

PENNINE LANCASHIRE INTEGRATED HEALTH AND CARE PARTNERSHIP

OUR NEXT STEPS IN DELIVERING THE PENNINE PLAN

SUGGESTED CONTENT FOR COVERING REPORT TO ORGANISATIONS' GOVERNING BODIES, BOARDS AND COMMITTEES (As Appropriate)

1.0 Introduction and Purpose

- 1.1 This paper provides Blackburn with Darwen BC Executive Board with an update on the work of the Pennine Lancashire Integrated Health and Care Partnership (ICP) and the progress of delivering the ambitions for improving health, care and wellbeing across Pennine Lancashire, outlined within the Pennine Plan published in 2018.
- 1.2 This paper also identifies key delivery intentions for the next five years, outlining how the ambitions of the NHS Long Term Plan will be delivered in Pennine Lancashire.

2.0 Recommendations

- 2.1 The Executive Board is recommended to:
 - Note the progress made in delivering the Pennine Plan as outlined within the ICP Annual Report 2018/19 (Appendix A)
 - Endorse the direction of travel for the Pennine Lancashire Integrated Health and Care Partnership as outlined within the ICP Strategic Narrative (Appendix B)
 - Note and endorse the following strategic intentions that particularly relate to local government organisations:
 - Building democratic engagement and oversight into our neighbourhood working arrangements
 - Embedding or aligning our social care workforce within our integrated neighbourhood teams
 - Further developing our arrangements for integrated commissioning – particularly around Intermediate Care, Public Health and Mental Health (section 117) arrangements
 - Scoping opportunities for integrated commissioning in relation to children and young people's health services
 - Maximising local authority delivery capacity to enhance our approaches to prevention, social prescribing, housing and planning for extra care developments
 - Note and endorse the intention to develop a framework for delegated authority to the ICP Programme Boards over the next twelve months, to enable effective and timely joint decision making, supporting service transformation.

3.0 Background

- 3.1 In 2016, the health and care organisations in Pennine Lancashire agreed to work together to address the greatest issues of challenge in relation to health, care and

wellbeing, and to work together as a single public sector economy for Pennine Lancashire.

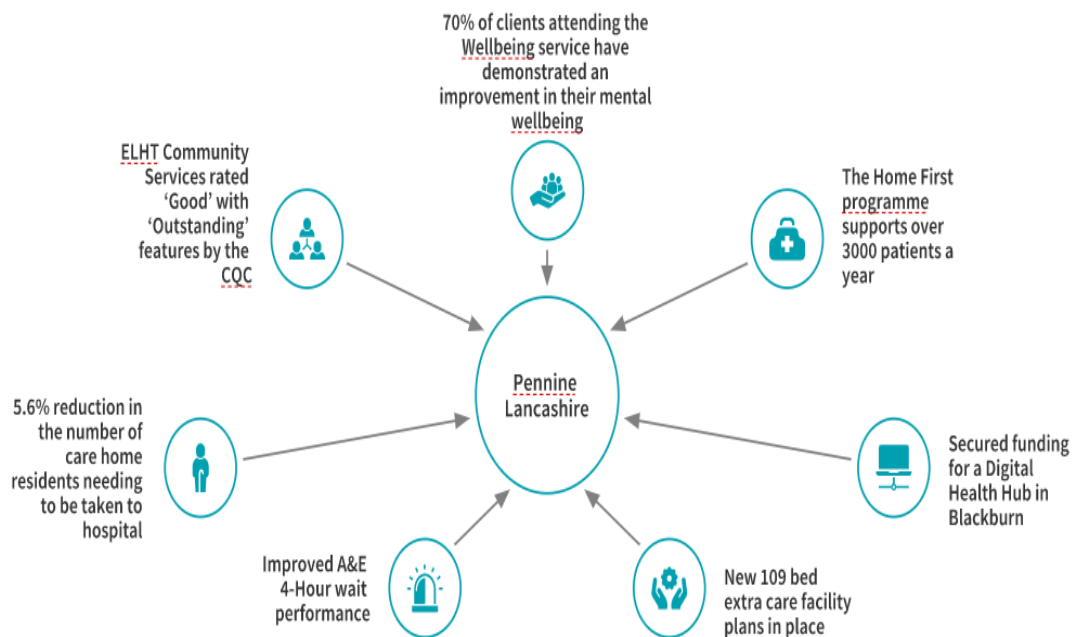
- 3.2 The Pennine Plan, which was formally agreed by organisations in Summer 2018, sets out the response to these issues, and was developed through a Solution Design approach that ensured a wide range of health and care professionals and patient representatives and the general public were involved in developing the blueprint for a New Model of Care for Pennine Lancashire.
- 3.3 Since adoption of the Pennine Plan locally, in January 2019 the Government published the NHS Long Term Plan (LTP), setting out their ambitions, commitments and priorities for the next ten years. The Plan set out six priority areas for change, which are:
 - Do things differently through a new service model
 - Take more action on prevention and health inequalities
 - Improve care quality and outcomes for major conditions
 - Ensure that NHS staff get the backing that they need
 - Make better use of data and digital technology
 - Ensure we get the most out of tax payers money
- 3.4 The Plan requires Integrated Care Systems (ICSs) to set out their intentions for how they would respond and take forward the ambitions set out. The four ICPs and Multi-speciality Community Provider in Lancashire and South Cumbria ICS, have been working to develop this response and outline key delivery intentions for the next five years.
- 3.5 This paper provides Executive Board with a summary of the work undertaken to deliver the Pennine Plan in 2018/19 and outline a future direction of travel and strategic intentions for the ICP heading into 2020 and beyond.
- 3.6 A number of key decisions will be required of organisations over the next six to twelve months, to further the work of the ICP. This report identifies these key areas for the attention of the Executive Board, to highlight that internal organisational discussions are required, over the coming months, to shape the development of options for each of the decision areas.

4.0 Delivering the Pennine Plan in 2018/19

- 4.1 Our Pennine Plan reflects the input we had from a wide range of health and care professionals, clinicians, patient representatives, local councils and members of the public, about the priorities they believe we need to deliver. Since publishing the Pennine plan, in late 2018, the ICP leadership team have developed the programmes and work streams required to bring it to life and have accelerated the role of the ICP to drive the system responses, improvements, and transformations required to make our plan real.
- 4.2 2018/19 saw the first year of targeted delivery against the Pennine Plan ambitions, with organisations of the ICP, mobilising to deliver services differently to achieve improvements for the people of Pennine Lancashire. The ICP annual report

(Appendix A) has been developed which highlights some of the key delivery areas and some of the initial impacts that have been identified as a result of this delivery. The ICP Summary Annual Report for 2018/19 is attached at Appendix A.

- 4.2 During 2018/19 the ICP made good progress focusing on delivering strong services, with good patient experience, whilst maintaining sound finances. Specific improvements have been delivered in relation to a number of priorities and care pathways, a summary of key deliverables is outlined below.



5.0 2020 and Beyond

Pennine Lancashire ICP Strategic Narrative

- 5.1 The NHS Long Term Plan and associated planning requirements, have provided an opportunity for the ICP to review and refresh of the ICP strategy, priorities and plans to ensure Pennine Lancashire is adequately aligning and embedding the ambitions that have been set out.
- 5.2 The ICP Strategic Narrative (Appendix B), has been developed through engagement with a number of groups including organisational Chief Officers, the CCG Governing Bodies, ELHT Board and the ICP Medical Directors Group. The final document draws heavily on content from the Pennine Plan.

System Improvements - Delivery ambitions

- 5.3 The Narrative sets out the ICP’s purpose, priorities and intended direction of travel for the next five years, including some of the ICPs key strategic intentions around integrating commissioning, accelerating neighbourhood working and focusing on health inequalities and prevention.

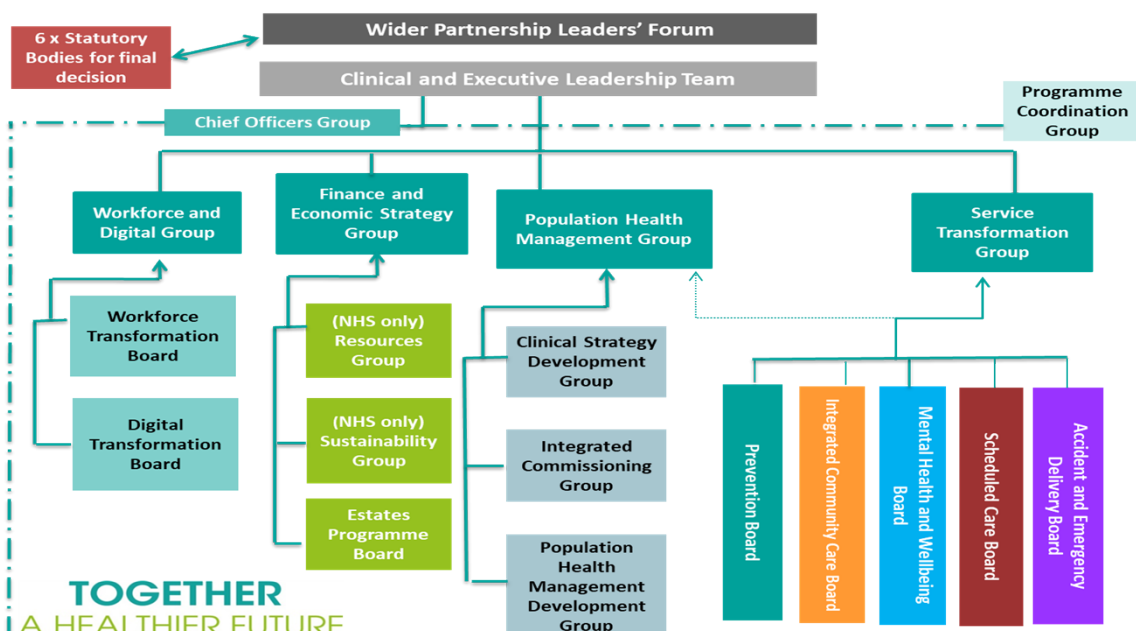
5.4 The key delivery ambitions for Pennine Lancashire ICP over the next five years are as follows:

 <p>Primary Care Networks and neighbourhoods are fundamental to the delivery of our vision. We will ensure they have the resources and skills to support people, of all ages, to live in their communities in a way that promotes physical and mental health, independence and happiness.</p>	 <p>We will engage with individuals and their families, giving them access to the widest range of local services, at the same time, empowering our communities to take more control over their health and wellbeing</p>
 <p>Aligned to neighbourhoods, we will transform intermediate tier services to help people to stay out of hospital and also support people to get back home after spending time in hospital. This will particularly support our population as they grow older.</p>	 <p>We will use information relating to individual and community needs to direct our actions and resources, using a population health management approach. This will ensure we focus on improving the long term health and wellbeing of our population</p>
 <p>We will continue to ensure acute hospital provision is as safe and effective as possible. People with urgent and emergency care needs (physical and mental) will receive responsive services that deliver the right care, as close to home as possible. We will transform scheduled care services, through outpatient redesign and referral management.</p>	 <p>We will improve health outcomes in Pennine Lancashire, by, over time, shifting our resources “left” into community and prevention by reducing demand, but we recognising our acute and tertiary services need to be adequately funded.</p>
 <p>Our Clinical Strategy will focus on ensuring our service transformation delivers improved outcomes for people affected by frailty, cancer, heart disease, stroke, respiratory and musculoskeletal problems, as well as improving care for people approaching the end of their life.</p>	 <p>Our emerging People Strategy will enable us to recruit the best people, with the right skills and values, to a system that supports the workforce to be the best they can be in a culture of community, compassion, inclusion, innovation and improvement to deliver care to the population it serves.</p>

5.5 The narrative is supported by an interim delivery plan for 2019/20, which identifies specific transformation priorities and anticipated impacts for each of the ICPs workstreams. The delivery of the activities outlined within the plan is overseen by the ICP Partnership Leaders’ Forum.

System Coordination

5.6 With the ICP now working in a different way, we have refreshed the arrangements we use to oversee and coordinate its work, an updated diagram is below. Whilst these are commonly called governance arrangements, we recognise that an essential distinction is necessary, i.e. that the ICP coordinates and facilitates, it does not govern, statutory bodies do. Whilst partner organisations work increasingly within the ICP’s structures, they retain full accountability for service provision and performance.



- 5.7 Our clearly defined, Programme Board infrastructure, will coordinate and drive delivery of the strands of work from all ICP programmes. The infrastructure will allow for a connected dialogue with our 13 Neighbourhoods, which will help to ensure that they are receiving the bespoke support and resources they need, to enable them to do the work required to help improve the system.
- 5.8 Our Programme Boards will also make recommendations through to the ICP Chief Officers and Partnership Leaders' Forum for endorsement, prior to formal decision making by our partner organisations.
- 5.9 It is our intention over the next twelve months, to work with organisational bodies to identify opportunities for decision making powers to be delegated to ICP groups, through a framework of delegation. This will provide groups with authority to progress, at pace, the delivery of the agreed ICP plan and further develop the arrangements for integrating care. This will enable effective and timely joint decision making for service transformation.

System Developments

- 5.10 As an ICP, we are seeking to demarcate between the potential for all our partner organisations (in their current forms), to work together to deliver significant improvements and the planning we need to consider on our journey towards future structural changes, such as becoming an Integrated Care Organisation (ICO). We are currently working to develop and agree key gateways and timescales that will guide our journey to further developing our arrangements for integration. Whilst detailed milestones and actions remain to be determined, two key journeys are intended.

Towards an Integrated Partnership Alliance

Bringing all Pennine £ budgets 'in view' in a phased approach with four key foundations for our Integrated Partnership Alliance:

- **Neighbourhoods**, including primary care networks, to deliver integrated services with democratic and clinical leadership
- **Integrated commissioning** between the CCGs, BwDBC and LCC to bring the Pennine £ 'in view' with pathfinders on delivering the intermediate care strategy and mental health section 117 commissioning

Integrated commissioning for public health and a **prevention investment plan** – a key symbol of our ambition to 'shift left'

- A sector **mental health** delivery model and sustainability of the **urgent care** pathway

Towards Integrated Health

- A **Population Health Management Strategy** maximising health outcomes and shifting resources "left" into community and prevention by reducing demand, but recognising our acute and tertiary services need to be adequately funded
- Integrating our **investment and transformation** governance to enable clinical leadership on demand reduction and service redesign linked to cost effectiveness and efficiency
- An **accountability framework** that enables a focus on the right things and promotes professional accountability for spend and quality
- A **People Strategy** to support transformation, particularly at the interface of hospital, community and primary care
- **Alliance contracting** to maximise provider capability in joining up pathways and improving quality of care
- A consistent **Improvement Methodology** (Vital Signs) to improve patient experience, reduce waste, improve flow and improve a typical day in general practice and neighbourhoods

- 5.11 The Governing Bodies of East Lancashire CCG and Blackburn with Darwen CCG, along with the Board of East Lancashire Hospitals Trust, held an initial Tripartite Board Development session to discuss key priorities, steps and timescales for integration. This work will facilitate the development of a full set of proposals outlining level of ambition and timescales required to move towards more integrated arrangements, including formal delegations. It is likely that this work will be agreed by Governing Bodies/Boards by the end of the year.
- 5.12 Whilst integration between health organisations is a key priority, furthering integrated working with local councils is also critical for the ICP, as we continue to work closely to maximise the benefits of our joint working, to improve outcomes for our residents. Chief and Executive Officers from Blackburn with Darwen, Lancashire County and East Lancashire Districts are members of the ICP leadership team and are working to shape the future direction for the ICP.
- 5.13 Specific intentions relevant to local government partners are identified in our approach to developing an Integrated Partnership Alliance. Specifically these include:
- Bringing all budgets, relevant to Pennine Lancashire, “in view” to ensure we are making best use of our collective resources
 - Building democratic engagement and oversight into our neighbourhood working arrangements
 - Embedding or aligning our social care workforce within our integrated neighbourhood teams
 - Further developing our arrangements for integrated commissioning – particularly around intermediate care, public health and mental health (section 117) arrangements
 - Scoping opportunities for integrated commissioning in relation to children and young people’s health services
 - Maximising local authority delivery capacity to enhance our approaches to prevention, social prescribing, housing and planning for extra care developments

6.0 Next Steps

- 6.1 Following endorsement of the ICP Strategic Narrative and direction of travel by organisational Boards and Governing Bodies, the ICP will move, at pace, to bring forward specific proposals for service change, integrated commissioning and delegated authority, as outline above to support the strategic intentions.
- 6.2 All of these proposals will continue to be developed in partnership with all of the ICPs partners and, where necessary, organisational governance, finance and commissioning leads. Proposals will also be subject to a full impact assessment and prioritisation process, in order to ensure they can deliver maximum benefit to our residents, and further the delivery of the agreed new model of care for Pennine Lancashire.

- 6.3 In line with national planning requirements, it is likely that a strategy and four year delivery plan for the ICP, will be published in Spring 2020, with any supporting documents presented through to organisational bodies, prior to publication.