

Executive Summary

The NHS has recently marked its 70th anniversary and a national debate has been taking place about its future. There is national pride in the NHS and its achievements over the last 70 years. But there is also great concern about its ability to continue to improve outcomes given the rising demand for service, constrained finances and workforce challenges. There is also great optimism within Morecambe Bay that we can modernise services, improve outcomes and deliver financial sustainability. This Strategy sets out how we intend to do this over the next 5 years, in line with NHS Long Term Plan published earlier in the year.

Chapter 1 sets out our vision and aims. We have developed these over a number of years and they set the overall framework for achievement through this strategy. Our vision is: *“To see a network of communities across Morecambe Bay enjoying great physical, mental and emotional wellbeing, supported by a health and care system that is recognised as being as good as it gets”*. In order to deliver this vision we have set out our triple aim: *Better Health, Better Care, Delivered Sustainably*.

Chapter 2 sets out our approach to developing the Better Care Together (BCT) Strategy. It recognises the national pride in the NHS and the many successes the NHS had had; but also recognises the need for modernisation to tackle the challenges of rising demand, an aging population, lifestyle factors and financial constraint. The Strategy has brought together four key elements: commitments set out in the NHS Long Term Plan; priorities from the Lancashire and South Cumbria Integrated Care System Plan; existing BCT priorities and commitments (such as integration and population health); and priorities arising from our local Needs Assessment and Case for Change. Chapter 2 also sets out the engagement work we have undertaken, the feedback on the strategy and our commitment to continue and deepen our engagement work.

Chapter 3 sets out our Needs Assessment and Case for Change. To support development of the Strategy we undertook a needs assessment drawing information from a range of sources including the Lancashire and Cumbria JSNAs and Health and Wellbeing Strategies. This indicated a number of challenges within four themes:

- there are significant health inequalities within the Bay and our long term outcomes for cancer, CVD and respiratory could be better, particularly in our deprived areas;
- we are not currently meeting national standards in key areas such as: the A&E 4hour target and 12 hour breaches; 62 day cancer target; 52 week waits for elective care;
- we are spending more money than we receive through our allocation and clinical sustainability (having the right workforce) is sometimes fragile;
- the quality of some of our services is not what it should be, as evidenced in CQC and other inspection reports.

Chapter 4 sets out our strategic priorities together with the rationale for why they are priorities, what we have done so far and the actions we will take over the next 5 years. Our 5 priorities are:

1. Taking more action on prevention and health inequalities through a **‘population health’** approach
2. Further strengthen the sustainability of **general practice** and provide improved care through **Integrated care communities** and new **Primary Care Networks**
3. Deliver care that will prioritise real improvements in **mental health, cancer, emergency care and planned care** and **meet national standards**

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4. Improve **financial and clinical sustainability** alongside the **quality** of service delivery
5. Develop and deliver more **integrated care** locally using the new NHS infrastructure at three levels: Lancashire and South Cumbria Integrated Care System; Morecambe Bay Integrated Care Partnership; and Integrated Care Community and Primary Care Network

In Chapter 4 we have also set out four key commitments which are significant in terms of the impact in delivering our priorities as well as speak to the value and ethos of BHCP; in 5 years' time we will have:

1. Embedded a population health approach in the Bay, with a 'Bay Deal' developed and agreed with our communities and the establishment of a wellbeing service that supports healthy living and prevention
2. Delivered a comprehensive approach to long term conditions through our ICCs which has significantly improved outcomes and patient experience for respiratory, CVD and diabetes and led to significant reductions in unnecessary outpatients and non-elective admissions
3. Consistently achieved constitutional standards and targets with upper quartile performance for all key standards by the end of year 5 and for xxxx by the end of 2021/22
4. Achieved our control totals in each of the 5 years of the Plan and eliminated the deficit (assuming ICS support for the structural deficit) by 2023/24.

Chapter 5 sets out our view on what health and care will look like in 5 years' time. This continues the direction of travel set in our last Strategy and in our Vanguard work and is now central to the NHS LTP. It has at its heart the continuation of the development of a population health approach; integration of care especially at a neighbourhood level through Integrated Care Communities; thriving general practice supported by primary care networks; an expansion of care in community settings and smaller, higher quality hospitals; and an expanded range of primary and community mental health services as well as 24/7 home crisis treatment services and enhanced hospital crisis support; integrated childrens' services delivered through ICCs, with expanded CAMHS and eating disorder services working to a 'Thrive Model'. Chapter 5 also sets out more detail on our approaches in a range of care themes, including: population health; ICCs, long term conditions; mental health; cancer; urgent and episodic care. Chapter 5 also covers our approach to the reconfiguration of services.

Chapter 6 sets out the new NHS infrastructure in which care will be delivered. These reaffirms our commitment to work at three levels: ICC and neighbourhood level; the continued development of the Morecambe Bay ICP; and the continued development of the Lancashire and South Cumbria ICS. In Chapter 6 we also recognise the direction of travel towards: more integrated commissioning across the ICS; and the development of a Group Hospital Model – although we acknowledge that much more work needs to be done to define what we mean by Group Hospital, and the benefits of integrated commissioning and provision.

Chapter 7 sets out what the Strategy means for our enablers. This makes clear our commitment to eliminate the system deficit within the 5 years of the Plan; to make more effective use of digital technology for patient access, service delivery and to support the workforce; and our workforce plans including better recruitment, new and innovative roles, growing our own workforce, the development of a primary care academy and greater support to our existing workforce.

