

Healthier Lancashire and South Cumbria  
Lancashire County Council HOSC Briefing  
18th October 2016

## **Sustainability and Transformation Plan**

There have been improvements in health and care in Lancashire and South Cumbria over many years. People with cancer and heart conditions are experiencing better care and living longer, trauma care and those suffering heart attacks receive some of the best specialised care. However as demand for services grows due to the population getting older and poor health lifestyle choices persist there is a growing gap between rapidly rising demand and quality care. This can only be addressed if we re-design the health and care system to best meet all our resident's needs.

The plan being developed to do this is at an early stage is called the **Sustainability & Transformation Plan (STP)** and depends upon the widest level of involvement.

# Developing a joint approach

- Health and social care organisations across Lancashire & South Cumbria have come together to develop a five year plan to improve our local population's health and wellbeing, to improve service quality and to deliver financial stability.
- We are developing a joint approach that will help achieve these objectives across the NHS, Local Government and the Third Sector.
- Partners have come together to form five local development plans across the region.



**Why do we need  
change?**

The facts

**We have poor health and poor health outcomes**  
**We are investing in services that are not working**  
**The demand outweighs the resources we have**

**17-20%** of the GP workforce are aged 55 or over and therefore likely to retire over the next ten years

We are in the **bottom 25%** in the country for admissions caused by injuries to 0-14 year old children.

Alcohol misuse costs our areas over **£495m** per year. Nearly 8% of the population are estimated to be high risk drinkers

Quality of life for people with long term health conditions is worse than the average across England for **7 of our 9 CCG** footprints



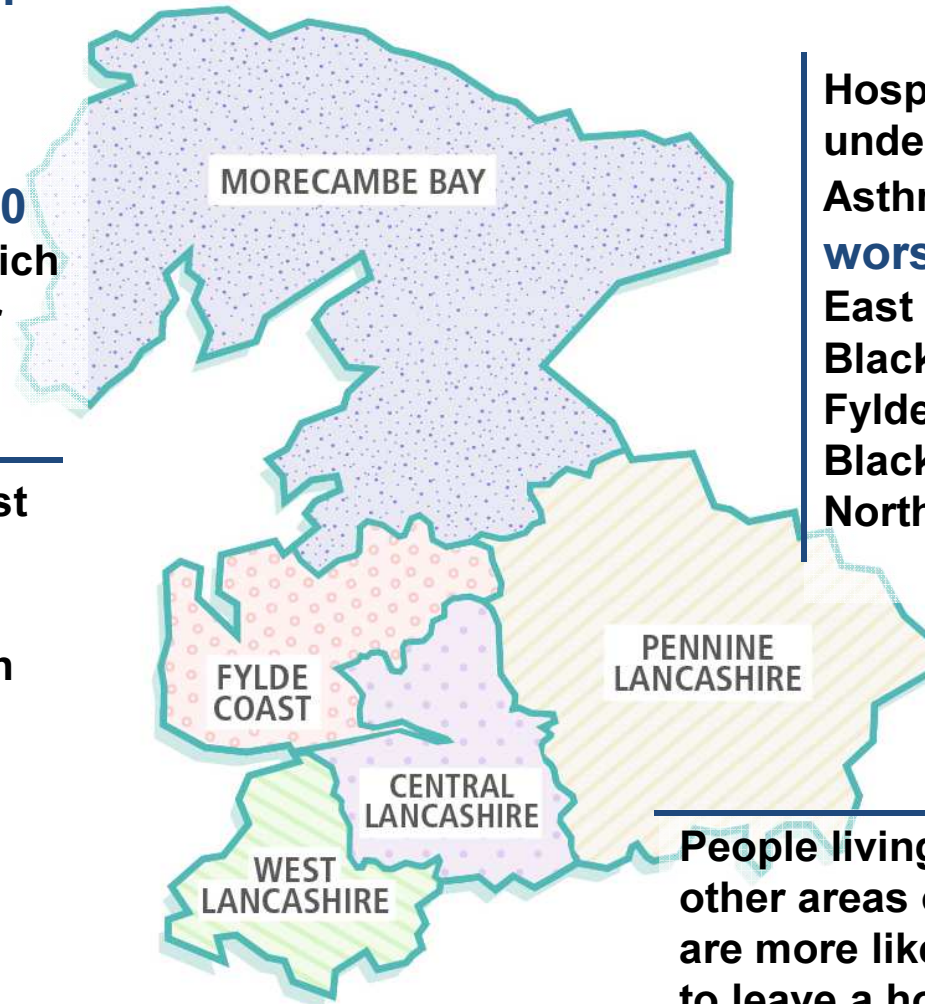


Over 2,000 people over the age of 35 die each year from smoking in Lancashire & South Cumbria and that this costs us more than **£290 million** each year, of which **£50 million** is from our NHS.

Blackpool has the highest number of people being admitted to hospital for **substance misuse** in the country.

**0 to 4 year olds** living in West Lancashire are more likely than in any other area to visit A&E.

Females in Lancashire & South Cumbria spend as long as **19 years** in not so good health and men spend **17.2 years** in not so good health.



Hospital admissions for under 19s suffering with Asthma are amongst **the worst in the country** in East Lancashire, Blackburn with Darwen, Fylde and Wyre, Blackpool, Preston and North Lancashire.

People living in Burnley and other areas of East Lancashire are more likely than other areas to leave a hospital from being an inpatient and to be readmitted **within just 30 days**.

	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
Health (October assumptions)	-59	-220	-303	-387	-443
Social Care (September assumptions)	-32	-64	-86	-108	-129
Total Gap	-91	-284	-389	-495	-572

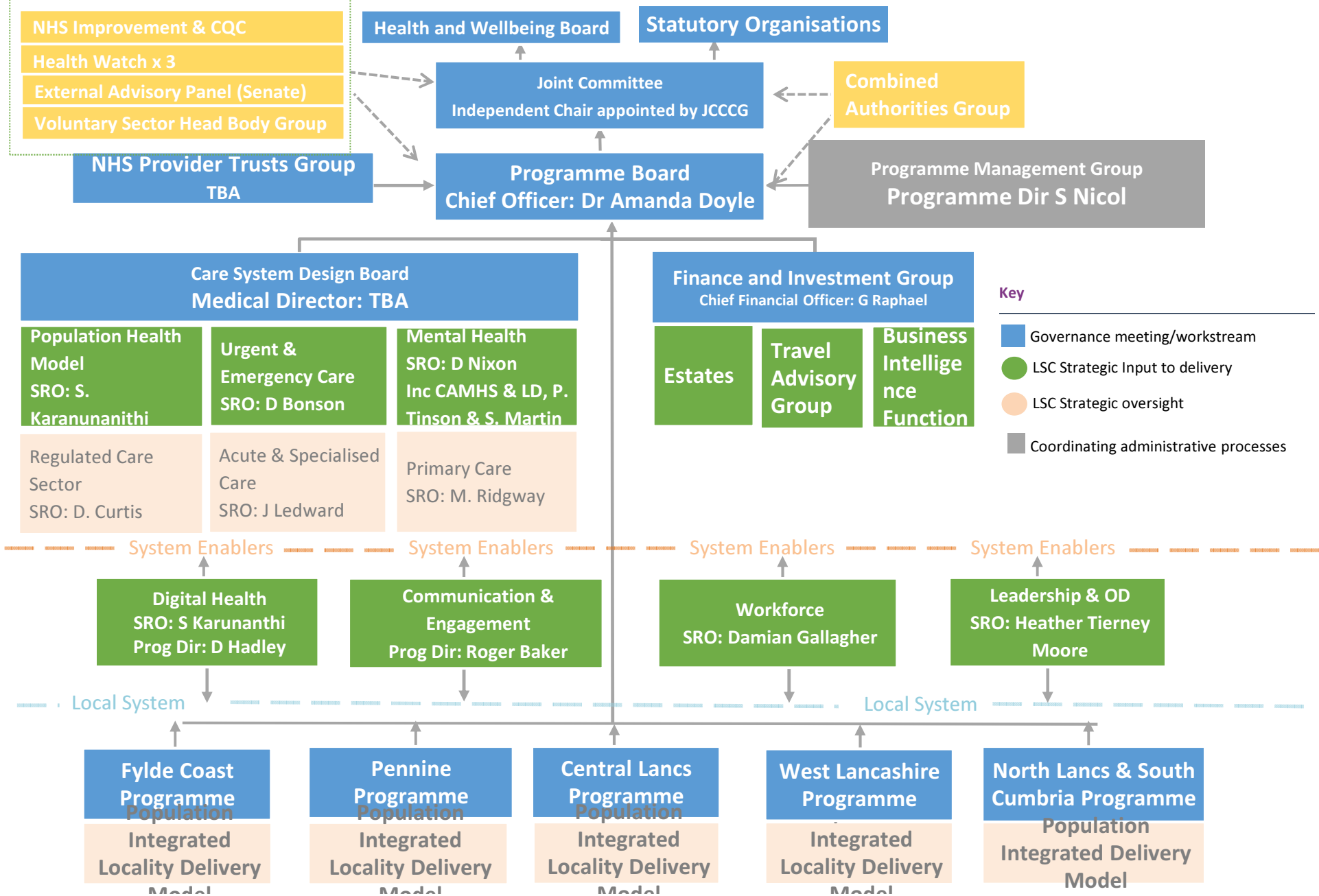
**Savings are planned in the following areas:**

- Efficiency savings by healthcare providers re: Carter - £176m
- Commissioning savings identified through the Right Care methodology - £118m
- Development of primary and community (health, social and mental health) services that avoid the growth in acute services (£132m)
- Other measures – £44m
- Social care pressures recognised, but currently a major risk as mitigating measures have not been identified



# Governance & priorities

# Healthier Lancashire & South Cumbria



Through the Healthier Lancashire and South Cumbria Programme the following principles have begun to emerge and gain consensus as the principles on which the potential future change to health and social care can be based. They are:

- The organisations and individuals that make up the health and care system for Lancashire and South Cumbria must work together as a previously unprecedented collaboration in order to close the health and wellbeing gap, care quality and financial gaps. No one organisation is able to resolve or respond fully to the challenges and drivers for change currently experienced across Lancashire and South Cumbria.
- To ensure an NHS for the future we must move from an illness focused and hospital based system to one that promotes good health and wellbeing and proactive services in the community.
- The health and care system will focus on agreed and shared outcomes rather than individual organisational plans, pilots or projects.
- Physical and mental health will have equal priority (parity of esteem) and will be considered together in the development of solutions and in any decisions taken.
- Decisions taken locally or at the STP footprint level will be evidence based and proposals and options will have been developed through an agreed process and the legally constituted governance mechanisms.
- Services should be designed based on meeting agreed quality standards.
- Services should be designed around the identified and prioritised health and care needs of the Lancashire and South Cumbria population.
- Integrated care will be delivered as close to home as is sustainably possible.
- A different set of leadership skills will be required to ensure the successful delivery of our proposals.
- Education and training will continue to be delivered across all care settings and involve the whole workforce.
- Delivery of health and care across Lancashire and South Cumbria must be done within the given financial resources
- There will be services where either critical mass is required or where it makes more sense to centralise because of workforce issues, or it is more efficient, productive and cost effective.

## Five emerging priorities:

- To provide population based health and care models, a person & place-centred approach.
- To shift the focus of care from treatment to prevention and proactive care.
- To ensure we offer staff an highly attractive careers in new and different ways of working - building a flexible, sustainable workforce.
- To strengthen collaboration across organisations to directly benefit services.
- Better use of technology for staff and the delivery of care in new ways but also to empower the public in managing their own care and well being.

**We want to mainstream care closer to people's homes and use technology to empower and improve the quality of care people receive.**

## Workstreams

Based on our knowledge of local need and challenges but also in line with national guidance, we have developed eight transformational working groups or workstreams to focus on.

**Prevention**

**Acute & Specialised**

**Primary Care  
Transformation**

**Children & Young  
People Mental Health**

**Regulated Care Sector**

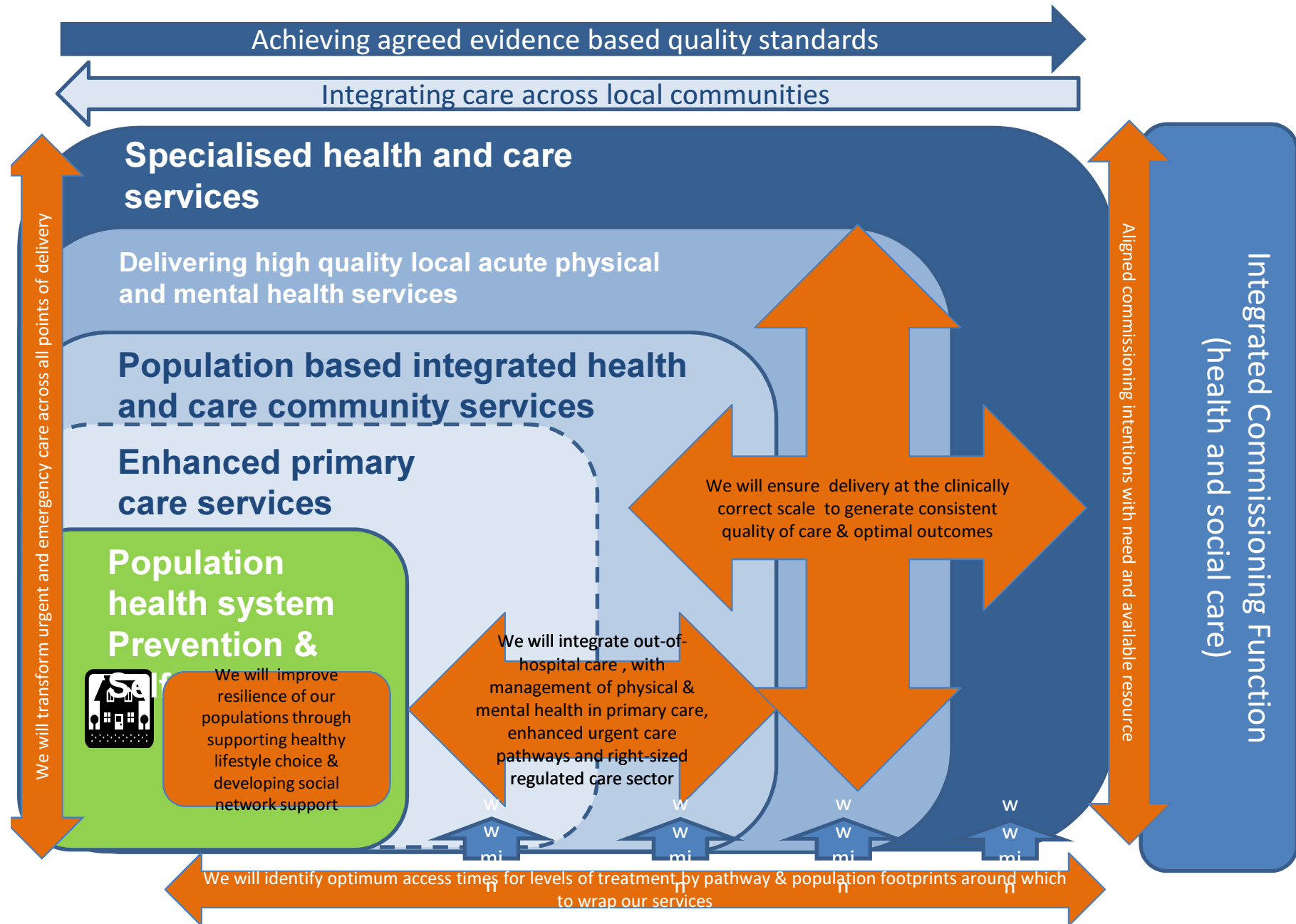
**Learning Disabilities**

**Urgent &  
Emergency care**

**Mental Health  
transformation**



# Components of the Lancashire and South Cumbria transformed health and care system



System component	Potential Benefits	Aligned metrics
Population health system: prevention and self care	<ul style="list-style-type: none"> <li>• Improved health care outcomes</li> <li>• Reduced healthcare demand</li> <li>• Increased life expectancy</li> <li>• Empowered citizens better able to manage their own health and ill health conditions</li> <li>• Reduction in unplanned admissions to hospital</li> <li>• Improved patient experience</li> <li>• Reduction in the number of preventable illness such as heart disease</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in outcomes from current position against existing metrics and measures year on year</li> <li>• Reduction of people diagnosed with preventable illnesses e.g. diabetes</li> <li>• Reduction in the number of associated complications with long term conditions e.g. reduction in the number of amputations in patients with diabetes</li> <li>• Life expectancy metrics % improvement on current</li> <li>• Increased uptake of smoking cessation services</li> <li>• Cost savings as measured in relation to return on investment</li> </ul>
Population based integrated delivery model	<ul style="list-style-type: none"> <li>• Services matched to need and reduction in fragmentation, leading to greater efficiency and better patient experience</li> <li>• Lower hospital bed utilisation and reduced number of bed days for people with long term conditions</li> <li>• Reduced number of delayed discharges</li> <li>• Improved end of life care and ability to choose to die at home</li> <li>• More investment in primary care and development of new roles</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced length of stay as currently measured</li> <li>• Patient experience metrics</li> <li>• Delayed discharges as currently measured</li> <li>• Efficiency and productivity measures in relation to activity and bed utilisation</li> <li>• Recruitment and retention</li> </ul>
Integrated commissioning	<ul style="list-style-type: none"> <li>• Evidence based care and interventions</li> <li>• Improved prioritisation of need and use of available resources</li> <li>• Supports integration</li> <li>• Drives change at population level</li> </ul>	<ul style="list-style-type: none"> <li>• Financial and business rules as set out by NHS England</li> </ul>

System component	Potential Benefits	Aligned metrics
Urgent and emergency care	<ul style="list-style-type: none"> <li>• A simpler system for patients and staff to navigate</li> <li>• People able to stay at home rather than go into hospital as an emergency</li> <li>• Improvements in efficiency and effectiveness of designated trauma centres</li> <li>• Improved access</li> <li>• Improved care outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Constitution standards – planning measures</li> </ul> <p>Including: A&amp;E waits, Ambulance response times</p> <ul style="list-style-type: none"> <li>• LDP agreed metrics in relation to agreed integrated delivery models</li> </ul>
Delivering consistently high quality physical and mental health services	<ul style="list-style-type: none"> <li>• Reduction in premature deaths</li> <li>• Reduced smoking prevalence in people with mental health conditions</li> <li>• Increased efficiency and productivity</li> <li>• Improved outcomes</li> <li>• Reduction in self harm</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Constitution standards – planning measures</li> </ul> <p>Including:, Diagnostic testing waiting times, Cancer waiting times, Infection measures, activity levels, mental health targets, Better Care Fund metrics, Transforming Care (LD) measures.</p> <ul style="list-style-type: none"> <li>• CCG Assessment framework</li> <li>• Local Authority agreed joint/integrated measures</li> </ul>

Big questions	What we will do
How are you going to prevent ill health and moderate demand for healthcare?	Our <b>population health system</b> development will focus on prevention of ill health and enhanced support for self care, thereby moderating demand for primary community and ultimately hospitals care
How are you engaging patients, communities and NHS staff?	Our <b>engagement strategy</b> will deliver a step-change in that involvement so that our people become part of the change. Collectively we will co-design strategies, working towards a radically different, people-centric preventive system, addressing the wider determinants of health and so less reliant on costly infrastructure.
How will you support, invest in and improve general practice?	Our <b>population based integrated care model</b> will be wrapped around enhanced primary care, where we will invest in general practice and manage demand to increase capacity and the effectiveness of its use
How will you implement new care models that address local challenges?	Our <b>Vanguards</b> are testing new models of care – learning from the rapid evaluation of the vanguards will be shared to inform development of models across the footprint
How will you achieve and maintain performance against core standards?	Our focus during 2016/17 will be to deliver <b>organisational operational plans</b> . Including achievement of NHS constitution and mandate standards and associated financial control totals
How will you achieve our 2020 ambitions on key clinical priorities? (Ca MH LD maternity)	As we mobilise our collective workstreams, we will identify clinical priorities for early action in line with local need and national expectations
How will you improve quality and safety?	Our <b>acute sector workstream</b> will roll-out the four priority seven day hospital services clinical standards for emergency patient admissions and achieve a significant reduction in avoidable deaths. We will ensure that most providers are rated outstanding or good that and none are in special measures. We will also improve antimicrobial prescribing and resistance rates
How will you deploy technology to accelerate change?	Our <b>digital health strategy</b> will support the delivery of our triple aim through the electronic sharing of health records to support safe effective care; implement digital tools to support self care; deploy technology enabled care to support independence; and underpin changes to out acute sector configuration
How will you develop the workforce you need to deliver?	Our <b>workforce strategy</b> will enable and ensure that both the workforce itself and the requirements of new models of care are effectively planned for and delivered. We need a workforce that is sustainable, engaged, motivated, highly skilled and agile.
How will you achieve and maintain financial balance?	Our <b>financial strategy</b> will focus on the delivery of sustainability in 2016/17; early investment in enablers and double running to support transformational change; and the ultimate reinvestment of current spend to maximise health gain generated

**Next steps...**



- Compared to other STP areas, we already have an established relationship across all the health and care organisations within the Lancashire & South Cumbria footprint so we are at a developed stage of our engagement and plan development.
- Drawing on the experience and clinical expertise of our workforce and those that use health and care services, as well as their carers, will help us to redesign services and to develop new models of care that are sustainable.
- The STP offers our stakeholders a new opportunity to inform our plans for local health and care services and we are committed to ensuring everyone's views are taken into consideration at all stages of the process.
- We are working closely with Healthwatch VCFS and other third sector groups, members of the public at various events, through digital engagement and through the media and many other stakeholders on what the options for change might be.