

Lincolnshire Sustainable Services Review

A Blueprint for Future Health and Care Services in Lincolnshire Health & Well Being Board Presentation

10th December 2013

Prepared for Dr. Tony Hill LSSR Board Chair
(on behalf of leaders of the Lincolnshire health and social care system)

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Why undertake the “Review”

The review of health and care services in Lincolnshire has an ambition to develop a model of care that will help the health and care community provide quality services that are safe, accessible and sustainable for future generations. It is considering how best to provide the right service, at the right time, in the right place to achieve the best outcomes within the resources available.

Quality of Services

- The Keogh Review identified significant areas of concern over quality and safety.
- Evidence from patients and service users of services being fragmented.
- Service models not reflective of published clinical evidence that some elements of care can be better provided closer to home and in “out of hospital” settings.
- Above average disease prevalence for a number of disease categories.
- Increasing demand and expectations from patients; users and carers, and politicians.

Workforce Issues

- Workforce structure, IM&T, incentive arrangements and other factors are not supporting transformational change.
- Difficult to recruit the workforce required.

Financial issues

- Impact of growth in demand for services (growth in the elderly population and children) outstripping growth in funding.
- Historical below average investment levels however, current models of care are neither delivering best health outcomes or sustainable now or in the future.
- Current system wide (health and social care) deficit of £20.8 million would rise to £105million in five years time if current services were continued,

These issues can only be addressed by the whole health and social care community alongside patients and carers which includes;

- Lincolnshire East CCG
- Lincolnshire West CCG
- South Lincolnshire CCG
- South West Lincolnshire CCG
- NHS England (Leicestershire and Lincolnshire Area)
- Lincolnshire County Council
- United Lincolnshire Hospitals NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire Community Health Services NHS Trust
- East Midlands Ambulance Service
- HealthWatch Lincolnshire
- Nominated patient and carer representatives

“Commissioners are encouraged to focus on 3 things

- Develop 5 year plans and engage local people
- Strengthen local partnership arrangements
- Identify the things that will make the greatest difference to patients and keep a relentless focus on putting them into action”

Planning for a sustainable NHS: Responding to the ‘call to action’
David Nicholson 10th October 2013

What have we done to date

What services have been reviewed?

A whole system, person centred approach to services provided for;

- Proactive - Early Intervention and Long Term Care
- Urgent Care
- Planned Care
- Women and Children

How was the review undertaken?

Supported by PwC and using their “Market Reset Methodology” the following was achieved;

- Collaboration and co-creation between all members of Lincolnshire’s health and care system facilitated by strong leadership and robust governance and programme management
- An agreed “single version of the truth” incorporating quality, sustainability and finance through research and validation to identify the challenges facing the system. Following this no change was not an option for sustainability.
- Building ownership by care managers and clinicians; engaging patients and public in defining outcomes through care design
- Options for a future model of care through challenge and ideas generation and building on what Lincolnshire have already got.
- Engagement and communication with key stakeholders throughout the process
- The development of a future blueprint for sustainable services which has been approved by all Executive Boards within the health and social care economy

A Care Summit ;

- Attended by in excess of 200 delegates from across Lincolnshire to show case “Lincolnshire’s Brave Ideas” and future model of care
- A national key note speaker and Q&A panel led by all executive sponsors across the system .at the Care Summit
- A majority vote confirming that the blueprint options being put forward where acceptable to progress to further design planning subject to executive and Health and Well Being Board approval

Who has been involved in care design and the development of the Blueprint?

- Representatives from all provider and commissioner organisations
- The Local Area Team
- Designated patient representatives
- Carers
- HealthWatch
- The voluntary sector
- District council colleagues

What did the care design groups suggest?

- See the next slide for a summary of options designed

What have the care design groups suggested

Proactive	<ul style="list-style-type: none"> • Ten different ideas were considered : Self Management, Trigger response, Telehealth & remote monitoring, Supported carers, Single point of access, Right person right time right place, Care coordination, Care planning, Neighbourhood teams, Integrated crisis response, Supported early discharge
(see Urgent)	<ul style="list-style-type: none"> • The financial impact of Proactive ideas has been combined with that of Reactive ideas, as Proactive will have a financial impact on Urgent activity through, for instance, the reduction in acute beds, lowering A&E presentations and shorter length of stay.
Urgent	<ul style="list-style-type: none"> • Eight initiatives were considered and grouped into three design options by the Urgent care design group. These are:
£36-43m	<ul style="list-style-type: none"> • A Single Integrated Urgent Care Service under a Single Management Structure • A Single Point of Access that has access to Directory of Services which includes community, social care and other intermediate care options and coordinates direct patients with urgent care need to the right services. • An A&E Local (branding to be discussed) to provide services dealing with the primary care parts of an A&E. This is a 7 day service • Together with Proactive interventions, the cost avoidance range identified equals approximately £36-43m.
Elective	<ul style="list-style-type: none"> • The elective care design group identified the need for a single end-to-end service commissioned for a particular patient group, service or specialty, including all of the acute and community aspects of the service. The group specifically considered how such initiative would apply to fifteen specialties.
£11-26m	<ul style="list-style-type: none"> • An overall referral structure was identified as needed to support referring clinicians to decide the appropriateness of referrals, together with simple guidelines developed community-wide to aid GPs and feedback loops between GPs and specialists • High-level site considerations on the principles that need be considered when analysing where services should be provided • These initiatives are estimated to lead to benefits in the region of £10-26m.
Women's & Children's	<ul style="list-style-type: none"> • The design options within this CDG were primarily focused on the provision of safe, quality services around 7 key interventions promoting proactive early intervention, coordinated multi-disciplinary teams working in neighbourhoods and drawing in specialist support where required, admissions avoidance and models of commissioning and provision to reduce fragmentation of services.
£2-6m	<ul style="list-style-type: none"> • The group considered options around the consolidation of consultant led and midwifery led units on the same site (24/7 consultant available at all times) or consultant led and midwifery led unit on separate sites (24/7 Consultant cover at one site). Consolidation was also discussed around paediatrics and neonatal services, including acute care, ambulatory care /paediatric assessment services, surgical units and neonatal support. The interventions discussed are estimated to create benefits of between £1.8-5.5m

Next Steps

- **Nov - Dec 2013**
 - Executive Boards presented with Phase 1 Blueprint for approval
- **10th Dec 2013**
 - Presentation to Health & Well Being Board of Phase 1 Blueprint and update on approvals from Executive Boards
- **December 2013**
 - Procurement Process for Phase 2 support commenced
 - Supplier Interviews 10th Jan 2014
- **Jan – April 2014**
 - Phase 2 – Detailed Planning
 - Identify and evaluate options within the Phase 1 Blueprint and assess impact on enablers for change including;
 - information management and technology
 - finance and contracting
 - estates and;
 - workforce
 - Implement some pilot local teams
 - Develop an implementation plan including change management strategy
 - Prepare materials for consultation
- **May to July 2014**
 - Consultation process following detailed planning
- **August 2014 to October 2014**
 - Updates to detailed plans and implementation planning following consultation
- **October 2014**
 - Commence Phase 3 – 'Implementation' to deliver the changes needed for sustainable services in Lincolnshire

Q&A Session

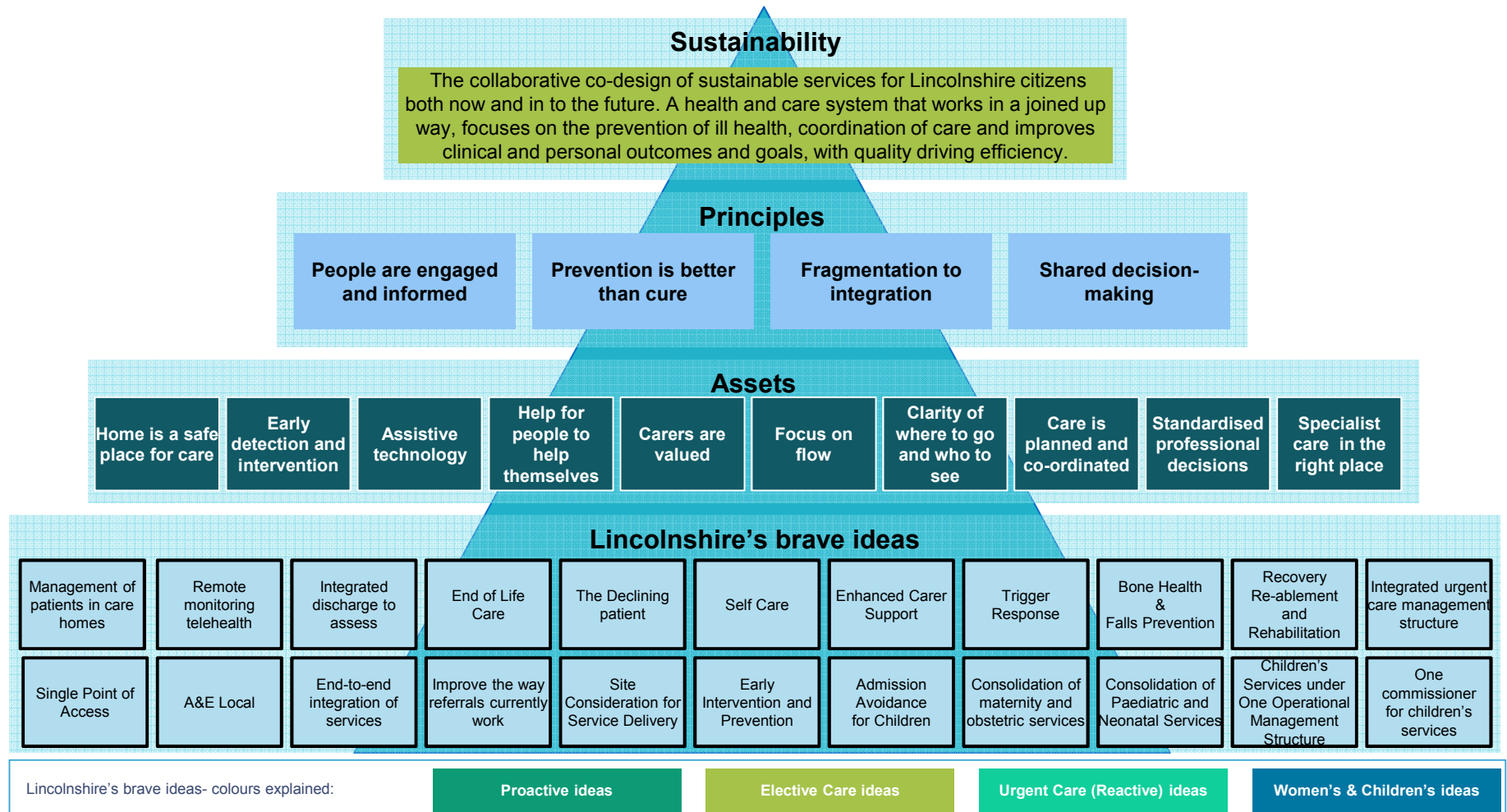
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Appendices

Sustainability in Lincolnshire's Health and Care Economy

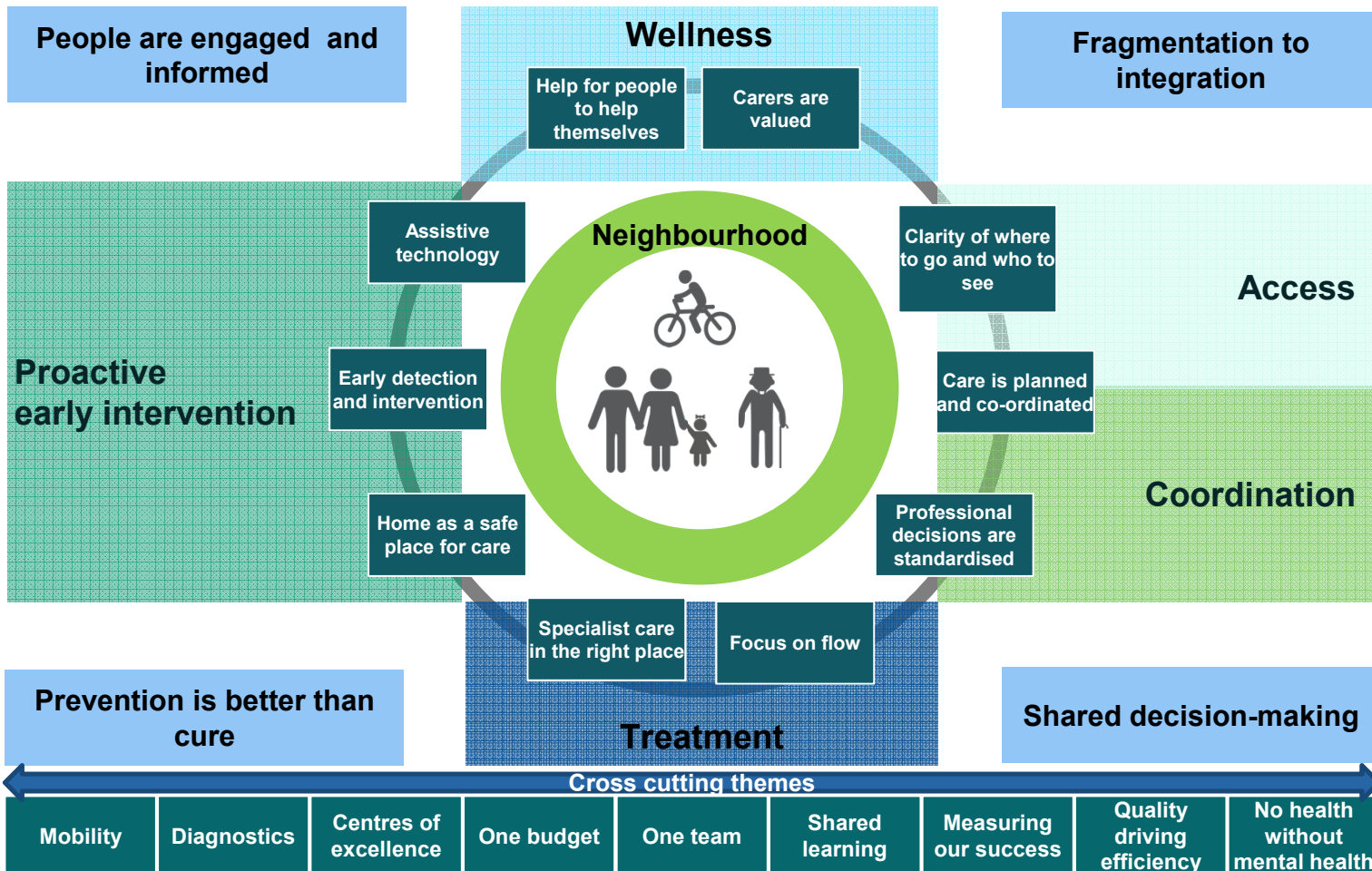
The diagram below provides on one page the golden thread between Lincolnshire's goal of the design of sustainable services in the future model through key principles, use of assets and brave ideas:

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Elements of the Whole System Future Model of Care

The diagram below details, on one page, the elements which have been described across all four care design groups and reviewed by the Programme Board to form the proposed future model of care. This model is intended to encompass the full spectrum of physical, mental health and social care services across Lincolnshire.



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