



Central Lancashire Integrated Care Partnership Governance Structure

September/October 2020



Context

- This report has been prepared to provide Statutory Boards/Bodies / Committees with an update on the new Integrated Care Partnership Governance Structure and arrangements for Central Lancashire
- This new Governance Structure has been developed to enable partners within Central Lancashire to progress integrated working at place and at pace, so that we can work efficiently across all organisations and sectors to jointly improve services for our public and patients.
- It fits within a wider ICS structure across Lancashire and South Cumbria
- The slide deck contains information on;
 - ICP Governance Structure and detailed information on the main aspects
 - ICP Priority Setting Process and
 - ICP Priorities for 2020/21

Central Lancashire Integrated Care Partnership

Vision and Aims

ICP Vision

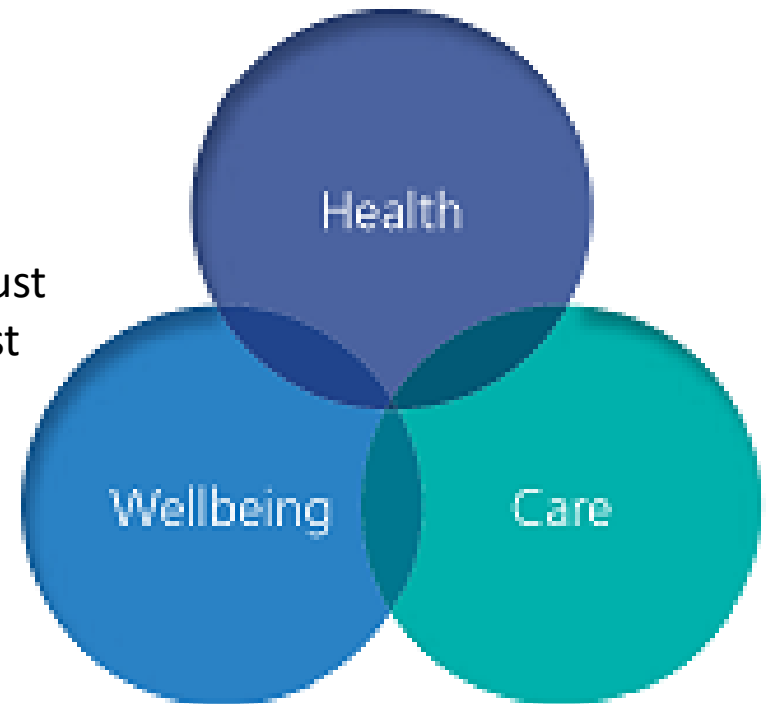
“Together, we will create a resilient health and care system, which will drive significant improvements in the wellbeing of our local communities, and will contribute to a sustainable Central Lancashire economy.”

ICP Quadruple Aim

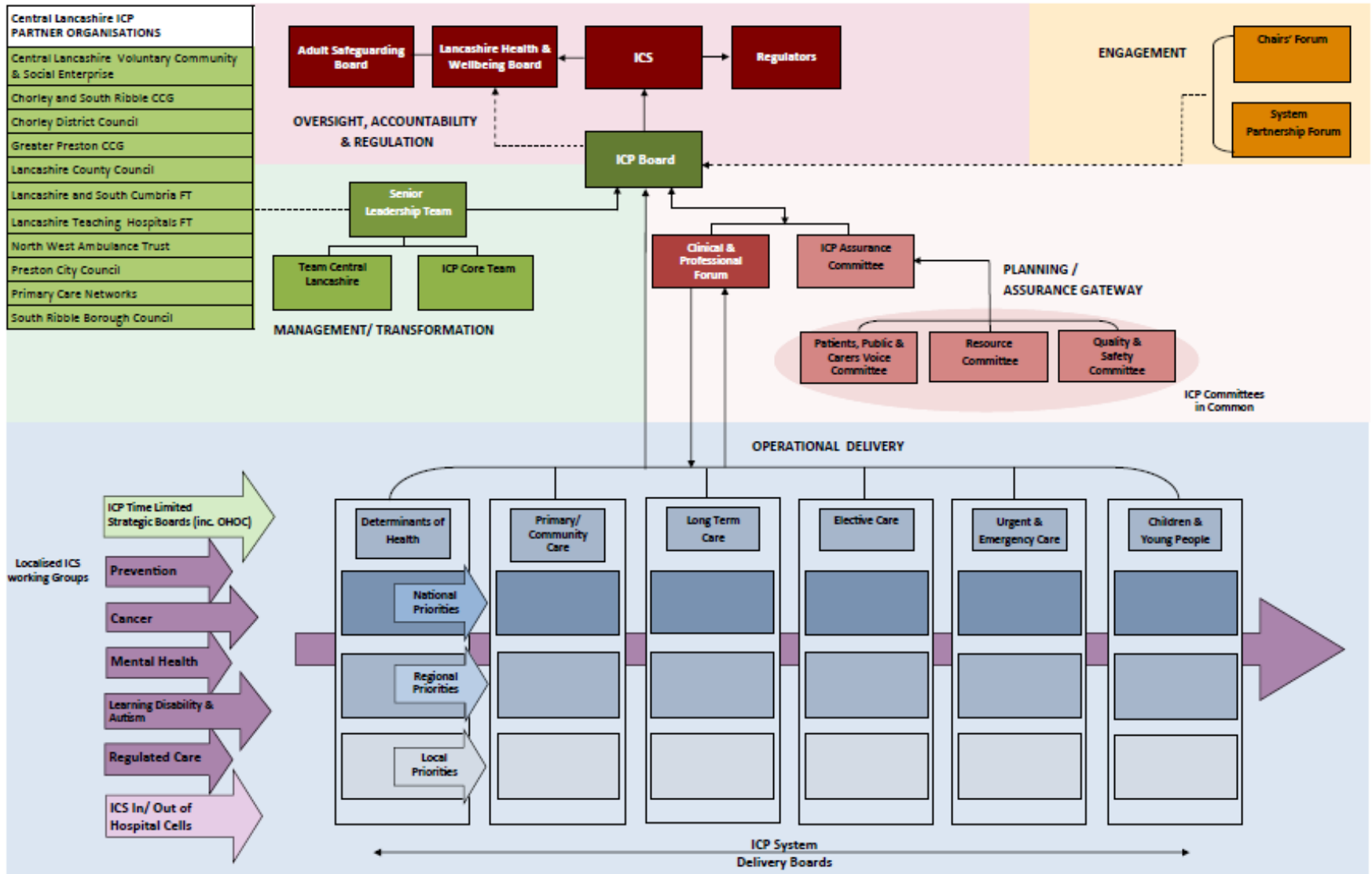


Central Lancashire ICP Partner Organisations

- ✓ Chorley Council
- ✓ Chorley & South Ribble CCG
- ✓ Greater Preston CCG
- ✓ Lancashire County Council
- ✓ Lancashire Teaching Hospitals NHS Foundation Trust
- ✓ Lancashire & South Cumbria NHS Foundation Trust
- ✓ North West Ambulance Service
- ✓ Preston City Council
- ✓ Primary Care Networks
- ✓ South Ribble District Council
- ✓ Voluntary, Community, Social Enterprise sector



Central Lancashire Integrated Care Partnership Governance Structure

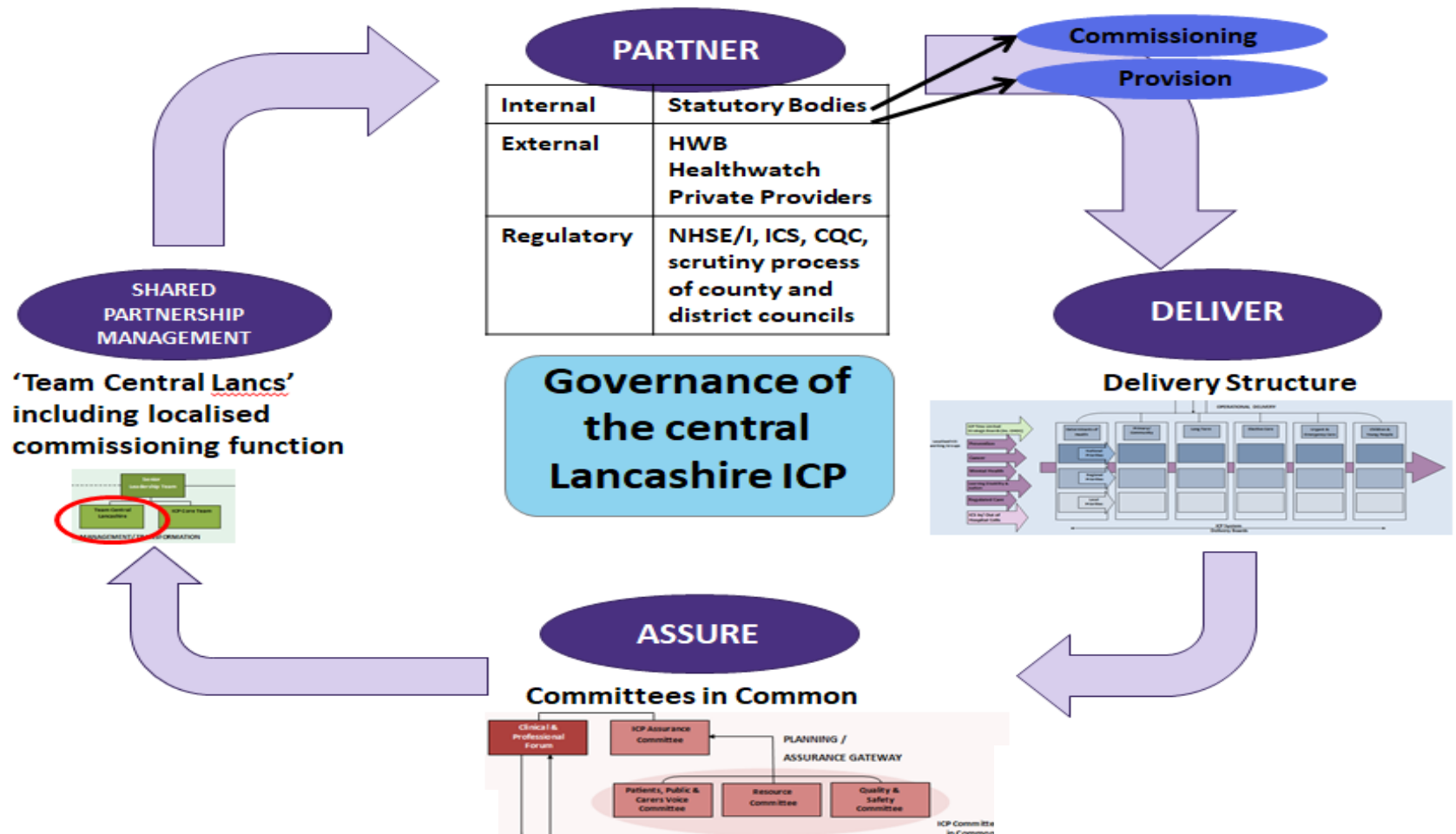


Central Lancashire ICP Governance review

The governance structure has evolved to enable:

- Integrated system working to progress at pace
- Development and delivery of the ICP's end model
- A 'whole system' collaborative approach
- Collaboration between staff across the wider system
- Increased efficiency across the ICP to achieve the best for our population
- ICP governance to encompass the whole health and social care economy
- Development of ICP priorities that are clinically and professionally driven
- End to end pathway transformation

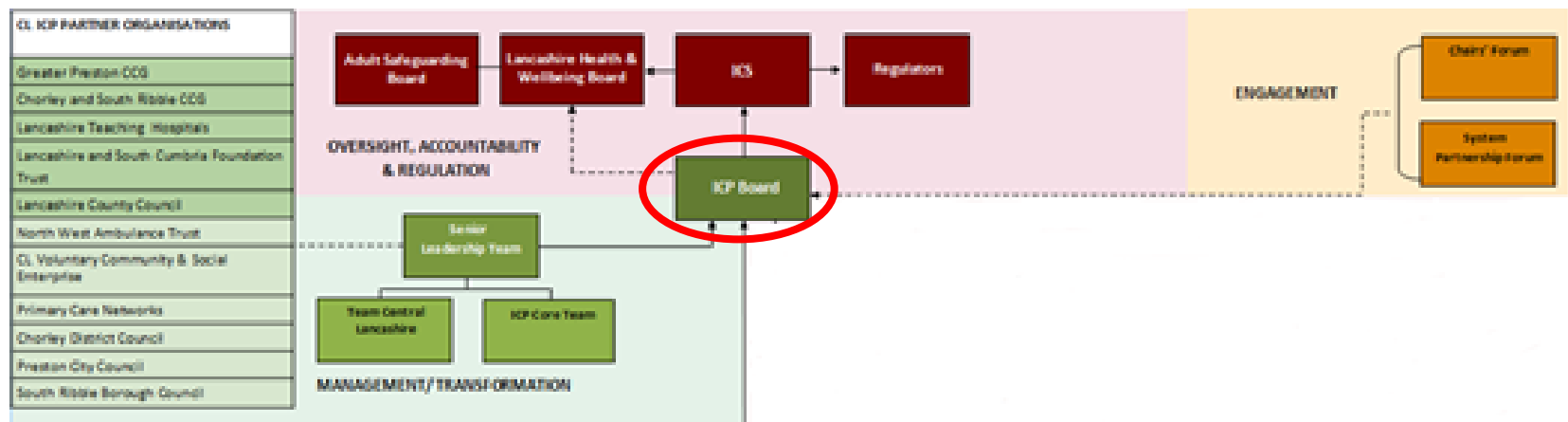
GOVERNANCE: Central Lancashire ICP



GOVERNANCE: Integrated Care Partnership Board

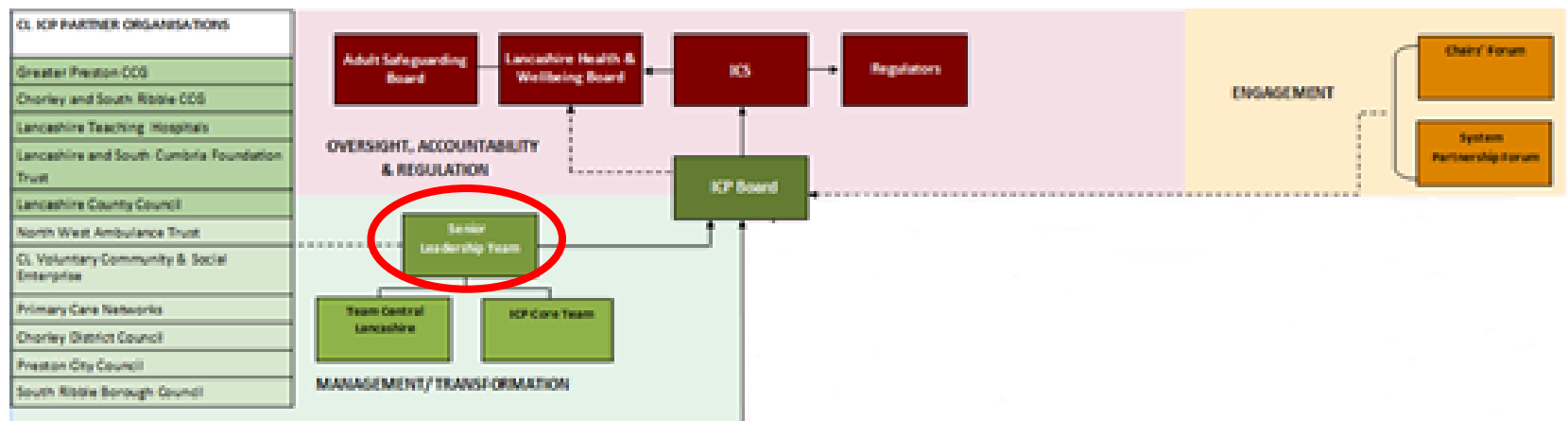
The purpose of the ICP Board is to deliver the vision and aims of the central Lancashire ICP. It provide the strategic direction for collaborative, system-wide responses to improve the health and wellbeing of the central Lancashire population.

The ICP Board enables the organisations to hold each other to account for the delivery of effective leadership and facilitates the coming together of statutory organisations and other key partners to work across organisational boundaries.



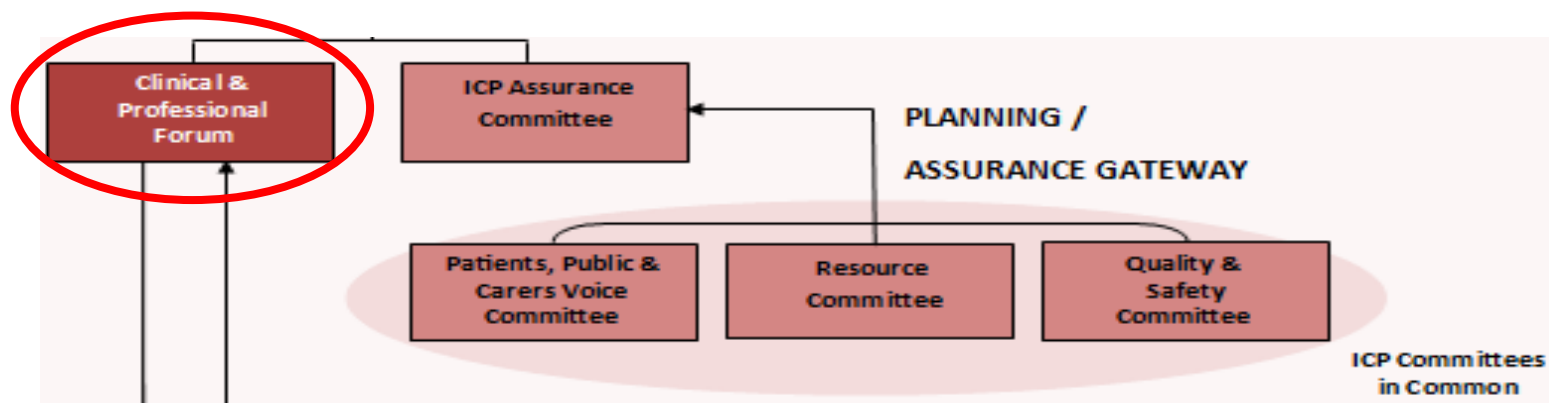
GOVERNANCE: Senior Leadership Team

The Senior Leadership Team, (SLT) is the executive leadership function within the ICP providing leadership development and acting as an escalation point within the system prior to matters being sent to the ICP Board. The SLT will consult on all matters within the partnership and will also influence the strategy of the ICP Board.



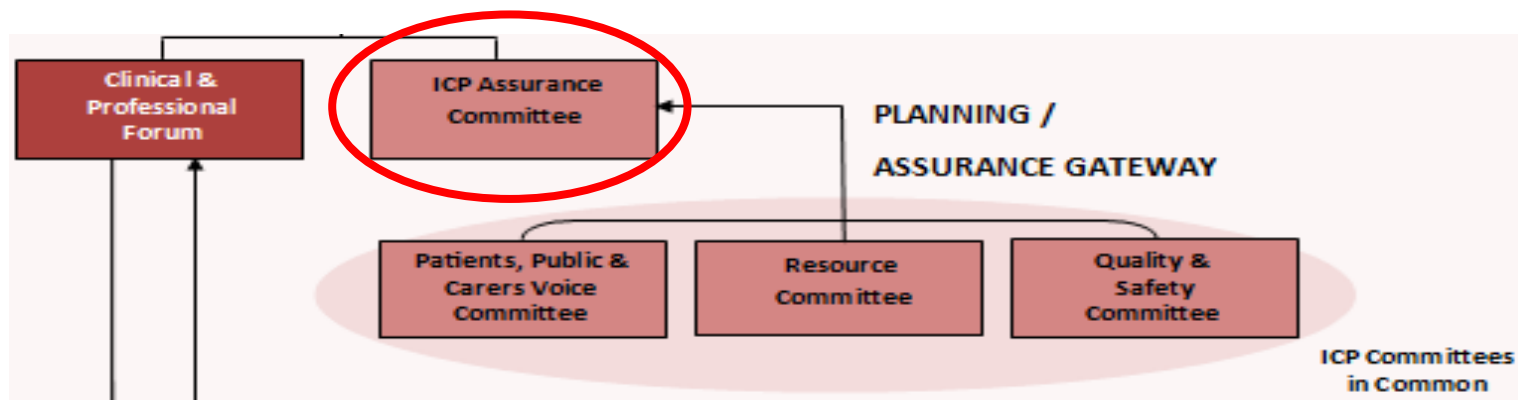
ASSURANCE: Clinical & Professional Forum

The Clinical and Professional Forum will drive the strategy of the ICP by proposing the prioritised workstreams, developed through the ICP priority setting process. This will enable us to quickly identify and agree our priorities and ensure a systemwide focus on Recovery, Restoration and Health Inequalities.



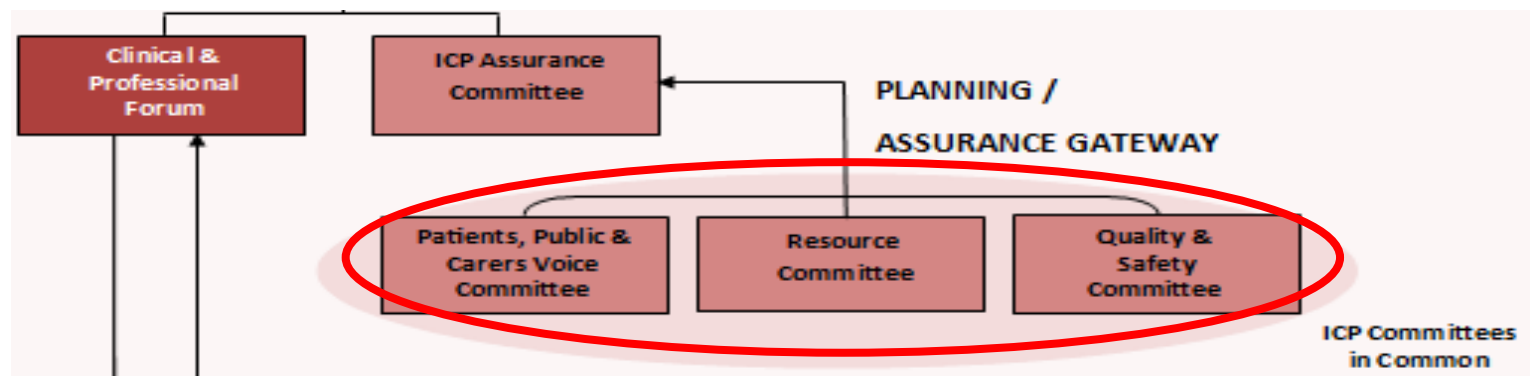
ASSURANCE: ICP Assurance Committee

Assurance upon the planning process will come from the ICP Assurance Group, coming together to act as the single assurance gateway across the ICP. Senior members of all four Committees in Common will consider the proposed priorities before submitting final proposals to the ICP Board for approval.



ASSURANCE: Committees in Common

Established to provide assurance throughout the ICP (other than at ICP Board) and act as individual assurance gateways in respect of the planning function. The Committees in Common will each develop ICP strategies upon their subject matter expertise and will ultimately become committees of the ICP Board.

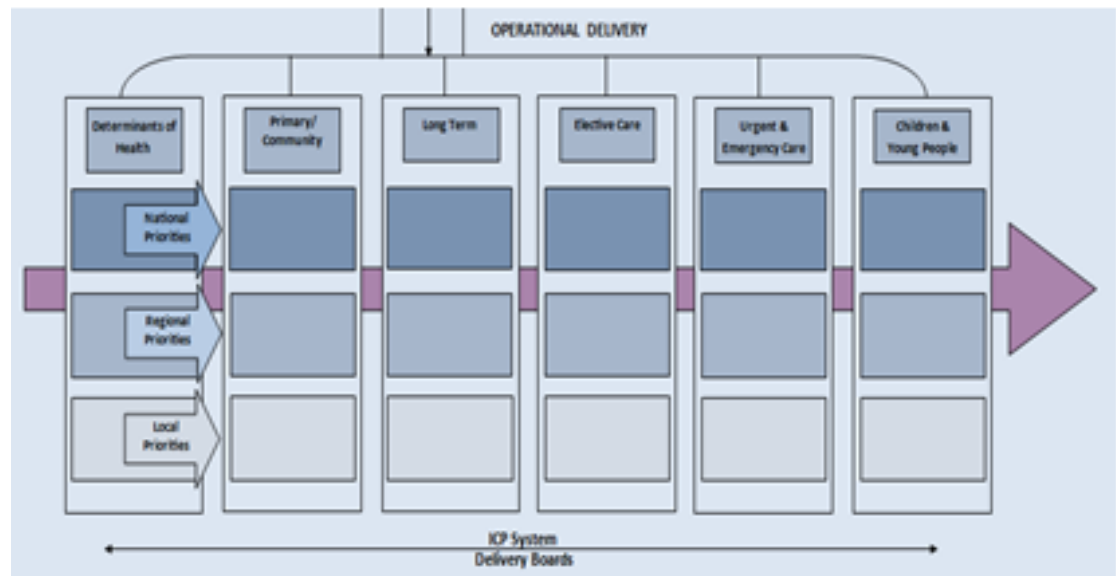


DELIVERY: System Delivery Boards

Established to drive the delivery of local ICP priorities, and contribute service specialist knowledge to enable end to end pathway transformation. Held to account for delivery as a 'system' by the ICP Board

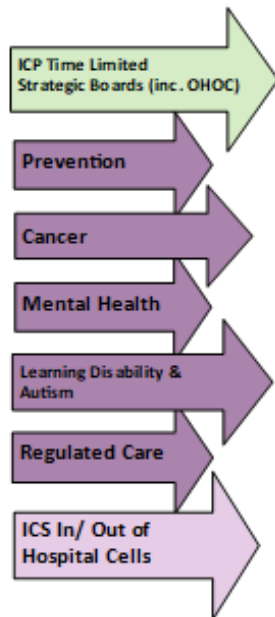
The System Delivery Boards are:

- Determinants of Health
- Primary/Community Care
- Long term Care
- Elective Care
- Urgent & Emergency Care
- Children, Young People & Maternity



DELIVERY: The Localised ICS Working Groups

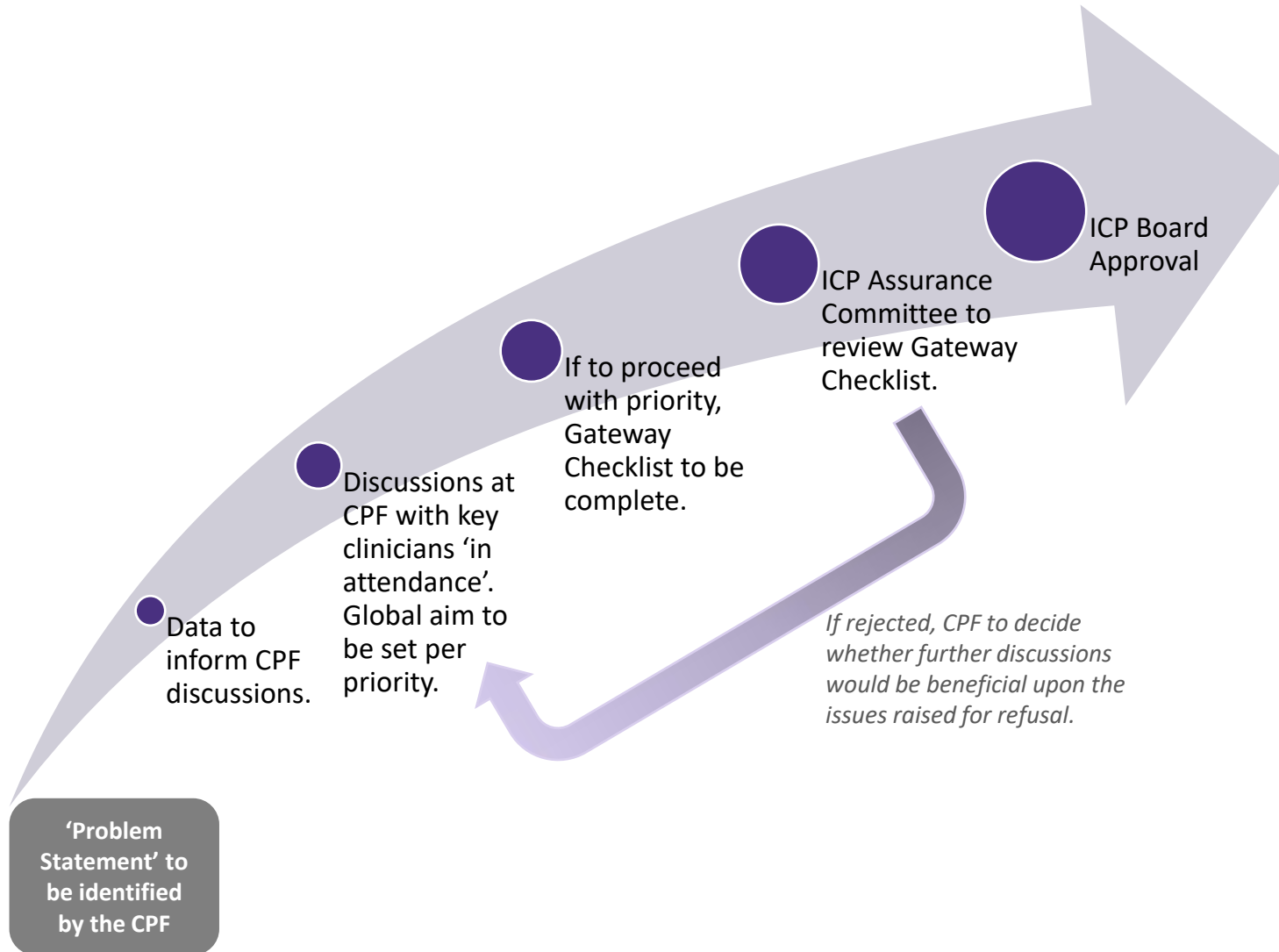
- ✓ Reflect the programme boards within the ICS
- ✓ Enable the local delivery and implementation of ICS led pieces of work
- ✓ Enable the development of local nuances, deemed necessary for our population
- ✓ Ensure that the ICS led priorities are embedded properly within our local system
- ✓ Enable us to flex as a local system, in the event of urgent changes.



The Localised ICS Working Groups LIWGs) are:

- ICP Time Limited Strategic Boards (Inc. OHOC)
- Prevention
- Cancer
- Mental Health
- Learning Disability & Autism
- Regulated Care
- ICS In /Out of Hospital Cells

PRIORITIES: ICP Priority setting process



ICP Transformation Methodology

ICP System Delivery Boards will adopt a consistent approach to improvement methodology including:

- Continuous Improvement Methodology
- Flow Coaching Academy and Big Rooms
- CPF will stipulate whether a Big Room is required or not, as some allocated matters will not require big pathway re-design work

PRIORITIES: Proposed System Delivery Board Priority areas

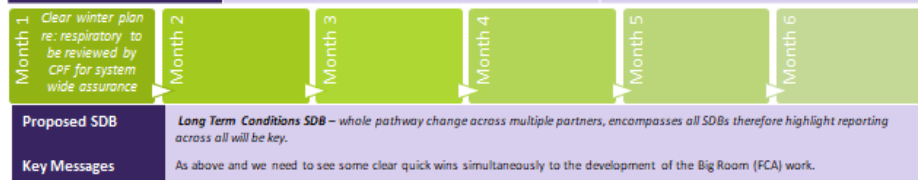
Determinants of Health	Primary/Community Care	Long Term Conditions	Elective Care	Urgent & Emergency Care	Children's, Young Peoples' & Maternity
SRO: Gary Hall CL: TBC SL: Jessica Partington	SRO: Louise Taylor CL: Hari Nair SL: Craig Frost	SRO: Gerry Skailes CL: Sumantra Mukerji SL: Jayne Mellor	SRO: Denis Gizzi CL: Arnie Bhowmick SL: Gary Doherty	SRO: Karen Partington CL: Lindsey Dickinson SL: Faith Button	SRO: Adrian Griffiths CL: Vicky Webster SL: Paula Garstang
Population Health Management <i>Deep Dive required for CPF to endorse existing prioritised areas and to align system transformation to this SDB for accountability within the ICP governance structure.</i>	Intermediate Care <i>Deep Dive required for CPF to endorse existing prioritised areas and to align system transformation to this SDB for accountability within the ICP governance structure.</i>	Respiratory <i>Deep Dive required for CPF to endorse existing prioritised areas and to align system transformation to this SDB for accountability within the ICP governance structure.</i>	Outpatient Reform <i>Deep Dive required for CPF to endorse existing prioritised areas and to align system transformation to this SDB for accountability within the ICP governance structure.</i>	Frailty <i>Deep Dive required for CPF to endorse existing prioritised areas and to align system transformation to this SDB for accountability within the ICP governance structure.</i>	Paediatrics: <ul style="list-style-type: none"> Acute Services Redesign Implement the recommendations of SEND inspection CAMHS redesign Safeguarding and looked after children Community Services End of Life Care Maternity and Neonates: <ul style="list-style-type: none"> Deliver standards within Better Births strategy and maternity aspects of Long Term Plan
Phase 3 Covid Guidance					
Explicitly tackle fundamental challenges including action on health inequalities and prevention	Restore service delivery in primary care and community services Expand and improve mental health services and services for people with learning disability and/or autism	Preparation for winter alongside possible Covid resurgence	Restore full operation of all cancer services Recover the maximum elective activity possible between now and winter	Preparation for winter alongside possible Covid resurgence	Expand and improve mental health services and services for people with learning disability and/or autism
Localised ICS Working Groups					
Prevention Mental Health	Prevention Mental Health Regulated Care LD & Autism	Prevention Mental Health Cancer	Prevention Mental Health Cancer	Prevention Mental Health	Prevention Mental Health LD & Autism

PRIORITIES: Developing our ICP Priorities

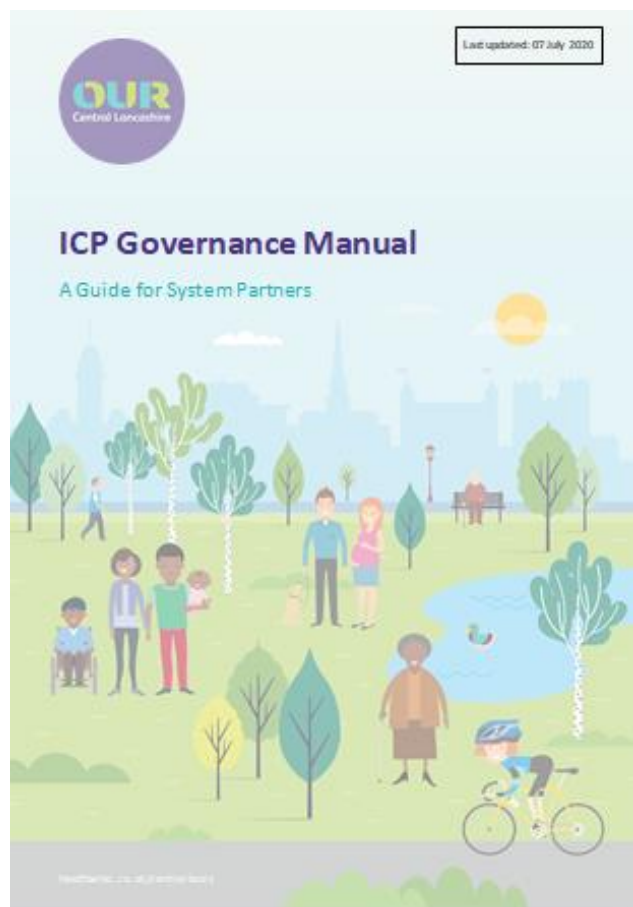
- The identified outcomes of each agreed ICP priority will formulate the KPIs for the respective System Delivery Board which will in turn inform the ICP performance framework
- The Clinical and Professional Forum are now looking to hold deep dives with each System Delivery Board to endorse current work, if applicable, and map existing ICP-wide transformation schemes.
- If existing schemes relate to the current focus upon restoration, recovery and health inequalities (in light of Covid) they will be allocated to a particular System Delivery Board
- This will support the development of further KPIs within relevant System Delivery Boards which will again inform the ICP performance framework
- In time, the identification of KPIs throughout the SDBs of the ICP will form part of the cycle of business in line with the planning cycle

ICP Assurance Committee – Gateway Checklist

Global Aim		RESPIRATORY
To appropriately diagnose, effectively manage within MOT settings and to avoid unnecessary admissions to support patients in their long term journey with respiratory illnesses.		
Case For Change <ul style="list-style-type: none"> • High numbers of patients being diagnosed with pneumonia during hospital admission without a diagnosis of COPD (SDB) • High numbers of patients admitted with URTI, with low LOS • 23% patients admitted with respiratory illness also have mild fatty 		<ul style="list-style-type: none"> • Both appropriateness and cost effectiveness of medications prescribed (right care) • Number of patients admitted to hospital with respiratory illnesses – and LOS
Intended Actions and Outcomes <ul style="list-style-type: none"> • Actions: <ul style="list-style-type: none"> • Validate the respiratory registers in primary care • Whole pathway review / development including ED / Community pathway and post COVID pathway • Enhancing palliative care registers • ICP Respiratory Strategy • A workforce review to identify the workforce skill set required to successfully manage the patient population • *can be quantifiable 		Outcomes: <ul style="list-style-type: none"> • Programme budget spend in line with benchmarked economic • Admission avoidance for low LOS patients/access to diagnostics • Specialist community and palliative services to link up to improve the experience of patients at end of life with respiratory disease (reduce proportion of deaths in hospital)* • Better joined up electronic case records – reducing duplication • Diagnostics once (removal of multiple diagnostics) • Increased MOT working and improved access for specialist advice for community clinicians • Increase uptake of smoking cessation services * • Increase early diagnosis (detection) of COPD (quantifiable – number to be determined)
Priority Alignment <ol style="list-style-type: none"> 1. Population outcomes: earlier detection and diagnosis reduce long term morbidity. 2. Experience and Quality of Care: all intended outcomes will improve quality of life outcome measures. 3. Economic sustainability: Potential opportunities within medication budget and use of current community services in a different way. 4. Workforce: bringing workforce together in a streamlined and integrated way will make caring for patients easier which will lead to fulfilment. 		Phase 2 Covid Planning – recovery and health inequalities: <p>Data shows that respiratory is integral to our winter plan and consequently winter preparedness, which has been discussed as per phase 2 of Covid recovery. Admission avoidance and use of the virtual ward will be imperative to get right.</p>
Partners Involved <ul style="list-style-type: none"> ✓ Central Lancashire Voluntary Community & Social Enterprise ✓ Chorley and South Ribbles CCG ✓ Chorley District Council ✓ Greater Preston CCG ✓ Lancashire County Council ✓ St Catherine's Hospice 		<ul style="list-style-type: none"> ✓ Lancashire and South Cumbria NHS FT ✓ Lancashire Teaching Hospitals NHS FT ✓ North West Ambulance Service NHS Trust ✓ Preston City Council ✓ South Ribbles Borough Council ✓ PCNs
Resource Impact <ul style="list-style-type: none"> • We need to look at resource – workforce and how we utilise what we already have in a different way. 		<ul style="list-style-type: none"> • Need to query additional resource for early diagnostics?



Central Lancashire ICP Governance structure



- For further reading, please refer to the ICP Governance Manual, as approved by the ICP Board in June 2020.
- This document will continue to be updated to reflect developments within the central Lancashire health and care economy and the wider system.
- For any queries in relation to version control please consult the ICP Core Team.