



Healthier
**Lancashire &
South Cumbria**

Lancashire & South Cumbria STP update



Lancashire Health Overview and Scrutiny
Committee

17th April 2018



Healthier
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South Cumbria**

What we will cover...

- **Our challenges** across Lancashire and South Cumbria
- **Integrated care system approach**
- **Strategic framework** - the levels where activity will take place
- **Portfolios** - our priorities
- **Deliverables** for 2018/19

Recap on the challenges across Lancashire and South Cumbria:

- Financial shortfalls due to increased demand for services - £159m deficit for health in 2018/19 on £3.2bn budget
- Poor health throughout our region
- Lack of joined-up care
- An ageing population with complex needs
- Problems recruiting and retaining staff
- Increased need for mental-health support

Lancashire and South Cumbria is working to become a shadow integrated care system

Made up of **five** Integrated Care Partnerships

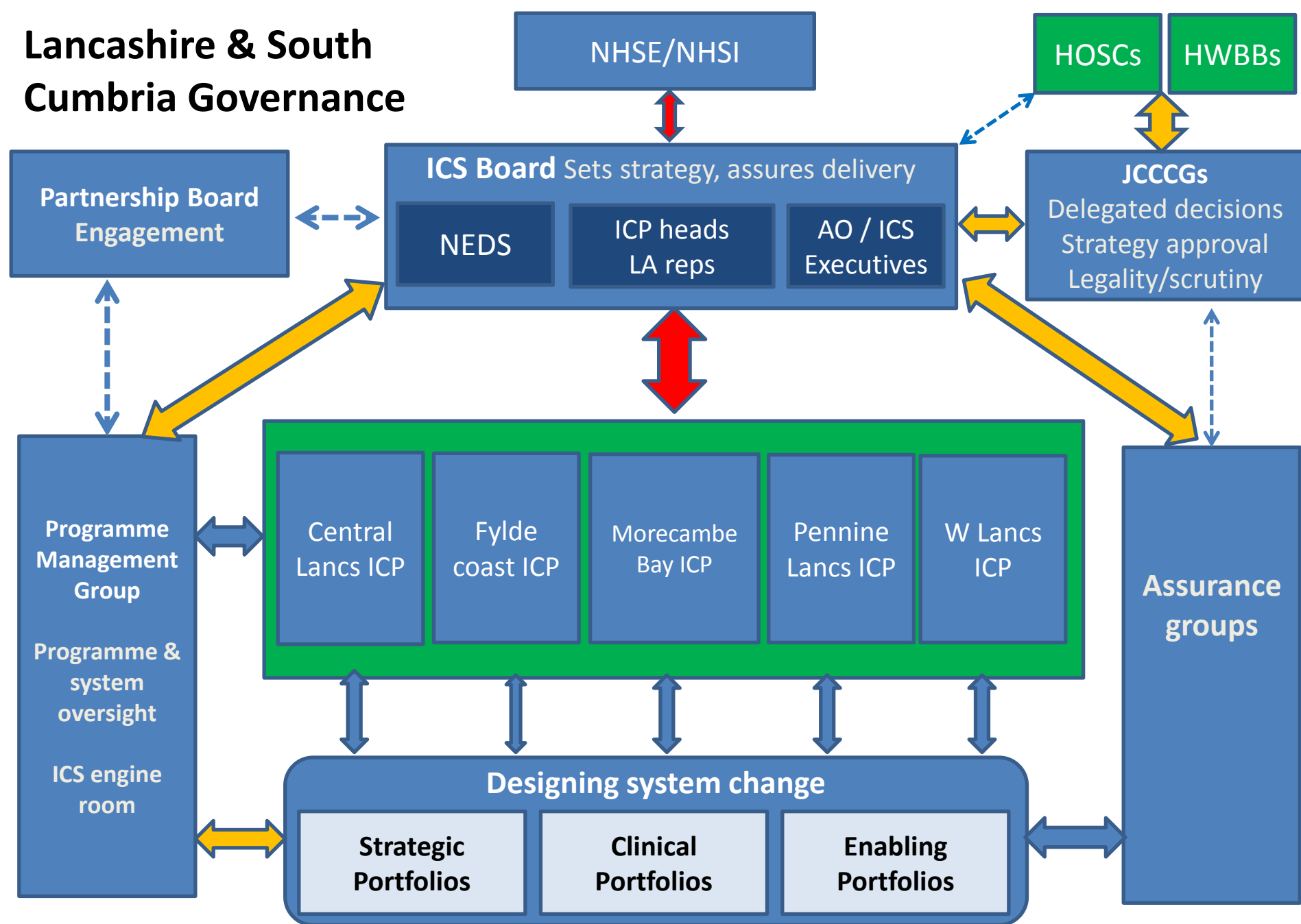
A strategic framework has been developed to coordinate activity across the whole system

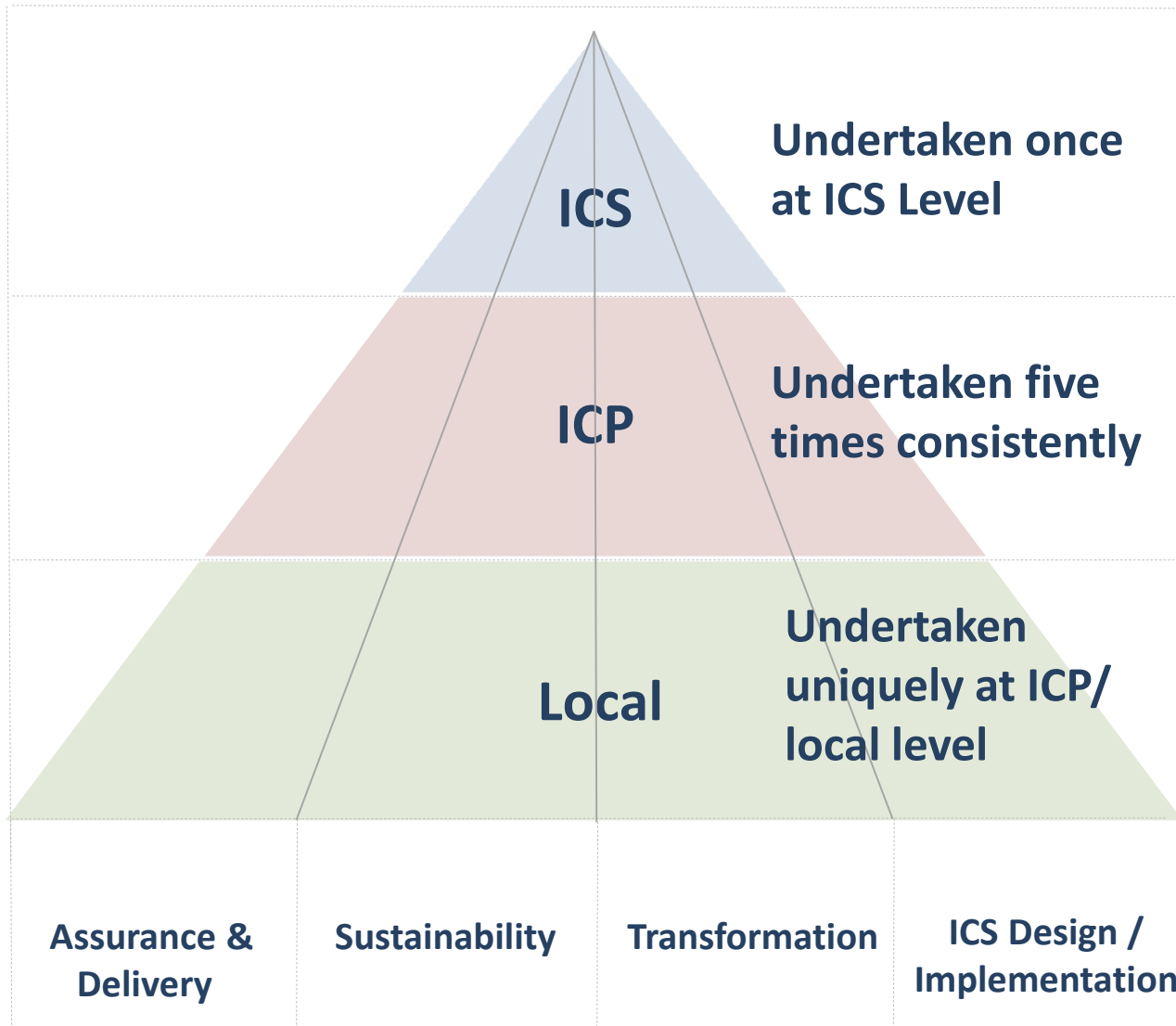


Significant progress in governing and assuring the whole system has included establishing:

- A Shadow ICS Board including Chairs from each of the four Health and Wellbeing Boards
- A Joint Committee of CCGs with powers delegated from constituent CCGs to make legally binding decisions
- A Partnership Board, comprising senior representatives from a wide range of statutory and third sector organisations, primary care and Healthwatch
- A Social Partnership Forum bringing together trade unions, NHS Employers and staff-side representatives
- All GP surgeries working in Primary Care Networks (neighbourhoods of populations between 20k to 50k)

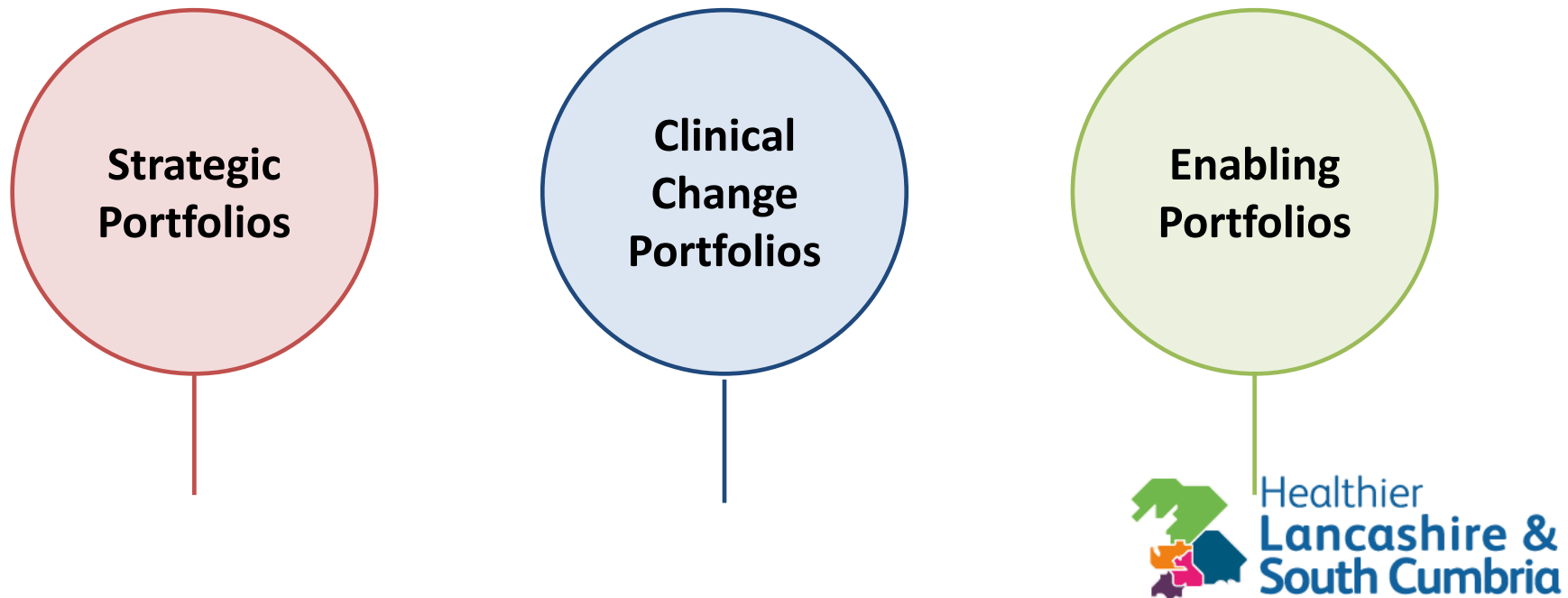
Lancashire & South Cumbria Governance

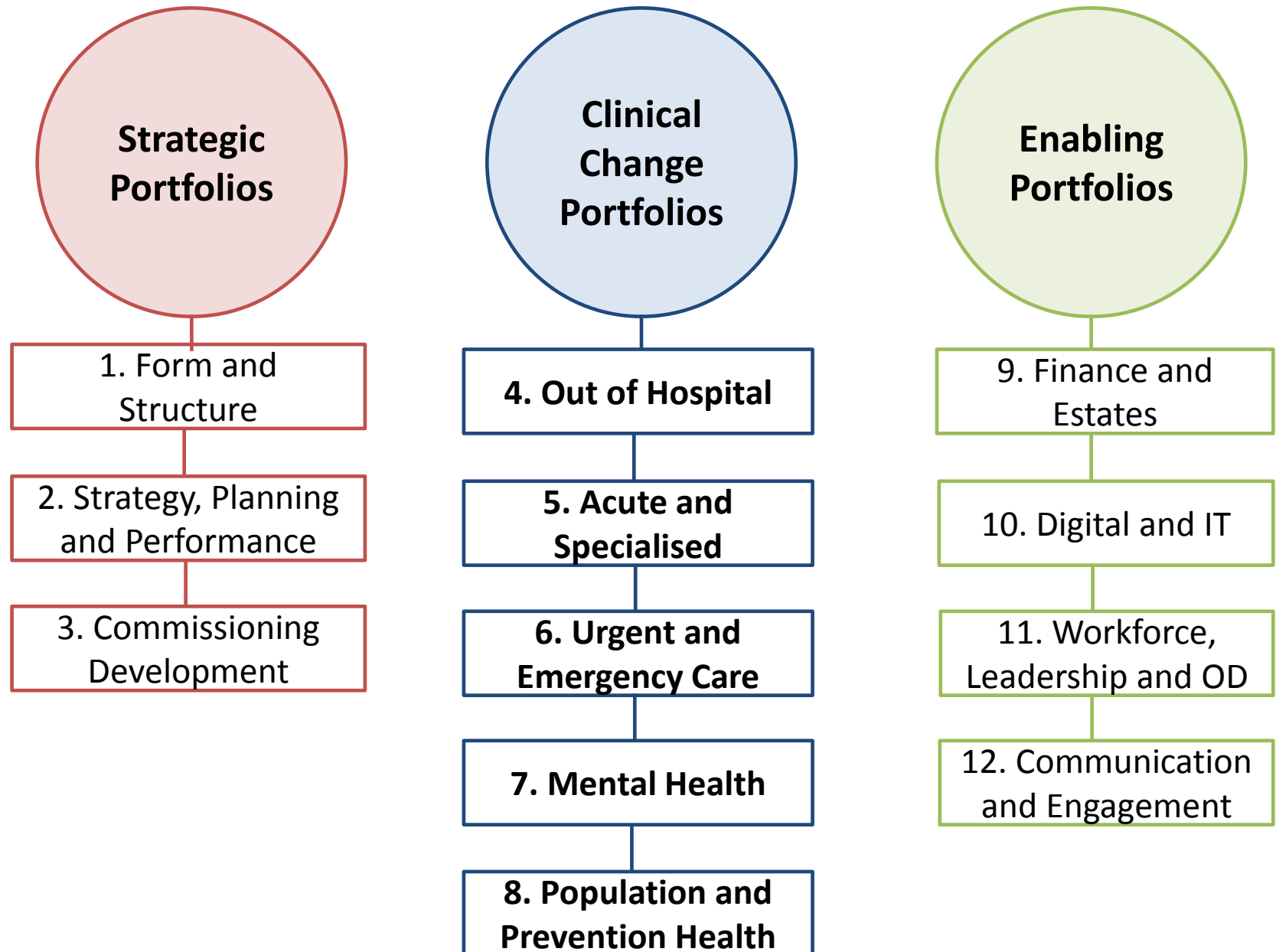




The diagram identifies the 3 strategic levels and shadow ICS Board responsibility

- Based upon the ICS Strategic Framework, and a review of the existing programme structure, **12 refreshed portfolio areas** are being adopted to **design, mobilise** and **lead** the work across the whole system.
- Each portfolio will have **identifiable leadership** and **resource** and will report through the ICS Strategic Framework to the shadow ICS Board.
- The portfolios are set out across three key areas:





Out of Hospital

- A. Integrated, Primary and Community Care
- B. Children and Young People Health

Acute and Specialised

- A. Stroke
- B. Head and Neck
- C. Vascular
- D. Urology (cancer and benign)
- E. Paediatric HDU
- F. Diagnostics

Urgent and Emergency Care

- A. Implementation of nationally mandated schemes across acute, primary, and community care

Mental Health

- A. Implementation of nationally mandated schemes
- B. Learning Disability national priorities
- C. CAMHs

Population and Prevention Health

- A. Population health
- B. Health promotion
- C. Community resilience

Short-term focus (Quarter 1 - 2018/19)

Communication and Engagement

**Allocate / Recruit Resources including
Programme Director**

Roles and Responsibilities Agreed

Implementation Plans

Cases for Change / Business Case

Embedding Governance

Quick Wins

Monitoring of financial performance

**Business Case Methodology &
Capability**



Implementation Readiness

- Detailed implementation plans in place for all Portfolios
- Business cases / Cases for change
- Financial modelling / savings profile
- Future overall design agreed

Long-term focus (Quarter 2 - 2018/19 onwards)

Delivery of strategic transformational plans:

- Clinical transformation
- Commissioner transformation
- Finance
- Human Resources
- Digital

Benefit tracking & measurement

Embedding operating model

Monitoring KPIs

Programme Readiness

- Standardised methodologies
- PMO methodology in place
- Programme management and governance
- Milestone plans and priorities
- Resourcing
- Initial KPIs in place

Capacity Building / Leadership Development

Programme Management, Communication, Stakeholder Engagement

Change Management including Culture Change