

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Claire Richardson
<b>DATE:</b>	Wednesday, 4 December 2024

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

## 1. PURPOSE

This paper provides the Health and Wellbeing Board (HWBB) with an update on the delivery programme of the Place Based Partnership (PBP) 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) and the Integrated Care Partnership (ICP).

## 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.

On 12 September 2024, Lord Darzi published his independent investigation of the NHS, which revealed the scale of challenge facing the NHS including rising pressures in demand, ill health being diagnosed too late and not enough being done to prevent ill-health in the first place. Lord Darzi reported that it is too hard for people to get an appointment, hospitals are overcrowded, NHS workers are overstretched, and costs are escalating.

The report made a number of recommendations for the Government to focus the 10 year health plan, including more focus on community based care, by simplifying and innovating care at a neighbourhood level, moving from analogue to digital, drive productivity in hospitals and supporting more people off long waiting lists to get them back into work

On 21<sup>st</sup> October 2024 the Government launched a national conversation with the public and staff, ('Change NHS: help build a health service fit for the future') to further inform the 10 year health plan which is expected to be published in Spring 2025.

#### **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 up 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, 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.

##### **Know your numbers - A kick start for healthier hearts in Blackburn with Darwen**

Know your numbers is a national campaign led by Blood Pressure UK to increase awareness of the importance of blood pressure checking, monitoring and understanding what the numbers mean. From Monday 2<sup>nd</sup> September to Saturday 7<sup>th</sup> September, almost 200 blood pressure checks were carried out to a range of diverse communities including Foodbanks, Family Hubs, Community Centres, Churches, Asylum Seeker and refugee communities and those on a recovery (from addiction) programme. The Population Health and the Blackburn with Darwen Wellbeing Team will continue to support creative outreach opportunities to ensure the prevention of poor health and wellbeing is at the forefront of our delivery in the borough.

##### **Pilot of Place Standard Tool in Blackburn Central**

This is a simple tool, devised by Public Health Scotland and is being piloted in Blackburn with Darwen (one of the first areas in England). It is an easy way to support communities to identify the strengths and weaknesses of a place, with a view engaging them in making improvements and

making it a good place to live. Initially this is focussing on a small area in Blackburn Central. The pilot will be facilitated by representatives from the Council's Wellbeing Team and the ICB Place/ Population Health Team, along with primary care and voluntary, community, faith and social enterprise (VCFSE) partners, who will work to support the local community to come together and develop their local plan.

The tool, which anybody can use, can be used alone or in discussions with others in a group. It is built around 14 themes covering a broad range of both physical (i.e. streets and spaces) and social (i.e. feeling safe) characteristics that make up a good place. The themes which have been carefully chosen based on evidence about their combined influence on health and wellbeing, help communities and individuals to think about the practical things they need from a place (e.g. shops, doctors' surgeries or schools) and also how they feel about a place (e.g. whether people feel a part of the community or if they feel their views are important to their area).

#### Further neighbourhood integration

Following the Neighbourhood review and ongoing engagement sessions, a neighbourhood plan is in place and has been distilled into Primary Care Neighbourhood (PCN) development plans and Integrated Neighbourhood Team (INT) delivery plans. INTs are focussing on frailty and plans are emerging to align this to the expectations of the ICB GP Quality Contract. INTs are working to ensure that 50% of case load discussions include frail and elderly residents, with a view to providing more proactive care. Further discussions are being held around how this work can align with people receiving care through Intensive Home Support Service (IHSS), 2-hour community response and Virtual Wards. Two additional complex case managers have now been recruited and are due to start in post in January 2025 which will add further capacity and expertise into neighbourhood teams.

#### Workwell

WorkWell is a joint Department for Work and Pensions (DWP) and Department for Health & Social Care (DHSC) pilot that seeks to provide holistic support to overcome health-related barriers to employment, and a single, joined up pathway to wider support services. The focus is on early intervention, supporting those at risk of falling out of employment and those who have recently fallen out of work due to health issues, within the first 12 weeks of unemployment. It provides an opportunity for local systems to support everybody, including disabled people and people with health conditions, to start, stay and succeed in work and also to return to employment.

The successful ICB proposal to deliver WorkWell pilot services was developed with a wide range of partners, driven by data developed via the Lancashire Data Observatory. The observatory drew on quantitative and qualitative evidence around healthy life expectancy, economic inactivity levels in each district, levels of deprivation, employment rates and age profiles of the population. This led to the proposal to operate a vanguard across seven districts within the ICB footprint which includes; Blackburn with Darwen, Barrow, Burnley, Blackpool, Lancaster and Morecambe, Preston and West Lancashire.

WorkWell will support the five strategic priorities and recommendations identified in the Economic Inactivity in Lancashire report:

1. A healthy, resilient Lancashire to help ensure that the current and future workforce is less likely to fall ill and find their employment at risk
2. Better management of health at work to stem the number of people leaving work and becoming economically inactive
3. Targeted, timely interventions to get people who leave jobs due to a health condition back into work at the earliest opportunity
4. An enhanced support offer for those who are already economically inactive and claiming benefits with a particular focus on those in this cohort who are under 40 years of age

5. Building a better, more integrated system response across key stakeholders across the county by leveraging the Lancashire 2050 framework

Integrated Care Boards (ICBs) and local authorities (LAs) will play a central role in convening local partnerships to design and deliver the WorkWell Partnership Programme.

In regard to the Blackburn with Darwen programme: a total of £807,700 has been allocated to it, of which £478,048 (60%) is fixed block funding and the remaining £329,652 (40%) is based on 1000 participants engaging in the programme. The programme will run for a total of 18 months between 01 October 2024 and 31 March 2026.

Blackburn with Darwen has a mature network of partners in place with a strong track record of collaborating to deliver joined up services to the same demographic groups as the WorkWell Vanguard. The local delivery plan will focus on building on existing networks, partnerships and health referral pathways to support the development of integrated health and work services. It will be underpinned by a personalised tailored approach with interventions and support delivered through a multi-disciplinary team. Blackburn with Darwen have joined a national knowledge exchange platform hosted by NHS Futures to share our learning with others and to learn from other WorkWell areas across the country.

A Blackburn with Darwen steering group is being established to bring together relevant partners to provide oversight, steer and challenge WorkWell delivery. The group will provide governance for more rapid, delivery focused decision making, reporting into Place Based Partnership Board for clear governance. The HWBB will continue to receive updates on the progress of the Blackburn with Darwen WorkWell Programme.

#### Embedding co-production

In January 2024, the PBP Board were informed that North-West Association of Directors of Adult Social Services (ADASS), Integrated Care System partners, with support from Think Local Act Personal (TLAP) and Social Care Futures, had worked together to explore ways in which co-production could be strengthened across health and care. The key aim of this work was to align people's understanding of co-production across the North-West and identify the different ways of working that organisations engage in on their journey to true co-production.

Mark Warren provided leadership into this group from a BwD and LSC DASS perspective. The North-West group produced a co-production benchmarking tool, which was to be used by local authorities and organisations, to understand and evaluate how well they are designing and creating services with the people who use them. This toolkit encourages organisations to report progress, address priorities and make continuous improvements to ultimately ensure that co-production is embedded in everything they do.

Despite being developed by health and care partners, it was noted that the original toolkit only referenced local authorities and in particular adult social care departments. Following discussion, at their meeting in January the PBP Board agreed to adapt the toolkit to be relevant to all local partners, including health services, and all ages, learning from the excellent work in BwD Children's services and recent examples such as developing our local carers strategy. The adapted document was approved by the PBP at their meeting in September and will inform our joint approach to engagement and co-production.

#### Urgent and Emergency Care (UEC) Recovery Plan

A detailed performance pack has now been developed and is received by the UEC Delivery Board (UECDB) monthly to review progress against the priorities and actions set out within the plan. The performance pack is also shared with the PBP to monitor the delivery of key BwD workstreams.

Key messages from September's performance pack are detailed below:

- Attendances at ELHT increased significantly in the first week of September and remained high for the remainder of the month.
- This increase is a seasonal trend however attendances are significantly greater than the same time last year.
- UEC attendances for mental health in August were the highest number for the last 12 months with 425 attendances in total. Data is showing an upward trend.
- Average virtual ward utilisation at ELHT has been on an upward trajectory since April '24. Capacity has remained stable.

There are three cohort specific measures for Pennine Lancashire and work is progressing against these key areas across BwD.

- *Frailty – prevent hospital conveyances and reduce admissions for people 65+*  
Roll out of Ageing Well Training Programme continues for primary, community and social care staff. To date 950 individuals (across Pennine Lancashire) have received the training. This is supporting earlier identification of people who may need care and support. Work is underway to determine whether a comprehensive frailty assessment could be completed within BwD INTs, with support from hospital-based consultants. Over the summer period there had been a significant reduction in the number of people aged over 65 who attended emergency care.
- *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 (ACP), reduce percentage of deaths that occur in hospital*  
The hospice element of the ACP project is now mobilising and the top four priority practices have now been agreed for first phase. There have been some challenges to the recruitment of Advanced Care Planning Practitioners, but the remaining role is now due to commence in mid-November. Despite these delays, BwD is seeing a month on month increase on the percentage of people on the Quality Outcomes Framework with an ACP which has gone from 24.6% to 29% April to August (September data not yet available), this is still far below the ideal rate of 60% but is an encouraging start.
- *Care sector – reduce avoidable attendances and admissions from care homes.*  
A care sector quality improvement group is now in place for BwD. The group consists of system wide partners to ensure that benefits are realised from working in a cohesive, joined up approach and the sharing of resource and intelligence. The group has six key priority workstreams and meets on a six-weekly basis. A performance dashboard is being developed so that the impact of work undertaken by the group can be monitored effectively.

The HWBB will continue to receive quarterly updates on the progress of the UEC Recovery and Transformation plan.

#### Wider partnership priorities

The Place Based Partnership has also discussed joined up approaches to the Adult Social Care and Children and Young People with Special Educational Needs and Disabilities inspection frameworks, Getting to Outstanding for end of life care, improving uptake of vaccinations and immunisations and the development of the local Family Help Strategy and Mental Health and Suicide Prevention strategy. A health equity group has also been established to support a focussed approach to identifying and delivering support with our communities to reduce health inequalities in the local population.

## **Lancashire and South Cumbria Integrated Care Partnership Update –**

### **Governance**

The revised TOR and membership of the ICP were presented for ratification following a detailed discussion at the July meeting. The Chair informed members that the TOR had been shared with Humber and North Yorkshire ICB, and North East and North Cumbria ICB, Cumberland Council and North Yorkshire Council and North Cumbria place colleagues, to reflect the South Cumbria place interfaces with these organisations. No objections had been received. An update on the delivery of the ICP strategy was also provided with a request for partners to identify 'domain sponsors' who would support delivery across the system. Domain sponsors will be members of the ICP that are connected into existing governance and programme structures and have a good understanding of the topic area, existing work taking place and the strategic challenges/opportunities that will be of interest to the ICP.

### **Delivery**

An update was provided on the refresh of the Lancashire and South Cumbria Joint Forward Plan (JFP). Kevin Lavery informed members that following the Darzi review, a 10 year health plan is expected in Spring 2025 and suggested the ICP would schedule a virtual Learning and Development session to explore this in more detail.

Assurance was provided on the mobilisation of the Work Well programme across Lancashire and South Cumbria with agreement for the development of a programme board. A deep dive on this programme will be planned into the ICP forward plan.

Jane Scattergood, Director of Health and Care Integration updated members on developments in South Cumbria, including delivery of the newly established Integrated Wellness Centre, continued development of Integrated Care Communities (ICCs) and the Bay Wellness initiative with the aims of providing mental health support, physical health and lifestyle support and enhancing workplace experience through schemes including a personalised Work Passport and the co-design of a Fair Work Charter.

## **6. POLICY IMPLICATIONS**

Driving integration, which is 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 (See the Department of Health and Social Care's 2022 'Health and Wellbeing Boards – Guidance', available at: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)).

## **7. FINANCIAL IMPLICATIONS**

There are no additional 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.

Financial details in respect of the Workwell Vanguard funding award of £807,700 for Blackburn with Darwen, as stated on page 3 of this report, were covered in a separate report to the Executive Board on the 12<sup>th</sup> of September 2024.

[EBD1: Executive Board Decision](#)

## 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 regards to the delivery of key health and care integration work programmes.

<b>VERSION:</b>	<b>0.1</b>
<b>CONTACT OFFICER:</b>	Philippa Cross, Associate Director Place Development and Integration, Blackburn with Darwen
<b>DATE:</b>	30.10.2024
<b>BACKGROUND PAPERS:</b>	Place-based Partnership Update Report August 2024 Place Based Partnership Update Report September 2024 UEC Recovery and Transformation Plan September 2024 Executive Board decision