

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Claire Richardson, Director of Health and Care Integration, Blackburn with Darwen
DATE:	Wednesday 31 July 2024

SUBJECT: Blackburn with Darwen Place Based Partnership and Lancashire and South Cumbria Integrated Care Board Update September 2024

1. PURPOSE

This paper provides the Health and Wellbeing Board (HWBB) with an update on the delivery programme of the Place Based Partnership arrangements for Blackburn with Darwen. It intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during the development and subsequent phases of the partnership arrangements. It also includes a brief summary of areas of work that have been undertaken since the last report to the board.

The report also provides Health and Wellbeing Board members with an update from the Lancashire and South Cumbria Integrated Care Board (ICB).

2. RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board is recommended to:

- a) Note the update provided in this report on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that is underway to integrate health and care for the residents of Blackburn with Darwen.
- b) Note the update with regards to the Lancashire and South Cumbria Integrated Care Board and Integrated Care Partnership.

3. BACKGROUND

The Health and Care Act 2022 introduced changes to the NHS health and care commissioning landscape, including the formal creation of Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB) which is an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by Clinical Commissioning Groups (CCGs) and an Integrated Care Partnership (ICP) which is a statutory joint committee of the ICB and local authorities in the area.

Within the Lancashire and South Cumbria Integrated Care System, it has been agreed that there will be four “places”, where commitment has been made to grow and support thriving PBPs, aligned to Upper Tier Local Authority boundaries - Blackburn with Darwen, Blackpool, South Cumbria and Lancashire.

4. RATIONALE

The approach to collaborative planning and delivery of health and care services, through a Blackburn with Darwen Place Based Partnership, provides an opportunity to strengthen the Health and Wellbeing Board's influence in prioritising prevention of ill health and ensuring joined provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

5. KEY ISSUES

Blackburn with Darwen Place Based Partnership update

Blackburn with Darwen continues to build on its long history of joined up working, re-setting its arrangements through the development of the Place Based Partnership (PBP), including refreshing ambitions and priorities, a leadership development programme for system leaders and facilitating delivery of joined up service provision to meet the needs of our communities.

Key areas of focus for the PBP over recent months are outlined in this report.

Place Partnership Delivery Plan 2024-25

In July, the Place Based Partnership Board (PBPB) agreed the delivery plan for 2024-25, building on our collective ambitions from the previous year. It has been agreed that a triumvirate leadership model approach including clinical, executive and programme leads will be implemented for each of the key work programmes. This will ensure distributed leadership and collective accountability across the Place Based Partnership. The executive leads are drawn from the PBPB and will be the Senior Responsible Officers (SROs) for their agreed programme. The PBPB will receive regular highlight reports that will alert, assure and advise on progress and key issues. The Health and Wellbeing Board are asked to note this update. Key areas of focus include:

- Continued deep engagement with our communities with a focus on what good health and wellbeing looks like for them and what they can do for themselves to be healthy and well
- Deliver the evolving model for Integrated Neighbourhood Teams – focused on proactive identification and support to keep people safe and well at home
- Delivering our Getting to Outstanding End of Life Care plan – early identification and advance care planning, all age focus, improving access to bereavement support and ensuring timely and coordinated access
- Development of a transformed model for intermediate care – shifting our focus towards enablement and supporting people to remain as independent as possible, for as long as possible – co-production of model with residents and service users
- Reviewing how we jointly commission packages of care and support for adults and children who need health and care support
- Working together to deliver quality improvement in care homes across Blackburn with Darwen
- Working across Blackburn with Darwen and East Lancashire to deliver the urgent and emergency care action plan.

Further work is being undertaken to define the detailed actions within the creating healthy communities element of the plan, as well as strengthening connectivity to Children and Young Peoples and SEND partnership boards.

Details of the delivery plan are set out in Appendix 1.

Community (physical and mental) health services transfer update

Following many months of collaborative working, the transfer of NHS adult community physical health services in Blackburn with Darwen from Lancashire and South Cumbria Foundation Trust (LSCFT) to East Lancashire Hospital Trust (ELHT) and the transfer of children and young peoples mental health services (ELCAS - East Lancashire Child and Adolescent Services) from ELHT to LSCFT went live on 1 July.

Teams across all three organisations have been working incredibly hard over the past few months to ensure the smooth transition of services and staff. Staff delivering services will remain the same, meaning that patients will have continuity of care. However, the transfer will enhance the services' ability to be more responsive in meeting the needs of local people, ensuring they are providing the right care, at the right time, in the right place - in turn, delivering improved outcomes for patients consistently across Blackburn with Darwen and East Lancashire. The HWBB are asked to note this update.

Lancashire and South Cumbria Better Care Fund (BCF) Review Update

At their meeting in December 2023, the HWBB endorsed a specification for the Lancashire and South Cumbria BCF review. This review has now commenced across the ICB footprint with the aim of maximising joint funding across the ICB and Local Authorities. The project covers a review of the current state of the BCF, development of a predictive modelling tool, and dedicated support in relation to BCF leadership, decision making, governance arrangements and financial modelling.

Funding to appoint external consultancy support to lead this work was secured through the Partners in Care and Health programme, which is a partnership between the Local Government Association (LGA) and Association of Directors of Adult Social Services. The procurement process closed on 8 May 2024, coordinated by LGA colleagues. The contract was awarded to 31ten Consulting.

A time limited working group commenced in May 2024 to support and steer the project with membership from 31ten Consulting and representatives from each of the four places. The group has a remit to codesign a reporting and approvals schedule to ensure all key stakeholders are updated on progress and they will receive outputs for endorsements and/or approval. Additionally, members of the 31ten Consulting team are meeting with stakeholders outside of the working group to inform the review.

At the last meeting in July, the working group discussed the assessment of individual schemes at a more detailed level with a focus on schemes which are part funded through the BCF. Case study examples were presented at both a scheme and strategic level from across the country and examples of best practice from within Lancashire and South Cumbria were shared. The working group is meeting regularly to progress the review and the HWBB will continue to receive updates.

Urgent and Emergency Care (UEC) Recovery Plan

A full UEC plan for recovery and transformation has now been developed and was first submitted to the ICB Board on 14 June 2024. Further revisions have since been submitted with a final version due on 7 August 2024. The aim of the UEC plan is to:

1. Improve outcomes and experience for patients by improving access and equality of access to services, reducing delays in care and providing care in the most appropriate setting
2. To drive de-escalation of the system enabling cost reduction and future cost avoidance by improving system flow, with substantial improvement in 24/25 and further gains planned for 25/26 and 26/27
3. To provide the outline of cost savings for providers to complete their detail of 24/25 CIP plans by the end of June

4. To set out plans to deliver end-to-end improvement against access performance standards and flow KPIs
5. Plans linked to existing programmes and aligned with the ICS UEC strategy
6. Ownership of plans delineated between Trusts, Place and system wide (ICB)

The aims are underpinned by a set of key priorities and include:

- Providing additional support in the community to frail elderly residents, people in care homes and those identified as at the end of their lives, to reduce attendances and admissions to hospital through keeping people safe and well at home and step-up
- Right sizing the acute bed base to support onward flow
- Focussing on optimising in-hospital flow through process optimisation.

Outcome measures for improvement have been agreed across Lancashire and South Cumbria, which Blackburn with Darwen will contribute to along with some focused population measures locally.

Outcome Measures for Lancashire and South Cumbria:

- Zero growth in AED attendances (2024-2025)
- Reduce AED attendances in 2025/2026
- Reduce the number of patients receiving corridor care
- Not Meeting Criteria to Reside to not go above 5%
- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours by March 2025
- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25

Cohort specific measures for Pennine Lancashire

- **Frailty** – *prevent hospital conveyances and reduce admissions for people 65+*
- **End of life (EoL)** – *reduce acute service utilisation in last 90 days of life, increase in percentage of people on EoL register who have an Advance Care Plan, reduce percentage of deaths that occur in hospital*
- **Care sector** – *reduce avoidable attendances and admissions from care homes.*

It is recognised that the UEC system is highly interdependent across both community and in hospital services. Reducing the current pressures on the urgent care system is essential to reduce the negative impact on quality, safety, patient experience and costs. This requires collaborative Place based working across all key areas, from prevention and intervention at home within the community to inpatient stays and intermediate care. The HWBB are asked to support the UEC plan with a commitment from member organisations to work together to drive improvements across key priority areas and associated outcome measures.

Further details of the UEC improvement plan are included below.

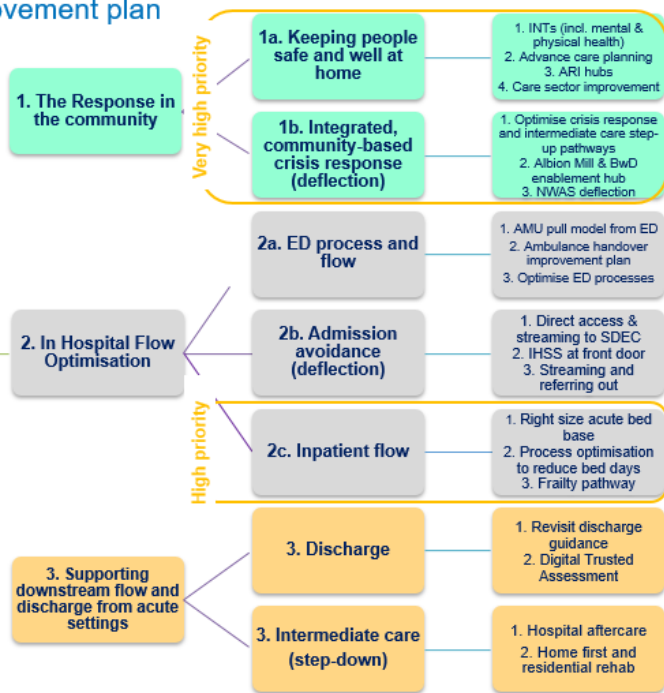
Section 5 | UEC improvement plan overview

Aim
To stabilise our UEC system by keeping people safe and well at home.

We will do this through the delivery of timely, well-coordinated, community-based support with safe and effective in-hospital provision available when needed.

Measured by:

1. Reduction/ elimination of corridor care
2. Reduction in delays and escalation level in ED
3. Financial savings associated with the above



These priority schemes have been selected through discussions with a UEC implementation plan working group, which first worked to identify all schemes relating to each area of opportunity, and then collaboratively identified those of highest priority.

4. System oversight of UEC performance and place management of improvement

ENABLERS >>

- Renewal of shared commitment to a step-up focused UEC system
- Changing our culture – collaborative delivery with collective accountability
- Simplified Governance/Reporting across Place/Place+
- Levelling up primary care funding
- Focused BI and Commissioning Support (Incl. Data Science)
- Communications + Engagement Support
- ICB enabled Data (111, General Practice)
- Developing a shared system view

Population Health, Primary Care, Mental Health, PCN/INTs, Local authority, VCFSE, ICB Programmes

Engagement, Enabling and Involvement: Ensuring our plan has residents and staff at the centre

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Section 5 UEC Improvement Plan | Key interventions

Very high priority		High priority			
1a. Keeping people safe and well at home	1b. Community based crisis response	2a. In hospital flow - ED	2b. Admission avoidance (deflection)	2c. In hospital flow - inpatients	3. Discharge and intermediate care (step-down)
<ul style="list-style-type: none"> Anticipatory care planning in INTs Advance care planning for End of Life End of Life training for care home and health and care staff End of Life support for vulnerable people (Burnley & Blackburn) Priority wards (BwD & Hyndburn) GP quality scheme Mental health MDTs ARI Hubs (incl. deflection from ED) Care sector improvement (BwD) 	<ul style="list-style-type: none"> NWAS deflection of ambulatory activity (30%) into 2Hr UCR Review and improve Initial Response Service (mental health) Develop step-up pathways into intermediate care, hospice & community-based support (bedded and non-bedded) incl. IHSS, 2hrUCR, etc Simplifying access to support for care homes Mobilise BwD Enablement Hub Mobilise intermediate care at Albion Mill Calico extra care provision (Burnley) Intermediate Tier management (access and navigation/transfer of care hub) Implement the 'Lancashire Model of Intermediate Care' (step up and step down) 	<ul style="list-style-type: none"> Ambulance handover improvement projects Optimise internal ED process (e.g. redistribute resources in ED) Develop a "pull model" from specialities into AMU to support ED Flow. 	<ul style="list-style-type: none"> Review of current streaming activity & future options for improvement Continue UTC referrals to Community Pharmacy Extend IHSS hours at front door – dependent on continuation investment Increasing access & direct streaming into SDEC (incl. OPRA), including exploration of digital referrals Mental health crisis intervention team – needs scoping and business case development 	<ul style="list-style-type: none"> Hospital frailty pathway - IHSS, OPRA, front-door therapy, outward facing for community as well Streamline internal process: early discharges (e.g. use of discharge lounge, TTOs, performance targets for care home and community bed discharges) Right sizing the acute bed base 	<ul style="list-style-type: none"> <u>Discharge</u> Nurse led hospice at home provision Discharge – review of guidance and pathway optimisation Digital Trusted Assessment <u>Intermediate care step down</u> Short-Term help and support (formerly Hospital Aftercare) Home First model & requirement for residential rehab

Colour Key:

- Place ownership & delivery
- UECDB ownership and/or Pennine delivery
- Needs further development

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Lancashire and South Cumbria ICB Joint Forward Plan

The ICB are mandated to refresh the Joint Forward Plan (JFP) by the end of July 2024. It was acknowledged that the plan needed to include (a) information on progress of implementation during 2023/24 (b) reflect any change in direction for the new 'year 5' of the plan and (c) update the plan to include the reference to a number of developing system initiatives.

Specific updates include:

- Alignment with narrative used in the Annual Report 2023 and State of the System report
- Highlight success stories
- Details of the New Hospital Programme and 2035 models of care as well as linking anchor institution work with broader economic development including Lancashire 2050

- Refreshed/enhanced data on population health
- Detail on the system recovery and transformation programmes
- The development of new strategies for enablers such as workforce, digital/data and infrastructure/green strategies
- Successes and local plans for each Place.

A full copy of the refreshed JFP can be found here - [Lancashire and South Cumbria Joint Forward Plan for 2023 onwards \(healthierlsc.co.uk\)](https://healthierlsc.co.uk).

An update to the state of the system report entitled 'Turning challenges into opportunities' (March 2023) has now been published. This provides an update on progress over the past 12 months. The report details that our vision has not changed and our focus remains on 'well care' rather than 'sick care' by prioritising prevention, wellbeing and early intervention.

Work over the last year has included:

- Avoiding hospital admissions following a fall
- Preventing hypertension – increased treating to target from 60% to 72.6%
- CHC improvements – zero fast track breaches over 48 hours
- Improved ratings for two trusts – University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire and South Cumbria NHS Foundation Trust
- Tackling health inequalities
- New contracts for children and young people's mental health services
- Single approach to workforce across Lancashire and South Cumbria to improve quality and value for money
- Transfer of community and children and young people's mental health services
- True cost improvement programmes

A full copy of the report is linked here - [LSC Integrated Care Board :: Beyond the challenge: moving into delivery - State of the System Report 2024 \(icb.nhs.uk\)](https://icb.nhs.uk).

The impact of continued progress we aim to make in 2024 and beyond will be monitored against the core outcome measures for the ICB. It is recommended that the Health and Wellbeing Board note and support the delivery of the JFP.

Integrated Care Partnership Update

The second ICP development session was held on 5 June 2024. The session was facilitated by the NHS Confederation and provided space for members to reflect on the purpose and role of the ICP and to consider how they wanted to see the ICP develop and begin to identify priorities for joint collaboration. Group discussions included:

- The transition from the ICP operating in a 'convenor' role in to a 'challenge' and 'change' space. This will take time and resources to develop
- Driving improved outcomes/action focused on agreed principles
- Understanding connectivity in relation to the ICP operating within the wider system
- Joint ownership of the Integrated Care Strategy
- ICP membership and potential gaps

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

- The need to develop a set of criteria to help determine priorities which are then driven through data and intelligence

- Fundamental gaps around the determinants of health, earlier intervention, proactive management of certain complex cohorts and health creation
- Understanding of how demand on acute services can be freed up to release spend and redirect into preventative and health creation based schemes
- How the ICP can bring together the collective resource and assets of local anchor institutions to address agreed priorities

Specific priority areas for consideration included children and young people’s mental health and neurodiversity, housing, frailty, workforce, prevention, poverty, work and health and reducing hospital admissions. As a next step, the ICP will begin to explore the potential of creating a partnership maturity matrix as well as reviewing the structure of ICP meetings to reflect feedback from discussions. Further workshop sessions will be run over the summer to produce a high-level review of progress against the Integrated Care Strategy. The HWBB is asked to note this update.

6. POLICY IMPLICATIONS

Driving integration, the key remit of the Place Based Partnership is an ambition which aligns with the key statutory functions of the Health and Wellbeing Board as well as setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: Health and wellbeing boards – guidance - GOV.UK (www.gov.uk).

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report. The financial matters of the ICB that are referenced within this report are subject to relevant management within their own organisation.

8. LEGAL IMPLICATIONS

There are no legal implications resulting from this report.

9. RESOURCE IMPLICATIONS

There are no resource implications resulting from this report.

10. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

11. CONSULTATIONS

Members of the Health and Wellbeing Board have been engaged as part of the Place Based Partnership development and will continue to receive regular updates in regard to the delivery of key health and care integration work programmes.

VERSION:	0.1
CONTACT OFFICER:	Philippa Cross, Associate Director Place Development and Integration, Blackburn with Darwen
DATE:	05.08.2024
BACKGROUND PAPER:	Place-based Partnership Update Report July 2024 Place Based Partnership Update Report May 2024 UEC Recovery and Transformation Plan June 2024 ICB Executive Team Update Report July 2024

Appendix 1: Place Based Partnership Delivery Plans 2024-25

	Insight, engagement & co-production	Creating Healthy Communities			
Portfolio leadership	Exec Lead – TBC Programme Lead – Philippa Cross CCP Lead – Sarah Johns	Exec Lead – Abdul Razaq Programme Lead – Paul Hegarty CCP Lead – Dr Ridwaan Ahmed	Exec Lead – Jo Siddle/ Mark Warren CCP Lead - TBC	Programme Leads – Michelle Holt/John Haines/Elizabeth Fleming/Debbie Wardleworth	
Key programmes	Responding to insight Embedding co-Production Effective communications & engagement	Health creation Health Checks Inclusion Health Deliver Work Well BwD	SEND Strategy & Joint Commissioning Neurodiversity ASD pathway Learning disability & autism "Big Plan" Carers Strategy Actions		
Oversight group	BwD Insight, co-production & engagement group	Health Inclusion Group / SEND Partnership Board / LD&A Partnership / Carers Board			
Tangible benefits	<ul style="list-style-type: none"> Co-production of at least 1 PBP led service change 	<ul style="list-style-type: none"> Annual health check QOF metrics for respiratory / Cardiovascular Disease / Diabetes Number of people with a "Work Well" plan 	<ul style="list-style-type: none"> (LD) Secure and non-secure inpatients post admission Care & Treatment Reviews within 28 days of admission (75%) (LD) Annual health check and health action plan for people registered with learning difficulties (76%) 		
Cross-cutting principles	Safeguarding				
	Joint Commissioning and Recommendations				
	Engagement, insight and Co-Production				

	Integrated Neighbourhoods			Enhanced Care in the Community		Place+ Interface
	Neighbourhoods	Community Health & Care	Mental Health, Wellbeing & Suicide Prevention	Intermediate Care/Enablement	Care Sector	Urgent & Emergency Care
Portfolio leadership	Exec Lead – Claire Richardson Programme Lead – Paul Hegarty CCP Lead – Dr Ridwan Ahmed/Katherine White	Exec Lead Programme Lead - various CCP Lead	Exec Lead – Amy Devine Programme Lead – John Haines/ Kaleigh Davies/Fran Riley CCP Lead – Dr Hussain Moosa/Angela Allen	Exec Lead – Mark Warren Programme Lead – Paul Hegarty/ Sufiya Vora CCP Lead – Dr Mo Umer/ Vicky Shepherd	Exec Lead – Katherine White Programme Lead – Sufiya Vora CCP Lead – Dr Qasim Hussain	Exec Lead – Terry McDonald/ Claire Richardson Programme Lead – Karen Dean CCP Lead – Dr Mo Umer
Key programmes	INT Development & Delivery Primary Care Neighbourhood Development	End of Life Ageing well/Frailty Community service transaction & transformation	CAMHS Transaction Community MH Transformation CYP emotional health & wellbeing Strategy Development	Mobilisation of Abon Mili lost of charge Develop model for alignment of fees Transform intermediate care – deliver enablement model Review of urgent response provision (2hr UCR/WW/RSS)	Joint Quality Assurance Framework Workforce Development Strategic Development Data, Intelligence and Digital Comms and Engagement	Keeping people safe and well at home Community based crisis response In hospital flow Admission avoidance Discharge and Intermediate Care
Oversight group	Neighbourhood leadership group PCN Delivery Group	Dying Well Oversight Group Age Well Partnership Community Transaction Board	All-age mental health delivery group	TBC	Care Sector Board	Urgent and Emergency Care Delivery Board
Tangible benefits	<ul style="list-style-type: none"> Increase INT utilisation and social prescribing Reduction in acute referrals Reduce avoidable admissions (BCF) Reduce emergency admissions due to falls (BCF) 	<ul style="list-style-type: none"> Increase in people dying out of hospital Admission avoidance Reduction in service variation Reducing all age utilisation of cost per case services, e.g. CHC, discharge, packages of care, etc 	<ul style="list-style-type: none"> Increase number of people supported with their mental health Increase in the people receiving timely access to support People reporting improved outcomes Reduction in inappropriate adult acute out of area placement bed days Increased talking therapy access 	<ul style="list-style-type: none"> Reduce avoidable admissions (BCF) Reduce permanent admissions to residential care (BCF) Reduce conveyances Increase discharges to normal place of residence (BCF) Increase utilisation of intermediate tier and urgent response Reduce emergency admissions from falls (BCF) 	<ul style="list-style-type: none"> Admission avoidance Reduce number of care homes in 'requires improvement' Reduction in falls in care homes Reduction in conveyances from care homes 	<ul style="list-style-type: none"> Zero growth in AED attendances (2024-2025) Reduce AED attendances in 2025/2026* % NMCR to not go above 5%* (LSC system) Prevent 654 hospital conveyances and admissions for people 65+ Reduction in acute service utilisation in last 90 days of life, increase in % of people on EoL register with an ACP, reduce % of deaths that occur in hospital Reduce attendances and admissions from care homes
Cross-cutting principles	Safeguarding Joint Commissioning and Insight Engagement and Co-Production					

	Partnership Development				
	Strategy and planning	Partnership infrastructure	Measuring our impact and delivering in budget	Commissioning governance	Deepening integration
Portfolio leadership	Exec Lead – Claire Richardson Programme Lead – Philippa Cross CCP Lead – CCP Forum	Exec Lead – Claire Richardson Programme Lead – Philippa Cross CCP Lead – CCP Forum	Exec Lead – Claire Richardson Programme Lead - various CCP Lead – CCP Forum/ Dr Qasim Hussain (quality)	Exec Lead – Mark Warren/ Claire Richardson Programme Lead - various CCP Lead – CCP Forum	Exec Lead – Claire Richardson Programme Lead - various CCP Lead – CCP Forum/ Dr Sumatra Mukerji (digital)
Key programmes	PBP annual delivery plan PBP annual report Wider partner strategies	BwD Community Network Board Clinical and care professional leadership Place + Interface PBP governance and delivery infrastructure	Development of PBP shared outcomes framework Development of workstream and impact reporting On-going development of financial framework at Place with ICB, BwD Council and Partners Understanding and improving quality within BwD	Effective delivery of BCF ICIG evolution Joint commissioning and recommendations plan Review of joint packages of care	Estates Digital developments Workforce System wide improvement approach
Oversight group	PBP Board	PBP Board	TBC	Health and Wellbeing Board ICB Commissioning Recommendations Group	Workforce Group Others TBC
Tangible benefits	<ul style="list-style-type: none"> The PBP has shared ambitions and delivery objectives Annual delivery plan produced Annual report produced Collaborative development of shared strategies for our place 	<ul style="list-style-type: none"> VC/SE leaders feel they are equal partners Service developments/ recommendations made by the PBP are developed through engagement with CCP leaders Clear governance structure Clarity on accountability for delivery within and beyond the Place boundary 	<ul style="list-style-type: none"> The PBP agrees its shared outcomes and these align to the ambitions of partners Programme governance/reporting in place A shared understanding of the resources allocated to service delivery in BwD A jointly owned plan and metrics for quality improvement 	<ul style="list-style-type: none"> BCF schemes are delivering the required performance BCF programme governance/ reporting in place A shared plan for joint commissioning/commissioning recommendations Effective management of jointly funded packages of care (metrics TBC) 	<ul style="list-style-type: none"> Increase number of local people recruited into health and care roles Increase number of joint health and care apprenticeship roles Integrated induction programme fully rolled out Increased number of neighbourhood workforce attending integrated induction Number of joint improvement projects undertake (ELHT&Place) Others TBC
Cross-cutting principles	Safeguarding Joint Commissioning and Insight Engagement and Co-Production				