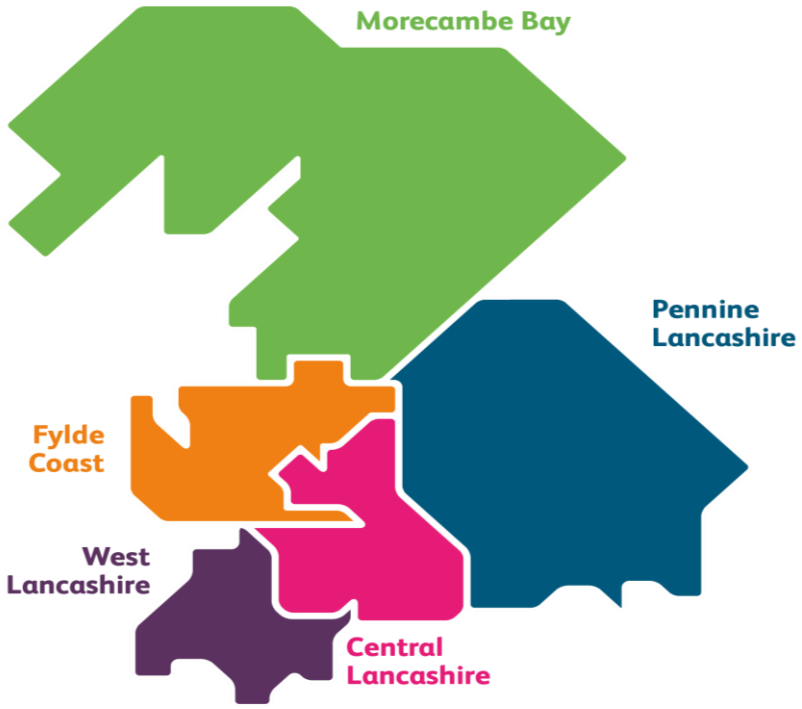
Healthier Pennine Lancashire

Pennine Lancashire ICP

Development and Delivery Proposition for 2021/22

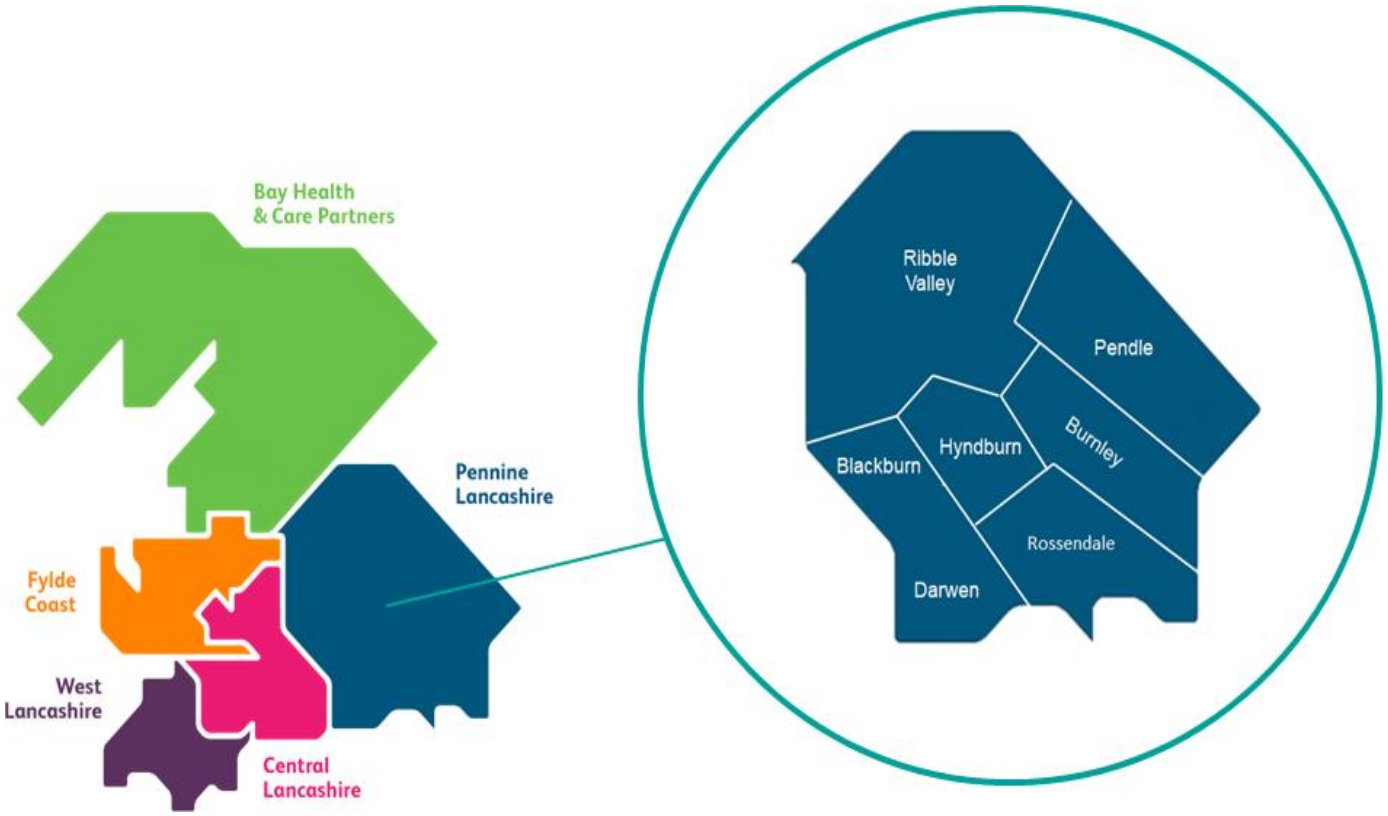
Health and Care System Reform – What we know



While legislation can help to create the right conditions, it will be our hard work that will make the biggest difference.

- **Integrated Care System (ICS) NHS Body serving 1.8m people** - will become a legal body and receive government funding for health services
- Accountability for the **health and wellbeing outcomes** of the population in Lancashire and South Cumbria
- **Lancashire and South Cumbria Health and Care Partnership –** brings together health, local authorities, VCFSE and other partners to address health, social care and public health
- **Health and wellbeing boards (HWBs)** will remain in place and will continue to develop the joint strategic needs assessment and joint health and wellbeing strategy, which both HWBs and the ICS will have to regard.
- **Five Place Based Partnerships (ICPs) -** between local authorities, the NHS and between providers of health and care services, incl. VCFSE these will be left to local partners to arrange
- 42 **Primary Care Networks** – most care will be delivered here. Health and care services will be built around local communities, with services responsive to local need.
- Population health approaches will increasingly be used to **improve health outcomes and reduce inequalities**.
- **Providers of health, care and support services** will increasingly collaborate at all levels of the system and different providers will collaborate at different levels

Pennine Lancashire Integrated Care Partnership



- Healthier Pennine Lancashire represents all of the health and care organisations in the Pennine Lancashire region as well as local councils and the voluntary, community and faith and social sector
- We have worked together for many years with a focus on improving care and support for the people that live here
- Our population across Pennine Lancashire is 531,000 and we have the largest population of all the Lancashire and South Cumbria ICPs
- We have 13 Primary Care Networks (PCNs) serving 30-50,000 people encompassing 76 GP practices
- Our workforce includes anyone who plays a role in the health and care sector including clinicians, nurses, social services, community services, regulated care and volunteers.

Pennine Lancashire Integrated Care Partnership – Our purpose

In February 2021 the Government published a White Paper outlining how the NHS in England needs to change to enable health and care to work more closely together. It has long been our aspiration to improve the way services work together and to be excellent partners to each other, but bureaucracy has sometimes got in the way. The reforms therefore support our local ambitions by removing some of the current legal rules that can get in the way of joined up working.

The reforms outline the need for Place Based Partnerships to be established in local areas, to coordinate care for up to 500,000 people who live there. In Lancashire and South Cumbria we call these Integrated Care Partnerships.

Collectively, we have agreed that the common purpose of our Integrated Care Partnerships (ICPs) is to be a collaboration of people who plan and provide services across health, local authority and the wider community, who take collective responsibility for improving the health and wellbeing of residents within their place.

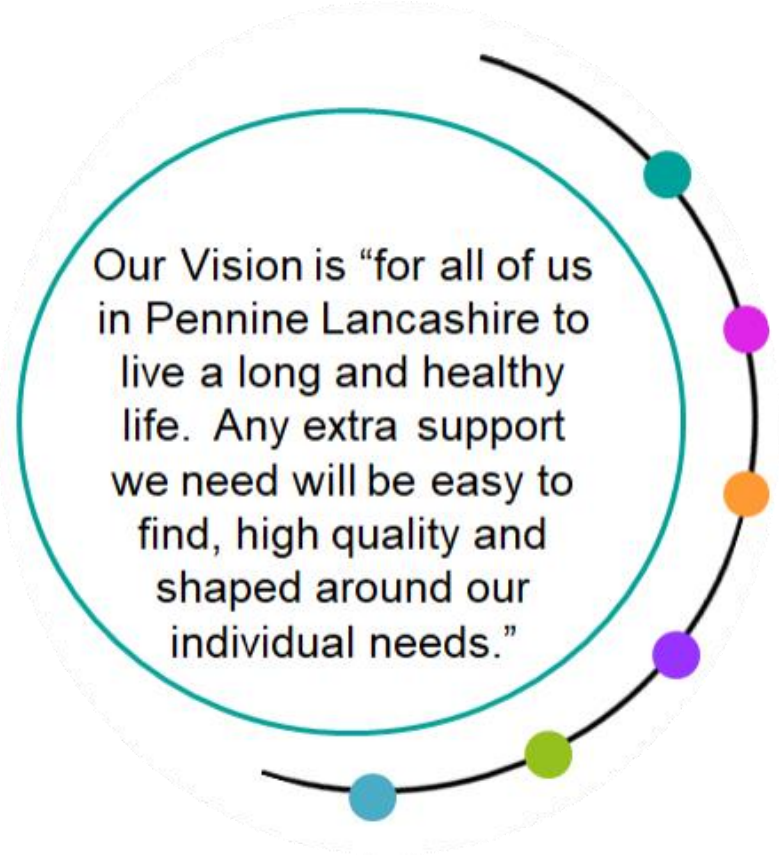
In Pennine Lancashire our ICP will oversee all age service provision and all partners will work together to simplify and modernise care and implement service models which deliver improved outcomes.

It is our ambition to ensure that our residents are co-partners in the continued evolution of ICPs, and that social movements in communities can increase people's ownership of their own health and wellbeing and mobilise communities to support each other.

The services and partners who work within our ICP include:

- Public health and wider community development
- Community-based wellbeing support, incl. social prescribing activities, VCFSE provision and local access to green spaces, and leisure facilities
- GP and wider primary care, delivered through PCNs
- Community health care and mental health care (including learning disabilities)
- Urgent and emergency care physical and mental (noting some emergency services will be provided in a networked model across ICS, e.g. trauma)
- Services providing ongoing management of long-term conditions, incl. use of skills, expertise and resources historically been accessed via referral to acute care services
- Local acute hospital services (some hospital based services will be provided in a networked model across Lancashire and South Cumbria, and there will be some specialist tertiary services provided in a single place for the whole population of Lancashire & South Cumbria)
- Social care, education, housing, employment and training support
- The wider care sector within the place

Our Vision



Our Vision was developed through discussions with our residents and our workforce and reflects what they told us they wanted care and support to be like in the future.

What our vision means for local people and their families

Better health and wellbeing

People will:

- have longer, healthier lives;
- be more active in managing their own health and wellbeing, maintaining their independence for longer;
- be supported to keep well both physically and mentally, with mental health and physical health being equally important;
- be central to decision making

Better care for all

People will have:

- consistent, high quality services across Pennine Lancashire
- joined up services and support which are easier to navigate and access;
- services and support responsive to local need;
- equal access to the most effective support, with reduced waiting times.

What our ICP will do

Within our Integrated Care Partnership we will continue to work together so that services will be predominantly focused on improving health and wellbeing through a population health management approach which will include promoting self-care, preventative action, vulnerability reduction, anticipatory care, community-based models of care and support, long term condition management using digital technology, and addressing the wider determinants of health and wellbeing with clinicians and professional groups working at the top of their licence to support complex care in the community.

We will ensure that our service offers are outcome focused and delivered flexibly to meet the needs of our residents in a way that avoids duplication of support offers.

Through working together we aim to:

- Improve the health and wellbeing of the population and reduce inequalities
- Provide consistent, high quality services that remove unwarranted variation in outcomes
- Consistently achieve national standards / targets across the sectors within the partnership
- Maximise the use of our Pennine Lancashire financial allocation and resource

Together we will plan and deliver care and support for people of all ages, which will include:

- Joining up of civic and community assets, providing whole partnership support for residents, which will include housing, Department for Work and Pensions, voluntary sector support and access to community assets to support people to maintain their independence.
- Primary, community, acute, mental health and social care working as self-directed teams across organisational boundaries, to deliver services to 30-50k populations, driven by data, mobilising prevention and anticipatory care. Our Primary Care Networks will be at the core of these teams.
- Aiming to support people who suffer from long term conditions, to remain within their own home for as long as possible, by ensuring that the focus of any specialist/consultant led support is on holistic continuous condition and exacerbation management
- More intensive community support when required to keep people at home, including at times of crisis
- Providing timely and appropriate access to planned care and urgent and emergency care, including physical and mental health

The transitional structure of our Place Based Delivery Collaborative has been agreed as below, it is noted that this will be iterative and that we will revise as we need to over the next six to twelve months

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Place Based Partnership Board

Agrees high level, shared ambitions for place

Confirms the place-based budget and provides shared oversight of the Pennine Pound

Ensures a focus on population health and outcomes

Ensures mutual accountability for delivery

Empowers the collaborative to deliver

Population Health

Informs on priorities for health outcomes, inequalities and improvement

Oversees delivery of strategic actions to improve outcomes and address inequalities

Role and remit to be developed

PCNs with District Partnerships

Networks with primary care and other providers

Enabling greater provision of proactive, personalised, coordinated and more integrated health and social care for their population

District partnerships wrap LAs, VCFSE and others around PCNs, to address district priorities holistically

Collaborative Workstreams

Primary, Community & Social Care

Intermediate Care

Urgent & Emergency Care

Restoration & Recovery

Mental Health

Learning Disabilities & Autism

Care System

Children & Maternity

Clinical, Professional & Civic Leadership

Full engagement and system leadership. Connectivity between neighbourhoods, place and ICS

Role and remit to be developed

Supporting functions

A People Board to oversee workforce development and redesign

Collaborative working around estates, business intelligence and digital solutions

Our ICP delivery arrangements will involve all key stakeholders and as a minimum will include:

- ***Public health & wider community development***
- ***Local authorities***
- ***VCFSE & Healthwatch***
- ***General practice***
- ***Community health care incl. mental health***
- ***Social care***
- ***Urgent and emergency care services***
- ***Local acute hospital***
- ***CCG leaders will remain throughout the transition***

Legal Framework

How we make decisions, share resources/pool budgets and ensure accountability (to be developed prior to end of March 2022). Assurance likely through a Quality & Safeguarding & Finance and Performance Committee

Communication, engagement & co-design

Staff, stakeholders, residents and communities

Organisational Development

Behaviours, culture and ways of working

Leadership for mobilisation

Nominated leads to oversee and coordinate the mobilisation of the ICP and its component parts, including an interim senior leader for place. (NB these will not be substantive roles and not part of any formal leadership structures that will be implemented to support the new ways of working and/or new organisational structures that are outlined in the White Paper (all of which are subject to legislation).

Leadership for development

National legislation and guidance is expected to confirm formal leadership roles for our place based partnership and these roles will be subject to full and open recruitment processes.

Whilst we wait for this guidance, it is important that we have people working together to oversee the continued development of our collaborative working arrangements. As such, over the next two months, we will be working to establish clear leadership for our collaborative delivery.

The ICP Chairs and Chief Officers Group will take on the role of the **ICP Senior Leadership Team –** to take collective responsibility for developing our collaborative arrangements.

We will also work to establish a Leadership Triad for each of our agreed collaborative delivery workstreams, which will ensure there is chief officer level sponsorship, along with clinical/professional and executive level leadership

These are not “new jobs”, but instead people will take on these responsibilities on behalf of the ICP, in addition to the responsibilities they already have to their organisations. Where such arrangements already exist for a workstream, these arrangements will continue.

Delivering on our development

Over the next 3-6 months we will:

- Conduct further engagement on our governance and delivery and identify any additional changes
- Begin to mobilise our new arrangements, particularly working with the agreed collaborative delivery workstreams to identify key delivery priorities for the remainder of 2021-22 and bring forward workstream plans
- Confirm our clinical and professional leadership model
- Agree the role and remit of our Population Health Board
- Begin delivery against our agreed development priorities to in order to test new ways of working and develop a greater understanding of the changes we need to make to support collaborative delivery
- Work to communicate with and engage our key stakeholders and workforce, planning in greater detail for resident engagement towards the latter part of the year.
- Work collaboratively with the other ICPs in Lancashire and South Cumbria to identify frameworks for finance, decision making, accountability and clinical/professional leadership

Most importantly, in doing all of this, we will continue to work together to respond to the on-going impacts of Covid-19, address inequalities and deliver an integrated service offer for all of our residents

Appendix

Roles and Functions

Place Based Partnership Board - functions

The Place Partnership Board is likely to oversee budget delegated from NHS Lancashire and South Cumbria. It could also have other budgets directly aligned to it from local organisations.

Ultimately it is likely that the Partnership Board, with the Place Leader, would delegate spend to the place based delivery collaborative and ensure accountability for delivery against requirements. This delegation could be to the delivery collaborative as a whole, or it could be to a thematic delivery collaborative. As such transparent and robust, yet effective, governance will be required in order to ensure all partners are able to influence decisions.
The Partnership Board will have representation from all local partners and an appropriate balance of executives / officers, clinicians / professionals, non-executives and elected members.

The role and functions of the Board will evolve during 2021/22 as we further understand the future financial flows, subsequent required delegations and the evolution of commissioning reform. Within this evolution it will be important to ensure transparency of prioritisation, accountability for delivery and avoid overly complex or duplicative commissioning arrangements.

The role of ICP Partnership Board in 2021/22 will be fulfilled by the current Partnership Leaders' Forum in the interim period. This will be reviewed again in quarter 3 to ensure this remains fit for purpose in 2022/23.

Population Health and Reducing Inequalities

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Population Health Board

Informs on priorities for health outcomes, inequalities and improvement.

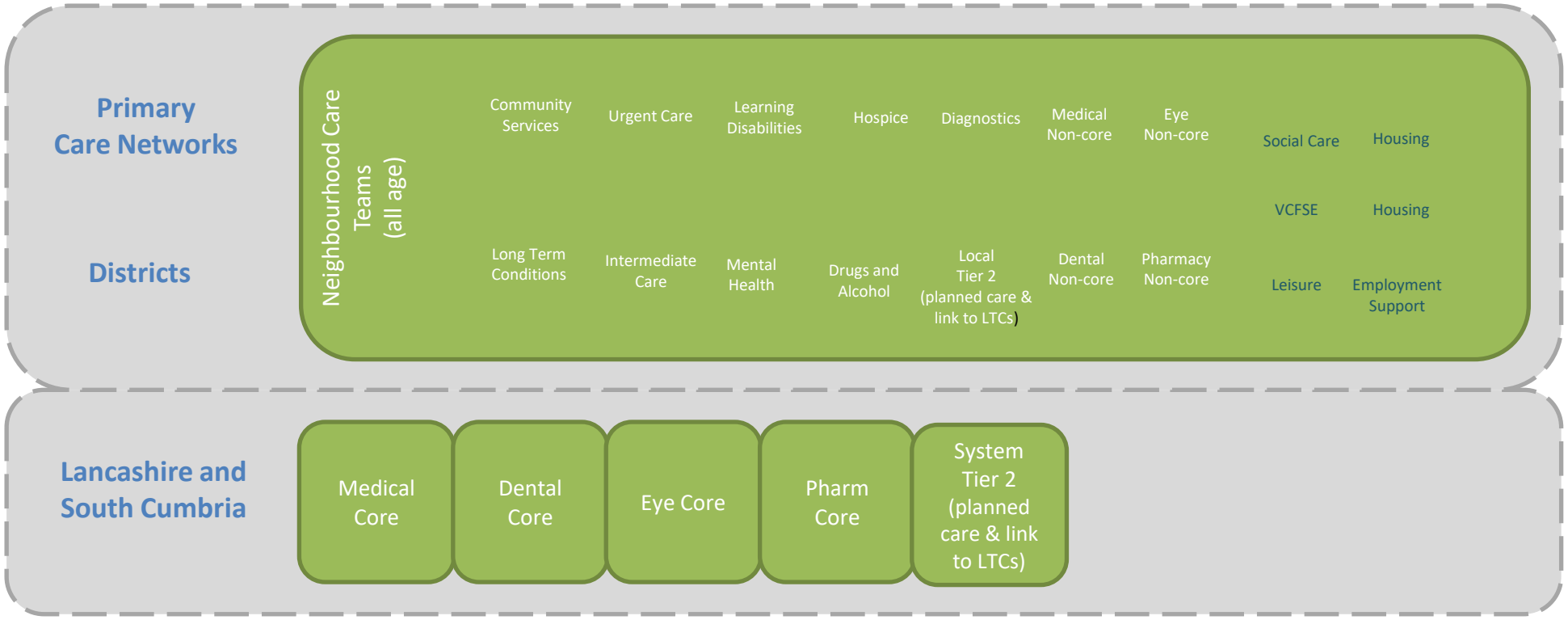
Oversees delivery of strategic actions to improve outcomes and address inequalities.

Influences and learns from the collaborative delivery workstreams to ensure best impact on outcomes and inequalities.

The full role, remit and scope of this Board is currently being developed.

Primary Care Networks and Neighbourhood Care Teams

Primary Care Networks enable greater provision of proactive, personalised, coordinated and more integrated health and social care for their population. The outline below identifies current thinking on the scope of neighbourhood care teams by the ICS Primary Care Sub Cell, alongside our own ambitions for wider service inclusion from our local authorities and other partners.



Our neighbourhood accelerator pilots are currently testing out new ways of joint working to wrap care around local people who are in greatest need.

The learning from these pathfinders can help shape our model.

Our ambitions for District partnerships

- Build on the partnership working that has flourished between our local authorities, VCFSE and PCNs through the COVID response
- Develop and deliver partnership plans that take account of local needs and assets, based on local council geography which is more readily understood by residents
- Create a shared community and partner owned vision of the future state for each area, which aims to align local ambitions with those of the ICP and ICS – critically engages local politicians in creating this
- Align short term operational delivery with longer term transformation plans
- Recognise and build on existing local district and community plans, assets and initiatives
- Re-define the relationship between the community and partners, supporting genuine community engagement and local calls to action, which are best coordinated by local authorities and VCFSE

The evolution of our district partnerships will be iterative and will be informed and guided by close engagement with our district councils.

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Functions

- Takes a localised approach to population health management and reducing inequalities, engaging all partners relevant to that district
- Agrees priorities based on local needs, assets and inequalities
- Holds a delegated and capitated budget devolved from ICP (for population health in the first instance)
- Joins up civic and community assets, providing partnership MDTs which will likely include housing, Department for Work and Pensions, voluntary sector support and access to community assets to support people to maintain independence
- Supports PCNs to deliver the agreed operating model for out of hospital health, care and wellbeing
- Implements agreed Pennine Lancashire delivery plans and enacts 'top down' requirements, tailored to the relevant local populations e.g. extra care, economic developments, UTCs
- Manages local community engagement work and call to action.
- Develops and delivers local partnership plans that aim address the wider determinants of health
- Work to strengthen and empower local community assets
- Delivers community development initiatives
- Monitors delivery against plan, unblocking where needed
- Provides assurance on delivery and outcomes to Place Based Delivery Board and local constituents

Place Based Delivery Collaborative – functions

Functions
• Brings together health, local authority and VCFSE providers, alongside commissioners to undertake collaborative strategy, planning and transformative delivery
• Sets overall strategy (3-5 year) and annual business plan for place based delivery and coordinates delivery against this
• Determines how local services should be organised and delivered to achieve best value and improved outcomes – maximising the collective skills of providers within the place
• Involves all providers required to deliver the agreed service provision and create the conditions for effective neighbourhood working
• Leads on public and patient engagement and communications strategy
• Focused on delivering population health improvement and person-centred care, overseeing a delegated Population Health Budget
• Reviews investment/disinvestment cases
• Develops and delivers system wide savings/efficiency programme
• Enacts agreed risk share mechanisms (potentially developed at ICS level)
• Delivers against the agreed integrated quality assurance approach
• Identifies and delivers against system quality improvement priorities, deploying the ICP improvement approach to achieve them
• Develops its social value strategy and delivers this to contribute to wider economic recovery

Our priority workstreams

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The workstreams identified here reflect our key priorities for collaborative strategy, planning and transformative delivery between providers and place teams (i.e. retained CCG resource in place) to deliver the agreed service model.

These workstreams will be focused around addressing challenges / driving improvements that can only be achieved by integrated working.

Each workstream will also clearly identify actions they will take to improve health outcomes and reduce inequalities.

Accountability for delivery will be through the ICP Partnership Board (Partnership Leaders' Forum).