



Lancashire and
South Cumbria
VCFSE
Assembly

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LSC VCFSE Assembly #2.

Place Development Session.

23.2.23 2-4pm.



Session Plan

1. Introduction and Welcome – Tracy Hopkins. 2 mins.

Reminder; <https://www.healthierlsc.co.uk/VCSE>.

2. Place VCSE groups – current Alliance Place leads. 10 minutes total;

What exists now, **2 mins** each for West Lancashire, Pennine Lancashire, Fylde Coast, Central Lancashire and Morecambe Bay.

Decisions to make and progress with four ICS Places and “delivery units” in the larger Lancashire Place.

3. VSNW intro and support offer to Place groups. 2/3 mins.

Warren Escadale, CEO Voluntary Sector North West (VSNW)

4. ICB Place narrative and detail for each place. 60 mins

Karen Smith & ICB Place leads.

5. Next steps together. ~30 mins.

How will VCSE Place groups be fully embedded with Place Partnerships? Key relationships and processes.

6. Next Meeting. ~15mins.

Propose 3rd week in April.

Place VCFSE groups –
current Alliance Place
leads. 10 minutes total;
What exists now, 2 mins
each for West
Lancashire, Central
Lancashire, Pennine
Lancashire, Fylde Coast
and Morecambe bay.





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West Lancashire VCFSE Partnership
Greg Mitten, Chair

West & Central Lancashire

Greg Mitten – West Lancs CVS + Lancs & South Cumbria VCFSE Alliance + Lancashire Association of CVS & Partners



EQUITY:

ACCESS - BEING VALUED - VOICE - MUTUAL LISTENING - ACTIVE PARTICIPATION - INFLUENCE - DECISION MAKING

How can our services in West Lancashire work better together so everyone can find the help they need when they need it?

There are many ways people can access wellbeing services in West Lancashire. We already work together to help people get what they need. However, people who are very vulnerable can fall through the gaps when it is not clear how or where to create new pathways or refer them to other points of access to services.



- **Next Steps:**
- **Circulate Harvest Report**
- **Work with VCFSE & other partners to create task group for ‘Community/Citizens/Lived Experience’ participation**
- **Work alongside C&WL place based partnership with Sarah James (IPBP Lead) to align, integrate and shape into place based development**
- **Collective outputs will feed into the development of a plan and resource request to support any proposed implementation.**

- Public Health England
- Tools to support 'Place-based approaches for reducing health inequalities' (publishing.service.gov.uk)

Tools to support 'Place-based approaches for reducing health inequalities'

Tool B: Civic support to communities

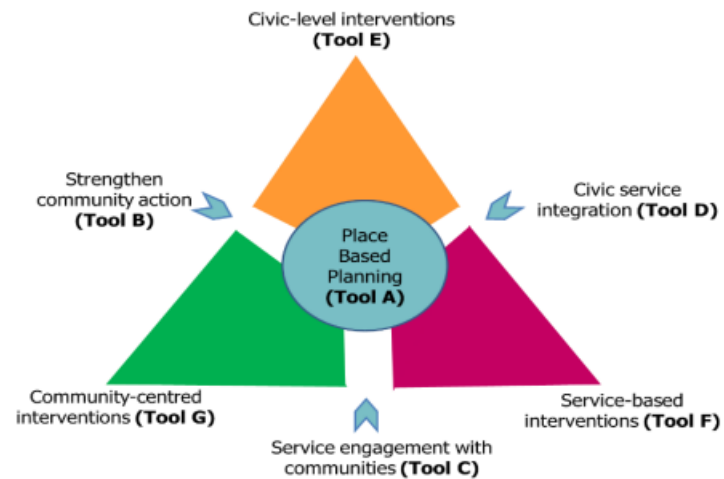


Figure 1 Population Intervention Triangle

Checklist for this tool – Tool B

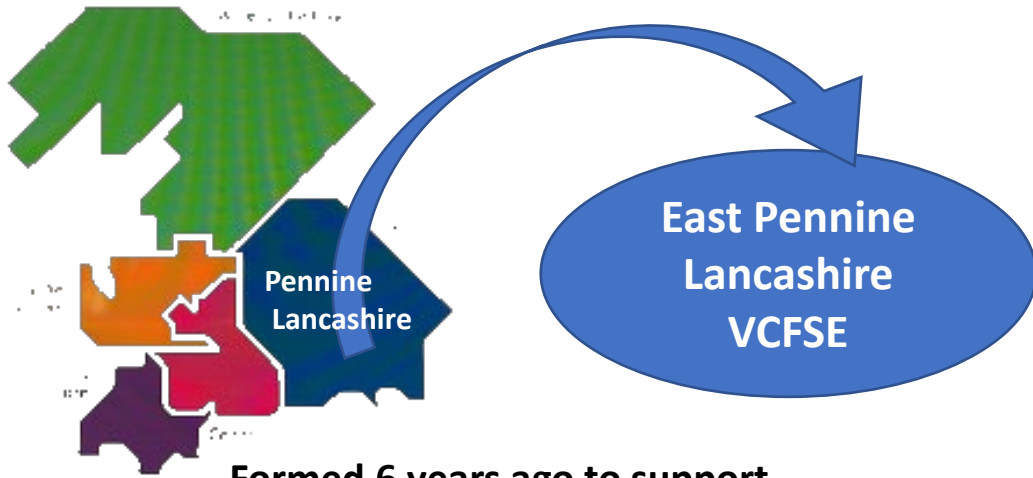
1. Coherent civic commitment
2. Community leadership and representation
3. Promotion of active citizenship
4. Graduated community support
5. Community needs mapped
6. Investment in infrastructure
7. Learning and training initiatives
8. Financial support to VCSE sector
9. Building on community assets
10. Evaluation



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Pennine Lancashire VCFSE.
Stephen Jones & Christine Blythe.



**Formed 6 years ago to support
East Lancashire Integrated Care Partnership
and future transformation**

**Blackburn with Darwen & 6 district councils
which make up east Lancashire**

**Currently have 71 organisations on the mailing list
Majority located Blackburn with Darwen and
East Lancashire**

**Also Includes small number of organisations which
deliver activities & interventions
across the Pennine Lancashire footprint**

Chair

Vice Chair

Leadership Team

Interest Organisations

- **Bi-monthly meetings**
- **Very successful**

Aim

- Increase engagement, amplify voice, influence.
- Embed VCFSE into the integrated care system

Strengths of PL VCFSE

- Work in communities
- Voice of communities
- Trust of the communities
- Collaborative
- Adept at utilising ABCD models to gain greater integration & depth

VCFSE Representation

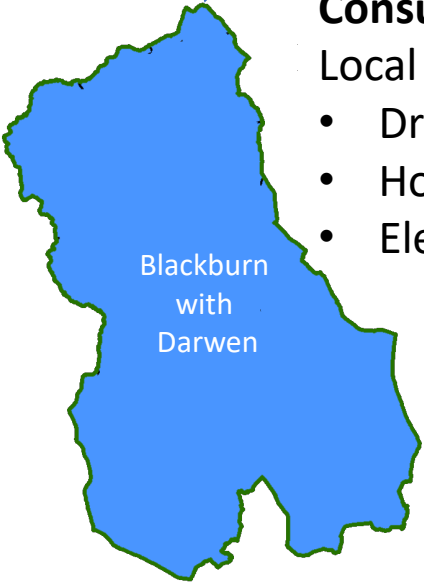
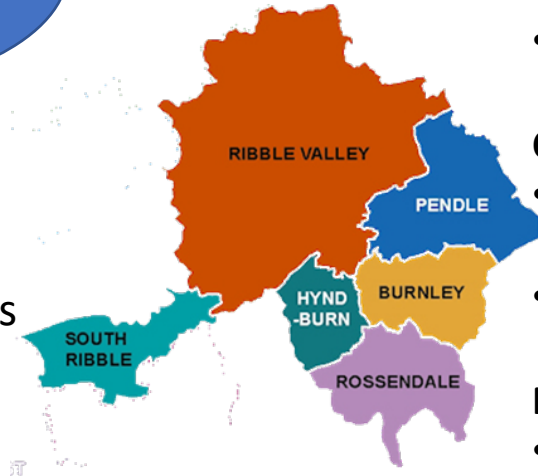
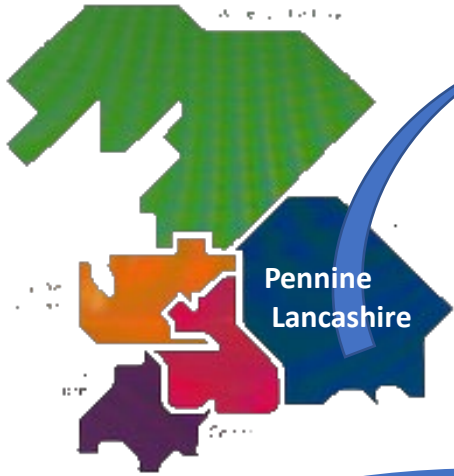
- BwD PCN's BwD HWBB, BwD & EPL ICP's, Other boards
- Various EPL & L&SC strategic groups

Objectives

- Improve Governance
- Increase wider representation from communities (E/D, Locality, Faith)
- Develop our engagement capacity & capability
- Representation of VCFSE on BwD, EL-ICP / &SC delivery/ strategic groups

Outcomes - we want ed to achieve

- Collective shared leadership – One voice!
- Improved representation and engagement
- Amplified voice and influence Local communities <> L&SC PBP's integrated care system
- Transparent electing leader, governance & commissioning
- High level of trust & reputation within PBP & L&SC ICBP



Consultation with local VCFSE
 Local priorities - what the data says

- Draft plan
- How do you want to engage
- Electing VCFSE Leadership

Key issues going Issues:

- Wider VCFSE representation from community organisation leaders
- Wider VCFSE representation on leadership
- Commitment to speaking with one voice
- Communications - information sharing
- Transparency - election of leaders , Governance & Commissioning

- **Lancashire is the Place based partnership**
- **East Lancashire a Delivery Unit**
 Lead - Jackie Moran

- Consultation with local VCFSE & District Councils**
- Local priorities - what the data says
 - How do you want to engage

- Current Proposal**
- East Lancashire VCFSE to work with District Councils Health & wellbeing Partnerships
 - Report to H&WB

- Possibilities in the future**
- District VCFSE leads form a East Lancashire Leadership Group



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VCFSE Leadership Group Blackpool, Wyre & Fylde
Tracy Hopkins, Chair

Where are we with the VCFSE Leadership Group in Blackpool, Wyre & Fylde?

- The VCFSE Leadership Group is currently for leaders across Blackpool, Wyre & Fylde
- It is made up of c40 leaders from a range of charities, CICs, Faith based and social enterprise organisations
- Tracy Hopkins was elected as Chair in 2018 and David Houston as vice-chair (this was originally for 2 years, so another election is well overdue!)
- The Chair and vice-chair have been involved in local place based partnership meetings and continue to do so under the new geography.
- The Leadership Group has formed pockets of partnership working around initiatives from social prescribing to local VCFSE infrastructure



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Central Lancashire VCFSE Leaders Partnership.
Joe Hannett.



COLLABORATION + INNOVATION = IMPACT



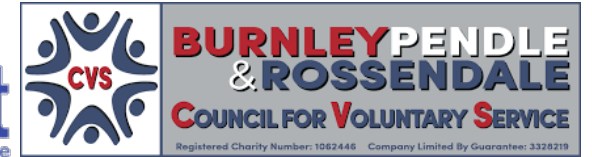
Community Futures



Lancashire West



We are LANCASHIRE WOMEN



Where are we?

- Central Lancashire VCFSE Leaders Partnership (CLLP) was established with a constitution in 2019.
- An advisory group of six members was established and a manager employed, with support from the Central Lancashire Place-based Partnership (PBP), to lead developments and be part of the PBP Board and other functions/committees.
- “Reset & Build” key CLLP delivery prior to the change in Places in July ‘22. A Theory of Change for VCFSE partnership across Central was developed, with support from the Open University and involved over 700 hours of collective VCFSE input across a wide range of organisations.
- Since Sept ‘22, with the change to the Lancashire Place, CLLP itself has not met however members have been involved in a number of activities and comms have continued – albeit less regularly.
- The intention is to join up with the West Lancashire VCFSE Partnership to develop a Place VCFSE Partnership aligned with the new Central & West Delivery Unit of the Lancashire Place.

Constitution.

Mission.

To provide a strategic network for Voluntary, Community, Faith organisations, Not-for-Profits and Social Enterprise leaders in central Lancashire; through principles of;

- Shared values
- Open dialogue
- Investment for the future
- Creative and innovative joint working
- Outcomes focussed activity
- Infinite, not finite possibilities

Purposes.

1. Raise the profile, increase understanding and promote the value of member organisations across central Lancashire.
2. Agree representation at decision making bodies across central Lancashire including strategic forums as necessary.
3. Improve and consolidate existing links with all local community networks within central Lancashire to develop processes for communication and representation.
4. Develop and grow new opportunities, using evidence from and connections of members
5. Use shared data to identify key decision makers for the benefit of the sector
6. Identify, promote and share peer learning, training and capacity building to ensure that the workforce of all member employing organisations are in strong positions to meet future demands
7. Improve the quality and sustainability of services for people living in central Lancashire



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**Morecambe Bay:
Lancaster District VCFSE Leaders Forum, Yak Patel.
Cumbria CVS, David Allen.**

Mission

To provide a strategic network for Voluntary, Community, Faith organisations and Social Enterprise leaders in the Lancaster District through principles of:

- Shared values.
- Open dialogue.
- Investment for the future.
- Creative, innovative and cooperative joint working.
- Outcomes focused activity.

Purpose

1. Raise the profile, increase understanding and promote the value of member organisations across the Lancaster District.
2. Agree representation and influencing at decision making bodies across the Lancaster District and beyond.
3. Improve and consolidate existing links with all local community networks within the Lancaster District to develop processes for communication, representation and mutual support.
4. Develop and grow new opportunities, using evidence from and connections of members.
5. Use shared data to identify key decision makers for the benefit of the sector
6. Identify, promote and share peer learning, training and capacity building to ensure that the workforce of all member employing organisations are in strong positions to meet future demands.
7. Improve the quality and sustainability of services for people living in the Lancaster District.

Lancaster District VCFSE Leaders forum

Yak Patel, CEO Lancaster District CVS,
and Chair of.....

Progress to date...

Recognised engagement vehicle.

Represented the sector at Bay Health and Care for the past four years.

Population Health Strategic Board, Integrated Care Communities, Primary Care Networks.

Health & Wellbeing Partnership board

Engagement & partnership working with Lancaster City Council, education, business.



Workforce development, leadership support, support for organisations and groups, volunteering, voice.

Thematic groups

- Children, young people & families.
- Community Development.
- Community Action Network.
- Out of hospital Care and Mental Health forum.
- Housing.
- Environment.
- EDI.



Population Health Investment fund - £200k over the last 2 years.

Children and young people investment fund.

Health & wellbeing fund.

Mental Health Transformation Fund.

System infrastructure fund – basically, membership database capturing the economic and social value of the sector.





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Assembly**

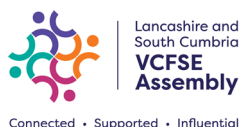
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Decisions to make progress with four ICS Places and “delivery units”
in the larger Lancashire Place.

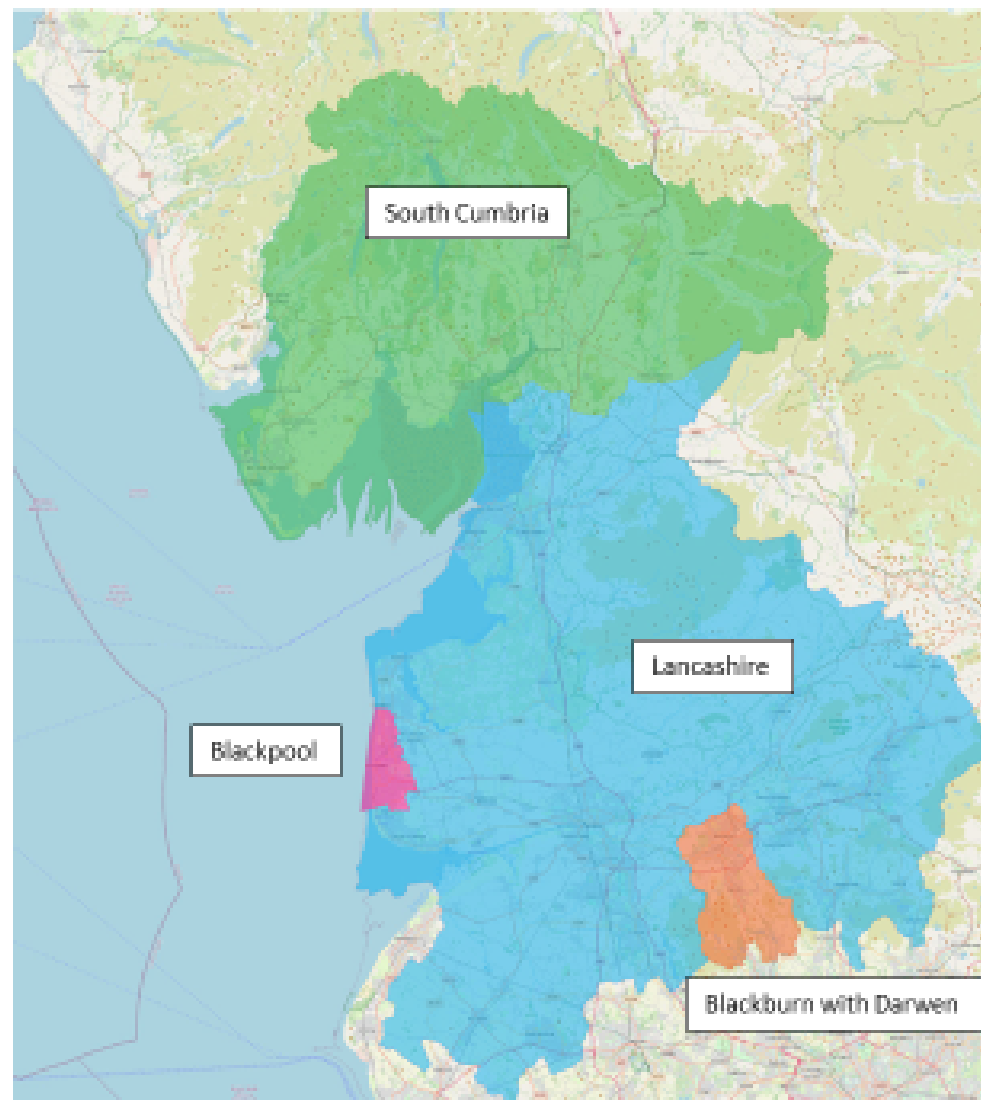
Configuration of Place in Lancashire and South Cumbria

Four places in Lancashire and South Cumbria:

- Blackburn with Darwen c150k population and 4 PCNs
- Blackpool c 140k population and 4 PCNs
- Lancashire – c 1.2 million population and 28 PCNs
- South Cumbria – c171k population and 5 PCNs



Decisions to make and progress with four ICS Places and “delivery units” in the larger Lancashire Place.



Lancashire will be sub-divided into three Localities:

- North Lancashire c337k population (8 PCNs) – Fylde and Wyre (5 PCNs) and Lancaster City (3 PCNs).
- Central Lancashire c598k population (11 PCNs) – Preston (3 PCNs), Chorley (3 PCNs), South Ribble (2 PCNs) and West (3 PCNs).
- East Lancashire c392k population (9 PCNs)– Burnley (2 PCNs), Hyndburn (2 PCNs), Pendle (2 PCNs), Rosendale (2 PCNs) and Ribble Valley (1 PCN).

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
Start Well.

Thematic Group 2
Live Well.

Thematic Group 3
Age Well.

Thematic Group 3
Die Well

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
PREVENTION

Task & Finish Group 2
WAITING WELL

Task & Finish Group 3
HOSPITAL FLOW - ACUTE

Task & Finish Group 4
HOSPITAL FLOW - MENTAL HEALTH

*People Board, Quality Committee, PIEAC.

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



CHIEF EXECUTIVE

Warren Escadale

<https://www.vsnw.org.uk>

ABOUT US

OUR WORK

PUBLICATIONS



NEWS + COMMENT

EVENTS

JOB

Voluntary Sector North West

The regional voluntary sector network for the North West. Ensuring the voluntary, community and social enterprise sector, in all its diversity, takes its full part in shaping the future of the North West.

LSC VCFSE Assembly #2.

An overview of Place

23 February 2023

Proud to be part of



Directors of Health and Care Integration

The directors were appointed by the Board and executive team of the ICB for Lancashire and South Cumbria, in collaboration with the four upper tier local authorities; Blackpool, Blackburn with Darwen, Cumbria and Lancashire.

The directors are:

Blackburn with Darwen – Claire Richardson

Blackpool – Karen Smith

South Cumbria – Jane Scattergood

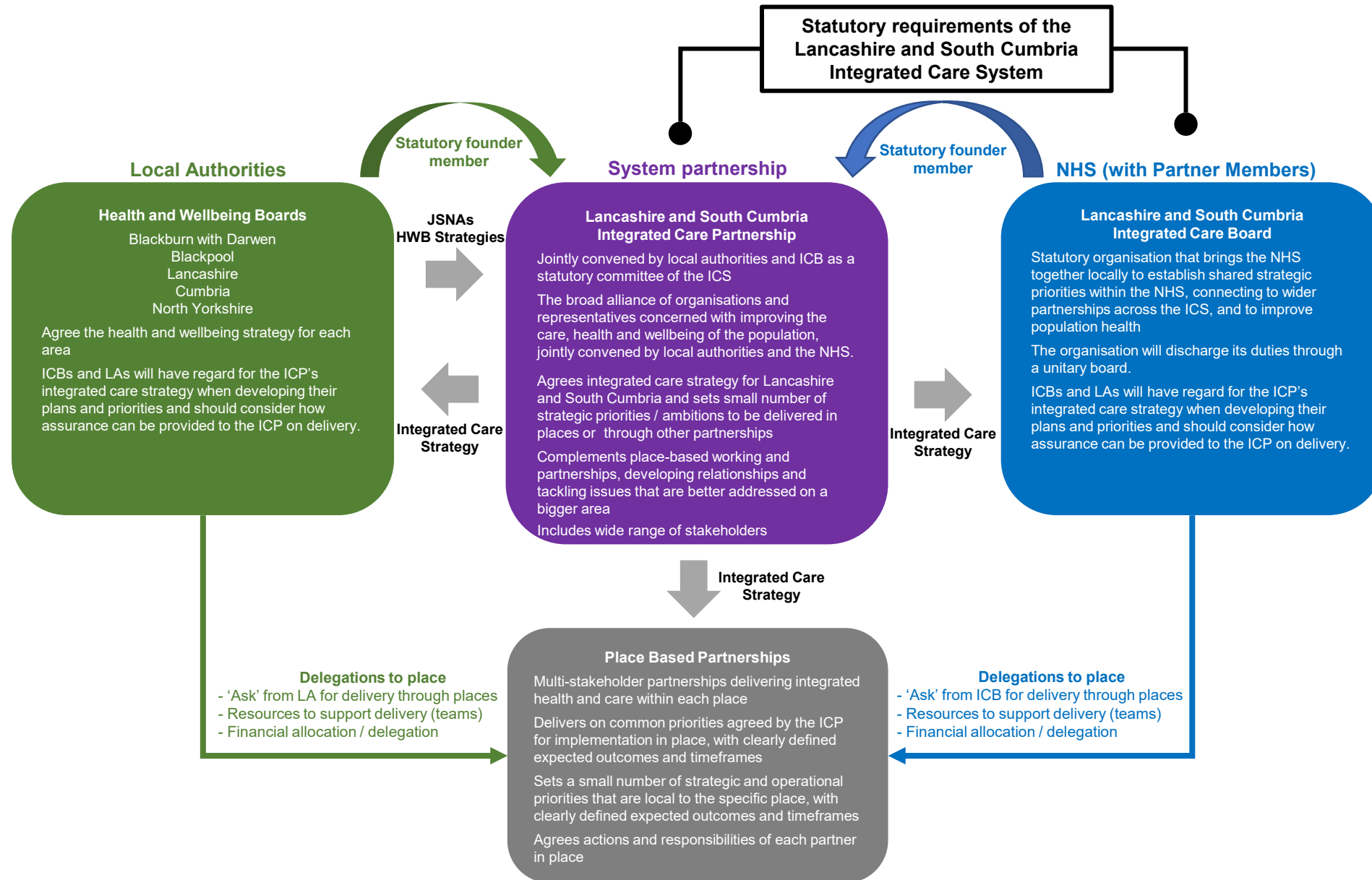
Lancashire – Louise Taylor



What is a Place-Based Partnership and what should it do?



How the system works together



Blackpool Place

Blackpool place-based partnership



Blackpool place-based partnership

Place

Blackpool is a seaside resort in Lancashire and rests in the middle of the western edge of the Fylde. It has a vast amount of heritage and local attractions, however, we are facing some major challenges with the health and well-being of our residents. As of 2021, Blackpool is the third most densely populated local authority in the North West.

People

Based on recent growth rates, it is estimated the current population of Blackpool is circa 140,000. Understanding the needs of our people is so important if we are to effectively address the challenges we face and improve patient outcomes and quality of care.

Partners

As a Blackpool place, we are developing a vision for our Partnership, so we have a shared sense of purpose and ambition. A vision which will be co-produced by partners. Fundamentally, it will consider what we have heard and therefore what we know, is important to our local communities. Their voice is, and will continue to be, core to the work of the Blackpool Place.

Blackpool place-based partnership



- Outcome of the LSC boundary review – **Blackpool place**.
- Emerging ‘new’ partnership, but **building on solid foundations and strength of existing relationships** – membership, governance and operating model currently in development. Membership includes VCFSE representation.
- Blackpool Place - **great programmes of work already underway** such as the co-production commission. Hosted by Blackpool council and in partnership with VCFSE. Finding innovative solutions to complex problems and embedding a consistent approach to co-production.
- **Moving forwards** - very early conversations regarding partnership draft priorities: what have we been hearing, what do we know and where do we want our focus as a collective to be for 2023/24 and beyond
- **Alignment** -
 - LSC Integrated Care Partnership priorities (work which has included local VCFSE representation) and
 - Emerging new Blackpool Health and Wellbeing (HWB) strategy

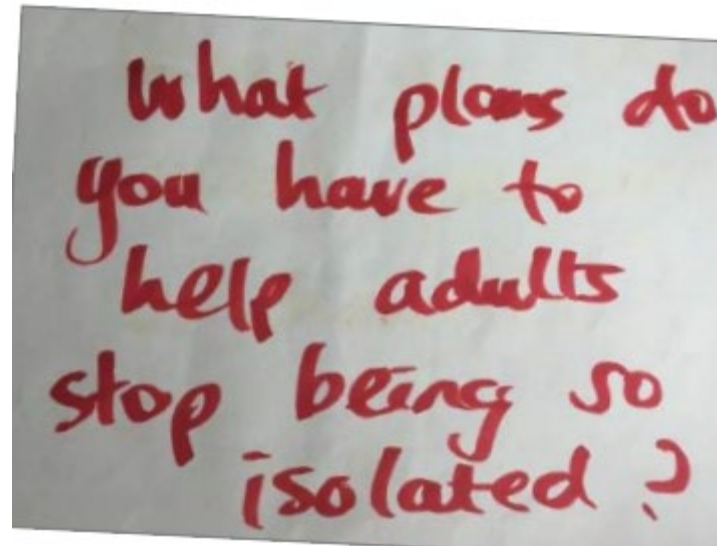
We have been listening to our communities and considering what we know...

An issue that I've come across is making sure people know what's happening. This can be difficult if you don't know where to look for information

Out of the top 10 most deprived LSOAs based on IMD2019 rank, Blackpool is 2,3,4,5,6,7,8 & 9 out of the top 10 nationally in England

My children are three and four and there are no activities in the area for them for after-school. They are either too young or it costs too much

Blackpool has the highest rate of deaths from drug misuse in the country, with 76 deaths between 2019 and 2021 a rate of 19.4 per 100,000 population (directly standardised rate).



What plans do you have to help adults stop being so isolated?

In Blackpool, 24.7% of the population was income-deprived in 2019.

"I've been trying to get new hearing aids but I've waited months so I ended up buying one off Amazon. It's not the best but I have to make do"

If self referral were more well known I may have got treatment earlier.

1. Starting Well

2. Living Well

3. Living Well

4. Living Well

5. Ageing Well

Starting Well

First 1,000 days – specific focus on avoidable parental breakdown. Starts at conception
School readiness

Employment Education & Training

Workforce – aspiration and ambition'
“Milk round” – a co-ordinated place offer for Blackpool school leavers
Skills match with economy’s need
Workforce opportunities

Staying Well

Respiratory (all age) – specific focus on housing and smoking. Mild to moderate.
Mental Health and Wellbeing (all age)

Initial thinking - emerging Blackpool place priorities and alignment with ICP strategy priorities

Implementing other local initiatives e.g. Spring into Spring

Community Services

Community health and care system – local transformation programme

Together Everyone Achieves More

Our next steps as a partnership:

- **Governance / Operating model** – further refinement to ensure what we have is right for delivery
- **Listening** – further conversations with our partners on early draft priorities and emerging programmes of work e.g. community services local transformation
- **Alignment** – further scoping work with partners such as Population Health colleagues to ensure work programmes for 2023/24 and beyond continue to complement
- **Measuring impact** – considering our accountability to residents, ensuring we have the right measures wrapped around our collective priorities to demonstrate success and impact

Blackburn with Darwen Place



**Lancashire and
South Cumbria**
Integrated Care Partnership

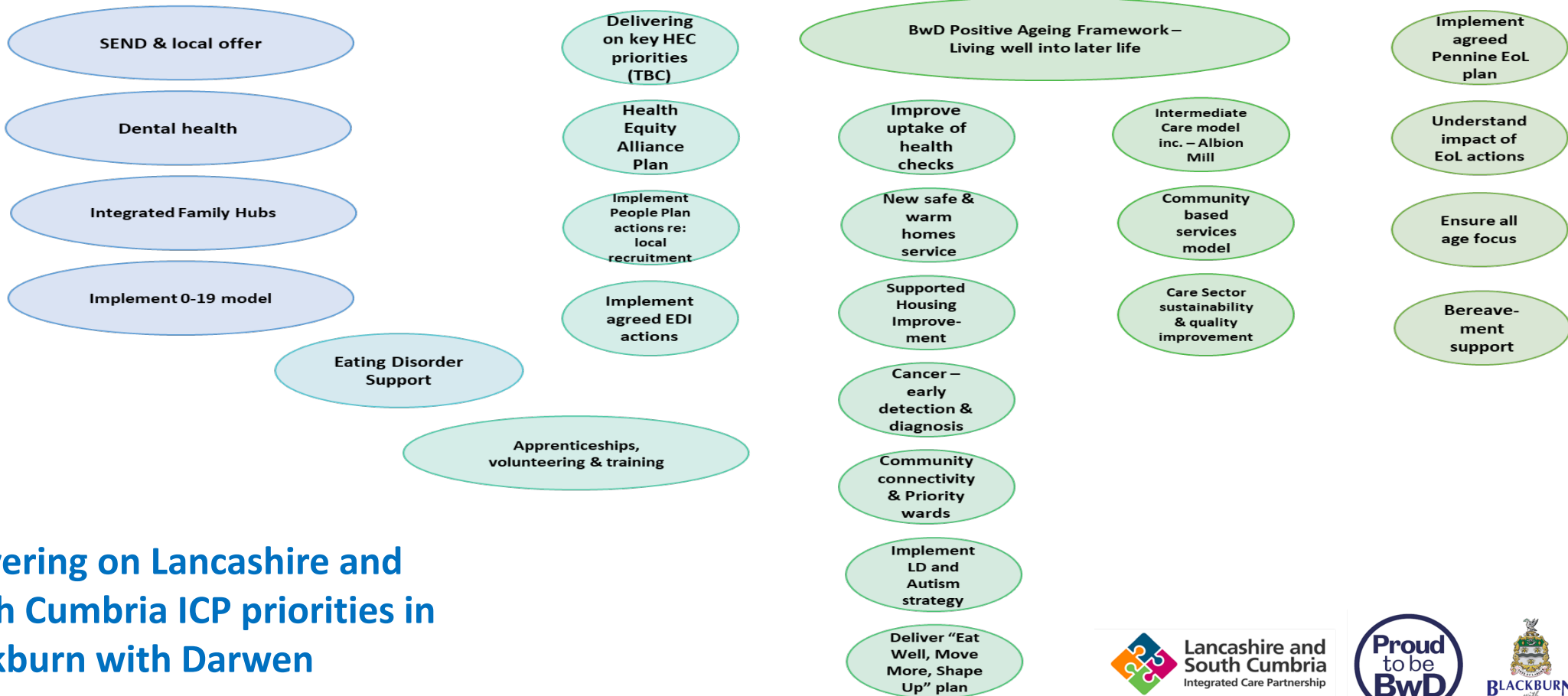


BLACKBURN
with
DARWEN
BOROUGH COUNCIL

Starting Well	Growing Well	Living Well	Living Well	Ageing Well	Dying Well
First 1000 days	Helping our young people transition to adulthood	Role in social and economic development, supporting people into employment	Preventing ill health and tackling health inequalities	High quality care that supports people to stay well in their own home	Preferred place of death with holistic support from the time of diagnosis

← Mobilising Neighbourhoods & INTs responding to the identified needs of local communities →

← Healthy Minds →



↑ Quality and safety - Protecting our vulnerable people and our workforce ↓

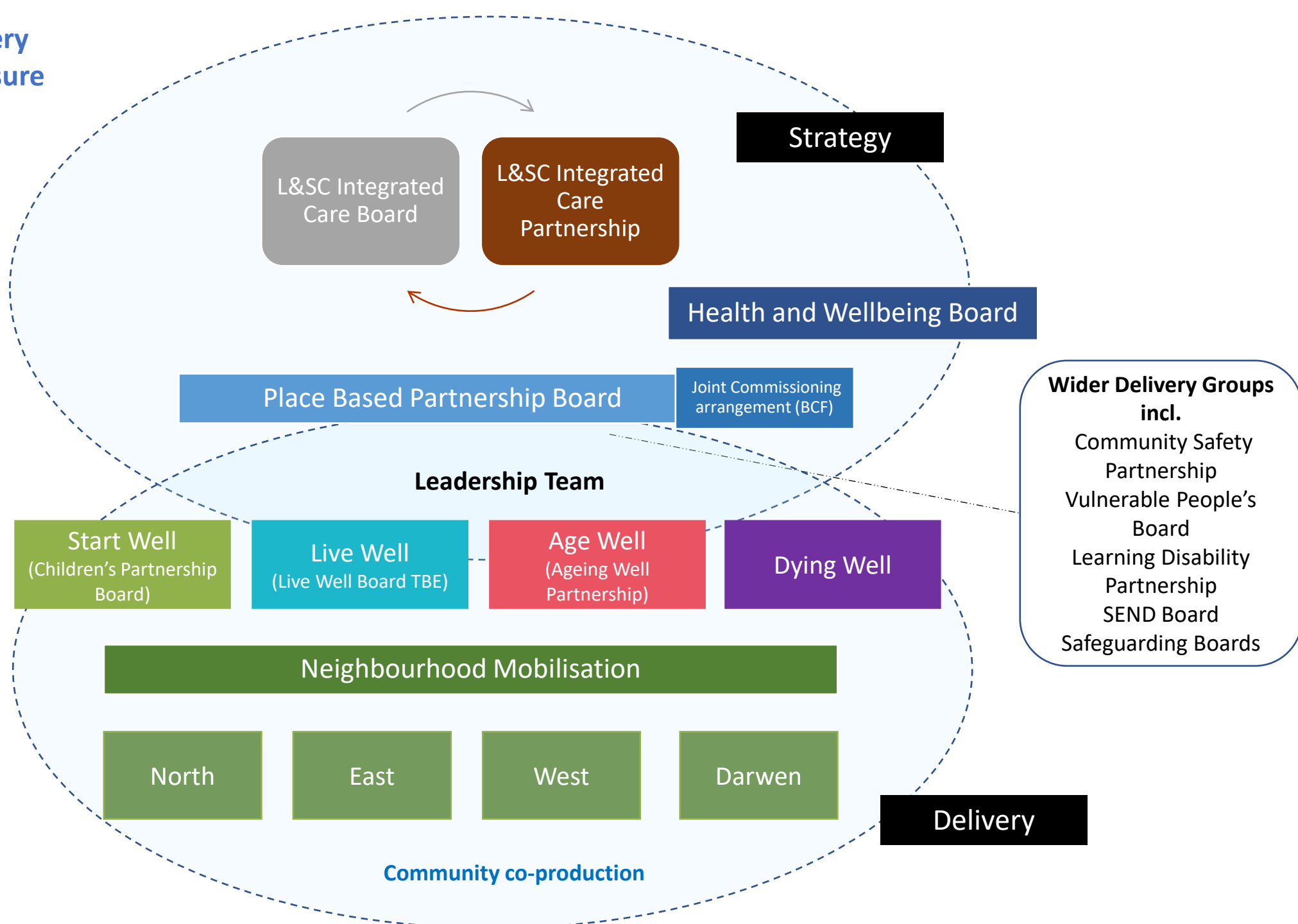
Delivering on Lancashire and South Cumbria ICP priorities in Blackburn with Darwen



How we will drive delivery as a Partnership and ensure assurance of outcomes

- Communications & Engagement
- Workforce
- Quality & Safety Assurance & Improvement
- Finance & Performance
- Population Health Intelligence

We will work together to ensure community co-production wherever we can



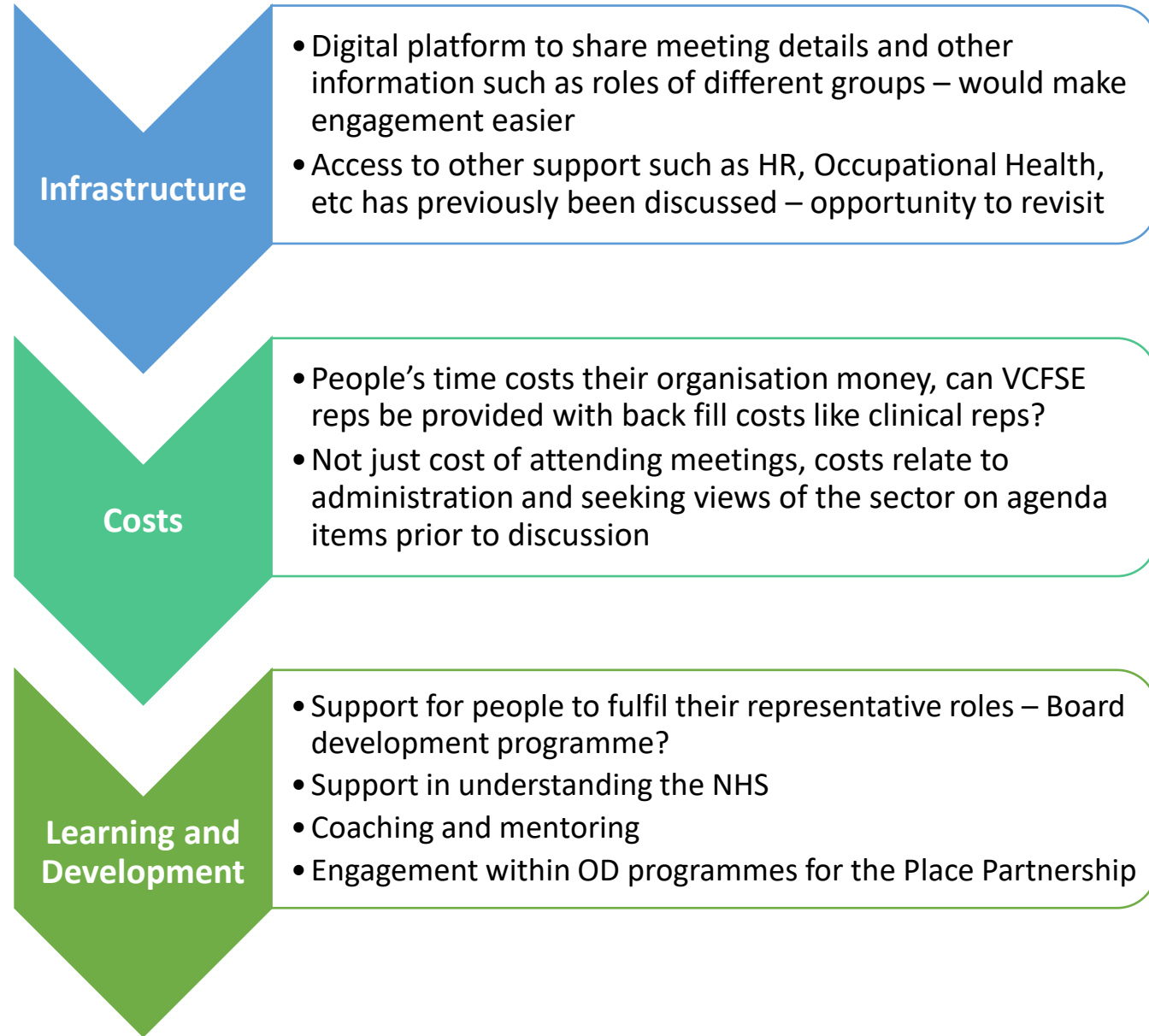
- Wider Delivery Groups incl.**
- Community Safety Partnership
 - Vulnerable People's Board
 - Learning Disability Partnership
 - SEND Board
 - Safeguarding Boards

Working with our VCFSE in Blackburn with Darwen

Building on a history of strong relationships and engagement, across Blackburn with Darwen and Pennine Lancashire, we held an initial engagement session on 20 Jan, through which we have collectively agreed that we will:

- Establish a BwD VCFSE Alliance to form a key part of the partnership infrastructure for BwD and provide the BwD place voice into and out of the LSC VCFSE Alliance and other relevant structures
- As a BwD VCFSE Alliance, coordinate elections to ensure representatives are identified for each of the Place-based Partnership group and any other key BwD partnership infrastructure
- Work with VCFSE leaders to identify role descriptions for representatives to work across our PBP
- Work with the ICB and LSC VCFSE Alliance in order to consider the support requests raised during discussion

Supporting engagement and involvement

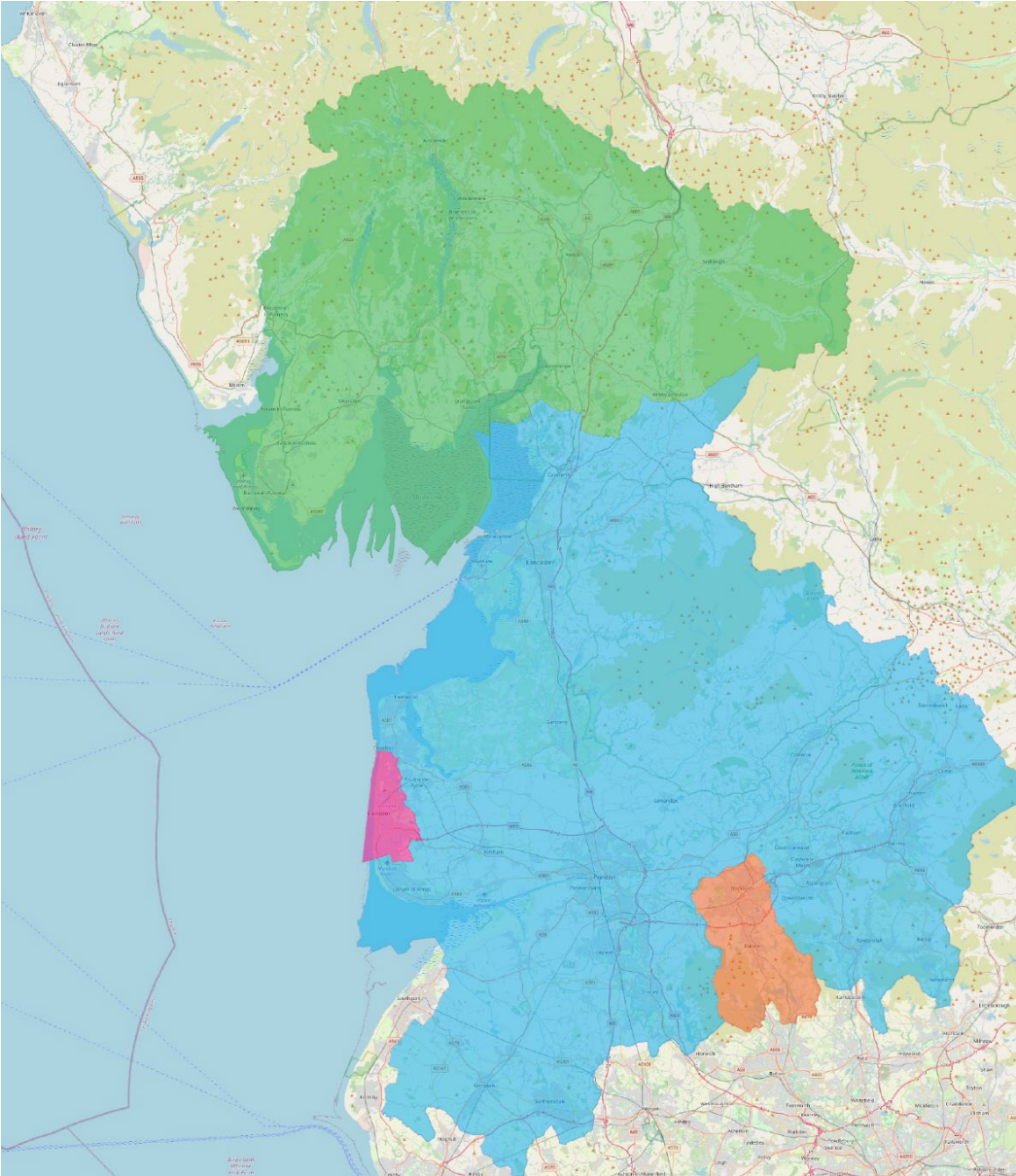


South Cumbria Place



**BIG
JOURNEYS
BEGIN WITH
SMALL
STEPS**

How are these place-based partnerships configured in Lancashire and South Cumbria?



It's estimated there are **over 10,000** charities and voluntary service organisations across Lancashire and South Cumbria

Within the Lancashire and South Cumbria Integrated Care System there are four place-based partnerships:

- Blackburn with Darwen – resident population c. 150,000
- Blackpool - resident population c. 138,000
- Lancashire - resident population c. 1.2 million
- South Cumbria - resident population c. 186,000 covering 800 sq miles

South Cumbria PBP -Working in Partnership

- Commitment from DHCI for South Cumbria Place and Westmorland and Furness Council to work in partnership with VCFSE partners
- Building on a strong way of working with VCSFE partners through the Integrated Care Communities across South Cumbria
- Working together to agree shared ways of working, principles and how we deliver together for our communities
- Need to work together to navigate the new world we are in

South Cumbria Place Based Partnership

Draft priorities

The South Cumbria PBP draft priorities have been split into 6 areas:

1. Establishment of South Cumbria Place Based Partnership with partners
2. Build on the work around Integrated Care Communities
3. Developing an agreed approach to the wider determinants of health
4. Development of a sustainable place
5. The development of PBP collective priorities
6. Supporting Transition

Development of a Sustainable Place

- **Development of joint workforce model** across health and care (including VCFSE) – including recruitment and retention activity and developments of career pathways
- **Reduction in Urgent Care Pressures** - Joint working with NHS, council and VCFSE colleagues to understand the drivers of high non-elective demand in the Central, Hindpool and Ormsgill Wards (“Priority Wards”) and to take actions that deliver a reduction in demand in-year.
- **Integration & maximising our collective resources:** Development of an integrated set of Population Health and Public Health priorities in South Cumbria and a joined up delivery plan.
- **Whole System wide and holistic approach to flow** - Suggested approach, discussion with key stakeholders to develop a strategy (and subsequent workplan) following on from the CQC’s recent ‘People First’ report as this will ensure a system-wide and holistic approach to flow.
- **Work with People with multiple complex needs** who are disproportionate users of the system.
- **Development of demand management models** to reduce need for formal health and social care – empowering people to live their best, most independent life and take greater control over their own health and care
- **Understand added value provided by VCFSE sector** and include as matter of course in any service models – including consideration of funding shifts

Unitary Authorities in Cumbria – Westmorland & Furness and Cumberland

- The new unitary Authorities will be invested on 1st April 2023

Our vision for third sector support through LGR

- *We want to see our new Unitary Authorities and VCFSE organisations in Cumbria commit to being mutually enabling, empowering, collaborative and engaging – working in true and equal partnership at both local and authority levels for the benefit of our communities.*
- *This should be about more than just fair engagement between voluntary and public sector bodies. We call for a shared vision and joint strategy, where voluntary organisations can help harness assets at a local level to reduce inequalities in health and life expectancy and achieve a positive transformation for the people of Cumbria.*



The Key Roles of VCFSE

- Strategic Representation
- Service Development and Delivery
- Coalitions and Networks
- Prevention Programmes
- Funding Brokerage

Stepping stones



DHCI appointed

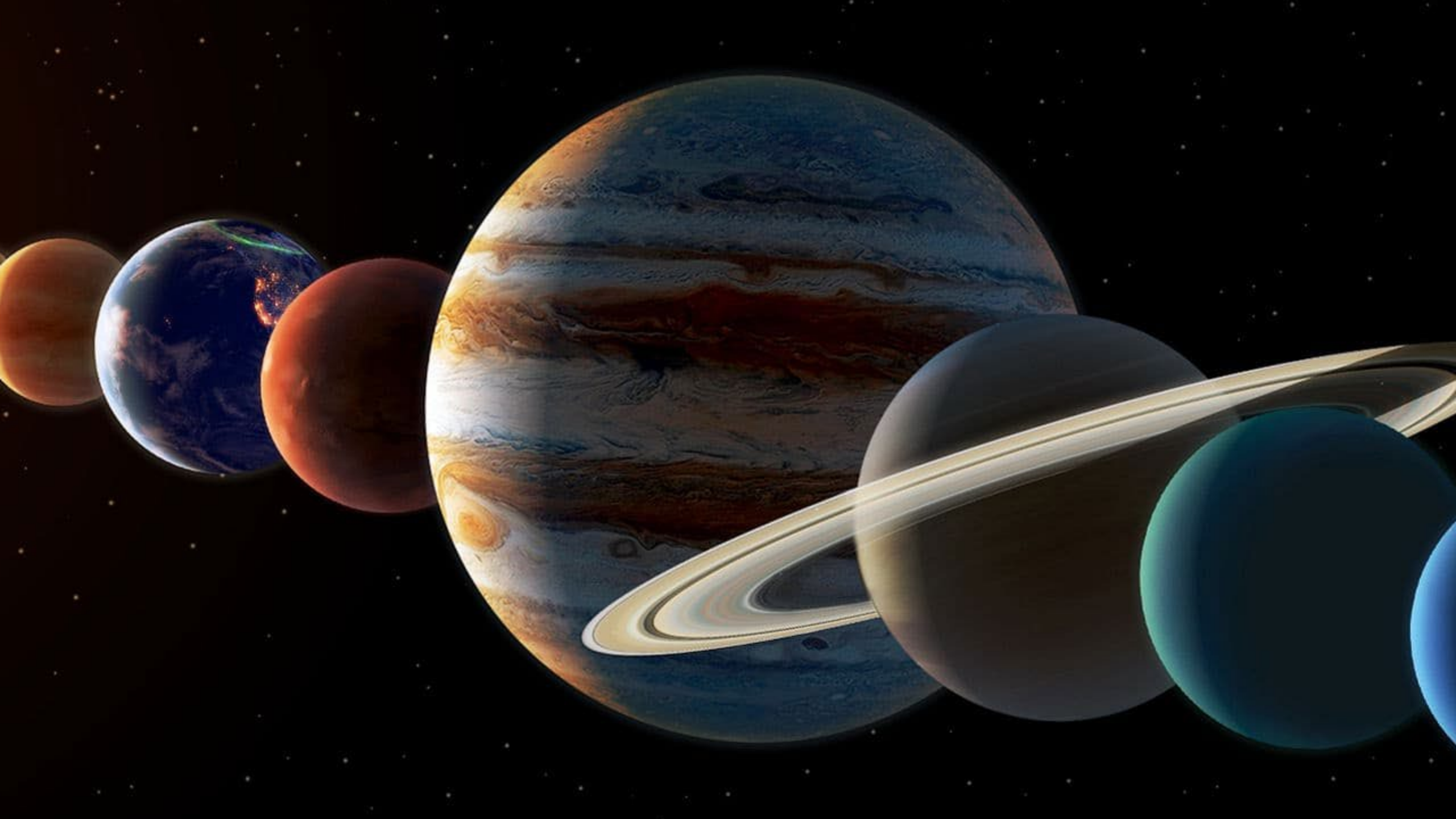
South Cumbria
Draft Priorities
developed

South Cumbria
Informal gatherings
16th Feb
16th March

Westmorland &
Furness Council
established
April 1st 2023

South Cumbria PBP
April 1st 2023
Building the
partnership together

South Cumbria PBP
Fully established
April 2024



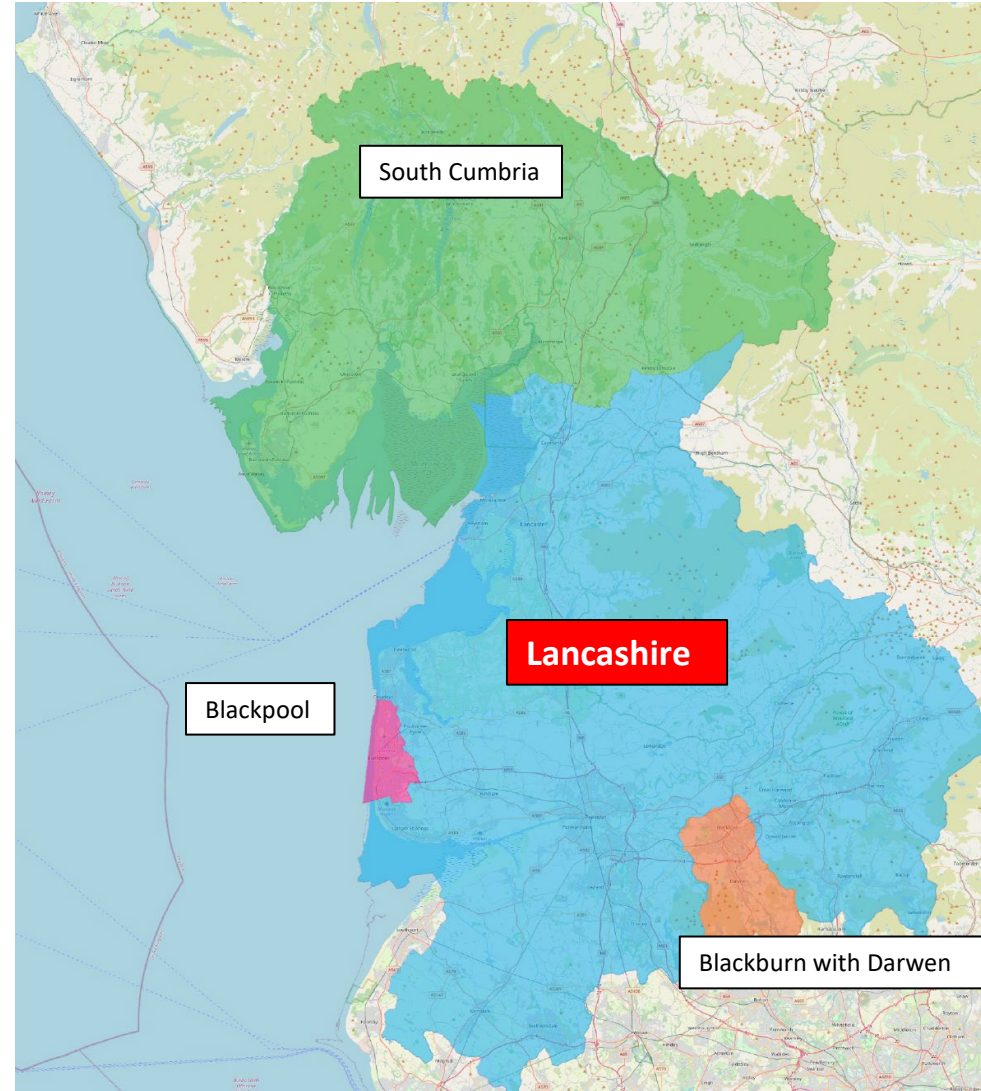
Lancashire Place

Understanding the Lancashire Place

People With a population of 1.2million, we are equivalent to most Integrated Care Systems and is the largest of the four Lancashire and South Cumbria places, where populations range from 145,000 to 225,000.

Place Our geography is vast and varied including costal, rural and city, featuring areas of natural beauty and significant deprivation. In valuing the diversity of place and population we must tailor and target our approach and resources to better meet and impact on local need.

Partners There are already established and effective organisational relationships and partnerships and whilst the landscape is changing, the plan will be to embrace a flexible approach to integrate rather than duplicate existing arrangements. The key change will be in ensuring the voice of all relevant stakeholders and public is now considered and included.



Lancashire will be sub-divided into three Localities:

- North Lancashire
c337k population (8 PCNs) – Fylde and Wyre (5 PCNs) and Lancaster City (3 PCNs).
- Central Lancashire
c598k population (11 PCNs) – Preston (3 PCNs), Chorley (3 PCNs), South Ribble (2 PCNs) and West (3 PCNs).
- East Lancashire
c392k population (9 PCNs)– Burnley (2 PCNs), Hyndburn (2 PCNs), Pendle (2 PCNs), Rosendale (2 PCNs) and Ribble Valley (1 PCN).

How will we work within the Lancashire Place?

Vision:

“Our ambition is to create a wide-based partnership, which recognises the critical role of the public and all organisations that support them to live healthier lives and stay as independent as possible during their life course.

Our Partnership will value and respect the contribution of all partners and work collaboratively to set and measure outcomes and goals toward achieving our bold ambitions to deliver good quality integrated care and support”

Principles and behaviours:

Connected *at all times to our communities and residents, capitalising on the benefits for example Healthwatch and elected members to facilitate that engagement and accountability.*

Diverse *in our approach to encouraging the input from a wide range of partners with an interest and commitment and tailoring our response according to population need.*

Effective *and efficient with our time and resource to target high benefit evidence-based priorities, which are monitored with rigour leading to improved and measurable outcomes.*

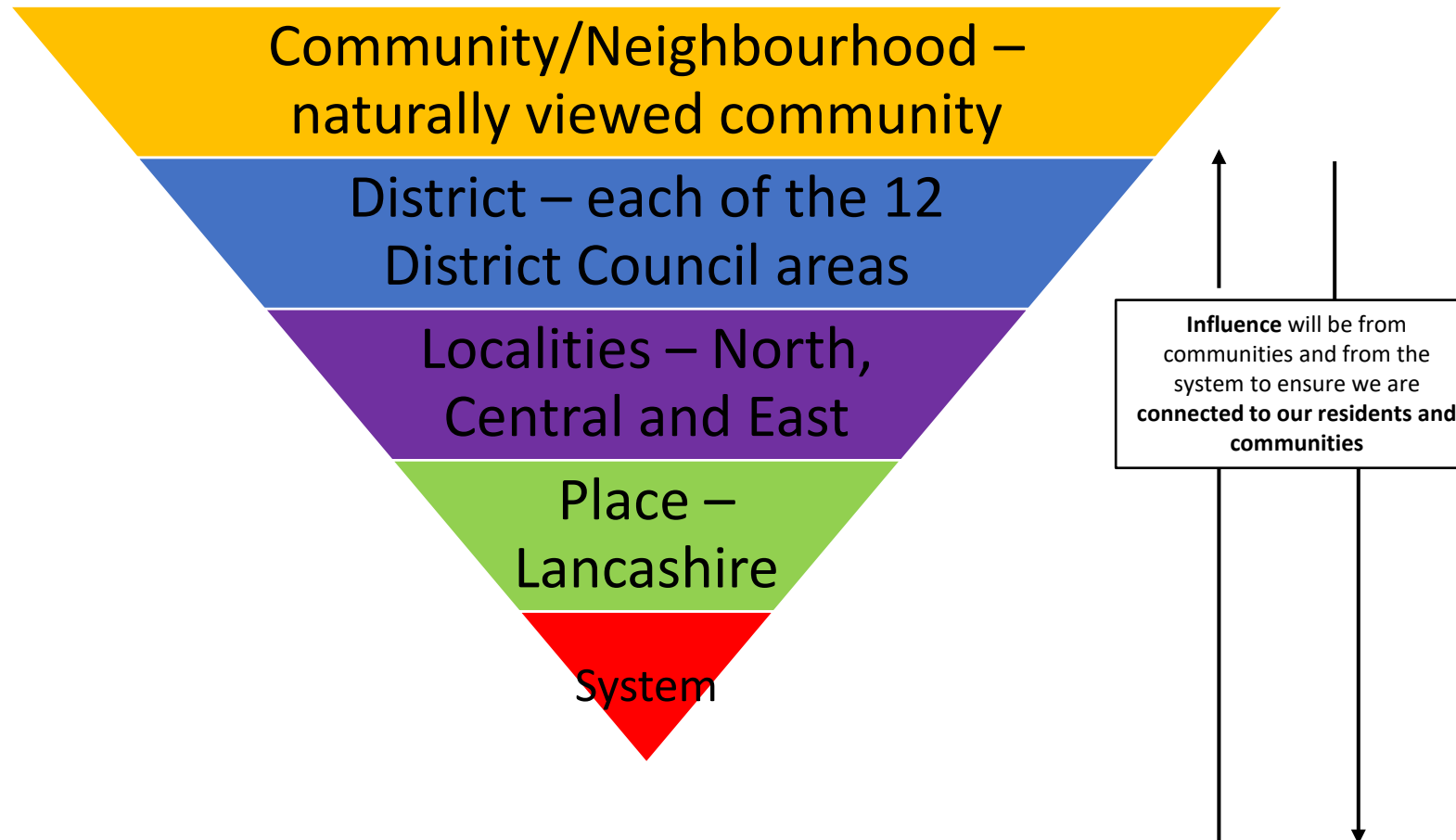
Proportionate *in the way we do business ensuring governance, is streamlined, safe and effective, but also nimble enough to allow us to move at pace given the scale and the urgency required to address some of the performance and financial challenges.*

Responsible *for delegated decision making and devolved budgets which we anticipate will be at a level to provide greatest impact and value for money.*

Our ways of working from our communities to the wider system

– Defining our model for each level

We have recognised the scale of our people, places and partners within Lancashire and the need to be always **connected** to our communities and residents, **effective** and efficient with our time and resource, and **proportionate** in the way we do business; therefore, we require a clear model as to how different geographical levels will work together. The table below sets out these spatial levels.



Emerging Themes from Workshops

- **Definitions** – consideration of our use of language and consistency i.e. Place/Locality/Districts/Neighborhoods/Communities
- **Value of being listened to** – throughout the workshops, people have felt involved and respected, rather than being a one-off this needs to be instrumental to our ways of working and to what the Lancashire Place is about (co-production)
- **Centralised v Localised** – we need to be clear as to when and why we would take a centralised approach and not control or stifle the local influence, recognising that the ICB itself has an important yet smaller role to play in the delivery of priorities at Place where greater traction can be gained from colleagues on the ground
- **One size does not fit all** – we need to listen and learn from our colleagues at grass roots level and not force a model upon them, we should consider how we can sustain their good work and let people know about it
- **VCFSE sector** – we need to fully recognise the value of the VCFSE sector in our future work
- **Prevention** – better results could be achieved if the population health resource held within the ICB were to be embedded within district councils, there is duplication between the two in striving to reduce health inequalities
- **Resource** – significant benefits are being achieved within our communities using modest sums of money, we need to sustain this and also consider the positive impact of non-financial contributions such as volunteering time
- **Data** – colleagues have been appreciative of using data for a focus, we need to support colleagues within our communities to access data to enable both targeted interventions and to demonstrate their wider economic impact
- **Priorities** – a small number of priorities at Place level are needed, we need to be clear upon where and how cross cutting priorities such as housing and employment will be delivered whilst enabling priorities within localities to be nuanced to the particular needs of the residents
- **Deliver** – in order to deliver we need to stick to what we have agreed and allow proportionate time for projects to realise benefits
- **Aspirations** – we need to work urgently on raising the aspirations of our residents to enable a generational impact
- **Hubs** – a universal hub offer, not just that of Family Hubs, would maximise delivery of services within the community
- **Communicate** – we do not communicate enough the good work that is ongoing within our communities, we should share the benefits and enable others to learn and replicate where success is proven
- **Adult Social Care** – is the service connected in the best way possible across Place?

Draft Lancashire Priorities

	Starting Well	Living Well	Ageing Well	Dying Well
Lancashire Place Priority	<p>We will support children and their families in the first 1000 days of a child's life:</p> <ul style="list-style-type: none"> • Best start in life • School Readiness • Improve health and wellbeing in children and young people • Transform 0-19 and SEND services 	<p>We will prevent ill health and tackle health inequalities:</p> <ul style="list-style-type: none"> • Healthy Hearts • Happy Minds • Transform to take a health equity approach to shift targeted and universal service provision to tackle inequalities and improve health and wellbeing outcomes across Lancashire including: <ol style="list-style-type: none"> 1. Joint recommissioning of public health services 2. Community service reform 3. Lifelong living 	<p>We will have a focus on high quality care that supports people to stay well in their own home with radical and innovative approaches to integrating care provision, in particular we will:</p> <ul style="list-style-type: none"> • Stabilise – integrate our approach to a community home based model • Transform residential nursing care, rehab beds, intermediate care and CHC to an integrated model 	<p>We will encourage our residents across all age ranges, including children and young adults where necessary, to feel comfortable in talking about planning for dying, and to be well-supported in bereavement.</p>
Does feedback from the Localities support the above as Lancashire priorities	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓
Additional priorities emerging from feedback pan-Lancashire	<ul style="list-style-type: none"> • Development of Family Hubs • Support implementation of Fuller recommendations 	<ul style="list-style-type: none"> • Employment • Housing • Loneliness and social isolation 	<ul style="list-style-type: none"> • Support for carers • Frailty/all age Hubs 	<ul style="list-style-type: none"> • Palliative care nurses integrated within communities within INTs
Additional priorities emerging from feedback unique to an area(s)	<ul style="list-style-type: none"> • Teenage pregnancy • Social isolation • Transport in rural areas • European population • Neglect 	<ul style="list-style-type: none"> • Rough sleeping • Poverty • Refugees and asylum seekers 	<ul style="list-style-type: none"> • Dementia • Support during menopause 	<ul style="list-style-type: none"> • Specific bereavement support tailored to suicide • Enable more people to die at home – develop hospice at home models
<p>Does the data that we have now indicate specific areas that require addressing within localities?</p> <div data-bbox="188 1218 843 1372" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>There is a clear need to look at a broader dataset to show where specific interventions are required, as there may be some differentiation as to how we address priorities within different district areas.</p> </div>	TASS Team – engage with them more and enhance their priority workstreams through partnership working	<p>The data shows we need to target the following in varying degrees specifically in Burnley and Lancaster</p> <ul style="list-style-type: none"> • Cancer • Cardiovascular conditions • Diabetes • Kidney and liver disease • Musculoskeletal conditions • Respiratory conditions 	<p>The data shows we need to target the following in varying degrees specifically in Burnley, Hyndburn, Pendle, Rossendale, Lancaster, Wyre, Chorley, and Preston</p> <ul style="list-style-type: none"> • Frailty • Dementia • Life expectancy • Suicides • Avoidable mortality • Mortality from all causes 	<p><i>As per slide 8, the dataset for dying well requires further work.</i></p> <div data-bbox="2053 1115 2512 1400" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> </div>



**Lancashire and
South Cumbria**
Integrated Care Board

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Next steps together

- How will VCFSE Place groups be fully embedded with Place Partnerships? Key relationships and processes.

Next meeting.

- Week commencing April 17th.
- Focus: ICB – VCFSE Partnership agreement.
 - Email joeh@communityfutures.org.uk for involvement in March 9th workshop, I'm looking for up to 15 VCFSE strategic thinkers to develop the “strawman” proposal.