



EXECUTIVE BOARD DECISION

REPORT OF:	Leader
LEAD OFFICERS:	Chief Executive Director of Adults and Prevention (DASS)
DATE:	9 January 2020

PORTFOLIO/S AFFECTED:	ALL
WARD/S AFFECTED:	All
KEY DECISION:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

SUBJECT: Pennine Lancashire Integrated Care Partnership Update
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1. EXECUTIVE SUMMARY

1.1 This report serves as a covering note, giving context to the Blackburn with Darwen Borough Council position in relation to the Pennine Lancashire Integrated Health and Care Partnership (ICP).

2. RECOMMENDATIONS

That the Executive Board:

- 2.1 Notes the progress that has been made between the borough and the ICP.
- 2.2 Notes future intentions of the ICP to progress key aspects of integrated health and social working in Pennine Lancashire.
- 2.3 Notes the proposed structure of Governance and Boards through which the ICP proposes to work in order to deliver the Pennine Plan.

3. BACKGROUND

- 3.1 The borough has been working for many years on strengthening Partnerships that support the wellbeing and health of our communities. Closer working with the NHS and Health sector is something that led to the NHS Care Trust Plus Partnership. Whilst national policy has impacted on previous working arrangements we continue to work proactively to promote collaboration and integrated working.
- 3.2 The council is currently engaged in partnership with health in delivering the Pennine Plan that was formally agreed by Partners in 2018. The Pennine Plan reflects the NHS 10 year Plan priorities and also builds on the work undertaken under the Lancashire and South Cumbria 'Together a Healthier Future' strategy.
- 3.3 All of the above has been subject to briefings and reports to the councils' Executive Board and various committees.
- 3.4 More recently the council has implemented integrated working between social care and health at a neighbourhood level. This is in the form of Primary Care Neighbourhoods. Whilst there is more to do on systems and information technology, we have made significant progress compared to our peer authorities. We have co-located teams that have been working well together and increasingly working better with General Practitioners (GPs) able to take referrals and provide a more joined up service to communities.
- 3.5 We have formed a Local Integrated Care Partnership (LICP) that has now been functioning for over 18 months and increasingly working as a single system over the Blackburn with Darwen area.

The LICP is starting to look at how it can impact on whole population health, it is using the strengths of the Partners to design social prescribing and prevention pathways, helping to focus on behaviour, lifestyle change and self-care.

3.6 The council has also worked across the ICP to develop and deliver the funding programme supported by Sport England. This will seek to get more of our communities active and participating in exercise that will help them to restore health, self-esteem and confidence.

3.7 The council is a key Partner on the Accident and Emergency Partnership Delivery Board. This is a key area of work that helps manage demand on the A&E front door, flow of patients within the hospital process and helps create the right support to alleviate delays in discharge and transfer of care out of hospital.

3.8 We have been working on the Intermediate Care tier of services with a new and innovative project called Albion Mill that will provide 31 intermediate care apartments that will help develop discharge pathways for rapid rehabilitation of frail and poorly residents to give them the best opportunity to go back to their homes and regain independence. The intermediate tier isn't just about discharge from hospital but is also about stepping people up from a community setting where they may be struggling and at risk of having to be admitted to hospital. This would mean we work closer with GPs and that this initiative will help reduce unplanned admissions to hospital and offer a better pathway for older people to give them some additional support and rehabilitation.

3.9 A lot of the work mentioned has been managed within our Joint Commissioning arrangements with the clinical commissioning group (CCG) under the Better Care Fund (BCF) section75 agreement. This has helped keep strong oversight and governance and is reported into the Health and Wellbeing Partnership.

3.10 The council also works closely with providers such as Lancashire South Cumbria Foundation Trust (LSCFT) to deliver services for children, families and the elderly. This focuses on pre-school, district nursing, health visitor and mental health services.

3.11 The recent Special Educational Needs Disability inspection by OFSTED has also highlighted the importance of having a strong alliance on joint commissioning for children's services and transition ages. The council received a good SEND inspection rating.

3.12 The council is also supporting the Digital Transformation work within ICS and ICP. This involves working on a number of programmes that seek to integrate systems, have a single view of residents, share information and improve ability of communities to engage either for information advice and guidance or for self help.

3.13 Adult Social Care and Public Health are more advanced in the developed of Primary Care neighbourhoods and integrated teams. Our next phase is to develop services within the Children's and Education services.

4. KEY ISSUES & RISKS

4.1 The key issues for the council are around strategic capacity and resource to be able to engage both at ICP and Integrated Care System (ICS) level. This is a real dilemma as other system Partners are better resourced whilst the council has had to make significant savings at senior management level in recent years. We need to be engaged at an executive and strategic level in order to influence and shape the future development. There are a lot of demands on Chief Officers and Heads of Service to be involved in Boards, meetings and operational issues. The risk of not being involved is the loss of opportunities to have integrated solutions and improved ways of working. This is coupled with having the presence and ability to influence resources not in council control, whilst also ensuring that the council's best interests are being fairly represented.

4.2 The NHS has been given a 10 year plan that has a funding formula supporting an annual increase. Social Care is still awaiting outcomes of the enquiry into social care in the Government's green paper. Given the pressures on local government funding, without a short to medium term spending review that provides growth and stability, it does pose a challenge of an unequal Partnership. Improvement in health and hospital systems will improve flow and as a result generate demand. Therefore whilst the ICP is making a commitment to consider business plans to invest in prevention it stops short of being able to fund/resource social care which remains the responsibility of the council.

4.3 The structure of the ICP is Pennine and this means that there are multiple interfaces with a

Unitary, an Upper Tier and five District Councils, two GP federations, East Lancashire Hospitals NHS Trust, the ICS, LSCFT, VCFS sector and other providers/Stakeholders. It is worth noting that the ICS itself is expecting local government to engage in its Partnerships and Boards and this is a further draw on our strategic resource.

4.4 There is a need to review our future commissioning arrangements. The council will need to consider which areas of its work it needs to collaborate on, whether this is some or all, and where we may be better placed to directly commission. Whilst this will create opportunities it does also highlight risks around market resilience, local market rates, local provider economy etc. There are again issues of capacity and resource in order to ensure that whichever strategy we choose we are able to get the best outcomes for the borough.

4.5 The future of the BCF and iBCF is uncertain with the current programme having been extended for a further year till March 2021. BCF plans govern how we work and has been a positive factor in the way in which we have shaped joint commissioning arrangements with the CCG.

4.6 The council will need to consider its evolving relationship on Health and Wellbeing Boards at a Pennine ICP and Lancashire South Cumbria ICS level. We have a statutory duty to have a Health and Wellbeing Board. Other system Partners do not have the same statutory obligations. Therefore the council will need to maintain its ability to manage its statutory obligations.

4.7 The question of statutory and policy instruments governing health, social care and wellbeing activity currently means upper tier local authorities and Clinical Commissioning Groups have statutory responsibility. The ICS currently does not have a statutory remit within the current NHS policy guidance.

4.8. Any work with the ICP needs to reflect and be understood in the context of the ICS having an ambition to move towards a single Lancashire and South Cumbria CCG.

4.9 One of the risks is the stability of the Government Policy environment that we are working in.

5. POLICY IMPLICATIONS

5.1 There are no new policy implications as a result of this paper. The council has been working within the current policy context which has not changed in recent years. Should there be a further review of how NHS services and Health & Wellbeing is delivered in the future we will need to bring a further report to inform council with appropriate consideration of what that means to us along with our own policy recommendations.

6. FINANCIAL IMPLICATIONS

6.1 There are no new financial implications arising from the ICP update. However this report has highlighted a number of key issues and risks that will need to be managed on an ongoing basis. This may require further reports specific to any financial impact or implications.

6.2 It is worth noting the comments on BCF and iBCF in the key issues section. BCF/iBCF is managed jointly through the Section 75 partnership agreement and pooled budget arrangement which has offered a positive opportunity for the borough to work in Partnership with the CCG. Any loss of BCF/iBCF without a new programme to show how the system can continue to be resourced will pose a significant financial pressure.

7. LEGAL IMPLICATIONS

7.1 There are no new legal implications as a result of the ICP update. As per the finance section the council will need to have due regard to any legal and statutory contractual obligations as it moves forward in Partnership arrangements with the ICP.

7.1 Any future proposals will need to be assessed for legal implications and brought back to the Executive Board with appropriate consideration and recommendations.

8. RESOURCE IMPLICATIONS

8.1 We have highlighted that working with the ICP and ICS is a significant draw on officer and Member time. The council does need to consider how resilient it is in being able to continue to engage at a Pennine and Lancashire South Cumbria level.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

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. (*insert EIA link here*)

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. (*insert EIA attachment*)

10. CONSULTATIONS

10.1 This report is to note the update from PL ICP and therefore does not have any new consultation requirements.

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.

VERSION:	1
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CONTACT OFFICER:	Sayyed Osman
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DATE:	8 th Dec 2019
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BACKGROUND PAPER:	
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