

EXECUTIVE BOARD DECISION



REPORT OF:	Leader
LEAD OFFICERS:	Strategic Director of Adults and Health (DASS)
DATE:	Thursday, 14 October 2021

PORTFOLIO(S) AFFECTED:	ALL
WARD/S AFFECTED:	(All Wards);
KEY DECISION:	Y

SUBJECT:
EB NHS Health and Social Care Integration Update on Partnerships and Governance

1. EXECUTIVE SUMMARY

This report and associated appendices, provide the Executive Board with an update on key matters in relation to health and care system reform and provide an overview of how these relate to the Pennine Lancashire Integrated Care Partnership (ICP). The aims, ambitions and delivery priorities for the ICP in 2021-22 have been articulated, in the form of a Development and Delivery Proposition and the Board is asked to endorse this Proposition, along with a revised Partnership Agreement, to reaffirm its commitment to supporting the on-going development of partnership arrangements in Pennine Lancashire, throughout this period of Health and Care reform.

2. RECOMMENDATIONS

- That the Executive Board:
- Note the update on health and care system reform as outlined in this paper
 - Note the Lancashire and South Cumbria ICP Narrative (Appendix A) which confirms the role and remit of ICPs in Lancashire and South Cumbria
 - Endorse and provide their support to the Pennine Lancashire Development and Delivery Proposition, as contained at Appendix B
 - Note that the Proposition is intended to be iterative, and it is likely that as our collaborative delivery arrangements evolve and national guidance is received, further amendments will be required
 - Endorse the Pennine Lancashire ICP Partnership Agreement 2021-22

3. BACKGROUND

For the past few years, health and care organisations in Lancashire and South Cumbria have worked together as the Healthier Lancashire and South Cumbria Integrated Care System (ICS). The ICS is a partnership of organisations working together to improve services and help the 1.8 million people in Lancashire and South Cumbria live longer, healthier lives. The partnership is made up of Local Authority, Public Sector, NHS and voluntary and community organisations coming together to improve outcomes and care. The aims of the ICS partnership are to join up health and care services, to listen to the priorities of local communities, citizens and patients and to tackle some of the biggest challenges we are all facing.

Within Lancashire and South Cumbria ICS, there are five local areas, including Pennine Lancashire, that provide a way in which all organisations and groups involved in health and care can join up locally. These are called Integrated Care Partnerships (ICPs).

Pennine Lancashire Integrated Care Partnership has operated formally since 2016, it 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. The Partnership serves to connect health and care services across Pennine Lancashire and create 13 neighbourhoods of 30,000 to 50,000 people registered to a GP. Integral to these neighbourhoods are services that support the health and wellbeing of the Pennine Lancashire residents, including those provided by our local government and Voluntary, Community, Faith and Social Enterprise (VCFSE) partners.

Health and care services are about to embark on a nationally driven programme of reform, that aims to simplify how services are planned and delivered, encourage great collaboration between services (as opposed to historical competition driven approaches) and put people, population health and reducing inequalities firmly at the heart of everything we do. This paper is intended to provide a brief overview of these reforms and offer an update on what this means for the Pennine Lancashire ICP and its partners during 2021-22.

Health and Care Reform Update

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. In summary, the White Paper and the subsequent Health and Care Bill (currently on second reading in the House of Commons) outlines how:

- a. Change is needed to enable health and care systems to further build on innovation born from the pandemic.
- b. The NHS, local authorities and other partners will come together legally as part of integrated care systems (ICSs) to plan health and care services and focus on prevention.
- c. ICSs will become statutory and will be accountable for the health and wellbeing outcomes of the population.
- d. The current functions of Clinical Commissioning Groups (CCGs) will move into the ICS.
- e. Legislation that hinders collaboration and joint decision-making will be removed.
- f. A 'duty to collaborate' will apply to NHS organisations and local authorities. This will promote joint working across healthcare, public health and social care.
- g. A shared duty to have regard for the 'triple aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources is proposed.
- h. NHS England's main role will be to support improvements in health outcomes, the quality of care and the use of NHS resources.

The proposals and guidance that has followed, are designed to be flexible and will allow our health and care system to continue to evolve in a way which best suits us locally. It is recognised that the Health and Care Bill does not address adult social care or public health reforms, which will be critical to ensure ambitions for integrated care are achieved, proposals for these areas are expected later in the year.

Key points for Pennine Lancashire in 2021-2022

Whilst legislation and detailed guidance relating to health and care reform is slowly emerging, place-based partnerships are recognised as the arena where NHS organisations will continue to forge deep relationships with each other, alongside local government, VCFSE and communities to join up services, support Primary Care Networks (PCNs) delivery and tackle the wider social and economic determinants of health.

Within Lancashire and South Cumbria, we have clarity that our place-based partnerships/ICPs of the future will be a collaborative of providers and planners, working together to simplify and modernise care and implement service models that are grounded in neighbourhoods and communities, which deliver improved outcomes for our residents through a whole population health approach.

Through September to December 2020, the ICP Directors from each of the Lancashire and South Cumbria ICPs, collaborated and engaged with stakeholders from across the breadth of the system, to produce a common Strategic Narrative for the ICPs in Lancashire and South Cumbria. This ICP Strategic Narrative was agreed with the ICS Board in December and sets out the blueprint for future working at place level, within our system. This is attached at Appendix A for information.

Through January to March 2021, further whole system engagement in the scoping and production of an ICP development programme took place, this included the development of an ICP Maturity Matrix, which was undertaken to baseline each ICP against the core aspects of the Strategic Narrative. The outcomes of the maturity baseline and engagement events resulted in recommendations being identified in relation to key activities ICPs could undertake, some collectively and some individually, to progress the maturity of their ICPs in 2021-22. The recommendations were tested with a wide range of system leaders, via a workshop in April with c.70 attendees, and were formally agreed by the Lancashire and South Cumbria ICP Development Advisory Group and ICS Board in May. The agreed actions now form the basis of a development plan for each ICP and have been supplemented by additional, locally relevant actions.

Through discussions with all partners, alongside a review of recent national publications (namely the ICS Design Framework and the System Development Progression Tool), a Pennine Lancashire ICP Development and Delivery Proposition which sets out the core purpose, aims and objectives for the Pennine Lancashire ICP in 2021/22. This document is intended to be used to guide the further development of our collaborative work streams and for the purposes of stakeholder engagement. The ICP Development and Delivery Proposition 2021-22, attached at Appendix B, seeks to clarify what our ICP is and what it will work to collectively deliver, it clearly articulates our purpose, ambition and functions, drawn from the Lancashire and South Cumbria ICP Strategic Narrative, but localised to reflect our own arrangements, partners and priorities.

The Development and Delivery Proposition has been endorsed by the ICP Partnership Leaders' Forum and is recommended now for endorsement by the Board. Blackburn with Darwen BC are represented on that Forum by the Leader and Chief Executive.

As part of Pennine Lancashire a key feature of our ICP development work in 2021-22 will be to develop closer working with our district councils, particularly through the district health partnership/action groups that have continued to evolve throughout the pandemic. The contribution of our district councils and their networks to vital issues such as population health & wellbeing and community asset development is widely acknowledged across our Partnership. We have now seized the opportunity within our Proposition document, to signal clear intent to support the evolution of these partnerships to be a key part of our infrastructure, working together to ensure that local needs and priorities are understood and inform the delivery of our integrated services moving forward.

In line with the national direction of travel, there is clear recognition now within our ICP, that addressing health inequalities, through a concerted focus on population health improvement and collective action on the wider determinants of health, must be at the heart of our collaboration moving forward. To this end, we are working to establish a Population Health Board for Pennine Lancashire, that will bring together all relevant partners to coordinate a whole system approach to improving population health. Whilst the full remit of the Board is still to be scoped with partners, it is envisaged that this will inform on priorities for health outcomes, inequalities and improvement and oversee delivery of key system actions to address inequalities.

The ICP Development and Delivery Proposition also outlines the key programme areas which will form the focus of our collaborative delivery. BwDBC officers will be actively engaged in these workstreams, as relevant to their portfolios. The workstreams are:

- Primary, Community and Social Care
- Intermediate Care
- the Care System
- Urgent and Emergency Care
- Children and Maternity
- Learning Disabilities and Autism
- Restoration and Recovery
- Mental Health

The governing group for the ICP, for the remainder of 2021-22, will be the Partnership Leaders' Forum and Blackburn with Darwen BC representation on the Forum is through the Leader of the Council, Chief Executive and Strategic Director Adults and Health.

Pennine Lancashire Partnership Agreement 2021-2022

The Pennine Lancashire ICP has operated under a Memorandum of Understanding since its formal inception in 2016. The Memorandum of Understanding was signed by all the key partners during that year, outlining their commitment to working together to integrate health and care services. The Memorandum was endorsed by the Council's Executive Board in 2016.

Through collaborative working across all of the ICPs in Lancashire and South Cumbria, it has been agreed that revised partnership agreements would be put in place for each ICP, which outline the role and responsibilities of partners within the place during the 2021-22 transition phase. In support of this, a common draft Partnership Agreement developed by the ICP leads was endorsed by the ICS Board in May 2021, with a view that ICPs would then build on the common draft with content relevant to their own partnership arrangements.

The draft Agreement has now been adapted to reflect arrangements within Pennine Lancashire and was endorsed by our Partnership Leaders' Forum on the 21 July. The Pennine Lancashire Partnership Agreement is not designed to be a legally binding document, but rather an agreement that sets out principles, behaviours and ways of working and a reaffirmation of commitment to work in partnership, to improve health and care. It is recognised that a formal Memorandum of Understanding or other such agreement, will be required as the ICPs and the Lancashire and South Cumbria Health and Care Partnership/NHS Body develop throughout 2021-22 and as national guidance/legislation is released.

The Pennine Lancashire ICP Partnership Agreement 2021-22 is attached at Appendix C for the endorsement of the Board.

4. KEY ISSUES & RISKS

Given the NHS reforms the council needs to mitigate and manage the change of current Clinical Commissioning Groups (CCGs) into a single Lancashire and South Cumbria CCG under the ICS. There is a risk of the administration and commissioning of the NHS becoming too remote and distanced from the people we serve.

Lancashire and South Cumbria is a very diverse area and different areas have particular characteristics, needs and capacity. Therefore it cannot be a one size fits all approach.

It is therefore about strategic fit and being able to demonstrate value at the right levels and the ability to delegate and empower to make a difference at the Place based level. In the case of this council we should be considered as a locality under the technical definition, have defined neighbourhoods

and be part of Pennine Lancashire ICP. We also need to engage in specialist provision and commissioning at the ICS system level where it makes sense e.g. Brain and spinal surgery, specialist heart and stroke units etc.

This council has always believed in Partnership and collaboration. Working at a Pennine Lancashire level is not new. Many Partnerships exist and have worked well on a Pennine Lancashire basis.

It is important to ensure that Local Government, particularly upper tier authorities are involved in the Governance and decision making for the ICS and ICP. This will help ensure democratic representation and our ability to influence and advocate for the improvement of our communities and residents.

5. POLICY IMPLICATIONS

None with this report.

6. FINANCIAL IMPLICATIONS

No direct financial implications. However the council will need to work with the ICP and ICS on defining how it works on programmes that are based on joint commissioning and the Better Care Fund.

7. LEGAL IMPLICATIONS

The Partnership agreement is non-legally binding and therefore is a proposal of 'principles' that we will voluntarily sign up to at this stage.

The Health and Social Care Bill, which sets out a number of legislative proposals for integrated health and social care is currently in the parliamentary process. The Partnership Agreement will prepare for when the legislative changes come in force, but formalised governance arrangements for the partnership will need to be reviewed set up in accordance with new legislation.

8. RESOURCE IMPLICATIONS

The main strain on resource will be officer and elected Member time for meetings and collaborative working with the ICS and ICP.

There are no further resource implications at this stage.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

10. CONSULTATIONS

Consultation has been undertaken by the ICS through the ICP meetings.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

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DATE:	08/09/21
BACKGROUND PAPER:	Appendix A – Lancashire and South Cumbria NHs narrative Appendix B – PL ICP delivery and development proposition Appendix C – PL ICP Partnership Agreement