

Pennine Lancashire Integrated Care Partnership

Partnership Agreement 2021-2022

1. Purpose of the Partnership Agreement

The purpose of the Partnership Agreement is to:

- Strengthen collaborative relationships and understanding between decision makers and partners
- Enable and encourage the development of better integration across local health, wellbeing and care systems in Pennine Lancashire, helping to improve quality and financial efficiency
- Enable a system that is robust in its delivery of population health approaches that support long term well-being for the population and help to delivery greater financial sustainability
- Take advantage of all interdependencies and opportunities offered through greater collaborative and partnership working to drive a life-long learning and development, culture and economic improvement
- Enable decision making to take place as close to the citizen or neighbourhood community as possible.

2. Key aims of our Integrated Care Partnership

The key aims of a place-based partnership are:

- 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 a place-based financial allocation and resources and help the NHS to support broader social and economic development.

3. Our partners

The partners within our Integrated Care Partnership are:

- Blackburn with Darwen Borough Council
- Blackburn with Darwen Clinical Commissioning Group
- The District Councils of Pennine Lancashire - Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale
- East Lancashire Clinical Commissioning Groups
- East Lancashire Hospitals NHS Trust
- Healthwatch Together, as represented by Blackburn with Darwen Healthwatch
- Lancashire County Council
- Lancashire and South Cumbria Foundation Trust
- The Pennine Lancashire Primary Care Networks
- The Pennine Lancashire Voluntary, Community, Faith and Social Enterprise Sector

4. Our principles of working together

4.1. Put our residents at the heart of what we do

We will...

- Create a sense of belonging to a place, working on behalf of residents rather than organisations
- Engage with, and work alongside communities to understand and address what matters most to them
- Increase our engagement with residents to create a greater sense of local accountability
- Collaboratively design new cost-effective health and social care processes that place people at the centre, improve the quality of service provision and improve outcomes for individuals and communities
- Make decisions as close as possible to the place where the impact of that decision will be felt
- Put the needs of our residents before the individual interests of professionals and organisations.

4.2. Address inequalities

We will...

- Ensure that we understand, acknowledge and address inequalities for individuals and communities across all aspects of health and care
- Ensure that our collaborative delivery has a clear focus on reducing health inequalities and improving population health
- Ensure that we understand and address our role in the social and economic development of our place and use this to address inequalities for individuals and communities.

4.3. Be good partners to each other

We will...

- Treat all partners with parity of esteem and respect the voice of all partners
- Work together, have joined up conversations and influence wider leadership (across organisations, neighbourhoods, other places and the system) on future ways of working
- Ensure collective decision making, transparency and a culture of co-production
- Where decision-making is not collective, each organisation will be mindful of the impact of its decisions on other partners and will involve partners in consideration of options, impact assessments, etc
- Adopt an open-door policy across organisational committees / groups.

4.4. Adhere to our agreements and hold each other to account

We will...

- Be clear on our individual and collective roles in delivery of actions to achieve the key aims
- Ensure that we have a clear understanding of risks and impact assessments

- Spend within our means and ensure that investment decisions are values-based and transformative.

4.5. Distributed leadership model

We will...

- Ensure that our leadership demonstrates a real sense of purpose for the place
- Create a leadership model that is collaborative, distributed and democratic, creating equity of voice from all partners and engendering high levels of trust
- Ensure we have the right people with the right skills and abilities, undertaking the right work to benefit our communities.

4.6. Recognise our role in the wider Lancashire and South Cumbria system

We will...

- Be active members of our Lancashire and South Cumbria health and care system, recognising that we are all members of our health and care partnership with common aims
- Understand that our Lancashire and South Cumbria system will only be successful when all partners are successful – we will support all organisations and partnerships to be the best that they can be.

5. The behaviours and values we expect to see from each other

We will...

- Act with honesty, integrity and authenticity and trust each other to do the same
- Be compassionate leaders, willing to listen and understand different perspectives
- Foster a reflective and learning culture
- Be ambitious and bold, encouraging risk-taking and experimentation within the confines of clinical and professional safety
- Have a 'can do' approach, focusing on opportunities and possibilities rather than barriers or difficulties
- Be an inclusive team, ensuring that we respect the opinions of all our partners and the needs of our diverse workforce and local population
- Challenge constructively when we need to do so
- Lead by example, adhering to behaviours that are reflective of our commitment to collaborative working, and encouraging these behaviours in our wider workforce.

6. Our commitments to each other

We will...

- Put time, energy and focus into developing our partnership and delivering service improvements through collaboration
- Shift our collective focus from episodic treatment of illness / disease to long-term prevention, wellness and wellbeing
- Work as a team, respecting and recognising each other's experience, knowledge and skills and strengths, whilst supporting appropriate development opportunities for individual members and the partnership as a whole

- Develop and use a common language and support the use of plain English, avoiding the use of jargon, acronyms and other terms that are profession or organisation specific.

7. How partners will come together to do this

The Pennine Lancashire Partnership Leaders' Forum (PLF) will act as our place-based partnership board setting strategic direction, agreeing priorities and coordinating collaborative planning and delivery for Pennine Lancashire's health, social care and wellbeing services. The PLF will oversee the progress of delivery and ensure that partners hold each other mutually accountable for the implementation of the agreed ICP Delivery Plan and the continued development of the ICP.

The Pennine Lancashire Partnership Leaders' Forum will have appropriate representation from partners, with members who are able to represent the views of their organisations/sectors and who take responsibility for cascading messaging in and out of their organisations / sectors.

It is anticipated that formal delegation for decision making within ICPs will be developed and agreed during the course of 2021-22 and at which point more formal agreements will be put in place. Until formal agreements are in place, the PLF recognises that individual organisational Boards and Governing Bodies retain statutory status (where applicable) and existing accountability. The PLF will, therefore, be a forum where partners will agree recommendations to statutory organisations, for those matters that require financial, service or workforce changes that are essential for the furthering of the aims and the vision of the ICP as outlined within this Agreement.

The ICP will work with organisational bodies to identify opportunities for joint decision making processes to be delegated to ICP groups, to enable programmes to progress at pace and facilitate the delivery of the agreed ICP plan and further develop the arrangements for integrating care.

We will have formal place-based groups that have responsibility for planning and delivering an integrated approach to:

- Population health
- Primary care and community-based services delivered in neighbourhoods, including long-term condition management and social care
- Urgent and emergency care (via an A&E Delivery Board)
- Workforce / People (via a People Board)
- Improving quality
- Children and Maternity
- Intermediate Care
- Restoration and Recovery
- Care Sector (including regulated care and wider care)
- Mental Health
- Learning Disabilities and Autism

We will adopt an open-door policy within our Partnership. As outlined above, we now have many collaborative system forums in which we share ideas, information and data. We will expand on this partnership approach by welcoming all of our partners to attend organisational committees which are currently held in public, in line with existing individual

organisational administrative arrangements. For those meetings not held in public, this request will be considered through a conversation with the Chair of the committee in the spirit of openness and transparency.

Functional support

We will have agile and responsive functional support from our Pennine Lancashire Business Intelligence Leadership Team and our network of estates leads and digital leads. These teams/networks will act in an advisory capacity and influence the development of change proposals with intelligence and latest national requirements and developments, in order to ensure robust, viable delivery plans are developed. Should formal groups/meetings need to be established to support collaborative planning and delivery, then proposals for establishing these groups will be agreed with the Partnership Leaders' Forum.

Relationship to Primary Care Networks (PCNs)

It is intended that the ICP and its agreed sub-groups will work closely with and deliver through, the thirteen PCNs in Pennine Lancashire. As such, this Partnership Agreement is not intended to preclude or supersede the requirements on PCNs, which are agreed through the PCN Network Contract DES Specification for 2021/22 and any locally defined Supplementary Network Services.

It is envisaged that furthering the development of the ICP will support the PCNs and particularly the PCN Clinical Directors to fulfil some of the requirements of the Network Contract, by providing an environment where collaborative, multi-organisational delivery, can be planned, influenced and coordinated.

8. How we will manage areas of conflict that require resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours as set out in the Partnership Agreement.

Where necessary, place or sector-based arrangements will be used to resolve any disputes which cannot be dealt with directly between individual Partners.

The Partnership may need to apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements; any such process should be convened and overseen by the partnership Chair.