

# Lancashire Shadow Health and Wellbeing Board

## Identifying People at Risk of Emergency Admissions and Provide Appropriate Interventions

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### 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

#### 1. 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 has been established under the Lancashire Improving Outcomes Programme Board. 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.

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, and other strategy interventions groups
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	such as self care, older people and affordable warmth etc.
<ul style="list-style-type: none"> <li>• What is getting in the way of partners achieving desired impacts?</li> </ul>	<p>We need to systematically adapt, scale up and spread of these initiatives across Lancashire to achieve the desired impacts. This includes building capacity in primary care and reforming community services, having a risk sharing agreement to reduce capacity in secondary care, better health and social care integration and systematically engaging people with LTCs in self care and addressing their wider determinants of health e.g. worklessness, fuel poverty etc.</p>
<ul style="list-style-type: none"> <li>• Where are the gaps in service delivery that really matter?</li> </ul>	<p>Systematic risk profiling of the whole population leading to a comprehensive care plan for people at very high and high risk of emergency admissions.</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> <p>Involving patients and their carers and empowering them for shared decision making and self management support.</p> <p>Appropriate use of information technology including telehealth, telemedicine, telecare, electronic access to patient records and developing integrated IT systems.</p> <p>Delivering on all of the above through a programme that also coordinates actions across all the strategic interventions of the health and well being strategy.</p>
<ul style="list-style-type: none"> <li>• What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?</li> </ul>	<p><b>Opportunities</b></p> <p>There are many pockets of excellence in Lancashire. These can be shared across the County.</p> <p>A Joint Strategic Needs Assessment of long term conditions is being planned which will provide opportunities to engage with all the stakeholders in the system to agree common goals.</p> <p>All CCGs have reduction of unplanned admissions as their priority. Identifying common themes they</p>

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are working on could lead to working on them together across Lancashire.

Reducing readmissions and excess bed days is also part of the cost improvement plan in hospitals across Lancashire.

The districts along with their partners including the third sector are also working on local area coordination and neighbourhood level teams that are aimed at improving the wider determinants related to preventing emergency admissions.

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## 2. Results

*What does success look like?*

### 2.1 Longer-term impact

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| <ul style="list-style-type: none"><li>• What will be the 3 to 5 year impact of the intervention?</li></ul> | <ul style="list-style-type: none"><li>• An integrated health and social care system for addressing the needs of people with long term conditions.</li><li>• Reduction in emergency admissions due to chronic ambulatory care sensitive conditions that can be better managed in community and primary care settings</li><li>• Improved patient experience and quality of life.</li><li>• A reduction in the demand for social care due to long term conditions (especially crisis and re-admissions).</li></ul> |
| <ul style="list-style-type: none"><li>• What are the longer-term measures of success?</li></ul>            | <ul style="list-style-type: none"><li>• Health related quality of life for people with long term conditions</li><li>• Emergency admissions due to long term conditions in both children and adults.</li><li>• Proportion of people feeling supported to manage their condition</li></ul>  |
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### 2.2 Impact in the year ahead

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| <ul style="list-style-type: none"><li>• What specific goals will the intervention achieve in the next year?</li></ul> | <ul style="list-style-type: none"><li>• GP practices and community services will be using the risk stratification tool to identify people at risk of emergency admissions.</li><li>• Integrated neighbourhood level health and social care teams to address the needs to patients with complex needs</li></ul> |
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including the self management support for them and their carers.

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- 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?
- Proportion of GP practices using a risk stratification tool to identify people at risk of emergency admissions
- Number of integrated neighbourhood level health and social care teams
- HWB Board will be aware of the plans across Lancashire and the progress being made to reduce emergency admissions in Lancashire
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### 3. Response

*What needs to happen to ensure partners achieve better results?*

#### 3.1 Shifts in the way that partners deliver services

- How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?
- The Lancashire wide long term conditions operational steering group will also be the task group. This group has agreed to share good practice and work jointly where it is appropriate to apply the shifts identified by the Health and Well Being Strategy.
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#### 3.2 Programme of work

- Who needs to be involved to develop commission and deliver the intervention?
  - What are the 'milestones' for the Task Group in the year ahead?
  - What are the specific activities to be carried out by each partner?
- CCGs, LCC (including its Public Health Services from 2013), NHS Providers including GP practices, District Councils and Third sector partners
- The Task Group has identified a list of issues to work together. They include working on how to implement risk stratification tool, sharing the LTC dashboard, structure of integrated teams and local area coordination.
- This discussion is yet to happen. It is planned for the next Task Group meeting in early October (dates being identified). The activities identified by the task group will be presented to the Board in due course.
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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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