

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dr Jim Gardner, Medical Director, Lancashire Area Team, NHS England
DATE:	8 January 2014

SUBJECT: Towards a Health and Care Strategy for Lancashire

1. PURPOSE

The paper describes to the Board how the Lancashire-wide health and social care economy is coming together to consider strategic developments of mutual benefit and importance in the context of emergent national priorities.

2. RECOMMENDATIONS

The Board is asked to note and comment upon the development of a Health and Care Strategy for Lancashire.

3. BACKGROUND

The major health and social care commissioners and providers from across Lancashire have met together for several years now in order to discuss strategic initiatives where the scale of the larger footprint makes sense – for example, common health commissioning policies across the County. The latest iteration of the governance structure is called ‘The Lancashire Leadership Forum’. Over recent months there has been more detailed, facilitated work supported by the Lancashire Area Team of NHS England to consider the future of health and social care across the County.

Since the 2012 Health and Social Care Act reforms implemented in April 2013, there is a single NHS England Area Team for Lancashire, with a responsibility to commission independent contractors: General Medical Practice; General Dental Practice; Community Pharmacy; Community Optometry. The Area Team also has a role in supporting all 8 CCGs across Lancashire and helping to integrate (system manage) the multiple stake-holders.

4. RATIONALE

There is a general acceptance that the way health and social care is delivered in future will need to change substantially in order to improve outcomes and keep pace with changes in demography, social expectation, new technologies and financial imperatives. Indeed, much of this is reflected in the ‘*Blackburn with Darwin Joint Health and Wellbeing Strategy 2012-2015*’.

Recently published NHS Planning Guidance: ‘*Everyone Counts: Planning for Patients 2014/15 – 2018/19*’ adds impetus and timelines to this rationale. The guidance states that: “CCGs have been asked to choose their own footprint for strategic health and social care planning. This may involve working as part of a larger ‘Unit of Planning’ to enable wider issues which affect more than one commissioner to be dealt with at scale”.

5. KEY ISSUES

From the Lancashire workshops there are key themes:

- a. The development of integrated neighbourhood teams, based on registered lists using the NHS Number as the key data integrator, and pooling populations of upwards of 30,000. The limits of 'integrated neighbourhood teams' are not defined, but provide the basic structure to increase and co-ordinate the capacity and capability of community-based care and support.
- b. The development of a common informatics strategy that supports full integration and enables individual citizens to become much more involved in the management of their own health and care.
- c. The development of a workforce strategy to support these significant changes.
- d. The development of a more integrated hospital system, with more centralisation of specialist care. An example for Blackburn with Darwin is the rationalisation of services for arterial surgery with the Royal Blackburn Hospital intended to become a specialist centre.
- e. Supporting the health and social care system to provide 7-day working and improved access both physically and electronically.

6. POLICY IMPLICATIONS

The NHS England planning guidance stipulates the submission of final CCG 2 year Operational Plans and draft 5 year Strategic Plans by 4 April 2014 and the submission of final 5 year Strategic Plans by 20 June 2014. Operational plans will be assured at CCG and Health and Wellbeing Board level.

7. FINANCIAL IMPLICATIONS

The Better Care Fund (formerly the Integration Transformation Fund) requires CCGs to create funding in 2015-16 to support integration with Local Government. Plans for the Better Care Fund will need to be shown in CCG planning assumptions this year and developed at Health and Wellbeing Board level. In 2014/15 across England, £1,100 million will transfer from health to Local Authorities for social care to benefit health. This will become transacted through a Section 256 transfer. In 2015/16, this funding will be part of the pooled Better Care Fund. In 2015/16 the total fund of £3.8 billion will include a £1.9 billion contribution from core CCG funding nationally. It is understood that this equates to approaching £12 million from Blackburn with Darwin CCG.

In the 2014-15 financial year, CCGs are expected to support GP practices in transforming the care of patients aged 75 and over by commissioning community-based (probably practice-based) services with an additional £5 per head of population for each practice.

Some Lancashire-wide initiatives, for example informatics, may benefit from shared investment across the multiple stakeholders.

8. LEGAL IMPLICATIONS

Delivery of the tenets of the NHS Constitution falls within the requirements of the Health and Social Care Act.

9. RESOURCE IMPLICATIONS

Some limited external support has been sourced centrally from NHS England.

The development and implementation of a full strategy for Lancashire may require a project management office.

10. EQUALITY AND HEALTH IMPLICATIONS

The development of a forward looking Health and Care Strategy for Lancashire is intended to improve health outcomes and address inequalities in line with the NHS Constitution.

11. CONSULTATIONS

Will be required on an on-going basis.

VERSION: 1

CONTACT OFFICER:	Dominic Harrison, Director of Public Health.
DATE:	8 January 2014
BACKGROUND PAPERS:	Development and Implementation of the Health and Care Strategy for Lancashire. Jim Gardner, October 2013. Everyone Counts: Planning for patients 2014/15 – 2018/19 (20/12/2013, NHS England). www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

