



Welcome

**Healthier Lancashire and South Cumbria
Meeting of Lancashire and South Cumbria
Joint Committee of Clinical Commissioning
Groups**

Date & Time: Thursday 2nd February at 1pm

Venue: Room The Crypt, Blackburn Cathedral, Cathedral Way, Blackburn



Update to Joint Committee of Clinical Commissioning Groups

Dr. Sakthi Karunanithi
Senior Responsible Officer
Population Health and Prevention

Context

- Radical upgrade of prevention
- New models of care to improve population health
- Nationally mandated priorities
- Need to work across the public sector to be successful
- Diminishing resources compared to need/demand
- Already existing pockets of excellence



Our approach

- Informing evidence based solutions and evaluation
- Embedding prevention within the new models of care and across all work streams
- Facilitating the scale up and spread of key priorities across the Local Delivery Plans/Sustainability and Transformation Programme
- Connecting with the wider public services, Volunteer Community and Faith Sector, Universities.

Prevention and Population Health Plan on a Page

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

Introduction

Our priorities for the next 5 years

- P 1 **• Priority 1**
Improving outcomes for children and families
- P 2 **• Priority 2**
Achieving a fully engaged scenario with communities and people mobilised for improving their health and wellbeing
- P 3 **• Priority 3**
Reduce demand by identifying and supporting individuals and families with complex needs.
- P 4 **• Priority 4**
Address the unwarranted variation in management of risk factors and care pathways
- P 5 **• 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 children and young people
 - 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 right care 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

Work in progress

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 based on the assumptions. We are currently estimating additional resources needed for implementing these initiatives.

Analysis of Impact against Triple Aims

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

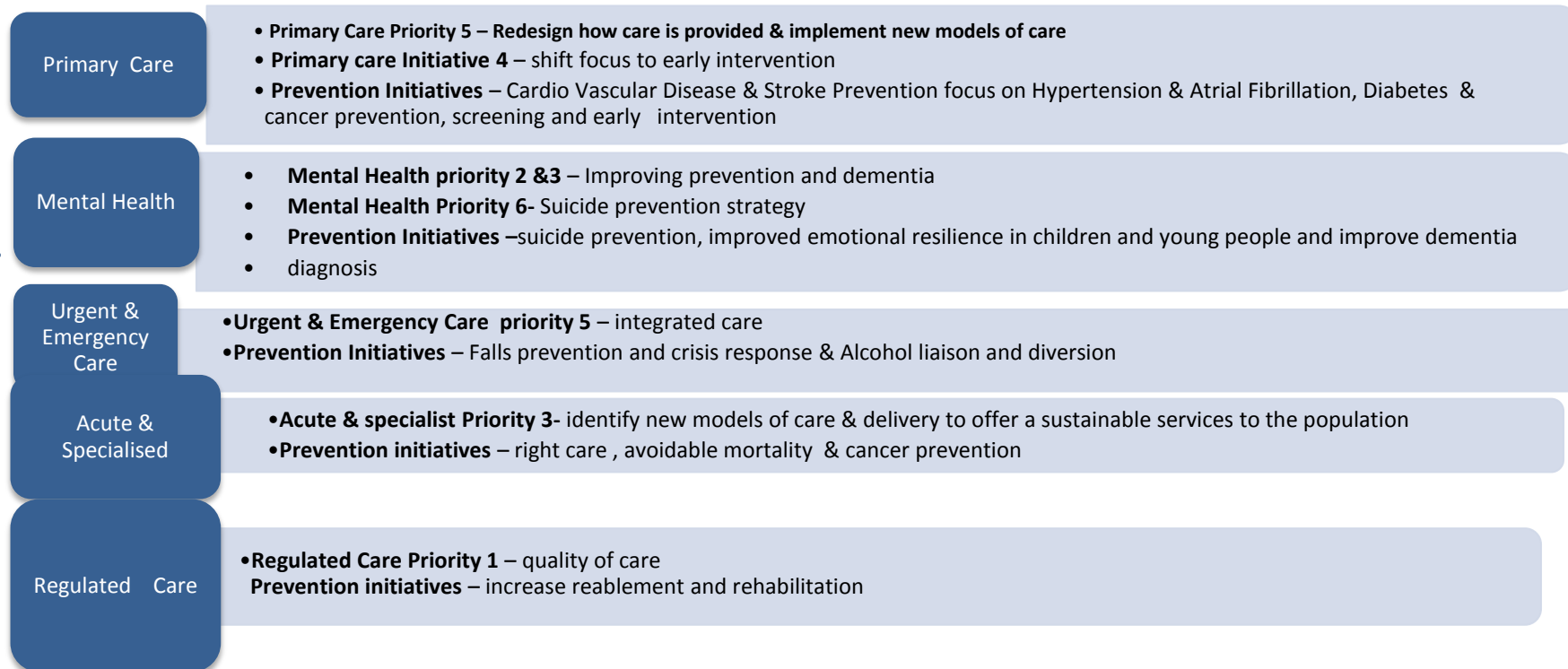
Prevention and Population Health risks and interdependencies

- **Risks** The Sustainability and Transformation Plans is the implementation of the Five Year Forward View which called for a *radical upgrade on prevention*. A whole system approach to prevention is needed with accountability and joint decision making clear. Prevention and population health must be integral to the new models of care associated with the work streams and Local Delivery Plans in order for the delivery of the triple aim. The risks to this would be :
 - Financial - Health and care budgets would be spent on preventable and avoidable illness
 - Health & Wellbeing - Decrease in healthy life expectancy, widening of health inequalities & increase in avoidable illness
 - Care & Quality - Decrease in positive experience of care

• Interdependencies

- Population Health, prevention and self care is the foundation of the proposed the Lancashire and South Cumbria transformed health and care system
- There is a prevention and population health element to all work streams and in the LDP

Work stream interdependencies



Preventative initiative - Risk stratification, supporting self care & health coaching and fully engaged communities are part of all work streams

Opportunities and risks

- Opportunities
 - Building links with the wider system and doing things at scale
 - Closer working with Innovation Agency, Strategic Clinical Network, Clinical Support Unit and the Local Delivery Plans
 - Interdependence with other work streams
 - New types of workforce
 - Maximising use of digital technologies
- Risks
 - Change capacity
 - Improving outcomes at scale
 - Reducing resource allocation to the Local Authorities affecting wider determinants of health



Timings	Item Number	Item	Owner	Action	Format
Standing Items					
10 mins	17201	Welcome and Introductions	Phil Watson	Information	Verbal
	17202	Apologies	Phil Watson	Information	Verbal
5 mins	17203	Declarations of Interest	Phil Watson	Information	Verbal
5 mins	17204	Minutes from the last meeting held on 12 th January 2017 and matters arising	Phil Watson	Information	Paper
5 mins	17205	Action Matrix Review	Phil Watson	Information	Paper
5 mins	17206	Any other business declared	Phil Watson	Information	Verbal
For Discussion/Recommendations					
5 mins	17207	Programme Board Feedback	Amanda Doyle	Information	Verbal
20 mins	17208	Ratification of previous meetings: <ul style="list-style-type: none"> Appointment of Chair Appointment of Vice Chair Minutes from Previous Meetings Agreement of the Terms of Reference 	Phil Watson	Information	Verbal
30 mins	17209	Prevention and Population Health Presentation	Sakthi Karunanithi	Information	Presentation
30 mins	17210	Primary Care Presentation	Malcolm Ridgway	Information	Presentation
20 mins	17211	Update on the progress to developing the public facing narrative	Samantha Nicol	Discussion	Verbal
10 mins	17212	Update on the Combined Authority Progress	Harry Catherall	Discussion	Verbal
10 mins	17213	Any other business	All	Discussion	Verbal
Questions from the Public					
15 mins	17214		All	Discussion	Verbal
For information only					
	17115	The next JCCCG Meeting will be held on 3 rd March 2016 – venue TBC	Phil Watson	Information	Information



Healthier Lancashire and South Cumbria

Primary Care

For Joint Committee of the Clinical Commissioning Group on 02nd February 2017

Presented by: Dr Malcolm Ridgway, Senior Responsible Officer Primary Care

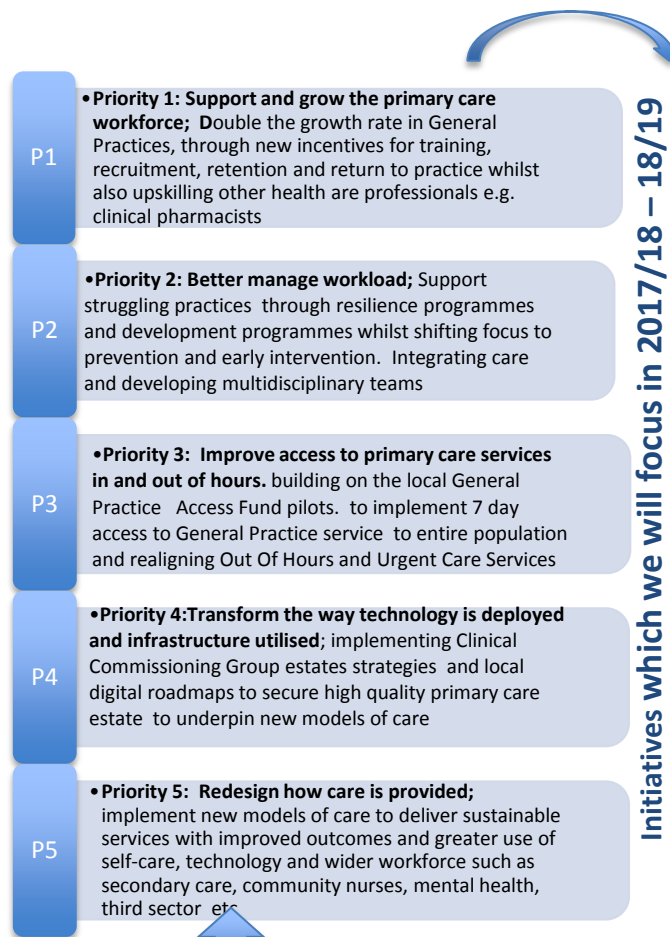


TRANSFORMATION OF PRIMARY CARE PLAN ON A PAGE

Introduction

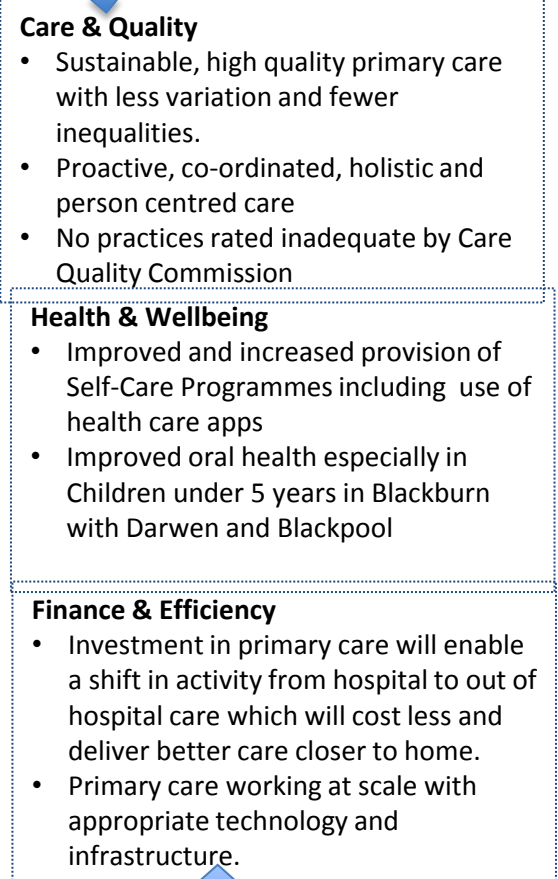
- Primary care is considered to be the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. However, primary care and in particular general practice, is under unprecedented strain and struggling to keep pace with rising demand, and it has become clear that action is needed 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 Local Delivery Plan'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.

Our priorities for the next 5 years



1. Continue to implement the General Practice Forward View (*published by NHS England in April 2016*) including:
 - £3 per head investment
 - General Practice Resilience Programme
 - Growing the workforce
 - Time for Care General Practice development
 - Estates and Technology Transformation Fund and online solutions
 - Supporting Local Delivery Plans with Primary Care Strategies
1. 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 utilising central and local investment
2. Build on the learnings from the vanguards and identify next Clinical Commissioning Group/Local Delivery Plan ready to implement second wave of new models of care
3. Shift focus to early intervention, building on Healthy Living Pharmacies, children's eye screening services and dental smile for life – delivering better oral health.
4. Developing Providers at scale to support New Models of Care and ultimately ACS/ACOs

Analysis of Impact against Triple Aims



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.

Transformation Team

- Dr Malcolm Ridgway - Senior Responsible Officer
- Dr Mark Spencer – Clinical Lead
- Jackie Forshaw – Head of Primary Care
- Stephen Gough – Transformation Manager
- David Armstrong – Finance Manager
- Kate Pavlidou – Programme Manager
- Louise Fazackerley – Programme Manager
- Yaseen Balamyia – Business Manager
- Layla Shah – Administration

Pressures on general practice

↑ **population**

↓ relative funding

↑ **consultations**

↓ relative workforce

↑ **complexity**

↑ **costs**



Sustainability and Transformation in Primary Care

- **Sustainability**

- General Practice Forward View (published by NHS England)
- 7 day 8am-8pm access
- Clinical Commissioning Group Quality Schemes

- **Transformation**

- General Practice model – primary care at scale
- Community Care model – care closer to home



General Practice Forward View

- **Every Clinical Commissioning Group to develop and submit 2 year General Practice Forward View plan demonstrating investment and delivery of specific national programmes:**
 - Extended Access (7 day working)
 - Increase Workforce
 - Manage Workload including use of technology
 - Care Redesign (new models of care)
- **Opportunity through Transformation Team to deliver some programmes at scale across Lancs and South Cumbria:**
 - General Practice online consultation software
 - Training Care Navigators and Clerical staff

General Practice Reorganisation

- **General Practice model unchanged for generations;**
 - “Corner shop” - mainly independent businesses
 - Long hours culture – otherwise unviable?
 - Premises issues
 - Variable access, quality, hospital admissions/attendance rates
 - Unable to recruit – General Practitioners, nurses
 - Unable to retain – retirement, emigration, locum work

General Practice Reorganisation

- **General Practice needs to be more;**
 - Efficient - skill mix, upskilling, reduced overheads and procurement costs, better teamwork and Information Technology
 - Effective – improved access and quality, reduced variation, reduced reliance on secondary care
 - Attractive to recruit and retain clinical staff
- **Keep the best of General Practice (personal lists, work ethic, holistic care) – but with a more corporate and efficient organisational system**

General Practice Reorganisation

- **Models to consider;**
 - Informal collaboration?
 - Mergers (20,000+ patients)
 - Super Practices (30,000 – 100,000 and beyond)
 - Federations – needs to be significant e.g. centralised administration, single nursing team, procure all supplies etc. (100,000+)

Community Care Reorganisation

- Wider than General Practice though central role
- Needed to provide primary care at scale, care closer to home
- Reduced reliance on secondary care (elective and non-elective)
- Involves General Practice, community nursing and mental health, social care, third sector, secondary care
- "At scale" neighbourhood working across General Practice Practices, based on natural geographical populations of approx. 30,000 residents.
- Prevention, integrated Information Technology, workforce development, self-care/community resilience all key

Community Care Reorganisation

- **Possible Models;**
 - Primary Care Home
 - Multi Speciality Community Provider – formed out of existing community providers, bringing others in
 - Primary and Acute Care Systems – generally hospital led, bringing in community providers
 - Adult and Community Services – potentially a network of/or very large Multi Speciality Community Provider/Primary and Acute Care System
- **Key that staff and patients involved in development, formation and operation**

Sustainability and Transformation Plans Outcomes for Primary Care

- A high quality efficient General Practice provider that is attractive to new staff and operates corporately
- An integrated community based health and care system that can deliver much more care closer to home – including elective (routine) and non-elective (urgent) care

Role of Transformation Team

- Implement General Practice Forward View in conjunction with Clinical Commissioning Groups (2017-18)
- Facilitate a transformed and sustainable (2017 – 2021)
 - General Practice
 - Collaboration, mergers, federation
 - Community based health and social care
 - Multi Speciality Community Provider/Primary and Acute Care Services/Acute Care System
 - Ideally have some areas ready to sign up to new models of care by April 2018
- How?
 - Inspirational learning events
 - Promoting improved access and quality as drivers for change
 - Facilitating change e.g. funding set up costs, exemplar sites, project management, consultancy (depending on available resources)

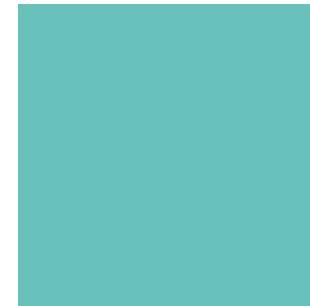
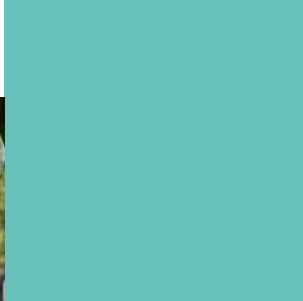


Role of Transformation Team

- **Leadership and Engagement**
 - Leadership development and support
 - Engagement with frontline clinicians and “at scale” providers
 - Vulnerable practice and resilience funding
 - Identification and accelerated role out of good practice (10 high impact areas in General Practice Forward View)
 - Overcome contractual barriers to transformation

Risks and Interdependencies

1. Governance and Lawful Decision Making – The primary care programme board is currently advisory. A degree of delegated authority to make decisions would improve effectiveness of delivery, particularly of General Practice Forward View, but also operational plans and primary care transformation agenda.
2. General Practice related - fear of change, workload inhibiting planning, lack of new leaders to take over from the “old guard”, confusion re different models being considered across the footprints/region.
3. Finance – resources not moving out of secondary care to support primary care delivery; deficits driving planning and activity (sustainability rather than transformation), General Practice Forward View (and other) resources may not explicitly support transformation.
4. Need for parallel work streams (sustainability and transformation) will be demanding on transformation team.
5. Interdependencies – need to ensure alignment with other work streams e.g. prevention, acute care, registered care home work stream, workforce, mental health, Information Technology etc.



Healthier Lancashire and South Cumbria

Involvement, Communications and Engagement Plan

Neil Greaves, Communications and Engagement Manager, Healthier Lancashire & South Cumbria

DRAFT



- The Sustainability and Transformation Plan for Lancashire and South Cumbria was published on 11th November 2016.
- This is a technical document created to guidelines set by NHS England and NHS Improvement to demonstrate that we understand our challenges and are looking the right areas to improve health and wellbeing, improve services and to improve finance and efficiency.
- In order to create a meaningful conversation with the public and stakeholders, we need to be able to use language that has been tested and will be understood by people across Lancashire & South Cumbria – we're calling this the narrative.
- This means translating the Lancashire and South Cumbria STP from a technical document into a public friendly narrative and a suite of materials, including an easy read publication, that will encourage true involvement and engagement with the public and stakeholders.
- This narrative has been developed through events and workshops with leaders, with Communications and Engagement staff and with an editorial panel but we have learned that this will only work if members of the public have been involved in creating this.

Involving local people:

- Between 16th and 23rd January, we ran 5 focus groups – one in each local delivery plan area.
- These were made up of local people identified by local Healthwatch.
- In total 47 people were involved in the 5 sessions.
- These was supported by Communications and Engagement staff from local delivery plan areas.
- We shared three double page spreads for the easy read document, a front cover and the text to be used in the document.
- The role of the groups was to review, sense-check and act as sounding boards for the presentation and language for materials for Healthier Lancashire and South Cumbria and to develop a public facing / easy read publication

What did we learn:

- Overall there were high levels of confusion and little awareness
- We found some awareness of the STP and the LDPs, but little clear understanding of what they are about
- Queries were raised about why the public were not involved in the initial development of the STP and the belief that it is just a political exercise
- There were inconsistencies in the feedback in the groups but some common themes were noted, including:
 - Use less blaming terminology and “*scare tactics*”
 - Include a balance of action for change amongst professionals and patients
 - Use less patronising speech/tone
 - Clearer information around partnership working across the organisations
 - Request to be clearer on costs and spend, but not too much as it could be off putting for readers
 - Ensure mental health and social care is more prominent
 - Ensure it focuses on prevention and considers other lifestyle factors that can impact on health (such as housing, education, levels of wealth etc)
 - Many liked the designs for the easy read publication but made useful suggestions around the visuals which have been taken into account.

Next Steps:

- We will be revisiting the groups in week commencing 20th February with a complete draft of the easy read publication
- This draft will also be shared with local Councillors and politicians
- The draft will be added to the Healthier Lancashire & South Cumbria website to gather feedback from members of the public and health and social care staff
- All feedback will be listened to and a final version of an easy read publication will come to the Joint Committee of Clinical Commissioning Groups on 2nd March
- Following approval, we will produce a series of materials including video, web content, infographics in collaboration with communications and engagement teams within each LDP area
- We are planning wider and continuous engagement with members of the public, the third sector and health and social care staff working together across LDP areas.



Welcome

Healthier Lancashire and South Cumbria

**Meeting of Lancashire and South Cumbria Joint
Committee of Clinical Commissioning Groups**

QUESTIONS FROM THE PUBLIC

Date & Time: Thursday 2nd February at 1pm

Venue: Room The Crypt, Blackburn Cathedral, Cathedral Way, Blackburn