



Pennine Lancashire Health, Care and Wellbeing Transformation Programme



WELCOME

Lancashire County Council
Health and Wellbeing Board
Presentation
7 February 2017

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- Overview of progress to date
- New Model of Care for Pennine Lancashire
- Outline next steps

Delivering change across Lancashire and South Cumbria

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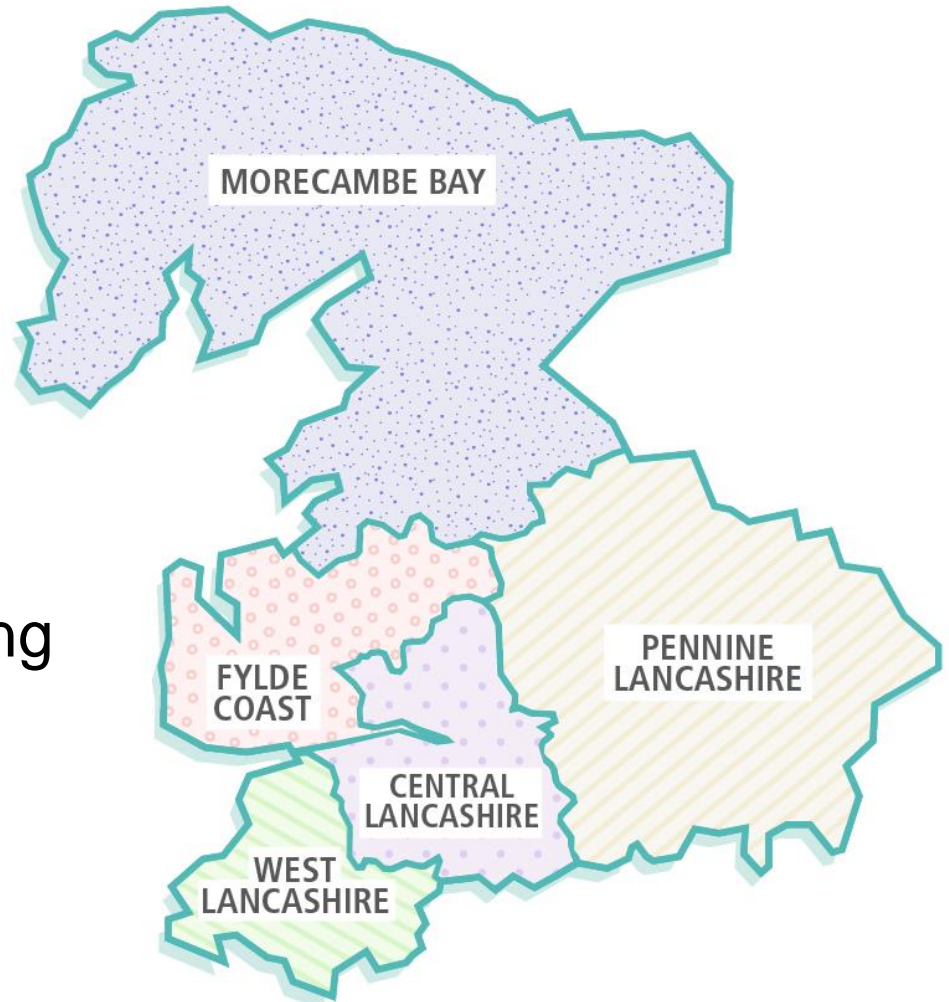
One Sustainability and Transformation Plan

Eight priority workstreams across Lancashire and South Cumbria

Five health and care local footprints (LDPs) all addressing the

Three major gaps:

- Health and Wellbeing
- Care and Quality
- Finance and Efficiency



Pennine Lancashire Case for Change

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Health & Wellbeing

- Population set to grow, with biggest increase in 70+ years
- Life expectancy 10 years behind national average
- 1/3 of all neighbourhoods in worst 10% for health deprivation
- Higher rates of preventable diseases
- Over 50% of residents are living with at least one LTC
- Approx. 68,000 people have some form of mental illness
- Many children and young people experience poverty and poor health outcomes

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Care & Quality

- 500+ attendances per day at ED & UCC
- Urgent care system continues to see increasing demands
- Approx. 32% of ED attendances could have been prevented (local analysis)
- BwD CCG was 6th highest out of 211 CCGs (170.3 per 1000) and East Lancs CCG 30th highest (137.4 per 1000) for emergency admissions

Finance & Efficiency

- Public sector spend on health and social care was £1.18billion in 2014/15
- Hospital based acute (incl. mental health) and maternity services, represented 35.7% of spend
- Adult social care represented 11%
- Primary care accounted 18% of all spend
- Place based allocations will grow from £928m to £1,069m in 5 years
- Demand will outstrip resources, leaving £129m gap

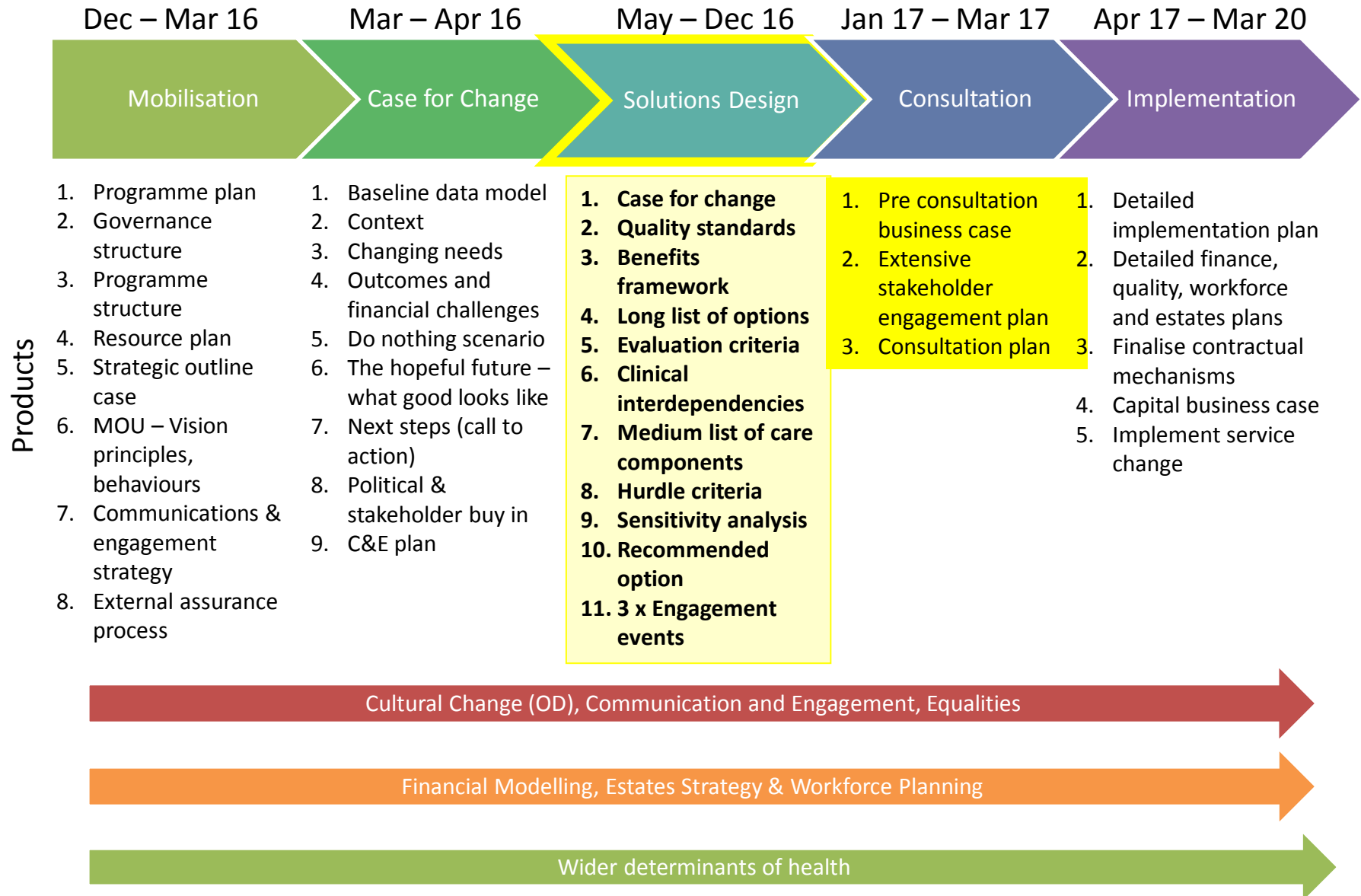
Pennine Lancashire Financial Challenge

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- Over 5 years NHS placed based allocations will grow from £928m to £1,069
- The health and care needs of our population are however outstripping the resources available to us
- By the year 2020/21 the do nothing gap is forecast to be £129m*
- The NHS has plans to generate efficiencies, which alongside the LA's BCF and ASC Precept total, £64m
- This leaves a cumulative shortfall across the NHS and LA forecasted for 20/21 of £65m

Pennine Lancashire Developing New Models Of Care

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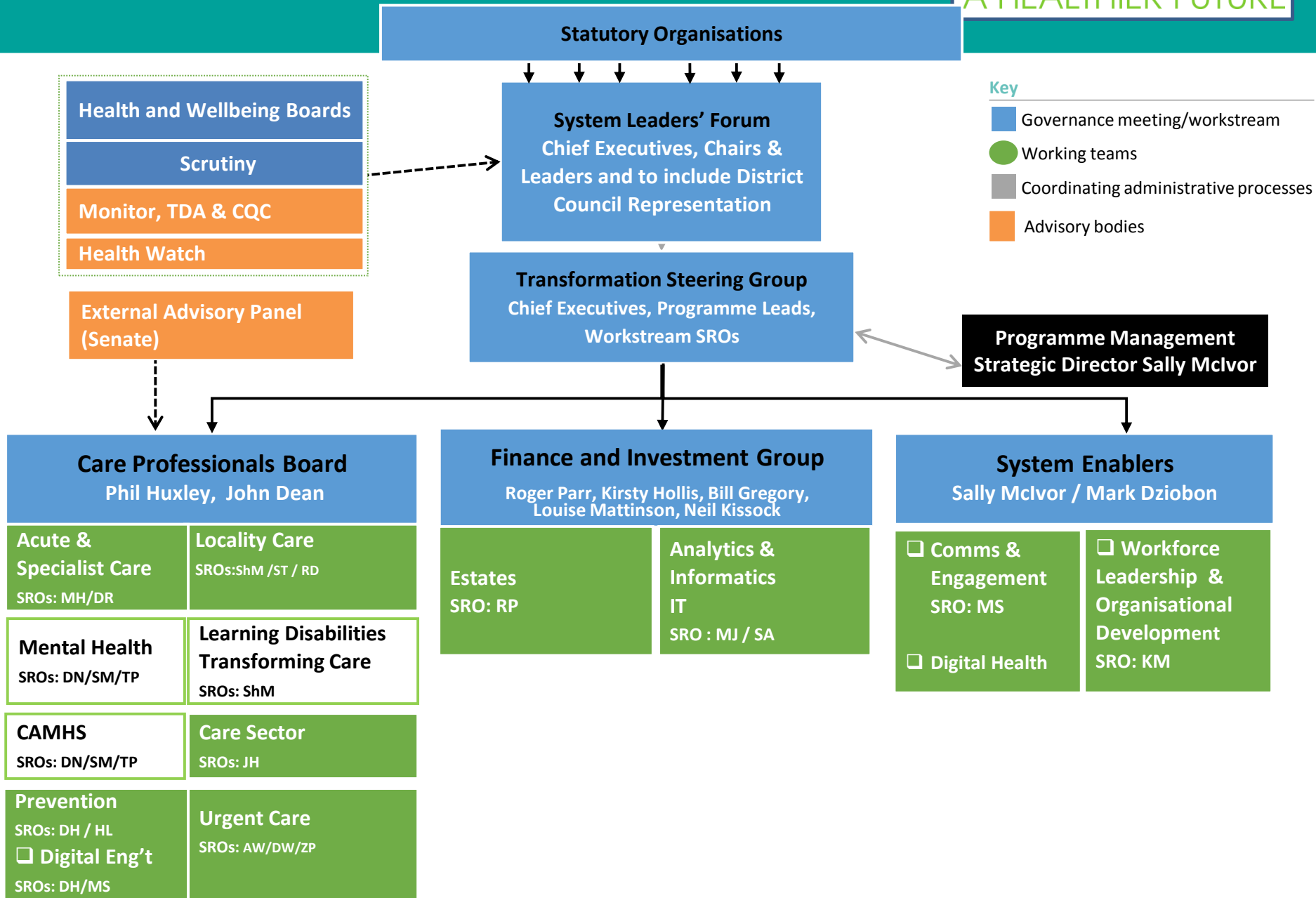
Designing an Accountable Care System and a New Model of Care



- Pennine Lancashire Governance Framework in place
- Memorandum of Understanding signed
- Agreed to design functions (new model of care) before form
- Agreed to work together to design an Accountable Care System
- System Leaders' Forum (Chairs, Political Leaders, Chief Executives, district councils and GP federations) are steering the discussion for an Accountable Care System
- Series of key discussions and decisions to be made by the end of December

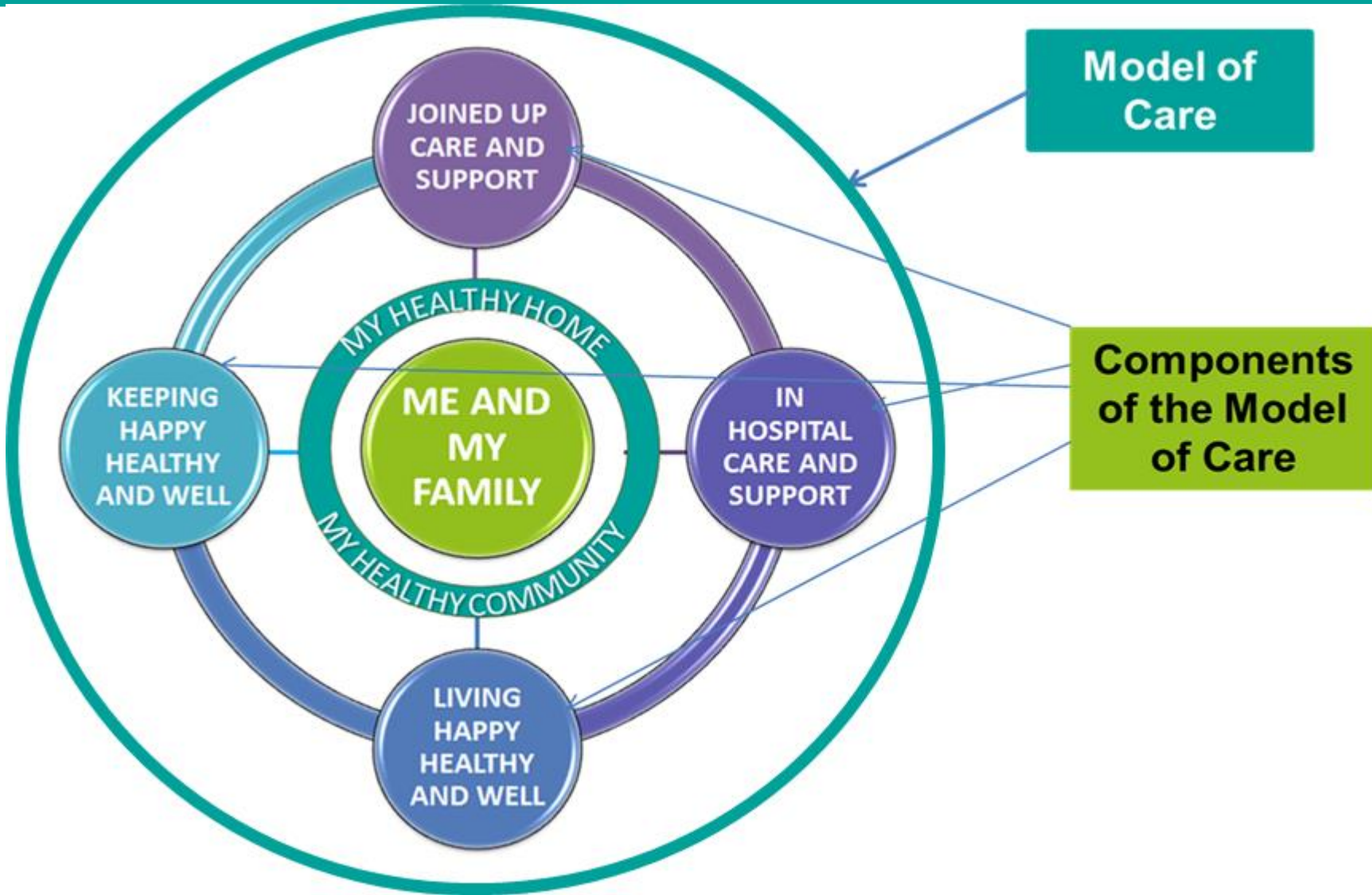
Pennine Lancashire Structure

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Pennine Lancashire New Model of Care

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Description

- Encouraging and enabling people to maintain healthy lifestyles, in healthy environments that will prevent people from getting unwell. This could include everything that people may need to allow them to live happy, healthy and well. The majority of services for this component will sit outside of the traditional “health service”. Self-care and positive lifestyle choices are a key element of this model. This is enabled by technology

Potential interventions:

- Wellbeing service offer; Development of healthy eating/healthy lifestyle classes; Community food growing; Decent and safe homes scheme; Volunteers service for health and care

Keeping Happy, Healthy and Well

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Description:

- Low levels of support when people become unwell, either with a single long term condition or a short term illness. This could include everything that people and communities may need to allow them to keep happy, healthy and well, including self-care and positive lifestyle choices. This is enabled by technology. A key element of this model is that advice and support is available for someone within their home, or as close to their home as possible. People know where to go and who to contact for additional support should their situation worsen

Potential interventions:

- **Neighbourhood 'Community Health and Care Partnerships'** - Serving 30,000/50,000 population size
- Vaccinations & immunisations; Healthy living pharmacies; Reconfigured primary care staff mix to take on low level primary care cases; IAPT; Social prescribing; Memory assessment service; Police, fire service, DWP, housing, debt advice; "Healthy child" offer - Community midwives, health visitors, etc.

Joined Up Care and Support

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Description:

- Best possible support for people to help them manage their health conditions in an out of hospital setting. The model is likely to focus on those people with one or more long term conditions who need more intensive and complex support. A key ambition for this model is that support is available for someone within their home, or as close to their home as possible. If required, their step up into emergency or in-hospital care is effectively coordinated, with a view to achieving a timely discharge.

Potential interventions:

- Physical integrated service **hubs** ; Coordinated end of life care, supported by hospice network; Consistent intensive home support and intermediate Care provision; Community mental health services; Enhanced support for ambulatory care sensitive conditions for example COPD and Diabetes and Chronic condition management

Definitions:

- Best possible care for people when they are in hospital
- Articulate how the network of hospitals within Pennine Lancashire and across the wider Lancashire and South Cumbria footprint work together to provide in-hospital care and support
- Continuity of care, incl. clearly agreed pathways for ambulatory care sensitive conditions
- Prompt and well organised discharge into community care – discharge plan from first day of admission
- Specialities/centres of excellence identified through L&SC discussions

Potential interventions:

- Maintained Emergency Department; Integrated discharge service – holistic assessment of needs, including psychological support; Vulnerable people's liaison service – deflection from front door; Complex/high risk elective surgery; In-patient mental health, substance misuse detox; System wide capacity management approach

Health Improvement Priorities

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- Currently economically modelling a list of interventions to try to assess how much this will reduce the demand pressures
- The interventions link to each component of the model
 - a) Living Happy, Healthy and Well
 - b) Keeping Happy, Healthy and Well
 - c) Joined Up Care and Support
 - d) In-Hospital Care and Support
- Further economic work will be undertaken regarding workforce, estates and digital
- All the financial business plans will be for proposals and consultation by Summer 2017

- Progressing economic modelling and financial planning
- Development and publication of the 'Pennine Plan' – this pulls together all elements of the programme of the transformation into one document
- Continue to develop proposals for components of Model of Care – working with the health and care system and public
- Continuing communications and engagement – monthly face to face, social media; journals
- SDE 6 in February

Any Questions?

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