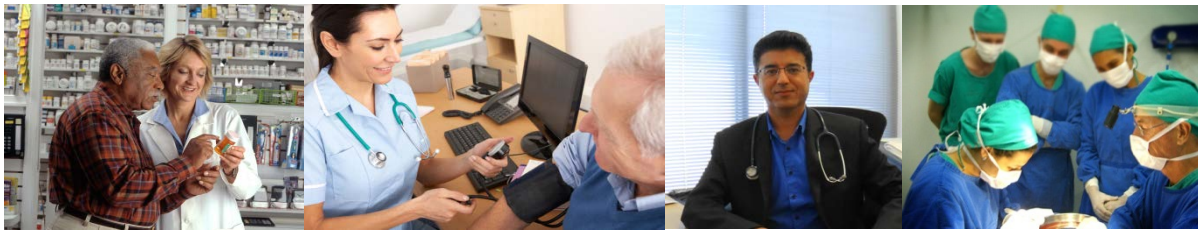
Towards Integrated working in Pennine Lancashire

Pennine Professionals Update

What are the opportunities for you?



An update from Dr Damian Riley, *(Professional Lead for Pennine Lancashire ICP).*

Hello - I've been appointed as the Professional Lead for Pennine Lancashire, to work across the health and care organisations (CCGs, NHS Providers, Local Authorities, VCFS), with a view to encouraging greater integration, better outcomes, and making all our jobs that bit more rewarding and sustainable. I wanted to write out to you to introduce myself and give a briefing on where things are up to. I'm sure there are many questions that you would like answers to, so I've tried to anticipate some of those here. Of course, please do contact me if you there is any other information you would like, or if I can be of service in any way.

So what do we mean by Pennine integration?

There's a gradual but definite movement towards better integration in health and care. We're seeing integration to reduce the commissioner-provider separation, integration between all providers, integration between health and social care, and we are seeing NHS England and NHS Improvement coming together in their teams.

How does this relate to the STP and Pennine Lancashire?

Some **strategic commissioning** is being undertaken 'once' at Lancashire and South Cumbria level (what used to be called the STP footprint) as all the relevant organisations in that STP become an Integrated Care System or "ICS".

And what about Neighbourhoods and Networks?

In terms of actually **delivering** local services in a better way, the focus is on a "neighbourhood" population approach. We know that you still have core business as a practice and professional to do, but services for certain key functions like arranging therapy or nursing teams, local expertise for frailty or case management, could be done more efficiently at levels of around 30-50,000 population. These neighbourhoods are likely to become

synonymous with the emerging Primary Care Networks which allow collaborative planning of services by GP practices in neighbourhoods.

What we need to get right, is the linkage between high level ICS strategy, and on-the-ground actions in neighbourhoods.

In Pennine Lancashire we have the "***Together a Healthier Future***" programme. It was set up by all Health and Care partners (CCGs, Primary Care, Acute, Community and Mental Health Provider Trusts, Local Authorities, VCFS etc) so some decisions and planning can be done 'once' across the whole patch. Some of the transformation, some of the planning, some of the measuring, the quality assessment, and some of the inevitable bureaucracy will be done at "**Pennine Lancashire Integrated Care Partnership**" level so as to bring about *at scale* some real improvements to outcomes.

And so this is "Pennine Lancashire" in terms of integration of Health and Care.

We need to look at things at two levels. First, at our own neighbourhoods/networks, and how by working together with the community nursing and therapist teams, the local authority teams, pharmacy services etc, the care planning in your neighbourhood can be optimised. This is particularly important for specialist community services and long term conditions caseload. For this, it is reassuring to know that "integrated neighbourhood team" events have already been happening. The best people to control what goes on in your neighbourhood with the community services, is you.

The other consideration is what we can organise *across all* Pennine Lancashire, when changes at the larger population base of 500,000 have to be coordinated at scale to get maximum benefit.

For this, groups of colleagues have been meeting for the last year as the Care Professionals Board and have nominated workstreams for the following domains, known as the ***Health and Wellbeing Improvement Programmes***: these are **Healthy Hearts; Healthy Minds; Healthy Lungs; Children and Young People; Frailty; End of Life; Cancer; and Musculoskeletal**.

These groups have had some strong leadership, and are now carefully considering what the size and scope of their work needs to be. We now want to encourage more clinicians from primary and secondary care to join "Clinical Reference Groups" (CRG) for the Health improvement Programmes, and to give these groups the necessary resourcing, analytical support, and project management support they need, and start designing some key changes across Pennine Lancashire.

How to get involved:

Each of these domains will need to have clinical engagement and leadership. Our first priority is to establish a clinical reference group for the "Healthy Hearts" Programme and the End of Life Programme and the Respiratory programmes. We want a vibrant community of GPs, consultants, pharmacists, specialist nurses, practice nurses etc., to meet and consider "*what are the real big changes we could make to what we are currently doing, in order to make a real difference?"*. To get started, we will form a Pennine Lancashire Cardiovascular CRG and an End of Life CRG and give them the resources to make change happen.

Following soon after we are looking to establish the Healthy Lungs group, bringing together all those colleagues who have worked on COPD with those who work with paediatric asthma, and get a clinical network supporting their work.

We will underpin this work with joint education events between primary care and hospital colleagues.

If you're interested, please get in touch. Philippa Cross is our programme manager, and her email is philippa.cross@nhs.net. Let Philippa know you're keen to be involved. We will then send more details to you.

And look out for some events we are running over coming months which we are organising so that we can hear your views about other work programmes for Pennine Lancashire. More updates will follow soon.

With best wishes

Damian

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TOGETHER
A HEALTHIER FUTURE
The Integrated Health and Care Partnership for Pennine Lancashire