreed priorities within the ICP, recognising that much of this is being delivered in Places or through existing system wide thematic groups. Core meetings of the ICP will be used to provide assurance and enable focused discussions on each of the domains.

Testing New Approaches & Maturing the Partnership

- Meeting format
  - Core sessions that include a deep dive into priority areas within the strategy as well as 'Place' updates
  - Workshop style sessions that bring in wider stakeholders on agreed priority themes
- Testing how we can work across different spatial levels and the inter-play between system and place level
- Building a culture that creates the space for curiosity, challenge, improvement and collective action
- Working through how the ICP assures itself of impact and improvement against core metrics
- Understanding the proactive role that members can play- connectivity into place and organisations' strategies and plans
- Being guided by intelligence- quantitative and qualitative (lived experience and community insights)

ICP Priorities: Considerations

Considerations	Key Questions
Strategy	Does this issue align with the strategic objectives outlined in our Integrated Care Strategy?
Spatial Level	What is the best spatial level for the issue to be addressed at? Are there already partnerships or programme boards dealing with this issue at Place or system level? What would additionality would the ICP bring? Where are the levers for change?
Collaboration	Is this an issue that can't be addressed by a single organisation? Is this issue an issue that all partners within the ICP can contribute to? Is this an issue that would benefit from a cross-system partnership approach? Does this priority enable us to think differently about how we use our scarce resources differently to achieve improved outcomes?
Framing the issue	Are all partners agreed on the specific problems we are seeking to address? Can we jointly define the outcomes that we are seeking to achieve by working on this issue? What will be different as a result?
Measuring Impact	Are we able to identify metrics that will enable us to measure impact and change as a result of our inputs? How will we monitor change/ progress? Where does accountability sit? Is there an ICP member who can connect with system?

Priorities- Long List

- Children and young people's mental health and neurodiversity* – with a recognition of the impact of social media, isolation, and the environment.
- Housing*; the relationship between health and housing (as well as other wider determinants of health)
- Frailty
- Workforce
- The shift to prevention
- Poverty
- Work & Health (employability/ economic inactivity)
- Reducing hospital admissions – focus should be on keeping people safe and well at home (Community Transformation programme)

Proposal for September Meeting

- Core meeting- Place update from South Cumbria and deep dive on the ‘Starting Well’ section of the Integrated Care Strategy
- Workshop session on Transforming Community Services (requested and agreed at the ICP meeting in March)
- Framing of the workshop agenda to be guided by Programme Leads, but potential to pick up other priority areas identified in the long list within this theme including:
  - Frailty
  - Poverty
  - A shift to prevention
  - Workforce
  - Reducing hospital admissions
- Due to the scale and complexity of the Transforming Community Services programme, this could be the focus for more than one workshop during 2024-25
- Work up forward plan for the remainder of the year based on discussions within the ICP meeting

Forward Plan: Draft for Discussion

Lancashire and South Cumbria Integrated Care Partnership

Core/Assurance meetings (Qtrly)	Challenge/ deep dive sessions (Qtrly)	Development sessions (2-3 per year)
• Place updates on rotation • Delivery updates against the 5 strategy domains (assurance role) • Health Equity metrics/outcome metrics • Cross cutting enablers e.g. LSC Workforce strategy • High level updates from workshop sessions • ICP Communications plan	• Transforming Community Services programme (September) • Work & Health (Possible theme for December?) • Transforming Community Services programme (March 2025) • Theme TBA (June 2025)	These could support ICP Development and/ or include 'information sessions' for members e.g. on system finance or aspects identified through meetings and workshops AND/ OR The ICP could convene larger events bringing together key stakeholders on specific topics or issues