Workstream	Plan	Intention	Impact
Primary Care	LDP	Phase 2 QOEST / Quality Framework – rationalise Local Improvement Schemes, implement plans from phase 1	Reduce variation; Improve Quality
Primary Care	LDP	Extended access to General Practice Services	Improve access
Primary Care	BwD EL	Reduce medicine waste and optimise medicine usage	Reduce admissions; Efficiency savings
Urgent Care	LDP	An A&E triage model which provides streaming into appropriate clinical pathways including ED, ambulatory care and primary care.	Delivery of 4 hour standard Improved clinical outcomes
Urgent Care	LDP	Establishment of a 7 day ambulatory care model which includes in-reach from clinical specialities. This will include consideration of a Clinical Decision Unit.	Delivery of 4 hour standard Improved clinical outcomes
Urgent Care	LDP	Remodel UCC and ED in line with national requirements and service specifications	Financial sustainability; Simplify access and offer
Urgent Care	LDP	Improved patient flow through inpatient pathway	Delivery of 4 hour target Reduction in bed occupancy
Urgent Care	LDP	Increase pulmonary rehab activity in line with national best practice	Reduction in admissions
Urgent Care	LDP	Implementation of Discharge to Assess including Trusted Assessor model	Delivery of 4 hour standard; Reduction in bed occupancy; Reduction in DToC.
Urgent Care	LDP	Suspension / replacement of PbR tariff around the Urgent Care pathway	Delivery of 4 hour standard; Financial sustainability
Integration	LDP	Enhanced locality model of care fully incorporating community mental health services and the VCF offer	Reduce variation; Improve access
Integration	LDP	A consistent IHSS model of care across Pennine Lancashire including medical oversight.	Improve access
Integration	LDP	A consistent IHSS model of care across Pennine Lancashire including medical oversight.	Improve access
Integration	LDP	Commence implementation of a integrated virtual clinical hub providing signposting, care coordination, liaison and referral, capacity and demand management and Medical advice functions. Note this virtual hub will be delivered across a northwest, sub-regional and local footprint (shared across integrated and urgent care)	Improved patient experience; Increasing efficiency and productivity of the urgent care system, removing overlap and duplication in service provision and clinical time; Reduction in lower acuity presentations within walk-in facilities; Simplify access and offer
Integration	LDP	Agreed and consistent pathways for Falls, Frailty, Diabetes, COPD, DVT, Stroke, End of Life and Cellulitis across PL	Improve outcomes for patients; Proactive care management; Improve access; Reduce variation and waste; Reduce A&E attends

Workstream	Plan	Intention	Impact
Integration/ Urgent Care	LDP	Remodelled home and bed base intermediate care including recovery & recuperation, rehabilitation, community hospitals and sub- acute provision to enable the delivery of a discharge to assess approach (shared across integrated and urgent care)	Improved patient and carer experience of the discharge process Improved outcomes following recovery and rehabilitation; Reduction in delayed transfers of care; Reduction in hospital bed days.
Integration	STP	Identify lead health professionals to case manage individual personal health care budgets in the community	Improve outcomes for patients; Increase in personalised funded cases.
Children & Young People	LDP	Paediatric pathway redesign that focusses on assess to admit (including review of Advanced Paediatric Nurse Practitioner Service)	Reduce avoidable admissions
Children & Young People	LDP	Agreed and consistent pathways for asthma	Reduction in avoidable admissions, improved self-care
Children & Young People	LDP	Packages of care for ventilated children through a preferred provider framework	Improved quality and choice
Children & Young People	LDP	An integrated locality model of care aligned to the healthy child programme.	Seamless offer, improved access, i the community
Children & Young People	LDP	Agree and implement community paediatric service specification ensuring that initial child health assessments are completed within national timeframes and to minimum quality requirements.	improved outcomes and quality
Children & Young People	LDP	Increase the uptake of flu vaccine by pregnant women within the maternity pathway and children.	Reduce avoidable admissions
Children & Young People	LDP BwD EL	Cessation of MPN paediatric tariff top up (Burnley CMIU)	Contract reduction
Children & Young People	EL	Cessation of MPN tariff payment for Rossendale Birthing Unit.	Contract reduction
Children & Young People	LDP	Delivery of the CYP IAPT programme	Improved outcomes; Increase staff trained in psychological therapies
Children & Young People	EL	All organisations to work together: - to ensure that the Education Health Care Plans (EHCP) process work effectively, including providing the appropriate data as required for the Children and Young People of Lancashire. - with the DMO/DCO function proposed for Lancashire in support of the work required to support CQC SEND inspections.	Improved outcomes.
Planned Care	STP	Implementation of Procedures of Limited Clinical Value policies across Lancashire and South Cumbria	Reduced acute referrals and procedural activity
Planned Care	LDP	Utilise Right Care methodology to identify areas with opportunity to bring activity in line with peer levels	Reduced activity in-line with peer level
Planned Care	LDP	Streamline elective care pathways – including Integrated MSK / Dermatology / Ophthalmology	Effective pathway delivered closer t

Workstream	Plan	Intention	Impact
Planned Care	LDP	Streamline elective care pathways – review need for final follow-up appointment after procedure	Reduce unnecessary follow-ups
Planned Care	LDP	Streamline elective care pathways – review need for final follow-up appointment after procedure	Reduce unnecessary follow-ups
Planned Care	LDP	Review AQP audiology	Review thresholds and create efficiencies
Planned Care	STP	Review physiotherapy service provision	Create efficiencies; Reduce duplication
Planned Care	BwD EL	Target a 5% reduction in GP referrals through the implementation of patient decision aids, pathway proformas, clinical thresholds and peer review via QOEST	Reduction in GP referrals and associated acute appointments / activity
Planned Care	LDP	All prescribing for High Cost Drugs must be approved through Blueteq before payment	Quality
Planned Care	LDP	Pharmaceutical specials - prescribing and supply to patients closer to home	Health economy efficiency savings
Planned Care	LDP	Use of Biosimilars first line where available	Health economy efficiency savings
Planned Care	LDP	Review of Continence and Stoma Services for Community supplies to patients	Impact quality and efficiency savings
Mental Health & Learning Disability	STP	Evaluate effectiveness of fully configured EIP service	Delivery of national targets
Mental Health &	STP	Memory assessment services delivered in	Maximise efficiency and outcomes
Learning Disability Mental Health &	LDP STP	localities with increased GP involvement Implement recommendations of independent	Meet 'Core 24' requirements
Learning Disability	LDP	review of liaison services	
Mental Health & Learning Disability	LDP	Develop Pennine Lancs consistent care models /Pathway for community restart	Release funding for reinvestment
Mental Health & Learning Disability	STP LDP	Continue to deliver IAPT through an increased proportional use of non-LCFT providers	Release funding for reinvestment & savings
Mental Health & Learning Disability	STP	To develop a virtual hub to allow transfer of mental health patients from 999/NHS111 hub to mainstream mental health service	Reduced mental health patients attendance at A&E and NWAS transfers
Mental Health & Learning Disability	STP LDP	Development of 24/7 virtual ward in the community through remodelling of CMHT / CRHTT within existing resource	Reduce demand on mental health inpatient beds and demand on A&E
Mental Health & Learning Disability	STP	Integrated model of care (pan-Lancashire) for people with LD inc. single workforce, assessment, diagnosis, formulation and intervention	Equity across Lancashire
Mental Health & Learning Disability	LDP	Implementation of decision following review and evaluation of existing admission avoidance schemes	Reduce OATs and A&E attendances
Mental Health & Learning Disability	LDP	Integrated services for vulnerable people	Improved quality
Mental Health & Learning Disability	LDP	Memory assessment services delivered in localities	Improved quality
Mental Health & Learning Disability	LDP	Improve service provision as outlined in the Lancashire Transforming Care Partnership commissioning intentions for people with LD and autism.	Improved quality and choice

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Mental Health & Learning Disability	LDP	To engage in quality assurance and reporting processes, to ensure care delivery meets the outcomes based requirements as developed by the TCP To be fully compliant with the Care and Treatment Review process and ensure all staff and systems support delivery of the local policies for CTRs. To undertake robust contract performance and monitoring that will report on in-patient treatment programmes, length of stay and readmissions. To ensure workforce and training standards are devised, monitored and implemented using a stepped approach.	Improved quality
Mental Health & Learning Disability	LDP	Person centred discharge planning and identified care co-ordinator to support discharge transition	Improved quality
Mental Health & Learning Disability	LDP	Learning Disability & Autism: To implement a specialist support service that is developed in partnership with commissioners and other providers To act as a gateway to support individuals within the community and avoid the need for in-patient admission as much as is possible when appropriate to do so. To develop in-patient pathways in partnership with the TCP and undertake contract variations to achieve the new service offer as it is developed, this will include the redesign of the current ESS contract to develop Community Non Secure Bed Offer.	Improved quality
Mental Health & Learning Disability	LDP	Person centred discharge planning and identified care co-ordinator to support discharge transition	Improved quality
Safeguarding	LDP	Work in partnership with East Lancs CCG and ELHT to agree a Pennine Lancashire safeguarding service specification	Improved quality
Safeguarding	LDP	De-commission the designated nurse Looked after children service specification from LCFT and bring the funding / functionality into the CCG	Improved quality
Safeguarding	LDP	Implement recommendations of Domestic Abuse service line review	Improved quality
Planned Care	LDP	Providing patients with a choice of antiVEGfs for treating wet AMD including potential use of Bevacizumab – Pennine Lancs.	Improved quality
Planned Care	BwD EL	Developing a prescribing policy to decommission prescribing of GF products on FP10 in line with Lancashire CCGs – ELCCG; BwD CCG.	Improved quality
Urgent Care	BwD EL	The CCG will work with ELHT and were appropriate wider system partners, to ensure delivery by November 2017 of the four priority standards (stnds 2,5, 6 & 8) for seven-day hospital services.	Improved quality

Workstream	Plan	Intention	Impact
Mental Health & Learning Disability	BwD EL	CCGs are providing notification of our intention to develop a revised specification and funding model to support the expansion of the current 16+ community Eating Disorder service to also support children and young people under 16, in line with national guidance and in order to improve outcomes for children and young people with eating disorders in Lancashire.	Improved quality
Mental Health & Learning Disability	EL	Letter to all VCFS providers to support mental health commissioning intentions	Improved quality
Planned Care	STP	Implementation of Procedures of Limited Clinical Value policies across Lancashire and South Cumbria	Reduced acute referrals and procedural activity
Planned Care	LDP	Utilise Right Care methodology to identify areas with opportunity to bring activity in line with peer levels	Reduced activity in-line with peer level
Planned Care	LDP	Streamline elective care pathways – review need for final follow-up appointment after procedure	Reduce unnecessary follow-ups
Planned Care	ELCCG & BWD	Rebase of Pain Management Service activity Plan	Effective pathway
Urgent Care	EL	Reconfiguration of urgent and emergency care services according to national standards and local requirements. All urgent primary care and community care facilities to be named "Urgent Care Centres" and facilities developed to meet the requirements set out in national guidance. This will include adherence with national guidance set out in 'Transforming urgent and emergency care services in England: Guidance for commissioners regarding Urgent Care Networks, Urgent Care Centres, Emergency Centres and Specialist Emergency Centres (March 2016) and Commissioning Standards Integrated Urgent Care (September 2015).	Improved quality