

Westmorland and Furness Council

Report Title:	Update on the work of the Place Based Partnerships
Meeting:	Health and Wellbeing Board
Meeting Date:	22 April 2024
Report Author:	Jane Scattergood, Ed Tallis
Lead Cabinet Member(s):	Patricia Bell, Cabinet Member for Adults, Health & Care
Wards Affected?	All
PUBLIC, PART EXEMPT OR FULLY EXEMPT	Public
List of Appendices (if any)	

1. Executive Summary

- 1.1 This report sets out the progress that has been made in establishing the two Place Based Partnerships (PBP) that cover the Westmorland and Furness–North Cumbria and South Cumbria. In particular, it sets out how they are working to help deliver the interim priorities identified by the Health and Wellbeing Board at its 19th June 2023 meeting.

2. Recommendation

For the reasons set out in this report, it is recommended that -

- 2.1 The Board notes the progress that has been made by both Place Based Partnerships in establishing themselves and developing their delivery workstreams.
- 2.2 The Board agrees that it will receive further updates from the two Place Based Partnerships at alternate Board meetings.

3. Information: the Rationale and Evidence

- 3.1 The Health and Wellbeing Board is responsible for agreeing the Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing Strategy (JLHWS). These will inform, and be informed by, the two Integrated Care Partnerships' integrated care strategies.
- 3.2 Whilst it is an immediate priority of the Board to produce a new JSNA for Westmorland and Furness which would provide an evidence base for future work on producing the JLHWS, it was recognised that the process for producing the JSNA and the JLHWS would take time. In the meantime, the Board agreed some interim priorities:
- The workforce challenges that were being faced across the whole health and care system

- Children’s emotional and mental wellbeing
- The findings and recommendations of the Health Equity Commission
- Ensuring that any health and wellbeing developments were embedded in the community and responded to the needs of different neighbourhoods
- The challenges face by system flow across the health and care system
- Access to primary care – especially GPs and Dentistry
- An active approach to population health management targeted at priority risk areas
- Parity of esteem between mental and physical health – recognising the issues that the mental health system faced.
- Action to address the high rates of suicide

3.3 Whilst the Board has responsibility for the production of the needs assessment and the JLHWS, it is not itself a delivery mechanism. Delivery of the priorities outlined in the strategies sits with partner organisations. In particular, as a result of the 2022 Integration White Paper, and the emergence of Place Based Partnerships, there is a real opportunity to align the priorities of the PBPs with the priorities of the Health and Wellbeing Board to ensure clear read through from strategy to delivery.

3.4 At the 19th of June 2023 Meeting, it was recognised that the two PBPs that cover Westmorland and Furness are still at a formative stage, however it was agreed that as part of their development there would be the need to build in reporting mechanisms to provide assurance to the Board that the priorities within the JLHWS (or the interim priorities) were being delivered.

3.5 It should be noted that whilst the priorities of the Westmorland and Furness Health and Wellbeing Board inform the Place Based Partnerships work programme, they are not the only driver. Due to their geography, North Cumbria PBP also has to have regard to the Cumberland JLHWS and the North East and North Cumbria ICP integrated care strategy. South Cumbria also has to have regard to the Cumberland JLHWS, the North Yorkshire JLHWS and the Lancashire and South Cumbria ICP integrated care strategy.

3.6 **North Cumbria**

3.7 In North Cumbria a PBP has now been established with terms of reference agreed. This includes agreement of structures to enable delegation from the North East and North Cumbria ICB to North Cumbria Place. It is recognised that the work of the PBP is emergent and likely to change over the coming months and years as partnership working develops. However, in order to progress the priorities identified by partners – including those priorities identified by the Westmorland and Furness HWB - the PBP has agreed a governance structure that will enable focussed work to be undertaken. The PBP feeds into and out from the North Cumbria Integrated Care Partnership, which meets twice per year.

3.8 Of particular relevance to the interim priorities of the Board are the following workstreams:

Workstream	Current activity
Population Health and Inequalities	<p>This programme is managed through a group chaired by Colin Cox (Cumberland DPH)</p> <p>Priorities are;</p> <ul style="list-style-type: none"> • Workington Project • Smoke free & tobacco dependence • Drug and Alcohol Related Deaths • Suicide prevention • Cardiovascular disease. • Healthy weight • Gambling harms • Children and Young People • Social isolation] • Long-Term conditions
Workforce	<p>Work has been undertaken to review the current provision of system wide workforce development programs in North Cumbria, to assess the strengths and limitations and to identify any areas of improvement.</p> <p>As part of this work, a series of workshops were organized within the 4th quarter of 2023/24, during which North Cumbria system partners agreed their workforce priorities for the next 2-3 years, reflecting the ICS People Strategy (2023/24). Following this the group set about developing the current a program of work to deliver these priorities and assessed the barriers to success.</p> <p>The main barrier identified was the lack of program support for this work in its current form. This has hindered progress and placed additional strain on staff working within the workstreams.</p> <p>The next step for the workforce programme in North Cumbria is to develop a business case for a Workforce Partnership Development Lead, as the appointment of this post has been shown to have a positive impact on workforce development in South Cumbria. In the meantime, the group will continue to meet and work towards the workforce priorities determined as part of the workshops. with it is hoped improved representation from additional system partners.</p>
Mental Health, Learning Disabilities and Neurodiversity	<p>A North Cumbria Partnership board has been established and is now meeting monthly to discuss a range of issues relating to this group of people.</p>

Integrated Care Communities	Following a recent value for money paper and diagnostic, the ICC governance has been reviewed and work is being undertaken to reduce variation between ICCs, develop standardised operational procedures and embed best practice across all the ICCs. The main focus is to identify some funding for programme support for each ICC to enable them to become more organised and therefore offer greater value.
LADB	A total review of the LADB has now been completed and has resulted in a clear programme of work to include 6 pathway projects, each with an SRO and action plan. Metrics are being utilised to improve flow and a winter plan has been agreed.
CYP	A new CYP Partnership board is being established.
End of Life/palliative Care	The 3 x Hospices have agreed to lead on the development of a comprehensive framework for EoL.

3.9 Whilst the North Cumbria PBP matures, the measure outlined above are mainly process and activity based. However, as work develops in each of the workstreams outcome-based performance measure will be developed and reported to future Board Meetings.

3.10 South Cumbria

3.11 The approach taken by the South Cumbria Place Based Partnership is different to that taken by North. The work undertaken has focussed on developing strong partnership working across a wide range of partners, rather than developing a formal governance structure.

3.12 This work has taken the form of monthly development sessions which provided an opportunity for in-depth and focused work with a wide range of partners, stakeholders and people with lived experience to initiate work of key priorities.

3.13 Work has been undertaken to establish formal governance arrangements:

- Place Partnership Board – in the absence of any formal budgetary delegations, and associated decision-making, from the LSC ICB, this board will be a forum where partners agree recommendations associated with delivering the aims and vision of the partnership through agreed work programmes. A development session is scheduled for 10th May 2024 to explore the core functions of the board, including how the group will interact with statutory organisational committees/boards, along with format, proposed agenda items, membership and frequency of meetings. This will be facilitated by a national advisor on health and care integration.
- Place Partnership Forum – the workshops have evolved into this forum, which is used to provide updates to our place partners, test ideas

and work through challenges identified by our work programmes, and generate recommendations to the place-based partnership board. It will have a clear forward view linked to our work programme.

- Place Clinical and Care Professional Forum – an initial scoping session was held on 12th March 2024 with representatives from a range of sectors, organisations and professions, with proposals for the scope and function of this group to be finalised during Q1 of 2024/25. It was noted that this must be an enabling group where cross-cutting changes to pathways and ways of working can be explored, with professionals advising on impact and risk.
- Underpinning all of this is a commitment to meaningful resident engagement and involvement – during Q1 of 2024/25, the place aims to create a framework to support listening (embedding Lived Experience Voices), co-design of solutions, and co-design of measures of success across all work programmes, as well as ensuring that the above groups are fully connected to our residents and their needs.

3.14 Reflecting the interim priorities identified by the Westmorland and Furness Joint local health and Wellbeing Strategy, and the ICP integrated care Strategy, a number of workstreams have been initiated:

3.15

Workstream	Current activity
Thriving Healthy Communities	<ul style="list-style-type: none"> • Community Power (Increasing community voices in decision-making, Build community strengths, Priority Wards) • Health Promotion (Tobacco,/nicotine, Weight management, Sexual health, Oral health, Mental health inc. suicide prevention, Substance misuse) • Health Protection, with a focus on CORE20PLUS5 (Measles, Flu, Screening, Early Cancer detection) • Healthcare Public Health (Refresh PHM approach, Increase detection of unmet need, Expand Personalised Care and Behaviour change Workforce) • Targeted work via Poverty Truth Commissions (Barrow and South Lakes) and Healthier Streets (four streets in Barrow)
Not Meeting Medical Criteria to reside	<ul style="list-style-type: none"> • Identifying community-based initiatives that will support admission avoidance and timely transition of care from hospital to community
Integrated Wellness Centre	<ul style="list-style-type: none"> • Creating a hub to support independence for the frail and/or elderly population
Workforce	<ul style="list-style-type: none"> • Increasing our workforce capacity • Supporting and enabling our existing workforce to thrive

	<ul style="list-style-type: none"> • Working innovatively to develop joint solutions to workforce priorities • Engaging with our communities to grow our future workforce • Workforce productivity and transformation (Virtual Recruitment Hub) • Joint calendar of recruitment events • Shared roles / Cross-organisational working / Rotational placements • Shared career pathways to enhance mobility • Increasing workforce mobility across sectors • Workforce planning / analytics • Place-wide inductions • Support network for international recruitment (recruiters and employees) • Accessing untapped labour markets
Intermediate Care	<ul style="list-style-type: none"> • Creating capacity to create step-up/step-down beds that will prevent hospital admission and enable timely discharge. • Findings / recommendations of LGA review of Discharge To Assess (D2A) process commissioned by W&F council. • Existing UEC and System Flow workstreams • Contents of 'Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge', published by NHSE in September 2023
Children & young people's mental health & emotional wellbeing	<ul style="list-style-type: none"> • Development Session held with wide range of partners to consolidate previous work and initiate workstream. • Working Group established to identify existing workstreams to avoid duplication and maximise use of resources
Anchor Institutions	<ul style="list-style-type: none"> • Widening Access to Quality Work • Workforce Wellness (HWB Charter, Suicide Prevention & Postvention, Mental Health, Menopause, Carers, Veterans, Lifestyle) • Reducing environmental impact • Purchasing and commissioning for social value
Integrated Care Communities	<ul style="list-style-type: none"> • Ensuring maximum integration across health and care to support residents in their own community. • Streamlining access to care and advice, MDTs, Care Navigation, providing more proactive, personalised care with support from a multidisciplinary team of professionals, helping people to stay well for longer. • A focus on prevention and staying well, including frailty and long-term condition

	management, supporting a reduction in unwarranted use of health services.
Mental Health	<ul style="list-style-type: none"> • Mental Health Community Transformation • Right Care Right Person • Street Triage
Dying Well – Palliative and end of life care	<ul style="list-style-type: none"> • Using the ‘Getting to Outstanding’ framework to design future integrated care provision and influence behavioural change. • Actions identified to deliver Compassionate Communities and Excellent Experience
Women’s Health and Wellbeing	<ul style="list-style-type: none"> • A holistic approach, focused on wellness throughout the life course, rather an episodic approach to treating illness and/or particular symptoms in isolation. • Proactive, bespoke engagement and awareness raising in communities • A gold standard approach to Well Women in the Workplace • A consistent minimum service offer across all PCNs/ICCs by working in partnership • Physical / virtual Well Women Hubs -holistic offer to supporting women to be well throughout the life course, with access to a range of support offers inc. social activities, lifestyle, fitness, mental health, physical health.
Barrow Delivery Plan	<ul style="list-style-type: none"> • Tackling opportunities/needs associated with investment in the DefenceNuclear Enterprise, including significant population increase and associated demand for health and care services. • Addressing structural and long-term poverty and health inequalities • Providing social and economic benefits to individuals and communities • Ensuring sufficient health service provision for the incoming working age population and their families

3.16 Work over the coming months will focus on enhancing the core strategic work programmes (scope, ambitions and measures of success) and establishing oversight groups. In addition, work will take place to ensure engagement and agreement on future governance models, to ensure readiness for delegation from the ICB.

3.17 As a result of this work outcome-based performance measure will be developed and reported to future Board Meetings.

4. Link to Health and Wellbeing Strategy

- 4.1 Whilst the Joint Local Health and Wellbeing Strategy is being developed the Board agreed a set of interim priorities on the 19th of June. This report sets out the work that has been undertaken to deliver those interim priorities.