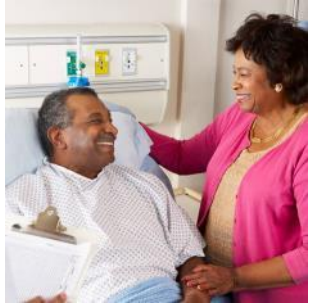

Annexes to Healthier Lancashire & South Cumbria Draft Sustainability & Transformation Plan

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Healthier Lancashire & South Cumbria

- A. GOVERNANCE AND LEADERSHIP
- B. LDP PLANS
- C. WORKSTREAM PLANS
- D. COMMUNICATIONS & ENGAGEMENT PLAN

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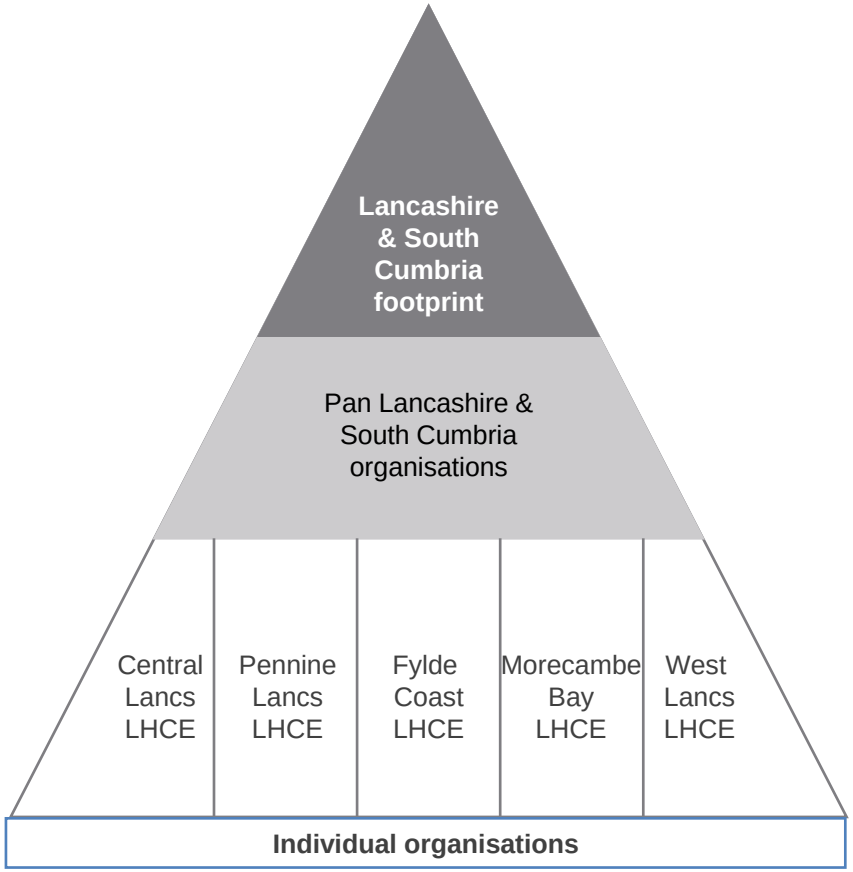
- As health and care organisations across Lancashire and South Cumbria (L&SC) we have organised ourselves to work in an unprecedented collaboration to co-design, implement and deliver the changes required to transform the health and care services within our shared footprint. Working together we will ensure that services are delivered to meet the needs of our local populations and to generate improved health outcomes within our anticipated financial allocations. Our ambition is to see a radical large scale system change in health and care in L&SC, underpinned by the combined long-term commitment of organisational leaders across our footprint. We are doing this to deal with the financial, demographic and outcome challenges being felt more acutely in our area than elsewhere in England and consequently needing urgent, unified attention.

- The L&SC Sustainability and Transformation Plan 2016-21 will be an early output of the Healthier Lancashire & South Cumbria programme, setting out the case for change, priorities for collective action and plans for mobilisation of the solution-design phase of the change programme. L&SC will need to be built upon the commitment of the providers, commissioners, local government and other partners within each of our five localities to deliver the change required to better meet local needs through their local delivery plans (LDPs). The success of the L&SC STP will depend upon the alignment of its vision, ambition and priorities with the opportunities for collective action within the LDPs, and the effective focus of our combined efforts at the right level of the L&SC triangle.



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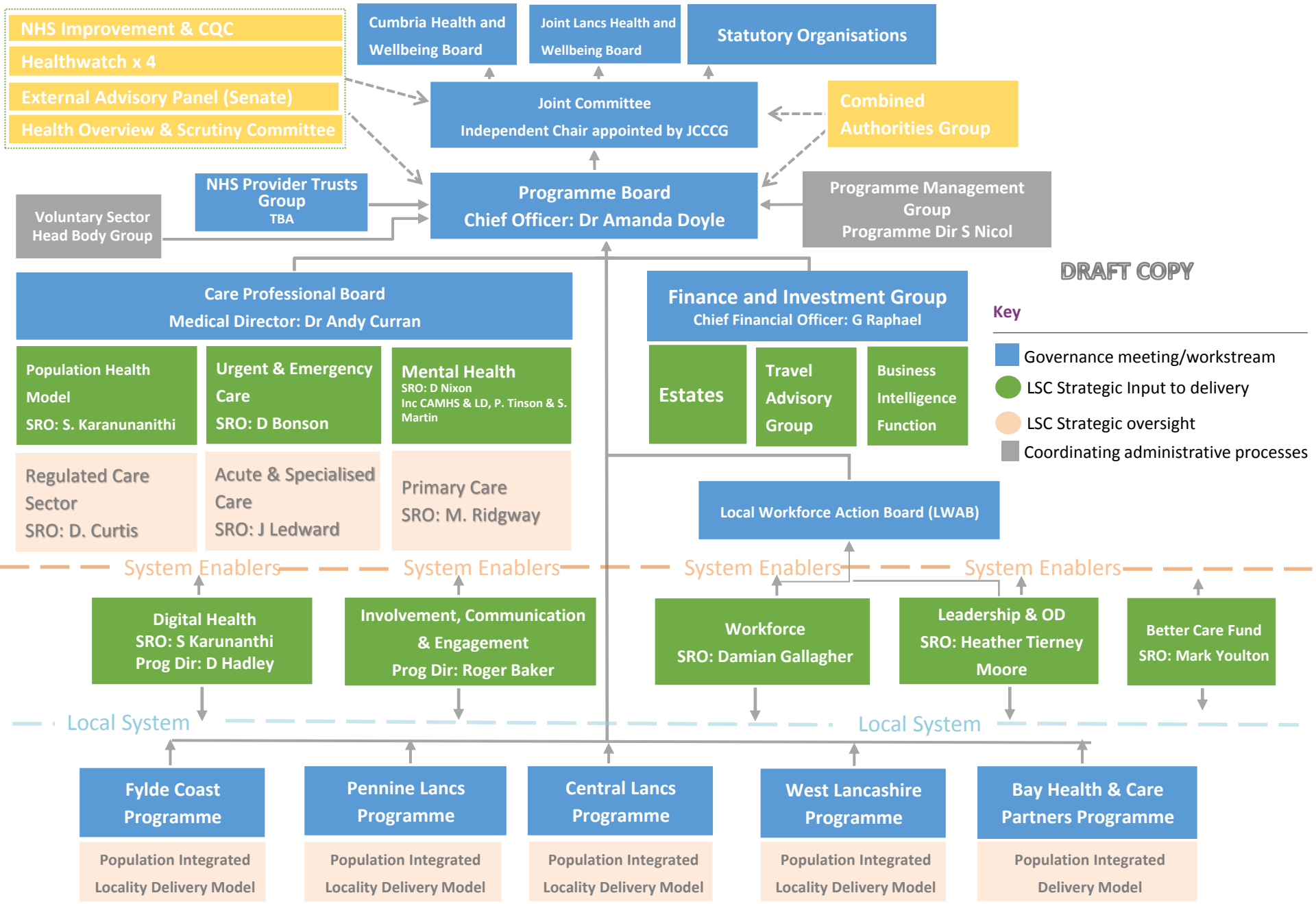
Healthier Lancashire & South Cumbria Governance Structure



The role of the Third Sector (I)

The Third Sector (also defined as the voluntary, community and faith sector and known in short as the VCFS) in Lancashire and South Cumbria consists of a diverse, vibrant and varied range of organisations delivering and supporting health and social care outcomes. There is a shared recognition that the assets and reach of this sector provide some of the solutions to address the complex challenges within this footprint.

The sector is a big player in Lancashire and South Cumbria as a whole and within then the five local delivery partnerships. Sector income in the county is approx. £500 million annually with 43% of this is from statutory/governmental sources which means that 57% comes from independent sources such as fundraising, earnt income and trusts and foundations.

One of the strengths of Lancashire and South Cumbria's Third Sector is its diversity. Broadly speaking the sector consists of:

- Prevention services delivering programmes intended to prevent escalation of health and social care needs
- Provider organisations delivering contracted work, often commissioned by the NHS.
- 'Grass roots' small organisations with a strong volunteering base working around specific local themes or interests
- Provision of sports and other activities for recreation in local communities

It is estimated that there are approximately 5,100 registered charities within the Lancashire and South Cumbria STP footprint. As registered charities only make up 18% of the VCFS (NCVO estimation) it can be roughly estimated that there are around 28,333 Voluntary Community and Faith Organistions operating in Lancashire and South Cumbria. Most organisations have an established volunteer base that adds capacity and reach to their services and it is estimated that there are 668,000 active volunteers operating in Lancashire and South Cumbria.

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The role of the third sector (II)

Leadership, governance and connection to STP and Local Delivery Partnerships

Senior leaders within the third sector have limited capacity to engage in the evolving plans, partnership working and development of solutions, however there is a thirst and commitment to be involved in this process. Whilst, at present, not formalised there is a sector led advisory group formed in order to feed into the program board and a representative from that group sits on the program board. That group will be merged into a formalised and representative strategic body for Lancashire and South Cumbria and this will be an enhanced and re-configured version of the existing Third Sector Lancashire organisation. This group with ensure that there is a clear communication and influencing channel from the grass roots sector all the way to the program board.

There is representation within the six focus area. This has been on an issue rather than a representative basis, i.e. the organistions that are playing a major role across the footprint have been invited as opposed to organistions being there on a tokenistic basis.

On a local delivery partnership footprint the sector is organising itself to influence and support the delivery of services. There have been secondments of senior VCFS leaders into the transformation partnerships and connected CCG and there has shared delivery plans developed. The sector itself is developing clear strategic leadership groups that sit within each of the five local delivery partnership area and using those group to identify representatives for the appropriate working groups. The sector see's STP has a real opportunity to develop its services and to the influence the services being delivered by others.

Impact

However the picture and the outlook is not all rosy. Third sector funding investment is falling year on year however demand for service is increasing. As an example reablement and supported living funding has been dramatically reduced by Lancashire County Council as part of necessary cost savings however many organistions have chosen to continue providing the services transferring the cost onto their own resources. Essentially at a time were prevention is creeping up the agenda, the actual resources to achieve prevention (public health as an example) are being cut to the bone.

The Third sector has become the safety net (food banks and shelters are prime examples) and the economic impact of the lack of funding for those and other services will be further ill-health, increased long term conditions and the requirement for more acute services. The third sector is very aware that it plays a crucial role at both end of scale. As a grass-root provider that can get to places that the statutory can't or, most importantly, at an earlier point in time than stator can; but also as a strategic influencer with a real understanding of how prevention and transformational change can be achieved.

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- Bay Health and Care Partners
- Central Lancashire
- Fylde Coast
- Pennine Lancashire
- West Lancashire

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Bay Health & Care Partners LDP

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Bay Health & Care Partners Local Delivery Plan on a page

Introduction

- The BHCP system footprint is the population of 365,000 people registered with 45 GP practices across 2 CCGs across an area of 1800km² serviced by 3 hospital sites
- The system is operating at a significant deficit and without major interventions the deficit appears likely to continue to increase to in excess of £160m by 2020/21
- We are coming to the end of our 1st year of delivery against the Better Care Together (BCT) strategy which was developed in partnership across 11 organisations and are working towards 6 priority areas.
- We are 6 months into our shadow Accountable Care System and working through our second gateway to set out our plans to develop our future accountable care model.

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Our priorities for the next 5 years

P1
- Priority 1: Developing Out of Hospital (OOH) services including Integrated Care Communities, enhanced proactive care and case management and self care support programmes

P2
- Priority 2: Developing our planned care services supporting long term conditions in the community and pathway redesign reducing demand on hospital appointments

P3
- Priority 3: Developing Women & Children's services to wrap around services around the needs of the expectant mother and partner, children, their parents and families

P4
- Priority 4: Developing urgent care and integrated rapid response services with integrated access to unplanned, urgent and emergency care

P5
- Priority 5: Developing services to support older people living with frailty

P6
- Priority 6: Reaching financial balance across the health system

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

1 Integrated Services: developing the 12 ICCs across the footprint

2 Long Term Conditions integrated pathways and teams

3 Planned care specialties: pathway redesign to target demand reduction and capacity management

4 Integrated maternity pathways

5 Integrated children's services

6 Integrated Urgent Care

7 Older people living with frailty

8 Baywide Cost Improvement Programme

9 Common Platform initiatives

10 Accountable Care Delivery Vehicle implementation

Analysis of Impact against Triple Aims

Care & Quality
- Leadership: A single or unitary leadership. With shared approach to strategic planning
- Workforce: Excellent recruitment/ retention rates
- Parity: All services experiencing parity of esteem
- Improvements in metrics reporting patient outcomes and efficiencies

Health & Wellbeing
- Community engagement: active involvement and responsibility, from bottom up, in our communities.
- Population health: delivery of population health outcomes across system.
- Co-production: co-design of services and pathways within the Bay Health area.
- Improvements in metrics reporting patient experience and community mobilisation

Finance & Efficiency
cumulative CIP/QIPP programmes totalling £76m (£10m 2016/17, £66m 2017/18 – 2020/21);
CCCG saving of £5m through non-system QIPP;
the receipt of recurrent Sustainability and Transformation Funding (STF) of £10.4m per annum;
the BCT strategy benefitting the system by £18.1m;
the UHMB Sustainability Programme of £20m; and
further residual gap options of £32.5m.

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. **E. Building a Common Platform** of system enablers **F. Creating an Accountable Care Delivery Vehicle**

Bay Health & Care Partners Key milestones, Owners, Risks, Governance & Interdependencies

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
1	Integrated Services: developing the 12 ICCs across the bay **Key Milestones**: Qtr 1: ICC Activity Plans & Outcome Measures complete (SC) ICC Development Plans complete (SC) ICC clinical & operational model agreed (SC) ICC electronic care plans shared & implemented (SC) Care Coordination roles implemented in ICCs (LN) Qtr 2: BI Implemented (Qlikview) in ICCs (LN) Qtr 4: ICC Development Plans implemented & evaluated (SC) ICC risk strategy, care plans & case management embedded (SC) Integrated Care Coordination implemented (SC) Fall Pilot evaluated Take Home & Settle service implemented Carnforth Self Care Evaluation Lancs North Self Care implementation plan	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Lancs North OOH Steering Group and South Cumbria OOH Steering Group reporting to Delivery Group	Long term conditions initiatives Planned care initiatives Children's Services initiatives Accountable Care development Community engagement Clinical leadership and engagement Urgent care initiatives Frailty initiatives
2	Long Term Conditions integrated pathways and teams **Key milestones:** Qtr 3: Implementation Plans Qtr 4: Respiratory Testbed Evaluation	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Planned Care Implementation Group Reporting to Delivery Group	ICC initiatives Planned care initiatives Children's Services initiatives Accountable Care development Community engagement Clinical leadership and engagement

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Bay Health & Care Partners Key milestones, Owners, Risks, Governance & Interdependencies

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
3	Planned care specialties : pathway redesign to target demand reduction and capacity management **Key milestones:** Qtr 2: MSK Referral Process implemented A&G implemented in T&O, COE & Dermatology Ophthalmology Live in 4 pathways PIFU in Rheumatology & Pain Management implemented Qtr 3: Evaluation of MSK Referral Process A&G implemented in Neurology, Renal & Pain Management Ophthalmology IT Upgrade Go Live PIFU in Respiratory implemented Qtr 4: MSK roles & iMSK Evaluation & Implementation Plan 17/18 A&G Implementation Plan 17/18: other provider roll out Ophthalmology Contract Review PIFU Evaluation & Implementation Plan 17/18	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Planned Care Implementation Group Reporting to Delivery Group	Long term conditions initiatives ICC initiatives Children's Services initiatives Accountable Care development Community engagement Clinical leadership and engagement Frailty initiatives

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Bay Health & Care Partners Key milestones, Owners, Risks, Governance & Interdependencies

	(continued) **Initiatives which we will focus in 2016/17 – 17/18**	**Scheme Owner**	**Risks**	**Do you have governance in place for this?**	**Main Interdependencies**
4	Integrated maternity pathways **Key milestones:** **Qtr 2:** Maternity Pathway model & funding agreed Midwife Case Loading Project model & staff consultation **Qtr 3:** Maternity Pathway Implementation Plan Midwife Case Loading Project PDSA Test Cycle complete **Qtr 4:** Maternity Pathway PDSA Test Cycle & Evaluation Midwife Case Loading evaluation and plan 17/18	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Women & Children's Steering Group reporting to Delivery Group	Long term conditions initiatives Planned care initiatives Accountable Care development Community engagement Clinical leadership and engagement Urgent Care Initiatives
5	Integrated children's services **Key milestones:** Qtr 1: Sick Child pathway implemented in 6 practices Qtr 2: Child Health Integrated Team model agreed Qtr 3: ICNT PDSA Test Cycle complete Children O/P Clinics in the Comm'ty Furness PDSA complete Child Health Integrated Team ICC consultant lead PDSA Qtr 4: ICNT model evaluated & Implementation Plan 17/18, Children O/P Clinics in Community Evaluation & Plan 17/18, Sick Child pathways evaluation & plan for 17/18, Child Health Integrated Team Evaluation of consultant lead and Implementation Plan 17/18	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Women & Children's Steering Group reporting to Delivery Group	

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Bay Health & Care Partners Key milestones, Owners, Risks, Governance & Interdependencies

	(continued) **Initiatives which we will focus in 2016/17 – 17/18**	**Scheme Owner**	**Risks**	**Do you have governance in place for this?**	**Main Interdependencies**
6	Integrated Urgent Care **Key milestones:** Qtr 4: Furness Acute & Community Urgent Care model implemented	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: A&E Delivery Board And Lancs North OOH Steering Group and South Cumbria OOH Steering Group reporting to Delivery Group	• Frailty initiatives • Long term conditions initiatives • Children's Services initiatives • Accountable Care development • Community engagement • Clinical leadership and engagement
7	Older people living with frailty **Key milestones:** Qtr 1: Bay Wide Frailty Model Approved Qtr 2:Frailty Assessor Protocols implemented Qtr 3: Bay Wide Frailty Model Evaluation	Hilary Fordham/ Anthony Gardner/ Foluke Ajayi/ Joanna Forster-Adams (ACS Exec Lead Integrated Provision) John Howarth (ACS Clinical Director Integrated Provision)	Vanguard funding for 2017/18 Workforce challenges across the system Joint strategic digital roadmap	Yes: Lancs North OOH Steering Group and South Cumbria OOH Steering Group reporting to Delivery Group	• Urgent care initiatives • Long term conditions initiatives • Children's Services initiatives • Accountable Care development • Community engagement • Clinical leadership and engagement

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Bay Health & Care Partners Key milestones, Owners, Risks, Governance & Interdependencies

	(continued) **Initiatives which we will focus in 2016/17 – 17/18**	**Scheme Owner**	**Risks**	**Do you have governance in place for this?**	**Main Interdependencies**
8	Baywide Cost Improvement Programme **Key milestones:** 16/17: Complete plans for all 7/10 projects and implement Phase 1 of Unified Procurement (UP) 17/18: Implement phase 1 of shared services , property facilities management, EPR rationalisation & IM&T shared services, non NHS income, alternative workforce models, and temp staffing reduction and Phase 2 of UP Complete plans for Pathology Reform and Telehealth	Aaron Cummins/ Kevin Parkinson (Exec Lead for Finance)	Leadership engagement, ensuring alignment to additional organisational change	Yes: Baywide CIP steering group reporting to Delivery Group	STP Common Platform Accountable Care
9	Common Platform initiatives **Key milestones:** Qtr 4: Implementation plan for delivering a common platform for system enablers including IM&T, Workforce, Procurement, Finance, Estates, Corporate Functions	John Taylor (Exec Lead for Common Platform)	Leadership engagement, ensuring alignment to additional organisational change	Emerging: planned Common Platform Task & Finish Group to report to Delivery Group	STP Baywide Cost Improvement Programme Accountable Care
10	Accountable Care Delivery Vehicle implementation **Key milestones:**It was agreed that all partner boards and governing bodies would be asked to review the proposals and agree the next stage of development for December 2016/January 2017 envisioning a more significant system working in shadow form by October 2017 with a view to establishing formal arrangements by April 2018.	Claire Molloy/ Andrew Bennett/ Jackie Daniel (SRO role for ACS) Alex Gaw/ Hugh Reeve (Clinical SRO role for ACS)	Risks around the due diligence process	Leadership Team reporting to ACS Programme Board	STP Common Platform

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Bay Health & Care Partners priorities against the 9 National Must Do's 1/3

9 Must Do's	Priorities					
	P1	P2	P3	P4	P5	P6
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 will work with the STP sharing learning from our Vanguard programme					
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.	Work continues to support STP wide provider productivity work. CCGs continue to work through the RightCare programme					Baywide Cost Improvement programme delivers over £32m savings and includes 10 key areas that can be developed across the STP footprint
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.	OOH programmes and enabling workforce projects will start to address this	We will work with the STP workforce programme to address these challenges on a wider footprint				

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Bay Health & Care Partners priorities against the 9 National Must Do's 2/3

(continued) 9 Must Do's	Priorities					
	P1	P2	P3	P4	P5	P6
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.	OOH work looking at reducing demand and supporting integrated discharge planning. Developing transitional care facilities in community	LTC pathway work looking at reducing demand on urgent & emergency care services in hospital	Integrated children's services will reduce demand on A&E and improve patient flow through the hospital	As a PACs vanguard we continue to develop urgent & emergency care services	Frailty project looking at reducing demand on A&E and improving patient flow in hospital through effective discharge planning	
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.		Planned care projects looking to reduce demand for new and FU appointments, delivering more clinics closer to home and reducing waiting times for elective care				
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.	Work is underway to join up the approach for Cancer services across the Bay as part of the integration of the 2 CCGs					

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Bay Health & Care Partners priorities against the 9 National Must Do's 3/3

(continued) 9 Must Do's	Priorities					
	P1	P2	P3	P4	P5	P6
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.	We will work with the STP Mental Health programme					
8. Deliver actions set out in local plans to transform care for people **with learning disabilities,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.	We will work with the STP LD programme					
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.	All priorities are focussed on improvements in quality across the system with a population health system approach at the core .					

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Central Lancashire LDP

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Central Lancashire Local Delivery Plan on a page

Introduction

- The Central Lancashire system footprint is the population of 390,000 people registered with 63 GPs across two CCGs – Greater Preston and Chorley South Ribble CCGs
- The system is experiencing increasing pressure 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 £95.5m by 2020/21.
- Our Local Delivery Plan *"Our Health Our Care"* has the overall aim of "equal and fair access to safe, effective and responsive health and social care for our communities that represent value now and in the future". This aim is underpinned by five specific objectives from which we have drawn the priorities below.
- 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

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Our priorities for the next 5 years

- P1 **Priority 1:** To reduce variation and health inequalities, improving quality and outcomes across all pathways.
- P2 **Priority 2:**To reduce avoidable activity within secondary care for both Non elective and Elective episodes
- P3 **Priority 3:** To support Care Closer to Home by way of integrated neighbourhoods and localities for the whole population promoting self-care and self-help.
- P4 **Priority 4:** Develop and enhance sustainable Primary Care through 'Out of Hospital' strategy.
- P5 **Priority 5:** Redesign of Urgent and Emergency Care to include integrated urgent care services and ambulatory care pathways

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

1. Comprehensive Urgent Care Work-stream including integrated urgent care centres, ambulatory care pathways, ICAP and frailty
2. Referral and demand management programmes in line with RightCare C4V, including Integrated MSK service procurement and referral management initiatives
3. To develop and Out of Hospital strategy and enhance GP Quality Contract to deliver Level 1, Level 2 and Level 3 services.
4. Develop and establish a frailty pathway across Primary, Secondary and Community Care
5. Develop an integrated health and care system for our communities focused around 10 integrated neighbourhoods.

Analysis of Impact against Triple Aims

Care & Quality
- Timely access to services to meet presenting needs
- Early intervention/prevention
- Seamless services and reduced hand-offs
- Supporting people to live safe and well in their own homes

Health & Wellbeing
- Improve individual and community resilience
- To reduce the health inequalities across the local population
- Encourage community catalyst initiatives

Finance & Efficiency
- Achieve and deliver against control totals
- Make efficient and effective use of the cost per head for the local population
- Comply with all statutory requirements

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.

Central Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 1/2

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
1	**Urgent Care Work-stream** **Key Milestones**: • Integrated urgent care centre service (January 2017) • Ambulatory care pathways (plan in development) • ICAP (January 2017) • Develop an all age Mental Health Liaison service (time frame as yet unknown)	Jayne Mellor	Non-delivery of activity targets NHS Constitutional targets not being achieved Finance risks	• Urgent Care Programme Delivery Group • A&E Delivery Board	• OHOC • STP
2	**Elective Care Work-stream** **Key milestones:** • Integrated MSK service procurement (to be completed and new service implemented by November 2017) • Referral management initiatives (there are multiple projects associated with this work-stream to be phased throughout 16/17 and 17/18) • Cancer services and pathways redesign (implement Cancer Care Bundle April 2017)	Jayne Mellor	Non-delivery of activity targets NHS Constitutional targets not being achieved Finance risks	• Elective Programme Delivery Group • Cancer Locality Group • Cancer Alliance	• OHOC • STP
3	**Out of Hospital Work-stream** **Key milestones:** • Delivery of the GP Quality Contract (Levels 2 and 3) • Integrated diabetes pathways • Integrate GP practices into the INTs • Care Home Medical Support • Transforming Care (LD)	Jayne Mellor	Non-delivery of activity targets NHS Constitutional targets not being achieved Finance risks	• OHOC solution design events • Out of Hospital Delivery Group • Transforming Care Partnership Steering Group	• OHOC • STP

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Central Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 2/2

	(continued) Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
4	**Develop Frailty Pathway** **Key milestones:** • Community step-up frailty assessment service (November 2016) • Acute frailty network work-stream (started September 2016) • Development of an outreach service (2017-2018) • ED screening (starting at MAW on Chorley site October 2016) • Ambulatory care pathway (to be confirmed – looking at introducing pathway from ED to frailty assessment service by December 2016)	Jayne Mellor	Non-delivery of activity targets NHS Constitutional targets not being achieved Finance risks	• Urgent Care Programme Delivery Group	• OHOC • STP
5	**Develop enhanced community services** **Key milestones:** • Community based intermediate care review • Implement bed modelling • Develop 10 Integrated Neighbourhoods in line with LCC SPAs • Develop rehabilitation, pre crisis and crisis mental health support models	OHOC SRO	Pre-engagement business case agreement	• OHOC Joint Programme Board	• CCG work programmes • LCFT Operational Plan • LTHTR Operational Plan • LCC Commissioning Intentions

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Central Lancashire priorities against the 9 National Must Do's 1/14

9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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**.	STP prevention and OHOC Prevention, Early Help and Self Care work stream objectives and work programmes aligned. Measured by delivery of constitutional targets and indicators within the CCG assessment framework and RightCare.	Key milestones within urgent care work stream aligned to STP Acute and Specialist workstream but fast track those initiatives that are not dependent on the realignment of services across Lancashire. Measured by delivery of constitutional targets and indicators within the CCG assessment framework and RightCare.	Key milestones within the Out of Hospital work stream will align with the STP but fast track the review and redesign of pathways that are not STP dependent. Measured by delivery of constitutional targets and indicators within the CCG assessment framework and RightCare.	Development of a sustainable primary care model as an integral part of the Out of Hospital Strategy. Measured by delivery of constitutional targets and indicators within the CCG assessment framework and the key performance indicators in the GP Quality Contract.	Redesign of urgent and emergency services locally but consistent with the STP in terms of configuration across Lancashire. Measured by delivery of constitutional targets and indicators within the CCG assessment framework and delivery of the new Urgent Care Service at Preston and Chorley.

Continued overleaf

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Central Lancashire priorities against the 9 National Must Do's 2/14

9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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.	RTT performance improvement Non elective activity reductions Elective activity reductions for limited value interventions Reduction in outpatient appointments Delivery of STP savings plans	RTT performance improvement Reduced GP referral rates A&E attendances for self presenters Delivery of STP savings plans	RTT performance improvement Reduced GP referral rates A&E attendances for self presenters Delivery of STP savings plans	RTT performance improvement Non elective activity reductions Elective activity reductions for limited value interventions Re-admissions within 28 days Delivery of STP savings plans	Non elective activity reductions A&E attendances for self presenters Delivery of STP savings plans

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Central Lancashire priorities against the 9 National Must Do's 3/14

9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.		Ensure practices nurses have the right knowledge and skills to deliver care closer to home. Training needs analysis to be completed and updated annually	Manage CPD funding to ensure training offered and undertaken is aligned to the 5YFV and meets the needs of the local population. Review practice nurse forums and align outcomes to the primary care 5YFV. Develop action plans and complete NHSE risk profiling tool to measure and improve the quality of care in those practices placed in special measures or requires improvement. Increase student nurse placements.	• Uptake rate of GP Quality Contract • General practice engagement in the annual development programme, local and national • Uptake rate for Retain Doctor Scheme • Level of engagement in the General Practice Resilience Programme • Uptake of delivery of online consultations • Greater level of practices working at scale • Increased use of clinical pharmacists, HCA and care Co-ordinators • Targeted support to reduce variation across general practice – creation of localised dashboard to monitor achievement	

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Central Lancashire priorities against the 9 National Must Do's 4/14

9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues. Cont'd			**Benefits** Equitable access to services. Support for the workforce. Increased access to training and development opportunities. Knowledge and skills enhanced. Nurses able to revalidate. Improved morale of the workforce. Increased awareness of primary care services to assit with future recruitment.		

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Central Lancashire priorities against the 9 National Must Do's 5/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5 – urgent care redesign
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.	Monitoring quality markers within the new IUCC service design to monitor A&E impact. Escalating areas of concerns in a timely fashion. Development of new innovative roles to improve the integrated discharge team. **Benefits** Predictions are accurate. Implement early recover plans. Improved patient experience. Reduction in A&E attendances. Timely access to appropriate treatment.	Monitoring quality markers to predict any areas of non compliance and support the organisations to develop and implement recovery plans. Promotion/ implementation of discharge to assess ethos. Work in partnership to understand DToC/flow by undertaking patient case reviews to understand the decision making and make system changes as appropriate. **Benefits** Predictions are accurate. Implement early recover plans. Improved patient experience.	Reduction of admissions from care homes following the implementation of the GP led care home model. **Benefits** Better patient experience. Better outcomes. Support plans in place for all residents. Improved patient choice. Improved flow.	Promotion/ implementation of discharge to assess ethos. Monitor new ambulatory care pathway for frailty and develop robust KPI's **Benefits** Shorter LOS Improved patient experience. Improved utilisation of resources. Improved outcomes. Improved flow.	Impact Measures: • A&E 4hr Standard • KPIs included in urgent care centre contracts • Handover delays • Non-elective admissions • KPIs linked to ED Recovery Plan e.g. DTOC, discharge before mid day. Benefits include: • Improved handover times • Better streaming of patients • Improved flow through Trust

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Central Lancashire priorities against the 9 National Must Do's 6/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5 – urgent care redesign
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.	Impact Measures: • Achievement of 92% standard • Reduction in POLCV • Reduction C2C referrals • Improved performance against elective activity plan • No >52 week waits • % outsourced activity Benefits include: • Better referral management • More informed Choice for patients • Better use of capacity • Patient flow • Monitor the impact of the new referral management pathways. **Benefits.** Patients seen within 18 weeks. Improved patient experience.	Monitoring quality markers to predict any areas of non compliance and support the organisations to develop and monitor recovery plans. Monitor patient feedback via FFT, surveys, compliments and complaints to measure patient experience. **Benefits** Proactive, early support and interventions. Efficient utilisation of resources. Listen and hear patients concerns. Proportionate responses.	Monitoring quality markers and escalating areas of concerns in a timely fashion. Monitor patient feedback via FFT, surveys, compliments and complaints to measure patient experience. **Benefits** Proactive, early support and interventions. Efficient utilisation of resources. Listen and hear patients concerns. Proportionate responses.		

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Central Lancashire priorities against the 9 National Must Do's 7/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5 – urgent care redesign
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.	Monitor impact of Redesign of cancer pathways. **Benefits.** Patients seen within 62 days. Improved patient experience. Improved outcomes.	Monitoring quality markers to predict any areas of non compliance and support the organisations to develop and monitor recovery plans. Monitor patient feedback via FFT, surveys, compliments and complaints to measure patient experience.	Monitoring quality markers and escalating areas of concerns in a timely fashion. Monitor patient feedback via FFT, surveys, compliments and complaints to measure patient experience.	Impact Measures: • One-year survival • Achievement of cancer standards • Achievement of diagnostics standard • Reduction in non-elective admissions for cancer • Number of significant event audits for late presentations Benefits: • Early Diagnosis • More patients receiving timely treatment • Improved survival • Improved secondary prevention	

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Central Lancashire priorities against the 9 National Must Do's 8/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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. (Continued)		**Impact measures:** • EIP RTT 50% • 2 x IAPT RTT measures • IAPT recovery rates • Takeup of web-based IAPT solutions • IAPT referral rates • Patients commencing anti-depressants offered F/UP (in P Care in quality contract) • Measure shift of shared care reviews from MAS service to P Care **Benefits:** • Less demand on MAS and mainstream IAPT services • Quicker IAPT recovery via self-help • Earlier diagnosis • Quicker access to services • Increased numbers of patients able to self-help • Increased skill level of primary care workforce • Early intervention • Reduced pressure on A&E	**Impact Measures** • Patients commencing anti-depressants offered F/UP (in Primary Care quality contract) • Measure shift of shared care reviews from MAS service to Primary Care • IAPT referral rates • Measures in proposed new Primary-care led Care homes model **Benefits** • Earlier diagnosis • Quicker access • Increased skill level of primary care workforce • Early intervention • Reduced pressure on A&E		• Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including: • Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care; • More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young

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Central Lancashire priorities against the 9 National Must Do's 9/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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. (Continued)					People Improving Access to Psychological Therapies (CYP IAPT) by 2018; • Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral; • Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline; • Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and

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Central Lancashire priorities against the 9 National Must Do's 10/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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. (Continued)					• Reduce suicide rates by 10% against the 2016/17 baseline. • Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. • Increase baseline spend on mental health to deliver the Mental Health Investment Standard. • Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

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Central Lancashire priorities against the 9 National Must Do's 11/14

(continued) 9 Must Do's	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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.					• Eliminate out of area placements for non-specialist acute care by 2020/21. Plus Reduce demand for 2nd care Mental health which is 2.7 time National average to 2.0 National average with achieving National average in year 5

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Central Lancashire priorities against the 9 National Must Do's 12/14

(continued) 9 Must Do'so	Central Lancashirepriorities				
	P1	P2	P3	P4	P5
8. Deliver actions set out in local plans to transform care for people **with learning disabilities,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.			In order to improve the situation for local residents, the two CCGs are active partners within the Lancashire Transforming Partnership developing: •A housing strategy •A local flexible 'procurement' agreement •Workforce strategy •A community integrated approach to personalised care •Specialist challenging behaviour teams •A crisis management service •Assessment & Treatment Centre Consider the benefits of introducing a 'lab in a box' initiative, that can support the annual health check programme and reach the hard to reach service users.		

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Central Lancashire priorities against the 9 National Must Do's 13/14

(continued) 9 Must Do'so	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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.	Develop action plans and complete NHSE risk profiling tool to measure and improve the quality of care in those organisations placed in special measures or requires improvement. Jointly review the mortality findings reported by the acute provider in order to identify any lapses of care and take action as appropriate. Review and inform the provider CIP process to ensure the quality of services provided is maintained. Monitor the CQC action plan.	Work collaboratively with key partners to make improvements by developing robust action plans which are monitored. Review and update of pathways and service specifications to ensure they reflect locality needs and demonstrate improved patient outcomes. Complete QIA for all schemes. Health economy approach to improving the prevalence of falls by establishing a collaborative forum to formulate and agree a shared action plan.	The development of KPI's and quality schedules to monitor, manage and improve quality of care within commissioned services. Develop action plans and complete NHSE risk profiling tool to measure and improve the quality of care in those practices placed in special measures or requires improvement. Monitor the CQC action plan for those practices that are rated as inadequate or requires improvement. Health economy approach to improving the prevalence of falls by establishing a collaborative forum to formulate and agree a shared action plan. HCAI strategy to reduce incidents of CDI and MRSA	Introduction of a joint quality reporting system with LA to monitor, manage and improve quality of care within the care home sector. Health economy approach to improving the prevalence of falls by establishing a collaborative forum to formulate and agree a shared action plan. **Benefits** Reduction in variation and duplication. Services can work with homes to improve quality of care by providing bespoke action plans. Improvement in quality of care across the sector will release time.	Escalation plan and suspension policy to be rolled out across the health economy which provides guidance on managing failing providers. Review and inform the provider CIP process to ensure the quality of services provided is maintained. Monitor the CQC action plan. Health economy approach to improving the prevalence of falls by establishing a collaborative forum to formulate and agree a shared action plan.

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Central Lancashire priorities against the 9 National Must Do's 14/14

(continued) 9 Must Do'so	Central Lancashire priorities				
	P1	P2	P3	P4	P5
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. Cont'd	Health economy approach to improving the prevalence of pressure ulcers by establishing a strategic group led by the CCG to roll out the React to Red initiative and develop a shared pressure ulcer reduction plan. Robust Serious incident monitoring process. **Benefits** Standardised tool to measure risk. Highlights areas of concern from a joint perspective. Highlights areas of good practice. Collaborative working. Sustainability of services. Safe services are provided.	Health economy approach to improving the prevalence of pressure ulcers by establishing a strategic group led by the CCG to roll out the React to Red initiative and develop a shared pressure ulcer reduction plan. AMR reduction plan, supported by CQUIN **Benefits** Quality of services maintained. Improved patient outcomes. Services meet the needs of the population. Improved patient experience. Efficient utilisation of resources. Reduction in waste. Safe services are provided. Harm free care provided.	HCAI strategy to reduce incidents of CDI and MRSA AMR reduction plan in place. **Benefits** Standardised tool to measure risk. Highlights areas of concern from a joint perspective. Highlights areas of good practice. Robust KPI's will provide commissioners with early warning signs which will enable support to be provided earlier. Safe services are provided. Harm free care provided. Equitable access to services. Efficient use of resources. Reduction in inappropriate prescribing.	Health economy approach to improving the prevalence of pressure ulcers by establishing a strategic group led by the CCG to roll out the React to Red initiative and develop a shared pressure ulcer reduction plan. **Benefits** Safe services are provided. Improved patient outcomes. Improved choice. Services that reflect the needs of the population. Improved flow.	Health economy approach to improving the prevalence of pressure ulcers by establishing a strategic group led by the CCG to roll out the React to Red initiative and develop a shared pressure ulcer reduction plan. Review and update of pathways and service specifications to ensure they reflect locality needs and demonstrate improved patient outcomes. **Benefits** Clear roles and responsibilities. Reduction in variation and duplication of resources. Equitable access to services.

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Fylde Coast LDP

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Fylde Coast Local Delivery Plan on a page

Introduction

The partner organisations in the Fylde Coast health economy are committed to working together to improve health outcomes for our population. Our aim is to develop a model of integrated and coordinated health and social care so that care is delivered seamlessly, sharing data and communicating better with each other and those in need of our services, their carers and families. In moving towards a financially sustainable care system we will have a single Fylde Coast cost improvement plan managed through a single programme management office which will move us towards an aggregate balanced position.

- The Fylde Coast system footprint is the population of c. 330,000 served by the GP practices within two CCGs: Blackpool and Fylde and Wyre.
- Our starting point is strong. We are the system in England that is participating in three national, interlinked initiatives (Vanguard, Test Bed &Healthy New Town) and we have a good track record of partnership working and collaboration across commissioners and providers of care.
- We have identified five priorities for change, underpinned by five transformational enablers, which taken together will help us to address our financial gap by 2020/21.

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Our priorities for the next 5 years

- P1 • **Priority 1:** Returning the system to **sustainable financial balance** in aggregate across the two CCGs and the Foundation Trust
- P2 • **Priority 2:** Effective management of the **long term conditions agenda**, from prevention through to improved personalised outcomes for complex patients with multiple health and social care needs
- P3 • **Priority 3:** Improving **clinical outcomes** (determined by RightCare and other benchmarking opportunities)
- P4 • **Priority 4:** Improving **access to services** – right care, right place, right time – across the full range of healthcare system entry points
- P5 • **Priority 5:** Improving the **patient experience** of care

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

1. Continued implementation of our **New Models of Care**, with Extensive Care and Enhanced Primary Care provided across all neighbourhoods, and a growing focus on **self-care and patient activation** (Vanguard & Transformation Area)
2. Review and redesign **patient pathways across primary, community and secondary care** with a focus on conditions with high prevalence and/or significant opportunity for improvement (quality, patient experience & efficiency)
3. Review and redesign of **urgent and emergency care services** and associated points of entry into the system
4. Improve the utilisation and effective sharing of **digital health records** across the Fylde Coast and beyond
5. Lay the foundations for the **development of an accountable care** system / organisation developing shared functions and designing our accountability framework

Analysis of Impact against Triple Aims

Care & Quality
- Improved access to 1º care services
- Improved clinical outcomes, reflected in reduced mortality rates and reduced health inequalities
- Reduction in unnecessary hospital admissions and excess length of stay

Health & Wellbeing
- Targeted, proactive case management
- An increase in social prescribing to promote self-care and wellbeing
- Additional years of life
- Patient activation, empowering approach through Community Orientated Primary Care

Finance & Efficiency
- Identify what proportion of the financial challenge needs to be addressed at each level: organisation, LDP, STP
- A single Fylde Coast cost improvement programme
- A planning approach centred on best use of the 'Fylde Coast pound'

An underpinning programme of transformational enablers includes:

A. Becoming an **accountable care system / organisation** with a collective focus on the whole population**. B.** Developing a **workforce with redefined roles** that support the New Models of Care skill set requirements, and addresses the identified capacity / skills gaps.. **C**. Making **better use of our estate** to provide care in community-based settings, linked to wider social requirements, in a cost-effective way. **D**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency. **E.** Ensuring **effective communication and engagement** with our population and our workforce

Fylde Coast Key milestones, Owners, Risks, Governance & Interdependencies 1/2

The Fylde Coast health economy will deliver these initiatives via several work programmes:

WP1	**Enhanced GP Access**	**WP4**	**Mental Health**
	WP7 Technology		
WP2	**Urgent & Emergency Care**	**WP5**	**Planned Care**
	WP8 Effective Use of Resources		
WP3	**Care Model Delivery**	**WP6**	**Cancer**
	WP9 System Design		

Each work programme has a Senior Responsible Officer, a Senior Responsible Clinicians and a Programme Lead.

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
1	Continued implementation of our **New Models of Care**, with Extensive Care and Enhanced Primary Care provided across all neighbourhoods, and a growing focus on **self-care and patient activation** (Vanguard and Transformation Area) **Key Milestones**: October 2016 Introduction of Enhanced Primary Care January 2017 EPC in all neighbourhoods Formal staff engagement and development to support cultural change	WP3	• No agreement on national Vanguard funding that will be received for 2017/18 – value proposition to be submitted in Nov 2016 • Recruitment of workforce in sufficient number / with right skill set	Yes	WP1, WP2
2	Review and redesign **patient pathways across primary, community and secondary care** with a focus on conditions with high prevalence and/or significant opportunity for improvement (quality, patient experience & efficiency) **Key milestones:** November 2016 Pilot of Community Integrated Diabetes Service model December 2016 Priority pathways agreed as part of 2-year operational planning April 2017 Implementation of priority pathways	WP5	• Clarity on partnership working and engagement with pan-Lancashire & South Cumbria STP member organisations • Ability to adapt skill sets of existing workforce • Ability to meet pace and scale of change	Yes	WP1 WP2 WP3 WP8

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Fylde Coast Key milestones, Owners, Risks, Governance & Interdependencies 2/2

The Fylde Coast health economy will deliver these initiatives via several work programmes:

WP1	**Enhanced GP Access**	**WP4**	**Mental Health**
WP7	**Technology**		
WP2	**Urgent & Emergency Care**	**WP5**	**Planned Care**
WP8	**Effective Use of Resources**		
WP3	**Care Model Delivery**	**WP6**	**Cancer**
WP9	**System Design**		

Each work programme has a Senior Responsible Officer, a Senior Responsible Clinicians and a Programme Lead.

	(continued) Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
3	Review and redesign of **urgent and emergency care services** and associated points of entry into the system **Key milestones:** Milestones determined by Transformation Area requirements	WP2	• Clarity on funding to support change across health and social care	Yes	WP3
4	Improve the utilisation and effective sharing of **digital health records** across the Fylde Coast and beyond **Key milestones:** Milestones determined by Transformation Area requirements	WP7	• Ability to invest in development of digital solutions • Data sharing agreements	Yes	
5	Lay the foundations for the **development of an accountable care** system / organisation, developing shared functions and designing our accountability framework **Key milestones:** April 2017 MCP and shadow ACS April 2018 Formal ACS April 2019 Shadow ACO? TBC	WP9	• Clarity on partnership working and engagement with Fylde Coast ACS member organisations	Yes	

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Fylde Coast priorities against the 9 National Must Do's 1/3

9 Must Do's	Your priorities				
	P1: Financial balance	P2: Manage long term conditions	P3: Improve clinical outcomes	P4: Improve access to services	P5: Improve patient experience
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**.	Local Delivery Plan developed via Fylde Coast Strategic Partnership Board, and delivered through nine work programmes. Use RightCare and Carter opportunities to identify areas of focus and agree trajectories to realise savings and improve delivery of RTT standards Benefits • Financial impact across Fylde Coast • Improved access KPIs • Referral rates / activity levels by specialty • Compliance rates with agreed pathways • CIP / QIPP delivery				
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.	✓ **WP5: Planned Care** Benefits • Improved value for money across the Fylde Coast • Financially and clinically sustainable services • Headroom to invest in transformation of front line care KPIs • Financial control totals • CIP / QIPP delivery • Activity / I&E plans delivered ✓ **WP8: Effective Use of Resources**		✓ **WP5:Planned Care**	✓ **WP5:Planned Care**	

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Fylde Coast priorities against the 9 National Must Do's 1/3

9 Must Do's	Your priorities				
	P1: Financial balance	P2: Manage long term conditions	P3: Improve clinical outcomes	P4: Improve access to services	P5: Improve patient experience
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.	✓**WP8: Effective Use of Resources** Benefits • Improved productivity • Reduced vacancy rates/turnover KPIs • Financial control totals • CIP / QIPP delivery • Agency spend	✓ **WP3: Care Model Delivery** Benefits • Increased appts (total & outside of core contracted hours) • Localised services in each neighbourhood • Improved equality of access to routine & urgent appts • Improved health outcomes, esp. for deprived & hard to reach groups KPIs • GP satisfaction survey • Urgent / OOH activity • ED activity	✓ **WP1: Enhanced GP Access** ✓ **WP3: Care Model Delivery**	✓ **WP1: Enhanced GP Access**	✓ **WP1: Enhanced GP Access** ✓ **WP3: Care Model Delivery**
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.		✓ **WP2: Urgent & Emergency Care** Benefits • Patients managed in their home, or most appropriate care setting • Reduced A&E attendances, thus improved patient experience and achievement of national standards • Reduced admissions / readmissions KPIs • National ambulance standards • National ED standards • STF trajectory targets ✓ **WP7: Technology** Benefits • Shared records - access to medical record prior to attendance at ED, and access to 1º care record in ED • Use of remote technology to support early intervention	✓ **WP2: Urgent & Emergency Care** ✓ **WP7: Technology**	✓ **WP2: Urgent & Emergency Care** ✓ **WP7: Technology**	✓ **WP2: Urgent & Emergency Care**

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Fylde Coast priorities against the 9 National Must Do's 2/3

(continued) 9 Must Do's	Your priorities				
	P1: Financial balance	P2: Manage long term conditions	P3: Improve clinical outcomes	P4: Improve access to services	P5: Improve patient experience
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.	✓ **WP5: Planned Care** Benefits • Improved access for patients KPIs • Referral rates / activity levels by specialty • Compliance rates with agreed pathways • RTT at specialty level • STF trajectory targets			✓ **WP5: Planned Care**	✓ **WP5: Planned Care**
		✓ **WP7: Technology** Benefits • Shared records - access to medical record prior to attendance at ED, and access to 1º care record in ED • Use of remote technology to support early intervention	✓ **WP7: Technology**	✓ **WP7: Technology**	✓ **WP7: Technology**
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.			✓ **WP5: Planned Care** ✓ **WP6: Cancer** • Implementation of Fylde Coast Cancer Strategy & NICE Cancer Guidance Benefits • Improved access KPIs • 31-day and 62-day cancer standards	✓ **WP5: Planned Care** ✓ **WP6: Cancer**	✓ **WP5: Planned Care** ✓ **WP6: Cancer**
		✓ **WP7: Technology** • Shared records - access to medical record prior to attendance at ED, and access to 1º care record in ED • Use of remote technology to support early intervention	✓ **WP7: Technology**	✓ **WP7: Technology**	✓ **WP7: Technology**

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Fylde Coast priorities against the 9 National Must Do's 3/3

(continued) 9 Must Do's	Your priorities				
	P1: Financial balance	P2: Manage long term conditions	P3: Improve clinical outcomes	P4: Improve access to services	P5: Improve patient experience
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.		✓ **WP4: Mental Health** Benefits • Improved access to IAPT, including talking therapies • Continued delivery of dementia diagnosis rate KPIs • National (and Transformation Area) IAPT standards • National dementia standards	✓ **WP4: Mental Health** • Shared records ✓ **WP7: Technology**	✓ **WP4: Mental Health**	✓ **WP4: Mental Health**
8. Deliver actions set out in local plans to transform care for people **with learning disabilities,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.		✓ **WP4: Mental Health** Benefits • Development of local registers of patients at risk of admission, with regular care plan reviews KPIs • Number of people in hospital with LD	✓ **WP4: Mental Health** • Shared records ✓ **WP7: Technology**	✓ **WP4: Mental Health** ✓ **WP7: Technology**	✓ **WP4: Mental Health**

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Fylde Coast priorities against the 9 National Must Do's 3/3

(continued) 9 Must Do's	Your priorities				
	P1: Financial balance	P2: Manage long term conditions	P3: Improve clinical outcomes	P4: Improve access to services	P5: Improve patient experience
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.	✓**WP8: Effective Use of Resources**	✓ **WP7: Technology** • Ensure quality of care is maintained / improved in a financially sustainable manner • Shared records to support integrated care planning and treatment • Use of remote technology to support early intervention • Education and assessment within nursing / care homes	✓ **WP7: Technology**	✓ **WP7: Technology**	✓ **WP7: Technology**

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Pennine Lancashire LDP

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Pennine Lancashire Local Delivery Plan on a Page

Introduction

- The Pennine Lancashire system footprint is the population of the six boroughs of Blackburn with Darwen, Rossendale, Burnley, Pendle, Ribble Valley and Hyndburn.
- Our population of 531,000 people is served by a unitary authority, five district councils, one county council, two CCGs, 85 GP practices, 91 dentist practices, 152 pharmacies, 42 opticians and many voluntary and community sector groups, which are run independently and provide a range of primary care services.
- Our Case for Change clearly sets out the key demographic, inequality and financial challenges for Pennine Lancashire . We have put in place a robust partnership working, governance and assurance framework across the system to drive forward the planning and delivery of sustainable transformation to address our 'do nothing' gap by 2020/21.
- We have set out a clear vision, principles and commitments to shape and guide our local delivery plan
- Pennine Lancashire is committed to effective communication and engagement with our workforce,, our public and politicians and a programme of engagement and commmunication work is already involving a wide range of stakholders in the conversation about our shared future .

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Our priorities for the next 5 years

P1
- We will create an effective, integrated, person and family centred Locality Services Model, incorporating NHS, Social Care, Primary Care and the Voluntary, Community and Faith sectors.

P2 - We will transform urgent and emergency care to ensure that the people of Pennine Lancashire with urgent care needs will receive a highly responsive service that delivers care as close to home as possible. Those with serious or life-threatening conditions will be treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

P3
- We will improve on all of our key 'Variations in Care' through standardisation of pathways and best practice interventions and improve the health and wellbeing outcomes of our population overall.

P4
- We will develop a comprehensive health promotion and wellbeing programme focussing on community resilience, disease prevention, citizen empowerment and the development of volunteering, through a single public sector approach working with the Voluntary, Community and Faith sectors.

P5
- We will take forward our Health Improvement Priorities (Respiratory, Cardiovascular, Frailty, Mental Health, Cancer, and Children and Young People) as part of our Solution Design Programme to ensure our transformation addresses key health outcomes for our population.

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

1 Pilot **locality working** in test bed sites across the Pennine Lancashire footprint.

2 Set out and deliver an **A&E Recovery Plan** which will support the delivery of key constitutional and priority metrics and the transformation of urgent and emergency care.

3 Deliver an effective **Solution Design Programme** to develop the best possible Business Case for the transformation of services.

4 Undertake **Stakeholder Communications and Engagement** activity to inform and engage our workforce, public and politicians in the development of our plans for transformation.

5 Work across the system to design and deliver a **Sustainability and Efficiency** programme of work to meet financial control totals in 2016-17 and 2017-18.

6 Develop our approach to **Prevention** and identify the range of initiatives and interventions which can evidence effectiveness and a Return on Investment.

Analysis of Impact against Triple Aims

Care & Quality
- Reduce the number of people experiencing harm as a result of a fall
- Reduce the number of people experiencing harm as a result of medication
- Reduce the number of children and young people experiencing harm
- Referral to treatment times
- Reduce the number of unnecessary unplanned hospital admissions
- Reduce the number of people being admitted/readmittted to hospital.

Health & Wellbeing
- Increase the number of years that people live
- Increase quality of life and general wellbeing
- Reduce the dependency of people on services
- Address mental health

Finance & Efficiency
- Ensure the health and care system is financially balanced
- Achieve a shift in resources into prevention and early intervention
- Reduce CO2 emmissions from estate
- Reduce the degree of workforce turnover
- Reduce the percentage of workforce days lost to sickness absence
- Increase the percentage of staff recommending Pennine Lancashire Health and Care as a good place to work.

An underpinning programme of transformational enablers includes:

A. Workforce Transformation: One Workforce **B.** Better Use of Tecchology. **C**. Consistent and Clear Communications and Engagement With Our Public and Workforce **D**.Optimise the Use of Public Estate Across All Organisations: One Public Estate

Pennine Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 1/2

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
1	**Pilot Locality Working in Test Bed Sites** **Key milestones**: • Establish single assessment process and case management framework across Pennine Lancashire (March 2017). • Develop Pennine Lancashire Standard Operating Procedures for Locality Working (October 2016). • First pilot operational (October 2016). • Second pilot operational (April 2017).	Sharon Martin	Short-term funding initiatives not sustained.	Locality Steering Group in Place	Primary Care Regulated Care Sector Urgent and Unscheduled Care Organisational plans
2	**A&E Recovery Plan** **Key milestones:** • Delivery of Recovery Plan against the 4-hour target (December 2016) including phased delivery up to 2018 of the five mandated clinical priorities (streaming, development of an integrated virtual clinical 111 hub, transformation of ambulance services, patient flow and discharge) • Consistent Walk-in offer which simplifies access for patients in Pennine Lancashire (April 2018) • Development and integration of new models of Primary Care delivering extended access to weekend and evening appointments (April 2017). • Development of key services for vulnerable people including A&E liaison services to support case management approaches to reduce frequent attendance from vulnerable groups (April 2017).	Kevin McGee	Workforce capacity. Financial alignment. Changing culture and behaviours.	A&E Recovery Board in place.	Locality Care Acute and Specialist Services Regulated Care Sector
3	**Solution Design** **Key milestones:** • Series of events completed (January 2017) • Key products eg Case for Change and Quality Standards developed (January 2017) • Draft Business Case completed (January 2017).	Mark Youlton	Securing representation and participation in events.	Transformation Steering Group in place.	Pennine Lancashire workstreams Lancashire and South Cumbria workstreams.

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Pennine Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 2/2

	(continued) Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
4	**Stakeholder Communications and Engagement** **Key milestones:** • Online presence via website and social media launched (July 2016) • Large-scale public engagement events held (October and November 2016) • Programme of focus groups and targeted engagement activity (October 2016 – March 2018).	Marc Schmid Michelle Cloney	Negative press coverage aligned to national reputation of STPs.	Fully Engaged Steering Group in place	Solution Design Programme
5	**Sustainability and Efficiency** **Key milestones:** • Establishment of Pennine Lancashire Sustainability and Efficiency Group (September 2016) • Utilisation of RightCare and Carter data (March 2017) • Appointment of partner to support economic modelling (October 2016) • Evaluation of options and business cases (February 2017)	Roger Parr	Timing of costs being released. Differential impact on partners within the system. Deliverables from business cases.	Sustainability and Efficiency Steering Group in place	Solution Design Programme Organisational plans
6	**Prevention** **Key milestones:** • Workshops to engage and develop approach (autumn 2016) • Identification of short list of interventions with evidence of effective effectiveness and Return on Investment (October 2016) • Implementation plan for delivery in place (January 2017).	Dominic Harrison	Availability of evidence base .	Prevention Steering Group in place.	Locality Care

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Pennine Lancashire priorities against the 9 National Must Do's 1/3

9 Must Do's	Pennine priorities				
	Locality Services Model	Urgent and Emergency Care	Improve Variations in Care	Health Promotion and Wellbeing	Health Improvement Priorities
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**.	• LDP Solution Design Phase complete by January 2017 • LDP Pre-consultation Business Case in place by January 2017 • LDP Pre-consultation Business Case to set out proposals for achieving Triple Aim and Pennine Lancashire's Benefits Framework.				
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.	• Improved efficiency and productivity (Carter+) • Implementation of RightCare Pathways • Reductions in numbers of Procedures of Limited Clinical Value • Delivery of control totals				
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.					

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Pennine Lancashire priorities against the 9 National Must Do's 2/3

(continued) 9 Must Do's	Pennine priorities				
	Locality Services Model	Urgent and Emergency Care	Improve Variations in Care	Health Promotion and Wellbeing	Health Improvement Priorities
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.	• Increased number of calls transferred for clinical advice • Increase in 'see and treat' and 'hear and treat' • Reduced inpatient bed occupancy • Reduced length of stay • Discharge to assess in place • Implementation of the 'SAFER' bundle				
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.	• Achievement of 92% standard • Reduction in Procedures of Limited Clinical Value • Improved patient experience				
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.	• Prevention and early intervention component in place • Increased proportions diagnosed earlier (ie at stage 1 and stage 2) • Reduced proportion of cancers diagnosed following emergency admission • Improved survival rates • Increase in patients receiving timely treatment				

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Pennine Lancashire priorities against the 9 National Must Do's 3/3

(continued) 9 Must Do's	Pennine priorities				
	Locality Services Model	Urgent and Emergency Care	Improve Variations in Care	Health Promotion and Wellbeing	Health Improvement Priorities
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.	• IAPT RTT measures • First episode of psychosis RTT measures • Improved access to services • Supporting self help and self care • Dementia awareness, education and training				
8. Deliver actions set out in local plans to transform care for people **with learning disabilities,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.					
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.					

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West Lancashire LDP

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West Lancashire - Local Delivery Plan on a page

Introduction

- The West Lancashire system footprint is the population of 111,000 people registered with GPs across five neighborhood areas.
- Our starting point is generally good, as the Out of Hospital Strategy is well on the way to being implemented via the community re-procurement. This goes live in April/May 2017. The CCG is also an associate member of the Cheshire/Merseyside STP in relation to its hospital patient flows.
- The system is experiencing increasing pressure 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 £8.4m by 2020/21.
- We have identified five priorities for change, underpinned by four transformational enablers, which taken together with the Healthier Lancashire and South Cumbria work 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 LDP, 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: Transform Community Services: "building the Future Together"; Delivering our new models of Care.**

P2
- **Priority 2: Transform outcomes for those experiencing the most challenging health inequalities**

P3
- **Priority 3: Transform outcomes in the most challenging long term conditions**

P4
- **Priority 4: Transform Urgent and emergency care**

P5
- **Priority 5: Transform planned care**

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

1. Implementing a new community provider model (akin to MCP) from April 2017. This is the cornerstone of the CCG's Out of Hospital Strategy and also includes joining up out of hospital urgent care (walk in centre, out of hours and acute visiting service).
2. Implement "Well Skelmersdale" asset based community approach in line with the "Well North" Programme aims.
3. Re-design the Musculoskeletal services in collaboration with health economy partners. This is a key RightCare priority.
4. Primary care transformation - exploring all aspects of GP federation . This links to out of hospital strategy and MCP model.
5. Sustainability of Southport hospital and progression of the mid-Mersey "Alliance" work as part of Mersey STP. This includes maternity and paediatric vanguard work.
6. Mental health

Analysis of Impact against Triple Aims

Care & Quality

New model focusses on quality and care improvements, reduction in variation , unmet need.

Planned care transformation promotes patient empowerment and reductions in unnecessary admissions

Health & Wellbeing

Asset based approach in Skelmersdale will help to reduce current life expectancy gap in West Lancashire (8 years between areas)

Reductions in over-hospitalization of patients

Finance & Efficiency

£8m gap by 2021. Local solutions deliver 75% of this gap. Wider STP working would need to deliver the remainder going forward.

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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** - West Lancs has progressed a number of initiatives as part of the digital health programme in Lancashire

West Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 1/2

	Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
1	Implementing a new community provider model (akin to MCP) from April 2017. This is the cornerstone of the CCG's Out of Hospital Strategy and also includes joining up out of hospital urgent care (walk in centre, out of hours and acute visiting service). write initiative here> **Key Milestones**: • Mobilisation November to March • Go Live in April 2017	Jackie Moran	Contractual and financial risks. Contingency planning.	Project has its own Programme Board with full CCG executive and Non-executive membership – links to Governing Body and GP Membership	Requires multi-disciplinary team approach to neighbourhood working therefore alignment with primary care, social care and hospital care is key.
2	Implement "Well Skelmersdale" asset based community approach in line with the "Well North" Programme aims. **Key milestones:** Part of Well North prevention Programme which is funded for 3 years until March 2018.	Kathryn Kavanagh	Engagement of local community. Adequate support from stakeholders including council colleagues and public health.	Yes – reporting to Well North Hub. Also via "One West Lancashire".	Links to wider "Well North" Programme and methodology. Links to Healthier Lancashire Prevention workstream.
3	Re-design the Musculoskeletal services in collaboration with health economy partners. This is a key Right Care priority. **Key milestones:** New referral protocol from November 2016	Amanda Gordon	Financial risks if savings targets are not met.	Yes - scheme is overseen by CCG Clinical Executive and Membership Forum	Engagement with primary care GP's and orthopaedic providers

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West Lancashire Key milestones, Owners, Risks, Governance & Interdependencies 2/2

	(continued) Initiatives which we will focus in 2016/17 – 17/18	Scheme Owner	Risks	Do you have governance in place for this?	Main Interdependencies
4	Primary care transformation - exploring all aspects of GP federation and mutual support. Support from Ernst Young to facilitate. This links to out of hospital strategy and MCP model. **Key milestones:** Report due November 2016 – key strands of project including Care Homes, Federation and Leadership.	John Caine	Not all GP practices agree to the same common approach or model	Yes via GP membership council and updates reported to Governing Body.	Out of Hospital Strategy and MCP model
5	Sustainability of Southport hospital and progression of the mid-Mersey "Alliance" work as part of Mersey STP. This includes maternity and paediatric vanguard work. **Key milestones:** Links to Mersey STP milestones and consultation timeframes. Further detailed work to be completed in 2017.	Mike Maguire	Public Consultation Capital funding	Yes – separate governance re Mersey "Alliance" STP	Out of Hospital Strategy and workforce strategy
6	A transformational approach to Mental Health by radically re-shaping mental health contract and informing Lancashire programme. **Key milestones:** Joint commissioning intentions agreed and mobilization plan finalized - Jan –March 2017	Mike Maguire	Financial position of certain providers	Yes. Via current contracting process.	Capital strategy of providers

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West Lancashire priorities against the 9 National Must Do's 1/3

9 Must Do's	West Lancashire priorities				
	Transforming Community	Transforming Health Inequalities	Transforming Long term conditions	Transforming Urgent Care	Transforming Planned Care
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**.	Delivery of MCP model April 2017 Integration work with council is key to neighbourhood team approach.	Prevention work-stream important to common public health message / action across Lancashire		Links to Mersey STP	Links to Mersey STP
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.	Reductions in ambulatory care sensitive conditions is key to restoring financial balance.	Work around respiratory health will have short and long term benefits. Reductions in COPD in Skelmersdale.	Rightcare spend on prescribing for long term conditions is relatively high. Work being undertaken to tackle medicines waste and third party prescribing	Joining up of out of hospital urgent care will contribute to reductions in ambulatory emergency admissions	Highest rightcare area is Musculoskeletal costs. Re-design of services and single access point will ensure savings. Also, reduction in outpatient review clinics. "RightCare meets Carter" session within health economy.
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.	Ernst and young work re federated working and addressing practice variation			Out of hours included in community re-procurement and re-modelling of out of hospital urgent care	

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West Lancashire priorities against the 9 National Must Do's 2/3

(continued) 9 Must Do's	West Lancashire priorities				
	Transforming Community	Transforming Health Inequalities	Transforming Long term conditions	Transforming Urgent Care	Transforming Planned Care
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.	Altering therapy and nursing team skill mix will help reduce admissions related to frailty etc (e.g reduction in over 65 admissions)	Reductions in COPD admissions will take pressure off system in Skelmersdale		Out of Hospital urgent care programme (as part of community re-procurement) will help manage demand in to ambulance and hospital	
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.					West Lancs currently has lowest average waiting times in country 4.4 weeks. Key to Demand management is getting MSK pathway right
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.			One year survival rates are good , however focus needs to be on earlier diagnosis and work is underway with the Trust to improve pathway e.g Cancer radiology		

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West Lancashire priorities against the 9 National Must Do's 3/3

(continued) 9 Must Do's	West Lancashire priorities				
	Transforming Community	Transforming Health Inequalities	Transforming Long term conditions	Transforming Urgent Care	Transforming Planned Care
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.			High performer in Dementia diagnosis, and on target for IAPT and early intervention. Currently looking at improving referral routes from primary care – getting them to the right place .		
8. Deliver actions set out in local plans to transform care for people **with learning disabilities,** including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.	Links to care closer to home as part of pan-Lancashire strategy "Transforming Care"				
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.	Community re-procurement is key to reducing avoidable non-elective admissions			Overarching action plan at Trust – CQC report, lessons learnt from serious incidents, mortality improvement plan	

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- Prevention and Population Health
- Primary Care
- Mental Health
- Acute & Specialised Care
- Children's & Young People Mental Health & Emotional Wellbeing
- Learning Disabilities
- Regulated Care
- Urgent & Emergency Care

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Prevention and Population Health Plan on a Page

Introduction

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 the 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 pro active care and reduce demand; whilst promoting fully engaged communities and place based health and care system.**

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Our priorities for the next 5 years

- P1 **Priority 1** Reduce demand by identifying and supporting individuals and families with complex needs.
- P2 **Priority 2** Address the unwarranted variation in management of risk factors and care pathways
- P3 **Priority 3** Improving outcomes for children and families
- P4 **Priority 4** Achieving a fully engaged scenario with communities and people mobilised for improving their health and wellbeing
- P5 **Priority 5** Embed health in all policies including employment, planning, transport and housing

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

High Impact Initiatives

1. Population health approach to risk stratification and to achieve:
   - Proactive, anticipatory, joined up community based support for the top 5% complex individuals and families across all ages
   - 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
2. Falls prevention and crisis response
3. Alcohol liaison and diversion schemes
4. Improve access and uptake of reablement and rehabilitation
5. CVD and Stroke prevention through improving the management of hypertension and atrial fibrillation
6. Reducing admissions for childhood dental extractions

National Must Dos

1. Mental health and wellbeing:
   - suicide prevention
   - improving emotional resilience in CYP
   - improve dementia diagnosis
2. Diabetes prevention
3. Workplace health and wellbeing to reduce sickness absence and improve productivity
4. Cancer prevention, screening and early detection
5. Addressing RightCare priorities to reduce unwarranted clinical variation, in particular improve the uptake of shared decision making
6. Supporting improvement of patient safety and reducing avoidable mortality

Analysis of Impact against Triple Aims

Care & Quality

- Reduction mortality attributable to problems in health care
- Reduction in severe harm attributable to problems in health care
- Increased proportion of people with positive experience of care
- Improved management of chronic conditions and their risk factors

Health & Wellbeing

- Improvement in healthy life expectancy and the slope index of inequality
- Reduction in avoidable deaths
- Reduced incidence of long term conditions
- Reduction in premature mortality of people with learning disability
- Reduction in suicide rates
- Improvement in cancer survival rates
- Improvements to staff health and wellbeing
- Improved community resilience and wellbeing

Finance & Efficiency

These initiatives, when implemented at scale are estimated to achieve a return on investment and/or net savings through a

- Reduction in 30 days readmission
- Reduction in emergency admissions
- Reduction in delayed transfers of care
- Reduction in proportion of ambulance calls that result in avoidable transportation
- Reduction in under 18 admissions due to preventable causes
- Reduction in primary care consultations and antidepressant prescription

We estimate this to be in the region of £225m in 2-3 years. We are currently estimating additional resources needed for implementing these initiatives.

An underpinning programme of transformational enablers includes:

A. Addressing the **wider determinants of health and wellbeing** through combined authority/Local Government. **B**. **Developing a 21st century workforce** across our system so that it is able to deliver our new models of care. **C**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Primary Care Plan on a Page

Introduction

- 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.

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Our priorities for the next 5 years

P1: Support and grow the primary care workforce; Double the growth rate in GPs, through new incentives for training, recruitment, retention and return to practice whilst also upskilling other health are professionals e.g. clinical pharmacists

P2:Better manage workload; Support struggling practices through resilience programmes and development programmes whilst shifting focus to prevention and early intervention. Integrating care and developing multidisciplinary teams

P3: Improve access to primary care services in and out of hours. building on the local GPAF pilots. to implement 7 day access to GP service to entire population and realigning OOH and Urgent Care Services

P4:Transform the way technology is deployed and infrastructure utilised; implementing CCG estates strategies and local digital roadmaps to secure high quality primary care estate to underpin new models of care

P5: Redesign how care is provided; implement new models of care to deliver sustainable services with improved outcomes and greater use of self-care, technology and wider workforce such as secondary care, community nurses, mental health, third sector

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

1. Continue to implement the GP Forward View including:
   - £3 per head investment
   - GP Resilence programme
   - Growing the workforce e.g. Clinical Pharmacists
   - Time for Care GP development programme
   - Estates Technology and Transformation Fund
   - Time for care programme
2. Improve access to general practice services 7 days a week, focusing initially on the two Transformation Areas but rapidly rolling out across the STP footprint utlising central and local investment
3. Build on the learnings from the vanguards and identify next CCG/LDP ready to implement second wave of new models of care
4. Shift focus to early intervention, building on Healthy Living Pharmacies, children's eye screening services and dental smile for life – delivering better oral health.

Analysis of Impact against Triple Aims

Care & Quality
- Sustainable, high quality primary care with less variation and fewer inequalities.
- Proactive, co-ordinated, holistic and person centred care
- No practices rated inadequate by CQC

Health & Wellbeing
- Improved and increased provision of self-care programmes including use of health care apps
- Improved oral health especially in Children under 5 years in Blackburn with Darwen and Blackpool

Finance & Efficiency
- Investment in primary care will enable a shift in activity from hospital to out of hospital care which will cost less and deliver better care closer to home.
- Primary care working at scale with appropriate technology and infrastructre.

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.

Mental Health Transformation Programme Plan on a Page

Introduction

Our Vision: *IAPT access standard and 24 hour A&E liaison and are key as part of taking pressure of acute trusts and inpatient settings and providing people with holistic care which addresses both physical and mental health needs and react early to people experiencing mental health crisis. This includes improved access to EIP, Eating Disorders and Perinatal. 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.*

Our priorities for the next 5 years

P1: By improving access to consistent crisis and pre crisis pathways, we can improve patient experience, whilst reducing demand and improving operational resilience across the whole public sector (NWAS, 111, Police, Acute and Specialist Mental Health Services).

P2 By improving early diagnosis and post diagnostic support care for older adults with dementia, we can promote independence & recovery and ensure people are cared for in the least restrictive setting.

P3:By improving prevention & more integrated management of physical & mental health services in primary care, we can improve life expectancy, reduce disability and reduce demand on mental health and acute services.

P4: By improving the care sector offer (older adult, mental health and rehabilitation) we can promote recovery, improve system efficiencies and reduce demand on health and social services across the system.

P5: By devolving spend and implementing a collaborative supply model for specialist mental health services for all ages, will better manage end to end pathways and deliver care in the least restrictive and appropriate settings. This will enable us to deliver financial & efficiency benefits, whilst delivering better outcomes and patient experience.

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

P1:Redesigning a consistent 24/7 acute liaison service across The Health Economy for Emergency Departments and wider hospital settings. Developing a mental health response to support the clinical decision making of 111 / 999

P2 Redesign of Memory Assessment Services. Integrated discharge teams and intensive home support

P3 Redesign the IAPT pathways with integrated management of people with long term conditions, for e.g. COPD. Improve access to health checks for people with mental illness as part of the emerging new locality model. Shared care with people enduring mental health interventions

P4: Developing a discharge to access model across the Health Economy to ensure that individual's recovery is fully optimised to ensure that the patient is discharged into the least restrictive setting. To improve access to telecare/digital support into the care home sector

P5: To develop an integrated rehabilitation pathway across the health economy (to include improved market management / care in the least restrictive setting and proactive case management of individuals).

P6: Develop a Lancashire & South Cumbria wide suicide prevention strategy

Analysis of Impact against Triple Aims

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Five Year Forward View Deliverables

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.

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 delivery our new models of care. **D**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Acute & Specialist Plan on a Page

Introduction

The Lancashire & South Cumbria health system has 5 main providers of acute and specialist services (excluding mental health) over 10 sites. The Trusts are East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust and Southport and Ormskirk Hospitals NHS Trust. Core secondary care services are provided by all 5 of the organisations; three Trusts provide specialist services. There are some very specialist services that we cannot provide locally and our patients need to travel out of area for care however there are also some services currently provided out of area that we could provide locally.

We have unacceptable variations in outcomes, quality and patient experience across our provides and population. We aspire to providing the best acute and specialist services that we can and will design our future acute care model on the best evidence base available.

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Our priorities for the next 5 years

- **P1** • **Priority 1: Specify high quality operational standards for the delivery of acute and specialist services that will meet the needs of the Lancashire and South Cumbria population.**
- **P2** • **Priority 2: Consider and recommend options for appropriate acute and specialised service configuration in order to improve quality and outcomes.**
- **P3** • **Priority 3: Identify new models of care and delivery that will provide sustainable and accessible services for the population.**
- **P4** • **Priority 4: Integrate acute activity with community based services, delivering care closer to home wherever possible, providing specialist advice and support.**
- **P5** • **Priority 5: Create a resilient acute and specialist workforce by becoming excellent teaching and learning providers and economy.**

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

1 Baseline the current operational service provision for the services in scope – to include strengths and challenges.

2 Agree care standards and service specifications for key acute and specialist services.

3 Assess options for future delivery of the following services:

- vascular
- Stroke
- neurology
- cancer
- maternity
- neonatology including NICU
- paediatrics
- critical care
- end of life care
- orthopaedics and MSK.

4 Make recommendations for the overall shape of acute and specialist services incorporating the outcomes of the urgent and emergency care workstream.

Analysis of Impact against Triple Aims

Care & Quality

Reduction in neonatal mortality and stillbirths – of x by y

Improved cancer survival rates of x by y – for which cancers?

Achievement of nationally quality standards and care bundles.

Improve the rates of 'preferred place of care' for people on an EOL pathway.

Health & Wellbeing

Improved outcomes for cancer, heart, lung and liver disease.

Increase the contribution of A&S services to brief interventions.

Reduced variation in health outcomes, health inequalities and access to acute care.

Finance & Efficiency

Improve our outcomes – Right Care for acute and specialist services. Rapid assessment & diagnosis services (e.g. near patient testing), enhanced rehabilitation recovery, reduced LOS, effective discharge and repatriation, reducing beds by y.

Deliver more services virtually/ using technology and peripatetically = reduction in overheads.

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 delivery our new models of care. **D**. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Regulated Care Sector Plan on a Page

Vision: To improve the quality of care and the patient/client experience across the sector. This requires a clear focus on appropriate, sustainable capacity and provision across residential, nursing and domiciliary care, which attracts and retains trained high-calibre staff to provide patients and residents with excellent care within a setting of their choice.

Workstream	Objectives/Outcomes	Outputs	Timeline Short, med, long (30,60, 90+ days)
1. Quality of Care	Improve quality of care with robust quality assurance and monitoring	• Quality map provision across Lancashire & South Cumbria • Develop consistent quality framework(s) and principles • Develop policies to manage poor performance/best practice guides • Develop consistent performance metrics/scorecard approach	60 60 30 60
2. Finance, markets, contracts and procurement	Provide services that offer value for money with a focus on outcome based commissioning	• Develop Market Position Statement via locality stocktake • Develop Market stimulation framework • Develop Models for cost of care and cost of care rates • Alignment of future procurement • Market Stabilisation & gaps analysis to be completed • Standardisation of contract template • Assessment of financial pressures	90+ 90+ 90+ 120+ 90+ 90+ 60
3. Workforce – Training and Development	Develop a workforce that has the appropriate skills to deliver quality services to meet the needs of the population.	• Workforce analysis/skills matrix • Training needs analysis • Workforce Development Plan • Strengthened link with HE/FE • Recruitment retention modelling	60 90 90 90+ 90+
4. Digital/Telehealth and Telecare	Improve use of technological models to support provision of care	• Develop a consistent directory of services jointly supported by stakeholders • To explore innovative solutions where technology can support delivery of care • Consideration of Quest for Care roll out	60 30+ 60
		Communication and Engagement Develop communication plan and engagement strategy/Develop mechanisms for stakeholder agreement • Links to Providers • Links to LCA • Engagement with ADASS • Engagement with Clients • Link with devo Manchester workstream	 30 60+

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CYPMHEW Transformation Programme Plan on a Page

Introduction

The Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan for Lancashire (2015-2020) was published in January 2016. The plan has been informed by consultation with children, young people and families and is based on comprehensive identification of needs and evidence based practice, to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery. The document sets out the first iteration of a five-year plan for Lancashire which will be reviewed and updated continually to ensure it reflects the needs and aspirations of CYP and their families. The plan will support local implementation of the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*; it aims to improve the resilience, emotional wellbeing and mental health of young people.

Our priorities for the next 5 years

- P1
  - **Priority 1:** Promoting resilience, prevention and early intervention
- P2
  - **Priority 2:** Improving access to effective support – a system without tiers
- P3
  - **Priority 3: Improving** Care for the most vulnerable
- P4
  - **Priority 4: Increasing** Accountability and transparency
- P5
  - **Priority 5:** Developing the workforce

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

1. Development of Specialist Peri-Natal mental health community services
2. Delivery of a Resilience Programme in Secondary Schools
3. Eating Disorders
4. Improving Access to Emotional Health & Wellbeing Support Services
5. Digital THRIVE
6. Tier 4 CAMHS

Analysis of Impact against Triple Aims

Care & Quality

A reduction in the risk of avoidable harm

A reduction in the severity, duration, and the negative impact of mental health problems

Improve outcomes by improving access to support and reducing waiting times

Compliance with national standards

Health & Wellbeing

Increasing participation, life skills, employability , attitudes , motivation and wellbeing (particularly in relation to happiness, purposefulness and life satisfaction and confidence).

Enabling people to access support earlier

Reducing reliance on T3 and T4 CAMHS

Appropriate use of services

Finance & Efficiency

Reduced Tier 4 bed activity

Greater system oversight

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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.

Urgent and Emergency Care Plan on a Page

Our priorities for the next 5 years

P1
- **Priority 1: Integrated Urgent Care**

P2
- **Priority 2: Enhanced Primary Care**

P3
- **Priority 3: Enhanced Acute Care**

P4
- **Priority 4: Mental Health**

P5
- **Priority 5: Integrated Care**

Priority 6: Out of Hospital Care

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

1 Integrated Urgent Care
- Integrated Virtual Clinical Hub
- Early Transfer to OOH Providers (Direct booking equivalent)
- Expanding access to patient records, care plans and SCR
- Implementation of NHS 111 Commissioning Standards/ Models

2 Enhanced Primary Care
- Transition to mainstream Extended GP Practice 17/18
- LHE Plans for Primary Care clusters/ locality team working
- Community Pharmacy developments

3 Enhanced Acute Care
- 7 Day UEC Initiatives
- Delivery against 4 Mortality Standards
- LHE Pathway review/ redesign and designation of UEC Facilities
- Workforce development including improved links and collaboration between HEE and UECN/Leads
- Payment model initiatives (Based on national outcomes tbc)

4 Mental Health
- 24/7 Access to MH Crisis and Liaison

5 Integrated Care
- UEC elements of Digital Roadmap
- UEC elements of Personalisation
- Demand, capacity and flow management (A&E Improvement)

6 Out of Hospital Care
- UEC elements of Independent Care
- UEC elements of Community Services
- Discharge and DTOC Processes

Analysis of Impact against Triple Aims

Health & Wellbeing

UECN Vision to provide highly responsive services, for adults and children with urgent care needs, that delivers care as close to home as possible and are safe, sustainable and of a consistent high quality. This will minimise disruption and inconvenience, supporting independence and ensuring the most serious needs are treated in a timely way with the right expertise to maximise outcomes.

Care & Quality

- **Delivery of 7 Day Services for UEC**
- **Delivery of Priority Clinical Standards (including 4 Mortality Standards)**
- **Delivery of UEC Outcomes (Enhanced Acute Care; Enhanced Primary Care; Out of Hospital Care)**

Finance & Efficiency

- **A&E Improvement Plans & Boards will deliver efficiency in system processes**
  - **Discharge & DTOC processes**
  - **Capacity & Demand management**
  - **System wide escalation responses**

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STP Programme as a whole will deliver underpinning enablers in relation to system leadership; governance; workforce and use of technology / estates / facilities across Partners

Pan Lancashire Learning Disabilities and/or Autism Transformation Plan on a Page

Introduction

Lancashire was chosen as one of six fast track areas in 2015 to develop and implement system wide plans to transform services for those with Learning Disabilities and/or Autism. The Right Track plan was signed off by all CCG and LA organisations.

There are 1,519,892 registered people Pan Lancashire with 6056 registered as having a learning disability across the 8 CCG's, in April 2016 there were 109 hospital in-patients and a trajectory was set to reduce to 89 by end of March 17

The Lancashire vision is consistent with the national service model and is that:

People with a Learning Disability and/or Autism, including people with complex and challenging behaviour, can lead fulfilling lives in the community supported by 'ordinary' services with appropriate support from staff with skills to support them and their needs in their local community, whenever possible

Lancashire intends to reduce the reliance on non-secure beds by 70% and substantially reduce the numbers of people who come into contact with secure services. This ambition is being achieved by focussing on putting in place high-quality individual packages of care and creating a hub and spoke community support model.

Our priorities for the next 5 years

P1
- **Priority 1: Embed co-production throughout the TCP work programmes to ensure all care and services are designed to meet the needs of this population**

P2
- **Priority 2: Improve quality of life by treating people with dignity and respect. They should have a choice over where they live and be supported to live safely in their own homes wherever possible**

P3
- **Priority 3: Redesign the community offer to provide integrated services and enable person-centred, planned, proactive and coordinated care with early intervention and preventative support**

P4
- **Priority 4: Improve equity of outcomes with early intervention and preventative support, better access to mainstream NHS services and specialist care available in the community**

P5
- **Priority 5: Reduce reliance in in-patient services, redesign the in-patient pathway, commission and quality assure to reduce admissions and reduce lengths of stay**

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

1) Production of a Pan-Lancashire Housing Strategy , with market position statement and map demand to supply
2) Implementing procurement systems
3) Undertake a communication and engagement programme
4) Develop an integrated community service specification, commission and implement.
5) Adopt National care and treatment review policies
6) Deliver a physical health and prevention, increase GP registers, annual health checks, health action plans and hospital passports
7) Outline the requirements to establish a safe, sustainable workforce
8) Develop pooled budget arrangements with robust governance arrangements to support it
9) Continue to safely discharge patients that have been in hospital long term and ensure adequate hospital provision for future needs

Analysis of Impact against Triple Aims

Care & Quality

Reduce in-patient numbers from
16/17 109 to 89
17/18 89 to
Reduce lengths of stay
Reduce readmissions

Health & Wellbeing

Increase participation in GP DES for LD registers to 100%
Increase Annual Health Checks to 80%
Increase Health Action Plans year on year

Finance & Efficiency

£194 Million Pooled Budget
Reduce projected growth
Increase efficiency

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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, including the use of advocacy and support services. **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.

Enablers

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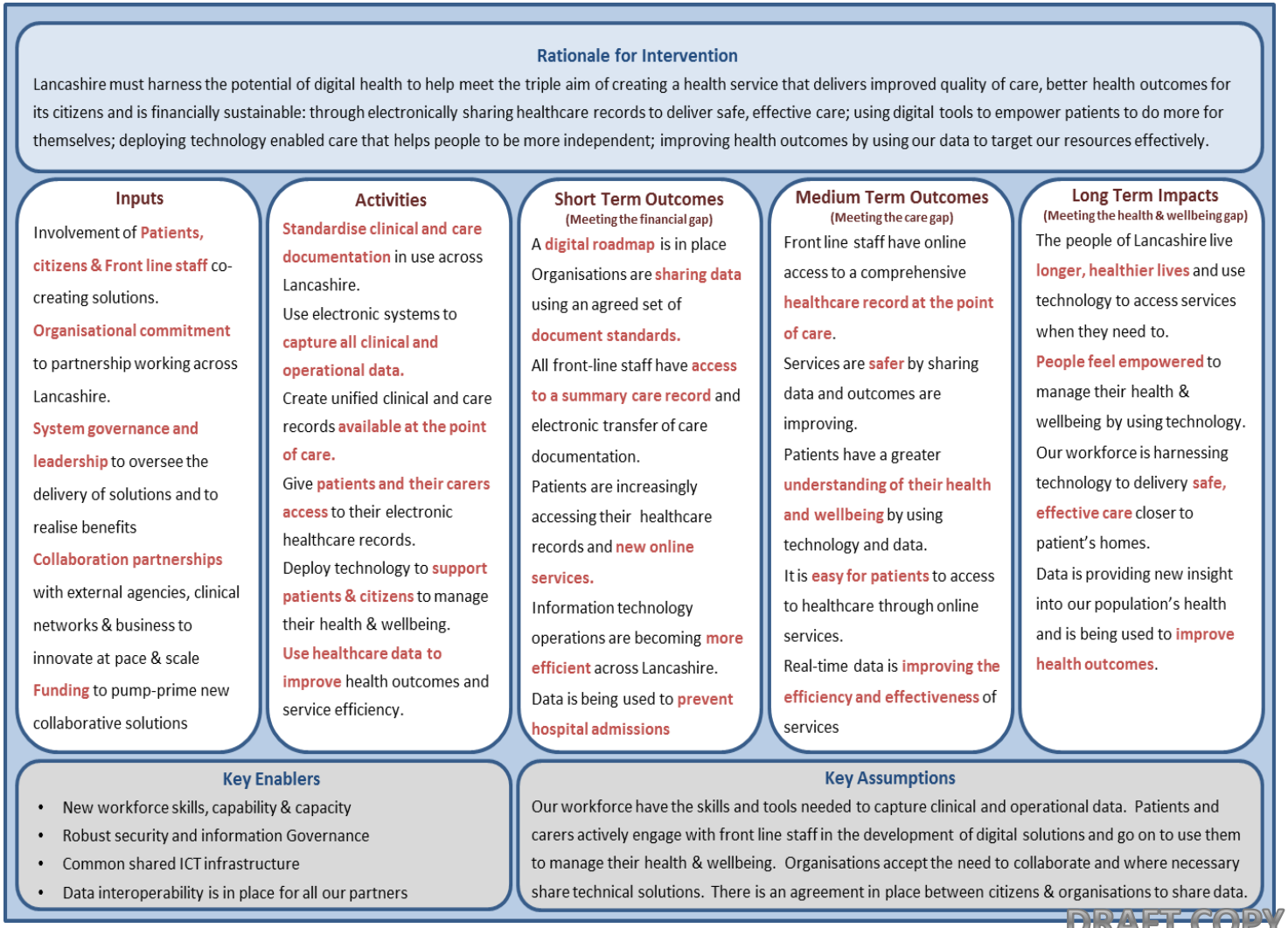
Digital health – Vision: Faster, easier & more engaging for people



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- In June 2016, the CCGs were required to submit a Local Digital Roadmap (LDR) alongside our Sustainability and Transformation Plan (STP). Lancashire's LDR covers eight CCGs, six provider trusts (including Southport and Ormskirk), three councils and the North West Ambulance Service. Cumbria has a separate LDR, however the direction of travel is well aligned through the Better Care Together Programme.

- The LDR has been developed through the Digital Health Board and wide ranging consultation with both clinical and non-clinical leaders. The document sets out five broad strategic themes which drive the national requirements to delivery paper-free at the point of care and improvements across ten universal capabilities. The themes are:

  - Electronic record sharing - Supporting safe, effective and efficient care by sharing healthcare records across organisational boundaries
  - Empowered citizen – Giving people access to their healthcare records, to new online services and seeking to improve digital health literacy
  - 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 and to deploy technology that allows professionals to test patients in the community, potentially offering early diagnosis of disease
  - Learning healthcare system – Making better use of our data to predict need and manage our population's health. Creating capability within the workforce to use data and a collaborative approach to how we store and process it
  - 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

- Over the next three years as part of the STP programme, these strategic themes will be translated into a portfolio of work that will be threaded to all parts of the change programme. Facilitating cross-organisational working, creating new approaches to improve access to services and driving operational efficiency.

- The implementation of the digital portfolio is initially focussed on supporting system-wide sustainability. In the first year, the aim is to engage with frontline staff and patients to identify areas of improvement, establish areas of good practice and create capability across the system. In year 2, the focus would shift to scaling solutions at pace and scale, continuing with back office consolidation and the creation of a Learning Healthcare System. From year three onwards, the approach will be to use the new digital capabilities to underpin system-wide transformation. This intensive three-year programme has six interrelated delivery components:

  - *Increasing capacity in primary and community care* – bringing together a resource to support GP Practices and other community assets to embed digital solutions into services. Improving access by offering online services, streamlining processes and removing unnecessary bureaucracy
  - *Managing demand across the system* – embedding a 'think digital' approach to service redesign, using online tools to signpost patients appropriately and developing a 'self-serve' approach wherever possible
  - *Avoiding unnecessary hospital admissions* – Using our data, in combination with improvements in care coordination, to proactively respond to the changing needs of patients with chronic conditions. To improve the flow of information between organisations and ensure electronic processes actively promote adherence to clinical pathways and RightCare
  - *Enable early discharge and avoid re-admission* – Using remote care technology to help patients to be safely be discharged from hospital with extended support into their homes. Improving the digital maturity of hospital systems to support the care of patients in a range of care settings
  - *Promoting prevention* – Extending the use of digital tools to improve health literacy in our population. Encouraging the adoption of health and wellbeing tools in conjunction with health coaching to motivate people into positive health behaviours
  - *Driving efficiency & change with pace & scale* - Developing our workforce's capability to delivery technology enabled change. Driving out operational efficiencies and standardisation of the IT infrastructure as part of a programme of activities established under the banner of back office efficiency

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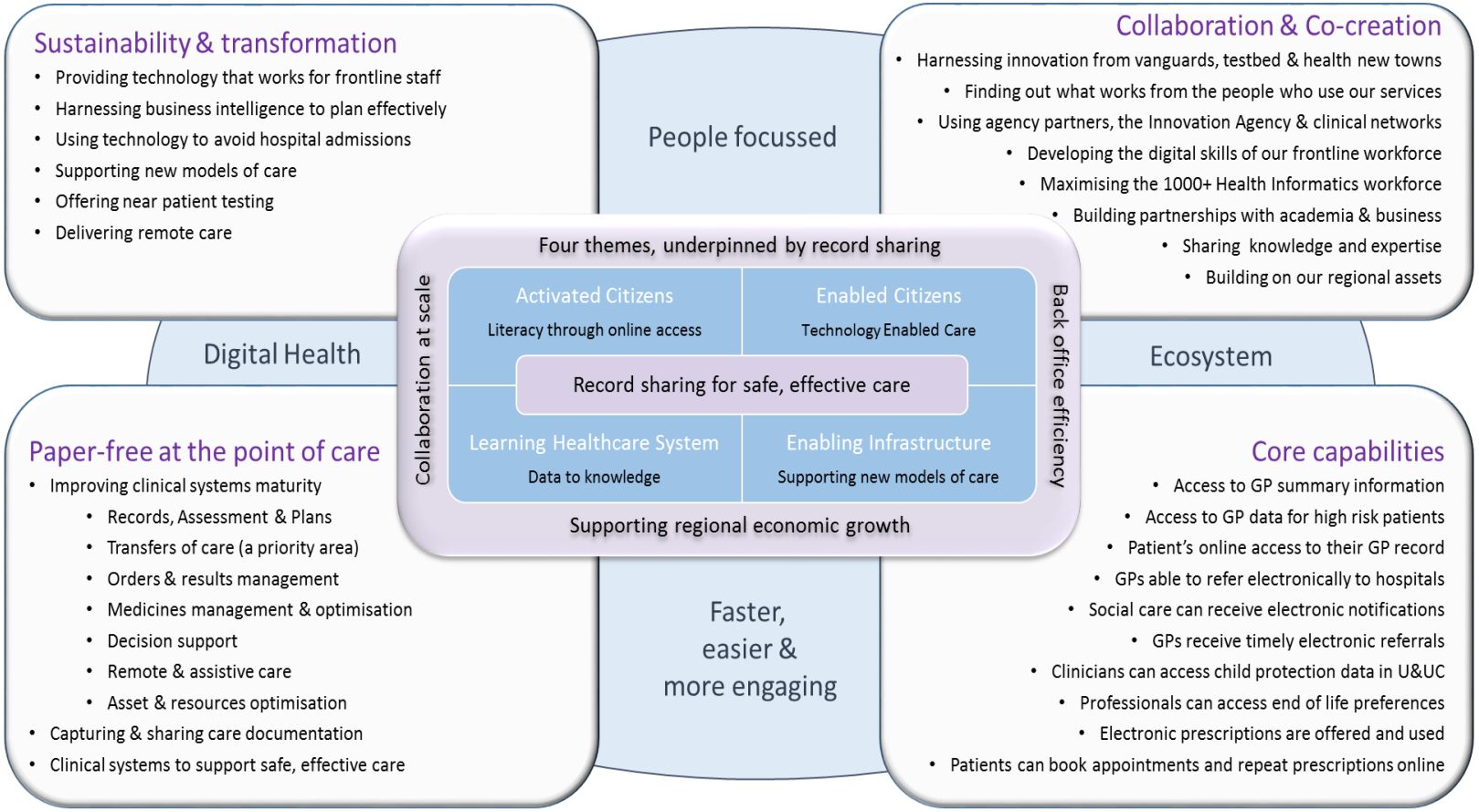
Local digital roadmap (LDR) on a page



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Digital (IT) enablers for the STP (1)

1. Increasing capacity in Primary & Community Care

- Development of a Primary Care Digital Transformation Bundle
  - Delivery of GP Forward View targets (digital elements)
  - Delivery of LDR Universal Capabilities
  - Capability building in using remote care tools / apps / social media / texting (Flo)

2. Managing demand

- Deployment of online transactions tools across the care system
  - 'Think Digital' approach to operational process redesign
  - Online triage tools & patient advice
  - Electronic self-scheduling tools for people to manage their appointments
- Accelerated deployment of optimised electronic referrals
  - County-wide deployment of an online advice & guidance tool
  - Streamline processes around booking management services
  - Improve directory services and referral workflow tools
- Records integration across urgent and unplanned care services
  - Sharing of condition flags e.g. end of life care
  - Automated workflow and task allocation into community services

3. Hospital admission avoidance

- Creating new capabilities in predictive analysis
  - Online caseload management tools for care-coordination teams / frontline staff
  - Bringing together hospital, community, primary and social care data in near real-time
  - Development of new predictive risk algorithms with academic partners
- Digital tools for long-term condition management
  - Deployment of the App prescribing platform
  - Deployment of remote care / monitoring solutions into the homes of LTC patients
  - Accelerated deployment of Care Home Connect - remote diagnostic and telehealth solutions
- Accelerated deployment of Lancashire's Health Information Exchange (LPRES)
  - Creation of a shared record view
  - Extending the functionality of the Information Sharing Gateway
  - Integration of app & sensor data into the shared record view

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Digital (IT) enablers for the STP (2)

4. Enable early discharge from hospital / re-admission avoidance

- New models of delivery for remote care, e.g. tele-renal
  - Digital discharge solutions (TTO Digital)
- Digital Maturity - Paper-free at the point of care
  - Real-time electronic Transfers of care
  - e-Shared care plans
  - Electronic bed boards; Care homes, community & stepdown
- Deployment of near-patient testing solutions and sharing test results

5. Prevention agenda

- Development of integrated apps & a health coaching approach to support the whole systems prevention model
- Digital health literacy; online access to records, health & wellbeing apps, online resources

6. Driving efficiency, change at pace & scale

- Enabling back office efficiency (8 work streams underway)
- Developing digital skills in the workforce and with the public, e.g. Go-On Lancashire

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Indicative financial model

Summary:

- £30m STP over three years
- £10m NHS England Technology
- £6m Recurrently through back office efficiency by 20/21

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Lancashire & South Cumbria Digital Health Collaboration Network (draft)

STP Work Stream Digital leads							
Primary Care	Regulated Care Sector	Prevention	Urgent & Emergency Care	Acute & Specialised	Children & Young People	Learning Disabilities	Mental Health

Pan Lancashire & South Cumbria Enablers
Record Keeping Standards
Learning Healthcare System
Patient Facing Applications / Online
Consolidated Electronic Health Record & Clinical Support Systems
Digital Administrative Efficiency

Local Delivery Footprint Digital Leads				
Central Lancs	**Pennine Lancashire**	**Fylde Coast**	**Bay Health Partners**	**West Lancashire**

Back Office Consolidation							
Networks	Data Centre	Interoperability	End User Compute	Unified Communications	Contracts	Cyber Security	Business Intelligence

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LDR capabilities schedule

Empowered Citizen (active & online)

By 17/18:

95% of GP Practices offering, SCR, Patient Online, (records, appointments & repeat prescriptions)

All secondary providers accessing the enhanced summary care record (or SCR)

Clinical teams & citizens can access an Apps portal (ORCHA) to prescribe apps

By 20/21:

All Practices offer enhanced online services (triage, signposting, video consultation, App & social prescribing

All citizens can access all their published electronic care documents online via LPRES

All citizens with a long-term care need can access & contribute to the health record using apps

All citizens can access online tools to help manage their own health and wellbeing

Integrated Record Sharing

By 17/18:

Implemented regional Health Information Exchange (LPRES). All Health & care (H&S) partners connected and publishing

Implemented a single data sharing governance process & tool. All H&S partners signed up to IG Gateway tool

All secondary care providers sending e-discharges & offering e-referral slots

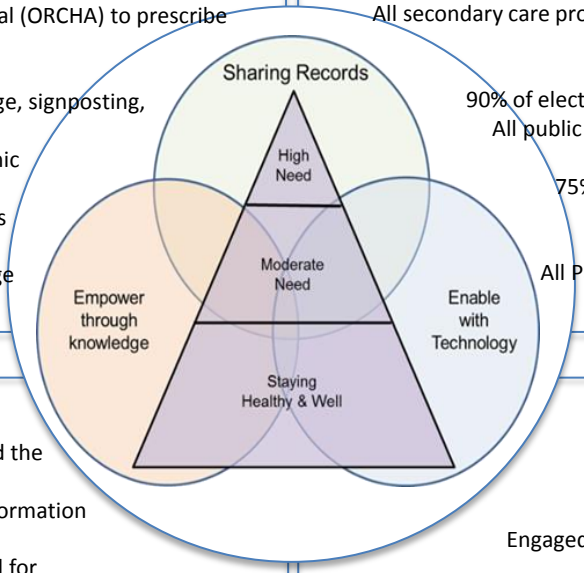
By 20/21:

90% of electronic care documentation transacted over LPRES

All public sector bodies & major independent & 3rd sector partners connected to LPRES

75% of appointments across the H&S system can be booked electronically. LPRES integrates with all STP recognised healthcare Apps

All Paper-free at the POC & universal capabilities met



Learning Healthcare System (Population health)

By 17/18:

Agreed plan for the consolidation of our data and the associated business intelligence resources

Started deployment of a regional child health information System, underpinning child protection (CPIS)

Started design work on an explicit consent model for secondary uses

By 20/21:

Frontline staff access a range of real-time decision support, predicative analytics, benchmarking tools

A mechanism is in place to systematically analyse cross-agency population data in near real-time

Citizens actively engaged in managing their consent preferences to share data for healthcare research

Enabled Citizen (technology-enabled care)

By 17/18:

Workforce Digital Skills Academy established

A 'think digital' resource kit is available for transforming teams

Engaged citizens through Healthwatch (& others) to help co-create new digitally-enabled services

An online solutions catalogue is available

By 20/21:

All citizens in care homes have access to remote telehealth / diagnosis to avoid unnecessary hospital admission

All citizens with a long term needs are routinely offered technology-enabled care as appropriate to their needs

Near-patient diagnostic testing 'lab in a bag' is routinely used across the STP footprint

Enabling technology - By 17/18

Free public access Wi-Fi solution in place across all H&S partners

Mobile solutions operational for over most frontline staff (Single Wi-Fi SSID)

Single network infrastructure in place. Plans for pooled ICT budget approach

By 20/21

Integrated public sector network architecture established

All frontline staff able to access an integrated care record at the point of care

Unified solutions in place for telecomms, data storage & clinical support systems

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Better Care Funds (I)

The four Better Care Fund Plans developed and implemented across the Lancashire and South Cumbria STP footprint have laid the ground for a mature approach to collaborative working and a move towards integration of health and social care planning, commissioning and delivery.

The plans and their delivery have supported partners in working through the necessary legalities, mechanisms of budget pooling, policy compliance and building relationships across sectors. And have provided a firm foundation and framework for further integrated working. That all partners are active within the BCF arena is a testament to the commitment and relationships that have grown and the challenges that have been overcome. This has extended to the growing involvement of the voluntary sector and District Councils.

Delivering the BCF plans has resulted in significant progress ranging across:

- Joint financial management and reporting
- Consistent monitoring and reporting on activity and performance using common data sets and agreed KPIs.
- The use of common terminology and understanding of the links between activity and outcomes of the wide range of services delivered across the STP footprint.

Delivery of integrated service provision across health and social care, In terms of absolute performance against plans, when measured against the prescribed metrics, and as reported by each, there has been a varied level of success. Being able to analyse this in terms of locality and activity and openly share learning, across boundaries, including those of the BCFs, has grown trust and is supporting common approaches.

Being able to recognise what works best, on a BCF scale, has provided the impetus to focus on services such as reablement and rehabilitation and support their growth as part of a wider system.

The four BCFs have provided Health and Wellbeing Boards with a clear point of focus on integration of health and social care, the challenges that it creates and most importantly the opportunity it represents. Being able to consider the complex issues and “practice” the difficult conversations within the relatively safe and contained BCF arena has prepared the way for the role of that such bodies will play as the STP is implemented.

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Better Care Funds (II)

All partners recognised that the BCF 2015/16 was a first phase, in the main about creating, bedding in and testing out opportunities for formally pooling budgets, joint planning and delivery. The above describes what this has produced.

As the BCF(s) continue forward, their role is to become more focussed on enabling more ambitious approaches in pushing the boundaries of integration. This means using the BCF(s) to:

- Support joint commissioning of integrated care that includes truly cross sector teams.
- Explore opportunities to commission and deliver integrated care on a locality footprint, aligned to STP plans
- Where it is the most effective mechanism create or widen existing pooled budgets to meet the requirements of individual or groups of integrated services and influence the reshaping of the totality of health and social care spend. This is not, however, at the exclusion of the use of other, often more informal, forms of collaboration where those fit best.
- Develop and test out the mechanisms that will support STPs such as more sophisticated evaluation frameworks, reporting systems and use of business intelligence.
- Get better at being able to describe and quantify
    - The links between activity with outcomes
    - The links between BCF activity and performance with anticipated and actual savings
- Engage all partners in opening up integration beyond health and social care, especially the voluntary sector and District councils, to enable them to become co-production and delivery partners. Significant work is underway with both with clear expectations of changes in year that see explicit delivery by both against BCF priorities.
- Manage the challenges created by financial constraint and level of available resources.
- Create plans that are clear on areas of focus, to best use future BCF funding including any additional funding.

In addition the BCF(s) will continue to manage the delivery against the 2016/17 BCF plan constituent schemes and activities and respond to the live challenges faced in the priority areas.

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Our Approach to Leadership and Organisational Development Plan

The object of the plan is to provide the leadership and organisational development required by leaders across the system to support them in the implementation of the changes identified in the Healthier Lancashire & South Cumbria (HL&SC) Sustainability & Transformation Plan.

Rather than have OD providers and planners 'imagine' what would be required, the process has involved a series of diagnostic and in-depth interviews with a cross section of 20 leaders who will be actively involved in making the HL&SC changes happen. The interviews were designed to understand what L&OD support the HL&SC health and care system will require. The interviewees included executives, lay members, clinicians, directors of professional functions and others, from health providers and commissioners, local government and the third sector.

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Progress

The series of interviews has now been completed and their content has now been drawn together into a 'first cut' of an L&OD plan for HL&SC STP. The next step is a full day workshop on the 28th October 2016 in which the interviewees - together with a representative group of other front line leaders - will moderate the 'first cut' of the plan. The outcome of the is workshop will be an explicit and detailed plan of what is required – and for whom, and what the key development priorities should be. The plan will be available by the beginning of November.

Emerging Themes

It is essential to 'cut to the chase' and ensure that *all* L&OD interventions are now focused on the implementation of the STP. The exception is that associated with talent management.

- There needs to be a focus on obtaining a return on the investment in leadership development that has already taken place. consideration
- Leaders need to be confident and competent to work across geographical and organisational boundaries to make sustainable change happen.
- This requires the development of 'place-based' skills of influencing, negotiating and bargaining in addition to those associated with authority, command and control. There will need to be enhanced technical skills associated with change management.
- It also requires opportunities for locally based 'communities of interest' to be helped to work together to develop trust and understanding and to establish how fundamental changes to the health and care system might best be achieved.
- This will include developing high levels of competence in public and staff involvement.
- There needs to be a particular emphasis on the needs of some clinicians, non-executives and other public representatives and on bringing the professional cadres in Finance, HR and Estates together within a health and care economy, since they will be pivotal on building the new provider organisational forms required.
- There is a need for the demand side of L&OD (Trusts, CCGs, Local Authorities etc.) to be better integrated through an impartial 'broker' between them and the L&OD providers to ensure that the best use of the resources is made.

- Communications and Engagement Overview
- Activity already undertaken and impact
- Communications and Engagement Plan – October 2016 – December 2016
- Digital Engagement strategy

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Communications and Engagement Overview

An Involvement, Communications and Engagement (ICE) strategy has been co-designed by C&E partners from health and care organisations across Lancashire and South Cumbria. Healthier Lancashire and South Cumbria will establish co-ordination, consistency, best practice and robust inclusive and assured engagement across Local Health Economy areas as part of their LDPs within the STP footprint.

Activities must drive real involvement with the public, health and social care workforce, local elected members and MPs, Third Sector and patient groups, support services, statutory organisations and media.

IC&E activities will focus on doing things once and doing it well whilst recognising the different geographies. Delivery will consider different requirements and allow activity to be tailored by LDPs with the understanding that the delivery needs to be different, visual and 'real'.
A centralised system will be used to capture, analyse and utilise intelligence and data across the STP footprint to inform more effective ICE activity. Region wide and workstream related engagement will be led by the STP team.

Widespread understanding of the need for change amongst all sections of the communities across Lancashire ***needs to be visual and 'real'***

Delivery of the activity will build upon the vast amount of work which has already taken place within LDPs and local organisations and make best use of local knowledge, skills, experience and relationships that have been developed within communities.

Delivery of the Involvement, Communications and Engagement strategy will:

- Create widespread understanding of the need for change amongst all sections of the communities across Lancashire.
- Raise awareness of what individuals and communities can do to improve their health and resilience and achieve a shift in attitudes and behaviours.
- Provide robust evidence of inclusive engagement sufficient to facilitate implementation and withstand any legal challenge to the process.
- Ensure that communications and involvement activities and messages are consistent, coordinated and aligned across each of the LDPs.
- Ensure that feedback from local residents from all sources is collated and analysed and informs the STP and change process.
- Ensure democratic representatives have the opportunity to influence and contribute to the programme via the MPs Panel, 1-2-1 briefings, Local Government group briefings and continual oversight of HWBs, Health & Wellbeing Partnerships & HOSC.

Awareness of what individuals and communities can do to improve their health and resilience and achieve a shift in attitudes and behaviours ***needs to be a social movement where these discussions develop with individuals.***

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Communications and Engagement activity undertaken and impact

Below is a summary of the ICE activities undertaken across Healthier Lancashire & South Cumbria and by each of the LDPs. Feedback and contributions from stakeholders, public, patient representative groups, workforce and democratic officials has had significant impact and influence on the ICE strategy and plan.

Democratic engagement

- Healthier Lancashire and South Cumbria delivered a series of briefing sessions with more than 100 district and county Councillors
- MPs across the STP footprint have been engaged through an event in House of Commons, July 2016. Invitations have been sent to local MPs to get involved with local programmes by three LDPs.
- In addition central 1-2-1 Briefings have taken place with 4 MPs since July 2016
- Healthier Lancashire & South Cumbria have presented to the Overview and Scrutiny Committee in addition to presentations by North Lancashire & South Cumbria.
- Local Councillors have attended workshop events in Fylde Coast and North Lancashire & South Cumbria
- Written briefings have been sent to all MPs across all 5 LDP areas.

Workforce engagement

- Transformation workshops have been undertaken or planned by each LDP. North Lancashire & South Cumbria and Fylde Coast programmes have delivered extensive new model design workshops as Vanguard sites. These include activities with GPs, local government, staff, clinicians, VCFS organisations, patient voice representative groups.
- Healthier Lancashire & South Cumbria have undertaken TU, staff side workshops and established Clinical networks and a Clinical Professionals Board as part of the on going governance structure.
- Pennine Lancashire programme delivered Transformation workshops bringing together clinicians, Third Sector and patient groups along with a large-scale networking event in September 2016.
- Regular newsletters and briefings have been distributed to staff and stakeholders by established programmes in North Lancashire & Cumbria and Fylde Coast.
- Pennine Lancashire have made use of video case studies on social media to share good practice examples of change that is making a difference.

Public engagement

- Engagement and involvement has been carried out across the STP footprint by the LDPs and constituent organisations.
- More extensive consultations have taken place in Fylde Coast and North Lancashire and South Cumbria footprints including listening events, surveys, interactive feedback sessions, public reference groups.
- In North Lancashire and South Cumbria Third Sector sessions have been delivered on maternity, children's health, LD, complex care, older adults and LGBT.
- Public events, advertising and digital engagement has also started in the Pennine LDP and will start in Central in November.
- Video case studies and animated infographics have been created in Pennine, North Lancashire and South Cumbria and Fylde Coast.
- Fylde Coast have delivered a series of roadshow events across the region and delivered events in partnership with local Healthwatch.
- Public consultation on community services is underway in West Lancashire with public and stakeholders

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Digital Engagement across the STP footprint

Centralised data & intelligence

- A nationally recognised Digital Engagement Hub is being developed to support the LDPs in collation and analysis of intelligence from stakeholders and responses to consultations.
- Community participation outcomes will be measured via the Digital Engagement Hub allowing for a range of data analysis options locally and across the STP area to influence planning and delivery of engagement activities, especially in efforts to involve hard to reach groups.

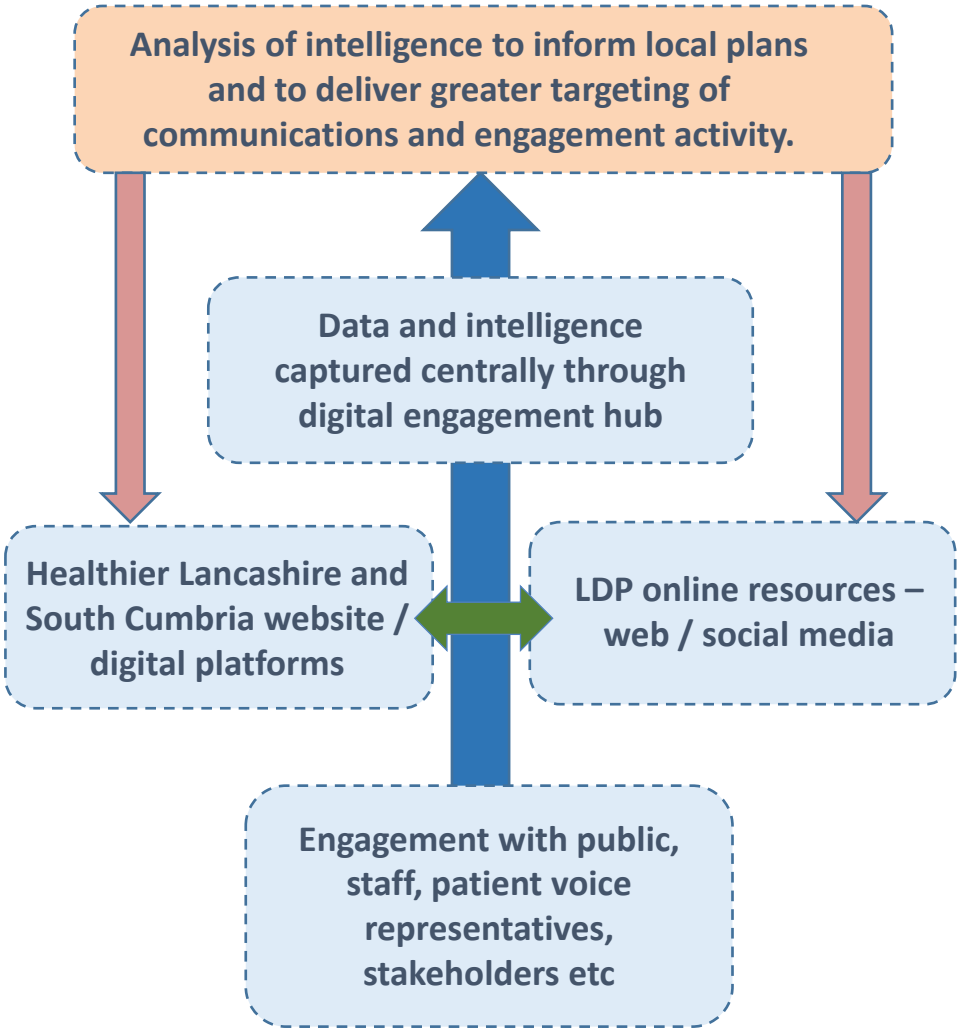
Utilising and developing existing digital brands

- Digital engagement will be delivered through existing and established brands within each of the LDP areas.
- Campaigns and initiatives delivered across the STP areas will be tailored for local areas based on local knowledge and relationships.

Demonstrating joined up approach

- A two-way flow of visitors between websites within each of the LDP areas and a Healthier Lancashire and South Cumbria site will demonstrate the joined up activity across the STP footprint.
- Areas of best practice and achievement will be demonstrated through the Healthier Lancashire and South Cumbria digital platforms and encourage public, stakeholders, democratic officials and patient representatives to get involved with their local programmes.

Proposed components of the Healthier Lancashire and South Cumbria digital communications strategy



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Communications & Engagement up to October 2016

	HL&SC	Pennine	West Lancs	Central	Bay Partners	Fylde Coast	Other
1. Public Engagement – events, social media, innovative and engagement hub	28.09.2016 - Awareness session with Lancaster Campaigners Group 29.09.2016 - Briefing at Working Together Conference in Chorley 29.09.2016 - Information stand at Fylde Coast Annual General Meeting	31.07.2016 - Neighbourhood Awards event 08.2016 - Website launch 08.2016 - Case for Change published. 12.09.2016 - Listening Event Blackburn 09.2016 - Video case studies shared on social media of changes underway. 29.09.2016 - Celebration Networking Event	23 September 2014 – joint AGM event with West Lancs CVS June/July 2015 – series of public listening events September 2015 - joint AGM event with West Lancs CVS Spring 2015 – March 2016 – series of meetings with the community e.g. U3A groups, luncheon clubs, pensioner forums 26 April 2016 – health network event with West Lancs CVS June/July 2016 – series of public listening events 27.09.2016 - Joint AGM with West Lancs CVS - Skelmersdale	09/2016 - Public reference groups feedback into website development 09/2016 – twitter, facebook and eventbrite launched 16/09/16 patient representative at solution design event 1 04/10/16 - website launched 06/10/16 patient representative at solution design event 1 11/10/16 CCG Patient Voice Committee presentation 20/10/16 public engagement events promoted 31/10/16 CCG Patient Advocate Group presentation	2013-2015 - Bus roadshow, town centre events, Listening events, Focus groups, discussion groups, workshops. Online and paper surveys Patient, Public, Neighbourhood Action Partnership and parish groups Public reference group meetings 3rd Sector sessions - specifically on maternity, children's health, LD, Complex care, Older Adults, LGBT Focus groups 10.2016 - Video case studies for Advice & Guidance Service / Cumbria Health on Call	5 Patient listening events between 10.2013 - 10.2014 at least 2 of these had more than 200 public and services users. 2 delivered with local Healthwatch. 11.2015 - Focus Groups 10.2014 - Patient Survey 01/2016 - 05/2016 - 7 x Roadshow events & Social media Q & A sessions 29.09.2016 - AGM update	

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Communications & Engagement up to October 2016

	HL&SC	Pennine	West Lancs	Central	Bay Partners	Fylde Coast	Other
2. Democratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships	06/07/2016 - 10/07/2016 - County and District Councillor briefings 07/2016 - MP Briefing - 5 MPs attended 05.2016 - Healthwatch Lancashire Board Development Presentation	Cllr Forums with BwD Council 09.2016 - MP letter invites to 1-2-1s 10.2016 - 2 MP 1-2-1 sessions	07.12.15 / 07.03.2016 - OSC steering group Meetings with 07.2015 - 08.2016 - 3 meetings with Seema Kennedy MP 10.03.2016 - Cllr Kevin Wright (portfolio holder for health) 16.12.2016 - Rosie Cooper MP – (MP cancelled all other scheduled briefings) 04.02.2016 - West Lancs Borough Council	07/10/16 - Invite to 1-2-1 briefings distributed to MPs. 14/10/16 - 1-2-1 meeting with Lindsay Hoyle MP. 20/10/16 public event promotional poster sent to local MPs 28/10/16 1-2-1 meeting with Mark Hendrick MP 31/10/16 MP briefing pack distributed to local MPs Regular updates to health scrutiny committee meetings.	08.2016 - Visit by David Mowat MP Prior to June 2016: City, Borough and District Town Council presentations and feedback Lancs, Cumbria and Joint OSC presentations LCC / CCC Briefings Health & Wellbeing Boards, partnerships and forums MP Briefings	27/01/2015 - Extensive Care Stakeholder Workshop Event – Cllrs attended	

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Communications & Engagement up to October 2016

	HL&SC	Pennine	West Lancs	Central	Bay Partners	Fylde Coast	Other
3. Clinicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms	Comms and Engagement Steering Group established in 2015 04.2016 - Luke Blair Lessons Learned Session 19.07.2016 - Joint CE & Workforce workshop 08.2016 - Presentation to local Healthwatch Collaborative Committee	13.07.2016 - Transformation Workshop with staff, clinicians, 3rd Sector, Healthwatch	04.06.2014 – stakeholder visioning event 19.06.2014 – GP membership visioning event (and remained regular item on membership agenda since) 30.09.2015 – bidder day 9.12.2015 – stakeholder engagement event with bidders 01.2016 – incumbent staff events x2 05.2016 – incumbent staff event x2	21/04/16 – 16/06/2016 3x clinical design workshops 06/09/16 Solution Design Event 1 23/09/16 Elderly care frailty unit working group 26/09/16 ADMD transformation workshop 10/2016 1:1 meetings with GP managers 06/10/16 Solution Design Event 2 12/10/16 Diabetes integrated model of care group meeting 17/10/16 group meeting LTH consultants	GP engagement events Workshops Clinical Workstream meetings Care Design Groups Clinical Summit Clinical Reference Group Briefings Staff events	· 02.2014 - Extensivist / Neighbourhood Engagement event involving all Blackpool / GP Practices 27/01/2015 - Extensive Care Stakeholder Workshop Event – GPs, VCFS,, local authority.	

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Communications & Engagement up to October 2016

	HL&SC	Pennine	West Lancs	Central	Bay Partners	Fylde Coast	Other
4. NHS staff – TUs, staff side events and comms		09.2016 - 9 x Newsletter briefings distributed 29.09.2016 - Celebration event networking		Staff briefings (monthly) Chief exec messages to staff Staff information sessions Monthly newsletters 1:1s with key staff LTH management team updates Staff attending solution design events	Newsletter & email bulletins Chief Exec messages to staff Staff drop in events Team briefings Consultant Meetings Monthly newsletter updates		09.2016 - NHS Expo represented by Lancashire Care & Bay Partners LDP
5. Media – proactive Press releases, announcements, materials, stories	Nov 2015 - Alignment of Plans	Bee Radio Telegraph briefing Celebration event - coverage with Radio Lancs, Telegraph & Burnley Express	Activity supported public events July 2016 - Briefing regarding challenges from Rosie Cooper MP re: privatisation. 09.2016 - Brieifing regarding Skelmersdale Walk-in Centre temporary closure 13.09.2016 - Statement regarding procurement position	Activity supported public events 31/10/16 Press brief	09.2016 - Press release for Steady on service / new eye care service / 2nd batch of self care video 06.2016 - 07.2016 - Press releases on the Millom 'CHAIN' community project / visit by Roy Lilley /virtual outpatients available / new out of hours CHoC link with Millom	Activity supported public events	
6. Internal boards & Governance – Public and private boards		11.2015 - Alignment of Plans Regular updates to CCG board	11.2015 - Alignment of Plans Regular updates to CCG board	11.2015 - Alignment of Plans 22/09/16 Joint Programme Board 28/09/16 Annual general meeting CSR CCG 29/09/16 Annual general meeting GP CCG 10/16 Annual members meeting LCFT 25/10/16 Annual members meeting LTH 27/10/16 JPB Regular updates to: LTH board, LCFT board, CCG board, Health Scrutiny steering group, CCG Joint Exec Clinical Senate, NWAS management team	11.2015 - Alignment of Plans UHMB Governors and Trust Board CCG Membership Council meetings	11.2015 - Alignment of Plans Regular updates to Fylde & Wyre CCG and Blackpool CCG boards	

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Communications & Engagement Plan - October 2016 to December 2016

Below is a schedule of specific already planned Communications and Engagement activity scheduled for Healthier Lancashire and South Cumbria and the Local Delivery Programmes. Additional activities are under development and will be delivered within this period.

October	Mon 17	Tues 18	Weds 19	Thur 20	Fri 21	Sat 22-Sun23
HL&SC	CLIN: Comms Steering Group TC	DEM: HOSC INT: STP leaders PUB: Presentation for Healthwatch Lancashire and Blackpool patient representatives.	INT: Prog Board DEM: Joint HWB PUB: Attend Pennine Lancs engagement event		INT: draft STP to NHSE	
Pennine	DIG: Social media activity relating to 'Shaping the future' event.		PUB: 'Shaping the future' engagement event in Burnley - 6.15 - 8pm DIG: Social media activity for event			
West Lancs	PUB: ongoing community care feedback being gathered DEM: as above CLIN: as above NHS: as above INT: as above MED: as above	PUB/DIG: Ongoing campaign for Medicines Waste Campaign 'Being a hoarder' - Policy live from 1st Nov.				
Central						
Bay		DIG: 'Be Mindful' initiative launch	CLIN: Research & Evaluation Steering Group			
Fylde Coast			DEM: Blackpool Health and Wellbeing Board			
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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October	Mon 24	Tues 25	Weds 26	Thur 27	Fri 28	Sat 29-Sun30
HL&SC	DEM: Poss emails to 3rd sector/Healthwatch/involved stakeholders* NHS: Briefings to unions / workforce leads* DEM: MPs' letter and briefing packs to be distributed this week* *Timing dependent on confirmed launch date	MED: NHSE AGM (Amanda Doyle / Mark Spencer / Mike Wedgeworth). DEM: poss emails to all MPs and Cllr Grps*	MED: Call round of target media, send op note inviting to briefing*	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study with Mark Spencer (Fleetwood)*	
Pennine	DEM: MPs' letter and briefing packs to be distributed this week*		MED: Call round of target media, send op note inviting to briefing* PUB/INT: East Lancashire Hospitals NHS Trust Governing Body	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study*	DIG: Tracking and responding to loca social media noise
West Lancs	DEM: MPs' letter and briefing packs to be distributed this week*		MED: Call round of target media, send op note inviting to briefing*	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study*	DIG: Tracking and responding to loca social media noise
Central	DEM: MPs' letter and briefing packs to be distributed this week* DEM: Lancashire Health and Wellbeing Board		MED: Call round of target media, send op note inviting to briefing*	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study*	DIG: Tracking and responding to loca social media noise
Bay	DEM: MPs' letter and briefing packs to be distributed this week*	DEM: Cumbria Health and Wellbeing Board	MED: Call round of target media, send op note inviting to briefing*	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study*	DIG: Tracking and responding to loca social media noise
Fylde Coast	DEM: MPs' letter and briefing packs to be distributed this week*		MED: Call round of target media, send op note inviting to briefing* PUB/INT: Blackpool Teaching Hospital NHS Foundation Trust Governing Body	MED: Amanda Doyle media briefing with target media (embargoed until Friday)*	MED: Press Release & Digital launch of HL&SC STP* Radio breakfast round.* Review media bids. Offer broadcast location case study with Mark Spencer (Fleetwood)*	DIG: Tracking and responding to loca social media noise
Other						

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Communications & Engagement Plan - October 2016 to December 2016

Oct/Nov	Mon 31	Tues 1	Weds 2	Thur 3	Fri 4	Sat 5-Sun6
HL&SC	Track media coverage from STP launch and prepare responses. Engage key opinion leaders.*	Track media coverage from STP launch and prepare responses. Engage key opinion leaders.*	Track media coverage from STP launch and prepare responses. Engage key opinion leaders.*	Track media coverage from STP launch and prepare responses. Engage key opinion leaders.*	Track media coverage from STP launch and prepare responses. Engage key opinion leaders.*	
Pennine						
West Lancs		PUB: 'Being a Hoarder' campaign - Policy live date	INT/PUB: Southport and Ormskirk Hospitals NHS Trust Govering Body			
Central	DIG: Activity for Our Say Events DIG: Healthwatch Lancashire distributing information for events.	DIG: Activity for Our Say Events	DIG: Activity for Our Say Events INT/PUB: Lancashire Teaching Hospitals NHS Foundation Trust Governing Body	DIG: Activity for Our Say Events	DIG: Activity for Our Say Events	DIG: Activity for Our Say Events
Bay						
Fylde Coast		INT/PUB: Blackpool CCG Governing Body				
Other	Half term x1 week for Lancashire schools	Half term x1 week for Lancashire schools	Half term x1 week for Lancashire schools	Half term x1 week for Lancashire schools	Half term x1 week for Lancashire schools	

*Timing dependent on confirmed launch date

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

November	Mon 7	Tues 8	Weds 9	Thur 10	Fri 11	Sat 12-Sun13
HL&SC		CLIN/NHS: Briefing for staff / trade unions and clinicians CLIN/NHS/INT: Collaborative commissioning board	INT/NHS/CLIN: Digital Health Board	MED: Press release for WellSkelmersdale		
Pennine			CLIN: Lancashire Pennine Local Medical Committee	INT/DEM: Blackburn with Darwen Council Executive Board		
West Lancs		DEM: Cllr Kevin Wright (portfolio holder for health)		MED: Press release for WellSkelmersdale DIG: Social media re: WellSkelmersdale		
Central	DEM/PUB: Stakeholder session with MPs, Cllrs, VCFS	NHS: staff information session (recorded) DEM: Lancashire County Council - Executive Scrutiny Committee Meeting	PUB: Our Say Public event – Chorley CLIN: Lancashire Pennine Local Medical Committee	PUB: Our Say Public event – Preston DEM: LCC Cabinet Meeting		
Bay						
Fylde Coast	PUB/CLIN/NHS: 6 Fylde Coast Events to be delivered in November – dates TBC					
Other	Lancashire schools reopen after Half Term.					

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

November	Mon 14	Tues 15	Weds 16	Thur 17	Fri 18	Sat 19-Sun20
HL&SC				MED: Press release and materials for Public Health		
Pennine						
West Lancs	DEM: Overview and Scrutiny Committee steering group					
Central	PUB: Our Say Public event - South Ribble			CLIN/NHS: 17/11/16 Solution Design Event 3		
Bay						
Fylde Coast	PUB/CLIN/NHS: 6 Fylde Coast Events to be delivered in November – dates TBC					
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms

NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards

DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

November	Mon 21	Tues 22	Weds 23	Thur 24	Fri 25	Sat 26-Sun27
HL&SC						
Pennine						PUB: Public event
West Lancs		PUB: New Community Services provider announcement:, the mobilisation plan will commence which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above				
Central		INT/DEM/PUB: Chorley Council Executive Cabinet		CLIN: Clinical Design workstream meeting		
Bay			CLIN: Research & Evaluation Steering Group workshop with Healthwatch representation			
Fylde Coast	PUB/CLIN/NHS: 6 Fylde Coast Events to be delivered in November – dates TBC					
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

Nov/Dec	Mon 28	Tues 29	Weds 30	Thur 1	Fri 2	Sat 3-Sun 4
HL&SC			NHS/CLIN/MED: HLSC Conference with Lancashire Care NHS Foundation Trust (Provisional)	MED: Healthier Fleetwood media call (potential BBC North West piece)		
Pennine	DEM/CLIN/PUB: East Lancashire Clinical Commissioning Group Governing Body		PUB/INT: East Lancashire Hospitals NHS Trust Governing Body			
West Lancs	PUB: New Community Services provider mobilisation plan will continue which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above					
Central						
Bay		DEM: Cumbria Health and Wellbeing Board	PUB/CLIN/NHS: Sounding Board Event – date TBC 30th November – University Hospitals of Morecambe Bay NHS Foundation Trust			
Fylde Coast	PUB/CLIN/NHS: 6 Fylde Coast Events to be delivered in November – dates TBC 30th Nov: PUB/INT: Blackpool Teaching Hospital NHS Foundation Trust Governing Body					
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

December	Mon 5	Tues 6	Weds 7	Thur 8	Fri 9	Sat 10-Sun11
HL&SC						
Pennine			INT/DEM/PUB: Blackburn with Darwen CCG Governing Body	PUB/NHS/CLIN: Sounding Board event – date TBC INT: Blackburn with Darwen Council Executive Board		
West Lancs	PUB: New Community Services provider mobilisation plan will continue which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above		INT/PUB: Southport and Ormskirk Hospitals NHS Trust Govering Body			
Central	DIG: Activity for Our Say Events	DIG: Activity for Our Say Events DEM: Lancashire County Council - Executive Scrutiny Committee Meeting INT/PUB: Lancashire Teaching Hospitals NHS Foundation Trust Governing Body	DIG: Activity for Our Say Events	INT: Joint Programme Board DIG: Activity for Our Say Events DEM: LCC Cabinet Meeting	DIG: Activity for Our Say Events	
Bay						
Fylde Coast						
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

December	Mon 12	Tues 13	Weds 14	Thur 15	Fri 16	Sat 17-Sun18
HL&SC		CLIN/NHS/INT: Collaborative commissioning board				
Pennine		DEM: Blackburn with Darwen Health & Wellbeing Board				
West Lancs	PUB: New Community Services provider mobilisation plan will continue which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above		PUB/NHS/CLIN: Sounding Board event – date TBC	DEM: OSC Wendy Broadley briefing		
Central	NHS: staff afternoon information session (recorded)	DEM/PUB: Stakeholder session with MPs, Cllrs, VCFS DEM: Lancashire Health and Wellbeing Board	PUB: Our Say Public event - Chorley	PUB: Our Say Public event - Preston		
Bay			CLIN: Research & Evaluation Steering Group			
Fylde Coast						
Other						

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

December	Mon 19	Tues 20	Weds 21	Thur 22	Fri 23	Sat 24-Sun25
HL&SC						
Pennine						
West Lancs	PUB: New Community Services provider mobilisation plan will continue which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above					
Central	PUB: Our Say Public event - South Ribble					
Bay						
Fylde Coast						
Other						XMAS EVE XMAS DAY

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
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DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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Communications & Engagement Plan - October 2016 to December 2016

Dec/Jan'17	Mon 26	Tues 27	Weds 28	Thur 29	Fri 30	Sat 31-Sun1
HL&SC						
Pennine						
West Lancs	PUB: New Community Services provider mobilisation plan will continue which includes public events/engagement activity DEM/CLIN/NHS/DIG:: As above					
Central						
Bay						
Fylde Coast						
Other						NEW YEARS EVE NEW YEARS DAY

DEMocratic - MPs / Cllrs – Scrutiny & HWB & HW Partnerships
CLINicians – Professional bodies, Medical Directors meetings, Clinical networks, staff side events & comms
NHS staff – TUs, staff side events and comms
MEDia – proactive Press releases, announcements, materials, stories
INTernal boards & Governance – Public and private boards
DIG - Online / social media activity
PUBlic Engagement – events, innovative and engagement hub

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