



Lancashire Health and Wellbeing Board Central Lancashire Integrated Care Partnership and Acute Sustainability Update Tuesday 18th September 2018

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SRO:

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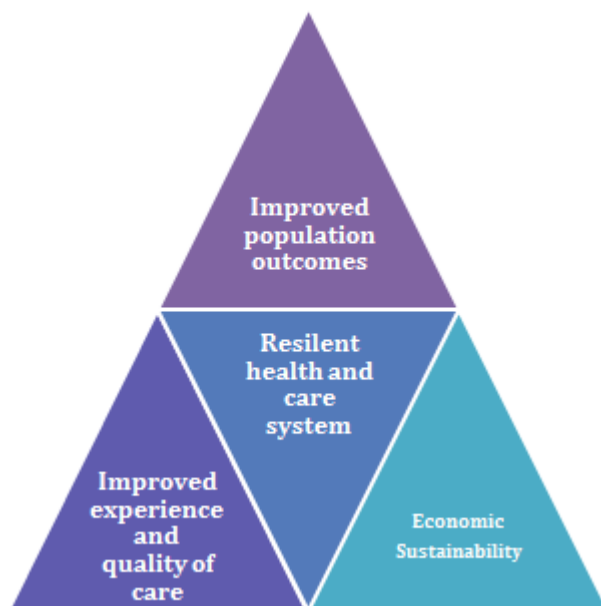
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Overview of Central Lancashire ICP



Our Vision - Together, we will create a resilient health and care system which drives experience and quality of care and brings economic stability for the communities of central Lancashire

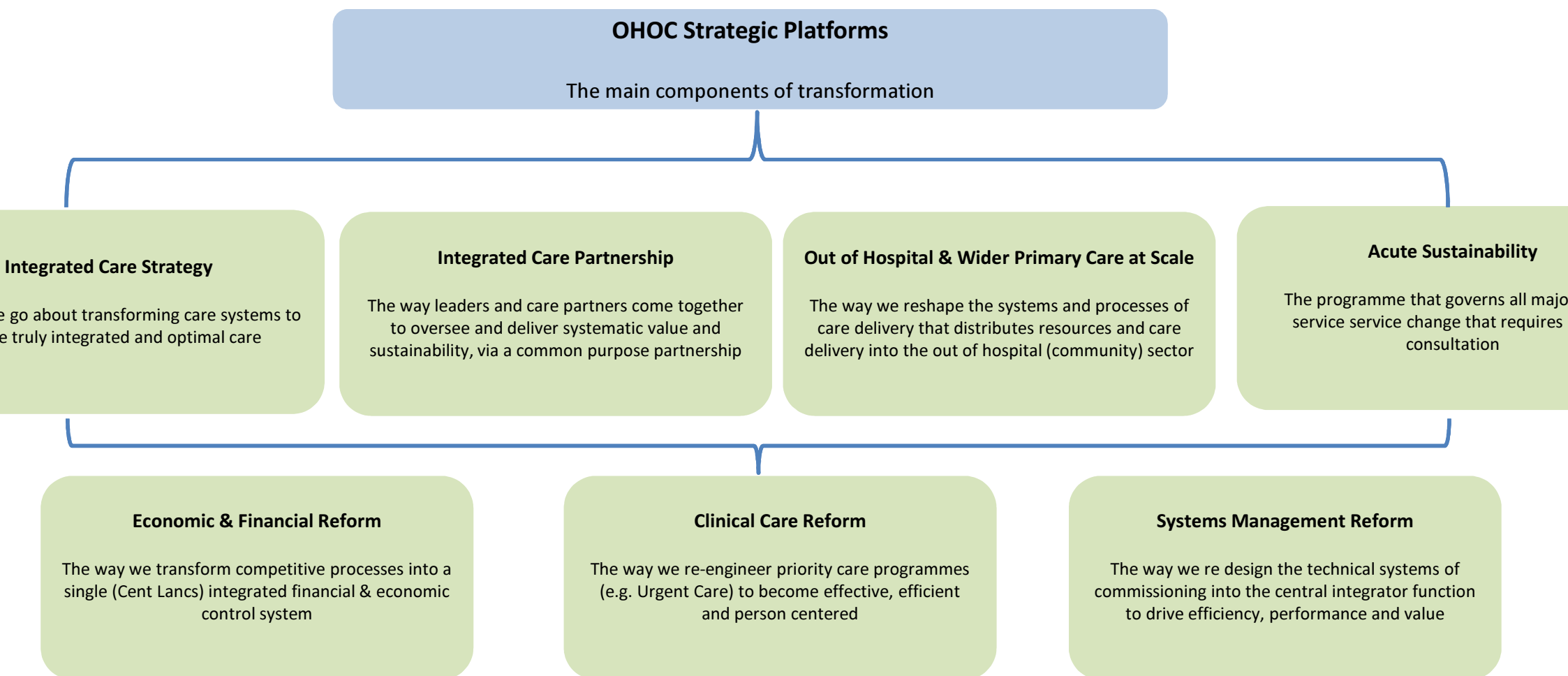
Update (September 2018):

- Central Lancashire Integrated Care Partnership Board established in Shadow form from April 2018
- Board Membership includes – Acute Provider / Community and Mental Health Provider / GPs / Commissioners (CCG) / County Council / District Councils / VCFS
- Recently completed initial recruitment to appoint an Independent Chair and an ICP Programme Director
- Builds on the Our Health Our Care Change programme, which has been in place since 2016
- Focus to date has been on form - emerging models, benefits, the value proposition and design principles through which the ICP will operate, as well as the Blueprint which defined how the system could look in the future
- We are now looking towards developing our big seven strategic platforms to deliver the change required in central Lancashire

Our Big Seven Strategic Platforms



Our Big Seven ... The main components of transformation



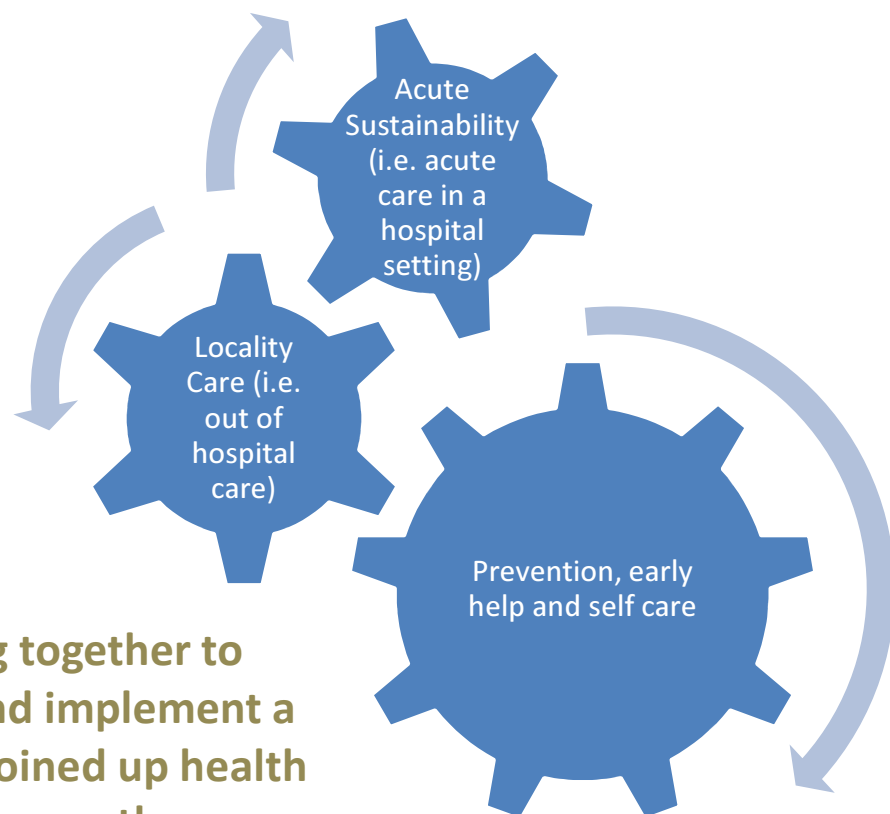
Working together to develop and implement a model for joined up health and care across the area

Working a more in-depth look at the Clinical change workstreams of Locality Care and Acute Sustainability



Led by Greater Preston and Chorley and South Ribble Clinical Commissioning Groups – Denis Gizzi SRO

Built upon three key workstreams



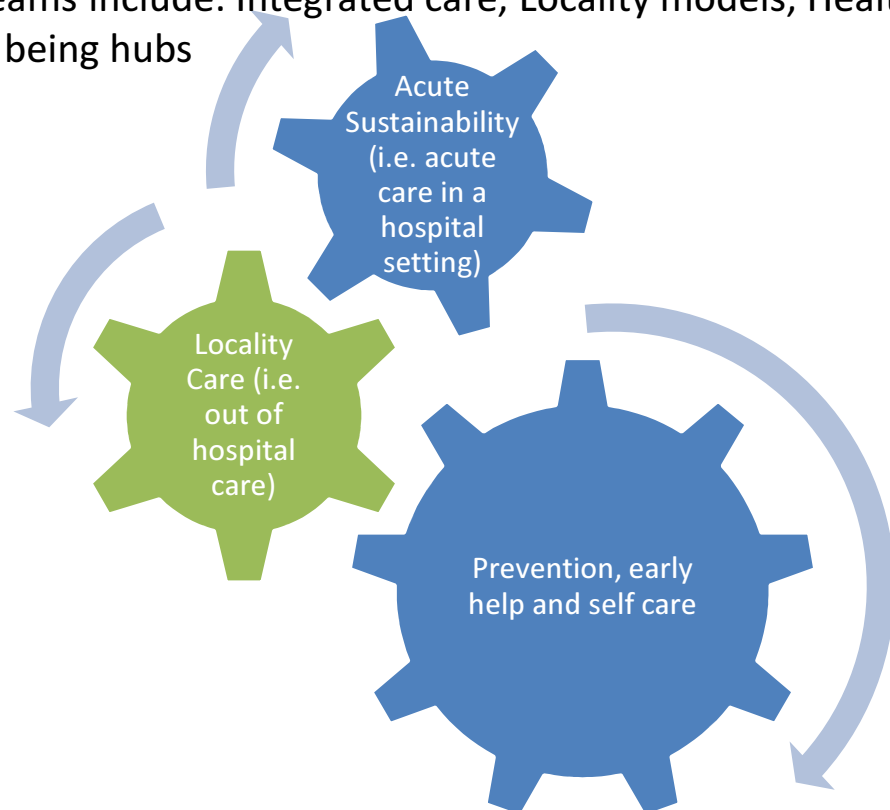
Working together to develop and implement a model for joined up health and care across the area

Specific aims:

- To encourage and enable people to take responsibility for **self-management** of their care with support from services to improve their health, wellbeing and quality of life
- To develop a more **person-centred approach** to health and social care, increasingly delivered within community, locality or home setting where appropriate.
- To develop **new models of health and social care** for our local health economy, rebalancing the provision of services to **reduce overdependence on acute hospital provision**
- To develop **new models of health and care that are clinically and financially sustainable** for the future and able to provide quality services that are safe, accessible, responsive and coordinated.
- To create models of care which will work within an **integrated health and care system**, tailored to the needs of our population and delivered in the right place at the right time.

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:

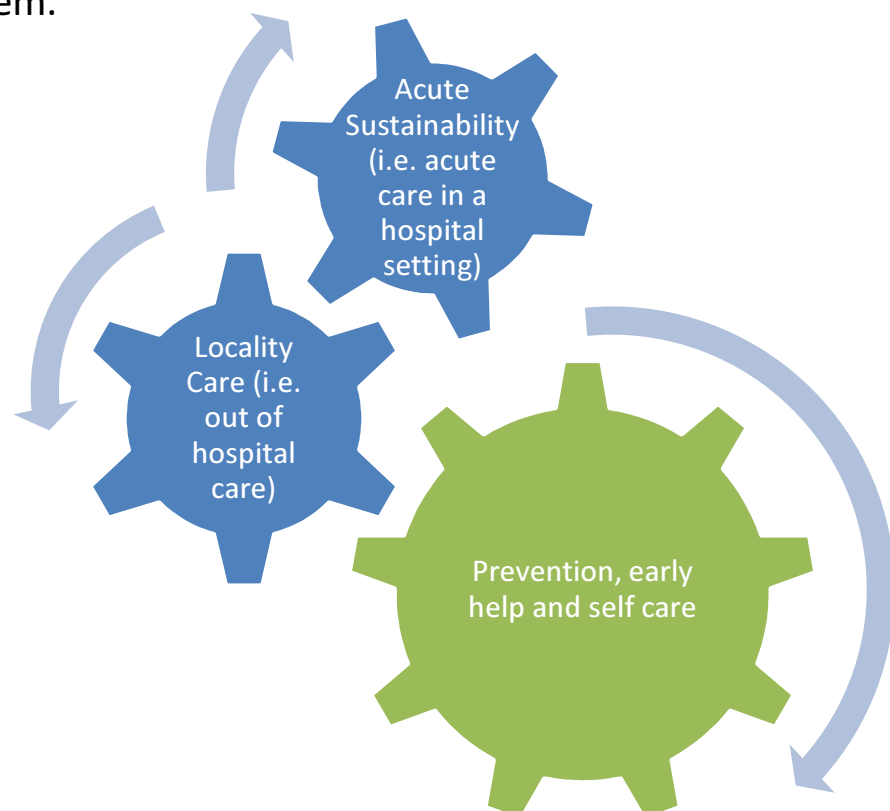
- **Centres developed in the community** to deliver integrated health and care to populations of 100,000 +
- Joins together primary care with community, secondary, social, mental health, VSF, diagnostics, prevention and possibly more

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.

Acute Sustainability – Case for Change

Key Pressures

Significant growth in the needs of the population

- Structural health inequalities that we need to tackle together as a system
- People living longer and more patients presenting with frailty, long term conditions and co-morbidities increasing pressure on our hospitals

Workforce supply not sufficient to safely staff services duplicated across two sites



- *In Preston 37% of the population live in the most deprived areas in England*



- *Number of people over the age aged 65 set to increase by 33,000 by 2037*



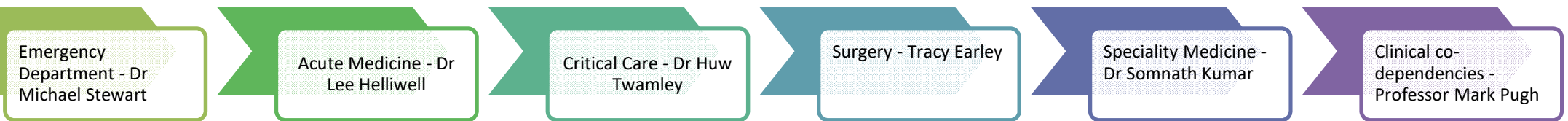
- *Gaps in medical staffing within the acute medical workforce that difficult to fill – overreliance on locums*

Impact on care for patients

- High bed occupancy (93%) means
 - Delays from decision to admit to admission
 - Excessive A&E waits – 60% January 2018
 - Volume of demand and medical outliers generating planned surgery cancellations and decrease in planned surgery
 - Excessive RTT including cancer waiting times
- Variation in meeting staffing standards
- “Requires Improvement”

Acute sustainability workstream - design approach

Joint design approach - Clinical Design overseen Dr Geraldine Skailes (Medical Director)
GP Leads part of Clinical Design Group



ps:

Initiate patient engagement

Research population needs

Evidence a clinical case for change

Establish clinical standards and the co-dependency of clinical services to underpin design work

Develop the options that tackle the case for change challenges and are consistent with standards and co-dependencies

Work underway to develop a range of options



Options not yet agreed

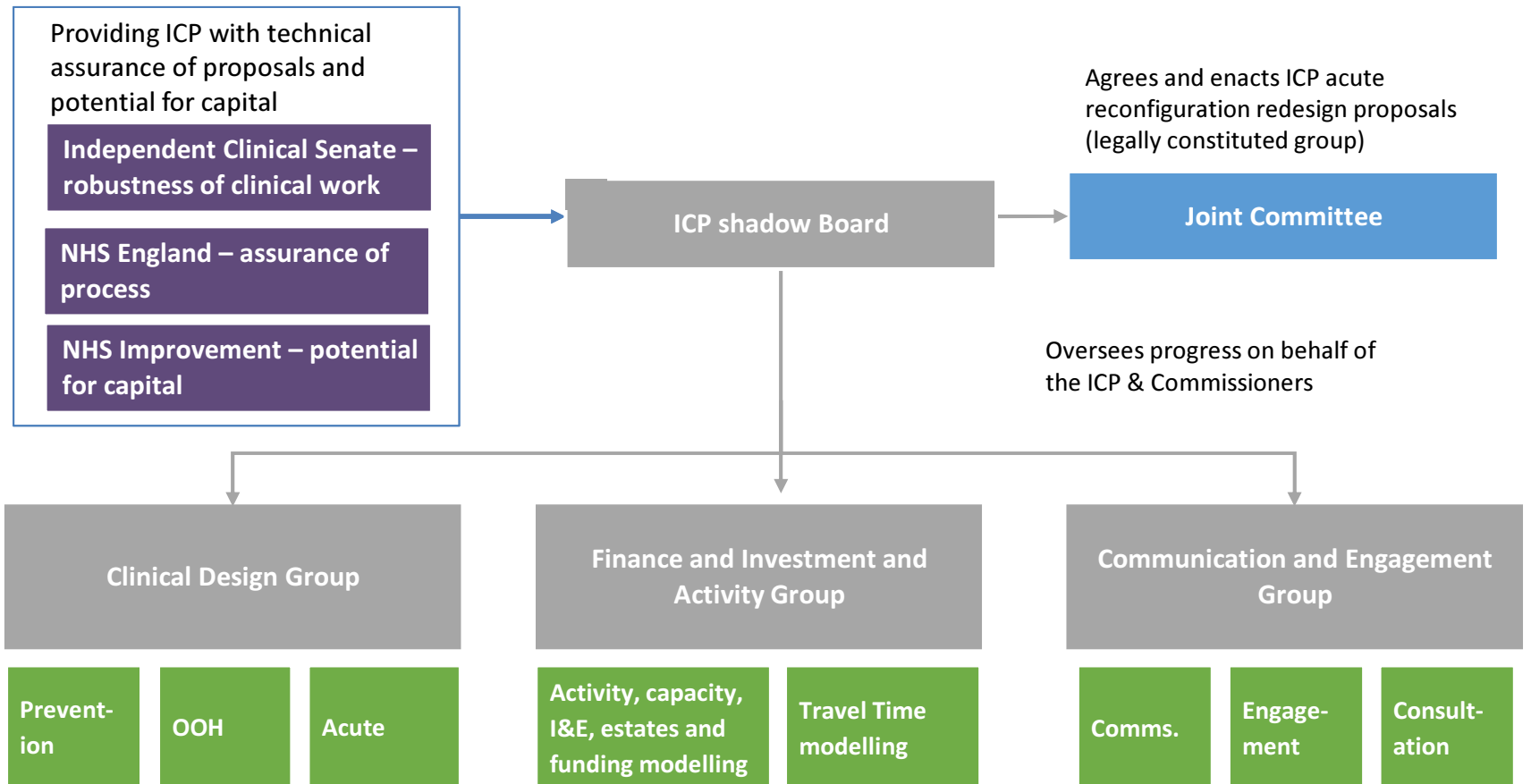
Analysis will consider “Do nothing” (services retained as is) and a range of other options
 Emerging concepts are as below

	What	Why could this improve care for patients
Int, 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 med 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 for planned surgery – including cancer waits

Decision-making/leadership- where Lancashire Health & Wellbeing fits?



ICG leadership
Denis Gizzi SRO



older input into
, for example:

Lancashire Health &
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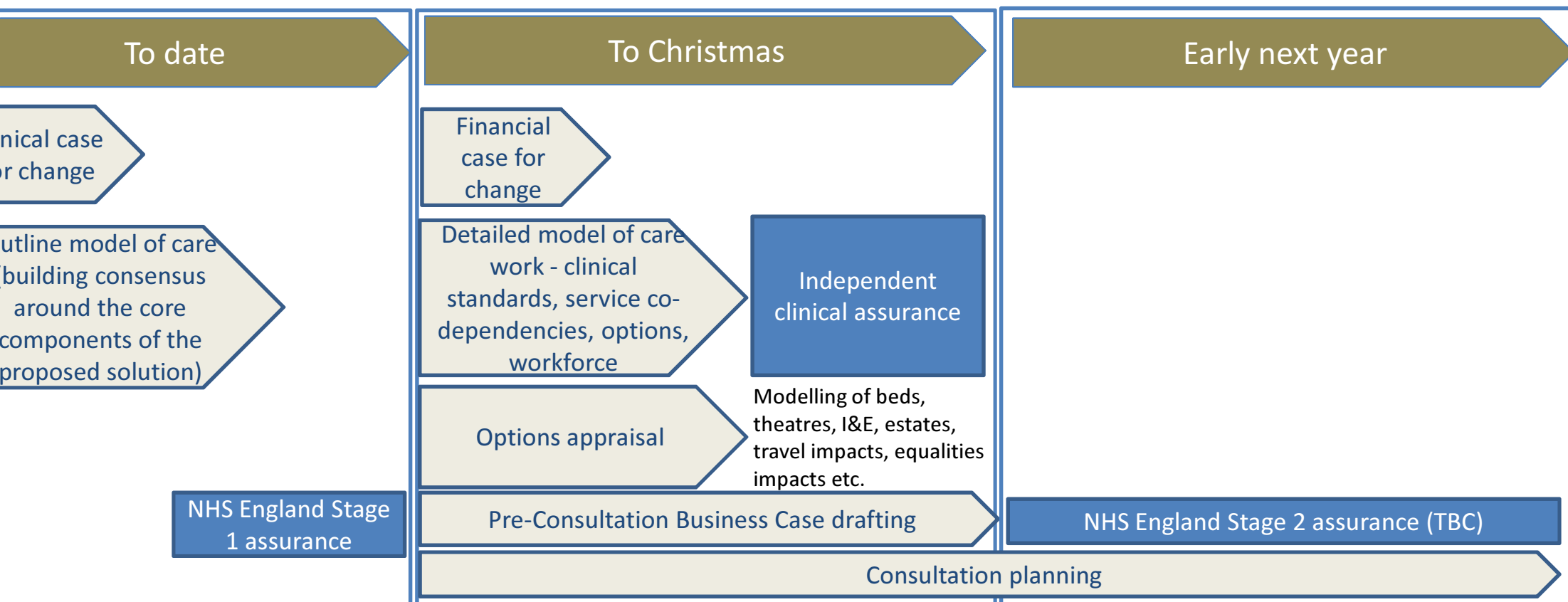
Watch

Key

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

Acute Reconfiguration Progress

Strategic sense check 1 complete



ps:

and clinical design - a coherent out of hospital and acute model

the options - small number of emerging viable options indicates no need to formally shortlist

late options appraisal - what does each option mean for beds, workforce, estate etc.

the senate and NHSE assurance timeline

the consultation go-live date cognisant of Purdah

Communication and Engagement update



Freshwater UK, independent communications consultancy have been engaged and have begun working with local teams to develop the pre-engagement and consultation planning.

There are three engagement events being delivered this week:

- Tues 18th Sept. Leyland, West Paddock 6-8pm
- Weds 19th Sept. Chorley town hall 6-8pm
- Thurs 20th Sept. Preston County hall 6-8pm

Content:

- The challenges that we face and potential solutions (i.e. the model of care as previously described with some additional detail)
- Not the options or confirmation that either of the A&Es might be affected – the options have not been agreed by the ICP or Joint Committee yet