

Wednesday 30<sup>th</sup> November, 2022. 14.00-16.00

## **Launch Event Agenda.**

**Zoom Meeting – (link will be emailed when registration closes)**

1. Welcome – *Tracy Hopkins, Chief Officer, Blackpool Citizens Advice.*
2. Outcomes of our involvement in Cohort 3 of NHSE’s “Embedding the VCSE in ICSs Programme” – *Joe Hannett, Partnership Manager, Community Futures.*
  - a. Where we are now.
  - b. Forming the Assembly, its purpose and connectivity.
3. Update on Lancashire & South Cumbria’s Integrated Care Board (ICB) developments – *Tracy Hopkins, Chief Officer, Blackpool Citizens Advice.*
  - a. Connections we have established and how the VCFSE Programme will connect and influence.
4. Update on Lancashire & South Cumbria’s Integrated Care Partnership (ICP), strategic plan developments – *Angela Allen, Chief Officer, Spring North and Dr. Victoria Ellarby, Programme Director - System Reform, Lancashire and South Cumbria Integrated Care Board*
5. Formation of 3-4 Task & Finish Groups to develop costed delivery plans for tackling some of the systemic issues we’re facing – *Tracy Hopkins, Chief Officer, Blackpool Citizens Advice.*
6. Next steps for Alliance steering group – *Joe Hannett, Partnership Manager, Community Futures.*
7. Date and time of next Assembly: January 25<sup>th</sup> 2023, via Eventbrite.

## 2. Outcomes of our involvement in Cohort 3 of NHSE's "Embedding the VCSE in ICSs Programme"

- **Brief background and context to the programme.**
- **Quick tour of the road map for LSC journey (slide 3 in the briefing pack), concentrating on this year.**
- **Outcomes of NHSE and NAVCA supported workshops in Jan and May.**
- **Where we are now.**
- **The Assembly proposal, it's purpose and connectivity.**

**Some acronyms/jargon I will try to avoid using:**

LSC = Lancashire and South Cumbria.

ICS = Integrated Care System.

VCSE = Voluntary, Community, Faith and Social Enterprise.

ICB = Integrated Care Board.

ICP = Integrated Care Partnership.

Place = Geographies making up LSC.

CCG = Clinical Commissioning Group(s).

CSU = NHS Commissioning and Support Unit.

- Integrated care
- What are integrated care systems?
- Voluntary, community and social enterprise sector partnerships**
- Population Health and the Population Health Management

Home > Integrated care > What are integrated care systems? > Voluntary, community and social enterprise sector partnerships

## Voluntary, community and social enterprise sector partnerships

Working between the voluntary sector, local government and the NHS is crucial to improving health and communities.

The [Term Plan](#) and [NHS Five Year Forward View](#) highlighted the need for closer working across the voluntary, community and social enterprise sectors to both improve care and support and address the wider determinants of health and wellbeing.

[Partnership models](#) help to bring the NHS, local government and their voluntary, community and social enterprise sector partners together to plan and deliver services, to improve the lives of people in their communities.



Embedding the VCSE sector in the ICBs governance and partnership arrangements – a check list
Is there VCSE sector involvement in system-wide workstreams, service redesign, place-based partnerships, neighbourhood teams, primary care networks and provider collaboratives?
Have you mapped VCSE stakeholders and the contribution and resources brought to the VCSE sector to the ICS?
Are you working with VCSE groups relevant to the priorities you are tackling, and the population groups you are trying to support?
Are you building on existing structures and networks, such as VCSE representation on health and wellbeing boards and local VCSE infrastructure organisations?
Are partnership agreements being made between health, care and VCSE partners?
Do you have a co-ordinated system approach to developing and sustaining effective social prescribing, developed with input from VCSE sector leaders, local authority and health commissioners, primary care networks, referral agencies and the health and wellbeing board?
Do you actively support NHS anchor institutions to work in partnership with the VCSE sector and involve the sector in networks to take joint action on the social determinants of health?



## NHS England's Embedding VCSE in Integrated Care Systems (ICSS) Programme Facilitation Partner

We are working with NHS England on the 'Embedding the VCSE sector in ICS Partnership' programme. This programme builds on the work of the ICS VCSE Leadership Programme and offers VCSEs support, as they establish or develop alliances and networks across their health systems and places. We are providing webinars, support materials and direct consultancy to VCSE sectors in each of the ICS areas across England. The programme will support ICSs to meet the requirement to develop a formal agreement for engaging and embedding the VCSE sector in system level governance and decision-making arrangements by July 2022.

You can read an example of how our members are involved and what the programme is achieving by visiting [VCSE in ICS](#).

We recognise that this will be a challenge for some of our members to integrate into the programme.



# Our journey so far...

**2015-2017**

Networks and groups of VCFSE start to be established in Places linking to statutory partners

1

**2017**

LSC part NCVO / King's Fund programme to establish partnerships with VCSE sector.

2

**2018**

LSC part of the IVAR's Building Health Partnerships Programme.

3

**2019**

LSC joins Cohort 2 of the 'Embedding VCSE in ICS' programme. VCFSE leads meet for first time as an "Alliance".

4

**2021**

IVAR published reports and case studies from the Test and Learn programme documenting the work with VCFSE partners in PCNs.

6

**Late - 2021**

LSC joins into Cohort 3 of the NHSEI supported 'Embedding the VCSE in ICS Programme'.

7

**2020**

NHS funds IVAR's Test and Learn programme, to develop relationships with PCNs in certain Places. VCFSE begins presence on ICS Board.

5

**Apr – Jun 2022**

Programme team volunteers draft, socialise and re-draft "Vision". Second Cohort 3 Workshop; Values – 18/5/22.

9

**Jul – Aug 2022**

ICS "Place boundary review". CCG cessation. Cohort 3 Programme team draft proposal for an ICS-wide VCFSE Programme with Alliance support.

10

8

**Jan – March 2022**

Launch event for the Cohort 3 and volunteer programme team established.

11

**Aug – Oct 22.**

ICB partially agrees to proposal. CF agrees to develop it further with support from ICB. Key ICB Director posts appointed.

**Nov '22 –**

First LSC VCFSE Assembly meeting planned to establish the grounding of the VCFSE Programme.

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# Vision for our engagement in the ICS

We believe all lives in Lancashire and South Cumbria have equal value however, not all our population have access to equal opportunities. This inequality has a dramatic impact on our health outcomes and the demands we make on our health and care system.

## **Our Vision is:**

To improve the lives of people in our communities across Lancashire and South Cumbria, by developing an effective, transformative partnership between the Lancashire and South Cumbria Health and Care Partnership and the Voluntary, Community, Faith and Social Enterprise sector.

To be an effective transformation partner, the VCFSE sector across Lancashire and South Cumbria will be Connected, Influential and Supported in health and care integration and beyond.

We will utilise the strength, flexibility, responsiveness, innovation and knowledge of the sector to be a permanent transformation partner.



**Integrated Care Board. (Item 3).**

**Integrated Care Partnership. (Item 4).**

**Committees, interim VCFSE reps.**

**Relevant ICS Roles.**

**Plan – Assembly**

# Purposes.

- To provide a system-wide architecture for the VCFSE to engage with, participate in and influence the development of the integrated care system .
- To provide a clear communication channel for system partners to reach a wide range of interested and motivated VCFSE partners.
- To bring the expertise, energy and experience of the VCFSE together thematically, geographically and practically i.e. delivery of services, to influence the ICS in ways that achieve our Vision.
- To support members to form networks, groups, partnerships and other ways to bring about influence using the channels created and developed by the steering group and programme team.
- Provide a mandate for and support for individual VCFSE sector representatives to credibly represent the sector in system meetings, boards and committees.

# Connectivity.

## Things.

- Integrated Care Board.
- Integrated Care Partnership.
- Place-based Partnerships.
- Health & Wellbeing Boards.

## Roles.

- ICB Director of Partnerships and Collaboration.
- ICB Director of Comms and Engagement.
- 4x Place Directors of Health & Care Integration.
- Proposed VCFSE Lead and programme support.



Key ICS Committees

LSC Integrated Care Board (+3 sub-committees\*)

LSC Integrated Care Partnership (4 workstreams\*\*)

4 Place-based Partnerships.

4 H&WBB Boards.

Key ICB relationships

ICB Directors of Health and Care Integration.

ICB Director of Partnerships and Collaboration.

ICB Director of Communication and Engagement.

LSC VCFSE Programme; Manager, business and comms support, Alliance Reps

LSC VCFSE Alliance Steering Group

# LSC VCFSE Assembly

Admin support and 2-way comms.

Group agrees lead, delegate to Alliance Steering Group

Thematic Group 1 (e.g. Mental Health).

Thematic Group 2 (e.g. Cancer).

Thematic Group 3 (e.g. LGBTQ+).

Thematic Group 3 (e.g. BME).

Grouping elects leads, delegate to Alliance Steering Group

Blackpool Place VCFSE Partnership

Blackburn with Darwen Place VCFSE Partnership

Lancashire Place VCFSE Partnership (x3 subs?)

South Cumbria Place VCFSE Partnership (x2 subs?)

Group agrees lead, delegates to Alliance Steering Group

Task & Finish Group 1 (e.g. Population Health)

Task & Finish Group 2 (e.g. Pathways / workforce)

Task & Finish Group 3 (e.g. Supported Hospital Discharge)

Task & Finish Group 4 (e.g. A&E Admission Avoidance)

\*People Board, Quality Committee, PIEAC.

\*\*Start well, Live well, Age well, Die well



# LSC VCFSE Assembly

- Assembly membership is open to any VCFSE organisation working in Lancashire & South Cumbria. So please promote it.
  - There will be a membership record developed, linked to comms.
- Assembly sessions will be regular, we are thinking one per quarter.
- Working assumption is that virtual is best, unless there is a strong reason and / or desire to meet in person.
- Communications channels will be developed to include:
  - LSC VCFSE identity, Eventbrite, central emails, a social media channel and method for interaction with the programme team.
  - A section on the ICS website - which could include resources and recordings.

These groups will be developed by and involve VCFSE Assembly members e.g.;

Thematic  
Groups

- Mental Health thematic group and the Mental Health Transformation Programme.

Place-based  
VCFSE  
Partnerships

- Place-based VCFSE grouping and the 4x Place Directors of Health and Care Integration.

Task & Finish  
Groups

- A&E Admission Avoidance T&F with the NHS Provider Collaborative Board and Intermediate Care Programme.

Intended to be self-selecting groups, electing own leads with support and connectivity through the steering group and proposed programme team.

### 3. Lancashire & South Cumbria Integrated Care Board (ICB)

An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

# Lancashire & South Cumbria Integrated Care Board (ICB)

The Lancashire and South Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria.

In Lancashire and South Cumbria our ICB has replaced NHS Blackpool and NHS Fylde and Wyre CCGs (which were previously known as the Fylde Coast CCGs), NHS Morecambe Bay CCG, West Lancashire CCG, NHS Chorley and South Ribble and NHS Greater Preston CCGs (previously known as Central Lancashire CCGs) and NHS Blackburn with Darwen CCG and NHS East Lancashire CCG.

Although the ICB is a new organisation, it will build on the successful work by all our health and care organisations, including CCGs, over the last few years.

The ICB's role is to join up health and care services, improve people's health and wellbeing, and to make sure everyone has the same access to services and gets the same outcomes from treatment. They also oversee how money is spent and make sure health services work well and are of high quality.

# Lancashire & South Cumbria Integrated Care Board (ICB)

ICBs have their own leadership teams, which include a chair and chief executive, and also include members from NHS trusts/foundation trusts, local authorities, general practice, an individual with expertise and knowledge of mental illness and participant members from Healthwatch and VCFSE.

In Lancashire and South Cumbria the Board meets monthly, and these meetings are streamed live for the public to view. More information, past recording and papers from meetings can be found on the ICB website: [www.lancashireandsouthcumbria.icb.nhs.uk](http://www.lancashireandsouthcumbria.icb.nhs.uk)

# Area covered by the Lancashire and South Cumbria ICB

The area covered by the ICB includes the whole of the following local government areas:

- Borough of Barrow-in-Furness
- Borough of Blackburn with Darwen
- Borough of Blackpool
- Borough of Burnley
- Borough of Chorley
- Borough of Fylde
- Borough of Hyndburn
- City of Lancaster
- Borough of Pendle
- City of Preston
- Borough of Ribble Valley
- Borough of Rossendale
- District of South Lakeland
- Borough of South Ribble
- Borough of West Lancashire
- Borough of Wyre

# How the ICB will work with our people and communities

The ICB has adopted the ten principles set out by NHS England for working with people and communities:

- put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS
- start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions
- understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
- build relationships with excluded groups – especially those affected by inequalities
- work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- provide clear and accessible public information about vision, plans and progress to build understanding and trust
- use community development approaches that empower people and communities, making connections to social action 41
- use co-production, insight and engagement to achieve accountable health and care services
- co-produce and redesign services and tackle system priorities in partnership with people and communities
- learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

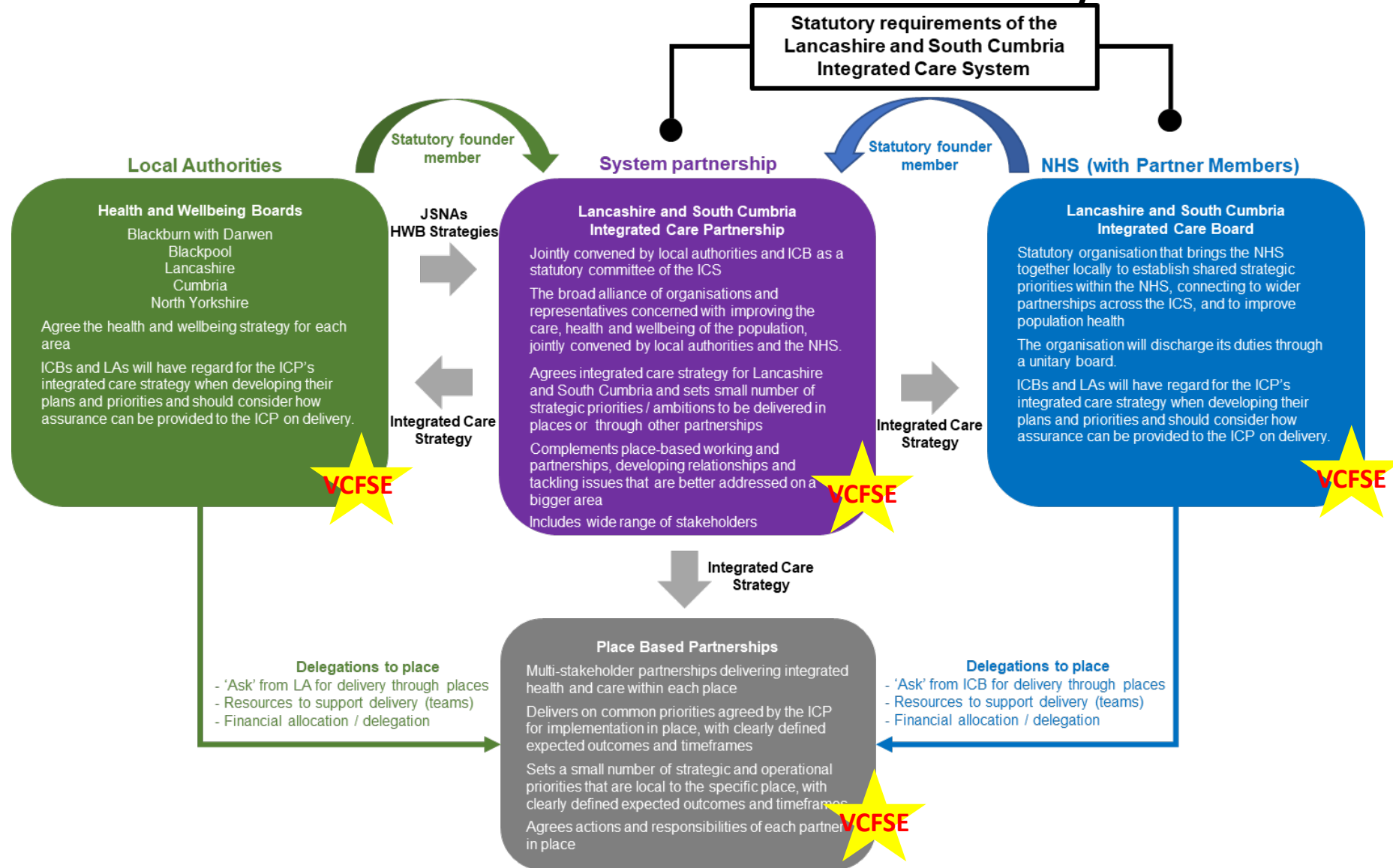


# 4. The Lancashire and South Cumbria Integrated Care Partnership

Lancashire and South Cumbria VCFSE Assembly

Wednesday 30<sup>th</sup> November 2022

# Our Lancashire and South Cumbria system



# Requirements of the Integrated Care Partnership (ICP) and Integrated Care Strategy


An ICP is a broad alliance of organisations and representatives concerned with improving the care, and the health and wellbeing of the population, jointly convened by local authorities and the NHS. National guidance outlines the following core purposes of an ICP:

- **Achieve the four common aims of Integrated Care Systems**
  1. Improve outcomes in population health and healthcare
  2. Tackle inequalities in outcomes, experience and access
  3. Enhance productivity and value for money
  4. Help the NHS support broader social and economic development
- **Build shared purpose and common aspiration across the whole system** to help people live healthier and more independent lives for longer, 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.
- **As an ICP, we are expected to publish an initial interim strategy by December 2022**

# The role of the ICP and the purpose of the Integrated Care Strategy

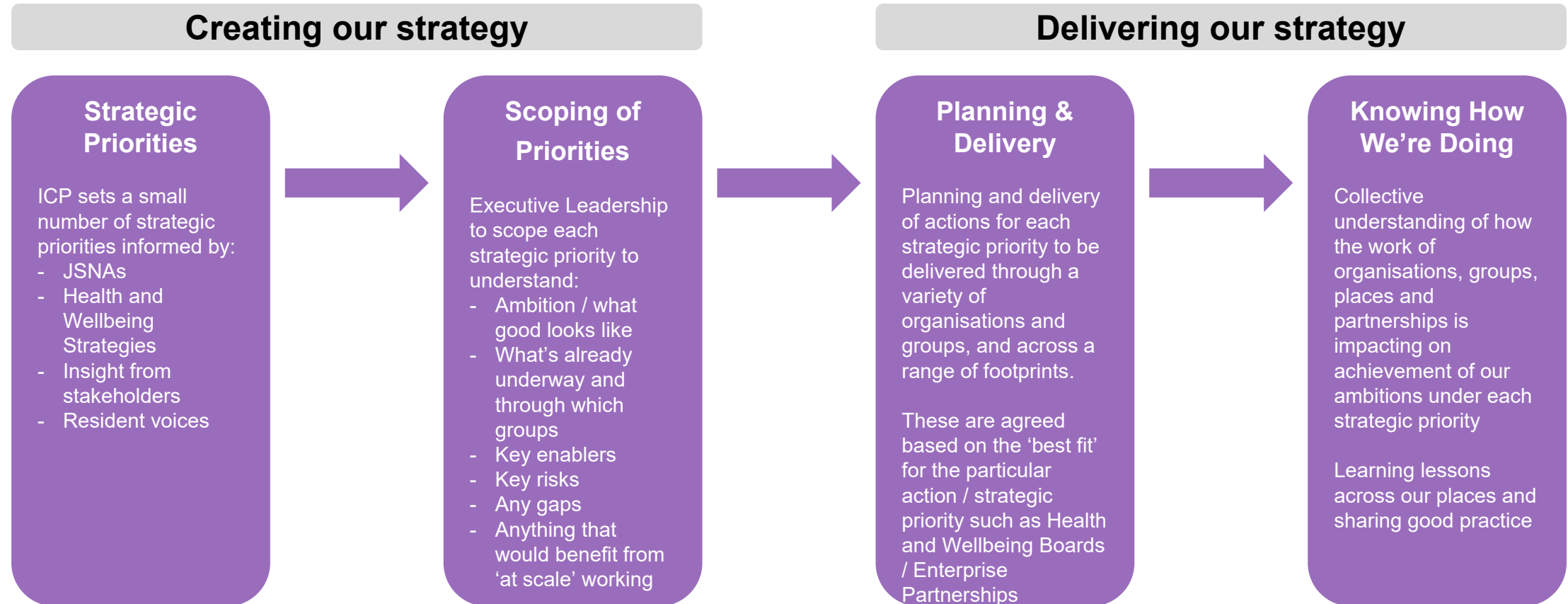
 **Not** designed to

- 'Take over' or duplicate existing work, or 're-invent the wheel'
- Take action on everything at once
- Be overly prescriptive on what is occurring locally

 **Is** designed to:

- Set the strategic direction and agree a number of strategic priorities.
- Drive a unified focus on the challenges and opportunities to improve the health and wellbeing of people and communities throughout the geography of the ICP
- Increase and accelerate the level of ambition and commitment to integration from all partners
- Build on what's working well by spreading good practice across our places and system
- Support better alignment of decision-making
- Support and enable delivery through places

# Our approach to the Integrated Care Strategy



# Our draft priorities



Proposal for agreement at ICP in December 2022. Merge into:  
**Working Well:** A focus on supporting people into employment and staying in work, maximising the role of large scale organisations and local businesses in contributing to the health and wellbeing of individuals and the social and economic development of communities.

## 5. Our suggested next steps

How can we work together to support VCFSE partners to:

- Identify a small number of priorities that:
  - Are aligned to addressing the key challenges facing our system
  - Would significantly benefit from the skills, knowledge and expertise that exists in the VCFSE sector
- Develop costed delivery plans, working across the system and in places
- Identify measures of success that are meaningful to all partners



# Priorities for consideration

1. Supporting safe, holistic and timely discharge/transfer of care from hospitals, from both acute physical health and mental health settings
2. Supporting a reduction in inappropriate admissions to hospital from our Emergency Departments, and a reduction in repeat, inappropriate attendances at Emergency Departments
3. Supporting individuals and families with the social and economic factors that impact upon health and wellbeing by ensuring that the VCFSE sector is fully embedded in our integrated neighbourhood teams

## 6. Next steps for the Alliance Steering Group

As we've shown, we've been working in the background trying to bring something into existence which can play on behalf of the wider VCFSE in this developing system.

Out of the assembly must come the leads to comprise the steering group and the representatives on the various boards, committees and working groups.

The proposal is that the current VCFSE Alliance be re-constituted as the VCFSE Alliance Steering Group for the LSC VCFSE Assembly.

The SG will be constituted of the leads elected by the Place-based groups, the thematic groups, with additional involvement from the leads of various task & finish groups.

Involvement opportunities are to establish groups over next three months, we'll be in touch with an evaluation and opportunities to get involved after today.