

Item 9.

		Status /progress	Planned action	Owner
System wide	Leadership to communicate the 'single system / single process' message			
	Recognise the importance of developing and maintaining sustainable relationships and collaboration at all levels, and across a wide range of agencies (including primary care, community services, local health and wellbeing partnerships, district councils, VCFS) to address the issue.			
	Identify and implement the Stranded Patient / DTOC solutions identified by Newtons Europe across whole Lancashire South Cumbria (L&SC) system			
	Identify a group of highly skilled officers e.g. via secondment, with sufficient capacity to take this work forward, their sole focus on implementation (i.e. no other 'day' job). Ensure they are mandated to work across organisational and health			

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economy boundaries, to address the issue.			
Identify, standardise and implement common language, metrics, data sharing, processes and offer across whole L&SC system			
Identify, standardise and implement a small number of key pathways across L&SC, to include the VCFS, care sector, community based non-medical 'offers' e.g. frail elderly pathway			
What can we do differently and at scale? ... innovate / 'new age' solutions / digital			
Utilise the STP workstreams, influencing the current review to ensure fitness for purpose e.g. workforce, regulated care; and consider potential for a 'DIOC / Stranded Patient' work-stream			
Utilise A&E DBs and Urgent & Emergency Care Network			

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	appropriately, as part of 'whole system' approach		
	Adopt and implement learning about what's working elsewhere, across L&SC e.g. East Lancashire work on enablement and care home engagement; Fylde Coast rapid community response service; West Lancs VCFS schemes at neighbourhood level		
	Link up more effectively at neighbourhood level, engaging wider primary care workforce such as GPs, pharmacists, dentists, community services E.g. GP & pharmacy support to care homes		
	Invite appropriate VCFS representation onto A&E DBs		
	Understand differences in performance between health economies e.g. anecdotal higher rates of presentation to		

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	secondary care in Blackburn with Darwen than Blackpool.		
	Audit the schemes that are currently receiving non-recurrent funding, to ascertain value for money / performance, so that, going forward, a financially sustainable plan can be agreed		
	Identify and provide suitable office accommodation in the hospitals for agencies contributing to multi-disciplinary assessment e.g. adult social care		
	Review and plan future reablement and crisis hours capacity across L&SC		
	Explore potential to use the LCC fleet to support NHS transport needs		
	Improve health literacy and embed self-care messages as part of preventive approach		

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Early Discharge planning				
Systems to monitor patient flow	Standardise DToC / stranded patient definitions, recording, measurement and processes consistently across all A&E DBs. Develop and implement real time electronic data capture / sharing across the whole system, including community capacity			
Multi-disciplinary / multi agency discharge teams	Implement joint teams in each health economy for all assessments including Continuing Health Care (CHC), building on practice already established in East Lancashire			
	Develop operational resilience by working across LA boundaries, implementing a single system			
Home First/ Discharge to Assess	Implement the East Lancashire Home First model across the whole system			

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Seven Day Services			
Trusted Assessors	Develop one system of trusted assessment (common standards and policies), with health economy based assessment teams. Assessment includes all types of assessment including CHC.		
Focus on choice	Develop whole system approach to Home of Choice, utilising e.g. Urgent & Emergency Care Network to establish and implement common arrangements Confirm arrangements for funding Home of Choice to support discharge, particularly when there is ambiguity about which agency is responsible for funding in the longer term		
Enhancing Health in Care Homes	Engage more effectively with care sector e.g. as a consulting group Develop a coordinated (single?) approach to engagement and support to the care sector to improve sustainability (capacity		

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	and quality), utilising a joint officer team.		
	LCC to share detail of market reengineering already done.		
	Respond to the big risk that staff sickness presents ... implement a more robust flu jab programme in this sector.		
