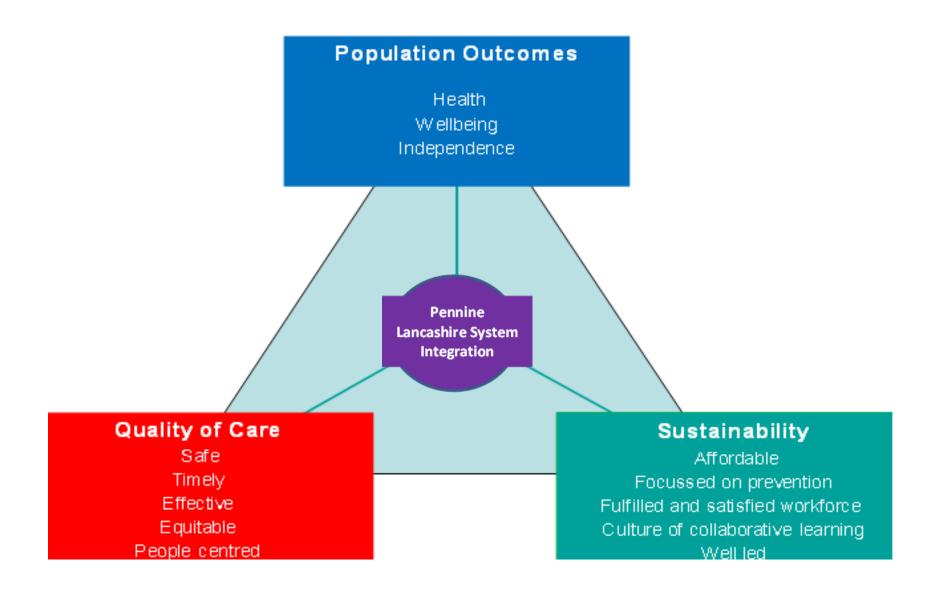


Pennine Lancashire Transformation Programme Benefits Framework



1.0 Introduction

1.1 This benefits framework has been designed to set out the benefits that the Health, Care and Wellbeing Transformation Programme aims to achieve through the development of the New Model of Care and support, and also ensure that progress and impact can be monitored and communicated at timely intervals. By monitoring progress against the outcomes and measures outlined within this framework, we will know whether the Transformation Programme is delivering its key commitments which are:

Our Commitments

- 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. 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 voluntary, community and faith sector.
- 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 and engagement with our public and workforce
 - Optimise the use of public estate across all organisations : one public estate.

2.0 The Triple Aim

- 2.1 The benefits framework is built around the "triple aim" of improved health and wellbeing, transformed quality of care delivery, and sustainable finances (as articulated in the NHS Five Year Forward View). For Pennine Lancashire the triple aim is articulated through the following domains, which form the basis of the benefits framework:
 - Population Outcomes Better Health and Wellbeing for Local People
 - Quality of Care Best Possible Care
 - Sustainability A Sustainable Health and Care System

2.2 **Population outcomes** include:

- Health
- Wellbeing
- Independence

2.3 Quality of care includes:

- Safe
- Timely
- Effective
- Equitable
- People centred

2.4 Sustainability includes:

- Affordable
- Focussed on prevention
- Fulfilled and satisfied workforce
- Culture of collaborative learning
- Well led.
- 2.5 Each of the domains of the framework is underpinned by a number of metrics which will be subject to regular performance management to determine whether the Programme is achieving its outcomes.

- 2.6 Metrics have been selected from the existing public sector outcomes frameworks, for example the NHS and Public Health Outcomes Frameworks. Where no appropriate metric exists, proposals are being identified for collecting the relevant information in future. The metrics have been linked to key priorities for improvement identified in the Pennine Lancashire Case for Change and they will be discussed with members of the public through the Programme's Communications and Engagement Plan.
- 2.7 The Programme Benefits Framework is set out in Appendix A.

3.0 Pennine Lancashire System Integration

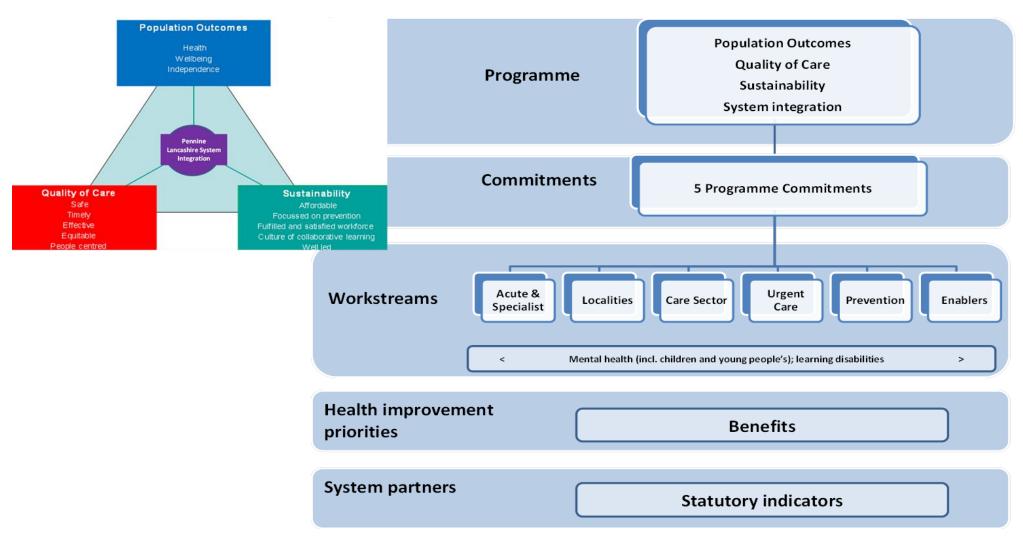
- 3.1 Underpinning the three outcome domains is the measure of Programme Health, which provides assurance as to the direction and performance of the programme itself.
- 3.2 The nationally recognised Advancing Quality Alliance (AQuA) System Integration Framework Assessment tool has been adopted as the mechanism for monitoring the "health" of the Transformation Programme.
- 3.3 The assessment tool assists those undertaking system transformation to understand the maturity of the programme and the relationships of all participants. Undertaken regularly, the assessment will identify where changes need to be made and what those changes might look like, particularly across the eight key areas of leadership, governance, culture, service user and carer engagement, financial and contractual mechanisms, information and IT, workforce and service and care model design.
- The assessment will be undertaken twice per year, by the Partnership Leaders' Forum, Transformation Steering Group and the Finance and Investment Group, in order to gauge the health of the programme and progress towards achieving its ambitions.

4.0 Workstream Performance

- 4.1 Each workstream of the Pennine Lancashire Transformation Programme is in the process of finalising the benefits that they expect to see particular to their area of interest. These will be aligned to the Triple Aim of the programme. Within this framework, benefits will be identified for the following areas of work:
 - Acute and specialist
 - Localities

- Regulated Care Sector
- Urgent Care
- Prevention
- System enablers, e.g. workforce, information technology and communications and engagement
- Mental health, including children and young people, and learning disabilities are embedded across each workstream

5.0 Benefits Framework – Hierarchy of Measures



Pennine Lancashire Transformation Programme – Programme level benefits

Domain		Outcomes	Metrics (including national framework reference)
	Health	My family and I are more healthy and able to live in good health for longer.	Health: Increase the number of years that people live • Measure: Life expectancy
	Wellbeing	My family and I do our best to keep healthy and we know where to get information and	Measure: Infant mortality
Population outcomes		I now feel able and supported to take care of my own health so that I can continue to live	 Wellbeing: Increase quality of life and general wellbeing Measure: Health-related quality of life for people with long-term conditions. (EQ5D) Measure: Self-reported wellness (ONS wellbeing estimates) Measure: Child poverty Measure: Percentage of working age population economically active Measure: How strongly local residents feel they belong to their local area (local government residents survey)
Populat			Independence Reduce the dependency of people on services • Measure: Long-term support needs of older people (65+) met by admission to residential and nursing care home • Measure: Proportion of elderly (65+) still at home 91 days after discharge from hospital into rehabilitation/reablement services People with Mental III-health: • Measure: Suicide rate
			 Measure: Excess under 75 mortality in adults with a serious mental illness (PHOF. 4.09i)

Domain		Outcomes	Metrics (including national framework reference)
	Safe Timely Effective and equitable People centred	Outcomes I know that I will receive the right level of care and support to meet my needs, no matter where I live or who I am. I am treated as an individual, my views are listened to and respected by the people supporting me. I can expect the safest possible care and support.	Safe Reducing the number of people experiencing harm as the result of a fall • Measure: Injuries due to falls in people aged 65 and over (Persons) Reducing the number of people experiencing harm as the result of medication • Measure: Hospitalisation related to medication Reducing the number of children and young people experiencing harm • Measure: Hospital admissions caused by injuries in children (0-14 years)
Quality of care			Timely Measure: Referral to treatment times (cross reference national must do's) Effective Reduce the number of unnecessary unplanned hospital admissions Measure: Inequalities in unplanned hospitalisation for chronic ambulatory care sensitive conditions Reduce the number of people being admitted/readmitted to hospital Measure: Hospital readmissions 7 days and 30 days after discharge (local hospital data) Measure: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s People centred Measure: People feel supported to manage their condition (need to work towards this measure for carers)

Dom	ain	Outcomes	Metrics (including national framework reference)
Sustainability	Affordable and focussed on prevention Fulfilled and satisfied workforce Collaborative learning/well-led	The money available for health and care is limited and I understand that it is targeted to those most in need for the best benefit. The people working with me for my care have the right skills and feel supported in their work.	Affordable Ensure that the health and care system is financially balanced Measure: Pennine Lancashire is able to manage its resources against an overall system total Achieve a shift in resources into prevention and early intervention • Measure: Percentage of Pennine Lancashire system resources allocated to prevention and early intervention • Measure: Percentage of Pennine Lancashire system resources allocated to primary and community care Reduce the carbon footprint from our combined estate • Measure: CO2 admissions from estate Fulfilled/satisfied workforce Reduce the degree of workforce turnover • Measure: % of total health and care workforce per financial year Reduce the percentage of workforce days lost to sickness absence • Measure: % of available days for work lost due to sickness absence per financial year in health and care workforce Collaborative learning/well led Increase the percentage of staff recommending Pennine Lancashire Health and Care as a good place to work • Measure: Staff Friends and Family test