

LOCALITY: BURNLEY

KEY AREAS OF DISCUSSION:

- Primary Care Networks
- Health and Wellbeing Partnership
- Well North and Burnley Wood 'CAN'
- Resilience Programme
- Patient Participation Network

KEY ACTIONS:

Primary Care Networks (PCNs)

The Burnley East PCN have met on a number of occasions and are successfully progressing the development of a project to address emotional resilience in 11-16 year olds, working closely with the secondary schools and partners.

Burnley Central PCN had their first meeting on 15th February which was very well attended and has led to the agreement to develop a project to support hospital discharge/admission avoidance in elderly/frail/mental health, as a vehicle to develop joint working.

Burnley West PCN is in the initial stages of development with their first meeting on 6th March.

Burnley Health and Wellbeing Partnership

The partnership met on 30th January and was once again very well attended by all partners. The main agenda item was to update partners on the emerging Primary Care Networks and the aim of these networks. Dr Naheed gave a very in-depth presentation on the progress being made by Burnley East PCN and their aim to develop the emotional sustainability of young people between the ages of 11- 16. This was well received by partners who were in full support of the PCNs.

Well North & Burnley Wood 'Community Asset Network' (CAN)

The Well North team continue to work with, and offer support to, the Burnley Wood community group 'CAN' with a view to increasing community membership, and it is hoped that this model of community asset development could be replicated across the networks. At present there is an intention to work with both the Chai Centre and Thursby Garden Community Group.

Burnley Resilience Scheme

The locality has been successful in securing funding from the NHSE General Practice Resilience Programme to support a Burnley scheme. This scheme is to provide a practice management support package designed specifically to further strengthen and develop the offer across the x17 practices and the three networks across the Burnley locality.

Burnley Patient Participation Network (BPPN)

The BPPN met on 24th January and reviewed a number of DRAFT campaign posters to use in an awareness raising campaign across the locality. Michelle Hartley, Yorkshire Street Medical Centre Practice Manager attended to answer any practice specific queries and was well received by the group.

Approved by

Dr Santhosh Davis, Clinical Lead
Kirsty Slinger, Locality Manager

KEY AREAS OF DISCUSSION:

- Hyndburn Health and Wellbeing Community Partnership
- Primary Care Networks
- Care Home Liaison Nurse Service
- Health Mela NFHW

KEY ACTIONS:**Development of the Hyndburn Health and Wellbeing Community Partnership**

The Hyndburn Health and Wellbeing Community partnership has met twice formally, with a view to working closer together to improve long term health outcomes for the population of Hyndburn. Work has taken place on developing a shared vision and values, and a way of working, with the priority given to holistic care and ensuring issues are understood before interventions are offered.

Conversations are on-going around a set method and approach to motivational interviewing. Task and Finish groups have taken place on Universal Credit, and working together around the panel type approach eg Integrated Neighbourhood Teams, Transforming Lives and Young People's requirements.

Primary Care Networks

Both Primary Care Networks (PCNs) in Hyndburn are working well, and focussing on development of relationships and actions that will enable these relationships to develop into provider mechanisms.

Discussions have been had around the topics for focus, including the diabetes service, care home liaison service, other items in the Quality Framework, referral management and sharing of back-office functions.

Hyndburn Central PCN have been successful in achieving monies from NHS England as a Digital Innovator site to progress their use of IT within General Practice to deliver higher quality care for patients. They have also met with the INT Clinical Coordinators to discuss how to more appropriately use this resource and system.

Hyndburn Rural PCN have met with YNOT Aspire, local 3rd Sector organisation focussing on young people's mental health and wellbeing to look at a panel approach to low level mental health/wellbeing requirements.

Care Home Liaison Nurse Service

The locality has requested an extension of 6 months to the current agreement to enable them to have processes in place for this to be delivered through the Quality Framework in advance of this.

Health Mela

The locality is supporting the National Forum for Health and Wellbeing to deliver a Health Mela at Accrington Town Hall in May.

Approved By:

Dr Richard Robinson

Clinical Lead – Hyndburn

Rachel Watkin

Locality Manager – Hyndburn

LOCALITY: PENDLE

KEY AREAS OF DISCUSSION:

- Pendle Health and Well Being Partnership Group
- Primary Care Networks
- Care Navigation
- Syrian Resettlement Programme
- Steering Group Update
- Pendle Patient Participation Group

KEY ACTIONS (Highlights from the areas listed above):

Pendle Health and Well Being Partnership Group

The Health and Well Being Partnership Group continues to meet on a bi-monthly basis. The partnership has developed an action log to co-ordinate interventions to improve the outcomes for residents maximise preventative measures, efficiency savings and quality improvements.

The Pendle Steering Group has agreed to merge the two meetings to streamline the volume and unnecessary duplication of meetings. Revised meeting arrangements will commence in April 2018.

Primary Care Networks

Pendle locality are working to meet the requirements of developing two Primary Care Networks across the locality which are aligned to existing neighbourhoods (Pendle East and Pendle West) upon which PCNs can be established.

The networks are at different stages in development however both are meeting on a regular basis to progress.

Care Navigation

Care Navigation training has been held for the locality and was well attended with a good mix of attendees from all practices across the locality.

Syrian Resettlement Programme – Access to Dental Practices

The locality continues to work in partnership with the Home Office, Lancashire County Council and Pendle Borough Council. Discussions between the Home Office, NHS England and the CCG with regard to the commissioning of Language Line for Dental practices. Commissioning arrangements have been negotiated and are now in place for the refugees that have settled in the area.

Steering Group Update

Unfortunately, the Steering Group were unsuccessful in recruiting an additional GP to join the Pendle Steering Group. Discussions are ongoing with regard to next steps.

Pendle Patient Participation Group

The patient representatives of the Pendle Steering Group are looking to form a network of patient participation groups across both Pendle East and Pendle West. It is anticipated that the group will be launched in May and will be linked to the Primary Care Networks.

Approved By:

Dr Asif Garda
Cath Coughlan

Clinical Lead – Pendle
Locality Manager – Pendle

KEY AREAS OF DISCUSSION:

- Ribblesdale Community Partnership
- Primary Care Networks

KEY ACTIONS

Ribblesdale Community Partnership

The Ribblesdale Community Partnership is currently implementing the collaborative action plan and following the last meeting in January 2018 the action plan has been updated and key areas of development are highlighted below.

Children and Young People's Services

The evaluation is complete and will be presented to the Partnership Group 22nd March. It has identified the issues and challenges facing children and young people (CYP) in the locality and also the challenges organisations are faced with when trying to deliver support. The implementation of a family hub incorporating a single point of access and referral pathway, with swift access to services alongside activities in which CYP can flourish will improve the health and wellbeing of families. A business case is in development and the old Physiotherapy Building in Clitheroe Town Centre has been secured as a venue.

Frailty Project

The Ribblesdale Frailty Project continues to progress, the frailty training has now been completed and a summary plan will be sent out to all GPs so they understand what is available in the locality. The core team met in February and recognised that GPs are starting to record rockwood scores in EMIS. The group are looking to develop a clinical tool that will direct professionals to consider different care planning ie moderately frail will suggest things that must be done, upskill voluntary level. The Integrated neighbourhood team co-ordinator will be training the Practice Nurses on how to assess and perform the balance test.

Heart Failure

Following the workshop in October a mapping exercise was undertaken in January 18 to produce flow charts of pathways. The project group continue to implement their plans and the next step is to develop 'the perfect primary care heart failure review' and template for Practrice Nurses with the group.

Prescription for wellbeing Grants

The Partnership received applications and it was agreed to fund Crossroads, Ribcaged and Little Green Bus.

Primary Care Networks

Ribblesdale continue to progress with the work of Primary Care Networks and are utilising the funding to support their frailty, heart failure and one workforce projects that have been developed through the Community Partnership.

Approved By:

Dr Vanessa Warren Clinical Lead – Ribblesdale
Jayne Lowthion Locality Manager – Ribblesdale

LOCALITY : ROSSENDALE

KEY AREAS OF DISCUSSION:

- **Proposed Primary Care Networks for Rossendale**
- **Progress towards a Rossendale Community Health Partnership**
- **Excess Winter Deaths**
- **Response to new housing plans**

KEY ACTIONS (Highlights from the areas listed above):

Rossendale Primary Care Networks for Rossendale

Primary Care Networks across East Lancashire were established during 2017, whereby GP Practices, plus other local Healthcare providers, caring for between 30k to 50k patients (neighbourhoods), came together in order to work collaboratively. Although caring for a combined patient list of 68k and therefore qualifying to be two separate PCNs, the GP Practices in Rossendale have expressed a wish to work both strategically and operationally as one Primary Care Network. Each PCN will have the potential to provide a single health and care system for localities. Practice groupings can share community nursing, mental health and clinical pharmacy teams, expand diagnostic facilities and pool responsibility for urgent care and extended access. Through these measures the Rossendale GPs hope to free up time to focus on complex care.

Progress towards a Rossendale Community Partnership

Meetings are now embedded into the Rossendale Locality Steering Group meetings and this ensures clinical attendance. Ken Masser Chief Officer at Rossendale Leisure Trust is the RCP Chair. Other representatives include – Elected Health Lead of Rossendale Borough Council; Officer of Rossendale Borough Council; Lancashire Fire & Rescue; Lancashire Constabulary – Rossendale Team; Transforming Lives, Lancashire County Council – C&YP; Rossendale Integrated Neighbourhood Team. This is in addition to the CCG Commissioning, Finance, Medicines Management and Admin Support.

Very broadly the priority areas fall into the categories of Health and Lifestyles (Includes - increasing physical activity and reducing smoking prevalence) and Mental Health / Other (Includes - reducing road deaths, increasing breastfeeding initiation and raising awareness about mental health service provision).

Excess Winter Deaths

At the end of 2017 Rossendale was identified within a national report as the borough with the highest number of Excess Winter Deaths in the UK. The report's findings were based upon 2015/16 data and at the request of Rossendale Borough Council, through a Scrutiny Day, both the CCG and LCC were asked to identify all contributing factors and a way forward. This review has highlighted that more co-ordination amongst key partners is necessary in the identification of vulnerability.

Response to new housing plans

Rossendale Borough Council are anticipating that there will be a sharp increase in the number of new properties in the borough. An initial forecast of 4,000 new homes over the next 15 year period has been identified. The CCG have been asked to anticipate what the impact on access to health services such an increase would be. This could potentially lead to an additional 11,500 additional patients who will be seeking both a GP Practice and Dental Practice registration. As a locality the GP Practices submitted information to the CCG, from which a short report was prepared and submitted to the Borough Council for their consideration.

**Approved By: Dr Tom Mackenzie
Andy Laverty**

**Clinical Lead – Rossendale
Locality Manager – Rossendale**