

Draft Document – To be discussed at the Lancashire LTC Implementation Forum on the 19th July

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

I. Reality

What's the current reality?

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- What is currently working well?

Initial mapping exercise suggests that risk stratification and associated interventions is being considered in all CCG areas as part of their LTC/Unscheduled care groups. Most of them have also completed a self assessment of where they are and what needs to be done. The neighbourhood level local area coordination meetings have also been established in Central and West Lancashire.

The Lancashire LTC implementation forum that comprises of clinical leads from CCGs, PCTs, Social Care and providers is part of the Lancashire Improving Outcomes Programme Board structure. The focus is to collaborate and share good practice and champion the work on LTCs. The members of this group along with input from Children and Young People HWB Group will develop the plan for addressing this intervention.

	<p>Links are also being established with other regional and local workstreams e.g. Lancashire Improving Outcomes Board, AQUA programmes on LTCs, local urgent care groups, neighbourhood teams, self care intervention of the draft HWB strategy etc.</p>
<ul style="list-style-type: none"> • What is getting in the way of partners achieving desired impacts? 	<p>There are many pockets of excellence. We need to systematically adapt, scale up and spread of these initiatives across Lancashire to achieve the desired impacts.</p>
<ul style="list-style-type: none"> • Where are the gaps in service delivery that really matter? 	<p>Systematic risk profiling of the whole population along with clearly defined integrated pathways for specific risk groups.</p> <p>Involving patients and their carers and empowering them for shared decision making and self management support.</p>
<ul style="list-style-type: none"> • What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters? 	<p>Engagement of health and social care professionals across the system</p> <p>Appropriate use of technology including telehealth, telemedicine, telecare and electronic access to patient records</p> <p>Developing neighbourhood level integrated health and social care teams embedded within the local area coordination for improving health wellbeing of citizens and linked to the specialist services</p>

2. Results

What does success look like?

2.1 Longer-term impact

<ul style="list-style-type: none">• What will be the 3 to 5 year impact of the intervention?	A sustainable reduction in the emergency admissions due to conditions that can be better managed in community and primary care settings, an improved quality of care for people with LTCs, better patient experience and quality of life. A reduction in the demand for social care (especially crisis).
<ul style="list-style-type: none">• What are the longer-term measures of success?	Emergency admissions due to long term conditions in both children and adults. LTC 6 or similar quality of life measure

2.2 Impact in the year ahead

<ul style="list-style-type: none">• What specific goals will the intervention achieve in the next year?	Risk stratification tool being used by GP practices in managing people with LTCs A range of interventions to prevent emergency admissions
<ul style="list-style-type: none">• What are the specific measures of success for the year ahead?• How will the Health and Wellbeing Board know that the intervention has achieved its goals?	To be determined following the task group meeting on the 19 th July HWB Board will be aware of the plans across Lancashire and the progress being made to reduce emergency admissions in Lancashire

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

<ul style="list-style-type: none">• How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?	To be determined following the task group meeting on the 19 th July
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3.2 Programme of work

<ul style="list-style-type: none">• Who needs to be involved to develop, commission and deliver the intervention?	To be determined following the task group meeting on the 19 th July
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• What are the 'milestones' for the Task Group in the year ahead?	To be determined following the task group meeting on the 19 th July
• What are the specific activities to be carried out by each partner?	To be determined following the task group meeting on the 19 th July

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Appendix I
Priority shifts in the ways that partners deliver services

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- Shift resources towards interventions that prevent ill health and reduce demand for acute and residential service
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- Build the assets, skills and resources of our citizens and communities
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- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
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- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.
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- Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.
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- Work to narrow the gap in health and wellbeing and its determinants
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