

## Report to the Cabinet

Meeting to be held on Thursday, 13 September 2018

### Report of the Director of Adult Services

**Part I**

Electoral Division affected:  
All

### **Pennine Plan: Improving Health, Care and Well Being in Pennine Lancashire** (Appendix 'A' refers)

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#### **Executive Summary**

This report provides an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire have been developed and recommends the Pennine Plan for approval.

#### **Recommendation**

Cabinet is asked to:

- (i) Approve the Pennine Plan, as set out at Appendix 'A', as the blueprint for health and care transformation in Pennine Lancashire.
- (ii) Seek assurance from the Pennine Partnership that in its delivery of the Pennine Plan it will also take account and ensure delivery of the emerging priorities of the Lancashire and South Cumbria Integrated Care System.
- (iii) Agree any further requirements, aspirations or expectations that should be communicated on behalf of the county council in relation to the future development of the Pennine Partnership and the delivery of the Pennine Plan.

#### **Background and Advice**

For the purposes of this report the Pennine area covers the population and organisations operating in the east of Lancashire County Council's boundaries, in each of the five district council areas of:

- Ribble Valley

- Hyndburn
- Burnley
- Pendle
- Rossendale (excluding Whitworth)

Pennine also includes the area covered by the unitary council of Blackburn with Darwen. Its population and the organisations serving it are also therefore partners to this plan.

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.

The Pennine Plan sets out the response to these issues. A wide range of health and care professionals and patient and community representatives were involved in developing the blueprint for a 'New Model of Care' for Pennine Lancashire.

In December 2017 the Pennine Integrated Health and Care Partnership published a draft of the Pennine Plan to test proposals for change with a broad range of stakeholders, and to gather feedback and insight to inform more detailed service specifications and implementation plans.

This report provides an overview of the engagement approach undertaken to test the Draft Pennine Plan and a summary of responses received during the engagement. These have been used to shape the final version of the Pennine Plan, which is attached for consideration at Appendix 'A'.

## **Publication and Stakeholder Engagement**

Publication of the Draft Pennine Plan was accompanied by a significant programme of communications and engagement to promote, explain and discuss the content of the plan and elicit views from the public, stakeholders and staff about the draft plan.

Building on considerable public and stakeholder engagement undertaken since the inception of "Together a Healthier Future" in 2016, this engagement programme included:

- Promotion of the plan online and through social media. The Facebook story about the draft plan reached 44,709 individuals and on Twitter promotion of the draft plan reached 36,127 users. A total of 13,751 visitors visited the "Together a Healthier Future" website over this period of engagement.
- A programme of public relations and media engagement resulting in positive and accurate coverage in all print media of the draft Pennine Plan and our call for views about it.
- Workforce engagement via staff newsletters, public bulletins, features on their social media pages, intranet and websites.
- A specific targeted engagement exercise with the Gypsy, Romany and Traveller community in Pennine Lancashire.

- An open invitation from the partnership to every known stakeholder group within the voluntary, community and faith sector, patient interest groups, and staff groups and networks to attend, present and discuss the Draft Pennine Plan.
- Market stalls in key locations across Pennine. In East Lancashire these were as follows:
  - 7th December 2017 – Burnley Central Library with Burnley Care to Chat members
  - 14th December - Hanson Cement training centre with Ribble Valley Seniors
  - 14th December – Old Colne Library with the Asian Carers Forum
  - 10th January 2018 – Blind Society shop Accrington with Hyndburn Older People’s Forum
  - 10th January – Irwell Medical Centre
  - 12th January – Clitheroe Hospital
  - 17th January – St Andrews Church Hall, Colne with the Fun 4 Stroke group
  - 18th January – Rawtenstall Primary Care Centre
  - 22nd January – Burnley General Hospital
  - 5th February - Nelson Town Hall with Pendle Older People’s Forum
- Co-production of an “easy read” version of the draft Pennine Plan with representatives of the learning disability community which was well received and accessed by a large number of people.

### **Summary of Feedback**

A significant amount of feedback on the Draft Pennine Plan was received. This included formal responses from 377 individuals, alongside the key messages from the market stalls and meetings which occurred.

The responses and feedback clearly support the proposals set out in the Draft Pennine Plan. While there was some concern expressed about financial viability and sustainability, people recognised the ambitions outlined for Pennine Lancashire.

A significant proportion of the feedback sought to highlight key considerations for the mobilisation and implementation of the proposals. This feedback will be used to inform the development of detailed delivery proposals.

A detailed report of this Communications and Engagement programme is available at [www.togetherahealthierfuture.org](http://www.togetherahealthierfuture.org).

### **Final Version**

The final version of the Pennine Plan has now been produced and is set out at Appendix 'A'.

Key changes from the published draft version are summarised below:

- Updating of terminology such as replacing references to accountable care systems and partnerships with integrated care systems and partnerships.

- Simplification of the language used where engagement highlighted particular concerns, for example in relation to food poverty and finance.
- Included further detail which more accurately reflects the scale of opportunities and ambition for Pennine, for example in relation to digital developments.
- Explained how key areas of work will be taken forward through agreed or developing strategies and framework such as the Pennine Lancashire Volunteer Strategy.
- Updated figures and dates as appropriate.
- Included reference to making sure we support people to be more aware of what services can support them, to help people to make the right choices, particularly by promoting the NHS Choose Well campaign.

### **Publication of the Pennine Plan and Delivery Plan**

Alongside the Pennine Plan there will also be published a Delivery Plan, which will set out to stakeholders how we are already progressing and delivering key elements of the New Model of Care. This will address queries raised by some stakeholders, regarding the mobilisation and implementation and provide an important opportunity to highlight the significant work already underway across partner organisations to progress the vision.

Collaboration between Health and Social Care agencies in Pennine Lancashire has a substantial history already. However this is being given new impetus by emerging national policy developments regarding integration of health and social care services. There is also considerable local momentum in Pennine Lancashire to move progressively but decisively towards even closer and ultimately formal legal partnership arrangements.

### **The county council's role**

Lancashire County Council is currently represented in key partnership decision making groups in Pennine by the Cabinet Member for Health and Wellbeing and the Director of Adult Services. However, it is important that the direction of travel and its ultimate implications for the county council as an organisation in its own right, and for the population it serves, are fully understood and endorsed. These are expanded on further in the Risk Management section towards the end of the report.

It is clear that the county council should play a significant political and organisation leadership role in these developments. Conversely if it does not do so, it would create a significant risk that the county council could be left behind, and the population in this area of the county more poorly served.

### **Consultations**

These are detailed in the main body of the report above.

## **Implications:**

This item has the following implications, as indicated:

### **Risk management**

### **Financial**

The plan refers to a single financial control total for Pennine. At this stage this will only contain budgets within the direct control of NHS organisations. The appetite and governance required to move towards aligned or pooled budgets on the Pennine footprint does however need to be considered as part of the next development steps.

### **Legal**

The Pennine Plan does not make any legally binding changes to the status or relationship of organisations. However the current direction of travel on health/social care integration means that such legal questions are likely to need formal consideration within the very near future.

### **Property Asset Management**

Public sector partners in Pennine are keen to capitalise on opportunities to share premises, avoid duplication and reduce related costs. To a limited extent this already occurs. For the county council this aspect of the Pennine Plan may represent a further opportunity.

### **Procurement**

Currently each organisation and sector runs their own procurement arrangements, often on different geographical footprints. There is close collaboration on key initiatives in which partners have a joint stake. The plan suggests we would strengthen these arrangements and ultimately this may mean undertaking procurements on a Pennine footprint.

### **Human Resources**

There is an extensive organisational change and workforce development programme at the heart of this plan, intended to support the One Workforce agenda. The implications of this for county council employees needs to be considered so that it can be determined how they can best be involved. The demands on workforce capacity if fully involved in such programmes can be considerable both at a frontline and a senior level and can divert attention from other significant activities.

### **Communications**

Consideration will be given as to how the county council should profile this plan and its role in its development with staff and elected members.

## **Geographical Scope of the Plan**

Pennine Lancashire NHS services do not typically reach into Whitworth, in Rossendale. The population in Whitworth is instead served by NHS commissioning and provider services based in Rochdale. Further consideration will be needed as to how the county council and Rossendale Borough Council work together with the Greater Manchester Health and Social Care system and the Rochdale Local Care Organisation to ensure the effective delivery of joined up care to the people who live in that area.

## **List of Background Papers**

Paper	Date	Contact/Tel
None		
Reason for inclusion in Part II, if appropriate		
N/A		