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Blackpool Council

18 November 2016

To: Councillors Callow, Mrs Callow JP, Elmes, Hobson, Hutton, Mitchell and Owen

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Tuesday, 29 November 2016, 6.00 pm
Committee Room A, Town Hall, Blackpool FY1 1GB

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned; and
(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 PUBLIC SPEAKING

To consider any applications from members of the public to speak at the meeting.

3 HEALTH AND SOCIAL CARE INTEGRATION IN BLACKPOOL (Pages 1 - 50)

To consider an update regarding the development of health and social care integration in Blackpool (as part of the wider Fylde Coast partnership).

4 TRANSFORMING CARE PROGRAMME (Pages 51 - 66)

To provide a summary of the recent history of Transforming Care in England and an overview of Blackpool's response to the requirements of Transforming Care for people with a learning disability and/or autism and other challenging behaviours.

5 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 14 December 2016 commencing at 6pm in Committee Room A.

Venue information: First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information: For queries regarding this agenda please contact Sandip Mahajan, Senior Democratic Governance Adviser, tel: 01253 477211, e-mail sandip.mahajan@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Report to:	**HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	**David Bonson**
Date of Meeting:	**29 November 2016**

HEALTH AND SOCIAL CARE INTEGRATION IN BLACKPOOL

1.0 Purpose of the report:

1.1 To consider an update regarding the development of health and social care integration in Blackpool (as part of the wider Fylde Coast partnership).

2.0 Recommendation(s):

2.1 The Committee are asked to consider, and comment upon, the contents of this report.

3.0 Reasons for recommendation(s):

3.1 To ensure that relevant stakeholders involved in the integration agenda in Blackpool are appraised of developments, progress and future plans.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 Across partner organisations in Blackpool within the Health and Social Care sector (and other public services), there is a long history of partnership working. This paper describes some of the latest strategic thinking, as well as some practical examples of

effective integrated working being delivered today.

Sustainability Transformation Planning – Lancashire and South Cumbria

5.2 Blackpool Council maintains an active role in the development and oversight of the sub-regional Sustainability and Transformation Plan (STP) 2016-2017 to 2020-2021, which is supporting a number of separate transformation workstreams, and a Fylde Coast Local Delivery Plan.

5.3 Early work is underway to establish the viability and means to establish a joint commissioning function in the coming year, 2017. Similarly, exploratory work is underway to establish the opportunities and appropriate vehicle for delivering fully integrated Health and Social Care services, in line with national requirements and the Sustainability and Transformation Plan for Lancashire and South Cumbria.

5.4 The Sustainability and Transformation Plan sets out ambitious plans to develop sustainable services, by developing local Accountable Care Systems (ACS) and place based new Models of Care, aimed at preventing ill health and reducing reliance on services provided within acute hospitals. At the same time, the plan is to transform the health and care system to improve health outcomes, whilst avoiding the predicted financial gap of £572 million (nearly 25% of current budgets in Lancashire and South Cumbria) for the integrated health and social care sector by 2020-2021, if current levels of demand growth continue. Improvements are planned to every part of the health and care system, to better join up all parts of what can be a complicated mix of services. Key to the success of the Sustainability and Transformation Plan will be supporting delivery with each of the local health and care systems as shown below:

1. Bay Health and Care Partners
2. Central Lancashire
3. Fylde Coast
4. Pennine Lancashire
5. West Lancashire

5.5 Each of the above local health economies are progressing a form of Accountable Care System. The term Accountable Care System is gaining ground in the NHS and social care and describes an arrangement where groups of providers and commissioners come together to jointly deliver new pathways of care, in ways that maximise efficiency, reduce cost and improve patient experience and outcomes. Risks, responsibilities and resources are also shared across the system.

5.6 On the Fylde Coast, this will move our existing partnership working into a more formal arrangement and will provide a framework to mobilise our effort and remove the barriers to true integration necessary to achieve our ambitions.

5.7 Working together to transform services, the overall ambitions of the Lancashire and South Cumbria Sustainability and Transformation Plan aims to:

- Tackle life expectancy inequality: improving the area's health by making it easier to access expert advice and access free healthy living and support schemes
- Improve the way that care is planned and delivered in the region in a more person centred and coordinated way; bringing help closer to people's homes and using technology to empower and improve the quality of care people receive
- Relieve the financial pressures on our local NHS by doing things more efficiently; such as avoiding duplication, waste and providing the most clinically effective interventions at the most appropriate time, place and in the right way
- Encourage and support people to take their health more seriously and assume greater responsibility for their own good health
- Develop robust integrated care services across Lancashire and South Cumbria that are based in local communities and reduce the over reliance on acute hospital based services
- Create a multi-skilled, flexible and responsive workforce with great development prospects
- Enhance the role of the third sector to support mainstream services
- Establish joint system leadership across Lancashire's entire health and social care environment

5.8 The full Sustainability and Transformation Plan and appendices are available via the Healthier Lancashire and South Cumbria engagement hub website:

www.lancashiresouthcumbria.org.uk

A shorter, public facing version will be available in the near future.

5.9 **Better Care Fund (BCF)**

The key areas of joint and integrated activity funded by Health and/or Social Care are now contained within a formal Section 75 Pooled Budget arrangement (s75 of the NHS Act 2006 requires pooled budgets for joint work between councils and the NHS). For Blackpool, approximately £13.6 million of the £15.2 million in the 2015-2016 Better Care Fund will be received from NHS England. This incorporates all previous areas covered by the Council's Community Contract with the CCG and some additional areas key to the delivery of strategic priorities in Health and Social Care.

New Models of Care

5.10 Social Care leaders and services have worked closely with Health colleagues in the CCG and Acute Hospital Trust (Blackpool Teaching Hospital) to deliver on new neighbourhood-based models of care, most significantly via the Vanguard Programme (44 'vanguard' areas leading on national NHS pilots to deliver new approaches to transforming health care) . Whilst structural models are still being worked through in relation to an Accountable Care System for the Blackpool and Fylde Coast Health Economy, the practical steps needed to transform the way care is commissioned and delivered are underway.

5.11 Extensive Care Services are now established in Blackpool and early work embedded Social Workers within these teams; however initial learning suggests that Social Work is not a significant requirement of adults in Extensive Care Service cohorts; therefore service is 'call in on demand' from a Social Work perspective. Care at home hours are available to support people to remain in their own homes whilst health and wellbeing care and support is delivered tailored to individual needs, coupled with support for improved self-care.

5.12 Development of Enhanced Primary Care Services is now well underway, with the aim of co-location of teams within neighbourhoods clustered around GP surgeries. Work is underway to understand the nature and extent of Social Care needs within each neighbourhood, to aid with the allocation of resources according to demand.

Transforming Care Programme

5.13 This programme is being considered in more detail as a separate item on the Health Scrutiny Committee's meeting agenda.

5.14 The Council is actively partnered with the CCG locally and part of the Lancashire-wide approach on the development and delivery of this Programme, which aims to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.

5.15 Blackpool has the advantage of having some time ago already established jointly with the Council, CCG and Acute Trust an integrated Community Learning Disability Team, comprising Nurses, Social Workers, and Psychologists, as well as an Extra Support Service, whose remit is to provide care and support in a tenancy-based or outreach model to people with learning disabilities and/or autism, who display behaviour that challenges in a Positive Behavioral Support model.

5.16 There are further developments in the pipeline to provide crisis response services locally, that will prevent people whose condition is deteriorating from having to be

admitted to secure or semi-secure long-term care by providing early intervention and a place of safety locally.

5.17 Work is also underway to understand the needs of younger people who will be transitioning into adult services over the next several years, to identify appropriate housing, care and support options for the future, and to understand what developments may need to take place on a pan-Lancashire basis, due to lower levels of demand or very specialised needs.

Prevention of Hospital Admission / Supporting Timely Discharges

5.18 Social Care works jointly with health professionals as part of the Hospital Discharge and the Rapid Response Plus Teams, as well as supporting the Rapid Response and Enhanced Supported Discharge Teams, where needed.

5.19 Potential issues around Delayed Transfers of Care (availability of health or social care beds as a patient moves from one stage of their care plan to the next stage) receive joint scrutiny on a daily basis from Health and Social Care, to ensure that wherever practicable there are no preventable delays to discharges.

Intermediate Care

5.20 The Council undertook a service review and fundamental redesign of the Intermediate Care System jointly with the CCG in 2015. The revised service was launched in April of this year and comprises 33 residential beds at the Assessment and Rehabilitation Centre (ARC), up to 10 of which are designated for people with nursing needs, together with a community-based Reablement Service.

5.21 The ARC service is Care Quality Commission (CQC) registered and run by the Council, with a Nurse as the Registered Manager, and an integrated staff team made up of Social Care Support Workers and ancillary staff, Nurses, and Allied Health Professionals (Occupational Therapists and Physiotherapists). Together, the team support people to regain or develop their independence and daily living skills to the maximum of their capability, with a view to enabling people to remain in their own homes for as long as they can, and reducing the need for admissions to hospital or long-term residential care.

5.22 The community-based Reablement Service is a team of home carers with additional training and skills to support the journey to greater independence and better daily living skills in their own homes. They can work with people who have had a short stay in the ARC to continue the reablement programme, or they can work with people who have always been at home. The team are supported by relevant Health professionals and therapists, and ensure that medication, exercise plans and social isolation are addressed and well-managed, in addition to providing assistance with hands-on personal care and support, and encouraging people to care for themselves wherever practicable.

5.23 The intermediate care services have access to a range of assistive technology and equipment, funded jointly by Health and Social Care.

Vitaline

5.24 The Vitaline Service provides emergency alarms, home monitors (for example bed, chair or door sensors, smoke, gas or flood detectors, activity monitors), remote monitoring telehealth equipment (for example blood pressure, blood glucose, peak flow, weight), a lone worker support service, and a falls lifting service. The falls lifting service responds to reports of uninjured fallers that would otherwise require an ambulance attendance. Staff are trained jointly with North West Ambulance Service to assess apparently uninjured fallers, and to lift them safely where appropriate, provide personal care if it is needed, and (if it is night time), and settle them back into bed.

5.25 The Vitaline Service (http://www.vitaline.org.uk/index.html) is partly funded, and jointly, by Health and Social Care.

Commissioning and Contracts Monitoring, Quality Monitoring and support for improving quality of service

5.26 A number of areas of service are either jointly commissioned and monitored or monitored by one of the parties on behalf of the other. CCG provides a small amount of funding to support quality monitoring on behalf of Health and Social Care. In addition, the Council has CCG funding for Pharmacy support and works closely with the Nursing Homes Team in promoting good quality care and helping providers to overcome any operational care difficulties.

Challenges

5.27 **There are key challenges for both Health and Social Care impacting on our ability to deliver an integrated Health and Social Care system:**

- **Fundamentally, the system as a whole (as it operates today) is significantly underfunded. This is acting as a lever to drive forward radical and transformational change, but is likely to be insufficient in itself to manage the inexorable rise in demand being experienced in all areas of the system. Attention to demand reduction and prevention, and self care and resilience-building will be essential to delivery of the transformation required**
- **There are key workforce gaps in a number of areas of the system. In social care, providers report being unable to recruit sufficient staff and the wages they can afford to pay as they are competing with retail and other industries that pay the same for work that is less responsible, and more desirable. Adding £1 to the hourly rate paid to a care worker would cost the current commissioned care system £3.9million, approximately 60% of which is in care at home hours. Work is underway to arrive at an affordable and fair price for care. Without sufficient care at home hours, people will be unable**

to sustain their presence at home whilst healthcare is delivered in the community.

- **The scale and pace of the transformation programmes underway is a significant stretch on the diminished senior leadership and operational planning resources of the Council. Careful attention is being placed in ensuring the right input and representation in the right settings to ensure that progress is not hampered by this.**

Does the information submitted include any exempt information? Yes/No

List of Appendices:

Appendix 3 (a) Sustainability and Transformation Plan 2016-2017 to 2020-2021

6.0 Legal considerations:

6.1 Not applicable

7.0 Human Resources considerations:

7.1 Not applicable

8.0 Equalities considerations:

8. Not applicable

9.0 Financial considerations:

9.1 Not applicable

10.0 Risk management considerations:

10.1 Not applicable

11.0 Ethical considerations:

11.1 Not applicable

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable

13.0 Background papers:

13.1 The full Sustainability and Transformation Plan, is available via the Healthier Lancashire and South Cumbria engagement hub website:

www.lancashiresouthcumbria.org.uk

Link to s75 pooled budget (2015-2016) arrangement: http://tinyurl.com/hea6hha

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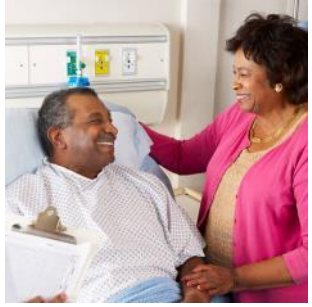

Healthier Lancashire and South Cumbria

Sustainability and Transformation Plan 2016/17-2020/21 Draft

Third submission to NHS England

21st October 2016

Draft Version 7.7

Healthier Lancashire & South Cumbria

Contents

Action	Date	Note
Submission of 1st Draft to NHS England	9th April 2016	Feedback given
Submission of 2nd Draft to NHS England	30th June 2016	Feedback given
1:1s with NHSE / NHSI	May and July 2016	Feedback given
Lancashire & South Cumbria STP Leadership Forums	Forums held approx every 6 weekly throughout 2016	Contribution to each submission. LDPs shared. Feedback on STP given.
Cumbria Health & Wellbeing Board	4th October 2016	Had oversight of key elements of STP and discussed alongside the North Cumbria STP
Lancashire & South Cumbria STP Leadership Forum	18th October 2016	Extensively reviewed. Amendments agreed. Agreed recommendation to support 3rd Draft Submission
Lancashire Health Overview & Scrutiny Committee	18th October 2016	Discussion and challenge noted.
HLSC Programme Board	19th October 2016	Extensively reviewed. Amendments agreed. Agreed recommendation to support 3rd Draft Submission
Specially convened Joint Blackburn, Blackpool and Lancashire Health & Wellbeing Board	19th October 2016	Agreed recommendation to support the submission. No amendments
Cumbria County Council Cabinet Briefing	20th October 2016	Agreed recommendation to support the submission with 1 minor amendment

Foreword by the STP lead - The state of the health and social care in Lancashire and South Cumbria

The NHS and local care services are needed by us all. They are valued and trusted, even if they don't always meet our expectations. A discussion about changing these services is difficult, but this document describes why this conversation is necessary. Change creates uncertainty, but if considered and developed together, provides stability and progress.

Dr Amanda Doyle
STP lead for Lancashire & South Cumbria and
Chief Clinical Officer, Blackpool CCG

On behalf of the health and social care organisations across Lancashire and South Cumbria we present this document, which provides an overview of the case for change and the state of our local health and care services. It describes the evidence-based process to identifying and understanding what health outcomes and quality of care we aspire to, and a projection of the impact of an ageing population, increasing needs, and constrained resources. Local GPs and consultants and other care professionals working in local practices, hospitals and care services hear stories from patients and families day in, day out about how good services are. However, many people have experiences that demonstrate that cracks are appearing – and these cracks will only widen if we do not jointly consider how to re-design the care system to meet our residents' needs.

People have told us they often feel uninformed and have no involvement in decisions about their care, and are overly dependent on a system that is fragmented, uncommunicative and, at times, uncooperative. Care staff tell us they experience barriers or restrictions in their ability to care because of organisational or contractual barriers. This leads to duplication, waste and gaps in care. Services can be redesigned to address these issues, but before we do this, we need to understand the changing needs of people, especially as medical advances, higher standards and increased complexity requires more care from fewer resources.

We are proud of the services we have here in Lancashire and South Cumbria – our doctors, nurses, care workers and health professionals are doing all they can to provide high quality care. Collectively we are keen to retain and improve our local services, but with no change, excellent will become average, and average will become poor. There is a point where this will affect us all – and accessing and receiving the highest quality, safest care will be threatened, resulting in poor health outcomes, and avoidable lives lost.

We all want high quality services, as local as possible, delivered by motivated, highly skilled and committed staff. We passionately believe that by understanding the issues that face our communities and the opportunities we have to reshape services to meet our needs, prevent us from becoming ill, and support us when we do, we can jointly define how services need to change.

Our populations deserve better. Our workforce deserve better. We deserve better.

A consensus across Lancashire and South Cumbria

The NHS and local care services are needed by us all. They are valued and trusted, even if they don't always meet our expectations. A discussion about changing these services is difficult, change creates uncertainty, but if considered and developed together, provides stability and progress.

In 2015 the health and care organisations across Lancashire undertook an overview of the alignment of their plans and the state of our local health and care services. It was an evidence-based process to identifying and understanding what quality of care we aspire to, and a projection of the impact of an ageing population, increasing needs, and reducing resources. Local GPs and consultants and other care professionals working in local practices, hospitals and care services hear stories from patients and families day in, day out about how good services are. However, many people have experiences that demonstrate that cracks are appearing – and these cracks will only widen if we do not jointly consider how to re-design the care system to meet our residents' needs.

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We are proud of the services we have here in Lancashire and South Cumbria– our doctors, nurses, care workers and health professionals are doing all they can to provide high quality care. Collectively we are keen to retain and improve local services in Lancashire, but with no change, excellent will become average, and average will become poor. There is a point where this will affect us all – and accessing and receiving the highest quality, safest care will be threatened, resulting in poor health outcomes, and even avoidable lives lost.

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This national consensus put forward in the 5 Year Forward View (NHSE December 2014) has been echoed across the Lancashire and South Cumbria Sustainability and Transformation (STP) footprint. The footprint comprises of nine Clinical Commissioning Groups (CCGs), more than 200 GP practices, five acute NHS hospital trusts, a health and wellbeing trust and a single specialty learning disability trust. Social care is provided by Lancashire County Council and Cumbria County Council and the two unitary authorities of Blackburn with Darwen and Blackpool. Additionally, there is an active third sector supporting health and social care. Within this community there is now a clear sense of common purpose and a sense of urgency around the need for change.

Organisations in Lancashire and South Cumbria STP Footprint

Name of footprint: Lancashire & South Cumbria
Region: North
Nominated lead of the footprint: Dr Amanda Doyle, Chief Clinical Officer, Blackpool CCG

Organisations by Local Delivery Plan footprints

(* organisation within geography but also within another STP)

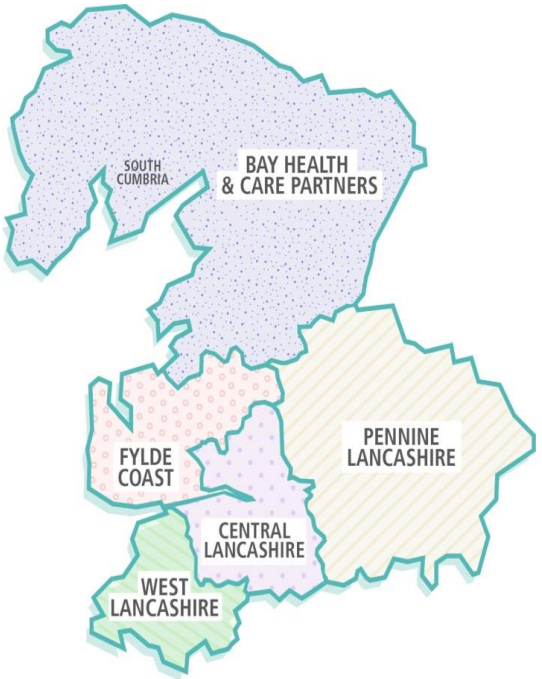
Central
Greater Preston CCG
Chorley & South Ribble CCG
Preston City Council
Chorley Council
South Ribble Council
Ribble Valley Council
Lancashire Teaching Hospitals FT

Fylde Coast
Blackpool CCG
Fylde & Wyre CCG
Blackpool Teaching Hospitals FT
Blackpool Council
Fylde Council
Wyre Council

West Lancashire
Southport & Ormskirk Hospitals*
West Lancs CCG
West Lancashire Council

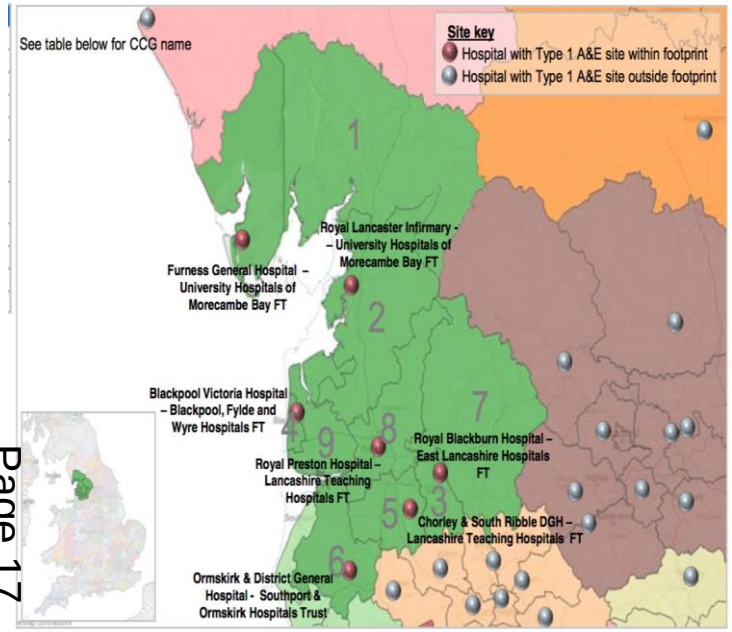
Bay Health & Care Partners
University Hospitals of Morecambe Bay FT
Cumbria Partnership FT*
Lancashire North CCG
Cumbria CCG (South)
Cumbria County Council
Barrow-in-Furness Council
Lancaster City Council
South Lakeland Council

Pennine
Blackburn with Darwen CCG
Blackburn with Darwen Council
East Lancashire CCG
East Lancashire Hospitals Trust
Burnley Council
Hyndburn Council
Pendle Council
Ribble Valley Council
Rossendale Council



Overarching Organisations
Lancashire County Council
Merseycare Trust*
Lancashire Care FT
NHS England
North West Ambulance Service*

Lancashire & South Cumbria Profile



NHS England Map of A&E provision across L&SC

CCG Name	GP registered population 2016/17	Area sq km	People per sq km	% total pop in rural location	% total pop in urban location
Categorisation	Small <100k		Low <250 High >4k	High >50	High >50
Blackburn with Darwen	171,592	137	1,252	4	96
Blackpool	171,813	35	4,909	0	100
Chorley & South Ribble	180,177	236	763	19	81
East Lancashire	375,035	913	411	13	87
Fylde & Wyre	151,419	266	569	16	84
Greater Preston	211,390	383	552	10	90
Lancashire North	158,258	759	209	38	62
West Lancashire	111,986	347	323	39	61
Cumbria South Cumbria 39% total CCG	521,623 203,433	6,768	77	63	37

No	CCG Name
1	NHS Cumbria CCG
2	NHS Lancashire North CCG
3	NHS Blackburn with Darwen CCG
4	NHS Blackpool CCG
5	NHS Chorley and South Ribble CCG
6	NHS West Lancashire CCG
7	NHS East Lancashire CCG
8	NHS Greater Preston CCG
9	NHS Fylde & Wyre CCG

Lancashire & South Cumbria	Value	Rank (/44)
GP registered population	1.7m	11
Footprint deficit 2015/16	(£91m)	
Aggregated CCG surplus	£19m	
Aggregated provider deficit	(£78m)	
Aggregated Local Authority adult social care deficit	(£32m)	
Total CCG place based budget allocation 2016/17	£3bn	5
Aggregate NHS provider performance vs 4 hr A&E target 2015/16	91.90%	15
Aggregate NHS provider performance vs 18wk RTT target 2015/16	93.80%	10
Number of Vanguards impacting on footprint	3	
Number of pioneers impacting on footprint	1	
Number of GP practices in footprint	226	10
Number of dental care practices in footprint	327	6

Executive Summary

Executive Summary

Consensus across Lancashire and South Cumbria: Over the past 2 years, commissioners and providers from the NHS, local government and the voluntary sector, have united behind a common purpose of transforming services across Lancashire and South Cumbria. This has been driven by a shared desire to improve outcomes and experience for citizens within the context of limited resources. This resulted in the initiation of the *Healthier Lancashire and South Cumbria Change Programme.*

Developing the Sustainability and Transformation Plan (STP): Our Sustainability and Transformation Plan builds directly on this commitment and collaboration – this third submission, to NHSE England, responds to the requirements set out in Annex 4 of the NHS Operational Planning Guidance 2017-2019, and sets out in more detail how we intend to implement the shared aims and priorities for action. This slide deck summarises the schemes, partners, deliverables and milestones that will see us move to a radically transformed health and care system by 2020/21, including the impact on our triple aims of our short term solutions to achieve sustainability by 2018 and the alignment of these solutions with individual organisations' 2 year operational delivery plans.

Drawing upon the earlier *Healthier Lancashire: Alignment of Plans Report;* the *Healthier Lancashire Forward View;* and the subsequent *Healthier Lancashire & South Cumbria Case for Change,* all partners have agreed a high-level aim for transforming services across the health and care economy, and a set of collective priority transformation schemes that will deliver the components of a new system designed to close our identified health and wellbeing; care and quality; and finance & efficiency gaps. This document maps the implementation of local priorities to address the 9 national must do's described in the NHSE/NHSI planning guidance; sets out the governance arrangements within which the delivery of our plan will be assured; and describes our intended engagement process with patients and the public.

Our priorities: We aim to ensure that the people of Lancashire and South Cumbria receive the highest quality health and social care both now and in the future. By working together more effectively and creating a seamless one system approach we want to make sure quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed. We want everyone to know where, when and how they can access the support they need and that this support will be available at the times and in the right places. While the NHS is expected to get an increase of funding over the next five years, demand is still set to outstrip this and when coupled with the impact of cuts in Local Authority budgets, we have to avoid growth in more expensive acute care and use our collective resources more effectively. This requires us to:

- Ensure sustainability is achieved through implementation of standardised RightCare approach, with effective out of hospital management of Ambulatory Care conditions and minimal interventions of limited clinical value (ILCV) activity
- Focused case finding based on predictive analyses for those patients most likely to end up in hospital to target for appropriate support
- Implement short term high-impact secondary prevention measures to reduce demands on services, whilst mobilising our population health model to implement primary prevention initiatives
- Transform the 'regulated care' market including a comprehensive capacity and demand analysis and market management
- Establish integrated care models in each LDP to effectively manage in the community the anticipated growth in demand for secondary care
- Develop plans to address the delivery of the most fragile clinical services within the context of the service consolidation intentions of specialised commissioners.

Considerations in respect of delivery: This STP sets out ambitious plans to develop a sustainable services platform in respect of developing local accountable care systems and place based new models of care aimed at preventing ill health and reducing the reliance on services provided within acute hospitals. At the same time we are beginning the process to transform our health and care system to improve health outcomes, whilst avoiding the predicted financial gap of £572m by 2020/21.

Context

Development of the Sustainability and Transformation Plan (I)

Health and social care organisations across Lancashire & South Cumbria have come together to develop the Healthier Lancashire & South Cumbria Sustainability & Transformation Plan (STP). This STP aims to ensure that the citizens of Lancashire and South Cumbria will receive good quality, affordable health and care both now and for the future. Improvements are planned to every part of the health and care system - to better join up all the parts of what can be a complicated mix of services. This plan aims to deliver better health outcomes, better care, a better experience for patients and the best use of available resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed. We want people to know where, when and how they can access the support they need and that this support will be available at the right time and in the right places.

Some facts:

- 27% of people seen by their GP could have had their issue resolved in another way
- 25%-50% of hospital beds are used by people who don't need to be there
- In the region of 30% of attendances at Accident and Emergency departments could have been avoided by receiving support with community or primary care services
- The gap between the cost of demand on services and the available funding will reach some £572m by 2021 if we do nothing to manage demand and service provision more effectively

The STP is guided by some key objectives established by partners in the Programme:

- To set out a clear direction of travel for the unified health and care system in Lancashire and South Cumbria as the Five Year Forward View has across England
- To achieve fundamental and measurable improvements in health outcomes
- To reduce health inequalities across Lancashire and South Cumbria
- To achieve parity of esteem for mental health and physical health across Lancashire and South Cumbria
- To ensure greater focus on ill-health prevention, early intervention and self-care where this improves outcomes
- To ensure change is supported by a clear evidence base or an evaluation structure where evidence is not available
- To remove organisational or professional boundaries that get in the way of progress
- To make maximum use of new technology when this will improve the quality of care provided

If we fail to achieve these objectives, if we do not embrace change where needed, health outcomes in Lancashire and South Cumbria will get worse, the quality of care will decline, individual services will fail, costs will rise and quite rightly a deterioration in patient satisfaction.

Development of the Sustainability and Transformation Plan (II)

We already have:

- An agreed and working governance structure, this is designed to allow us to make collaborative decisions at the required pace of change
- A detailed evidential case for change which has informed the assumptions and principles that partners are working on in their local systems and a consistent and well tested process to bring about the transformation on the required size and at the necessary speed that our population needs require
- An emerging future health and care system proposal, that is built on the strength of our five local health and care economies as the delivery mechanisms; providing integrated services to local populations, ensuring stronger primary and community services to provide a greater range of services closer to people's homes.
- Agreed priority workstreams across the STP footprint, with clear scope to ensure that we are able to sustainably reduce the demands on hospitals and ambulance services of avoidable admissions and stays – allowing better care quality and a focus on efficient pathways of care for more complex conditions. Allowing investment in preventative and community based services – allowing improvements in quality of services, including urgent and emergency care and making them more accessible to the whole population, (right care, right time, right place) – allowing quality standards to be enhances over a one service approach for services such as cancer, mental health and learning disabilities.

We should not however, underestimate the level of challenge we still face in respect of developing, implementing and delivering plans at an organisational, local system and STP level. The transformation tomorrow of our health and care system is only possible if we have a strong, stable, sustainable system today, so it is imperative that in the next two years:

We still need to:

- Deliver already agreed plans, and utilise the opportunities through agreeing two year contracts by December 2016. Deliver evidence based, best practice recommendations such as sharing back office functions and other efficiencies detailed in the Carter Report and the RightCare initiative
- Implement agreed policies such as those around procedures with a lower clinical impact
- Agree the resources to mobilise the STP footprint workstreams to undertake the gold standard solution design process around
  - urgent and emergency care to ensure a model that is high quality and affordable
  - hospital and out of hospital services to ensure they are joined up, integrated and focused on population need and achieve agreed standards
  - Transformation of primary care as the nucleus of a personal, wellbeing, community based model of care
  - Ensuring mental health needs are equal to physical health
- Make the most effective use of the resources (funding, people, technology) available to us
- Maximise the opportunities around new technology and free the workforce across the system to build on existing achievements and provide better outcomes for patients and communities. Making sure all our staff have sustainable career prospects, learning opportunities and are able to make the difference to peoples' health and wellbeing they want to.

This ambitious, draft plan has already been influenced by the public, local and national politicians and officials and the great workforce we have in Lancashire and South Cumbria across all our health and care organisations. This has involved engagement events with the public, local councils workforce and volunteer organisations through our established and robust governance structures and Local Development Plan areas. Plans for even further and more widespread engagement activity are agreed and will be advertised over the coming weeks.

Our priorities

Our priorities

What are our gaps?

Health and well being

- The population is ageing with increasingly complex needs
- Economic deprivation in pockets across Lancashire and South Cumbria is contributing to poor health outcomes
- Heart failure, peripheral arterial disease, COPD, asthma and depression are particularly prevalent across the footprint
- Issues relating to alcohol consumption, smoking and poor diet are leading to avoidable long term conditions and emergency admissions related to harmful alcohol intake and self-harm
- Quality of life for people with long-term mental health conditions and long-term conditions is poor
- Depression prevalence is higher than the national average in all CCG areas

Care and quality

- High neonatal mortality and stillbirths
- All A&E departments failing to meet the 4 hour target
- Low cancer survival rates in some areas of the region
- Almost a quarter of GPs in each CCG area are over the age of 55, presenting a potential future gap in the GP workforce
- Unplanned admissions for chronic conditions are high across the footprint
- Increasing incidents of self harm in young people

Recent CQC inspections have concluded that providers require improvement across a range of domain

Finance and efficiency

The Lancashire and South Cumbria financial gap is forecast to be £91m in 2016/17. This is projected to grow to £572m (£443m for Health and £129m for social care) by 2020/21 if no action is taken to prevent present rates of illness or demand on a 'do nothing' scenario.
The Carter review (in 15/16) identified efficiencies totaling £176m across acute providers within the footprint.
The RightCare Commissioning for Value packs identified efficiencies totaling £118m across CCGs within the footprint.
Transformation measures will ensure longer term sustainability.

What is our case for change?

How do we explain the case for change to our staff, our patients and our population?

The health and care outcomes and quality of life for our population are amongst the worst in the country.

- Our children are more likely to die young, experience life limiting conditions or suffer from mental health issues, leading to injury and self harm.
- We generally drink too much, smoke too much and are overweight.
- Too many of our people die from Cancer and Coronary Heart disease.
- We are more likely to die early and experience the poorest of health in our last years of life.

If we do nothing different then we will find that demand for health and care services will continue to outstrip the resources we have to deliver them, and our health outcomes will remain poor or possibly deteriorate.

We are already committed to create a health and care system fit for the future and by doing so ensuring improved health outcomes for the general population and sustainable and affordable health and care services for those people with greatest need.

We need to continue to strive towards opportunities to improve efficiency, reduce variation and achieve quality standards so that we are not only financially sustainable, but improve the patient experience as well as impact on health outcomes.

Our population deserve better, our workforce deserve better, we deserve better

What are our STP priorities? 2016 - 2021

A greater emphasis on achieving sustainability by accelerating the priority initiatives within the local health and care economies and existing programme work streams to keep pace and momentum in delivery of known gaps – Carter, RightCare, Vanguards, LDPs

Introduce population health model at scale across the footprint, with prevention strategies, comprehensive health promotion & well being programme, community resilience & mobilisation and support to people to co-produce health gains.

Our population based care delivery model will need to maximise the learning from our Vanguards in developing comprehensive wraparound aligned mental health and physical health services for;

- Urgent Care
- Integrated primary and community services
- Prevention, self help & education
- Regulated care

A one service approach to our acute physical and mental health services to ensure specialties are delivered at the clinically correct scale within the necessary co-dependencies of related disciplines.

Optimise our population based care delivery model to understand the impact and roadmap for implementation of;

- Technology
- Workforce
- Partnerships
- Estates

Following the gold standard solution design process and to then develop a business case(s) which describes the scale of transformation required, the critical path for delivery, the benefits framework for the programme and a plan for implementation and consultation

Once the population based delivery model is defined, refocus the programme, workstreams and interventions to start towards delivering the critical path priorities.

Care sector challenges and our opportunities for health & social care integration

Local Authority colleagues have always been, and remain integral members of Healthier Lancashire & South Cumbria. Local Authority Chief Executives, Operational, Finance and Communications & Engagement officers are contributing hugely both in their local districts and Local Delivery Plans, but also the STP footprint workstreams as well as in the decision making process.

Adult Social care is covering a savings requirement of £32m in 2016/17 and the shortfall is expected to grow to £129m by 2020/21 even after assumptions on BCF growth, savings and the rates precept (this relates to setting council tax levels) are factored-in. Some of the major difficulties being experience by the four social care departments are:

- Low yields expected from the levying of the social care rates precept across Lancashire and Cumbria insufficient to cover extra costs arising from the living wage and rising demand of circa +5% per annum
- Increased instability and reducing supply in residential and nursing care
- Capacity shortfalls in supply of home care provision with reductions in support packages
- Carer breakdown leading to greater unplanned pressure on health services
- Larger caseloads for social workers and occupational therapists
- Reductions in non statutory services like re-ablement to protect statutory provision will impact on health services
- Timing difference between immediacy of social care positions and the speed at which any health mitigations could be developed

Children's Social Care has seen a general and overall rise in demand. National figures (which are Department for Education validated) from 2015 show Looked after Children numbers at their highest level in 30 years. Anecdotal evidence is that this has continued to rise, 2015 – 16 and beyond, illustrating a growing national pressure. This demand increase comes with an increase in complexity of case and numbers of care proceedings are going up nationally (CAFCASS estimating 22%). Local Authorities have seen a 65% increase in initial contacts to children's social care (since 2007 – ADCS, Safeguarding Pressures), numbers of Child Protection enquiries per 10,000 have risen by 124% and the rate of children starting to be looked after, 94%. There is also a general shortage of residential placements and a move to this becoming a buyers' market with the resultant increase in placement costs. The challenge of retaining experienced social workers is increasingly difficult as agency work is now becoming the career choice for many professionals. This increased demand is putting enormous financial pressure on already stretched organisations, with Blackpool seeing an in year pressure of 10.4%. This pressure has already led to the reduction of preventative services and will likely see more reductions following the autumn statement. Not only is this threatening to put additional stress on health services for children it also means that options for cost reduction outside of adult social care are severely limited.

These additional challenges in the our Health and Care System are driving priorities within our Healthier Lancashire and South Cumbria Programme. This specifically relates to the Regulated care sector workstream and the new models of care design processes of Healthier Lancashire & South Cumbria are looking to address and resolve these risks. These new models of care look to multi disciplinary integrated teams and new generic and holistic roles for professionals within those teams. This also will take account of work being undertaken across Lancashire County Council, with Price Waterhouse Cooper (PWC) around a new operating model for the public sector. Discussions are also beginning in relation to developing proposals for an integrated commissioning function for Lancashire, building on the existing Collaborative Commissioning Board and the Joint Committee of CCGs responsible for the decisions around the Healthier Lancashire & South Cumbria Programme.

Establishing an NHS provider trust collaborative

Our NHS provider trusts, who currently deliver acute hospital, community services and mental health care have been working together to develop a proposal for an NHS Provider Trust Forum. This will provide a previously unprecedented collaborative, which will have an agreed structure and governance arrangements, through which our provider trusts will work together and more effectively develop and provide services to maximise opportunities for efficiency, quality improvement and manage workforce challenges. In the next year:

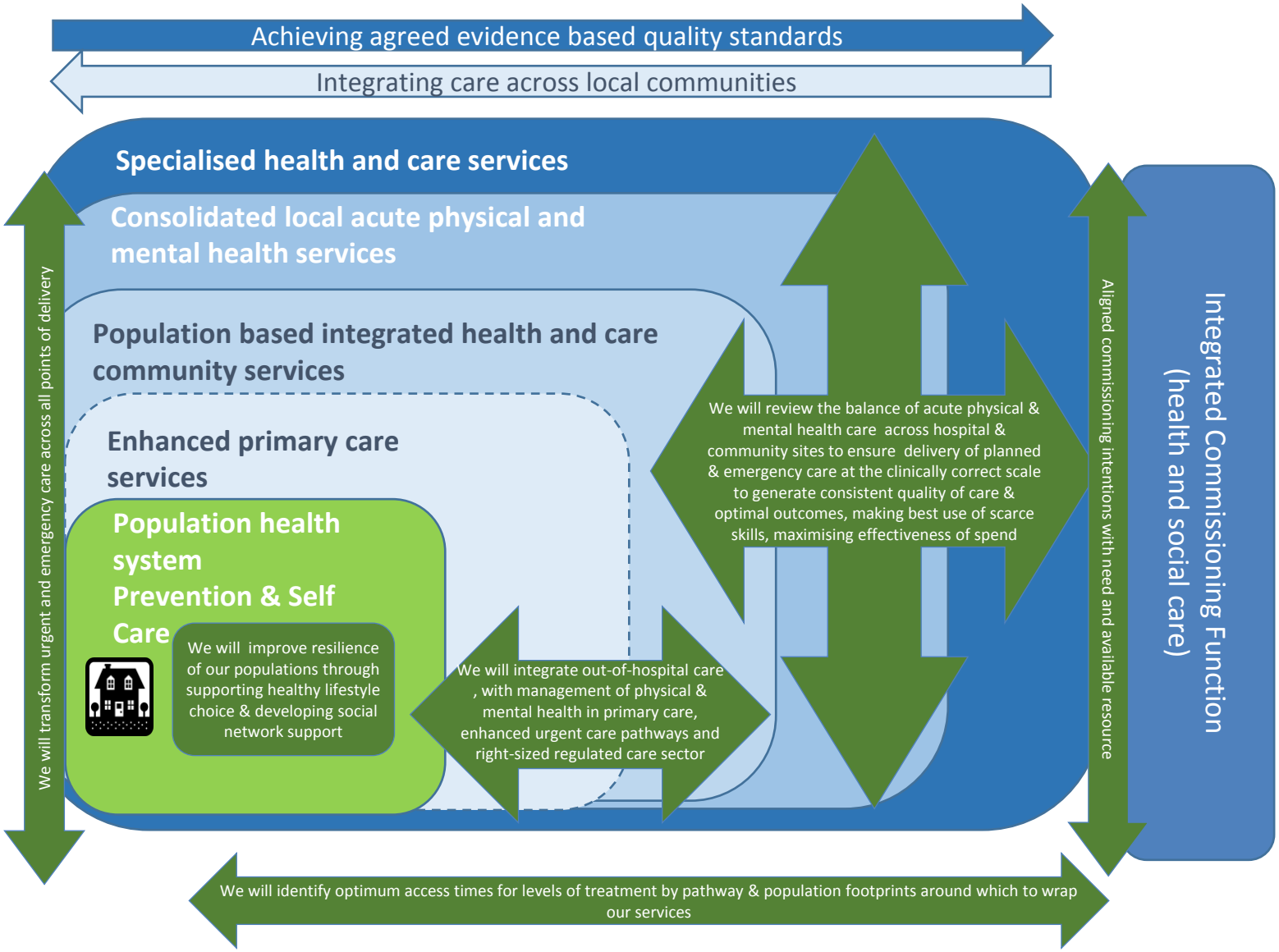
- We plan to deliver robust district general hospital services within each local health economy within our footprint, offering an integrated pathway between out of hospital and in hospital services for children, adults and the elderly and frail.
- As we invest in prevention interventions, primary care and develop a modern 7 day health care service giving us world class outcomes and which remains financially sustainable into the future - then we need to configure and deliver some of our acute and specialist services differently.
- To respond to our significant workforce challenges (ageing, recruitment, retention) we recognise that we will need to bring together expertise and configure and deliver some of our acute and specialist and indeed our community integrated services differently.
- We have commenced a piece of detailed modelling work to review options for optimal configuration of acute services, focusing initially on those services where a different delivery model will significantly improve clinical outcomes, those where workforce issues make it difficult or impossible to offer a robust service from multiple locations, and those services where rota consolidation may offer significant financial efficiencies.

How our proposals tackle national priorities for 2020/21

Big questions	What we will do
How are you going to prevent ill health and moderate demand for healthcare?	Our population health system 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 engagement strategy 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 population based integrated care model 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 Vanguards 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 organisational operational plans. 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 acute sector workstream 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 digital health strategy 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 workforce strategy 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 financial strategy 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

A transformed health and care system

Proposed components of the Lancashire and South Cumbria transformed health and care system



NB: This represents the discussions and evidence to date around a future transformed health and care system, each LDP is developing its vision in response to this, in relation to its local population needs and service demands. This proposal and graphic still requires development to help support our discussions with stakeholders around the vision for the future.

The moment of opportunity – a future transformed health and care system for Lancashire and South Cumbria

We need to:

- Encourage people to take their health seriously and assume greater responsibility for their own good health
- Develop robust integrated care services across Lancashire that are based in local communities and reduce the reliance on acute hospital-based services
- Create a multi-skilled, flexible and responsive workforce
- Enhance the role of the third sector to support mainstream services
- Establish joint system leadership across Lancashire's entire health and social care environment.

The organisations that comprise the health and social care system in Lancashire and South Cumbria can only address the challenges effectively if they address them together. Success requires a whole system approach. Nobody can fix this alone. The time has come for us to look beyond the interests of our individual organisations and towards the future development of the whole health and care economy in Lancashire and South Cumbria building on what is already working well.

It is time for:

The active and responsible person - To benefit from a fair and sustainable society - in which everyone has an improved chance of a longer, independent life - we all have responsibility to participate more in our own health and wellbeing. It is all about keeping people fit and healthy for longer.

- We have added years to life but not life to years. If we fail to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness. Prevention and Population Health Programme is integral to the transformation and sustainability of Lancashire and South Cumbria health and care system. We have identified key priorities and high impact actions to establish early momentum and underpin future work. Our principle is to shift resources that will enable behaviour changes to prevent ill health, provide more proactive care and reduce demand; whilst promoting fully engaged communities and place based health and care system.

- Primary care is considered to be the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. However, primary care and in particular general practice, is under unprecedented strain and struggling to keep pace with rising demand, and it has become clear that action is needed to secure a responsive NHS, fit for the future. The vision: A Sustainable, high quality primary care with reduced variation and inequalities that underpins the development of new models of care in each of the LDP's. The Model: Primary care providers working at scale through wider use of primary care staff and embracing new roles with access to routine medical care 7 days per week underpinned by high quality primary care estate, maximised use of technology with the integration and maximised utilisation of all 4 independent primary care contractors.

The Future – What would great services look like?

We do not have any predetermined solutions or options at this stage. We are working with all our partners and residents of Lancashire and South Cumbria to understand the challenges we collectively face and gather ideas and potential solutions to meet those challenges. Our local clinical, health and social care leaders believe all those living in Lancashire and South Cumbria should:

HAVE ACCESS TO MORE INFORMATION

- In 'plain English' and other languages, delivered with compassion and humanity with a treatment plan, including when specific treatments will happen, what they are to be and what effect is expected
- Providing guidance on a healthy and active lifestyle, and on how to best use local services when they need them
- To be actively listened to, as a patient, parent, child, partner or carer

BE SUPPORTED BY NEW, BETTER COMMUNITY SERVICES

- Such as 'wellness services', helping people to live healthy and active lifestyles, reduce social isolation and loneliness, and provide support for carers
- Such as friendly, helpful, listening and supportive care staff across community and social services, GP practices and hospitals, who treat people as individuals
- With a flexible appointment system to suit needs, advise and signpost accordingly
- Acting with compassion, empathy and respect, putting the patient and their family / carers at the centre
- With care staff sharing information between themselves and with the patient, carer and their family, to build a trusting, well-informed relationship and stop patients having to repeat their story over and over again
- Know that the implications of a Registered Lasting Power of Attorney – which covers health and welfare – are understood and acted upon by all staff who deal with the public, and that all staff and public information documents cover this.

HAVE ACCESS TO IMPROVED SPECIALIST SERVICE

- including the very best specialist care, 24 hours a day, seven days a week
- with senior hospital doctors and specialist nurses working more closely with their GP and primary care colleagues
- and could be assured of excellent, early and constructive care, to prevent the worst aspects of long-term conditions from impacting on the lives of sufferers and their carers.

The Future – How we will achieve great services

To achieve this, we will need to:

- promote self-care and management, health promotion, education and individual responsibility where appropriate, and for professionals and patients, carers and services users to work together with access to the required support and facilities to make this happen
- ensure collaborative working between health and social care workers and colleagues in the private, voluntary and third sector to meet the needs of people, and respecting the needs of staff to achieve this
- promote innovation, and encourage new ideas from patients/service users, carers and staff.

There is much national evidence about how this kind of care can be achieved based on the experiences of service users and research evidence. National Voices states that this kind of best practice, integrated care should form a new model of partnership with people and communities: our key principles

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community & social enterprise and housing sectors are involved as key partners and enablers
- Volunteering and social action are recognised as key enablers

Our Sustainability and Transformation Plan 2016-2019

9 Must Do's	What needs to be better?	What we will do
1. Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.	• We have planned services in organisational silos • While there are some examples of joined up plans and the delivery of Lancashire and South Cumbria service e.g. vascular and stroke, these have been too few • No significant history of joined up plans across the STP footprint, that include our local authority and voluntary sector colleagues • We have not created or exploited sufficient opportunities to learn from each other or from best practice examples nationally and internationally	• Implemented a robust, tested and legal governance and supporting transformation programme arrangements • We will develop these further to incorporate the development, deliver and implementation of current and sustainable plans for 2017/18 • The STP has been built up from the 5 local health and care economies and their Local Delivery Plans (LDPs), this iterative work between the transformation programme and delivery at a local level will continue • Set out or plans for 2017/19 with milestones and with agreed owners and the risks and delivery requirements identified • Resource and mobilise the STP priority workstreams
2. Return the system to **aggregate financial balance.** This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.	• The health and care system organisations have been focussed on their own cost improvement plans and there has been very little industrial scaling up of what is known to work or of doing things together • Existing plans, when aggregated, do not provide sufficient assurance that they will be able to meet the demand challenges within the given resources • The impact of social care funding reductions • Not maximising economy of scale opportunities • Insufficient clinical engagement in the RightCare discussions regarding pathways	• We will implement at scale and pace agreed policies (e.g. ILCV) • We will implement Carter recommendations and utilise RightCare Programme • We want to make sure services work together to support our population. NHS, local councils, voluntary organisations and other public sector organisations will work together to deliver more joined up health and care. This will improve the quality and experience of care. • We want health and social care to be coordinated around the individual. Our focus will include: prevention and early intervention, supporting people to look after themselves, creating a single point of contact, setting up locally based teams. • We will build on recent progress to make sure NHS and local councils are planning jointly and make sure services are joined up. For example making sure the right home care or residential care is in place to come back home following an operation.

9 Must Do's	What needs to be better?	What we will do
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues. See Annex: Primary Care Plan on a Page (slide 59)	• We have an under established workforce. The Health Education England North West Region has the lowest GP coverage of any other region having 63.4 GPs per 100,000 population. • All CCGs have 17-20% of the GP workforce aged 55 or over and therefore likely to retire over the next ten years • A significant number of single handed or small practices, operating out of poor estate. • Capacity struggling to keep up with demand • The requirement to delivery 7/7 services • Limited GP services at evening and weekends could be linked to the high numbers of the working population using A&E	• We will develop and transform primary care services so that we are able to offer seamless out of hospital services for our patients, including in the evenings and at weekends. • We will deliver the GP Forward View, increasing the proportion of overall spend which we spend out of hospital , focusing on integrating primary and community services within neighbourhoods. • We will learn from the enhanced primary care approach being implemented in vanguard sites and apply this learning across the whole of our footprint. • We will apply risk stratification methods across our population using BI tool to enable us to differentiate the care we offer, with proactive intervention for those at highest risk of hospital admission, robust, evidence based pathways of care for those with long term conditions and timely access to care for those with episodic care needs. • We will use our GP practices as the front line in our battle to prevent ill health and improve health outcomes, with systematic implementation of evidence based primary and secondary prevention strategies. • Our GPs will work with colleagues in community pharmacy to promote best access for those with minor self limiting conditions, those on multiple medications and those needing medicines management support. • We will implement innovative approaches to the challenge of ensuring an adequate primary care workforce with local training, development and recruitment strategies for GPs, Nurse Practitioners, Clinical Pharmacists, Practice Nurses and paramedic practitioners as well as new generic roles which offer wellbeing support. • We will ensure that we make changes only where they deliver clear benefits and will maintain local, GP services offering neighbourhood access and continuity of care which we know is important to our population. • We will roll out the best of new models of care from the vanguards to other areas starting now and over the next 12 months**,** to include risk assessment, patient segmentation, moving care out of hospitals, MCP /PACS or ACOs, learning from the accelerator site for population based capitated budgets, and Enhanced primary care.

Delivering the National Must Do's in Lancashire and South Cumbria

9 Must Do's	What needs to be better?	What we will do
4. Get back on track with **access standards for A&E** and **ambulance waits**, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots. See Annex: Urgent and Emergency Care Plan on a Page (Slide 64)	• All A&E departments failing to meet the 4 hour target • Unplanned admissions for chronic conditions are high across the footprint • Ambulance service failing to achieve response time targets • High numbers of unplanned admissions (3rd and 4th quartile across Lancashire) suggests that patients with chronic conditions are not able to effectively self manage their condition in an out of hospital setting. This is particularly acute in Pennine Lancashire • The highest users of A&E (Southport & Ormskirk Hospital NHS Trust) are individuals from 0-9 years of age and 10-19, compared to people predominantly in the 20-29 age group across Lancashire • Lancashire Teaching Hospital NHS Foundation Trust, the sole acute hospital provider in Central Lancashire, has the lowest proportion of patients discharged, transferred or admitted to A&E under four hours within the STP footprint. • Higher than average unplanned admissions for chronic ambulatory care sensitive conditions suggests patients are not receiving services within the community to enable them to proactively manage their condition	• We will continue our implementation of the national urgent and emergency care review recommendations, building on our existing single point of access to urgent care services via 111 with our developing clinical hub and seamless coordination with GP out of hours services. • We will offer increased access to primary care services in the evenings and at weekends using a hub approach. • We will offer integrated mental health crisis services including liaison psychiatry. • We have commenced a detailed, evidence based review of A+E services and Urgent Care Centres across the footprint and have committed to supporting the configuration which offers the best clinical outcomes for our population within the resources and workforce available , taking account of the evidence.

Delivering the National Must Do's in Lancashire and South Cumbria

9 Must Do's	What needs to be better?	What we will do
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment,** including offering patient choice.	• High neonatal mortality and stillbirths • RTT performance has a 6% range across Lancashire. Lancashire North and Cumbria CCG are bottom quartile performers compared to West Lancashire which is first quartile • Poor performance in respect of delayed transfers of care targets	• Local hospitals will work in partnership with one another and as part of networks to deliver care across the whole system • There will be robust district general hospital services within each local health economy within our footprint; offering an integrated pathway between out of hospital and in hospital services for children, adults and the elderly and frail • All of our hospital trusts will ensure they meet quality, safety and waiting time standards and will continue to provide care to their local populations for general hospital services • We will ensure we deliver the 4 hour A+E waiting time standard, as well as improving the length of wait before a senior doctor assesses a patient and ensure that the outcome of our A+E review maximises the times that consultants are on hand to deliver care to our most seriously ill patients • We are carrying out a piece of detailed work to look at configuration of specialist services (tertiary care), to deliver expert care in the right place at the right time to treat complex conditions to improve clinical outcomes and produce significant financial efficiencies. • The evidence suggests that more specialised surgery, some cancer and other services could benefit from centralisation in centres of excellence with better outcomes for patients and fewer deaths. We will work to make sure people are given consistent access to the best possible specialist treatments. Creating these centres of excellence networked with local hospitals will help save more lives.
6. Deliver the NHS Constitution **62 day cancer waiting standard**, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving **one-year survival rates** by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.	• 6 out of 8 Lancashire CCGs assessed as either in the 'greatest need for improvement or 'need for improvement' under CCG assessment on Cancer performance • 7 out of 8 CCGs have less than 50% of Cancer diagnosed at an early stage • 6 out of 8 CCGs have less than 90% of urgent referrals seen within 62 days • 5 out of 8 have less than 70% one year survival rates	

9 Must Do's	What needs to be better?	What we will do
7. Achieve and maintain the **two new mental health access standards**: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia. Also: Ensure that 50% of acute hospitals meet the 'core 24' standard for mental health liaison as a minimum, with the remained aiming for this level. Provide 24/7 Crisis Response and Home Treatment teams as an alternative to acute admissions. To continue to meet dementia diagnosis rate of at least 2/3s of the estimated number of people with dementia. Provide additional psychological therapies for people with anxiety/depression, with the majority of the increase integrated with physical healthcare. Eliminate out of are placements for non-specialist acute care. Increase access to Individual Placement Support for people with Severe Mental Illness. Increase access to evidence-based specialist perinatal mental health care. Ensure that 50% of people experiencing 1st episode of psychosis start treatment within 2 weeks of referral. Reduce suicides by 10% with local government and partners. See Annex: Mental Health Plan on a Page (slide 60)	• All CCGs across Lancashire carry out more physical examinations on people with a serious mental illness vs comparator CCGs • Self harm amongst 10-24 year olds in Blackpool, benchmark value of 399 with Blackpool at 1239, more than three times higher than comparator CCG clusters. Self harm in West Lancashire is up +33% and +18.4% in South Ribble (JSNA, 2014) • High Levels of emergency admissions for people with mental health problems. Recent increase in people with mental health problems attending emergency departments • Commissioning effective 24/7 Crisis Resolution and Home Treatment Teams (CRHTs) • Delayed transfers of care in mental health inpatient settings • Average PICU Length of stay is a national outlier • People with dementia experience longer stays in Acute Hospitals because of their diagnosis • Lancashire is a national outlier for suicide	• IAPT access standard and 24 hour A&E liaison including improved access to Early Intervention Psychosis, perinatal and Eating Disorders. We will also improve access. • Capacity modelling work will ensure the appropriate capacity in both inpatient settings and mental health crisis teams. STP plans are committed to eliminating the practice of Out of Area Treatment beds (OATS) by no later than 2020/21. • Develop prime provider models for both CAMHS and secure services to deliver financial efficiencies and improve outcomes for patients. These include the opportunity to manage patients in the least restrictive setting and come closer to home. • Prevention and early intervention are key with a particular focus on reducing self-harm and suicide and continuing to build upon our strong track record of diagnosing dementia as early as possible and offering robust post diagnostic support.

9 Must Do's	What needs to be better?	What we will do
8. Deliver actions set out in local plans to transform care for people **with learning disabilities and/or autism,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. See Annex: Pan Lancashire Learning Disabilities and/or Autism Transformation Plan on a Page (slide 65)	• Reduce reliance on, and long term use of hospital placements • Achieve parity of esteem, as people with learning disabilities and/or autism have a shorter life expectancy than those who don't • Improve access to mainstream health and prevention services • Community services need to be enhanced to enable them to meet the needs of the population for all ages • Development of housing and care models to meet the variety of needs of individuals from standard through to complex • Person centred planning to ensure the individuals health and social needs can be met and to provide the same opportunities as for the rest of the population, such as in education, employment, choice over where to live and social activities	• Production of a Pan-Lancashire Housing Strategy , with market position statement and map demand to supply • Implementing procurement systems • Undertake a communication and engagement programme • Develop an integrated community service specification, commission and implement. • Adopt National care and treatment review policies • Deliver a physical health and prevention, increase GP registers, annual health checks, health action plans and hospital passports • Outline the requirements to establish a safe, sustainable workforce • Develop pooled budget arrangements with robust governance arrangements to support it • Continue to safely discharge patients that have been in hospital long term and ensure adequate hospital provision for future needs
9.Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition, providers are required to participate in the annual publication **of avoidable mortality rates** by individual trusts. Also: suicide prevention; improving emotional resilience in CYP; improve dementia diagnosis. Diabetes prevention, Workplace health and wellbeing to reduce sickness absence and improve productivity Cancer prevention, screening and early detection Addressing RightCare priorities to reduce unwarranted clinical variation, in particular improve the uptake of shared decision making, Supporting improvement of patient safety and reducing avoidable mortality. See Annex: Prevention Health Plan on a Page (slide 58)	• In general (based on the NHS and PH outcomes framework), there are approximately 3500 deaths across our STP area per year that are considered preventable, and 1900 deaths per year that are due to causes considered amenable to healthcare. It is estimated that 40% of all deaths are related to lifestyle factors like alcohol, tobacco, physical inactivity, overweight and obesity. **Child health -** The majority of CCGs perform worse than the England average across the child health metrics outlined below. • East Lancashire CCG, Fylde and Wyre CCG and Blackpool CCG perform in the 4th quartile (worse 25% of CCGs) for over 10 indicators. • Blackpool CCG has the worst rates in England for four of the metrics. • Across the footprint, all CCGs are in the 4th quartile for admissions caused by injuries in children (0-14 years).	• A key focus of our plan is to scale up our strategies to prevent ill health so that, in the medium to longer term we have a healthier, more health literate population, engaged in, and with the knowledge to adopt lifestyles which promote good health- particularly with regard to smoking, alcohol and obesity. • Our population will be supported to have the confidence to manage their own care at home when suffering from minor, self-limiting conditions, thus limiting the burden on primary and urgent care services. • Those with Long Term Conditions such as COPD , Diabetes and Heart failure will benefit from structured education and support to help them to manage the own condition as effectively as possible . • We will focus primary care teams on systematic, evidence based secondary prevention to reduce the risk of further complication or deterioration in those already suffering from long term conditions. • Population health approach to risk stratification to achieve Proactive, anticipatory, joined up community based support for the top 5% complex individuals and families <u>across all ages</u> • Supporting self care and health coaching for the next tier (6%-20%) of the risk stratified population • Fully engaged confident and connected communities for health, wellbeing and resilience

The overall shape of our plans – planning assumptions

Our overarching aims are to improve the health of our population and ensure our health and social care services are able to deliver what is needed within the context of finite resources. Our specific planning assumptions are:

- We are planning to hold hospital capacity broadly at current levels and make these organisations as efficient as possible so that we are able to deliver services with the staffing establishments we have now. We do not expect or plan for reductions in hospital activity. Our aim is to prevent growth in this areas by prevention and out of hospital care closer to home initiatives.
- Overall health services funding will increase by just over 11% between now and 2020/21 and we plan to use this to develop more and better primary and community services for people with physical, mental health and social care needs - this will require more staff to be employed in this sector and overall we plan to have more staff by 2020/21 than we do now
- Funding for local authority services will continue to reduce over the next four years and if this is not resolved it will pose a major challenge to the delivery of our STP.
- We are planning to find better ways of developing combined integrated ways of delivering health and care services to support people with long term conditions, closer to home, more effectively.
- The planned 20% increase in primary and community services will enable us to stop the increase in demand for expensive hospital services and will also enable us to work with our populations on preventing and/or delaying the onset of serious chronic illness
- Where we can reduce unnecessary activity within hospitals we will and, for example outpatient follow-ups is an important area that could release significant resources. There are a number of other areas we are considering.
- We envisage a one specialised hospital services approach within Lancashire and South Cumbria in order to make the best use of scarce staff and ensure those services meet the high standards expected by patients, staff and regulators, especially in relation to the safety criteria.
- We will review the best way to deliver emergency, urgent and acute care across our communities to meet their needs in each area.
- We will reduce variation across pathways by standardised approaches and utilising agreed standards across the health and care system.

Financial assumptions

Healthier Lancashire & South Cumbria (HL&SC) recognise that transforming the health and care system that we envisage, will not be possible without achieving sustainability over the next two years and creating the stable foundation necessary. CCGs are planning to meet their business rules for 2017/18 onwards, which means at least an in-year breakeven position. NHS providers are planning to meet their control totals, which in aggregate is a deficit of £65m in 2017/18 and a deficit of £49m in 2018/19, before STF funds are applied. These forecasts are based on the assumption that each organisation will deliver their financial plans in 2016/17. Some significant risks are apparent at month 6. Our key financial assumptions are:

- Potential provider expenditure increases are estimated at £355m, comprising £212m inflation and £143m related to demand growth.
- Additional spending on new models of care of £132m enables the demand growth to be avoided. Primary and Community services will be developed and implemented to consume the demand growth through a combination of primary and secondary prevention, better management of exacerbations of underlying conditions, delaying the onset of serious chronic conditions, reductions in Delayed Transfers of Care and reduced lengths of stay.
- The additional Primary and Community services will be designed to achieve parity of esteem for mental health and integration of health and social care enables the effects of local authority funding cuts on those services to be mitigated.
- Providers will need to meet their inflation costs through efficiency savings and the opportunities identified by Lord Carter will comprise a large proportion of their savings. Programme management arrangements have been agreed by providers to ensure that the collaborative working across them can be assured.
- As the additional Primary and Community services develop, they will, in years four and five, enable some acute capacity to be reduced in response to a reduction in demand for inpatient and outpatient services .
- In 2017/18 and 2018/19 commissioners will focus on extracting efficiencies identified through the RightCare methodology to reduce drugs costs (£23m) and reduce elective demand in providers (£53m). This reduction in demand is pending the extra community and primary care services coming on-stream to take over the main driver of demand avoidance from 2018/19 onwards.
- Any surpluses in CCGs will be used to offset the potential shortfalls in providers and as we develop our plans the means by which commissioners are able to share these gains will be finalised so that financial resources are deployed where they are needed.
- HL&SC is looking for one control total but with special recognition of the position in Morecambe Bay, where high level discussions with NHSE/I have yet to be concluded.
- HL&SC estimates that it will require £160m across 2017/18 and 2018/19 in order to develop new models of care **and** achieve the changes in hospital services (see the estates slides).
- HL&SC will be seeking a proportion of the transformation funding available to the STP from 2017/18 in order to enable ICT, prevention and workforce changes to be implemented, in addition to the STF support for providers. We will need £21.7m in 2017/18, £26.7m in 2018/19 and £14.6m in 2019/20 to support transformational activities.

STP Plan on a page – our immediate plans

Introduction

- The Lancashire & South Cumbria system footprint is the population of 1.7million people registered with GPs across nine CCGs (eight from 1//4/17)
- Our starting point across the triple gaps is mixed – health & well being is amongst the worst in the country, care quality and efficiency of spend are mixed
- We do however have a track record of working collectively to achieve change, and a commitment across partners to create further system change
- The system is experiencing increasing demand on services and our modelling of the demography and financial challenges clearly shows that we need to respond with much greater transformation if we are to address our 'do nothing' gap of £572m by 2020/21.
- We have identified five priorities for change, underpinned by four transformational enablers, which taken together will help us to eliminate our financial gap by 2020/21. In years one to two we will progress six key initiatives to establish early momentum and underpin future work.
- All of our plans are built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future.

Our priorities for the next 5 years

P1 Priority 1:Introduce population health model at scale across the footprint, with prevention strategies, comprehensive health promotion & well being programme, community resilience & mobilisation and support to people to co-produce health gains

P2 Priority 2:Our population based care delivery model will need to maximise the learning from our Vanguards in developing comprehensive wraparound aligned mental health and physical health services for Urgent Care, Integrated primary and community services, Prevention, self help & education, Regulated care

P3 Priority 3: Achieve sustainability by accelerating the priority initiatives within the existing programme work streams to keep pace and momentum in delivery of known gaps – Carter, RightCare, Vanguards, LDP:

P4 Priority 4:A one service approach to our acute physical and mental health services to ensure specialties are delivered at the clinically correct scale within the necessary co-dependencies of related disciplines.

P5 Priority 5:Optimise our population based care delivery model to understand the impact and roadmap for implementation of Technology Workforce Partnerships and Estates

Initiatives upon which we will focus in 2016/17 – 17/18

1. Ensure **sustainability** is achieved through implementation of standardised RightCare approach, with effective out-of-hospital management of Ambulatory Care conditions and minimal PLCV activity
2. **Focused case finding** based on predictive analyses for those patients most likely to end up in hospital to target for support
3. Implement short term high-impact **secondary prevention** measures to reduce demand on services, whilst mobilising our population health model to implement primary prevention initiatives
4. Transform the '**regulated care' market** including a comprehensive capacity and demand analysis and market management.
5. Establish **integrated care models** in each LDP to effectively manage in the community the anticipated growth in demand for secondary care
6. Develop plans to address the delivery of the **most fragile clinical services** within the context of the service consolidation intentions of specialised commissioners.

Analysis of Impact against Triple Aims

Health & Wellbeing

Improved wellbeing - more effective care at home & fewer admissions

Improved wellbeing - care at home & fewer admissions .

Improvements in health from better supported self care

Health & social needs better met in less acute environment

Health & social needs better met in less acute environment

Improved health & well being from improved outcomes from acute care

Improved Life expectancy and delivering parity of esteem

Care & Quality

Improved outcomes from LTC management

Improved outcomes from personalised LTC management

Improved outcomes from better supported self care

Improved quality from wider market of assured providers

Improved outcomes from wrap around care of LTCs

Improved outcomes and quality of acute care – improved stability of service provision

Finance & Efficiency

Deliver provider and commissioner efficiencies

Spend increasing health resources (+11%) more effectively

Seek to mitigate impact of social care pressures through the design of new models of care

Stop growth in demand for acute services through transformation of primary and community services (NMoC)

An underpinning programme of transformational enablers including

A. Becoming a single health & care system with **a collective focus on the whole population. B. Developing communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities. **C**. **Developing the workforce** across our system so that it is able to deliver our new models of care. **D**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Draft

Sustainability initiatives in 2017 - 19- Key milestones, Owners, Risks, Governance & Interdependencies

Ref	Initiatives which we will focus in 2017/18 – 18/19	Scheme Owner	Risks	Governance arrangements	Main Interdependencies
A	Delivery of Carter and other provider efficiencies (£67m in 17/18 and £121m in 18/19)	Various	Speed of delivery	Provider Trust Group	LDPs
B	Delivery of RightCare Savings – Medicines management (£15m in 17/18 and £23m in 18/19)	Collaborative Commissioning Board	National pricing decisions	Collaborative Commissioning Board (CCB)	CCG plans, clinical engagement
C	Delivery of RightCare Savings – ILCV (£10m in 17/18)	ILCV lead	Thresholds are lower than expected	CCB	ICT, clinical engagement
D	Delivery of RightCare Savings - £10m in 17/18 and £35m in 18/19 for elective services	LDP project leads	Double counting the benefits	LDPs and CCB	LDPs, NMoC
E	Starting NMoC roll out (avoidance of growth in acute demand of £36m in 17/18 and £72m in 18/19) – with emphasis on prevention, early intervention in the community and support for early discharge. Risk stratification to identify individuals most at risk of hospital admission as focus for extensive care support. Transform the '**regulated care' market** including a comprehensive capacity and demand analysis and market management.	Vanguard programme leads MH programme SRO	Scale and speed at which NMoC can be implemented, staff recruitment. Ability of community based solutions to avoid demand in secondary care. Lack of social care funding.	Vanguard programmes and LDPs MH workstream	Vanguard programmes
F	Specialised services, mitigation of demand growth, price efficiency measures and service consolidation (£11m in 17/18 and £23m in 18/19)	Specialised services lead commissioner	Speed at which upstream measures can be implemented, speed of service consolidation	Specialist services SCOG	LDPs
G	Primary care - continue implementation of GP 5 Year Forward View. Delivery 7 day access, implement second wave of new models of care and shift focus to early intervention.	Primary Care Workstream SRO	Investment requirements.	Primary Care Workstream, Co-commissioning Board, Joint Committee	LDPs and Vanguards and Workstreams

Transformation initiatives in 2017-19 Key milestones, Owners, Risks, Governance & Interdependencies

Ref	Initiatives which we will focus in 2017/18 – 18/19	Scheme Owner	Risks	Governance arrangements	Main Interdependencies
H	Urgent and Emergency Care Review - Data / evidence base.	Urgent and Emergency Care Workstream SRO	Lack of analytical & BI capacity & capability across the system. Lack of stakeholder engagement to tackle issues	UEC Group	Acute & Specialised workstream
I	Maximising potential of Apprenticeships levy provides	Workforce Workstream SRO	Implementation, not been done previously, orgs may struggle to support apprentices	Via LWAB and Programme Board	All organisations
J	Implement Digital Roadmap	Digital Health Programme Director	Capacity & Capability, access to funding	Via Programme Group	All organisations and workstreams
K	Establish 5 Accountable Care Systems/Organisations	SROs in each area	Failure to agree approach or gain commitment locally – need right people, right relationships	Through LDPs	Lancashire & South Cumbria system
L	Acute and Specialised workstream - consolidation of resources and map interdependencies and agree priorities. Develop plans to address the delivery of the most fragile clinical services within the context of the service consolidation intentions of specialised commissioners.	Acute & Specialised Workstream SRO	Failure to agree approach, capacity & capability	Programme Group, Programme Board and Joint Committee	All organisations and NHS Provider Trust Group
M	Solution Design Process – across priority workstreams, from quality standards, to shortlisting of options and involving the public, staff, politicians and utilising a robust evidence base	Healthier Lancashire & South Cumbria Programme Director	Capacity & capability, agreement of resources	Programme Board and Joint Committee	All organisations
N	Prevention and population health implement plans for high impact initiatives and national must dos, (primary and secondary prevention)	Prevention & Population Health Workstream SRO	Current planned reductions in public health funding	Programme Board and Joint Committee	LDPs and all workstreams, all organisations

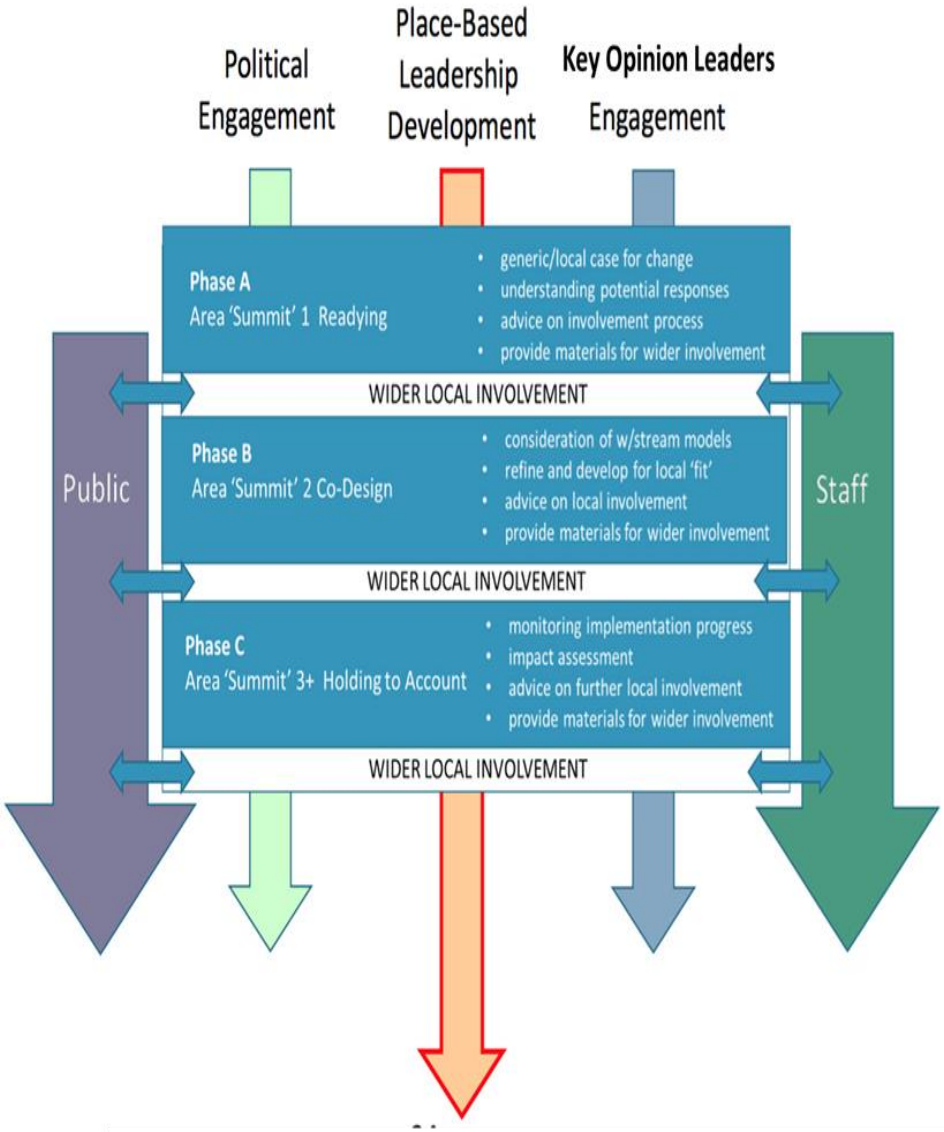
The approach to involving, communicating and engaging (ICE)

An inclusive process

Everything we do will be for the benefit of all of the people of Lancashire & South Cumbria. We will build upon the collaborative change programmes that we are already delivering, within which we have undertaken extensive engagement on planning changes to service delivery. Collectively we are co-designing strategies and solutions, working towards a people-centred system, addressing the wider determinants of health. **Over 20 public engagement events have been undertaken in 3 of the 5 LDP areas already**, with plans for the other 2 area programmes to start in November 2016 – **this is in addition to staff side solution design events** and is supplemented by digital, social media and advertising activity. **Phase A: July-December 2016, Phase B: January-June 2017, Phase C: June-December 2017. (see graphic)**

We recognise that changes over the next five years can only be made by common consent with patients, the public, staff, local politicians & media and system partners – **We have already undertaken Westminster MPs briefings, established an MPs panel, offered quarterly 121s with each MP, attended regular HWBs, attended Oversight & Scrutiny Committees and briefed Council Groups at both unitary, County and District levels of local Government**. We intend to share the STP with MPs and Council Groups in the coming days.

Our ICE programme will create widespread understanding of the need for change; raise awareness of what individuals and communities can do to improve their health and what support is needed, resilience and behaviours; and ensure that change proposals are developed through co-design with clinicians, the public, local representatives and service users. **We plan to publish our STP in the coming weeks with pro active media briefings and interviews with clinicians including Dr Amanda Doyle (STP lead & GP), Dr Andy Curran (HL&SC Medical Director) & Dr Mark Spencer (Healthier Fleetwood) and other programme representatives.**



The approach to the Estates Strategy (see attached estates workbook)

We have been developing a Lancashire & South Cumbria health and social care estates strategy that will underpin delivery of our STP. Individual organisations currently have their own strategies and have made substantial progress in implementing them. It is clear that there are still opportunities to go further to ensure that estate efficiencies enable resources for front line services to be maximised.

- Our assessment is that there is a high level of commonality in the estates agendas across all parts of Lancashire and South Cumbria including: maximising efficiency/utilisation of the acute estate, ensuring that community premises are fit for purpose, increased utilisation of the back office functions based on changes in working practices.

- Taking a 'one public services' perspective – the partners in Lancashire have already achieved some success in accessing facilitation funding from this programme, which will open up broader opportunities for our wider estates strategy.

- Rationalisation of clinical support/general support services and back office functions.

- Constraints on capital are understood and the option of non-NHS sources will be examined carefully across the geography.

- Alignment of provider and commissioner funding policy in relation to use of expensive facilities.

Substantial progress has already been made to extract savings through estates rationalisation (e.g. improvements in utilisation rates of 16% at LCFT, 17% at ELHT by 2017) and further savings require clinical needs to be articulated to achieve changes in working practice - but further substantial savings could be made in line with Carter estimates.

- There is agreement to continue to collation of existing estates information to build a Lancashire and South Cumbria-wide picture of the public estate as the basis for a larger, more robust strategy.

- The partners in LSC are planning to comply with the requirements of the estate aspects of the Carter report and current plans will deliver 38% non-clinical floor space and only 2.5% unoccupied or under-used space. By April 2017 new plans will enable the full 35% requirement to be delivered. In addition, it is acknowledged that current utilisation in community facilities, which is generally accepted to be as low as 40% in some areas, could be increased up to 80 to 85% in buildings which are identified as being required for the longer term. This will include accommodation such as LIFT and major 3PD investment

- Partners also acknowledge that estate will need to be dovetailed with IM&T and workforce planning across the STP area. In addition, aspirational targets arising from pathway redesign, such as, for example, the transfer of outpatient activity from acute to community settings would enable modelling work to be done that informs the estate planning.

- **Capital requirements** – in 2017/18 and 2018/19 it is estimated that about **£95m** will be required to enable services to be hospital specialties to be consolidated across all the hospital sites and (**£65m**) to enable premises in the community to be adapted and/or built to facilitate the transformational aspects of primary and community services developments, excluding the requirements being discussed by NHSE/I and Morecambe Bay partners. A further **£35m** will be required in 2019/20 for onwards for primary and community service changes plus another £69m for NHS providers. These will be subject to the usual business case process to determine investment priorities.

Workforce Plan on a Page

Introduction

Workforce is a key enabler within Healthier Lancashire and South Cumbria (HL&SC). The primary objective for Workforce over the next 5 years is to enable and ensure that both the workforce itself and the requirements of new models of care are effectively planned for and delivered. As well as being an enabler Workforce is a driver given the scale of challenge for recruiting and retaining talent, this is a key risk across all the STP and LDPs.

The HL&SC Workforce workstream will work with all 5 LDP Workforce Groups to bring economies of scale to the solutions designed, to share best practice, reduce variation and duplication.

As a new workstream we recognise that there are already many workforce initiatives and programmes in train across Lancashire and South Cumbria, where impact on the triple aims is great, we will seek to scale up and spread to bring greater benefit to the population of Lancashire and South Cumbria.

Our priorities for the next 5 years

Priority 1: A trained and sustainable workforce for Lancashire & South Cumbria care models with a first priority phase of an 'upsized' Primary & Community model across 5 LDP areas. Ensure the workforce are delivering services appropriate to their skills.

Priority 2: Working with the workforce and education establishments to design new roles and ways of working that bring about a flexible and multi skilled workforce that meet the needs of our population.

Priority 3: A Workforce that leads an empowered population to wellbeing, self-care and the delivery of the whole system prevention model.

Priority 4: A workforce that works to common values, behaviours and standards across health, care and wider public sector

Priority 5: An innovative, technologically enabled workforce – wholly interdependent with the Digital Health. Coherent, consistent training and development to maximise the benefits of tech and its place in brining care closer to home and paper-free.

Initiatives which we will focus in 2016/17 – 17/18

1. Support LDPs in implementation of Carter & RightCare to ensure sustainability in 17/18, 18/19.
2. Rapidly develop the opportunities the Apprenticeship levy (April 2017) provides e.g. Public Sector Apprenticeships with joint placements.
3. Work with LDP Workforce SROs and HL&SC SROs and their workgroups as they go through Solution Design phase and develop their new care model components - the workforce requirements, its feasibility and implications.
4. As the workstream work programme is developed and emerges from the priority care workstreams further initiatives will require resource and a plan.
5. Work has commenced on additional training places for medical & nursing workforce started (2017/18) to address needs.

Analysis of Impact against Triple Aims

Health & Wellbeing

- Clinically sustainable services leading to better staff satisfaction
- Re-training of existing staff for new roles
- Apprenticeships to open-up health and social care opportunities to younger people across L&SC

Care & Quality

- Clinically sustainable services leading to motivated and expert staffing providing excellent services
- Services linked to research and development programmes making them attractive to clinicians and other staff
- ICT literate staff able to deliver integrated care

Finance & Efficiency

- Extra staff in Primary and Community services of circa +3,200 wtes enables growth in demand for acute services to be avoided
- Reduction in the paybill commensurate with reductions in acute capacity
- Better use of scarce staffing in specialised services
- Reduction in agency staffing

An underpinning programme of transformational enablers includes:

A. Becoming a system with a collective focus on the whole population. B. Developing communities and social networks so that people have the skills and confidence to take responsibility for their own health and care in their communities. C. Developing the workforce across our system so that it is able to deliver our new models of care. D. Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Digital Plan on a Page

Introduction

NHS England has set an ambitious target to make the healthcare system paperless by 2020, this vision is encapsulated within 'Personalised Health and Care 2020: a framework for action', which outlines examples of how the application of technology can improve health outcomes, transform services and reduce costs. To achieve this organisations will need to develop new collaborative partnerships, seek out innovative solutions and implement them at scale and pace across the health and care system. Lancashire & South Cumbria must harness the potential of digital health to help meet the triple aim of creating a health service that delivers improved quality of care, better health outcomes for its citizens and is financially sustainable: through electronically sharing healthcare records to deliver safe, effective care; using digital tools to empower patients to do more for themselves; deploying technology enabled care that helps people to be more independent; improving health outcomes by using our data to target our resources effectively. See Annex D, Slide 67 onwards.

Our priorities for the next 5 years

P 1 • **Priority 1:** *Electronic record sharing* - Supporting safe, effective and efficient care by sharing healthcare records across organisational boundaries

P 2 • **Priority 2:** *Empowered citizen* – Giving people access to their healthcare records, to new online services and seeking to improve digital health literacy

P 3 • **Priority 3:** *Enabled Citizens* – Using technology to enable care closer to / in the home, supporting new models of care that allow patients to avoid admission or to get home sooner

P 4 • **Priority 4:** *Learning healthcare system* – Making better use of our data to predict need and manage our population's health.

P 5 • **Priority 5:** *Enabling IT* - ensuring IT works for our staff and supports new models of care, where people can work seamlessly across organisational boundaries and within the patient's home

Initiatives which we will focus in 2016/17 – 17/18

1. Increasing capacity in Primary Care
- Development of a Digital Transformation Bundle
- Delivery of GP Forward View targets (digital elements)
- Delivery of LDR Universal Capabilities
- Capability building in using remote care tools

2. Managing demand
- 'Think Digital' approach to operational redesign
- Online triage, patient advice, self-scheduling tools
- Electronic advice & guidance (primary to secondary care)
- Streamline processes around electronic referral
- Automated workflow and task allocation

3.Hospital admission avoidance
- Online caseload management tools for care-coordination teams / frontline staff
- Digital tools for long-term condition management
- Accelerated electronic record sharing

4. Early discharge / re-admission avoidance
- Using remote care technology e.g. tele-renal
- Electronic transfers of care, shared care plans
- Deployment of near-patient testing solutions and sharing test results

5. Prevention agenda
- Using apps with health coaching to support the whole systems prevention model
- Digital health literacy; online access to records, health & wellbeing apps, online resources

6. Driving efficiency
- Delivering back office efficiency
- Developing digital skills in the workforce and with the public, e.g. Go-On Lancashire

Analysis of Impact against Triple Aims

Health & Wellbeing
Ensuring patients / citizens can access and use their care data to be active partners in managing their health and wellbeing
Ensuring our workforce has the necessary skills to deliver digital care in partnership with patients / citizens
Ensuring we have a standardised approach to patient-held records
Ensuring we maximise the potential of our care data to improve health outcomes for the whole population

Care & Quality
Ensuring we have a standardised approach to electronic clinical / care documentation based on professional standards where they exist.
Ensuring our systems & processes will support new models of care.
Ensuring our workforce is able to work across organisational boundaries and provide care closer to home.
Ensuring we have the capability to share electronic care records across organisational boundaries.
Ensuring the workforce have access to and can use data in the context of a learning healthcare system
Ensuring technology-enabled care is deployed to the maximum benefit of the patient / citizen

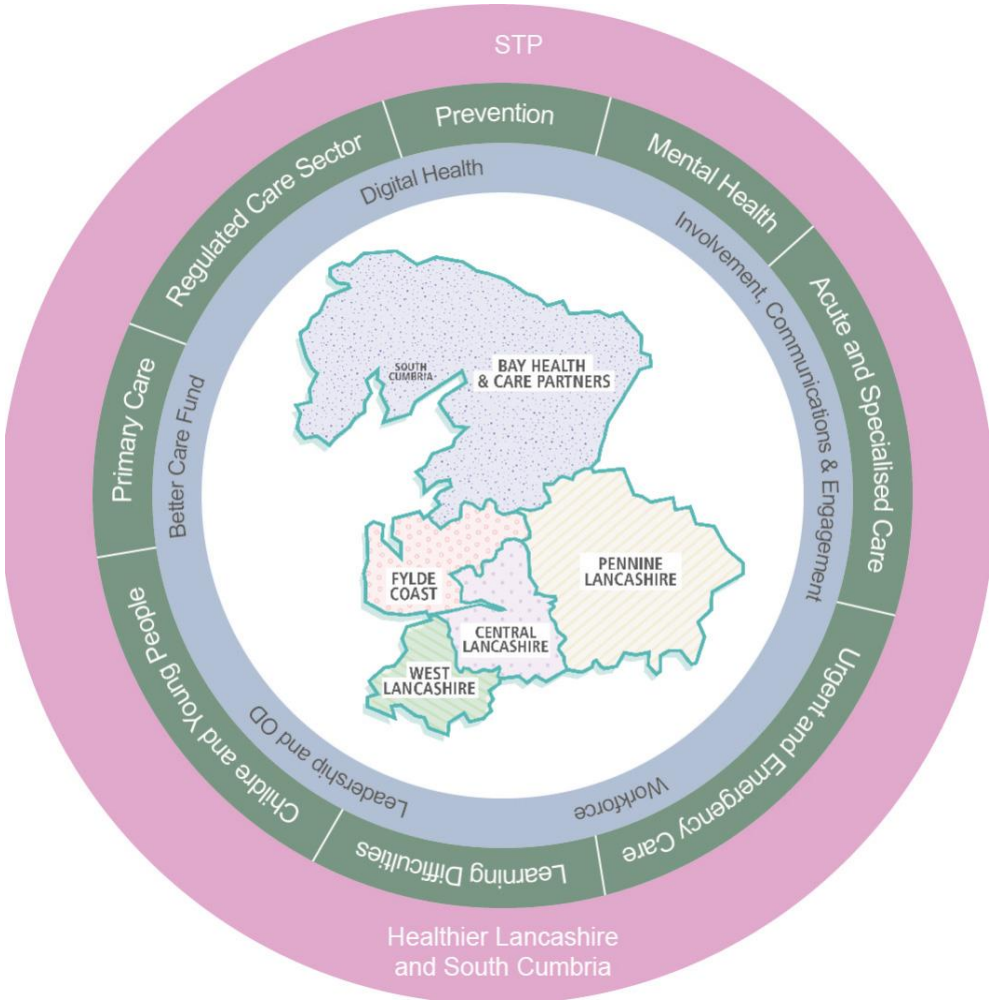
Finance & Efficiency
Ensuring the L&SC transformational programme effectively exploits technology to manage capacity and demand
Ensuring we consolidate and share IT systems to reduce cost and complexity
Ensuring we leverage procurement through scale and standardisation
Ensuring we collectively maximise the benefits of technology

An underpinning programme of transformational enablers includes:

A. Becoming a system with **a collective focus on the whole population. B. Developing communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities. **C**. **Developing the workforce** across our system so that it is able to deliver our new models of care. **D**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Healthier Lancashire & South Cumbria

Healthier Lancashire & South Cumbria is made up of five Local Delivery areas and eight workstreams developing the building blocks for a new population based system focused on better health outcomes, better care, a better experience for patients and the best use of NHS resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed.



Immediate next steps:

- Await feedback from NHS England
- Devise and resource our communications plan for this document (including discussion at stakeholder boards)
- Enacting the Lancashire and South Cumbria governance arrangements around the LDPs and STP workstreams
- Establishing mechanisms for implementing and delivering the sustainability plans (Collaborative Commissioning Board role and strategic integrated commissioning)
- Resourcing and mobilising the STP workstreams

- A. GOVERNANCE AND LEADERSHIP
- B. LDP PLANS
- C. WORKSTREAM PLANS
- D. COMMUNICATIONS & ENGAGEMENT PLAN
- E. FINANCIAL AND ACTIVITY WORKBOOK (submitted alongside this plan)
- F. STP ESTATES WORKBOOK (submitted alongside this plan)

Report to: **HEALTH SCRUTINY COMMITTEE**
Relevant Officers: Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group Traci Lloyd-Moore, Integrated Commissioning Manager, Blackpool Council
Date of Meeting: 29 November 2016

TRANSFORMING CARE PROGRAMME

1.0 Purpose of the report:

1.1 To provide a summary of the recent history of Transforming Care in England and consider an overview of Blackpool's response to the requirements of Transforming Care for people with a learning disability and/or autism and other challenging behaviours.

2.0 Recommendation(s):

2.1 To inform the Committee about local plans to meet the requirements of Transforming Care and of work to support implementation of the transformational plan for Lancashire "The Right Track" developed by Lancashire Transforming Care Partnership - a strategically led partnership of eight Clinical Commissioning Groups (CCGs) and three Local Authorities (and Health and Wellbeing Boards) for the Lancashire area.

2.2 For the Committee to provide ongoing support and challenge to enable continued engagement in respect of the Transforming Care agenda.

3.0 Reasons for recommendation(s):

3.1 Health and Social Care have a key role to play in ensuring that the commitment to transform services for people with learning disability and/or autism are achieved. Health Scrutiny needs to secure assurance that transformation meets the needs of vulnerable people, provides value for money and is sustainable.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget	N/A

3.3 Other alternative options to be considered: None.

4.0 Council Priority:

4.1 The relevant Council Priority "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 The history of learning disability services, and of services for those with autism, nationally over the last decades has been littered with a series of scandals, the most recent being Winterbourne View. In December 2012, the Department of Health published the Winterbourne View Concordat - a programme of action designed to transform services for people with learning disabilities and/or autism and other challenging behaviour. The key objectives of the Concordat were to develop and implement plans for the transfer of people from hospital to appropriate community settings **by 1 June 2014.** A number of national bodies including NHS England (NHSE), the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) made a commitment to work collaboratively with CCGs and Local Authorities to achieve the objectives of the Concordat within this timeframe.

5.2 Following a series of reviews by NHS England to determine progress in delivering the Concordat it became clear that the ambition to move people from their current hospital settings including those inappropriately placed in hospital to community-based support within agreed timescales would not be achieved and a more complex process than first anticipated took place. The reviews found widespread failings in service design, failure of commissioning and failure to transform services in line with established good practice.

5.3 Recognising this, NHS England commissioned Sir Stephen Bubb in 2014 to produce a report **Winterbourne View – Time for Change** on how to accelerate the transformation of care and to make recommendations about what needed to be done to achieve systemic change. This report has informed the Transforming Care agenda, building on the work of the last few years and accelerating progress where it has been slow, whilst maintaining a commitment to seeing a substantial shift away from reliance on inpatient care.

5.4 Transforming Care Outcomes and Requirements

Transforming Care Outcomes
1. People should be supported to have a **good and meaningful everyday life** - through access to activities and services such as early year's services, education, employment, social and leisure; and support to develop and maintain good relationships.
2. Care and support should be **person-centred, planned, proactive and coordinated** – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
3. People should have **choice and control** over how their health and care needs are met – with information about care and support in formats people can understand including the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
4. People should be supported to live in the community with **support from, and for, their families/carers as well as paid support and care staff** – with training made available for families/carers, support and respite for families/carers, alternative short term accommodation for people to use briefly in a time of crisis, and paid care and support staff trained and experienced in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live – with a choice of **housing** including small-scale supported living, and the offer of settled accommodation.
6. People should get good care and support from **mainstream NHS services,** using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the Green Light Toolkit).
7. People should be able to access **specialist health and social care support in the community** – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
8. When necessary, people should be able to get **support to stay out of trouble** – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or 'offending' behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a **hospital** setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.

5.5 Care and Treatment Reviews

Care and Treatment Reviews (CTRs) were introduced by NHS England as a requirement of Transforming Care. Care and Treatment Reviews are intended to support individuals in hospital settings and their family to have a voice and to assist the team around them to work together to support a discharge into community. The review process, carried out by independent expert advisers (including one clinician, one 'expert by experience' and the responsible CCG commissioner), asks **whether the person needs to be in hospital** and, **if there are care and treatment needs** and **why these cannot be carried out in the community** unless clinically indicated otherwise. Care and Treatment Reviews for people in hospital take place every 6 months.

5.6 Care and Treatment Reviews have now been embedded as "business as usual" and expanded to include a pre and post admission process and a Blue Light process for unplanned/emergency admissions. They have also been adapted to take account of children and young people of transition age with a diagnosis of autism which are aligned to Education, Health and Care (EHC) plans. Each CCG is required to have a locally agreed process for undertaking Care and Treatment Reviews using guidance drawn from national Care and Treatment Reviews policy.

At Risk Register

5.7 CCGs and Local Authorities are also required to develop and maintain a local "at risk" register which identifies people in the community at particular risk of behavioural challenge which may result in placement breakdown leading to a hospital admission. This proactive and responsive approach aims to ensure that the right support is made available to prevent the need for an admission. Young people of transition age who have been identified as at risk of admission through the Education, Health and Care (EHC) planning process and those in 52 week residential placements must also be included. It is therefore crucial for partners across health, social care and education to work together to monitor the register.

5.8 Policy Drivers

Transforming Care Next steps

Published by NHS England in June 2015, in partnership with Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH).

Aims & Objectives

National focus - Delivery of five key priorities **empowering individuals**, **right care in the right place**, **workforce**, **regulation** **a**nd **data** led by NHS England and national partners listed above.

Local focus - Delivery of a 'Fastrack' programme which was established to provide additional support for health and social care commissioners in areas with high numbers of individuals with a learning disability and/or autism in hospital settings, to test out new approaches, address long standing issues and strengthen local services to reduce reliance on inpatient care. Each site received support from NHS England to develop a transformational plan.

The six sites selected were:

- Greater Manchester
- Lancashire (including Blackpool and Blackburn with Darwen)
- Cumbria and the North East;
- Arden, Herefordshire and Worcestershire;
- Nottinghamshire;
- Hertfordshire

Transforming National Plan & Service Model

"Building the right support" published in October 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Care (ADASS) accompanied by a **"national service model"**. This three year national plan aims to develop more community services and reduce inpatient beds by up to 50 per cent, freeing up funds to build new community services.

Aims & Objectives

- Provides a clear framework for **developing local services** and **closing some inpatient facilities** by 2019
- **Closure and acquisition of Calderstones** by Mersey Care NHS Foundation Trust
- Delivering systemic change by introducing **48 Transforming Care Partnerships**
- Working with Health Education England to consider **Workforce development**
- Working with the National Learning Disability Team on a Delivery Framework to **evaluate change**
- Collaborating with Specialised Commissioners*
- Developing **Personal Health Budgets**
- Achieving the reductions – being held to account

* Individuals in secure hospital settings are funded by NHS England's Specialised Commissioning, it is the intention that on discharge this resource will follow individuals who have been in medium and low secure placements for five or more years through a dowry, funding will cover both care and accommodation costs. For individuals in secure placements of less than five years, CCG's and local authorities are expected to agree arrangements for funding their community packages.

Regional Response to Transforming Care

5.9 In October 2015 Lancashire's five year transformational plan **"The Right Track"** developed through the 'Fastrack' process was approved by the NHS national team, and the eight respective CCGs and three Health and Wellbeing Boards covering the Lancashire area. The plan is multi-faceted with a number of separate, but inter-linked workstreams, with the co-production a key thread throughout. The plan is underpinned by a strong emphasis on personalised care and support planning, and the promotion of personal budgets and personal health budgets which ensure the plan meets Care Act 2014 requirements.

5.10 Regional Governance

Lancashire's plan is governed by Lancashire Transforming Care Partnership a strategic steering group of representative partners. An existing commissioners' group, the Learning Disability Commissioners Network for Lancashire, has taken responsibility for

delivering the operational elements of the plan supported by a Programme Team which reports to the Steering Group. There is a governance framework in place for Learning Disabilities Transformation through Lancashire Health and Wellbeing Board and the Collaborative Commissioning Board.

5.11 A number of National organisations are involved in supporting Transforming Care Partnerships to deliver on this ambitious agenda including NHS England, Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Health Education England (HEE), Skills for Health, Skills for Care, the Care Quality Commission (CQC), NHS Trust Development Authority (TDA), Monitor, and provider representative organisations.

5.12 Co-production

The Transforming Care Plan and associated action plans continue to be refined through ongoing consultation and engagement with people who have experience of inpatient services, their families and carers, as well as key stakeholders, such as Public Health, Housing and the Criminal Justice System. This is undertaken through a pan-Lancashire 'Confirm and Challenge' group which meets on a quarterly basis. Now that Transforming Care is part of the Healthier Lancashire programme, communications are aligned with the Healthier Lancashire communication programme timelines.

5.13 Patient cohorts

Across Lancashire 93 patients in secure or other hospital settings fall under the care of the Transforming Care Programme. Ten discharges have so far been achieved and work is currently focussed on resettling an additional 35 patients into community placements in 2016-2017.

5.14 Local response to Transforming Care

In Blackpool, a significant amount of work has been undertaken to understand the needs of people with learning disabilities and/autism and to understand the future demand Transforming Care will place on services, including gap analysis, market stimulation and the requirement for service redesign.

5.15 Blackpool has a well-established Integrated Community Learning Disability Team with strong links between the team and Commissioners across the local authority and CCG. All are linked into and working collaboratively with the Lancashire Transforming Care Partnership and are committed to ensuring successful implementation of the Lancashire plan.

5.16 However, to take account of differing levels of maturity in existing Learning Disabilities services and our relative size, Blackpool has developed a local version of Lancashire's plan. The priority areas are outlined below and where relevant, activity is appropriately aligned with Lancashire's plan.

- Enhanced Advocacy Services
- Care and Discharge Planning
- Development of specialist accommodation and the specialist Learning Disabilites provider market
- Development of enhanced respite and crisis provision
- Workforce development
- Funding arrangements (pooled budgets)
- Transitions including alignment with Blackpool's Transformational Plan for Children's Emotional Health and Wellbeing

5.17 Local Governance

A steering group has been established to oversee implementation of Blackpool's plan and to ensure continued alignment with the Lancashire plan. The group is chaired by the Director of Adult Services with senior representation from commissioning, health, adult social care, education and housing. Members of this group are represented on Lancashire's Learning Disability Commissioners Network, the Transforming Care Partnership and the Collaborative Commissioning Board. The governance framework for Learning Disabilities Transformation is through the Blackpool Health and Wellbeing Board.

An overview of key activity in delivery of Blackpool's plan is described below:

Care and Discharge Planning

5.18 The Integrated Community Learning Disability Team take the lead on all care and discharge planning for individuals with a learning disability and autism who are in hospital working in partnership with providers, clinicians, families and carers to ensure that right support is put in place at the right time to ensure the best possible outcomes are achieved, while working to a successful discharge. Individuals with sole diagnosis of autism are supported through Community Mental Health teams. The process is now supported by a team of case co-ordinators, bid for as part of Lancashire's five year transformational plan.

Care and Treatment Reviews

5.19 Care and Treatment Reviews are up to date for all Blackpool individuals in a hospital setting. However, it has becoming increasingly evident that as work to discharge patients accelerates and requests for pre-admission Care and Treatment Reviews and Care and Treatment Reviews for young people with autism increase, the capacity of CCG Commissioners to undertake and organise Care and Treatment Reviews is diminishing and concerns have been raised in respect of this regionally. Blackpool has experienced an increase in Care and Treatment Reviews for patients admitted to the Harbour and requests from Children's Services (Child and Adolescent Mental Health Services, CAHMS) for young people with autism, however there is limited resource to meet continuing demand. Consideration needs to be given as to how the process will operate across health and social care on a practical level going forward.

At Risk Register

5.20 A local at risk register is in place for Blackpool which identifies adults (aged 18+) with complex needs either placed locally or out of area to ensure placements are supported appropriately to minimise the risk of hospital admission. Work is also underway to develop a system to capture all eligible young people of transition age in collaboration with Children's Services.

Specialist Support and Accommodation

5.21 Blackpool has worked collaboratively with Lancashire transforming care partnership to shape the provider and accommodation market, to ensure there is sufficient level of specialist care and support providers and a suitable mix of housing to meet the needs of people that fall under the transforming care criteria. A pan-Lancashire accommodation strategy is under development which will set out the current and future housing requirements of the Learning Disabilities population. A procurement exercise led by Lancashire County Council is now complete and a flexible Agreement comprised of specialist care and support providers has been established with call off arrangements between Blackpool and Lancashire in place. Commissioners are also working collaboratively to develop suitable crisis provision offering local specialist support to prevent the need for out of area assessments.

5.22 Plans are also underway to develop a specialist (intermediary) service in Blackpool to support individuals appropriately in the community following discharge. The model has been informed through the work of the Integrated Community Learning Disability Team and the expertise of professionals in the assessment of inpatients as part of the Care and Treatment Review process, which has determined the type of environment that would reduce the risk of admission and ensure that needs are met in the least restrictive way. The capital investment required to create a safe and appropriate environment has been secured through **NHS England's Winterbourne Capital Resettlement Fund**. It is anticipated that the service will be occupation ready by end March 2017. Arrangements to commission an appropriate specialist provider to deliver the service will commence in December 2016 calling off Lancashire's Flexible Arrangement.

Workforce Development

5.23 A programme of workforce development is underway with national funding secured through Health Education England/Skills for Care to upskill in-house and external providers – embedding Positive Behavioural Support (PBS) and Challenging Behaviour approaches. Blackpool Council successfully bid for just over £15,000 to roll out PBS training locally.

5.24 Feeding into the Workforce Development priority of the Lancashire plan, Blackpool's is contributing to the roll out of a Learning Needs Analysis Tool and engaging with

Learning Disability Provider Forum partners supported by Blackpool Council's Care and Support Service Manager and Learning Disability Commissioning Manager which will help provider organisation's supporting learning disabled people in Blackpool to understand the existing knowledge and skills within their workforce, where and if there are any skill gaps and better understand the opportunities to respond to those areas to ensure the skills of this particular workforce broaden and improve. The data will be accessible to each individual provider and available to the Council which will ensure more effective procurement of training going forwards as this will be targeted towards the areas where there may be a shortfall in the skills required by the workforce.

Transitions

5.25 Transition is a key area of the Transforming Care agenda. Evidence has shown that transitions between child and adult services remain problematic for young people and families and there is a lack of innovation and collaboration to 'wrap services' around people who are complex. The Lancashire Plan makes clear that young people with behaviour that is complex and challenges should be the subject of focused attention and support. Therefore commissioners must work to ensure that local capacity and confidence is built to improve support and increase resilience in the system.

5.26 In response, the Community Learning Disabilities Team in collaboration with Commissioners and other specialist providers has recently tested out a new approach which introduces behaviour focused assessments at an earlier stage in the transition process, in order to develop more effective and proactive plans to minimise placement breakdown. Evaluation has been undertaken to measure the effectiveness and intended benefits using the views and experiences of practitioners, provider, service users, families and carers involved in the pilot. It is intended that the framework will be used in future transitions as best practice.

Pilot Aims
▪ Identify the presenting needs and ecological systems and supports which are required to ensure the young person's health, wellbeing and social care needs are met in the least restrictive way. ▪ Identify pro-active approaches which can be utilised within children's service settings which will increase skills, reduce restrictions and ultimately result in a positive and appropriately supported care package. ▪ Work in collaboration with families and other key stakeholders to increase understanding of the varying legislative frameworks and address potential barriers early within processes to reduce delay. ▪ Reduce reliance on high-cost, restrictive and out-of-area placements. ▪ Identify and mitigate risks and barriers at the earliest possible stage

▪ Identify training requirements for future staff teams
Pilot Outcomes
▪ Individual PBS plans have been developed collaboratively and in consultation with young people and their families. ▪ Increased collaborative working between adults, children's and third sector colleagues to develop services which are Person Centred, outcomes focussed and proportionate to presenting risks increase resilience in the system and agree future good practice ▪ Plans belong to the young person rather than the 'provider'. ▪ Promoted co-production based on choice and control ▪ Shared approach encouraged positive risk taking and open mindedness ▪ Pro-active provider has made this a truly shared project. ▪ Use of flexible and intelligent commissioning arrangements has resulted in the right service being commissioned in the right way at the right time in order to meet needs

5.27 Patient cohort

Blackpool has a relatively small cohort of 9 individuals that fall under the care of the Transforming Care Programme. The table below outlines the current status of clients and anticipated timescales for discharge.

Number of clients	Where are they placed?	Anticipated discharge 16/17	Anticipated discharge 17/18	Anticipated discharge 18/19
4	Non secure hospital	2	2	-
4	Medium secure hospital	1	1	2
1	High Secure hospital	0	-	-

5.28 Care and Treatment reviews are up to date for each patient and all have been clinically assessed as appropriately placed. Families and carers are fully involved in all aspects of the care planning and review process. Detailed planning to facilitate discharge for three patients as indicated in the table by end March 2017 is underway.

5.29 Outside of this, there has been one discharge on end of life care for one long stay patient of more than five years, from Calderstones (now Mersey Care) to a local supported living placement in January 2016.

5.30 Through the care and treatment review process (to be updated) hospital admissions have been prevented in 2016-2017, where an admission could not be avoided this has

resulted in two admissions however detailed and proactive discharge planning is already underway for these individuals with involvement from family and carers.

Reporting requirements

5.31 CCG and local authority reporting requirements on progress of the transforming care programme has increased substantially over the past four years an overview of what is reported, to whom and how often is summarised below:

- Assuring transformation data on individual patients is submitted to the Health and Social Care Information Centre (HSCIC) on a monthly basis by Blackpool's Integrated Learning Disability Community Team Manager. This is a new reporting mechanism replacing Winterbourne quarterly returns to NHS England.
- Weekly sub-regional reporting to NHS England on patient activity is submitted via Blackpool CCG.
- The operational arm of Lancashire Transforming Care Partnership meets on a fortnightly basis to review implementation of the pan-Lancashire transformational plan and progress against key actions. This is attended by members of Blackpool's transforming care steering group. The Transforming Care Partnership reports into the Collaborative Commissioning Board (CCB)
- Blackpool's Transforming Care Steering Group meets monthly to review progress against local priorities and ensure continued alignment with the Pan-Lancashire plan. This group in turn provide updates on activity to Blackpool Health and Wellbeing Board, Blackpool LD Partnership Board, Blackpool Adults Safeguarding Board and the CCG Quality Committee and Governing Body.

5.32 The requirements of Transforming Care are substantial given the relatively cohort of people with complex needs the programme aims to support. However the process is being managed appropriately in accordance with patient needs and there is high level of proactive partnership working and collaboration across local and regional partners to realise the wider ambitions of the programme across the Lancashire footprint.

5.33 Does the information submitted include any exempt information? No

List of Appendices:

6.0 Legal considerations:

6.1 To meet the requirements of Transforming Care, the Council and CCG must work within the legal requirements of the Mental Health Act 1983 and the Mental Capacity

Act 2005. Individuals in hospital settings are subject to restrictions through the Deprivation of Liberties (DOLS) or Court of Protection. Patients can therefore not be moved without the appropriate applications being made.

7.0 Human Resources considerations:

7.1 The Integrated Community Learning Disability Team (CLDT), comprising of health and social care professionals from the Local Authority's Adults Social Care Team, Psychology Services, Blackpool Teaching Hospitals' Community Health and Blackpool CCG, are responsible for co-ordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Contracting and Commissioning Team within the Local Authority are responsible for coordinating contract monitoring arrangements including quality monitoring of local authority and NHS contracted services respectively.

8.0 Equalities considerations:

8.1 A Lancashire wide Joint Strategic Needs Assessment (JSNA) report highlighted that people with learning disabilities are one of the most excluded groups in the community:

- Nearly half live in the most deprived areas of Lancashire.
- Fewer than 15% Lancashire are in employment across Lancashire and in Blackpool this figure is considerably lower.
- The housing needs of people with learning disabilities are considerable and will increase.
- People with learning disabilities experience much poorer health outcomes across a range of conditions including respiratory diseases, sensory impairment, gastrointestinal cancer, anxiety and depression, dementia and challenging behaviour.
- Prevalence and need is increasing whilst available budgets have been decreasing and are likely to continue to decrease.
- This has major implications for how services are delivered and will require a different approach to commissioning and developing co-produced services.

9.0 Financial considerations:

9.1 As part of the national plan, NHS England confirmed that dowries would be available to individuals who have been in medium and low secure placements for five or more years. Currently individuals in medium and low secure settings are funded through NHS England's Specialised Commissioning; it is the intention that this resource will follow the patient following discharge. Funding will cover both care and accommodation costs and be transferred to the local authority. For individuals in hospital settings for less than five years, CCGs and local authorities are expected to

agree arrangements for funding community packages.

9.2 The new packages of care that are required for discharged patients are a cost pressure to CCGs and local authorities. Nationally, discussions are underway to determine how and what level of funding will travel with patients following discharge and it is a national expectation that CCGs and local authorities will move towards pooled budget arrangements. It was anticipated that care packages for those moving out of hospital will vary, with some costing between £250,000-£300,000 per year, but some costing much less.

9.3 Supported by the NHS Midland and Lancashire Community Support Unit (CSU), Lancashire Transforming Care Partnership is currently considering options for pooling budgets and has drawn up a financial protocol which sets out the scope and process for pooling or aligning resources which has been agreed in principle by the eight CCGs and three local authorities (or Health and Wellbeing Boards).

9.4 For the three individuals in Blackpool with identified discharge dates in 2016-2017, Blackpool Council and Blackpool CCG are progressing arrangements for funding of these packages. None of the individuals are dowry eligible.

10.0 Risk management considerations:

10.1 Safeguarding

Scrutiny has a key leadership role to play in ensuring that the commitments of the Transforming Care programme are achieved in respect of safeguarding and protecting the most vulnerable. A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council, Blackpool CCG and care providers.

10.2 Finance

The implementation of Transforming Care presents a level of financial risk from Specialist Commissioners to CCGs and councils as patients are discharged. It has therefore been discussed at a regional level that the most appropriate way to manage this risk is through a Lancashire wide pooled budget. In response, a finance group has been set up with representatives from each local authority and respective CCGs. This group has agreed an initial set of principles within which to establish the arrangement. Initial thoughts are for the pool to cover all elements of the Learning Disabilities budget (including all local authority, Specialised Commissioning and CCG expenditure). This will make the budget a significant value. The timescales for establishing the pooled budget have been set at April 2017 with full integration by September 2017. However given the level of anticipated financial risk, Blackpool is not currently able to commit to progress to a Lancashire wide pool but is given consideration to a local arrangement.

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 Strong engagement of providers, patient and stakeholder is essential and all are being involved in the development of the plan and the detailed delivery models. Stakeholders beyond health and social care are being engaged in the process (e.g. public protection unit, probation, education, housing) and including people with direct experience of using inpatient services.

13.0 Background papers:

13.1 None.

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