The Healthy Communities Together Programme

Stage 2 Grant Application

Funded by COMMUNITY FUND

SECTION 1

Introduction

It is with great pleasure that we share with you our achievements as part of Stage 1 of our Healthy Communities Together Programme and propose how we might extend the contribution we would make if successful in a Stage 2 bid.

We described the circumstances in Hyndburn in previous communications. Hyndburn remains an area of significant health inequality and it ranks 9th (out of 317) most deprived local authority area for health on the recent Indices of Deprivation. Threaded throughout the fabric of our 'place' is an inequality of opportunity and of health and wellbeing. Life expectancy for both men and women in Hyndburn is lower than the national average and people living in the most deprived areas here have a life expectancy that is 12 years less than in the least deprived areas.

Socio-economic circumstances have worsened since our Stage 1 application, and we are braced for the effects on our citizens in terms of their wellbeing and health. This opportunity could not have come at a more important time for us and for them.

Our work, and our aspirations, are set in the context of significant changes in the way in which local government and health and social care are to be structured. We believe that our track record in Hyndburn, our tendency to work closely together to the benefit of residents and our response to Covid fits perfectly with the recognition in Government that collaboration, sharing and strategic commissioning and decision making are the future. We believe that this is our time, and with your help, we can make a significant difference over coming years.

We are clear how we fit within our Integrated Care System (ICS) and Pennine Lancashire Integrated Care Partnership (ICP) and our two Hyndburn primary care networks (PCNs) are becoming well established. We are part of these developments, alongside potential changes in the way local authorities are structured and we see the emphasis on partnership and 'place based' delivery as playing to our existing strengths as an economy.

We also have a long tradition of community engagement, and our voluntary and community sectors (VCS) makes a significant contribution in Hyndburn. Our Leisure Trust is part of a Pennine-wide Local Delivery Pilot, which has extended and tested a wide range of creative engagement approaches. This work is being shared across wider networks. We welcome the national emphasis that incorporates and facilitates the contribution of the VCS and the imperative that they remain equal and valued partners. There is also room (and a requirement) for private enterprise and community interest groups (which are significant contributors in Hyndburn) to sit around the coworking strategic and commissioning table.

The ground is fertile, therefore, in the context of often dire circumstances for our population, for us to use additional resources to great effect in terms of improving health and reducing health inequality. We believe that we have fulfilled our commitments to you in terms of preparing the groundwork during Stage 1 of this opportunity and believe that we are well placed to build on this over three years (and into the future) if given the opportunity.

There follows a report on how we have developed ourselves and used the funding from Stage 1 to prepare ourselves for implementing our plans as part of Stage 2.

SECTION 2

Impact of Stage 1 funding

2.1 Evaluation of Hyndburn's Covid Hub

Hynburn's response to Covid 19, and creation of a 'Hyndburn Hub' was successful. We believe that this represents a model of how we should work and this is supported by the zeitgeist around national restructuring and refocus.

To test our beliefs an external organisation (Trueman Change) was commissioned by Hyndburn Borough Council to undertake a formal evaluation (Appendix 1). They were asked to address two key areas:

- How did the Hyndburn Hub support the Hyndburn Borough during the pandemic?
- How can we build on this to improve the health and wellbeing of the community?

Staff, volunteers and service users from all stakeholder organisations completed 174 surveys and attended over 30 workshops.

The key findings of the review were:

- Traditional commissioning and delivery structures fostered competition between organisations, which was not evident during the pandemic response.
- Hub service users felt they got what they needed and were treated well.
- Hub partners also felt that the Hub has been successful.
- The Hub could have done more to be accessible to people with learning difficulties.
- Excellent partnership between third sector and statutory agencies were key.
- The Hub structure as an umbrella for other organisations, as well as providing one front door for residents, worked well.
- Partnership, common purpose, leadership and good communications were key.
- A united front from both main political parties in Hyndburn was important.
- The Community Action Network (CAN – see below) was a successful vehicle for action.
- Relaxation of bureaucratic governance processes allowed quick, decisive action.
- Risk and possible failure was culturally permissible in a way not usually seen.
- There is a strong appetite to take this 'get stuff done' approach onto other major challenges such as health inequalities.
- Hyndburn Borough Council communications team was rated positively.
- The Hub communications were clear and careful.
- Communication channels set up during the emergency response endure to this day.
- There was freedom and trust given to resource holders to allocate resources fairly and appropriately.
- There is a risk that returning to ultra-competitive commissioning process will undo the collaboration and cooperation built up during the pandemic.
- Relatively small extra monetary resources allowed for a greatly improved delivery.
- Resources were shared and quality and efficiency were improved.
- There is a question over how the Hub will be resourced in the long term (Hyndburn Council have committed £60K for this year to keep it going).
- There is a desire to keep the positive changes outlined in this report and apply them to different challenges.
- Staff and volunteer wellbeing must be managed to enable a sustained pace of work.

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2.2 Use of external review to inform our future plans

This feedback, from people on the ground both delivering and receiving services from Hyndburn's Covid hub is central to this application. It is around these key findings that our proposed project is built.

Truman Change worked closely with us to develop, on the back of their thorough review of why our Covid Hub was seen by stakeholders to be successful, a series of recommendations and principles with which to develop sustainable change. These include:

- All partners to consider these findings and recommendations.
- In future challenges, work to identify the common purpose that can unite partners.
- Maintain the Hub as a front door for residents and an umbrella for partner organisations.
- Continue supporting the Community Action Network (CAN).
- Continue with agendas that are designed collectively.
- Create structures that get people together who don't normally get together.
- Political party leaders commit long-term to working across philosophical differences and encourage their members to do the same by finding a common purpose.
- Recognise and use community strengths by mapping assets and skills.
- Keep open new communications channels established during the pandemic.
- Communicate clearly with residents across different media.
- Maintain where possible a collaborative commissioning approach.
- Continue to identify extra monetary resources.

It is clear from this work, grounded in our own local experience, that stakeholders are telling us that partnership is key if we are to address the substantial health inequalities in Hyndburn.

We have agreed a series of partnership principles which have been shared with our Population Health Board and Community Action Network (see below). Hyndburn Borough Council have also made a formal commitment to supporting these principles.

The principles to which Hyndburn will work are:

- We don't reinvent the wheel
- We always strive to find a common purpose
- We actively build relationships
- Strategic leaders provide a clear vision
- We communicate clearly and use one voice where possible
- We share data and information unless there's a good reason not to do so
- We make the most of our strong communities
- We are focused on the outcome, not the process.
- Everyone has a voice and is listened to
- We trust our partners
- We have permission to work from a system-wide perspective
- Partners include Hyndburn residents
- We identify and maximise opportunities to increaseshared resources
- There's no 'wrong door' for citizens

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2.3 Development of Leadership and Governance

We have looked to national imperative and guidance alongside our own experiences during Covid and the things that people have told us through our formal review described above.

It is clear that we need to establish and embed formal governance arrangements designed to implement what we know needs to be done.

Hyndburn is a relatively small Borough and people know each other already and want to work together. It has a well-developed VCS which has tried in the past to collaborate in order to develop a consortium seen by commissioners as a destination for large scale funding. However, competition for resources and the tendency of funders not to fund strategically has inhibited progress. In addition, statutory organisations have made every effort to support each other and the VCS sector and much good work, often on the basis of good local knowledge and relationships has been done despite enormous pressures on resources.

However, changes to statutory imperatives, the new shape of strategic and commissioning organisations and the clearly stated Government view that VCS has a much bigger part to play in addressing 'health' points clearly to the development of much more closely aligned health and social care communities at place-based level. Furthermore, in Hyndburn, the success of the Covid Hub, which was built on clarity of shared purpose and collaboration, has demonstrated that a) a new way of working is possible and b) what the structure that will result in improving health and reducing inequality should look like.

We have established, with support from Stage 1 funding, a leadership and governance structure that we believe will stand the test of time, will become the **'Hyndburn Way'** and will take responsibility for implementing and monitoring place-based delivery of improved health and reduction of health inequalities.

We have achieved sign up to our plans from all the senior leaders across Hyndburn's statutory, VCS and social entrepreneur sectors and have developed a cohesive leadership board who will be described as Hyndburn's Population Health Board. This Board consists of:

- The Chief Executive of Hyndburn Borough Council.
- Senior Public Health representative (Lancashire County Council).
- The Lead GP of both Hyndburn's PCNs.
- A senior representative of Lancashire & South Cumbria ICS.
- The Chief Executive of Hyndburn CVS (which is the umbrella organisation for VCS organisations across the Borough).
- An elected member of Hyndburn Borough Council's cabinet (with responsibility for health).
- Hyndburn's Member of Parliament.
- A Director from East Lancashire Hospitals Trust (ELHT).
- The Hyndburn Way Lead (previously lead for Hyndburn Covid Hub and currently Chief Executive of Hyndburn's Leisure).
- Hyndburn Way Investment and Partnership Lead.
- Senior Leader Adult Social Care (Lancashire County Council).
- Senior Leader Lancashire Care (Mental Health NHS Trust)
- Senior representative from Social Enterprise Lancashire Network (SELNET).
- Senior representative from Onward Homes.
- Co-opted members (for example housing, fire and rescue, probation services, education and police).

The Board met on 21st April, 2022 and committed to:

- support the delivery of the offer set out in this application.
- working towards the recommendations of our external Covid Hub analysis.
- working in partnership, collaborating in terms of attracting new resources into Hyndburn, to contributing and sharing across organisations.
- leading members of their organisations in the delivery of improved health and wellbeing and reduction of health inequalities.

The Board is a high-level strategic group that will support, lead and facilitate progress in terms of delivery of the outcomes of this bid and the improvement in health and reduction of health inequalities in Hyndburn. They have the seniority to make decisions and allocate resources. This will require them to meet three times a year.

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2.3 (Cont'd) Development of Leadership and Governance

Their work will be informed and supported by an executive group of senior leaders from across statutory and VCS Hyndburn organisations. This team are the **Hyndburn Way Steering Group**. They consist of:

- The Hyndburn Way Lead (previously lead for Hyndburn Covid Hub and currently Chief Executive of Hyndburn's Leisure)
- The Hyndburn Way Investment and Partnership Lead
- Chief Executive of Hyndburn & Ribble Valley CVS
- Lancashire County Council Public Health Community Development Lead
- PCN Programme Manager
- Hyndburn Borough Council Policy Lead
- Hyndburn Borough Council Marketing and Communications Manager
- 'Together an Active Future' Lead
- Chief Officer Community Solutions Northwest

This group represents the senior leaders of the providers who will be charged with delivering the overall agenda and outcomes set out in this bid, with ensuring that services are developed to that end and monitoring the effectiveness of the programme over three years and beyond. They are close to services, close to the new structures nationally and locally and thus have a horizon scanning function that will enable them to identify new opportunities for service development. They will serve as a conduit between the Population Health Board and senior figures and influencers within service delivery organisations. It is their role to inform, guide and support the Population Health Board in terms of the overall state of play across Hyndburn's health and social care agenda as it pans out in coming months and years. They will also manage a modest 'pump priming' commissioning resource with which to test small scale innovations and serviced developments that will be set aside from the revenue from this Stage 2 bid. However, we envisage that large scale funding and commissioning revenue will be channelled into and through the Population Health Board. The issue of the legal status of the Population Health Board in the future and how income should be managed and where it should sit will be agreed in future meetings and with legal advice.

The third part of the governance jigsaw that we have developed with the support of your funding from our Part 1 bid first emerged in response to Hyndburn's Covid 19 response.

This is the **Community Action Network (CAN)** who consist of representatives of over 60 health and social care organisations across Hyndburn. They are fluid in terms of membership and since the peak of the Covid crisis still meet monthly to share developments, discuss cross referral pathways and identify opportunities. They also take the opportunity to discuss ambitions and means by which services could improve. They are mostly very close to service provision and have a very good feel for their communities to the extent that they are a representative body. Members of the CAN include many small charities that represent marginalised and disadvantaged groups and can speak on their behalf. They have been part of the development of this Stage 2 bid and support its submission and content. It is this group in particular who we wish to offer leadership development (see section 2.6) and who are key to the success of this initiative. This group sprang to action during the Covid 19 response, martialled the resources of their teams and services, showed themselves to be flexible and very keen to work in partnership and will ultimately be responsible, with the right support from the two other groups described above, for the delivery of the Hyndburn Way, which they, on behalf of their service users, will own.

Our progress to date has required dedicated leadership and administrative support. We have had the benefit of part time senior leadership dedicated to delivery of Stage 1 of this programme of work supported by an experienced NHS and third sector manager acting on an ad hoc basis. In addition, Hyndburn Borough Council and Hyndburn Leisure have contributed in-kind in terms of staff time and facilities. Furthermore, we have benefitted from the external expertise needed for the specialist aspects of the initiative so far for example our organisational development proposal, evaluation of Covid Hub and the development of a 'food poverty' programme (described below). We have also been supported in terms of document creation and presentation by a local design and printing company.

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2.4 The development of a Hyndburn Blueprint for Affordable Food

Throughout the UK there is a growing recognition of the role of good food in health and well-being and there is also a recognition that, when it comes to good food, not all people share this equally. Food inequality closely parallels health inequality. The pandemic has shone a spotlight on the challenges that occur when people cannot access the food they need in sufficient quality or quantity to thrive.

One of the main thrusts of the Hyndburn Covid Hub was to ensure that people were not unable to access food and this was provided very successfully under crisis conditions.

However, this was only part of the picture. We are ambitious for far more than ensuring that people do not starve. We are also very mindful of the relationship between good food and good health and see a clear and obvious link between our purpose which is to reduce health inequality and ensuring ready access to good food across Hyndburn. We see this as a way into developing our health agenda. We have many examples across the borough where people seek the help, for example, of our third sector partners in terms of food provision and this becomes the first step in untangling extremely toxic and complex sets of socioeconomic and health problems.

We thought it very good use of a portion of our Part 1 funding to explore and develop our ideas around food and inform our new service developments shared in our Part 2 plans.

We commissioned Arena Partners, who have a national reputation and track record of success in the development and delivery of initiatives designed to address food poverty and inequality, to analyse the level of food insecurity in Hyndburn (they were supported in this by the University of Sheffield). They estimate that 5.5% of our population are hungry, 19% are struggling to access good food and 14% are worried about not being able to do so in the future.

In addition to the use of demographic and other data that informed these figures, the researchers carried out a series of focus groups and administered a series of questionnaires to a broad sample of Hyndburn residents, some of whom sought help from one of Hyndburn's front-line charities.

They learned that people usually had cheap, processed foods but wished for fresh food and variety. Luxury food was something that they could only dream of. People also reported that they were unable to be self-sufficient, access to shops was difficult, addiction made resourcing food difficult, budgeting was very difficult, and food ran out towards the end of the month. People were helped by family and friends, by being helped with paying for electricity and gas and having white goods with which to prepare and cook food.

We are convinced by this piece of work and have committed to the development of an affordable food for all strategy (our 'Blueprint') in Hyndburn. The component parts of this are:

- Value good food. There is always good food at the point of crisis.
- Build a food ladder. Varied provision appropriate for people and the right time and in the right place. Not everyone is in food crisis and UN data estimates that food insecurity in the UK may be as much as 17 times higher than measured levels of food bank use. This tells us that there are a large number of people experiencing food insecurity that are not getting the support they need.
- Create food champions.
- Build food communities.
- Empower change makers and invest in innovation.

The implementation of these recommendations is detailed and will require the coordinated efforts of a wide range of agencies. They will require consistent and energetic change management and significant resources. How we propose to do this, and what support we will need, are described in the second part of this Stage 2 application. The work produced by Arena Partners is attached in Appendix 2.

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2.5 Branding and Marketing

In support of all of the above, and running through each initiative, has been the development of an agreed 'brand' and marketing strategy. The paper now being read reflects our new Hyndburn Way 'house style' and our branding which has shared ownership by all stakeholders and partners as a result of events that have already happened and through wide consultation.

For example, we held a very successful event during which a wide range of our stakeholders heard about our plans, were given the opportunity to contribute to them and to the contents of this proposal. In addition, a number of our partners gave presentations of their work, all of which is very relevant to our objectives to reduce inequality of health and increase partnership working. These included an item on improving wider health by Super Slow Way and an update on the newly formed Youth Hub, which is led by Community Solutions NW. The day demonstrated the philosophy and practice of our Hyndburn Way purpose and garnered significant 'buy in'.

2.6 Leadership and Organisational Development

We have seen from our response to Covid 19 and the work we have done with Part 1 funding that there is huge potential to do things differently, work closely as one and pool our resources and talents in order to reduce health inequalities and improve the health of Hyndburn residents. We have commitment from all strata of our health and social care community, across all sectors, to do this.

However, this will require significant organisational and change management input as well as focussed resources, additional leadership input and a concentrated effort to win hearts and minds. We wanted to be clearer about what this might entail long term in order that we could share our perception of what will need to be done with you as part of this application. In addition, we wanted to begin this process as part of Stage 1 and committed a small proportion of your investment into a time limited and focussed piece of work by Truman Change, our partners.

To date, Truman Change have held a full day event with our CAN members and our steering group in which they presented an organisational development model and sought the views of how a cohesive, collaborative and focused partnership might be further developed over the medium and long terms.

They have carried out a governance mapping exercise in order to ensure that key skills, groups and sectors are represented and will provide recommendations on how to fill any gaps. They have assessed the levels of collaboration in place already, any learning opportunities and recommendations for high level collaboration. The structures we have put in place (described above) are in part a result of these recommendations and the development work done around leadership to date as part of our Part 1 commitments. We will use our partners' 'theory of change tool' throughout our leadership and OD programme and this has been presented to our CAN and steering group who are supportive. Furthermore, we have agreed a programme of leadership development, that will involve cross sector and organisational groups of colleagues, at all 'levels', who will undertake shared learning in groups. This will be described below. The work produced by Truman Change is attached as Appendix 3.


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SECTION 3

Proposal How we will build on our progress

3.1 Development of our governance and infrastructure

We are extremely grateful for the opportunities afforded us by Stage 1 funding and believe that we have made a significant start in transforming the way we do things in Hyndburn in order to reduce health inequalities and improve the health of our community. Our hope is that this is described fully above. However, this is only the start, and we believe that we have paved the way for transformation that is fully in line with national ambition and current programmes.

Hyndburn is a UK Shared Prosperity Fund named area and we wish to ensure that we have the infrastructure to capitalise on that fully. When new funding becomes available, we wish to hit the ground running and spend fresh, focussed resources wisely and efficiently.

When Innovation Funding becomes available, we see our close relationship with new NHS commissioning structures as being central to our ability to use this resource in a targeted way locally. We also see funding as being channelled through PCNs into our VCS partners through our newly established Population Health Board who will fulfil the role of arbiters and facilitators of the relationships between commissioner and provider.

We are also ambitious to establish a joined up, Hyndburn 'place based' entity that represents a critical mass of all major stakeholders in the borough across health and social care. We are signed up to the notion of integration of efforts and our focus is on our outcomes, not the individual needs of our organisations. This will empower us to ask for, and expect significant additional resources from central commissioners whether they be government departments or other funders. We expect to have a critical mass, which is Hyndburn, that will make our arguments compelling as they come from all of us.

This is fully in accord with national Population Health Management approach that has gained academic and political momentum, reinforced by Covid 19 experiences. We are also becoming prepared as a Borough (as described above) for increased devolution of responsibilities for health and social care as the new organisational changes take effect in coming months and years. As we become strategically aligned within Hyndburn, we are also becoming aligned with the direction of travel in the county as their strategic transformation programme (which is place and assets based) is being developed by Lancashire and South Cumbria ICS. Our strategic alignment will enable resources to be focussed on where they are most needed, informed by local and national intelligence without the need for narrow organisational drivers.

We believe that our newly developed (and developing) governance arrangements will make it much easier for commissioners and we can have sensible conversations with them about what and how to fund in our area. This will lead to a reduction of duplication and increased bang for commissioners' buck.

We wish to develop a consortium within our arrangements in recognition that we are best placed to identify need, where resources should be focused, and which organisations are best placed to partner with others in delivery of new services.

As well as attracting new funding, we expect our new structures to be key to the decisions about how existing resources should be spent following intelligence, data collection, needs based decisions based on shared priorities and either direct spend or decisions to pool resources under the umbrella of our Population Health Board.

We will also allocate a proportion of the funding for which we ask as a 'pump priming' pot. This will be managed by our steering group, signed off by our Population Health Board and accessible by our CAN members. The purpose of this is twofold. First, it will encourage and enable CAN members to work collaboratively, test new ideas and ways of working and to develop a sense of membership of the Hyndburn Way. Second, it will test the effectiveness of our new partnership governance system in a relatively small-scale way and identify weaknesses in our systems and possibly relationships. We have a range of ideas about what services can be commissioned and developed on the back of either this small-scale commissioning or much larger finance streams that are part of the aim or health inequality reduction and levelling up.

SECTION 3 Proposal - How we will build on our progress

3.1 (Cont'd) Development of our governance and infrastructure

There can be no doubt about the size of our ambition in Hyndburn. Much of what we wish for is easier said than done. However, we have a track record of delivery and evidence that we wish to work much more closely as part of a joined-up system. Good things are already being done as we align ourselves strategically. For example, our Sport England funded, Together an Active Future partnership is now embedded and is moving into accelerator phase. The learning from this project is extremely valuable and will be woven into Stage 2 of the Hyndburn Way.

A number of our medium sized charities have made heartfelt attempts to form commissioner focussed consortia over many years and have been less successful than they deserved through lack of additional resource and hence capacity. We also have very good relationships between agencies as can be evidenced by our success with the Covid Hub. Once again, the huge potential to build on this and embed it as the Hyndburn Way is limited only by resource and capacity, not by will.

We are very clear that the success our aspirations is the recognition that there is a national imperative to more fully embrace the VCS and recognise the major contribution it can make to improving health of the population in which it is embedded. We already have a successful Council for Voluntary Services in Hyndburn which has a track record of success. However, we wish to push this body further up the hierarchy, increase its profile and ensure that it is seen as an equal partner in terms of size, scope and influence alongside its statutory organisation sisters. During Stage 1 of this project we commissioned the CVS to carry out a thorough mapping exercise of what we have already in Hyndburn. It looked at how effectiveness and efficiency can be measured and enhanced how leaders could be developed in the sector through our OD programme (see section 3.3).

We need, therefore, a significant resource with which to continue our success in the development of new governance arrangements (described in Section 2, above). We ask for funding to support ring fenced management capacity to service the whole structure, to lead and facilitate each of its layers, to provide mentorship and guidance for individuals and smaller partners and to ensure that nobody is disadvantaged when they have much to offer. We also need administrative support to what is a potentially intensive three-year period of development, especially until new external funding is focussed on the Hyndburn Way. We also expect to generate some of our own resource.

3.2 Service user pathways

Central to the success of our Covid Hub and implicit in the organisational structure and joint way of working described already is the plan to ensure that our service users of the future are never confused about how and where to get their needs met, that those who refer them are equally clear and that hand offs, falling between services and multiple barriers to access are consigned to the past. Covid Hub was characterised by informality and good will in addition to limited sharing of data. We wish to embed this.

We will endeavour to broaden our CAN membership in order to fully include all marginalised and disadvantaged groups and the services that support them. We shall also carry out a thorough analysis of what is available and what it does in terms of support and service and develop an organic map.

We already embrace a system of 'Community Connectors', a team of NHS funded professionals employed by our CVS. They do excellent work, and we feel that this approach should be built on and become central to our aims. We will embark on a developmental pilot in which common data sets and an agreed IT system is piloted in which a single point of access into our systems is developed. We will resource a time limited project, led by members of the Hyndburn Way team, in partnership with the Together an Active Future team to benchmark best practice elsewhere, to identify useable IT systems and coordinate and implement a pilot between organisations who wish to engage (this has already been trialled in the recent past by a group of medium sized charities in Hyndburn and we anticipate that they will be keen to re-engage given the support and resource we will make available). This initiative will be sponsored and driven by our Population Health Board. We will aim for either a single point of access or far fewer points of access. This ambitious change project will require the input and support of our statutory partners who will be required to address information governance issues. However, given the needs of their service users, the clear imperative to rationalise services that are under significant pressure, the need to engage VCS more fully and the opportunities that closer working can present for clinicians and other referrers, we are confident, given the success of our new governance arrangements already, that this will be a difficult, yet successful challenge. We anticipate the cost of this to be £15K in the first year tapering off to £10K in years two and three.

SECTION 3 **Proposal** - How we will build on our progress

3.3 Organisational and Leadership Development

We wish to maintain the support of our consultants, Truman Change, as we embark on delivery of our ambitious programme of change. With them we will deliver our change model (described in Appendix 3) which will be supported by the governance structure that is already underway.

We intend to develop a leadership development programme that will be made available to selected participants from all levels of our organisations. They will attend online and face to face tutorials and experiential seminars. They will be expected to undertake a relevant work-based project that concerns modernisation and development of their services in partnership with others. We will have a series of courses of different lengths and will explore with local education providers the means by which recognised leadership qualifications can be awarded.

We will embed, through senior example, a component of induction, appraisal and supervision that concerns the philosophy and rationale of the Hyndburn Way.

This will be a product of consultation with all partners through CAN and sponsored by senior leaders of the Population Health Board.

We estimate the cost of consultant input, course delivery and administration to be £27K per annum. (Organisations will be responsible for back fill of staff who will also be expected to ensure that their roles continue to be fulfilled.)

3.4 Marketing and 'Brand' Development.

There is a significant external and internal communication exercise required. This will be ongoing. First, potential service users and referrers will require information, that is readily accessible and available to the most marginalised, about how any changes that result from this initiative (such as a single point of access, and who does what) and we are confident that we can do this well, on the basis of the excellent public communications during Covid. We will hold regular events and away days. We wish to develop a clear Hyndburn Way identity and will seek advice from brand and marketing specialists about the best way of doing this. We will release the new initiatives, paying due regard to The Lottery and our funders, through press and media releases, a half day event that will be open to all and regular updates from then on. The Hyndburn Way steering group will assume responsibility for this. We will also commission regular articles in the 'Hyndburn News' a Council publication that is shared via email and goes through letter boxes across the Borough. We shall also commission a special edition of this in order to launch our new way of working. There is good evidence that this is widely read and the trust by residents of the Council will strengthen their response to our work. Finally, a significant responsibility is for us to share our experiences with others, nationally and locally in terms of what we find to be best practice. We will share our outcomes widely through the full range of available media. We estimate the total cost of this aspect of our work to be £21K in year one, reducing to £16k in years two and three.

3.5 External Learning Support

We are very ambitious in our plans and hope that you agree. Although we are very experienced, we believe in the value of external consultancy both in terms of cost effectiveness but also in terms of 'critical friendship'. We describe how we have so far, and intend in the future, to use specialised consultants (around food or example) but we have also benefitted from the input from Kings Fund support and training to date. We would hope that this will continue to be provided if we are successful in this application.

SECTION 3 **Proposal** - How we will build on our progress

3.6 Specific Projects

This Stage 2 application is intended to describe our ambitions for three years funded by yourselves (with significant value added by us) but we also expect to develop the partnership model we have described for many years beyond that until the Hyndburn Way is the standard by which health and social care are delivered. Much can happen over three years and if our partnership and governance structures take root we anticipate much creativity, service development and opportunity flowing from what we achieve in coming months. We cannot know what we cannot know, other than we aim for it to be good and leading to an improvement in health in our place.

We do, however, already have a series of pieces of valuable work that we would like to develop. They are important in themselves but will also present excellent opportunities to test and develop our partnership and the Hyndburn Way. We see them as a start from which our commissioning, partnership and delivery model will grow.

We would like to ring fence a budget for small scale commissioning and pump priming as described above. We will allocate over £100k of investment throughout the duration of this project. It is expected that we will limit each allocation to £10K per organisation.

3.6.1 Affordable Food

We will build on and implement the Affordable Food Plan described above. After the first year we will assess the impact of our work and publish an updated blueprint. Between July 2022 and July 2023 we will:

- ensure that emergency food providers have access to information, advice, support and resource to implement best practice including provision of a good practice manual.
- ensure that people in crisis can access appropriate support quickly and easily and produce an easy to access and up to date interactive map for providers and citizens to easily understand what is available where and when.
- consult with all parts of the systems so that practitioners are able to identify and signpost those at greatest risk of severe food insecurity to the right support.
- produce a Food Ladder framework with wide stakeholder buy in, in order to establish the gaps in our provision and develop a plan to enhance our affordable food offer.
- consult with all parts of the systems so that practitioners are able to identify and signpost those at greatest risk of severe food insecurity to the right support.
- create spaces for emergency food providers to connect and share learning.
- build the membership and effectiveness of the Food Solutions Network and the CAN as leaders in the food space.
- pilot two local place-based Citizens' Food Partnerships.
- co-design a more streamlined pathway of support with a wide range of people and organisations.
- increase awareness about food insecurity, how it evidences itself in different settings and ways.
- develop and pilot user friendly food insecurity screening tools.
- make information about our affordable food ecosystem and The Food Ladder more accessible.
- deliver a six-month programme of support and coaching around the Food Ladder.
- draw together a network of existing practitioners and interested parties.

SECTION 3 **Proposal** - How we will build on our progress

3.6.2 Development of a New Bio-psychosocial Practitioner Model

There is a new emerging model of health care practitioner within the voluntary sector in Hyndburn. For example, Maundy Relief, a Hyndburn front line charity has developed a bio-psychosocial nurse role. Although a general nurse this practitioner takes direct referrals, considers all aspects of health and social context and either advises, supports, advocates or signposts. There is no falling between the gaps. Similarly, an NHS general practice in our area has appointed a mental health nurse who works in a holistic, bio-psychosocial manner. We believe that this model fits completely with our Hyndburn Way model and could and should be scaled up. This approach also fits with existing assessment and signposting arrangements in Hyndburn such as our 'Social Prescribing' service that is led by Hyndburn CVS with CCG and Hyndburn's PCN funding. In addition, we also have a 'mental health hub' in Hyndburn which we believe could be developed alongside our new holistic practitioner model. A range of innovative services are being developed which address psychological and physical health. Our aim is to develop a new model of professional that addresses all aspects of physical, psychological and social health and wellbeing in an interactive and reflexive way.

We wish to explore how individual clinicians and practitioners can be recruited and trained to work as part of the Hyndburn Way as a whole, rather than in silos and distinct organisations. This will require very detailed analysis, discussion and negotiation as well as ringfenced resource.

3.6.3 Complex families and learning difficulties

The evaluation of the Hyndburn Covid Hub report identified weakness in the way in which people with learning difficulties were supported. We believe that a significant proportion of hard to reach, disadvantaged people with chronic poor health experience learning difficulties. In addition, it is clear that many individuals whose health is poor are part of families that struggle equally in socio-economic and health terms and the networks that support them are not always responsive to this especially as the nature of cradle to grave primary care is being challenged. We believe that the Hyndburn Way governance structures and partnership working as described here will make a significant difference to the way in which these complex family relationships and people with multiple needs can be supported. We wish to take the opportunity, if successful in this bid, to explore how this might be made to work and will provide capacity from the Hyndburn Way team to support and coordinate this project.


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SECTION 4

Outcomes

Attributing change in health to specific interventions is notoriously difficult in a context in which all variables cannot be controlled. It is well acknowledged that health and poverty are closely related and the most we can do through improving our practice significantly (as we plan) is at best mitigate against the worst effects of economic pressures on our residents (that at the time of writing seem likely).

Of course, our aim is to improve the health of our residents and reduce health inequality. This will be our aim regardless. However, we believe that we can add significant value by implementation of the Hyndburn Way. These broad outcomes can be assessed by measuring a very wide range of direct and proxy variables. We will have ongoing access to local process, activity and clinical outcome measures and will benefit from public health observatories, Lancashire County and national NHS data. It is from these sources that we know we have a problem in Hyndburn already and those who control these data will sit on our Population Health Board.

However, we shall also rely, perhaps more, on the things that our residents tell us. We will hold ongoing stakeholder events for the 'public', will hold specific focus groups, will develop surveys and seek generally to elicit feedback about our success. What is it like to need health and social care in Hyndburn? How are your needs being met? The majority of partners who are signed up to this bid have a good track record of working with their user stakeholders in this way and the approach will be intensified.

We also hope to use our platform and critical mass to attract funding with which to develop joint pieces of work with our academic providers with whom we already have good contact.

We will also measure our success by whether we, as partners, develop better capacity and capability for collaboration around resources, skills and processes. We will capture these things and report our achievements using a range of methods.

We will pay specific attention to the development of our VCS organisations who we wish to see developing an increased share of resources (easily measurable) and taking the lead in strategic development and overall leadership. Much of this is tangible but at present we can not know what it will look like.

We will also know we are successful in terms of the development of shared commissioning models which are designed to reduce health inequality. One measure of success will be the proportion of resource that comes through our joint Population Health Board, efficiency of commissioning and reduction in replication and parallel service provision.

We are extremely ambitious. We wish to ensure that all of our residents fulfil their potential and are healthy, well and can look to a better future than many have had a past. We intend our governance structure to continue indefinitely and for the allocation of funding into our Borough to increase to a level that makes change significant and possible. We believe that the specific measurement of outcomes will cost £10k per annum. This will be spent on events, surveys, focus groups and external expertise.

SECTION 5

Risk and Sustainability

There can be no doubt that this is an ambitious proposal. It is easy in theory to accept that investment in community and place will in time reduce pressures on acute health and social care and lead to better health. However, this is dependent upon cultural change and the further development of shared purpose despite the significant pressures, especially on statutory agencies, at a time of enormous turbulence. However, we believe that some letting go may be required and this can only occur in a context of trust. We also believe that the impetus from Government in terms of working collaboratively across sectors, backed up by financial resource and facilitatory reorganisation will serve to reassure senior leaders that they can take the risk of lowering the drawbridge somewhat and indeed will be rewarded for working differently. We are strengthened in our belief that permanent change can be brought about in Hyndburn by the way in which we all worked together during Covid. That energy and commitment remains across all sectors and at all levels and this proposal is designed to build on that. We have demonstrated our potential during Stage 1 of this process.

The national initiative is underpinned by the unlocked potential of the VCS. In order for them to work effectively, and support the pressures on statutory sectors, all partners must be convinced about what VCS bring to the table. For this to be so, VCS partners will need to develop strategic capacity and awareness and demonstrate their credibility. We will facilitate this through focussed organisational and individual development as described above. We will enable colleagues from all sectors in Hyndburn to build upon the mutual respect and insights that were so evident during the impressive work of Hyndburn's Covid Hub through joint working, meeting and development.

We are very clear about the importance of community engagement and leadership of this work. Despite our commitment to our work being informed by our citizens there is a risk of this not being thorough and comprehensive once the excitement of the first part of the project is replaced with the need to deliver the day job in addition to this new way of working. We will ensure that this is not the case by building into the work and responsibilities of the steering group, CAN and Population Health Board vigilance about the level of community engagement. We will also ensure that this domain is included in our measurement of outcome of the project.

The notion of 'community' or 'communities' was discussed at the first Population Health Board meeting, and we are very sensitive to ensuring that all Hyndburn's residents benefit from what we will do. It is often tempting to focus attention on the most obvious members of our society and at times it is possible that so called 'hard to reach' groups are missed out. We believe that this is avoidable, we have the data and networks to work with all citizens and we fully intend to do so. Once again, our governance structures will take responsibility for ensuring that this is done and reported on and our success will partly be defined by how well we include everyone. All partners have individual responsibility for supporting all communities and this will continue. But, we will also pool this responsibility and use cross connections and our network in order to ensure all of our community are supported as part of the Hyndburn Way.

Of course, this is a long-term plan and needs to be sustained beyond the duration of Healthy Communities Together funding (should we be successful). We hope we have described how we see this as an opportunity to develop an infrastructure that fits with national new ways of working. We will also use this opportunity to develop ourselves in terms of leadership and partnership working in the context of a new and discrete 'brand' and self-concept – The Hyndburn Way. In support of this we will test our approach through development and implementation of a series of projects that have been identified by all of the partners in Hyndburn. We are confident that all of these strands to our proposal will ensure that future funding, from a range of sources will be used to maintain what we have started, and hope to develop over the next three years. We believe that the Hyndburn Way will inevitably evolve in response o circumstances. However, we believe that there is great potential within Hyndburn to do this properly and introduce permanent improvement and create a permanent legacy.

SECTION 5

(cont'd)
Risk and Sustainability

We propose the following SWOT analysis by way of summary of our perceptions of risk and their mitigators:

Strengths

- National push from Government and reorganised statutory systems to work together and with VCS.
- Commitment from key stakeholders including senior leaders and politicians locally.
- Exemplary working together during Covid which has left a taste for doing things differently.
- We are, as a community, proud of our journey, rooted in our history and highlighted by our Covid 19 experience, and have a clear vison of how the future could look.
- History of partnership across VCS in Hyndburn.
- Partners have strong local connections, are driven by need and community co-production of this work is embedded in our culture.
- Strong sense of local identity.
- Experienced leadership teams and strong strategic and communications skills.
- Many key people have been around a long time and are very close to their communities.

Weaknesses

- A sense of having seen all of this before.
- Fatigue after Covid.
- Competing pressures on NHS and Local Authorities to meet targets within shrinking financial envelope.
- Many competing demands on everyone's time as pressures on the 'system' are set to increase even further.
- Level of disadvantage in Hyndburn can feel overwhelming.
- Need for overarching co-ordinating body bringing VCS together.

Opportunities

- A range of new funding streams are anticipated in response to the levelling up agenda.
- A number of other key strategic initiatives are being developed locally which will complement the development of the Hyndburn Way.
- A growing recognition locally and more widely that Hyndburn's needs are significant and need to be addressed.
- Now is the time to make the most of the alignment of Government, national and local strategy and experiences of success in order to attract resource to do things differently.

Threats

- A significant worsening of geopolitics, the economy and a retrenchment towards shrinking rather than developing publicly funded services.
- A change in the political landscape and reprioritisation away from the current direction of travel.
- Difficulty with prioritisation (given the scale of inequality in Hyndburn) and an unhelpful focus on specific 'pet projects' rather than what can deliver best 'bang for our buck' overall.

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