TOGETHER
A HEALTHIER FUTURE
The Accountable Health and Care Partnership
For Pennine Lancashire

Pennine Lancashire Transformation Programme

Case for Change

Final version December 2016

Contents

1. Summary

Pennine Lancashire is a great place to live and work. There is a high quality of public sector service delivery, which has delivered significant improvements to people's lives over recent years, but there is always room for improvement. People have access to a good level and high standards of health and care service provision. However, there are increasing pressures being placed on these services and demand for services is out-stripping the money we have to pay for health and social care. There are a number of key factors contributing to increasing demands for service provision:

- **People are experiencing a number of socio-economic inequalities**, such as economic deprivation; low household income and there are high levels of child poverty
- **People are experiencing a number of health inequalities, some of which are made worse by their lifestyle choices.** There are higher levels of conditions such as heart diseases; diabetes and respiratory disease, many instances of which can be prevented through making healthier choices
- **People are living longer, but with increasingly more complex care needs**, people now live longer than ever before, but are more likely to develop long term conditions and/or disabilities
- **Many children and young people experience poor health outcomes.** There are higher rates of neo-natal mortality than other areas, and hospital admissions for children and young people as a result of injury; substance misuse and asthma are also higher
- **Mental illness is common in Pennine Lancashire,** more so than in other parts of the country.

Whilst allocated funding for healthcare is expected to increase over the next five years, the increasing service pressures are likely to leave a shortfall of approximately £129million. Services have been delivered in the same way for many years and they now need to modernise and radical change is needed, both in terms of the way services are provided, and also in the way that people use and access services. We know that some services can be run more efficiently, for example, by making better use of new technology and by making some of our practices consistent with other, high performing areas. We have an ageing health and care workforce, with a large percentage of GP's and other healthcare staff, approaching retirement age. Their expertise will be lost from our system and we urgently need to respond to this by creating new roles and thinking about new ways of working.

We already have some local successes in changing the way services are delivered, for example East Lancashire Clinical Commissioning Group is partnering with services in Airedale, to deliver an enhanced model of health care within care homes, which is bringing massive benefits to the people living and working in those homes. We want to build on our successes to bring about greater transformation.

This case for change sets out the current challenges facing Pennine Lancashire in terms of health; care and wellbeing, it is our evidence base for moving forward. We believe that they key challenges we need to respond to are:

- Our children and young people are not getting the best start in life that they could be
- Economic deprivation is driving health inequalities for all of our people
- Local people are not accessing services early enough
- Health and care services need to be more person-centred and co-ordinated, especially for those with complex needs
- Some people spend longer in hospital than they may need to and more care and support could be provided out of hospital
- Services could be run more efficiently.

Whilst the challenges are many, they are not insurmountable. We have ideas about what the future may look like, but, more importantly we want to know what our residents and staff think the future may look like.

We think that in the future:

- *We want people and partners to help us help them by developing new, more sustainable services in local communities.*
- *We will act with compassion, empathy and respect, putting people and their family and carers at the centre and treating the patient as a person not a condition.*
- *For people this will mean they are supported to live well and stay well because they can access joined-up care and support when they need it.*
- *We will provide our staff with regular, clear information on the transformation and ensure they receive training and support to deliver in a new 'Accountable Care System'. They will be empowered to support people to live well and access joined-up health and care when it is needed.*
- *We want to see a care system across Pennine Lancashire that is better, quicker, closer and safer.*

The commitments of the Pennine Lancashire Transformation Programme are:

1. 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 Sector (VCFS). This will be capable of managing the escalation of demand in neighbourhood and community settings, keeping people safe and well in their own homes.

2. 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.

3. 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.

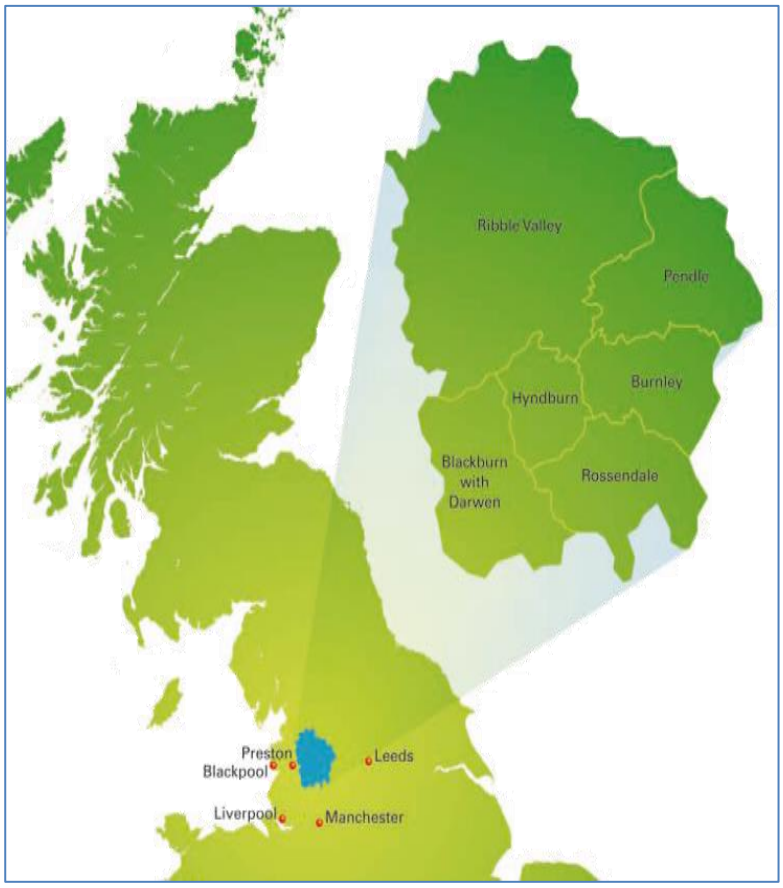
4. We will develop a comprehensive health promotion and wellbeing programme focussing on community resilience, disease prevention, citizen empowerment and the development of volunteering, through a single public sector approach working with the VCFS.

5. We will deliver the enablers of change for an Accountable Care System:
    - Workforce transformation: One workforce
    - Better use of technology
    - Consistent and clear communication s and engagement with our public and workforce
    - Optimise the use of public estate across all organisations: one public estate .

We will be using this case for change to start conversations about health; care and wellbeing and will build feedback into our planning for transformation.

2. About Pennine Lancashire

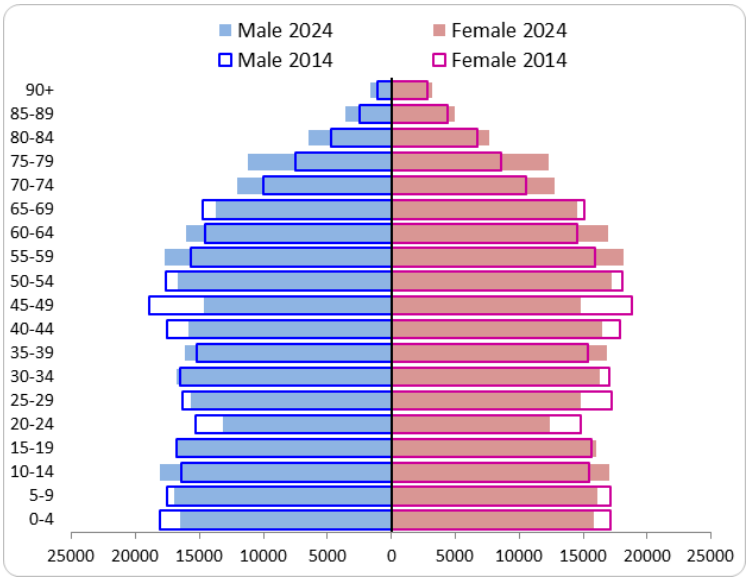
Pennine Lancashire is a large geographic area comprising the six boroughs of Blackburn with Darwen, Rossendale, Burnley, Pendle, Ribble Valley and Hyndburn.



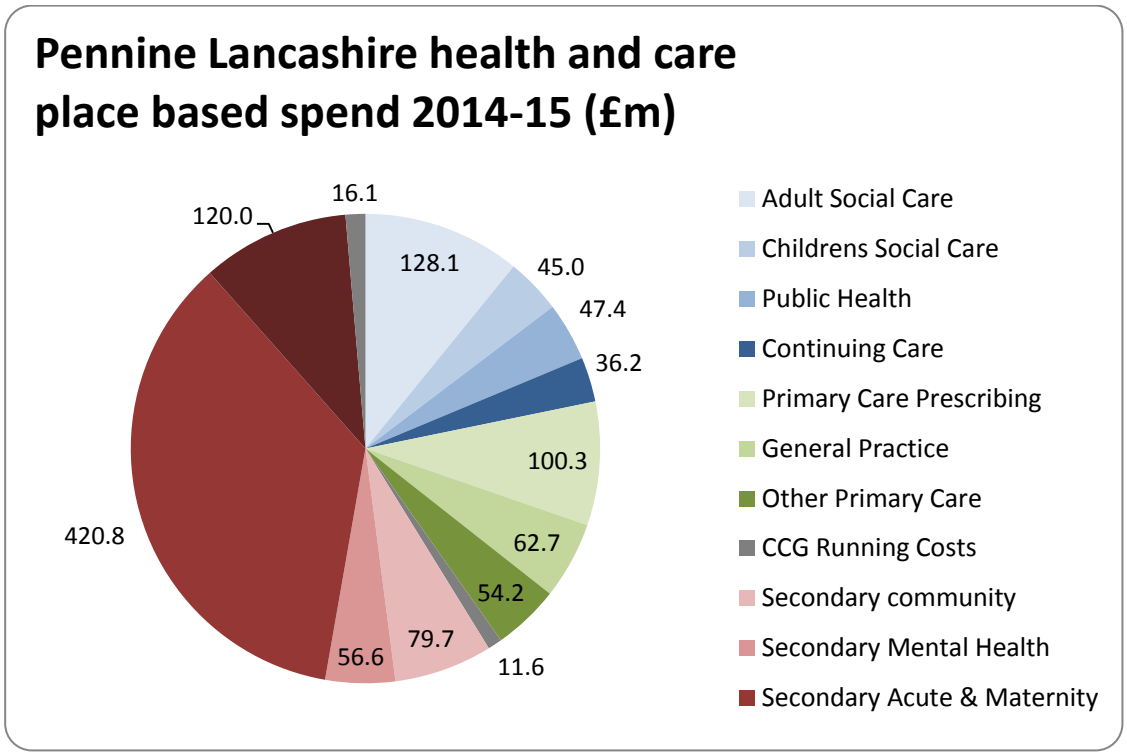
With a resident population of over 531,000[1], Pennine Lancashire is diverse, with more than 17% of residents from Black or Minority Ethnic Groups[2]. One of the boroughs, Blackburn with Darwen, has one of the youngest populations in England, with half of its school-age children belonging to BME communities[3]. The Pennine Lancashire population will grow a little over the next ten years with the main increase being among those aged 70 or above.[1,4]

Population of Pennine Lancashire 2014 and 2024

Economic disadvantage is widespread across Pennine Lancashire, with high levels of need, economic inactivity and low household income, affecting many people who live here. This is a key driver of poor health and health inequalities, which are ultimately leading to high demands on the health and care system.



Public sector spending on health and social care for the residents of Pennine Lancashire was £1.18billion in 2014/15. The main focus of this expenditure is on hospital based acute and maternity services, which represented 35.7% of spend, adult social care represented 11% and GP practices (primary care) accounted 18% of all spend.



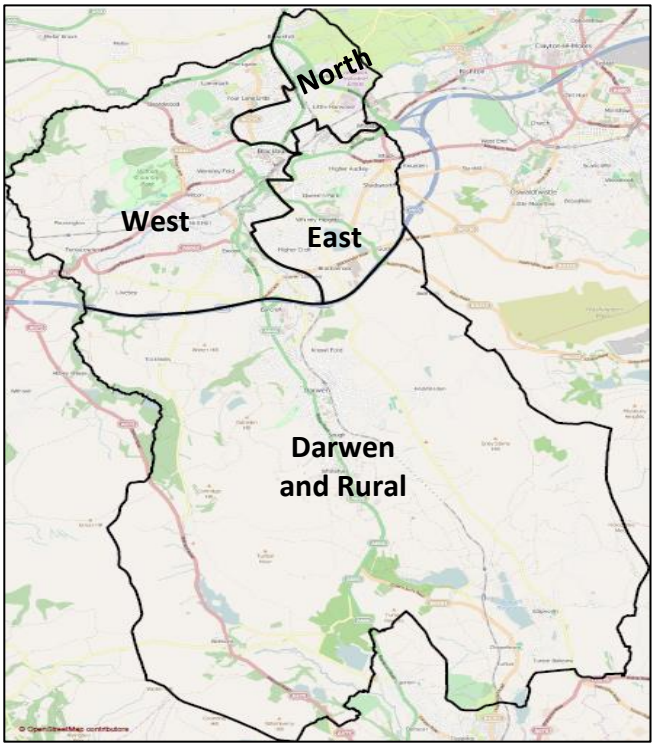
Localities

For the purposes of delivering integrated health and care services, Pennine Lancashire has been split into nine locality areas.

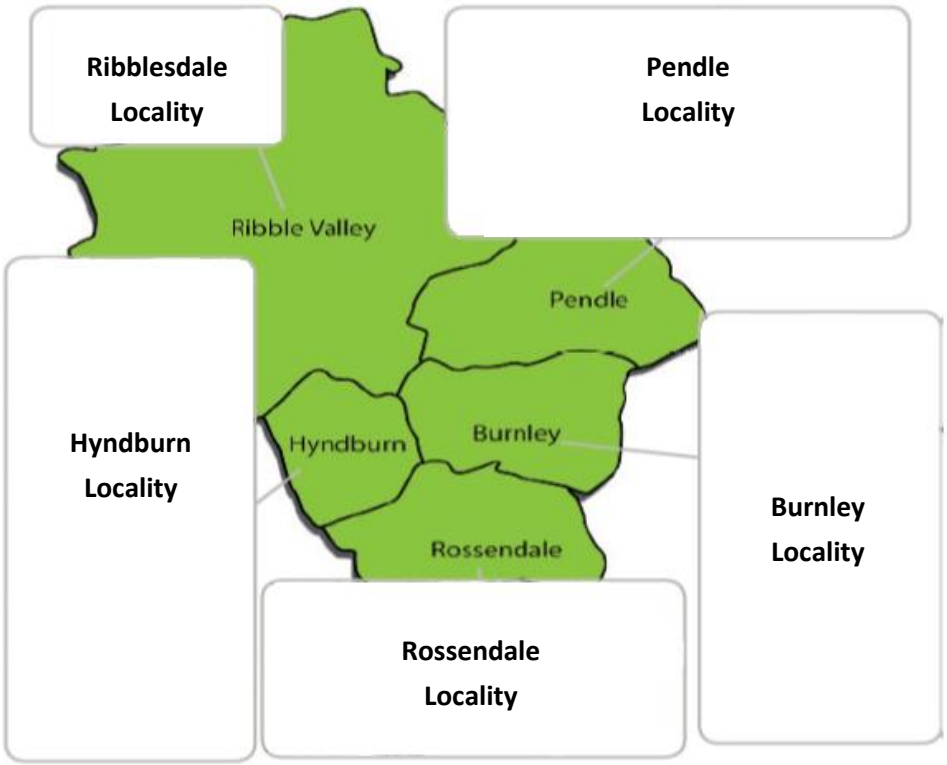
In Blackburn with Darwen, there are four of these localities, North, East and West Blackburn and Darwen.

In the East Lancashire CCG area there are five localities: Burnley, Hyndburn, Pendle, Ribblesdale and Rossendale.

Full demographic and needs assessment details for each locality can be found within the locality profiles data pack.



Blackburn with Darwen CCG localities



East Lancashire CCG localities

3. The needs of local people

Everyone in Pennine Lancashire has a different need for health and social care services. Some need intensive support and care (for example, in the final years of their lives) whilst others access services very infrequently.

Many of these needs depend on demographic factors such as age and deprivation, but also on whether people are living with one or more long term health condition such as asthma, cancer, diabetes, dementia or mental illness. To understand the changing needs of local people in Pennine Lancashire, it is as important to look at the socio-economic causes of ill health, as much as understanding the type of illnesses or conditions local people have and the types of people that have those conditions across the population.

Population overview

Pennine Lancashire has a young population with more than one in five residents of Pennine Lancashire (20.8%) aged under 16 compared with 18.9% in England[1], and Blackburn with Darwen has one of the youngest age profiles in the country. In 2014, an estimated 17.1% of people in Pennine Lancashire were over 65, which is fractionally below the national average (17.6%). Projections suggest that by 2035, almost 24% of the population will be aged 65+.[1,4]The number of very elderly residents (85+), currently almost 11,000 people representing 2.1% of the population, is set to double by 2035.

3.5% of adults in Pennine Lancashire provide 50 or more hours of care per week to a friend or relative in the home. When lesser amounts are included, the total number of informal carers is more than 57,000.[2]

People in Pennine Lancashire are experiencing a number of socio-economic inequalities

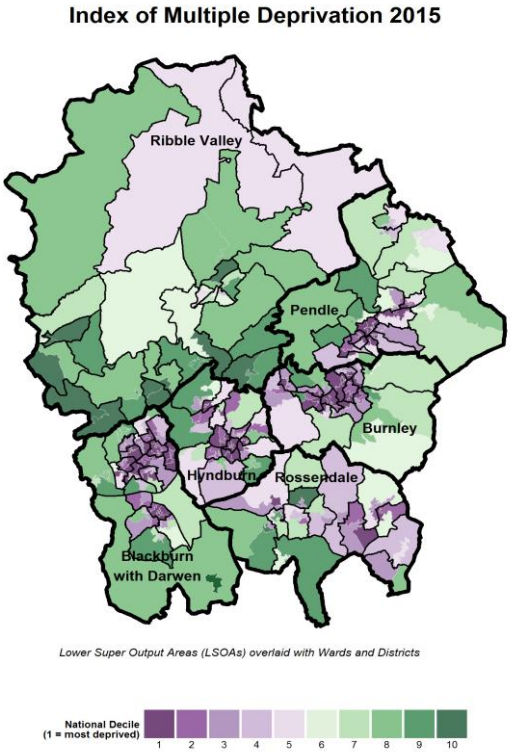
Pennine Lancashire is one of the more deprived areas of the UK, with Blackburn with Darwen, Burnley, Pendle and Hyndburn all ranking highly on the latest (2015) Index of Multiple Deprivation.[5]

All Pennine Lancashire boroughs except for Ribble Valley have a substantial proportion of their neighbourhoods among the most deprived 20% in England. In terms of health deprivation, more than a third of Pennine Lancashire neighbourhoods are among the worst 10% in England. Levels of child poverty vary markedly over Pennine Lancashire, with Burnley and Blackburn with Darwen both having at least 24% of children in poverty, while Ribble Valley has only 5.7% (the lowest equal proportion in England).

Poverty also affects older people, with almost one in five older people (19.9%) living in deprivation compared with 16.2% for England[5].

Economic inactivity and welfare benefits

The term 'economically inactive' describes those who are neither working nor looking for work. Some people of working age may be economically inactive through choice (e.g. students), or because they are looking after the home, but others may be prevented from working by long-term illness. High levels of economic inactivity are frequently a strong indicator of social, economic and health and wellbeing challenges within a locality.



In 2015, the working-age economic inactivity rate across Pennine Lancashire was estimated to be 24.3%. With the exception of Ribble Valley (12.6%), each local authority district had a rate higher than the England average

of 22.0%. In Blackburn with Darwen, three in ten people of working age (29.9%) were economically inactive.[6] The Census provides details at a smaller level, and shows that in 2011, economic inactivity in some Pennine Lancashire LSOAs was four times as high as in others.[2] Almost 95,000 (17.8%) of people in Pennine Lancashire live a household where income is means tested.[5]

Low income and fuel poverty

Low levels of household income are a key determinant of poverty. Those on low incomes are more vulnerable to price shocks, inflation and changes in personal circumstances and may not be able to access suitable living conditions for themselves and their family. Average household income across Pennine Lancashire is lower than other parts in England, with Gross Disposable Household Income (GDHI) in 2013 in Blackburn with Darwen being the 4th lowest in the UK at £12,276 per head In East Lancashire excluding Ribble Valley, GDHI was £15,166, compared with the UK average of £18k.[7]

As a result of low income levels and economic inactivity, people living in Pennine Lancashire are more likely to be living in fuel poverty (13.3% of households) than others living elsewhere in England (10.4% of households)[8]. This percentage varies significantly across the Pennine boroughs, with Pendle experiencing a higher percentage than other boroughs at 15.7%). A small percentage of households do not have any central heating (4% compared to 2.6% for England)[2].

People in Pennine Lancashire are experiencing a number of health inequalities, some of which are made worse by their lifestyle choices

Pennine Lancashire experiences high levels of health inequalities and there is a big gap in terms of health outcomes. Pennine Lancashire has some of the worst health outcomes in the country, with life expectancies in Burnley, Hyndburn and Blackburn with Darwen all ranking in the bottom 20 out of more than 300 local authorities.[9]

According to the latest NHS Atlas of Variation[41], both Pennine Lancashire CCGs are in the worst 20% in the country for:

- Mortality from cancer in people aged under 75
- Rate of epilepsy emergency admissions in people aged 18+
- Percentage of people with epilepsy aged 18+ who were seizure-free for last 12 months
- Rate of Chronic Obstructive Pulmonary Disease (COPD) admissions
- Rate of asthma emergency admissions in people aged 19+
- Percentage of people in National Diabetes Audit who met treatment targets
- Coronary Heart Disease mortality in people under 75
- Quality of stroke care
- Hospital admissions for dental caries age 0-4
- Child emergency admissions for asthma
- Child admissions for mental health problems
- Emergency admissions for ambulatory care sensitive conditions.

Five out of the six Pennine Lancashire districts (i.e. all except Ribble Valley) are in the worst category for:

- Percentage of people aged 16+ who are physically inactive
- Hospital admissions for alcohol-related causes.

There are higher rates of preventable diseases in Pennine Lancashire, these include circulatory diseases (includes coronary heart disease and stroke), diabetes, cancer, respiratory and digestive diseases (includes alcohol-related conditions such as chronic liver disease and cirrhosis). Many instances of these can be attributed to lifestyle choices such as smoking; heavy alcohol use and obesity, hence why they are considered to be preventable. Rates for smoking, adult obesity and alcohol specific hospital admissions in Pennine Lancashire are worse than the England average.

Ribble Valley has the lowest rate of preventable mortality in the North West, but each of the other five local authority areas in Pennine Lancashire is significantly worse than England (PHOF 4.03). All districts except Ribble Valley are in the worst quintile nationally for preventable premature mortality from CVD (PHOF 4.04i). Blackburn with Darwen, Burnley and Hyndburn are also significantly worse than average for preventable premature mortality from cancer (PHOF 4.05ii), liver disease (PHOF 4.06ii) and respiratory disease (PHOF 4.07ii).[10] Many, if not all, of these preventable conditions, are closely associated with high levels of deprivation.

Many children and young people experience poor health outcomes

Although issues of ill health are more likely to occur the older our residents become, health outcomes for our children and young people aged up to 24, are very poor. Child poverty is higher than nationally, and this is particularly true for Burnley, Blackburn with Darwen, and Hyndburn. Child poverty has a huge impact on children and is a key driver of most of the poor health outcomes.

In Pennine Lancashire, the following are all significantly poorer performing than in England as a whole[11]:

- **Infant mortality** - every local authority in Pennine Lancashire has an infant mortality rate that is higher than the England average, and all but Rossendale has a rate higher than the North West average
- In East Lancashire the rate of **neonatal mortality and stillbirths** is within the worst 25% in England (for Blackburn with Darwen the rate is better than the England average)
- **Child mortality** rate for children aged 1-17 in East Lancashire
- Children **killed or seriously injured in road traffic accidents**
- **Hospital admissions due to substance misuse for 15-24 year olds -** Both East Lancashire and Blackburn with Darwen CCGs perform significantly worse than the England and North West averages for hospital admissions due to substance misuse (aged 15-24), with BwD CCG having the third highest rate in the country for substance misuse admissions. Similar is true for hospital admissions due to alcohol specific conditions (aged under 18)
- **Hospital admissions due to injury -** Both CCGs perform worse than the England average in relation to hospital admissions caused by injuries for both children (0-14 years) and young people (15-24yrs). East Lancashire CCG also performs worse than the North West average. Both CCGs perform worse than the England and North West averages in relation Hospital admissions caused by injuries in
- **Hospital admissions due to asthma -** Both CCGs perform worse than the England and North West averages for hospital admissions for asthma (under 19 years) with Blackburn with Darwen having the 2nd highest and East Lancashire the 3rd highest nationally.

In addition to these, the following are also issues that are cause for concern in Pennine Lancashire:

- **Dental decay -** All local authorities perform worse than the England average in relation to 5 year olds free from dental decay, Blackburn with Darwen has the worst performance in the country
- **Breastfeeding -** Both CCGs perform worse than the England average for breastfeeding initiation, however their rates are better than for the North West
- **A&E attendances -** East Lancashire CCG performs worse than the England average in relation to A&E attendances for children aged 0-4 years, whilst Blackburn with Darwen performs better than the England average
- **Hospital admissions for mental health -** Both CCGs perform worse than the England average in relation to hospital admissions for mental health conditions (under 18 years). East Lancashire CCG also performs worse than the North West average
- **Hospital admissions due to self-harm -** Both CCGs perform worse than the England average in relation to hospital admissions as a result of self-harm (10-24 years). East Lancashire CCG also performs worse than the North West average.

Children and young people with learning disabilities

An estimated 930 children and young people aged up to 25 have a learning disability, with a projected increase of 15% over the next 10 years.

Best estimates suggest that 360 children, young people and young adults aged 0-25 will have been diagnosed with complex needs or disability and projections suggest the number will increase by 2% per annum over the next 10 years. This increase is due to extended life span of those with complex needs including Profound Multiple Learning Disabilities (PMLD), assisted by advances in health care and technology.

Local prevalence studies of PMLD suggest a 17% higher than national average number of children with PMLD are known to local schools. Providing the complex and personalised care at home and in the community that these people will require is a challenge for all services and requires professionals to re-think the way that care has historically been provided and explore personal budgets and co-production with individuals and families.

A further 900 local children have additional needs that require them to have an Education, Health and Care plan. In addition to physical and/or learning needs, children and young people with special educational needs are at an increased risk of experiencing health inequalities including:

- Health problems associated with specific genetic and biological causes
- Communication difficulties
- Difficulties in accessing healthcare and other service provision and opportunities.

Mental illness is common in Pennine Lancashire

Both East Lancashire and Blackburn with Darwen CCG's are in the worst 25% of CCGs in the country for prevalence of mental health problems[12]. According to GP registers[13], more than 33,750 adults in Pennine Lancashire are recorded as having depression, which equates to 8.1% (England average 7.3%). Modelled estimates suggest that there are almost 68,000 people across Pennine Lancashire aged 16-74 with some form of common mental health disorder.[14]

At the more severe end of the spectrum, almost 6000 patients are registered by their GP as having schizophrenia, bipolar affective disorder or other psychosis, or being on lithium therapy. This equates to 1.21% of patients in Blackburn with Darwen and 1.03% in East Lancashire CCG, both significantly above the England average of 0.88%[15]. Nationally, people with a serious mental illness are almost three and a half times more likely to die prematurely than the general population. In both Blackburn with Darwen and Lancashire, this ratio is closer to 2.7 (which is actually the joint *lowest* in the North West), but it is still far too high.[16]

£13.6m was spent on mental health by Blackburn with Darwen CCG in 2013/14, and £14.3m by East Lancashire CCG. This puts them both in the middle quintile for mental health expenditure per head of population (*after* adjustment for need), but slightly below the England average. Blackburn with Darwen would need to spend another £981k and East Lancashire another £317k on mental health to equal the England average per head.[17]

Poor physical health links closely with mental illness. For example, having depression doubles the risk of developing coronary heart disease and people with depression have significantly worse survival rates from cancer and heart disease. [18]

Around 48,000 people in Pennine Lancashire are likely to have *both* a long-term condition *and* a mental health problem, and whilst these people receive a large amount of health and social care support, they still suffer with poor outcomes.[19] According to national estimates, 30% of the population of England has a long-term condition (such as diabetes, heart disease or cancer), and 30% of this group in turn also has a mental health problem. Applied to the population of Pennine Lancashire, this would imply that around 48,000 people have *both* a long-term condition and a mental health problem. The number could easily be higher, because there is evidence that co-morbidity is exacerbated by deprivation.[20]

Nationally, the average cost of NHS service use by people with a long-term condition *and* a mental health problem is approximately £5,670 per person p.a., which is almost half as much again as for those with a long-term condition alone[21]. If both this and the prevalence estimate are correct, NHS expenditure on residents with this combination of conditions would total more than £270m a year across Pennine Lancashire. People

with both a long-term condition and a mental illness spend longer in hospital, have more investigations and make a slower recovery. They are also more likely to die, for example, people with asthma and depression are twice as likely to die early as those without depression. People with a mental illness are also less likely to be able to manage their own illness and more likely to do things that will make their long-term condition worse, such as smoking or drinking.[22]

Dementia

An ageing population also means increasing prevalence of dementia. As at February 2016, 4076 people registered with a GP in Pennine Lancashire had a formal diagnosis of dementia. When compared with approved estimates of the true underlying prevalence, this means that both CCGs already meet the government target for 66.7% of people with dementia to have a diagnosis by 2016/17.[23]

According to the literature, more than 2 out of 5 people over the age of 70 admitted in an emergency have dementia.[24] The 2013/14 rate of hospital emergency admissions of patients aged 65+ where dementia is mentioned is significantly higher than average for both Pennine Lancashire CCGs, putting both in the second highest quintile nationally.[25] Given the number of people with dementia in Pennine Lancashire, there is a real opportunity for local services to develop world class services to meet their needs.

The National Dementia 2020 Implementation Plan seeks to promote a timely and accurate diagnosis for people with dementia to ensure the person, their family and community can be supported to access the right information, advice and services to develop knowledge, skills and resilience to cope with their diagnosis. Pennine Lancashire will continue to work to achieve high rates of dementia diagnosis and ideally waits of no longer than six weeks for people to access that diagnosis. For people with mental health problems in later life, again evidence notes that earlier intervention prevents psychological ill-health becoming chronic, and thus mental health pathways are designed to support rapid intervention rather than waiting to respond in a crisis when it is often too late. Both the diagnosis of psychological problems and dementia for people who are older can often be complicated by symptoms being misdiagnosed as physical, or put down to 'just old age' by the person themselves or services and/or an unwillingness of the person to seek a diagnosis for many different reasons. Clearly there is still much work to do to promote well-being in later life, avoid stigma and fear that can sometimes be attached to a dementia or mental health diagnosis. Prevention and the promotion of health, well-being, engagement and inclusion for people in later life need to remain a key priority for local services.

Emotional health and wellbeing for children and young people

An estimated 7,600 children and young people aged between 5 and 16 in Pennine Lancashire experience a mental illness of some kind[26]. For children and young people with mental health problems, estimated costs nationally are between £11,030 and £59,130 annually per child. These costs include service provision (education, social services and youth justice) and direct costs to the family in terms of the child's illness. [27]Given that three-quarters of enduring mental health problems are diagnosed during adolescence, the lifetime costs associated with failing to offer appropriate services are immense.

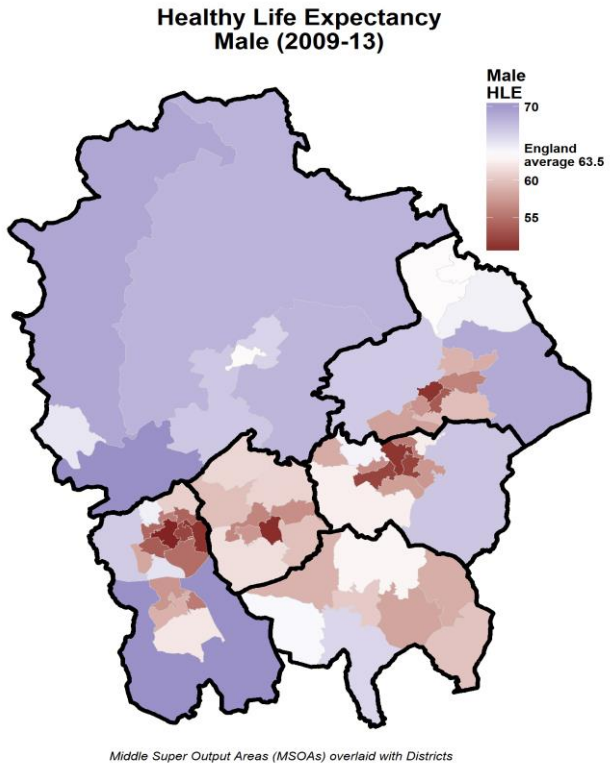
There are increasing numbers of young people between the age of 10 and 24 years being admitted to hospital for self-harming, both Blackburn with Darwen and East Lancashire CCGs perform worse than the benchmark value for similarly deprived areas.[28]

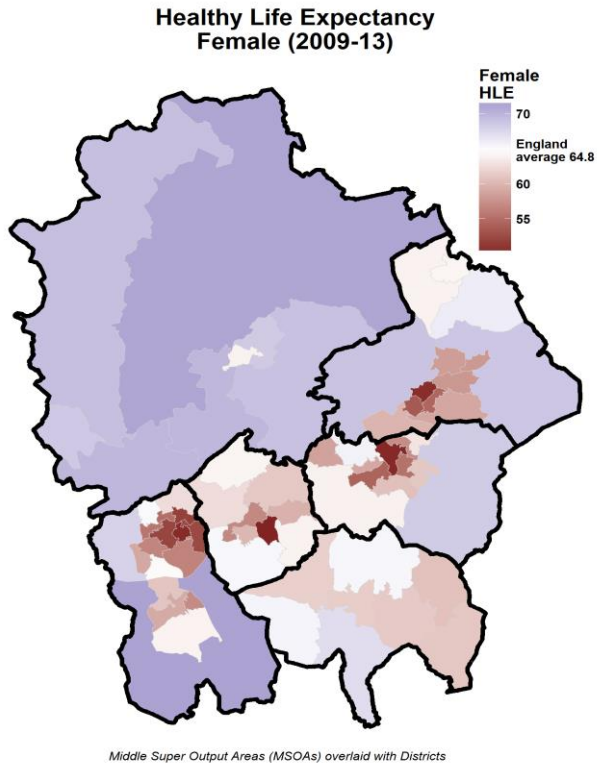
People in Pennine Lancashire are living longer, but with increasingly more complex care needs that require more support from health and social care services.

That people now live for longer than they have ever done before is a cause for celebration. However, for local health and social services, an ageing population is hugely significant because older people are more likely to develop long term health needs such as diabetes, heart disease and breathing difficulties, and are more at risk of strokes, cancer and other health problems – which together means people tend to need more care and more treatment as they get older.

The number of years that people can expect to live a healthy life, i.e. free of disability or long term condition, is significantly lower than the England average, and in some parts this is up to 20% lower. There are also differences in the experiences of men and women.

For men in 66% of Pennine Lancashire Middle Super Output Areas (MSOAs), Healthy Life Expectancy is significantly lower than the England average. Most of the MSOAs with Healthy Life Expectancy greater than the England average are in Ribble Valley.[29]For women, 60% of Pennine Lancashire MSOAs are significantly lower than England.

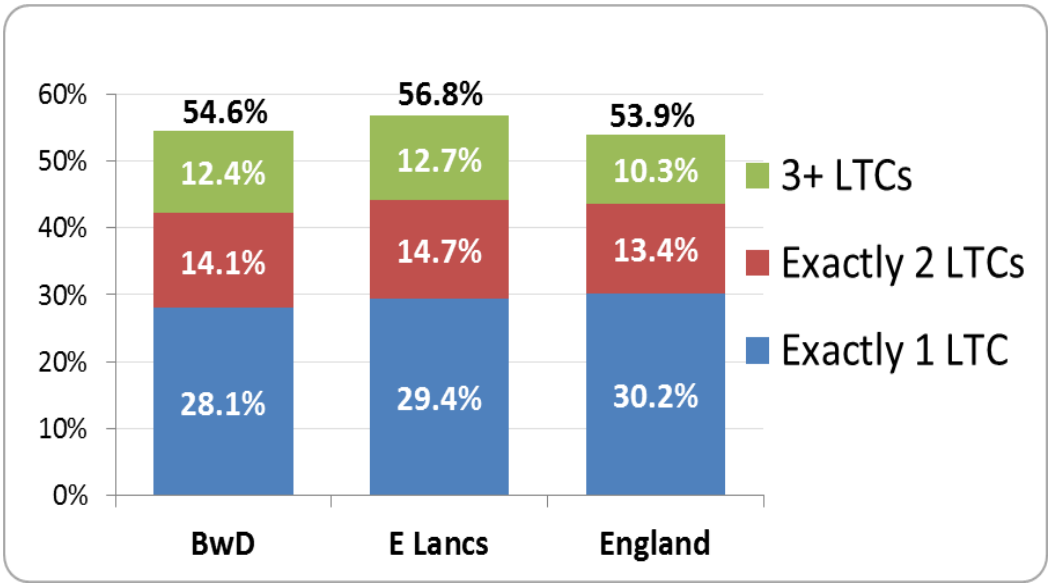




More local people are living with long-term conditions and their needs are complex

A long-term condition is a health problem that is present for over a year. Nationally, it is estimated that 30% of the population has one or more long-term conditions (LTCs).[30] However, among respondents to the large, rolling GP Patient Survey, the proportion is considerably higher, with over half of respondents nationally reporting one or more LTC[31]. The chart below shows how this compares with Blackburn with Darwen and East Lancashire.

Source: GP Patient Survey 2014/15-2015/16. Not age-standardised.



Both the Pennine Lancashire CCGs have a slightly lower than average proportion of patients with exactly one LTC. However, they have an above-average proportion of patients with two LTCs, and are both in the top quartile for patients with three or more LTCs. As might be expected, these patients have the most complex needs, incur the highest costs, and have the lowest quality of life.[32]

Adults with learning disabilities and/or autism

The number of people with learning disabilities in Pennine Lancashire is marginally higher than the national average with approximately 2100 adults known to health or social care services[33].

There is a lot of evidence that demonstrates that people with learning disabilities suffer more physical and mental ill health than their non-disabled counterparts and may die at a much younger age, around 18 years before the national average. Many of these deaths are also considered avoidable.

It has also been established that whilst syndromic or genetic factors do predispose some people to certain illnesses, by and large the determinants of physical and mental ill health this cohort are exposed to are fundamentally social in nature:

- Health problems associated with specific genetic and biological causes
- Communication difficulties
- Difficulties in accessing healthcare and other service provision and opportunities
- Social isolation
- Unemployment
- Poor housing.

Prevalence of autism across the whole population is not clear however evidence shows that the number of children and young people diagnosed with autism and known to services in Pennine Lancashire is significantly lower than the national average would suggest.

East Lancashire CCG is below the national average for the proportion of people with a learning disability on the GP register receiving an annual health check. Health Checks have been shown to be key vehicles in the early identification of disease and ill health and contribute to the reduction of health inequalities; this could potentially mean that health conditions are not being identified early enough.

Both Pennine Lancashire CCG's sit within the worst 25% nationally for having high numbers of people with a learning disability and/or autism receiving specialist inpatient treatment[i]. As part of the wider pan-Lancashire footprint, the area was identified as a Transforming Care Fast Track Area. Transforming Care is the national strategy to reduce non-physical health related hospital admission, reduce length of stay for those admitted and re-design community services to support this goal.

Discharge activity has increased since this programme began, however new admissions into secure and locked rehabilitation provisions continue. Developing the community infrastructure to prevent this will be a key objective for Pennine Lancashire over the next three years.

In Pennine Lancashire, many people with advanced, progressive, incurable conditions are able to to die at home if they choose to, but the majority are still dying in hospital.

The recent End of Life Strategy for Pennine Lancashire 2015-2018[38] highlights that more people die at home in Pennine Lancashire compared to the rest of England, however, deaths in hospital still account for the biggest actual number for the place of death. It also notes that:

- Deaths from Cardiovascular Disease and Respiratory conditions in Pennine Lancashire are significantly above the national average

- There is an inequality in provision of services across Pennine Lancashire. For example, Blackburn with Darwen has more people die in hospital compared to the rest of England, whereas East Lancashire is in-line with the national average. Conversely, East Lancashire has a higher number of deaths at home in comparison to the rest of England, whilst Blackburn with Darwen is in-line with the national average.

Performance against comparator areas is highlighted below.

Geographical Location	% of people dying according to place[34]			
	Hospital	Home	Care Homes	Hospice
National average	49	22	21	6
Bradford Districts	46	23	20	8
Leeds South & East	47	22	20	10
Blackburn with Darwen	53	22	17	5
East Lancashire	50	24	20	4

4. Current service delivery

Within Pennine Lancashire there are 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.

The health, care and wellbeing services in Pennine Lancashire are predominantly commissioned across two clinical commissioning groups, Blackburn with Darwen CCG and East Lancashire CCG; two upper tier local authorities, Blackburn with Darwen Borough Council and Lancashire County Council; five district councils and NHS England. However, health services for some residents of Ribble Valley (approximately 11,400 residents), in the Longridge area, are also commissioned by Greater Preston CCG.

The general practice out-of-hours service is provided by East Lancashire Medical Service, whilst out of hours community nursing services are provided by Lancashire Care Foundation Trust and East Lancashire Hospitals NHS Trust. Both Lancashire County Council and Blackburn with Darwen Council provide out of ours services in relation to adult social care.

There are two major service providers commissioned to deliver health services in Pennine Lancashire, these are East Lancashire Hospitals NHS Trust and Lancashire Care Foundation Trust.

East Lancashire Hospitals NHS Trust (ELHT)
ELHT is the key provider of acute hospital inpatient services and a range of specialist outpatient services within the area. These services include accident and emergency, urgent care emergency and elective (planned) surgery, acute stroke services, consultant-led maternity services and inpatient children's services, plus a range of specialist services. The Trust also provides adult community services for the residents of East Lancashire CCG. The Trust provides inpatient care and outpatients from five hospital sites, with a total of 1,064 beds[35]. It also provides outpatient community services from a number of community healthcare facilities and in people's homes.

Royal Blackburn Hospital (main site) 695 beds Emergency department Urgent care centre General and specialist medical and surgical departments Full range diagnostic and support services	Burnley General Hospital 247 beds Urgent care centre for minor illnesses Specialises in planned (elective) treatment Women and new born centre (maternity) General and specialist medical and surgical departments Full range diagnostic and support services
Accrington Victoria Hospital 18 community inpatient beds Inpatient services Minor injuries unit Specialist services including physiotherapy, podiatry and renal Outpatient services	Pendle Community Hospital 72 community inpatient beds Inpatient intermediate care and medical beds, medical and nursing care for people with long term conditions Rehabilitation services for people following illness or injury
Clitheroe Community Hospital 32 community inpatient beds Inpatient and outpatient services	

In 2014/15, the Trust experienced 197,000 attendances at A&E, conducted 56,900 planned operations and dealt with 64,100 emergencies that required hospitalisation[36].

For many other specialist services, patients in Pennine Lancashire travel to Preston (Lancashire Teaching Hospitals Foundation Trust), who also provide neurology and renal medicine outpatient services on an outreach basis at ELHT. Specialist Mental Health services are provided by Lancashire Care Foundation Trust.

For other, specific, specialist services such as organ transplants, patients must travel to regional centres based in the conurbations of Manchester and Leeds. Specialist children's services are based in Manchester and Liverpool, although ELHT does provide some elements of the care pathways e.g. cystic fibrosis.

There are, on average, 589 babies born each month, in Pennine Lancashire and local maternity services are provided by ELHT, in line with national standards, in that they deliver care from Midwife-Led Units that promote, where possible a 'normal birth' with reduced need of medical intervention. This has promoted positive feedback and outcomes for local families, and the caesarean section rate is lower than the national average. There are three Midwife-led Units (birth centres) in Pennine Lancashire, in Blackburn, Rossendale and Burnley. The Birth Centre model achieved through the 'Meeting Patient's Needs' Programme is seen as a national flagship of good practice.

Consultant-led maternity provision is delivered in the purpose built, Lancashire Women's and Newborn Centre (LWNC). The LWNC also provides a Level 3 Neonatal Intensive Care Unit, a purpose built gynaecology unit and hosts the Burnley birth centre.

Lancashire Care Foundation Trust (LCFT)

LCFT deliver the Healthy Child programme through their Immunisation team and a number of Health Visitor and School Nurse teams across Pennine Lancashire. This focuses on a universal preventative service providing families with a programme of screening, immunisation, health and development reviews supplemented by advice around health, well-being and parenting. There is also a Family Nurse Partnership service in Burnley which offers an intensive parenting programme to mothers under 19 having their first child.

The Sexual Health Service delivers a fully integrated, all age, sexual health service in Blackburn with Darwen (BWD) in partnership with Brook. This includes provision of GUM, contraception, psychosexual services. They sub-contract Healthier Living to provide HIV social support and interventions in Public Sex Environments. In East Lancashire they provide a sexual health service including community education for people under the age of 25 across Lancashire in partnership with Brook.

LCFT also provide an Early Intervention Service (EIS) which is a secondary mental health service to promote early detection and treatment for individuals who present with First Episode Psychosis. The service works with individuals assessed as having an "At Risk Mental State" (ARMS), with the intention of reducing the risk of those individuals developing psychosis. The service has extended its offer to cover people aged between 14 and 65 years (previously 35 years).

They also provide Children's Psychological Services (including the Emotional Health and Wellbeing team) who provide assessment and intervention to young people with complex mental health presentations and their families. The service offers individual, group and family focussed interventions as well as specialist consultation to support the wider children and young people's workforce including schools, social care, GP's and paediatricians.

Across Pennine Lancashire, the Children Integrated Therapies and Nursing Service (CITNS) provides paediatric speech and language therapy and occupational therapy. The nursing element of CITNS provide school nursing in the special schools in the locality, alongside complex needs nursing services in most areas. The Complex Packages of Care (CPOC) team in East Lancs provide in house support to children with complex health needs alongside assessments to understand the need for future packages.

LCFT also provides adult community services for Blackburn with Darwen CCG. The community offer avoids admissions through Intensive Home Support and core ambulatory community services. The Intensive Home

Support is provided through the Rapid Assessment Team, Complex Case Management, an intravenous antibiotic service, a dedicated specialist COPD team and District Nursing. The core ambulatory services wrap around the Intensive Home support offering treatment room services, including the commissioned non-serious injuries provision, and specialist clinics in tissue viability, healthy legs, dermatology, pulmonary rehabilitation, diabetes, oxygen and podiatry.

The Trust also provides mental health services across Pennine Lancashire comprising of the following:

– Mindsmatter - primary care based service for people with mild to moderate anxiety and depression – Assessment and Treatment teams including Crisis support and Home Treatment and Rapid Intervention and Treatment team for older adults – Acute Therapy Service (community based) – Community Mental Health teams – Community Rehabilitation teams – Community Restart teams – Mental Health Liaison for ED settings – Memory Assessment Services – Care Home liaison for clients with behaviours that challenge (via the RITT team)	– Mental Health Response (Street Triage) in partnership with the Constabulary – Section 136 suites – A crisis support unit – Inpatient mental health facilities including assessment wards, treatment wards and Psychiatric Intensive Care Units – A range of specialist mental health services (including criminal justice and children and adolescents) – Input to Integrated Neighbourhood teams and Intensive Home Support Team, offering signposting, liaison and advice for patients whose mental health impacts on their physical wellbeing

Inpatient mental health services are provided in a number of wards across both Burnley (Victoria Wing) and Blackburn (Pendle View Unit) hospital sites. The wards provide single sex accommodation and serve the age ranges of 18 and above.

Male Acute Admission Wards: • Darwen Ward, Blackburn • Hyndburn Ward, Blackburn	**Female Acute Admission Wards:** • Ribble Ward, Blackburn • Ward 20, Burnley
Psychiatric Intensive Care Unit Wards: • Male - Calder Ward, Blackburn • Female - PICU Ward, Burnley	**Advanced Care (older adult):** • Hurstwood (ward 22), Burnley

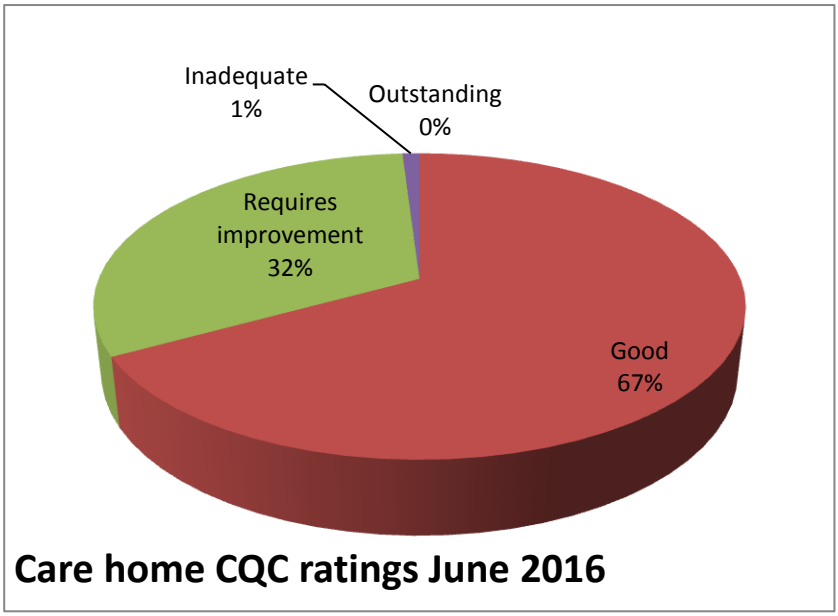
Adult social care and the care sector[37]

Over 90% of adult care services are provided through an active and competitive market of independent providers. The vast majority of both residential and domiciliary care is provided by private sector businesses (78% for residential care and 91% for domiciliary care), through a variety of contracts.

In terms of the care home sector, there are just over 120 care homes across Pennine Lancashire, all but seven are privately owned. There is no single dominant provider of these homes, many are locally owned and often run as family businesses. 49% of residential care home places are funded by the social care authorities (Blackburn with Darwen Borough Council and Lancashire County Council), a small number are funded by the health service (through the CCG's), and the remainder are self-funded by people not eligible for local authority or NHS financial support.

In 2002, national build standards were introduced for all new homes (or extensions to existing homes). By2015, only 40% of rooms in Lancashire complied with these standards.

At the time of writing, 63% of care homes in Pennine Lancashire had undergone a Care Quality Commission inspection, and of these 67% were rated as good, 32% rated as requires improvement and only 1% rated as inadequate.



End of Life Care[38]

End of Life Care is mainly delivered by the GP and District Nurses who co-ordinate and involve other providers to meet the patients' and carers' holistic needs: this may include allied health professionals, specialist palliative care services and social care providers. Many GP practices have adopted the Gold Standards Framework model to enhance End of Life Care. End of Life Care and general palliative care are provided within the acute trust by ward-based teams. They are supported by the Hospital Specialist Palliative Care Team.

Social Care support forms part of the co-ordinated services to provide effective End of Life Care. Joint working with community-based social work offers a specific service to the people and their families who use the hospices. The hospital-based Social Work Team is regularly involved in supporting people and their families who have to come to terms with negative changes to their health or life expectancy. Social care support services provide a complementary addition to health care services and aim to create a simpler integrated pathway for people in the end of life stage to enable them to obtain the assistance they need.

Across Pennine Lancashire there are multiple specialist palliative care providers, led by four consultants in Palliative Medicine, who support the primary and secondary healthcare teams with the management of patients with complex palliative care needs e.g. pain and symptom control and psychological support.

There are three independent hospices; East Lancashire Hospice, Pendleside Hospice and Rossendale Hospice. East Lancashire and Pendleside Hospices provide a total of twenty inpatient beds whilst Rossendale Hospice is a day Hospice. Services offered by the hospices include:

• Inpatient services • Day Therapy services • Hospice at Home • Medical Outpatients • Specialist palliative care physiotherapy and occupational therapy • Referrals to social work services	• Complementary therapies • Counselling and psychotherapy • Bereavement support • Spiritual care • Creative and support therapies • Community services

Community Specialist Palliative Care Clinical Nurse Specialists are employed by East Lancashire Hospice for Blackburn with Darwen patients and by ELHT (Macmillan Nurses) for Burnley, Pendle, Rossendale, Hyndburn and Ribble Valley patients. There is a dedicated hospital Specialist Palliative Care Team and MacMillan Nurses within ELHT. The community and hospital teams work closely with primary and secondary healthcare providers and each other to ensure the best possible holistic care of patients with advanced, progressive disease.

The voluntary, community and faith sector also play a large role in the provision of end of life care and support. Specific end of life services provided by the voluntary sector include those provided by the charitable input of the three hospices across Pennine Lancashire; these include befriending services, complementary therapies, drop-in sessions, carer support and bereavement support. There are also a wide range of community groups, social activities and low level and preventative services that are provided by the sector which can support people to continue to access services as their condition deteriorates and can help to prevent unnecessary admissions to hospital.

There is much innovation in service provision in Pennine Lancashire

There are many services in Pennine Lancashire that provide high quality services every day and will continue to do so. The NHS and social services in Pennine Lancashire have also already had a number of successes making changes to local services to deliver the needs of the local population. There are many examples of how local services are starting to implement new ways of delivering care. Some of these changes are listed below.

Prescription for Wellbeing

The Prescription for Wellbeing (Social Prescribing) Small Grants Programme has seen investment of £1.25 million by ELCCG to date funding over 106 community groups. The work supports local voluntary, community and faith (VCF) organisations to identify local need, develop community assets and provide outcome based solutions. Outcomes include patients becoming more independent and able to access social activities with less intensive support, patients better able to manage their long-term condition, patients and carers feeling less socially isolated, alternative support for those experiencing anxiety and depression, and a general improvement in the quality of care available to patients.

Evaluation of the projects shows the positive impact, especially on mental well-being, being felt by beneficiaries. With the increasing demand on GPs, social care and mental health services for non-medical support the interim findings demonstrate how funding these projects has reduced beneficiaries' reliance on such services by providing an alternative focus. Becoming involved in "something" whether as a beneficiary, or as a volunteer, brings positive feelings of being valued/appreciated and reduces loneliness and isolation.

Transforming Lives; Strengthening Communities

Transforming Lives, Strengthening Communities is a whole system change approach, adopted by 16 public sector agencies across Pennine Lancashire. The approach aims to reduce pressures within the system for those people who are frequently attending specific points (i.e. urgent care, A&E, custody suites) and who present because of mental health, violence (victim or perpetrator), substance misuse including alcohol and four or more adverse childhood experiences.

The ambition of the approach is to develop a multiagency model of working that delivers better outcomes, reduces demand and lowers costs, whilst recognising the importance of involving families and individuals as key partners in delivery. A key element of delivering this has been to establish co-located multi-agency teams within the localities across Pennine Lancashire.

Within Blackburn with Darwen consideration has been given to how diminishing resources can be used collectively and innovatively to sustain non-crisis point service delivery for those people that need it. This has led to the creation of four, multi-agency teams, co-located within council community and children's centres. The role of teams is to case manage referrals, work together to remove barriers to progress, work closely with integrated health and care teams; enable more effective information sharing across agencies and reduce system duplications.

The East Lancashire district areas are now progressing their own arrangements for service delivery, relative to local needs and demands, underpinned by the Transforming Lives principles and ambitions. Burnley has already established a multi-agency, co-located team, which currently based within Burnley police station.

The approach is starting to demonstrate improved outcomes for those people interacting with it, with individuals reporting that they now feel more independent and able to deal with things that come their way, with less reliance on formal service provision.

Integrated wellbeing Services

Blackburn with Darwen Borough Council's Wellbeing Service brings together a wide range of services into one single access point to make getting help easier. It's not just about healthy lifestyles services; the Wellbeing Service know that poor housing or money worries can affect emotional and physical health just as much as smoking or not exercising enough. The Wellbeing Service will support anyone aged 16 years and over who lives, works or has a GP in Blackburn with Darwen. It aims to support local people to make changes to improve their health and provide access to a range of helpful, free services.

Lancashire County Council's integrated wellbeing service, delivered through an innovative consortium of three third sector organisations, is for people aged 18 years plus, living in the 12 districts of Lancashire. The target population has been profiled by the level of risk of emergency hospital admission or social care crisis. The service will predominantly work with those people at high or moderate risk – about 20% of the adult population, particularly, but not exclusively, those with multiple and long term health conditions. The Lancashire Well-being Service provides non-clinical, non-statutory services to help people to address the underlying causes that are affecting their ability to manage their health and well-being.

Integrated Care

The Enhanced Integrated Care Service (EICS) pilot was developed as a health and social care partnership between Blackburn with Darwen CCG, Lancashire Care Foundation Trust (LCFT), Blackburn with Darwen Borough Council, Lancashire Mind, East Lancashire Hospitals Trust (ELHT) and Lancashire Commissioning Support Unit. The EICS aims to improve the quality of life of those living with long-term conditions (LTCs) in the borough and to reduce the demand on health and social care services. Based on the Department of Health model, the service model involves (1) stratifying patients according to their risk of admission to hospital (2) integrated health and social care teams that provide coordinated, patient-focused care and (3) support to help people self-care. A risk stratification tool is used to identify two groups of patients based on their healthcare use. High risk (the top 5% of the practice population) patients are provided with Intensive Home Support (IHS), coordinated through a multi-disciplinary team (MDT). Those at moderate risk (top 6-20%) were offered support through the Achieving Self Care (ASC) service. Delivered by Lancashire Mind, it involves a holistic assessment of the non-medical issues the patient faces and support for a tailored plan of actions the individual can take to improve their health using community resources. The pilot provided a model for rolling out integrated care across Blackburn with Darwen.

Airedale and Partners – Enhanced health in care homes vanguard

East Lancashire CCG is a partner in the Airedale and Partners health in care homes vanguard, which aims to improve the quality of life, and end of life experience of thousands of nursing and care home residents. The vanguard is being delivered with a number of organisations including CCGs and their member practices, NHS providers, care home providers, social services, the third sector, technology partners and academic partners including the University of Bradford.

The Vanguard is one of six Care Home Vanguards and builds on the innovative care model for care home residents to better support this group of vulnerable, frail elderly people. Many have multiple long term conditions including dementia and are often approaching end of life. This programme is precipitated by the potential crisis that the care home sector faces, brought about by a combination of the impact of the new living wage, CQC inspection regime, and recruitment issues into both trained and untrained roles in the sector.

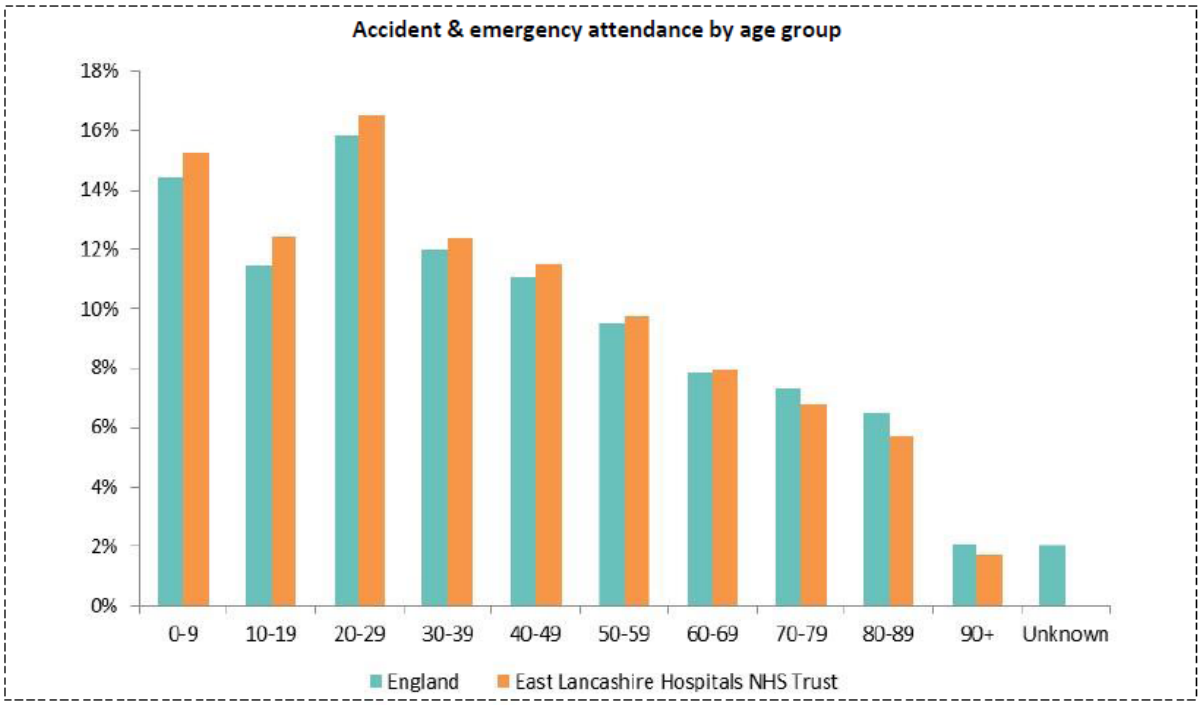
The Vanguard and partners shared purpose is in the first instance to enhance the health of, and care available to, the residents living in the nursing and residential homes across the four CCG localities (Airedale, Wharfedale and Craven, Bradford City, Bradford Districts and East Lancashire) by focussing on:

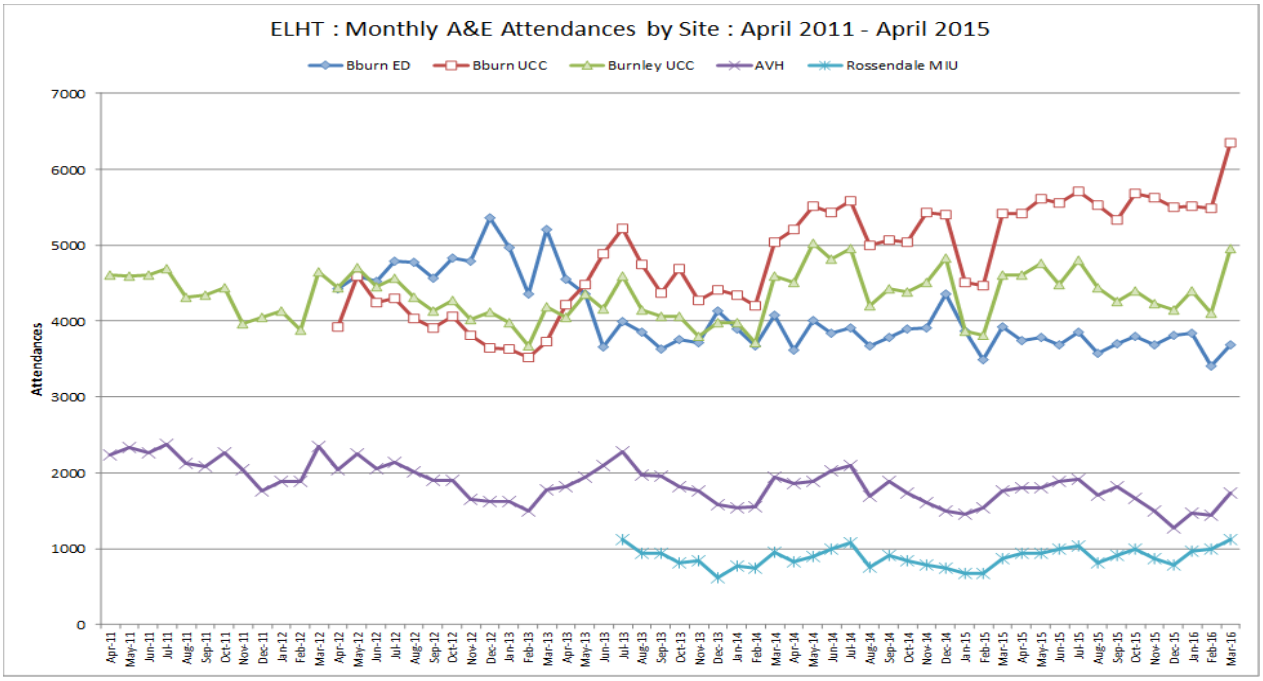
- Promoting health and well-being to prolong independent living and enhance quality of life
- Working proactively with primary, community, social care, acute and third sector providers to redesign the delivery of care to this cohort of patients
- Increasing the quality of care by enabling fast and effective remote access from home to integrated specialist support and expertise when needed
- Enhancing the end of life experience to meet individual preference
- Improving the supply and quality of care home provision and
- Supporting the redesign and skills of the care home workforce to meet the increasing demands of the ageing population
- Delivering greater efficiency for the taxpayer through changing care utilisation.

Higher levels of need and inequalities are driving service demand

Emergency attendances
There are just over 500 attendances per day at emergency department and urgent care centres.

Analysis shows that the largest number of attendances is from people in the 20-29 year old age group, with the second highest in the infant/junior age group of 0-9 years, and thirdly by the 10-19 year old group. The numbers of A&E patients steadily decreases as the age groups of the patients increases[39].

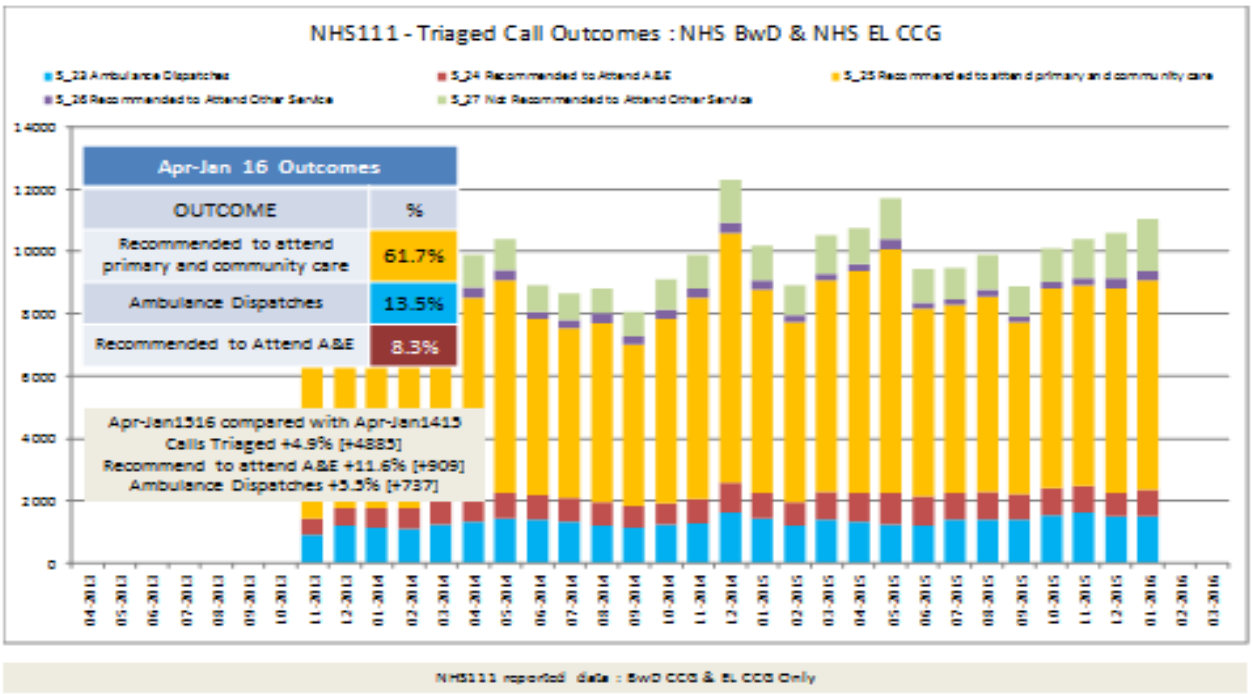




Recent years have also seen the development of single telephone access into the urgent care system, through the development of NHS Direct and 111. Local scrutiny of the urgent care system has indicated that 111 is the biggest driver of Urgent Care Centre attendance.

The same local analysis indicated that approximately 32% of emergency department attendances could have been prevented, either through services preventing the need from escalating or from different service provision being accessed at the time of the need arising.

NHS111 Calls Triaged and Outcomes [Dec13 to Jan16]



Emergency hospital admissions

Emergency admissions levels in Pennine Lancashire are higher than national levels, measured by age-standardised Emergency Admissions rate per 1000 registered patients for 2012-13. Blackburn with Darwen CCG was 6th highest out of 211 CCGs with a rate of 170.3 per 1000 and East Lancashire CCG was 30th highest with 137.4 per 1,000[40].

For ambulatory care sensitive conditions (which are long term conditions for which an emergency condition should be avoidable), Pennine Lancashire performs poorly, with Blackburn with Darwen CCG 4th highest and East Lancashire CCG 11th highest of the 211 CCGs nationally.[41] Emergency readmissions within 30 days of discharge are also high; Blackburn with Darwen is 4th highest out of 326 lower-tier LAs, and Burnley, Hyndburn and Rossendale are also all in the top quintile. They are all significantly worse than England and compare poorly even with their own statistical neighbours.[10]

Adult social care

Demand for adult social care services has continued to grow in recent years, in line with demographic pressures of an ageing population, and an increase in younger people with disabilities surviving into adulthood. A wider range of lower level adult social care needs are now being met in a community setting through access to universal services and/or through voluntary sector input. However, for those people who require formal care services, the average size of care package has increased in recent years, with costs increasing proportionately. Care support is provided in line with the Care Act 2014, which covers not only direct care need but also introduces a "well-being principle" in relation to all adults and a requirement to support carers. In line with the principle of personalisation, all those eligible for care support are able if they wish to access the support in the form of a "personal budget" or a "direct payment".

The majority of support provided is in the home with the interface between social services and primary care absolutely critical to achieving positive outcomes, as is the effective transition and movement of the old and frail into and out of hospital. There is growing complexity in their needs, the cost of packages and the number of service users being supported by two carers both suggest that this is the case. Although severely underrepresented in comparison with the population, BME users of adult social care are increasing in number and as a proportion of caseloads.

Older people also find it difficult to access services (especially if they have to travel long distances). They are likely to be living with more than one long term health need and may also be carers for another older person in poor health. Local health and social care services need to prioritise high quality and accessible services for the older population.

A key part of shifting services to a more preventative approach is about assisting more carers to care for longer, in a more stress free environment. This can be done through a range of support measures, including technology, short breaks and access to a range of practical and emotional support services, many of which are delivered very successfully though the voluntary, community and faith sector.

Primary care

Patient experiences of GP services in Pennine Lancashire are better than the national average, with East Lancashire CCG performing in the top 25% nationally and Blackburn with Darwen CCG performing in the top 50% nationally, on the "Friends and Family" test.

Through the current Care Quality Commission inspection framework, no GP practices in Pennine Lancashire have been rated as "inadequate". Out of the twenty-three surgeries inspected at the time of writing, two were rated as "outstanding", eighteen were rated as "good" and three were rated as "requires improvement". Both CCGs have been working collaboratively to support those practices requiring improvement, to assist them to complete and provide assurance against an action plan for improvement within six months of the judgement and there is the expectation that these practices will achieve a "good" status at their next CQC inspection.

Blackburn with Darwen CCG

No. of GP practices: 27
Total list size: 169,330
Total number of GP practitioners (FTEs): 96
Average list size per GP: 1,758
No. of practices reporting 1 or 2 GPs: 14

East Lancashire CCG

No. of GP practices: 58
Total list size: 371,599
Total number of GP practitioners (FTEs): 205
Average list size per GP: 1,815
No. of practices reporting 1 or 2 GPs: 25

Source: Ernst and Young Pennine Lancs Draft data pack

As part of the Prime Ministers Challenge fund, 7 day GP services are available within Blackburn with Darwen, and this will continue to run until the end of March 2017. East Lancashire CCG is currently consulting with their GP members on a model for 7 day access, with a view to mobilising in one locality from January 2017 onwards.

5. Financial Considerations

Over the next five years there will continue to be a significant amount of money spent on health and care interventions for the 531,000 people living in Pennine Lancashire, including a total of £5bn for health services including mental health, GP services, specialist services and prescribed drugs. However, after taking account of the resources that are likely to be available and the pressures that the health and social care system will face over the next 5 years, it is estimated that there will be a shortfall in funding of some £129 million[42]. This figure will continue to be refreshed and updated on a regular basis, to reflect changing funding positions, however the scale of the challenge demonstrates why radical change is needed, both in the way that services are provided but also in the way that we use those services.

Achieving the level of transformation to close this gap will require a range of enablers to be put in place including support for-non recurrent costs to progress the programme of change, development of the new models of care summarised in the NHS "*Five Year Forward View*", information technology, transformation of community facilities and a response to the demand of hospital and near hospital capacity (intermediate care or step-up/step-down facilities). Fundamental to this reform will be how locality budgets are used with the pooling of budgets at a locality level. Given the national constraints it is unlikely that the Pennine Lancashire health and care economy will be able to anticipate any resources above those allocated as a fair share of the £8bn funds announced in the final quarter of 2015-16.

Buying healthcare services
Place-based healthcare allocations are expected to grow from £928m in 2015-16 to £1,069m in 2020-21, an increase of £141m or 15%. These allocations are made available to commissioners of healthcare services to buy episodes of care and interventions. These services are bought from a range of health and care providers including GPs, NHS trusts, nursing homes etc. Based on the needs of our population, despite increases to these allocations, expenditure is expected to rise considerable and outstrip the resources available to us. Commissioners will need to seek to reduce the cost of interventions, promote a more effective use of services by the people of Pennine-Lancashire and work with providers to streamline pathways of care.

Supplying healthcare services
Suppliers of healthcare services are also exposed to financial pressures which grow at a faster rate than the monies received from commissioners. Costs include for example meeting the cost of pay awards, introducing new medicines and devices, general inflation for goods and services and having to deal with ever-greater complexity. It is expected that the gap between expenditure and income will increase by about 2% to 3% per year. As such, providers of services will need to find innovative ways to improve outcomes for people whilst providing ever more efficient services, reducing waste whilst delivering services in a different way.

Buying /supplying care services and funding public health
Lancashire County Council and Blackburn with Darwen Local Authority are responsible for buying and supplying care services with and for the people of Pennine Lancashire. Need is expected to increase in line with population increases and complexity associated with an aging population. As with the provision of healthcare services the costs of providing social care will also continue to increase in line with pay awards and general inflation. The new national minimum wage will have a significant impact on costs in the care sector, bringing further financial pressures on providers who are already experiencing difficulty after several years of low or zero uplifts.

Under the Care Act, all councils are now required to take an active role in managing the local care market, and are required to intervene should a local care provider fail. An underpinning principle of the Comprehensive Spending review was that funding should cover the current level of social care activity (consistent with the Five Year Forward View).

Additional changes for social care announced by Central Government include:

- An ability to raise the council tax by up to 3%
- An additional £1.5bn available nationally to support the Better Care Fund (BCF) monies that go directly to local authorities

The gap can only be closed by a combination of a shift to a preventive model, integration with health and the third sector and additional funding secured through the BCF and social care precept.

The reductions in allocations to local authorities have a direct impact on the resources available for public health. In the period 2015-16 through to 2020-21 the constraint on public health funding and the pressures on care services are expected to equate to c£75m

Sustainability and Transformation Plan

It is anticipated that the Pennine Lancashire footprint will, as part of the Lancashire and South Cumbria Sustainability and Transformation plan footprint, have access to the national Transformation Fund to help us deliver clinical and financial stability over the next five years. In support of this we have clarity on health allocations over the period.

We also need to clarify the following:

- Fair share of the additional transformation funding
- Funding to support social care activity
- Access to capital resources to create a single patient record and reconfiguration of the health and social care estate.

The Sustainability and Transformation Plan for Lancashire and South Cumbria was submitted to NHS England in Autumn 2016 as a response to the Five-Year-Forward-View. This plan calls for:

- A significant shift in population health and prevention
- Transforming community based care and support
- Greater standardisation of acute and highly specialised care
- Standardising clinical support and back office services
- Enabling better approaches to self-management and supported care.

6. Workforce Considerations

The quality of care and patient/client experience is dependent on having a well-trained, motivated and experienced workforce, and the staff in Pennine Lancashire work very hard to deliver high quality services. Unfortunately, there are a number of issues around the workforce in Pennine Lancashire which makes it harder for all providers to provide comprehensive and high quality services.

The workforce is the single biggest cost in the NHS and social care – around three quarters of total costs[99].

There is an ageing workforce across the sector

The workforce in Pennine Lancashire is getting older which is a problem because the NHS and social care lose trained and experienced workers when people retire. The age profile of the GP workforce in Pennine Lancashire as a whole is not very different from the England average. However, this masks the fact that Blackburn with Darwen has an unusually high proportion (almost half) of its GPs aged over 50. More than 20% of practice nurses in Pennine Lancashire are also aged 55 or over, 11% of full time equivalents in other direct patient care roles are also aged over 55. These roles include: dispenser, healthcare assistant, phlebotomist, pharmacist, physiotherapist, podiatrist, therapist and other direct patient care.[43]

While this is unexceptional, it reinforces the fact that the health and care workforce in Pennine Lancashire stands to lose many of its most experienced members of staff in the next five to ten years. This challenge needs to be urgently addressed by creating new roles and thinking about new ways of working.

There are difficulties with recruiting and retaining staff at all levels making it hard to provide comprehensive and high quality services

There are high levels of vacancies, turnover and sickness amongst the workforce in Pennine Lancashire. This is a problem because of the costs of recruiting and training new people, and covering vacancies with temporary staff. It is also a problem because of the pressure it puts on other staff to fill gaps and train new staff members, and the issues that arise from new members of staff who may not know local policies and processes. Sickness and turnover is particularly high for care workers and clinical support staff in Pennine Lancashire.

Most care homes in Pennine Lancashire pay the minimum wage. The recruitment of qualified nurses and care staff in the care home market is a particular challenge, especially so given pay and conditions can be less favourable than in the NHS, with less opportunity for career progression and development. This has led to some care home deregistering nursing home beds in favour of residential beds given these difficulties. A more rounded and innovative approach is therefore needed across the health and care sector in order to address this difficulty (e.g. the NHS seconding nurses into the sector).

As a result of some of these challenges, there is a high spend on agency staff (staff used on a temporary basis to cover leave, sickness or vacant posts). Agency staff are more expensive than permanent staff and can reduce the quality of care and lead to a poor patient experience (for example, because the patient sees a different nurse every day).

7. Key challenges

People in Pennine Lancashire have access to a good level and standard of health and care service provision. However, the increasing pressures being placed on services, both financial and through demographic demand, mean that unless we make changes to the design and delivery of these service this level of provision cannot be sustained. Services have been delivered in the same way for a number of years, and they now need to modernise to be more responsive the needs of the people in Pennine Lancashire.

Our children and young people are not getting the best start in life that they could be

Strong local evidence shows that children and young people across Pennine Lancashire have experienced significant childhood trauma and adverse experiences, such as the loss of a parent, or physical/emotional abuse, which are likely to lead to risky behaviour and increase chances of poor health outcomes, in the later years. The consequences of this adversity and children not getting the best start in life are reflected in the health inequalities and high levels of service demand felt in Pennine Lancashire. Unless services change their delivery to promote healthy childhood development and respond better when children and young people when they do need help, then health inequalities will continue.

Economic deprivation is driving health inequalities for all of our people

People who live in economic deprivation, no matter what age, experience significantly poorer health outcomes. Health and social care services cannot address all of these areas but can address some of them – and it is clear that as much needs to be done as possible if any significant changes are to be made for the people of Pennine Lancashire. As such there is a need to work with the wider public, private and voluntary, community and faith sectors to work to address factors such as economic inactivity and unemployment. Particularly by ensuring that people have their health and care needs addressed to allow them to work, and they are supported to maintain their employment once working.

Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion and £40 billion through lost taxes, welfare payments and costs to the NHS[46] (this equates to around £640m in Pennine Lancashire).

Local people are not accessing services early enough

Lifestyle services

It is important to promote lifestyle changes (such as stopping smoking, preventing obesity and reducing drinking) to reduce cases of preventable cancers. The estimated proportion of adults in Pennine Lancashire who are overweight or obese ranges from 63.4% (Ribble Valley) to 68.3% (Hyndburn). Ribble Valley has a relatively low smoking prevalence (12.5%), but all the other Pennine Lancashire districts are in the top quintile for smoking, with prevalence's of at least 21%. Blackburn with Darwen and Lancashire (no district data) both achieve a significantly better than average rate of 4-week quitters per 100,000 smokers in the population. Ribble Valley has a significantly higher than average proportion of active adults (PHOF 2.13i, 150 mins per week), but Blackburn with Darwen, Burnley and Pendle are all firmly in the bottom quintile. Hyndburn joins them in the worst quintile for inactive adults (PHOF 2.13ii, <30 mins per week).

Cancer screening

If cancer is suspected it needs to be treated as soon as possible, and people want rapid access to services to reduce their worry. If cancer is discovered then people need access to the best possible care. In Pennine Lancashire, there is a lower uptake of bowel, cervical and breast screening compared with the national average, particularly in Blackburn with Darwen, Burnley, Hyndburn and Pendle. Such screening programmes are important to detect cancer early and so improve outcomes.

	Lowest (Worst)			Highest (Best)						
National quartiles (out of 326 lower-tier LAs in England)	4	3	2	1						
Cancer Screening Coverage by lower-tier LA, 2015 (Public Health England)	**Blackburn with Darwen**	**Burnley**	**Hyndburn**	**Pendle**	**Ribble Valley**	**Rossen-dale**		**Pennine Lancs (derived)**	**National Average**	**Definition**
Breast Cancer	64.6%	71.9%	68.3%	70.5%	78.3%	76.3%		70.8%	75.4%	% of resident women aged 53-70 eligible for breast screening who were screened adequately within the previous 3yrs
Cervical Cancer	67.0%	73.9%	72.2%	70.0%	78.3%	76.4%		71.9%	73.5%	% resident women screened adequately according to age (within last 3.5 yrs if aged 25-49 and 5.5 yrs if aged 50-64)
Bowel Cancer	51.3%	57.8%	56.0%	59.5%	66.1%	57.5%		57.4%	57.1%	% residents aged 60–74 with a screening test result recorded in the previous 2½ years

Health and care services need to be more person-centred and co-ordinated, especially for those with complex needs

When people are involved in managing and deciding about their own care and treatment, they have better outcomes, the risk of hospitalisation is lower, they tend to follow appropriate drug treatments and avoid over-treatment[54].

Local services, and the NHS as a whole, are not yet sufficiently aligned to the needs of the person. This can result in unnecessary duplication, disjointed service provision, potentially in poorer outcomes and frustrated carers. People often have to "tell their story" many times over and potentially receive multiple home visits from different care staff, when they would like to tell their story once, and have one professional working with them. It is currently difficult to share clinical information between teams, meaning people are being seen and treated by care professionals who do not know their medical history and care professionals become frustrated at not being able to flexibly provide the care that is required.

Disjointed and reactive care is a particular issue for people living with a long-term condition, moving constantly in and out of hospital means many are unable to lead normal lives. Both CCGs are performing well in relation to supporting people to manage their long-term condition, with almost two thirds of people saying that they feel supported to manage their long-term condition, but we recognise that there is still work to be done to improve experiences.

Advances in technology mean that people are increasingly more able to take responsibility for their own care. Information is much more available and technology means that treatments such as oxygen treatment, nutritional support (artificial feeding) and continuous glucose monitoring that used to require a hospital visit can now be done in the home. Assistive technology, from simple can openers to 'high tech' equipment that monitors vital signs, needs to play a major role in the future, helping to support people to live independently and communicate with care staff.

Some people spend longer in hospital than they may need to and more care and support could be provided outside of hospital

When people go to hospital in Pennine Lancashire, they tend to stay in hospital longer than they need to and have difficulty getting out of hospital and back home. Every day there are 15 delayed transfers of care in local acute hospitals when people could be elsewhere[44].

When people are ready to leave hospital, families, carers and local services are often not ready to look after them, so they have to stay in hospital longer. The longer people stay in hospital, the more likely they are to get complications. For example, one national study has shown that every extra day in hospital reduces the muscle function of older people by 5%[45]. It is also expensive and national estimates suggest that costs £250 per day[46] to care for someone in an acute hospital bed and this money could be better used elsewhere.

Delays in discharge contribute to a poor experience for local people, particularly at weekends, and can have a lasting negative impact on independent living. It also represents poor value for money because hospital services are being used by people who are medically fit to leave the hospital.

The higher than average number of unplanned admissions for chronic ambulatory care sensitive conditions in Pennine Lancashire, suggests patients are not receiving effective, community based services to enable them to proactively manage their condition and outside of a hospital setting.

A lack of consistent, 7 day, evening and weekend GP service offer could be linked to high numbers of the working population attending A&E.[47]

Services could be run more efficiently across Pennine Lancashire

Although local providers have comparable levels of efficiency to hospitals of a similar type, all providers in Pennine Lancashire could do more to reduce costs and run services more efficiently.

Despite having a cost base that is better than the national average, work led by Lord Carter suggests that efficient working in some areas could release savings of c£34m over 5 years. This opportunity can be realised by bringing lengths of stay for certain procedures in line with the national average, better use of technology and by leveraging greater value from community services.

Community step up/down bed base (Community hospitals/ Rehabilitation/ Hospices)

The health and care economy needs to operate more efficiently by adopting a different approach to its non-acute bed base, including the intermediate or step up/step down bed base. Pennine Lancashire currently has:

- 122 Community hospital beds across 3 sites
- 50 Intermediate care beds within care homes in the community across 4 sites
- 20 Hospice beds in 2 settings
- 17 Neuro-rehabilitation beds

The cost per bed for the differing resources varies, for example community hospital costs are similar to that of an acute hospital, placements in care sector residential resources are considerably lower. As such there is a need to review the skill mix of staff and intensity of care across settings, the balance of provision geographically across Pennine Lancashire and opportunities to re-utilise estate

Urgent Care

The national review for Urgent care has set a clear remit for the structure of Urgent Care services, built around the development of a single access point through 111. Locally there is the need to respond to this review and find more efficient and sustainable service models.

8. The future of health, care and wellbeing in Pennine Lancashire

We have ideas about what the future of health; care and wellbeing will look like for people living and working in Pennine Lancashire, but through this Case for Change we will ask our residents and our staff what they want the future to look like.

We think that in the future:

- *We want people and partners to help us help them by developing new, more sustainable services in local communities.*
- *We will act with compassion, empathy and respect, putting the people and their family and carers at the centre and treating the patient as a person not a condition.*
- *For people this will mean they are supported to live well and stay well because they can access joined-up care and support when they need it.*
- *We will provide our staff with regular, clear information on the transformation and ensure they receive training and support to deliver in a new 'Accountable Care System'. They will be empowered to support people to live well and access joined-up health and care when it is needed.*
- *We want to see a care system across Pennine Lancashire that is better, quicker, closer and safer.*

Our key commitments are:

1. We will create an effective, integrated, person and family centred Locality Services Model, incorporating NHS, Social Care, Primary Care and the VCFS. This will be capable of managing the escalation of demand in neighbourhood and community settings, keeping people safe and well in their own homes.

2. 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.

3. 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.

4. 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 VCFS.

5. We will deliver the enablers of change for an Accountable Care System:
    - Workforce transformation: One workforce
    - Better use of technology
    - Consistent and clear communication s and engagement with our public and workforce
    - Optimise the use of public estate across all organisations : one public estate .

Our key principles are:

1. **Place based** – transformation will bring about an integrated 'place based health system', that shifts the service model to one that spans organisational boundaries and has more health and social care focussed on prevention and promoting wellbeing.
2. **People centred** – people are considered in terms of their assets; they are empowered to improve their own health and wellbeing, and manage their care. Care and support is person-centred,

personalised, coordinated, and empowering.

3. **People as partners** - in developing services and in providing care and support to others, as carers or volunteers are identified, supported and involved.
4. **Health and wellbeing is everyone's business** – health, wellbeing and health improvement is everyone's business. Whole system transformation, requires a 'whole of society' approach.
5. **Equity before equality** - recognising that some people will need more help and support to ensure they can access the same opportunities as others.
6. **Digital first or digital only** – maximising technological developments to give people greater control over their health, care and lifestyle choices.
7. **Do no harm** - interventions which do harm or provide no clinical benefit will be eliminated.
8. **Shared outcomes** – the focus will be on ensuring quality and narrowing inequalities. Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers. People will be given the opportunity to shape their care and support and work towards the outcomes they want to achieve.
9. **One workforce** – there will be one workforce, made up of different services, including voluntary; community and faith sector services, who are all working to the same principles and values. Health; care and wellbeing will be everyone's business, and it will be everyone's responsibility to provide support.
10. **Accessible and safeguarded information** – for people; patients and professionals when they need it.

9. Next steps

This document sets out the challenges facing Pennine Lancashire and the health and care system as a whole. However these challenges are not insurmountable and we have made good progress in service delivery over recent years. There is a great opportunity set out in front of us now to take the further steps needed to bring about our ambitions for change, working together, as a single, unified public sector.

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When writing this document we have ensured at every opportunity to ensure it is in respect of the specific requirements of the Equality Act, it includes a public sector equality duty, which applies to all NHS bodies. When exercising a function public bodies have due regard to the need to:

a) **eliminate discrimination;**
b) **advance equality of opportunity; and**
c) **foster good relations between different people when carrying out their activities.**

It also requires, in respect of the need to advance equality of opportunity, having regard, in particular, to the need to:

a) **remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;**
b) **take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.**