Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 10 September, 2013 at 10.30 am in The Duke of Lancaster Room (Formerly Cabinet Room 'C'), County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Barron	Y Motala
M Brindle	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
N Hennessy	B Yates
M Iqbal	

Co-opted members

Councillor Paul Gardner, (Lancaster city Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council respresentative)
Councillor Liz McInnes, (Rossendale Borough Council representative)
Councillor Tim O'Kane, (Hyndburn Borough Council representative)
Councillor Julie Robinson, (Wyre Borough Council respresentative)
Councillor Mrs D Stephenson, (West Lancashire Borough Council respresentative)
Councillor M J Titherington, (South Ribble Borough Council representative)
Councillor Dave Wilson, (Preston City Council representative)

1. Apologies

Apologies for absence were presented on behalf of Councillors Brenda Ackers (Fylde Borough Council), Julia Berry (Chorley Borough Council), and David Whalley (Pendle Borough Council).

County Councillor Malcolm Barron replaced County Councillor Andrea Kay for this meeting

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 23 July 2013

The Minutes of the Health Scrutiny Committee meeting held on the 23 July 2013 were presented. One member recalled it had been agreed that officers from the NHS would come back with an update on the Better Care Together item. Wendy Broadley explained that it had not yet been decided whether the update would come via the Steering Group or directly to the Health Scrutiny Committee. She explained also that the Scrutiny Committee at its next meeting on 13 September was due to consider a request to establish a joint health scrutiny committee with Cumbria County Council to consider issues of cross boundary substantial variation in services proposed by University Hospitals Morecambe Bay Trust. The Better Care Together update might therefore be received by that Committee.

Resolved: That, subject to the addition above, the Minutes of the Health Scrutiny Committee held on the 23 July 2013 be confirmed and signed by the Chair.

4. Clinical Commissioning Groups

The report explained that from April this year Clinical Commissioning Groups (CCGs) had replaced the Primary Care Trust (PCTs) as the commissioners of health and social care services. They were responsible for the planning and designing of local health services by working in partnership with patients and health and social care partners to ensure services would meet local needs.

It was explained that they are responsible for commissioning:

- Elective (planned) hospital care
- Urgent and emergency care
- Rehabilitation care
- Most community health services
- Mental health and learning disability services

Within Lancashire there are 6 CCGs:

- Greater Preston – Preston, parts of South Ribble, Longridge and Great Eccleston
- Chorley & South Ribble – Chorley and the remainder of South Ribble
- Fylde & Wyre – Fleetwood, Thornton, Cleveleys, Poulton-le-Fylde, Kirkham, Lytham, St Annes on Sea and the rural villages of Fylde & Wyre
- Lancashire North – Lancaster, Morecambe, Carnforth and Garstang
- East Lancashire – Burnley, Hyndburn, Pendle, Ribble Valley (except Longridge) and Rossendale.
- West Lancashire – Ormskirk, Skelmersdale and surrounding areas

Greater Preston and Chorley & South Ribble CCGs have agreed to work together in collaboration sharing resources and expertise, to further strengthen their organisations but are two separate organisations and have separate governance structures and Boards.

Representatives from the following Clinical Commissioning Groups (CCGs) attended the Committee to provide an overview of their roles and responsibilities, commissioning plans and some of the challenges they faced to improve the health and well being of their patients:

- Greater Preston/Chorley and South Ribble CCG: Jan Ledward, Chief Officer
- Lancashire North CCG: Dr Alex Gaw, Chair
- East Lancashire CCG: Mike Ions, Chief Clinical Officer and Di Van Ruitenbeek, Chair

Each of the CCGs attending had provided the Committee with a copy of their prospectus which were attached to the report now presented. These documents set out some of their priorities and aims over the coming year and identified examples of initiatives currently being delivered.

- Appendix A – Greater Preston & Chorley South Ribble
- Appendix B – Lancashire North
- Appendix C – East Lancashire

The Committee received a PowerPoint presentation which briefly set in context the six clinical commissioning groups operating in Lancashire. It explained that all CCGs were working collaboratively and had formed a CCG Network. The network also included the CCGs from Blackpool and Blackburn.

One of the significant challenges for the north of England was the huge levels of deprivation, high mortality rates and comparatively poor funding. Officers pointed out to members that a recent publication indicated that the north will be further challenged by a movement in investment in health towards the south and midlands, and that funding for our area was not going to be increased to address the health issues of the population. This was a real concern for the CCGs as it was acknowledged that health services can only do so much within the wider issues surrounding social care and matters of public health.

The presentation then focused, in turn, on each of the CCGs represented at this meeting. Challenges and key priorities were listed in each case. A copy of the presentation is appended to these minutes.

- It was explained that funding pressures and competing demands to address health inequalities presented a complex picture and there was a very difficult balance to be achieved in providing services for a range of diverse, vulnerable groups. For example there was a greater life expectancy in affluent areas

which might indicate that funding should be targeted at more deprived areas, however the consequence of that approach might be less funding for older people who were themselves a vulnerable group.

- The presentation indicated that one in five people in the Chorley and South Ribble area were carers and a question was asked about support available for those carers. It was explained that a model of locally based resources had been developed following work done from the Worden GP practice in that area to establish what support was available locally within both the statutory and voluntary sector. This model would be used to develop 'Localities' in other areas, recognising that that one size would not fit all and that arrangements would need to reflect the diversity of each local area. The GP who had led that piece of work would be happy to talk to members about it.
- It was explained that the West Lancashire CCG, who commissioned services previously under the remit of the former Central Lancashire PCT, tended as a community to look to Merseyside for much of its health care provision. Referrals from that area would be predominantly to the Merseyside area particularly for specialised care.
- Members were disappointed that there did not appear to be enough emphasis on prevention and intervention. It was explained that there was a will to put more investment into prevention and keeping people well, however there was a huge demand for secondary care which was competing for limited resources. The CCGs were looking at significant investment in out of hospital care.
- The 'Closer to Home Programme' which moved services out of hospitals sought to support this approach, however it was important to have the resources and the primary care infrastructure in place. Because of the way the NHS had been divided up partnership working was more of a challenge, but also more of a priority
- There was some concern about the apparent lack of engagement between the East Lancashire CCG and the district councils to develop joint working and prevent hospital admissions. The Committee was assured that the CCGs were keen to engage with local authorities and the voluntary sector. Localities teams were working closely with the five district councils in that area and it was acknowledged that there was now a need to look across the whole East Lancashire footprint.
- There was also the East Lancashire Partnership on which all five district councils and the voluntary sector were represented and which looked at common issues.
- Councillor participation at listening events and governing body meetings would be welcomed. It was acknowledged that the CCGs would need to work harder and make relationships stronger and clearer.
- All agreed that it was important to work closely with the County Council which now had responsibility for public health.
- The Lancashire North CCG prospectus indicated there was an 11.6 year difference in male life expectancy between the least and most deprived wards in that area and for female life expectancy the difference was 10.2 years. There was a strong feeling that focus on health inequalities had to be a

priority and that more needed to be done to target those people who do not access health services.

- It was suggested that the NHS could do more to engage with hard-to-reach groups. It was noted that the CCGs differed in the number and distribution of GP practices in their area; for example, in Lancaster all GP practices were located in the city; it was suggested that there should be a clinical presence out in the deprived estates, perhaps by locating clinicians in community centres, by taking mobile units out to housing estates or simply by knocking on doors.
- It was suggested also that the NHS could collaborate more with third sector organisations who were already in touch with vulnerable people, for example organisations who support veterans.
- The Committee was assured that access to and the importance of soft intelligence in GP practices was well recognised and work was ongoing to set up a system whereby information could be fed back electronically from GPs, nurses, therapists etc and common themes raised with providers. It would be important to consider issues relating to data protection, consent and confidentiality. The CCGs agreed to provide feedback on developments to the Committee.
- One member queried discrepancies in the population figures for Burnley which were shown as 97,000 yet other sources showed a figure of 85,300. This was a large discrepancy and she believed that it was important to ensure this figure was correct, particularly in a deprived area such as Burnley because it would affect funding and health service provision. She understood that the figure was supposed to reflect the number of people registered with GP practices and therefore could include people from the surrounding area, however the population figures of those surrounding areas appeared to be constant. Dr Ions undertook to look into this and get back to her
- The ageing population of GPs in East Lancashire was acknowledged as a major issue and recruitment and retention was an important part of the developing Primary Care Strategy. The CCGs would continue to support a number of GP training practices; young doctors who trained in the area were then more likely to stay here. It was also important to market East Lancashire health services as an attractive and popular place to work.
- Funding for public health was relatively small compared to the NHS total spend, yet public health issues were an important part of the solution to keeping people well and out of hospital.
- In response to a suggestion that Public Health should be represented on every CCG, the Committee was assured that there were strong links between CCGs and Public Health. The Chair confirmed also that the Steering Group of this Committee had an ongoing relationship with Public Health officers.
- A question was raised about the rationale for buying services from private providers, for example out-of-hours services from Virgin Healthcare. In response it was explained that many NHS services were delivered by independent contractors. There was a requirement to adopt a market approach and to follow European procurement legislation.
- In response to a question about the take-up of health checks by GPs, it was confirmed that there was a mixed picture; take-up was much lower than the

20% target in some areas; it was a difficult decision for GPs to divert resources when there were people in need of immediate care. Capacity and time were obstacles. Whilst GPs could receive a small fee for these checks, the fee didn't reflect the workload and some felt there were more effective ways of targeting resources.

- A new programme called the Acute Visiting Scheme which was run from the local out-of-hours services was currently being piloted. It was intended as an alternative to calling an ambulance and would help to reduce the rate of emergency admissions to hospital. It was one of a whole range of schemes to provide more services to patients in their own home.
- A question was raised about NHS input to local development plans where large housing developments would bring several hundred people to an area and increase pressure on local services. It was agreed that housing and infrastructure for a growing population presented a challenge and CCGs were working with NHS England Local Area Team, who are responsible for commissioning primary care, as part of the Primary Care Strategy.
- In response to a question whether there was an optimum number of population per GP, and whether distance from the GP was taken into account when working out commissioning statistics, it was explained that there was an accepted norm of between 1400 -1700 patients, but factors such as demographics, age, distance were also taken into account. It was a very complex picture
- It was suggested that one of the biggest concerns for patients was the reduction in services, for example blood testing services in Preston had recently been centralised leading to delays and queuing. It was acknowledged that the Greater Preston CCG was aware of issues around Phlebotomy services which were currently being addressed.
- Patient views were regarded as an important indicator in measuring any improvement in services. There were patient participation groups at every GP practice and lay representatives with responsibility for public engagement on CCG governing bodies. Additionally there was a range of ways in which the patient experience was surveyed, including an email address on the CCG website.
- A specific concern was raised about the telephone number for accessing Healthwatch; it was suggested that it was a costly, premium rate number. There was a concern also that the website was not currently up and running. Di Van Ruitenbeek acknowledged that the delay in getting Healthwatch up and running had created a vacuum and she undertook to take concerns about the phone number back. She encouraged elected members to feedback any concerns to Healthwatch.
- Among the key priorities for Lancashire North CCG was to commission safe, sustainable, high quality mental health care; one member questioned what the CCG's view was about provision in Morecambe for people with acute mental health problems and for respite and intermediate care. The Committee was reminded that a consultation was ongoing about the site for a specialist dementia care unit. The key issue was to ensure that patients were not disadvantaged.

- In response to a question how health services will be joined up with other public services including the third sector in promoting a seamless service for the people of Lancashire, the Committee was informed that Greater Preston/Chorley and South Ribble CCGs had been selected for interview by NHS England to pilot a scheme whereby all partners in health and social care would integrate formally. This presented a welcome opportunity to integrate sooner rather than later; the CCGs were already working closely with their localities and this work would build on what had already been achieved.

The Chairman thanked guests for attending.

Resolved: That

- The Steering Group would meet individually with each of the six CCGs and to discuss with them, in detail issues of concern specifically public engagement and funding, and to receive a further update after April 2014 when they had been in operation for twelve months.

- A letter be sent from the Health Scrutiny Committee to the Secretary of State for Health expressing serious concern that the investment in the allocation of funding for Lancashire and the north of England appeared to be diminishing compared with the south and midlands. This was of particular concern given the significant challenges faced due to deprivation levels and high mortality rates. . The Chair stated that contributions from the CCGs would be sought for inclusion in the submission. It was also agreed that a copy of the letter be provided to the Chairs of the Health Scrutiny Committees at both Blackpool and Blackburn with Darwen councils for information.

5. Report of the Health Scrutiny Committee Steering Group

On 5 July the Steering Group had met to discuss the future work plan for the Committee following suggestions put forward at the training session on 11 June. A summary of the meeting was at Appendix A to the report now presented.

On 19 July the Steering Group had met with officers from University Hospitals Morecambe Bay Trust regarding their Cost Improvement Programme. A summary of the meeting was at Appendix B to the report now presented.

On 26 July the Steering Group had met with Blackpool Hospital Trust regarding the outcome of the 'Improving Patient Care' consultation. A summary of the meeting was at Appendix C to the report now presented.

Resolved: That the report of the Steering Group be received

6. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received.

7. Minutes of the Joint Lancashire Health Scrutiny Committee

The Joint Lancashire Health Scrutiny Committee had last met on 22 January 2013. The agenda and minutes of that and previous meetings were available via the following link for information.

http://council.lancashire.gov.uk/mgCommitteeDetails.aspx?ID=684

Resolved: That the report be received.

8. Urgent Business

No urgent business was reported.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 22 October 2013 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

OVERVIEW AND SCRUTINY COMMITTEE – SEPTEMBER 2013

Dr. Mike Ions
Chief Clinical Officer
NHS East Lancashire CCG

Jan Ledward – Chief Officer
NHS Chorley & South Ribble and
NHS Greater Preston CCGs

Dr. Alex Gaw
Chief Clinical Officer
NHS Lancashire North CCG

NHS

Why CCGs are Different

- Membership Organisations – practices chose their footprint
- Clinically led – Clinical Chair or Accountable officer
- Governance
  - Constitution
  - Delegation and decision making
- Responsible for 60% of total NHS commissioning resource
- NHS England Lancashire Area Team commission Primary Care, Prisons Health Care, Specialised Commissioning
- Lancashire County Council now responsible for Public Health – prevention and screening

NHS

NHS

Progress -

- All Lancashire CCGs were authorised **without any conditions** as of 1st April 2013
- On 1 April 2013 we formally took on:
  - responsibility for commissioning hospital, community, mental health services for local people and commissioning support services
  - Oversight and responsibility for a joint budget of approximately £456million
  - Responsible for improving quality in primary care

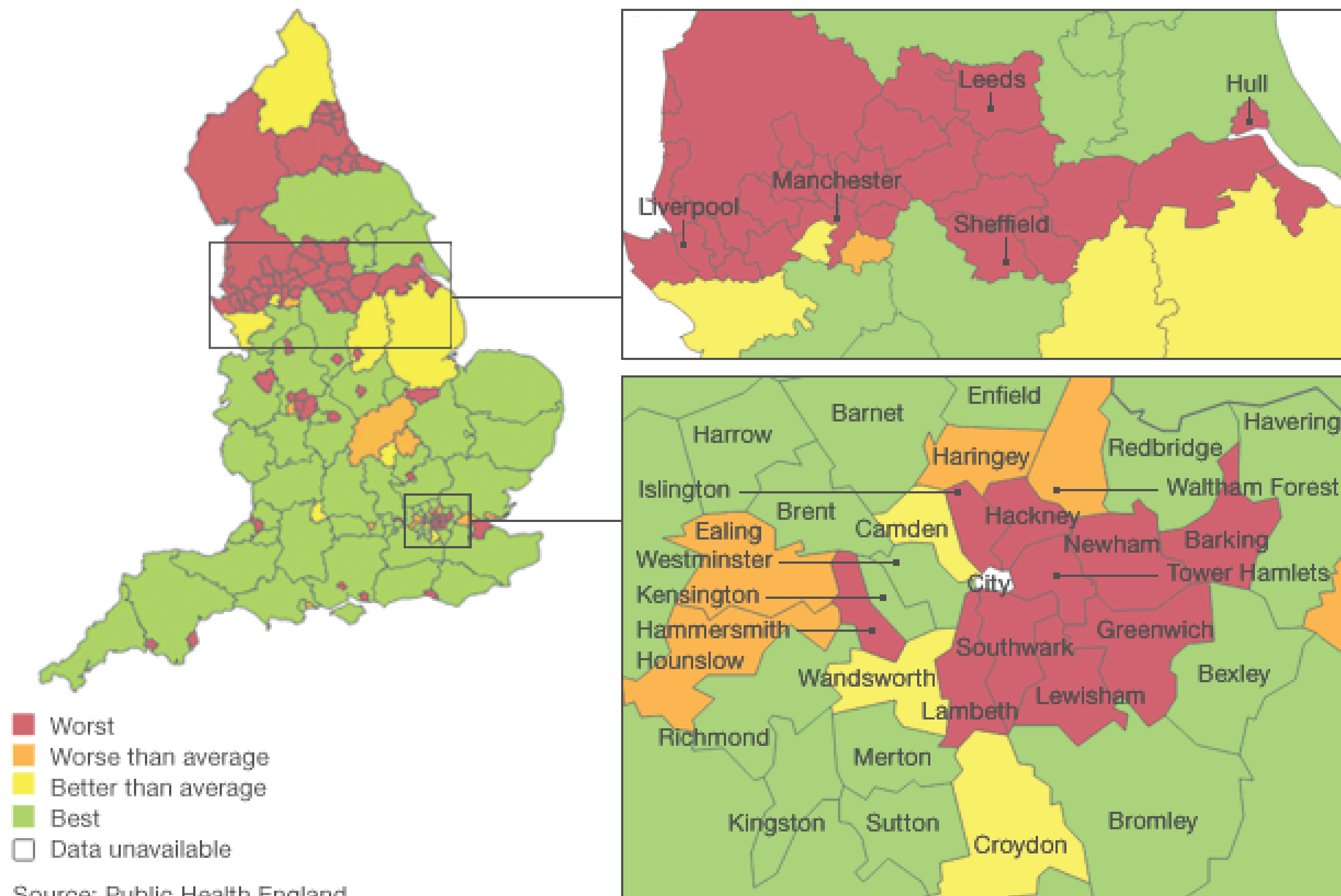
NHS

Lancashire perspective

- 6 CCGs within LCC Boundaries, relating to one Health & Wellbeing Board
  - North Lancashire
  - East Lancashire
  - Fylde & Wyre
  - Greater Preston
  - Chorley & South Ribble
  - West Lancashire

NHS

Northern health challenge



NHS

Lead Commissioner

- NHS North Lancashire CCG – University Hospitals of Morecambe Bay NHS Foundation Trust
- NHS East Lancashire CCG – East Lancashire Hospital NHS Trust
- NHS Greater Preston CCG – Lancashire Teaching Hospitals NHS Foundation Trust
- NHS Chorley & South Ribble CCG – Lancashire Care NHS Foundation Trust (community Services)

NHS

Recent quality reviews

- Independent Investigation of maternity & A&E services at University Hospitals of Morecambe Bay NHS Foundation Trust
- Keogh Reviews
  - Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust
  - East Lancashire Hospitals NHS Trust
- Major challenges in delivering urgent care services in all providers during 2013.

NHS

Collaboration

- All 8 CCGs in Lancashire work collaboratively and formed a CCG Network
- Collectively we work with NHS England Area Team Lancashire, North West Coast Academic Health Sciences network, Local education & Training board (health), Clinical Senate & Networks for Lancashire and Gt. Manchester, statutory groups such as Childrens Safeguarding board and community safety partnerships.

NHS
East Lancashire
Clinical Commissioning Group

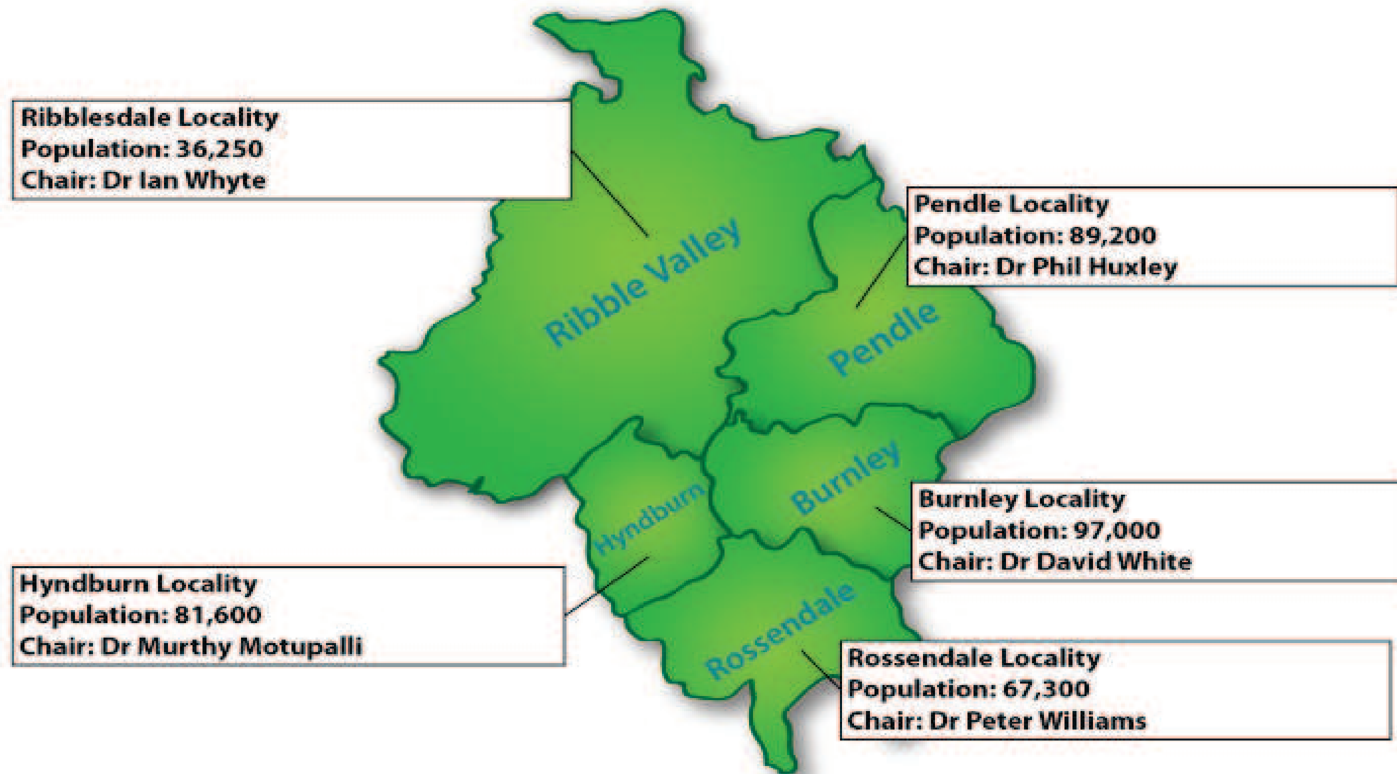
NHS East Lancashire CCG

East Lancashire CCG

- Statutory body responsible for commissioning health services from 1 April 2013
- Run by local GPs with aim to commission high quality, safe and effective health services
- Five like-minded localities with strong governance arrangements
- 62 member practices – Council of Members

East Lancashire
Clinical Commissioning Group

East Lancashire CCG



EL Population - 372,000
GP Practices - 62

Key Challenges

- **Population**
  - ageing, higher than average number of children and young people, significant BME population, high levels of socio-economic deprivation
- **Transformation Agenda**
  - massive change required to deliver wholesale improvement and quality of service
  - Needs collaboration throughout Health Economy
- **Financial constraints for the foreseeable future**
  - Overall budget: £473.5 million. £8.88 million running cost allocation
  - Statutory duties – expenditure and cash spending must stay within the limits set for the financial year
  - Performance measures – 1% surplus, 2 % recurrent surplus & 2% non-recurrent investment
  - Key challenges – QIPP, ELHT & allocation issues

East Lancashire Commissioning Priorities

- Integrated Transformation
- Urgent (Unscheduled) Care
- Scheduled Care
- Cancer Service Improvement
- Primary Care
- Lancashire Collaborative Programme (Lancashire wide priority)

How We Engage with Patients

- Lay member representation on steering groups
- Locality Listening Events
- Publications / Posters in General Practices
- Soft Intelligence Gathering:
  – connect@eastlancashireccg.nhs.uk

East Lancashire
Clinical Commissioning Group

Working with Partners and Providers

- New working arrangements include – NHS Staffordshire and Lancashire Commissioning Support Unit, NHS England, Lancashire County Council
- Clinical Transformation Board
- Stakeholder Engagement

Francis Enquiry & Keogh Review

- Report issued February 2013 – second report by Robert Francis QC following Public Inquiry into failings in care at Mid Staffordshire NHS FT (290 recommendations)
- Aims of report include putting patients first, developing fundamental standards of care, accountability for senior managers & openness, transparency and candour across system
- Development of action plan based on key recommendations for the CCG
- Keogh review into ELHT
  - Joint Quality Assurance Framework based on findings

NHS
Chorley and South Ribble
Clinical Commissioning Group

NHS
Greater Preston
Clinical Commissioning Group

NHS Chorley & South RIbble CCG
NHS Greater Preston CCG

Gt. Preston CCG Chorley & S. Ribble CCG

- Two statutory CCGs but work closely
- Authorised on 18th January 2013 with no conditions
- Clinical Chairs, managerial accountable officer
- Two membership councils & governing bodies
- Single management team and structure
- Relate to the same acute community and mental health trusts

NHS
Chorley and South Ribble
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NHS
Greater Preston
Clinical Commissioning Group

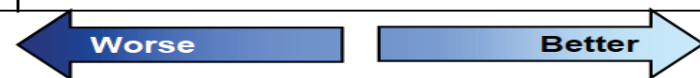
NHS
Chorley and South Ribble
Clinical Commissioning Group

NHS
Greater Preston
Clinical Commissioning Group

Gt. Preston

Locally we need to understand how we compare to out cluster and focus on these things…

Outcome Indicator	CCG and cluster distribution
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1.1 Under 75 mortality rate from cardiovascular disease	
1.2 Under 75 mortality rate from respiratory disease	
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	
1.4 Under 75 mortality rate from cancer	
2 Health related quality of life for people with long term conditions	
2.1 Proportion of people feeling supported to manage their condition	
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
3a Emergency admissions for acute conditions that should not usually require hospital admission	
3b Emergency readmissions within 30 days of discharge from hospital	
3.1i Patient reported outcome measures for elective procedures – hip replacement	
3.1ii Patient reported outcome measures for elective procedures – knee replacement	
3.1iii Patient reported outcome measures for elective procedures – groin hernia	
3.2 Emergency admissions for children with lower respiratory tract infections	
4ai Patient experience of GP services	
4aii Patient experience of GP out of hours services	
4aiii Patient experience of NHS dental services	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	
5.2iI Incidence of Healthcare associated infection (HCAI): C Difficile	



NHS
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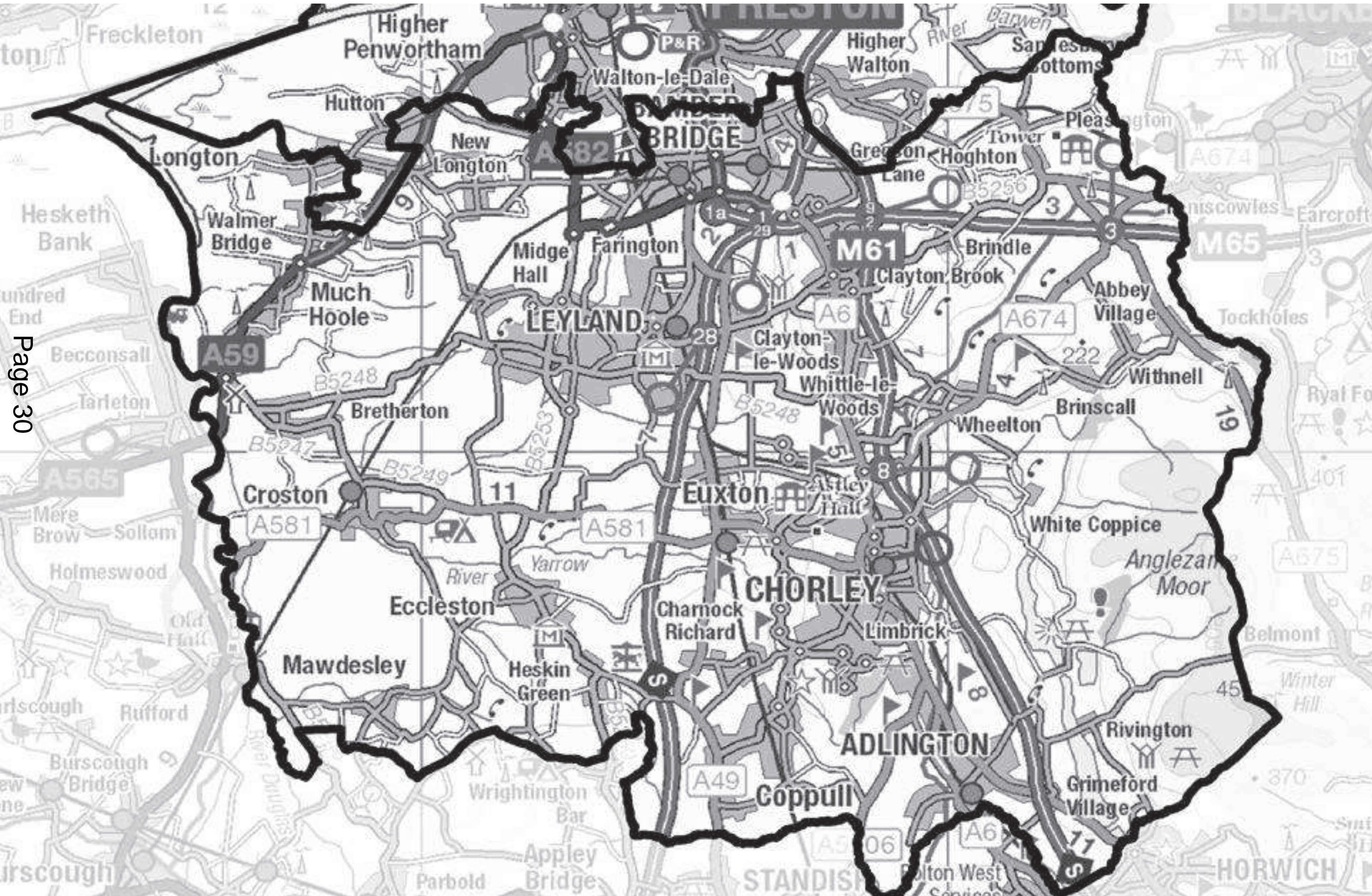

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Chorley and South Ribble Clinical Commissioning Group

NHS
Greater Preston Clinical Commissioning Group

Chorley & S. Ribble

Locally we need to understand how we compare to our cluster and focus on these areas…

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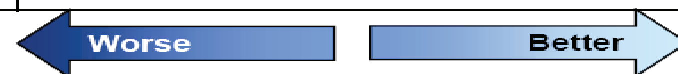


NHS
Chorley and South Ribble
Clinical Commissioning Group

NHS
Greater Preston
Clinical Commissioning Group

- 34 Practices
- Population 220,000 – large proportion ethnic minority and hard to reach groups
- Approx 126 GPs, 81 nurses
- Less GPs per head of population than elsewhere in Lancashire.
- Relate to four borough councils
- Highly complex
- University skews population
- 17 Single handed/small practices (50%)
- MoU with NHS Chorley & South Ribble CCG with joint management and risk sharing.

- 32 practices
- 172,500 population
- Approx 96 GPs, 57 nurses
- Less GPs per head of population than elsewhere in Lancashire.
- Relates to two borough councils
- High rates of CVD, cancer deaths, diabetes and alcohol
- 1 in 5 people are carers
- Growing elderly population
- Health inequalities
- Large number of single/small handed practices (50%)
- MoU with NHS Gt. Preston, joint management arrangements and risk sharing

Summary of our plan for 2013/14…

- all of the national requirements (as a minimum)
- but also, local data and evidence indicates that we need to:
  - Prevent avoidable admissions: Unplanned hospitalisation for asthma, diabetes and epilepsy in Under 19s, as you saw from the spine charts before
  - Improve access to diagnostic services – Direct to test for MRI scans for Knees, Cardiology – echo, plans developing for 7 day working
  - Tackle long term conditions: locality teams being rolled out
  - Improve services in Primary Care, delivering more services community closer to home
  - Improve urgent care – Primary care becoming the front door to Emergency department, step up and step down beds

Chorley and South Ribble Clinical Commissioning Group

Greater Preston Clinical Commissioning Group

Financial position

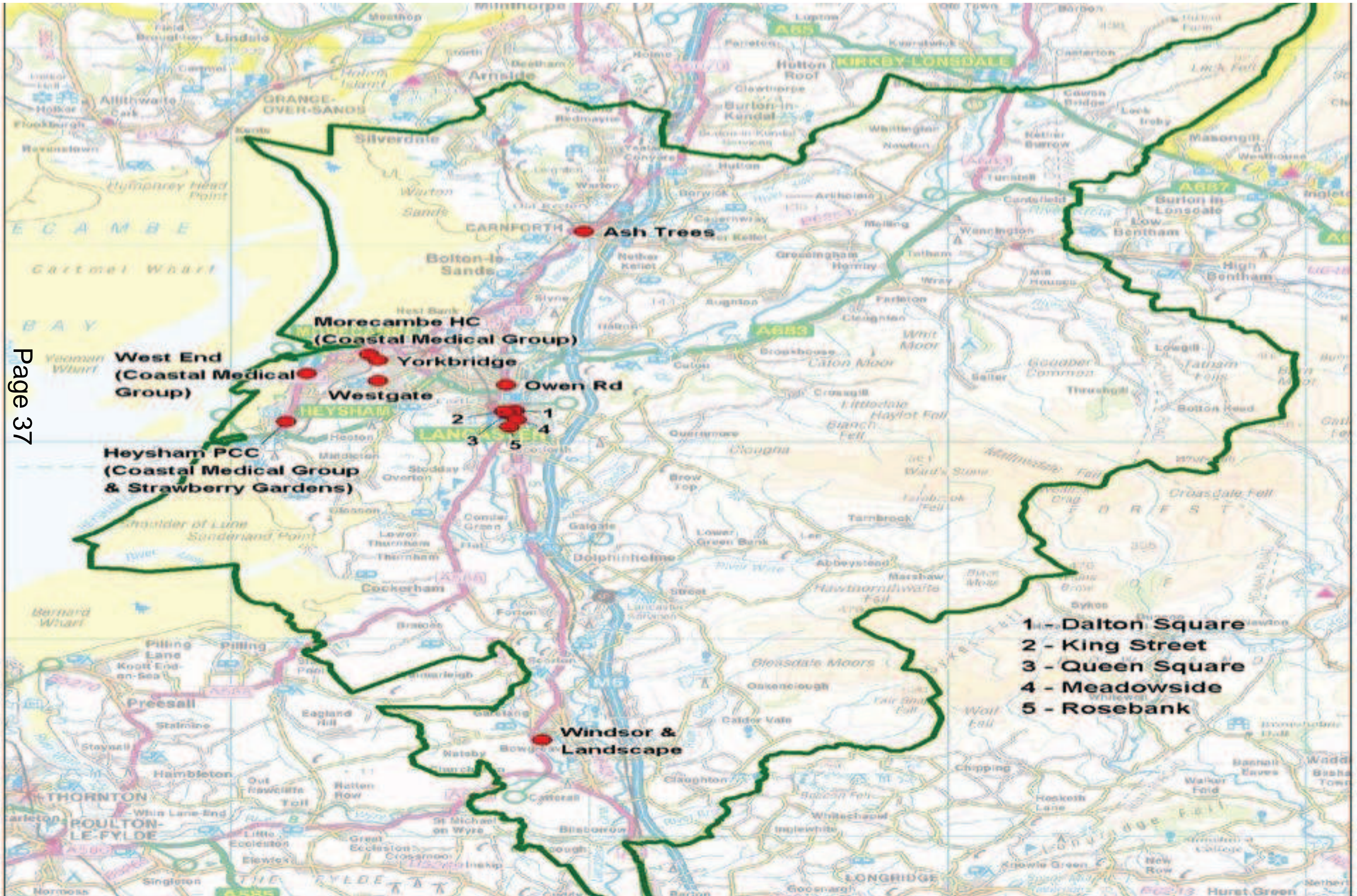
- Gt. Preston allocation £273,907
- Chorley & S. Ribble allocation £240,495
- Challenged in year in Gt. Preston due to specialised commissioning allocation reductions circa £13m
- Impact of this both on CCGs is significant, plans have been reprioritised to focus on transactional delivery

Opportunities/Challenges

- Financial position
- Over 50% single handed/small practices
- Under resourced in primary and community services compared to our ONS cluster
- Care closer to home focusing on prevention, self care, long term condition management, end of life care
- Improving outcomes and experience of care for patients
- Hospital services reconfiguration across Lancashire
- Further NHS reconfiguration/structural change

Lancashire North
Clinical Commissioning Group

NHS Lancashire North CCG


Ash Trees
Morecambe HC
(Coastal Medical Group)
Yorkbridge
West End
(Coastal Medical
Group)
Westgate
Owen Rd
1
2
3
4
5
Heysham PCC
(Coastal Medical Group
& Strawberry Gardens)
Windsor &
Landscape
1 - Dalton Square
2 - King Street
3 - Queen Square
4 - Meadowside
5 - Rosebank

Lancashire North
Clinical Commissioning Group

CCG facts and figures

- 160,000 registered population – expected to grow by 7000 over the next 10 years
- 13 practices in Lancaster, Morecambe, Carnforth and Garstang
- Budget £198m
- Main hospital is the Royal Lancaster Infirmary
- Community services provided by Blackpool Teaching Hospitals
- Significant pockets of deprivation in Morecambe, Heysham and central Lancaster
- Cancer and cardiovascular disease account for 64% of deaths before the age of 75 years

6 key priorities

- Improve population health
- Reduce premature deaths – focus on Cancer and CVD
- Develop care closer to home
- Commission safe, sustainable, high quality hospital care
- Commission safe, sustainable, high quality mental health care
- Enable primary care to respond to changing needs of the population

NHS
Lancashire North
Clinical Commissioning Group

Better Care, Together

- Redesign of local secondary care hospital based services by developing an integrated care system in south Cumbria and north Lancashire over the next 5 years.
- Our plans need to ensure:
  - Safe, appropriate, accessible services
  - High quality care, based on clinical evidence and best practice
  - Cost effective services
- Joint programme with UHMB, Cumbria CCG and other key partners including LCC

Better Care, Together – current position

- Significant clinical involvement on 4 clinical workstreams
- Moving focus now from acute models to out of hospital services
- Intensive early work on pre-engagement to understand public attitudes towards local services
- Need to do further work on finance, workforce, estates implications
- Will continue to work with Lancashire and Cumbria OSCs as the programme progresses.