



Our Health Our Care

Health Scrutiny Committee
Our Health Our Care Programme Update
Tuesday 25th September 2018

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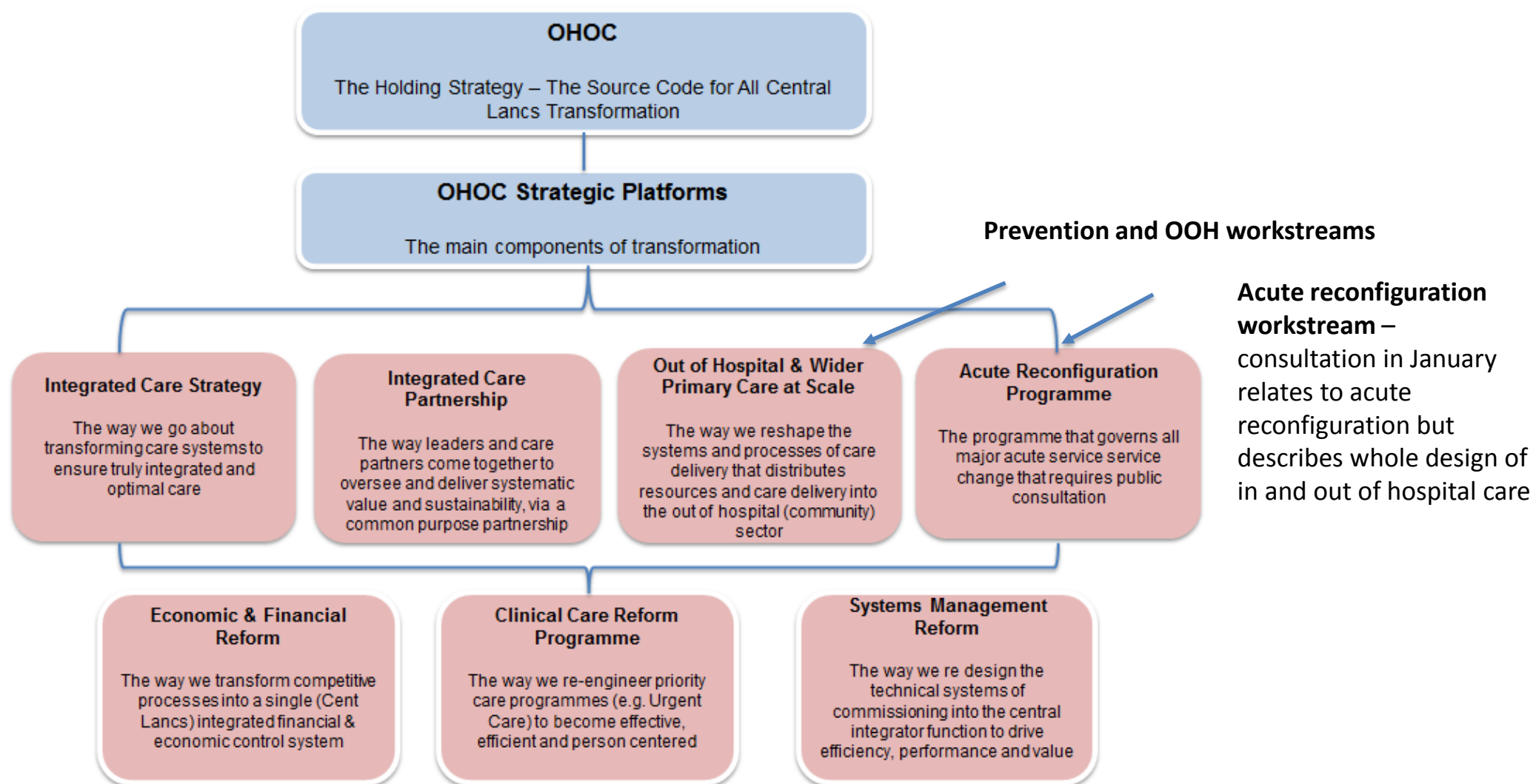
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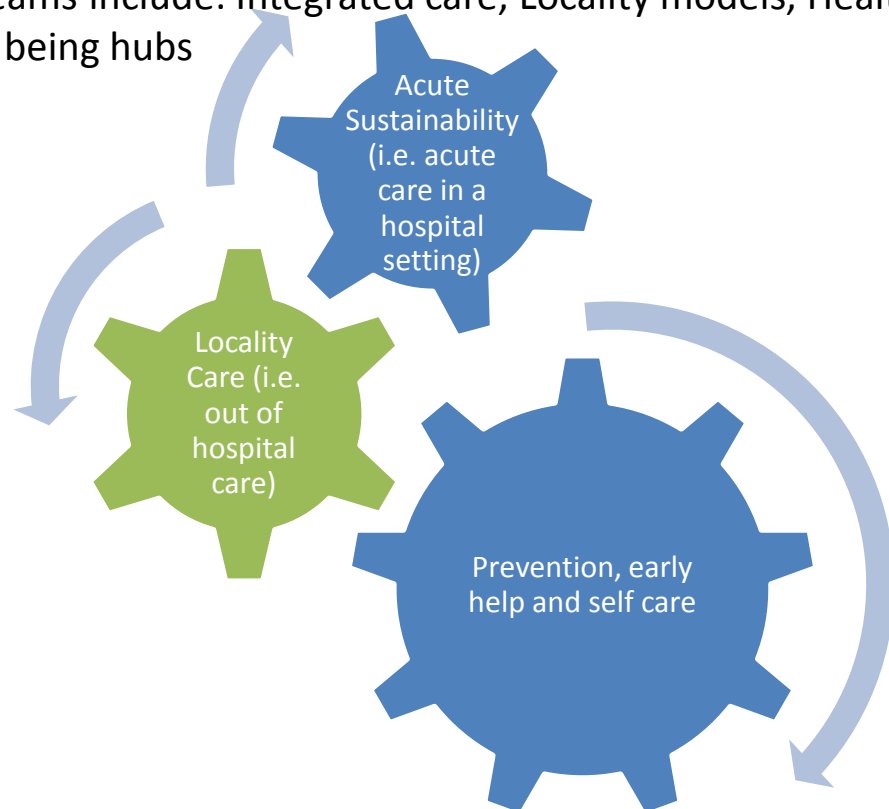
Appendix A

Our Health Our Care Overview



Out of Hospital

- Out of Hospital and Acute Sustainability programme are heavily interlinked, working closely together to achieve change
- In 2017 GPs from Greater Preston and Chorley and South Ribble co-produced an Out of Hospital strategy
- Aligned with several strategic plans – the SRO for the programme is Jayne Mellor
- Workstreams include: Integrated care, Locality models, Health and well being hubs



Integrated Care:

- To ensure patients have access to hospital services when needed by increased services delivered in the community, closer to home.

Locality Model:

- **Integrated care teams** will be formed to deliver primary care at scale shaped around local needs
- Localities will be supported to develop a **leadership model-at scale** that enables them to take responsibility for their population

Health and wellbeing hubs:

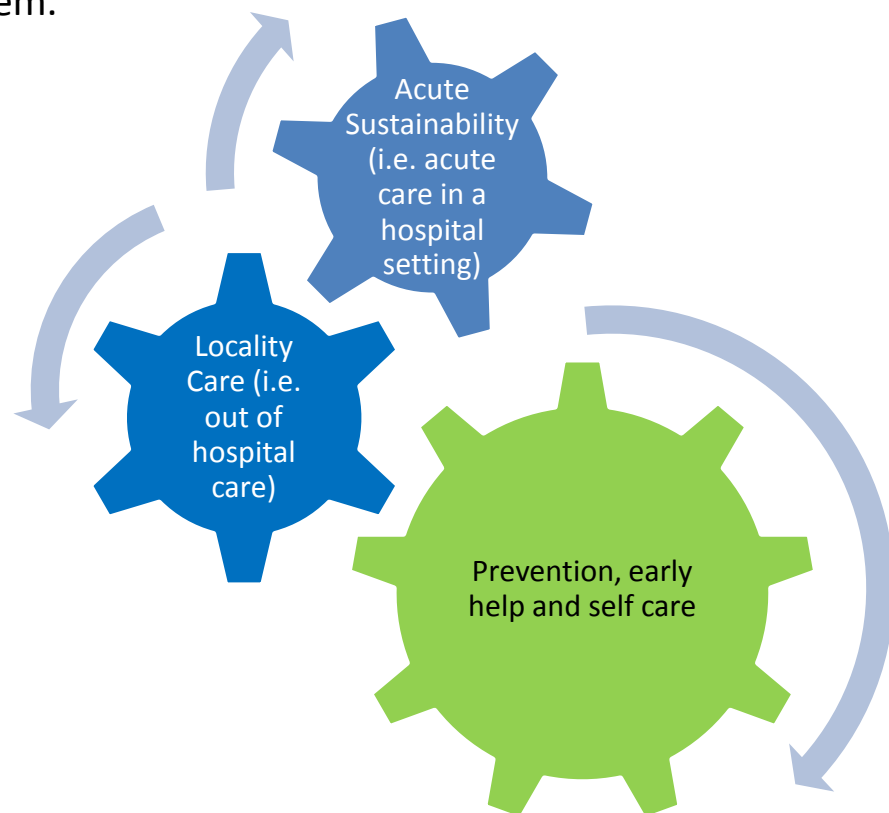
- **Centres developed in the community** to deliver integrated health and care to populations of 100,000 +
- Joins together primary care with community, secondary, social, mental health, VSF, diagnostics, prevention and possibly more

Benefits include:

- **Access:** Safe and accessible primary care services for all patients
- **New models of care:** Access to a greater range of services closer to home.
- **Integration:** Services from a range of providers delivered by a multidisciplinary team centred around the needs of the patient and community.
- **Workforce:** A valued and motivated primary care workforce with training and development opportunities
- Technology

Prevention and Wellbeing

- This strategy seeks a system-wide commitment to prevention through a 'place based' approach that utilises all of the resources to enable and maintain physical and mental wellness, build resilience and aid recovery. Delivery of this framework is built around developing prevention and wellness in four key areas; Culture, Community, Workforce, and System.



Key Focus

- Ensuring our population has good skills and access to **training, education and employment**
- Improving **community activity and engagement**
- Increasing **physical activity** and promoting wellness and **healthy lifestyles**
- Improving **homes** and **physical environment**

The adoption of this framework is to be achieved through system-wide changes to be actioned by organisations. In addition, integrated care teams will use this framework as a basis from which to develop their prevention actions and interventions with their community.

Benefits

- Communities will be healthy, empowered to help themselves and resilient to life's challenges
- People will have access to education, employment opportunities and appropriate housing in a safe environment
- People will make valuable contributions and reap the rewards in terms of motivation, confidence and quality of life.

Work underway to develop a range of options & benefits



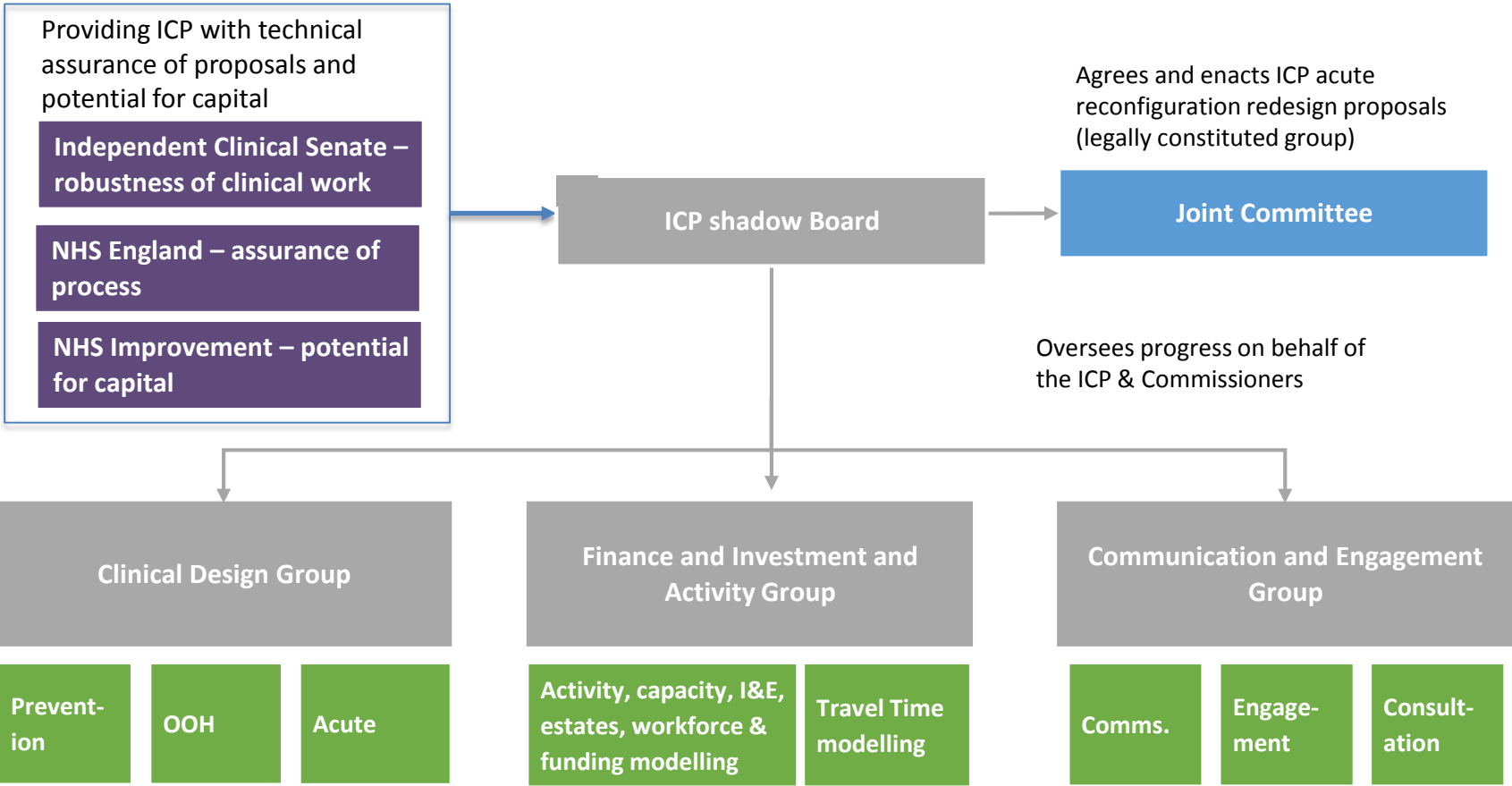
- Options not yet agreed
- Analysis will consider “Do nothing” (services retained as is) and a range of other options
- Emerging concepts are as below

	What	Why could this improve care for patients
Urgent, emergency and critical care	<ul style="list-style-type: none"> • Integrated partnership care with specialist support and advice to GPs and teams wrapped around the patient, joined up primary care pathways • Single emergency and major trauma centre, delivering emergency medical care 24/7 • Co-located with an Urgent Care Treatment Centre and a networked Urgent Care Treatment Centre • Standardised Ambulatory Care Unit(s) • Frailty Assessment Unit/enhanced virtual Frailty Assessment across Central Lancashire • Critical care level and capacity re-designed to meet demand 	<ul style="list-style-type: none"> • Care more joined up with primary care • Sustainable staffing model that makes best use of limited skilled staff and is able to meet national staffing and 7 day standards • Specialisation of “once in a lifetime” emergency surgery service • Improved use of ambulatory care, reducing patient waits • Improved access to frailty support • Adequate critical care capacity • Reduced bed pressures, reducing waits for a medical bed and A&E waits
Women’s and children’s services	<ul style="list-style-type: none"> • Women’s and children’s services retained as-is 	<ul style="list-style-type: none"> • Continued access to an MLU at both sites • Continued access to Obstetrics and Paediatrics
Planned care	<ul style="list-style-type: none"> • Planned Care Treatment Centre (no emergency surgery) • Single access booking and streaming of patients 	<ul style="list-style-type: none"> • Significant reduction in cancellations, RTT and waits for planned surgery – including cancer waits

Decision-making/leadership



- CCG leadership
- Denis Gizzi SRO



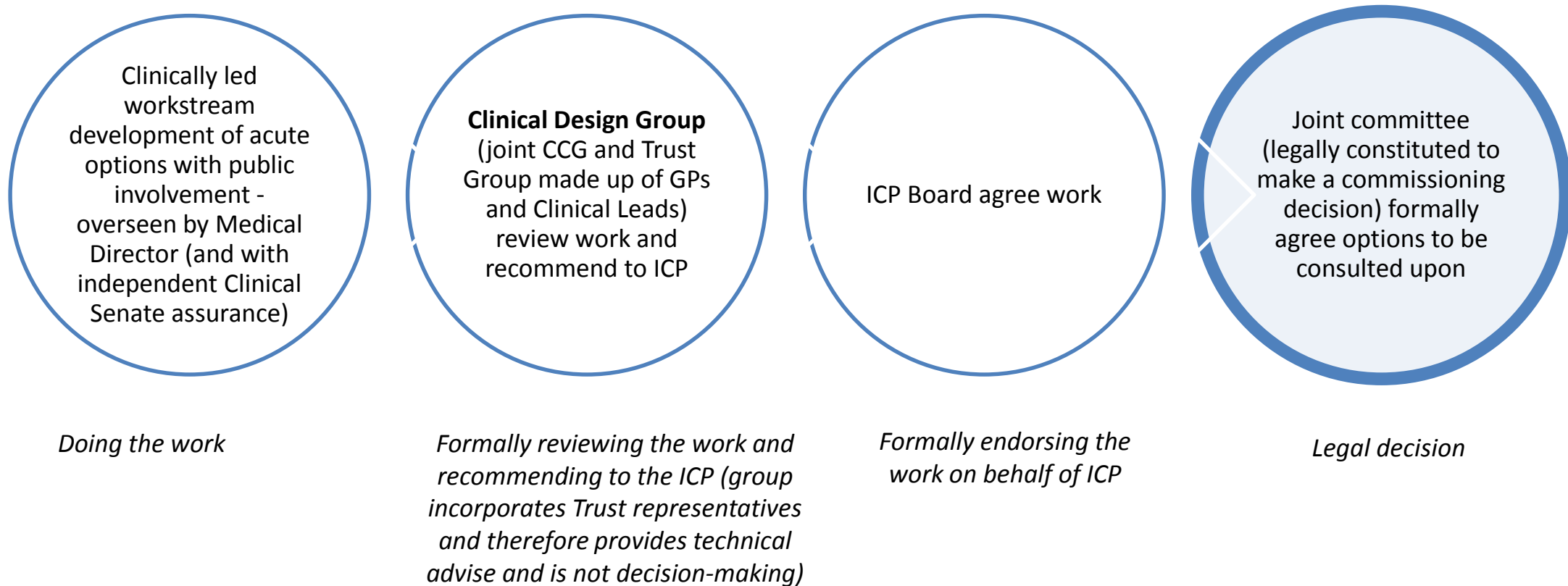
Stakeholder input into design, for example:

- Central Lancashire Health & Wellbeing Partnership
- Patients
- Health Watch

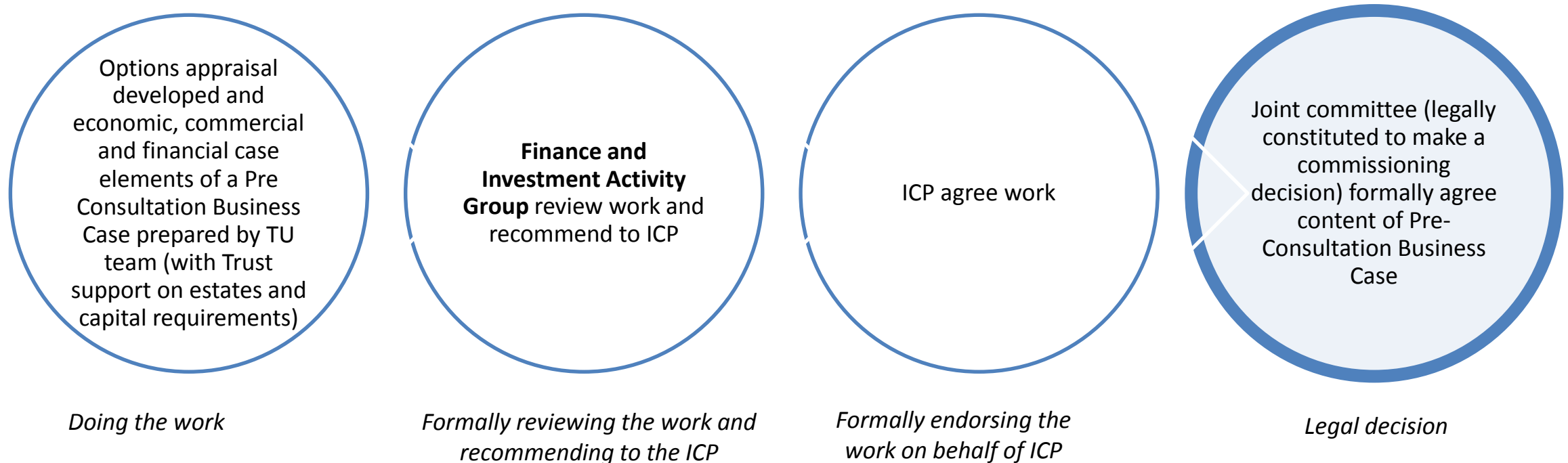
Key

- Governance group (decision-making)
- Design package
- Formal role in assurance or capital
- Governance Group (not decision-making)

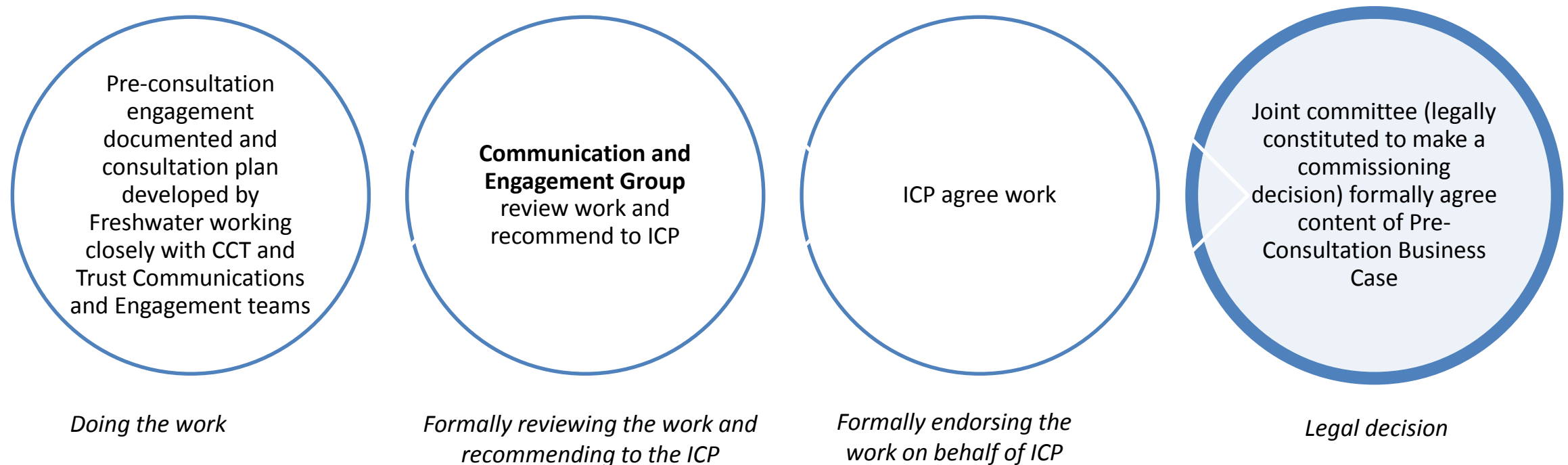
Sign off route for clinical design/options development



Sign off route for options appraisal (financial modelling, travel analysis etc.)

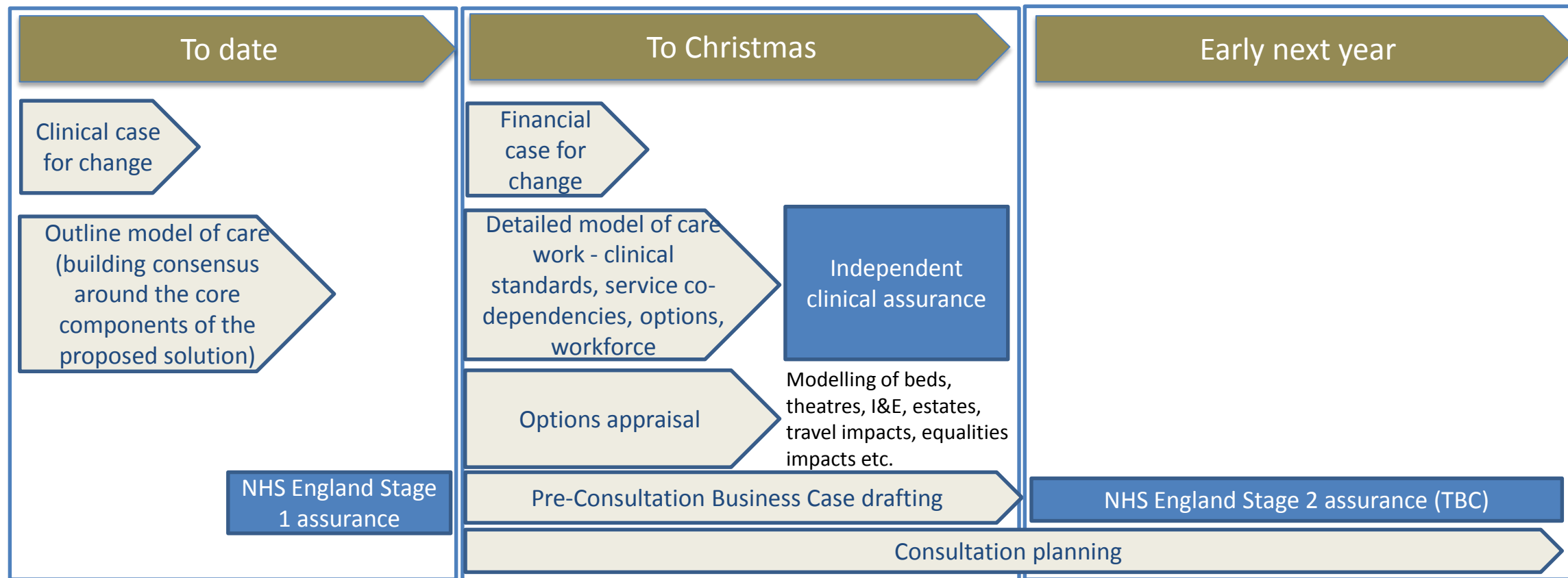


Sign off route for pre-consultation engagement work and consultation planning



Acute Reconfiguration Progress

- Strategic sense check 1 complete



Next steps:

- Build clinical design - a coherent out of hospital and acute model
- Agree options - small number of emerging viable options indicates no need to formally shortlist
- Initiate options appraisal - what does each option mean for beds, workforce, estate etc.
- Agree senate and NHSE assurance timeline
- Agree consultation go-live date cognisant of Purdah

Communication and Engagement update

Activity snapshot

- Two main periods of activity:
 - Period 1: Sept 2016 – March 2017
 - Period 2: March 2018 – Present
- Opportunities for involvement:
 - Period 1: 18 public engagement events, outreach engagement with seldom heard groups (examples below)

Presentation to the Chorley Equality forum with (35 people)	Session with Galloway’s society for the blind and (30 service users)	Presentation to the Preston and District Carers Support Group (15 people)
Question time event with Preston’s College students (148 students, 12% from BME backgrounds)	Engagement at a community coffee morning at Ingleton Congregational Church, (approx. 45 people)	Stand at the Preston Health Mela (engaged approx. 40 people)

- Period 2: 11 public engagement events, outreach engagement, two online surveys, targeted conversations specific groups
- Events have been led by clinicians
- Activities have taken place across Leyland, Chorley and Preston

Patient & Public Engagement Feedback

The following are key themes and aspirations which have emerged over the two periods of engagement:

**Improved communications
& overall better availability
of information**

**Better Health and Social
Care integration**

Innovation

Service configuration:
- Location of hospital
services
- Out of hospital and
community services

**Patient Safety & Clinical
Outcomes**

Privatisation