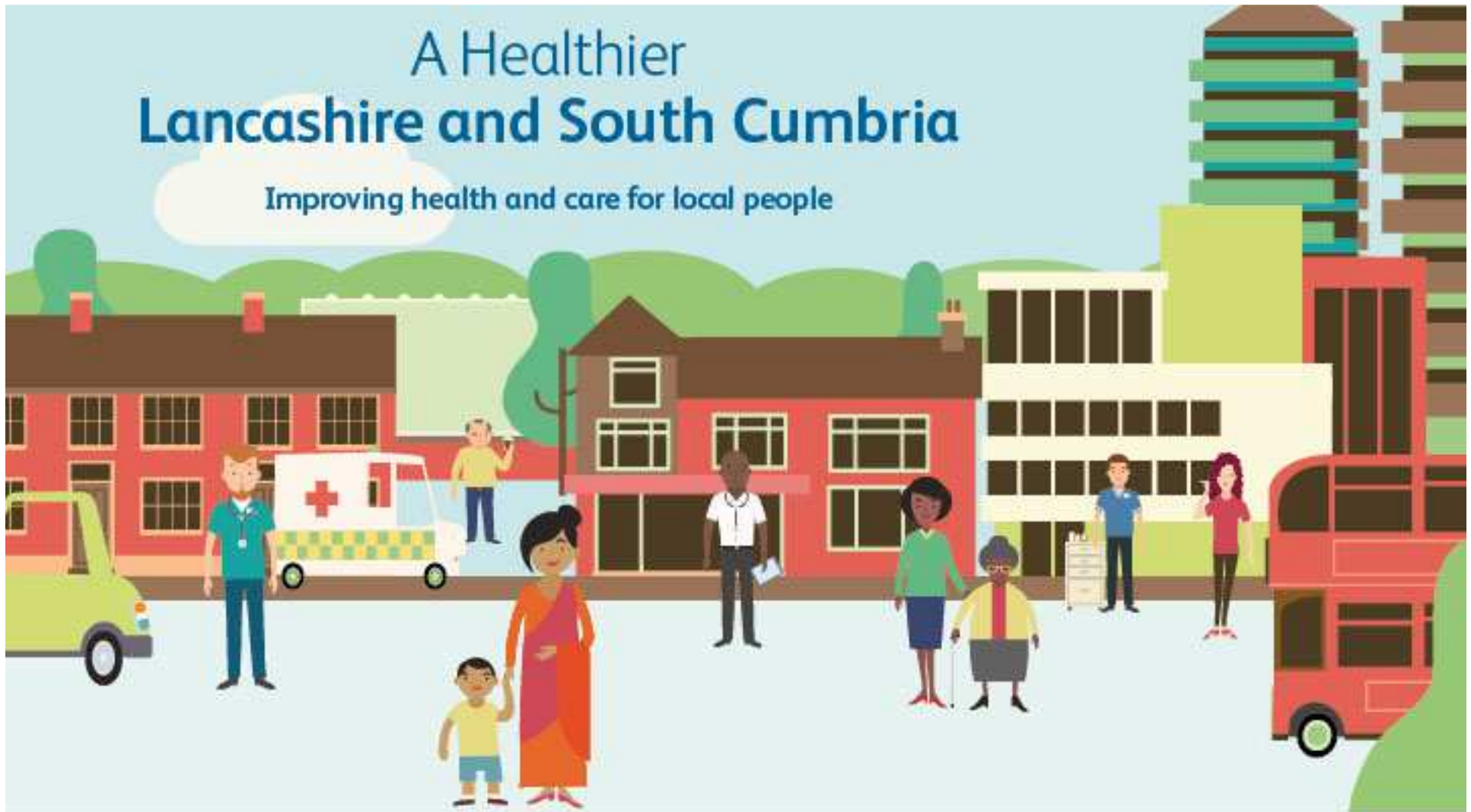


A Healthier Lancashire and South Cumbria

Improving health and care for local people



Sustainability and Transformation Partnership – an update

Lancashire Health and Wellbeing Board

7th April 2017

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Lancashire and South Cumbria STP



One Sustainability and Transformation Partnership

Five Local Delivery Plans/health and care local areas (LDPs)

Three major gaps:

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

Eight priority workstreams including: prevention; mental health; acute; learning disabilities; children and young people's mental health; urgent care; regulated care; primary care



What is the STP?

- The STP is a partnership of existing organisations enabling joint working on things we choose to do once, for example – planning and implementing common IT to support integrated care; or things that must only be done once – for example, implementing prevention strategies across the region
- The STP supports LDPs and will enable the spread of best practice
- The STP, with NHS England in Lancashire/South Cumbria, will ensure LDPs deliver their plans through the supporting programme management arrangements
- The announcements last Friday have strengthened the role of STPs – we are in the process of assessing what this means for us in Lancashire and South Cumbria

Focus is on partnerships, not plans

Last October's Plans have been described as 'mark 1' proposals that need to be turned into concrete plans by working closely with local populations to:

- *Publish a Case for Change* – our recent publication meets this requirement – read online at www.healthierlsc.co.uk
- *Involve people from the start to come up with potential solutions* – this will form part of our process as we develop a range of options
- *Understand who will be affected and find out what they think* – once the options for change are developed, the public and other stakeholders will be involved in the appraisal of options
- *Give people enough time to consider plans and provide their feedback* – this will be part of the pre-consultation involvement process as well as part of formal consultation (which could take place from late 2017)
- *Explain how any feedback has been used in revising plans and how the impact of changes will be monitored* – this will be an integral part of our involvement and consultation processes

Existing tests:

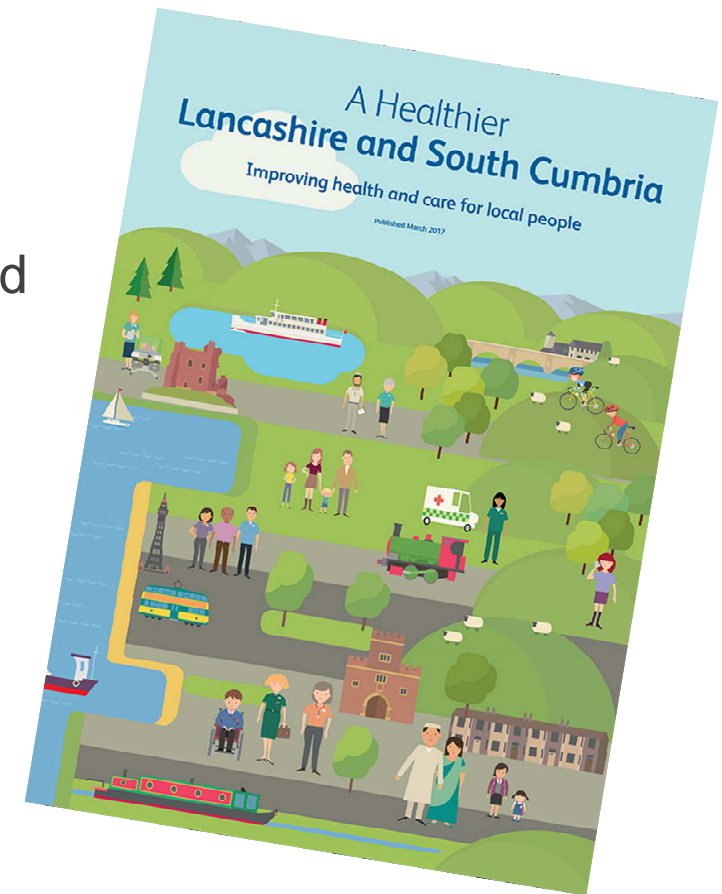
- Planned closure of services require GP commissioner support
- Strengthened public and patient engagement must be demonstrated
- Clear clinical evidence supports the change
- Consistency with patient choice requirements must be assured

New tests – one or more of:

- Sufficient alternative provision is available ahead of bed closures together with the associated workforce and/or
- Specific new treatments will reduce specific categories of admissions and/or
- Where a hospital has been using beds less efficiently than the national average, it has a credible plan to improve performance without affecting patient care

Involving local people / staff

- A Healthier Lancashire and South Cumbria document published at the end of March
- This, along with a series of supporting materials, aims to set out the challenges and what we are doing in plain English.
- Local people, workforce and Councillors have been involved in creating and testing this.
- It is a tool for holding conversations with members of the public for use by Councillors, community organisations and health and care staff.
- We are working with the network of communications and workforce leads across the area to distribute this widely.



Available online at www.healthierlsc.co.uk

Decision making

- A Joint Committee of the CCGs (JCCCGs) has been established comprising two members from each CCG and an independent chairman (Phil Watson)
- A number of other senior officers are in attendance at the JCCCGs, including representative local authority chief executive officers and chief officers for the STP
- Each CCG has one vote
- This is a commissioning only body – there is a statutory basis for such a body, but not one that includes other partners, such as LAs and NHS providers
- The JCCCGs will link with the Lancashire Combined Authorities group
- A programme structure of non-decision making groups comprising CCGs, Local Authority, NHS Trust/FTs, 3rd sector, local Healthwatch and clinicians develops plans for approval by the JCCCGs
- We will be considering how we must refine the current governance arrangements to reflect what is in the Next Steps on the NHS Five Year Forward View publication

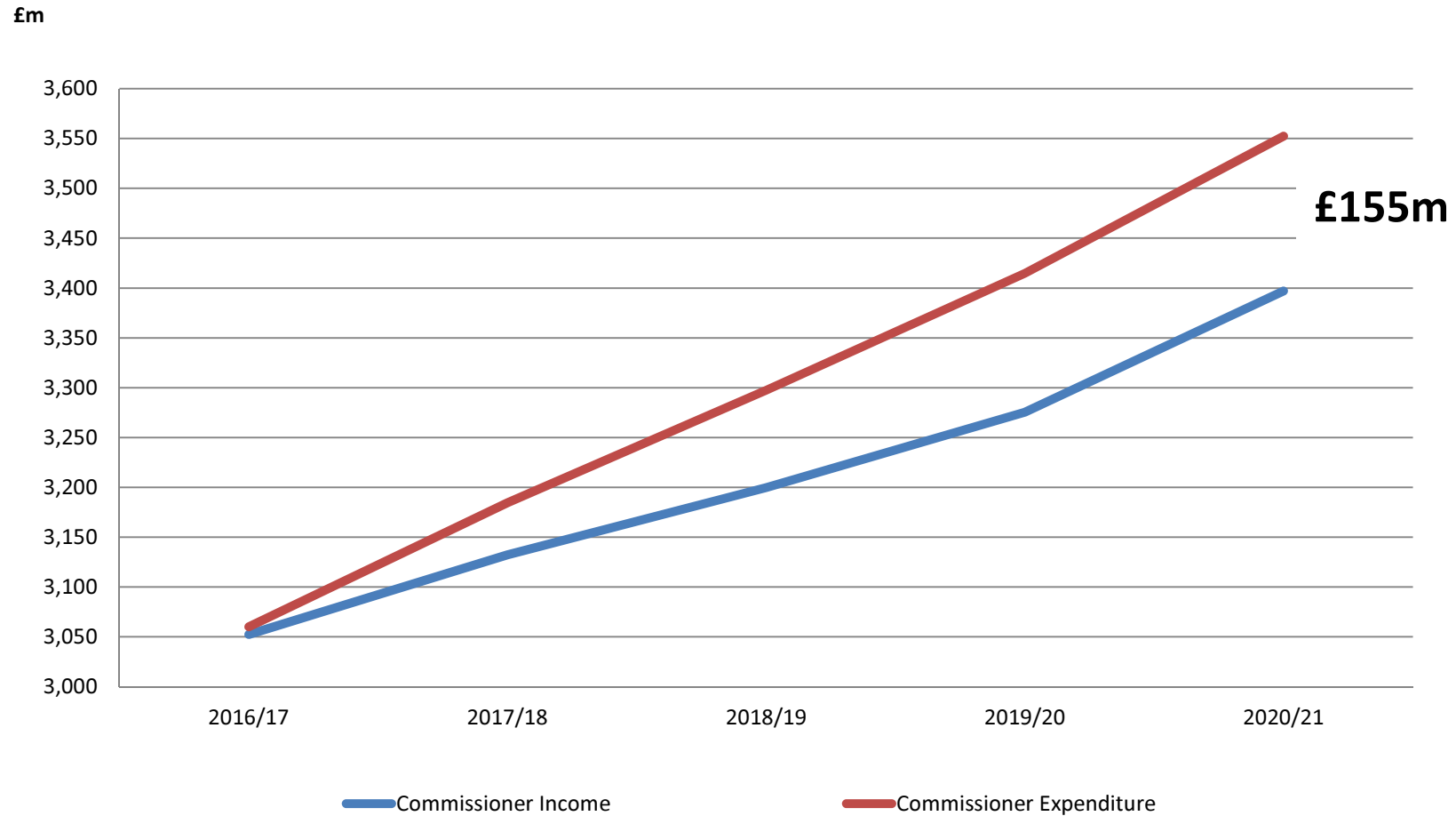
Describing the financial gap accurately. It's not a funding cut it's £345m funding growth

+11.3%

How do we use this extra funding better?

Commissioner 'do nothing' position

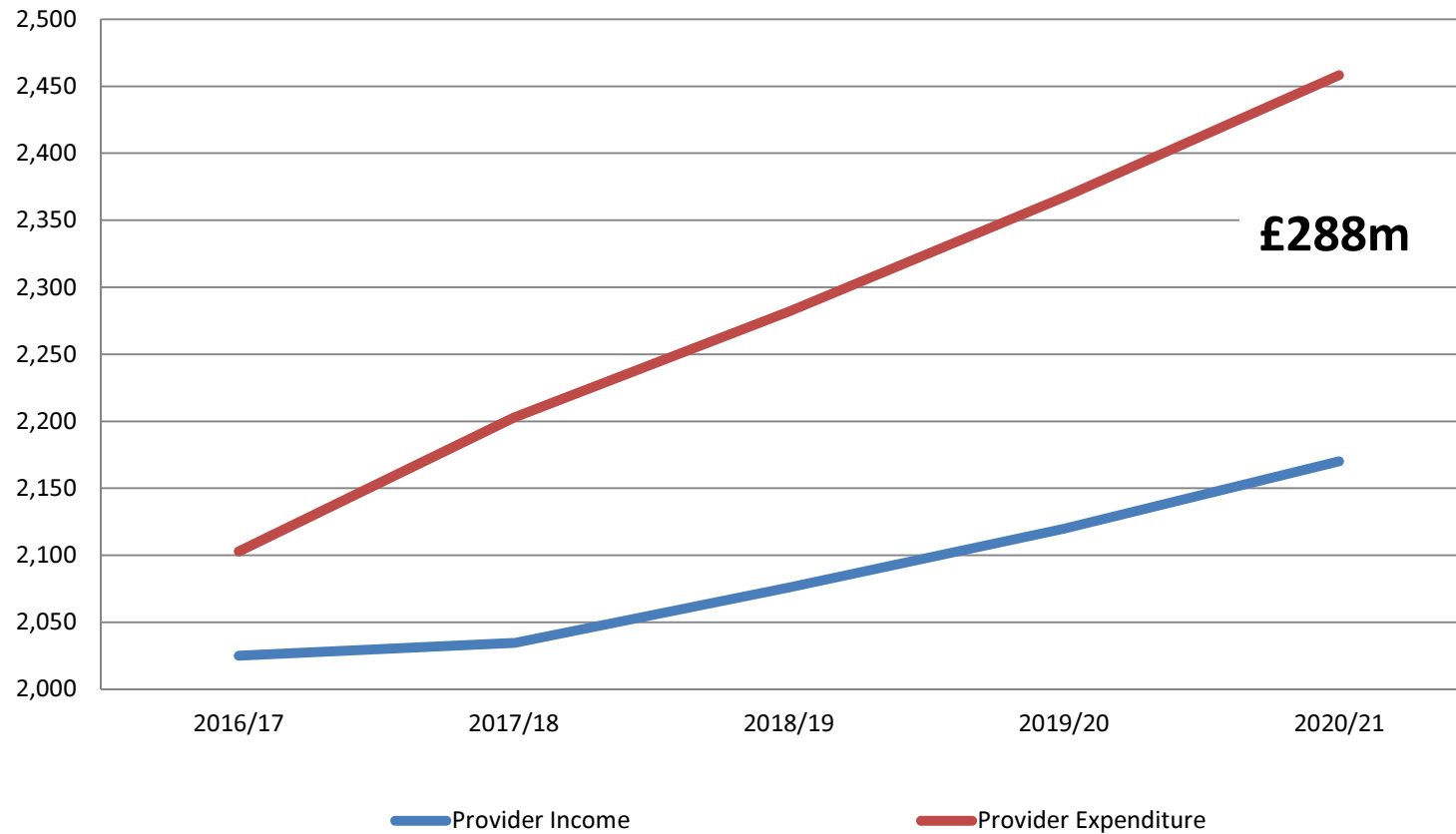
Commissioner Allocations and Expenditure



Provider 'do nothing' position

Provider Income and Expenditure

£m



By 2020/21 this is what happens if we 'do nothing', on total current turnover of nearly £3.7bn:

- Commissioner deficits - £155m (4.6%)
- Provider deficits - £288m (13.3%)
- Social care deficits - £129m (18.4%)
- Total £572m = (16%)

Source - EY modelling reconciled to organisational accounts and allocations

Keep acute
income broadly
flat over the next
two years

- Remodel primary, community, CHC and mental health services with extra resources (£187m = +21%) over the next four years to enable primary and secondary prevention measures to reduce acute demand growth over the same period
- Funded from commissioner growth and based on evidence from Vanguards
- Achievement of parity of esteem for mental health in the development of new models of care
- Development of joint plans for regulated and other social care provision

Area of extra spending	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
Primary Care	15.7	27.8	12.7	16.6
Community services	9.7	23.1	8.7	10.0
Continuing healthcare	7.8	8.0	8.3	9.2
Mental health	12.9	5.3	3.7	7.4
Total	46.2	64.2	33.5	43.3

This extra spending will not deliver reductions in acute growth soon enough to keep us sustainable in the next two years, so.....

- Implement commissioner efficiency plans e.g. for interventions of limited clinical value and other areas where we know we are inefficient - £76m
- NHS providers to deliver efficiency plans in areas that do not affect patient care, for instance back office functions like procurement and estates – £176m

What about social care?

- The Chancellor's extra money is to be spent on adult social care and used to meet adult social care needs, reducing pressures on the NHS and stabilising social care provider market
- Grants to be paid to Local authorities and pooled in the local Better Care fund
- Local authorities must work with the relevant CCGs and providers to meet national condition 4 (managing transfers of care) in the integration and Better Care fund Policy Framework and Planning Requirements 2017-19
- Local Authorities must provide quarterly reports as required by the Secretary of State
- Money can be spent as soon as plans locally agreed

Conclusion

Lancashire and South Cumbria is planning to:

- Hit our nationally set financial control totals each year
- Get to break even by 2020/21
- Keep acute income flat for two years and reduce in last two years by £16m and £32m
- Spend 21% more on primary, community, mental health and continuing healthcare over the next four years to enable demand for acute services to be flattened
- Deliver substantial provider savings (£176m)
- Much more joint work on adult social care is required against the background of the national expectations



Questions?