

Report to the Cabinet

Meeting to be held on Thursday, 7 March 2019

Report of the Director of Adult Services

Part I

Electoral Division affected:
All in West Lancashire;

West Lancashire Integrated Community Partnership

Contact for further information:

Tony Pounder, Tel: (01772) 536287, Director of Adult Services,
tony.pounder@lancashire.gov.uk

Executive Summary

This report sets out the emerging proposals and priorities for integrating health and social care across West Lancashire via the establishment of an Integrated Community Partnership.

The report recommends endorsement of the overall approach, and seeks approval for the county council's continued active participation in the development of the West Lancashire Integrated Community Partnership.

Recommendation

Cabinet is asked to:

- (i) Approve the county council's membership and continued active participation in developing the West Lancashire Integrated Community Partnership.
- (ii) Endorse West Lancashire Integrated Community Partnership's overall approach to health and care integration in West Lancashire on the basis that it will also take into 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 which it wishes to be communicated on behalf of the county council to the West Lancashire Integrated Community Partnership regarding the integration of health and social care.

Background and Advice

For the purposes of this report, West Lancashire is the area within the district council boundaries defined by West Lancashire Borough Council.

In terms of the relatively distinct communities that make up the West Lancashire area there are three neighbourhoods namely:

- Northern Parishes (including Tarleton, Hesketh Bank, Banks and Rufford) – population 30,163
- Ormskirk – population 45,085
- Skelmersdale – population 38,359

Approach to health and care integration in West Lancashire

In October 2018 a summit of key leaders from health and care organisations operating in West Lancashire was held in Skelmersdale. The purpose of the summit was to explore and seek sign up to the establishment of a West Lancashire system wide approach to health and care integration, aligned to developments emerging from the Lancashire and South Cumbria Integrated Care System).

Agreement was reached at the summit that a West Lancashire Integrated Community Partnership would be established in shadow form. Key system leaders now meet and this is followed by development time for the three neighbourhoods of the Northern Parishes, Ormskirk and Skelmersdale. It was further agreed at the summit that the initial purpose of the West Lancashire Integrated Community Partnership would be to develop, grow and nurture a neighbourhood system for the integration of health and care across West Lancashire.

The key partners within the West Lancashire Integrated Community Partnership are:

- West Lancashire Clinical Commissioning Group
- Lancashire County Council
- West Lancashire Borough Council
- West Lancashire Council for Voluntary Services
- Lancashire Care NHS Foundation Trust
- Virgin Care
- West Lancashire GP Federation

Southport and Ormskirk NHS Hospital Trust is an associate partner to the Integrated Care Partnership arrangements in West Lancashire reflecting the importance of the hospital sector in delivering effective out of hospital care.

The work of the Partnership is intended to further enhance local delivery of the clinical model being developed, implemented and mobilised in West Lancashire that is outlined in the document *Building for the Future* <http://www.westlancashireccg.nhs.uk/building-for-the-future/>

The West Lancashire Integrated Community Partnership aims are to:

- Encourage the development of better integration across the local health and care system in West Lancashire, improving quality and enhancing clinical and financial effectiveness and efficiency.

- Ensure a system that is robust in its ability to improve population health, improve quality of care and achieve financial sustainability across the local health and care system, enhancing sustainability through enhanced collaborative working.
- Strengthen collaborative relationships and decision-making between partners.
- Deepen relationships and build trust between individual system leaders and between organisations to enable an improved population health and care system culture.

The framework set out in the recently published NHS Long Term Plan is consistent with this approach. It describes how Primary Care Networks are to be based on neighbouring GP practices coming together to serve a population of between 30,000 and 50,000. These will then form a component of the model of expanded neighbourhood teams that will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers, allied health professionals, social care and the voluntary sector.

Stakeholder Engagement

As noted earlier, the approach to health and care integration in West Lancashire is building on the established clinical strategy for West Lancashire contained in *Building for the Future*. In advance of publication of that document, significant public engagement and consultation was undertaken to establish people's views and experiences of community health services.

Key headlines from that engagement included;

- **Location of services;** everyone from all areas of West Lancashire should be able to access the services.
- **Waiting times;** waiting times are often too long.
- **Staffing;** staff appear to be very busy and stretched to cope with number of patients. There are opportunities to expand and reshape roles such as podiatrists, nursing, physiotherapy and other specialist community services.
- **Experience/quality;** everyone should be treated with dignity and respect within a quality service.
- **Inclusion/self-care;** all patients should be involved with their own care with access to their own records. All patients should have access to information and support to help them understand how to manage their own health and conditions.
- **Knowledge;** more information was needed about what services are available, where they are and how/when people should use them. This applies for clinical services and voluntary sector groups such as support groups for long-term health conditions.
- **Accessing urgent care services;** the system should be straightforward to avoid patients being directed unnecessarily between services and receiving conflicting messages, especially in terms of accessing urgent care services such as walk-in centres, GP out of hours or Accident and Emergency. Communication to patients needs to be improved.

This feedback informed the final version of *'Building for the Future'* and the development of the current clinical model.

Since then the approach taken to the integration of health and care in West Lancashire has been increasingly informed from the grassroots, via engagement with clinicians, frontline staff and with the people who live and work in the neighbourhoods themselves. This builds on the commitment to place people, their health and their wellbeing at the heart of the Integrated Community Partnership's business. It also recognises the importance of co-production with local people in developing the approach to health and care integration in West Lancashire.

Some initial priorities for action have now been identified by the West Lancashire Integrated Community Partnership. These are:

- Developing the Workforce
- Protecting good physical health and good mental health
- Early identification and intervention for improved quality of life and health and care outcomes
- To stimulate, sustain and innovate to drive improvements across the care sector including registered care homes and domiciliary care.

These will be subject to further consultations with people in each of the three West Lancashire neighbourhoods to check that they accurately reflect their own local priorities and also to shape the delivery plans.

The county council's role

Lancashire County Council is currently represented at the West Lancashire Integrated Community Partnership by the Director of Adult Services.

As health and care integration progresses in West Lancashire, 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. The same principle holds for all other partners listed earlier who are active participants to health and care integration in West Lancashire. Further reports on governance, finances, risks and opportunities will be brought to appropriate decision making and scrutiny bodies in due course

It is right that the county council should play a significant political and organisational role in the leadership of these developments by its active participation in the West Lancashire Integrated Community Partnership. The nature and scale of the council's statutory responsibilities in relation to adult social care, public health and children's social care makes it a vital member of the partnership.

Conversely if the county council fails to be an active participant in the development of health and care integration in West Lancashire, it would create a significant risk that the council could be left behind, and the local population experiences poorer quality services and outcomes as a result.

Implications

This item has the following implications, as indicated:

Financial

Health and care integration in West Lancashire will inevitably demand a greater alignment of organisational resources, including financial resources across the NHS and local government.

There is also a commitment to a more collaborative approach to identifying financial efficiencies. Detail on this needs to be worked through and a finance workstream has now been established.

The appetite and governance required to move towards aligned or pooled budgets across partners working on health and care integration in West Lancashire, including issues around managing sovereignty and risk, needs to be considered as part of the next development steps not just for West Lancashire but ultimately for the whole of the Lancashire and South Cumbria Integrated Care System.

An option for further alignment of budgets could be pooled budgets and accompanying section 75 arrangements for identified public health budgets. This is something that is consistent with local priorities. The West Lancashire Integrated Community Partnership has indicated that it would welcome an early opportunity to explore this with the county council.

Legal

Currently, no legally binding changes have been made to the status or relationships between organisations working on health and care integration in West Lancashire.

Work has started to establish Memorandums of Understanding between organisations to support the direction of travel and enable successful delivery.

Following the recently published NHS Long Term Plan, consideration is being given to the local implementation of any legally binding changes that may be required to deliver this. This is with particular regard to the establishment of Primary Care Networks and expanded multidisciplinary neighbourhood teams. These neighbourhood teams would involve county council services such as social care.

However it is important to note that the Social Care Green Paper has not yet been published and that will also have significant impact on shaping the future involvement of local government and social care in the development of the West Lancashire Integrated Community Partnership.

Property Asset Management

Partners working on health and integration in West Lancashire are committed to capitalising on opportunities to share premises, avoid duplication and reduce related costs thus maximising use of our collective assets.

There are recent examples of collaboration across partner organisations for co-development of capital assets. There is likely to be more opportunity for this in West Lancashire and scope for further innovation.

Human Resources

Health and care integration in West Lancashire will necessarily involve improved alignment of the workforce across sectors and organisations.

This is underpinned by the Integrated Community Partnership's role as a teaching and learning partnership. Workforce is therefore a priority locally reflecting the fact that the capability and capacity of the health and social care workforce will be one of the determining factors of success.

As work progresses, the implications for county council employees needs to be considered so that it can be determined how they can actively participate and be an equal player in the further development of expanded multidisciplinary neighbourhood teams.

Communications

A new communications and engagement workstream will commence in February 2019.

The county council will need to determine how it can best support this workstream and play an effective leadership role in its implementation.

List of Background Papers

None

Reason for inclusion in Part II, if appropriate

N/A