

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire's System Executive Team and the STP Board

Report to	Lincolnshire Health and Wellbeing Board
Date:	27 September 2016
Subject:	Lincolnshire's Sustainability and Transformation Plan (including Lincolnshire Health and Care)

Summary:

This Report provides an update to the Health and Wellbeing Board on Lincolnshire's Sustainability and Transformation Plan. It is an information item only, focusing largely on the process, governance, approach and high level progress of the STP in Lincolnshire. An initial draft of the Plan was submitted to NHSE on 30th June 2016. Feedback, both verbal and written, was received from NHSE and the Plan is now in the process of being refreshed to take into account this feedback. The detail of the Plan is still therefore in draft form and subject to local agreement before submission to NHSE on 21st October this year. It is important to note that the elements of the plan which relate to significant service redesign as developed over the last 3 years through Lincolnshire Health and Care (LHAC), will be subject to public consultation, once the STP has been agreed and approved by NHS England and NHS Improvement.

Actions Required:

That the Board note the progress of the Sustainability and Transformation Plan.

1. Background

The Department of Health has asked that every health and care system (based on an agreed local footprint) work together to produce a 5 year Sustainability and Transformation Plan 2016/17 – 2020/21, showing how local services will evolve and become clinically and financially sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision through implementing new models of

care that restore and maintain financial balance and deliver core access and quality standards for patients. The STP must demonstrate a clear understanding of:

- the health and wellbeing gap
- the care and quality gap
- the finance and efficiency gap

and present a credible plan for how the system will work collaboratively to close those gaps over the period of the plan. The following are essential elements of the plan.

1. Prevention of ill health and moderation of demand
2. Engagement of patients, communities and NHS staff
3. Support for, investment in and improvement of general practice
4. Implementing new care models outlined in the 5 year Forward View that address local challenges
5. Achievement and maintenance of performance against core standards such as the NHS Constitution
6. Achievement of 2020 national ambitions for key clinical priorities i.e. cancer, mental health, learning disabilities and autism, maternity and neonatal care, and dementia
7. Plans to improve and maintain quality and safety
8. Deployment of technology, such as the digital road map, to accelerate change
9. Workforce development plans
10. Achievement and maintenance of system aggregate financial balance (a balanced financial picture for the healthcare system in Lincolnshire as a whole rather than looking at each organisation individually and asking for each to balance their books)

The four CCGs and the three providers have been working together to develop Lincolnshire's STP, with ongoing dialogue with wider partners such as the County Council, primary care colleagues and others. Development of Lincolnshire's STP is a priority for partners in the county and a detailed governance structure has been established to oversee the development and the delivery of the STP. A diagram of this structure is attached at Appendix A.

This governance structure was refreshed in July, following feedback from NHSE and the experience as a county of working together to deliver the first draft submission. The new structure introduces more accountability and transparency of key workstreams, and establishes a new System Executive Team (SET) made up of the Chief Executives or Chief Officers of the 3 Provider Trusts and 4 CCGs with representation from LCC and the LMC. This new SET meets weekly and can quickly make decisions and deal with risks and issues as they arise. In addition we have introduced a Joint Board session, Lincolnshire Coordinating Board, which brings together the Boards and Governing Bodies of the 7 key NHS partners, plus the County Council Management Board for discussion, dialogue and engagement on the emerging Plan. This has been well received and provides a valuable opportunity for Boards to come together as a Lincolnshire System to discuss the challenges, opportunities and solutions for the county.

Another core part of the governance structure is the STP finance group established to develop a single aggregate financial plan for Lincolnshire with membership from the Chief Financial Officers of all the NHS partners. This group has agreed on the gross high level deficit figure of £260m by 2021 if no savings or efficiencies are made.

In 2016/17 NHS transformation funding is focused on supporting providers in deficit, but going forward access to transformation funding will be dependent on Lincolnshire

producing a credible and ambitious STP. Therefore, the STP is a critical plan that must be owned and delivered by the whole system, all commissioners and all providers.

2. Lincolnshire's Plan

Lincolnshire's STP has built on three years of engagement, dialogue and discussion about the future of health and care services in Lincolnshire, undertaken through the Lincolnshire Health and Care Programme (LHAC). This has included the largest engagement exercise ever conducted in the county, reaching over 18,000 people and involving discussions with the public, with stakeholder and patient groups and with staff. In the last 12 months over 150 engagement sessions have been held with stakeholder groups, patients, staff and public. A Case for Change document was published on 29th June 2016, setting out very clearly the challenges that Lincolnshire faces, and providing an update on the progress of the LHAC programme and initiatives already in train, such as the Care Portal. This was very well received and generated extensive media coverage. On the back of this, we have undertaken additional engagement over the summer to reach several thousand further people, asking for views and comments on some of the areas covered in the Case for Change report. The detailed proposals for the new system of care in Lincolnshire have had strong clinical input through a number of expert reference groups, as well as building on best practice elsewhere in the country and, more recently, looking at the emerging Vanguard new models of care.

Initially, five work streams were established, each led by a Lincolnshire Provider Chief Executive or CCG Chief Operating Officer to look at quality and financial improvement to deliver the Plan. These are:

- Clinical service redesign – this incorporates the finalisation of the LHAC review, and any proposals for significant change which will be subject to consultation. However, it also includes the self-care work, the ongoing development of Neighbourhood Teams and the introduction of new services like the Clinical Assessment Service and the Care Portal which do not require consultation and are already being implemented. A critical part of this workstream is the plan for out of hospital care, prevention and primary care development which will be the bedrock of the new model of health and care, reducing demand on acute services. This includes how Lincolnshire will develop the new models of care as set out in the Five Year Forward View and adopt emerging best practice from the Vanguards such as the blueprint for Multi-specialty Community Providers.
- Workforce redesign – this will consider plans to address current workforce gaps, new role design and developing more flexible workforce models.
- Capacity optimisation – this will set out plans to improve the efficiency of the health system including plans for elective patients to be repatriated back to Lincolnshire. This workstream also covers proposals to reduce delays in the current systems and reduce diagnostic testing activity levels, in particular removing duplication
- Provider efficiency – this will set out longer term plans for improved efficiency across all providers, including primary care provision. This work stream will also draw from Lord Carter's review of efficiency opportunities including reducing spend on agency staff, savings on pay costs, reduced costs of prescribing and pharmacy, estates and facilities rationalisation, reduced back office costs, more effective procurement and contracting.
- Review of commissioning priorities in line with the national Right Care Programme – reviewing some areas where we spend money but the clinical benefits for patients are

limited and further developing a consistent application of referral thresholds. Benchmarking suggests that we spend significantly more than our peers in a number of areas including planned surgery and prescribing of some drugs.

Following submission in June, feedback received both from NHSE and from local Governing Bodies and Boards, suggested that there was a need to articulate more clearly an overarching vision for health and care by 2021 to show how the various elements that would be likely to change could, in total, deliver a coherent health and care system which would deliver better care to patients within available resources. This was agreed by the SET on 24th August and is set out below.

Vision for the Lincolnshire Sustainability and Transformation Plan

The aim is to achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation by 2021.

The challenge

- The challenge for the Lincolnshire Health and Care system is well set out in the 'Lincolnshire Health and Care Case for Change' dated 24th June 2016. The key components of the challenge are described below:
- Our current model doesn't always deliver high quality, safe services – despite best efforts we often struggle to deliver the quality of care that we would be proud of
- Demand for our services is increasing because of our population profile (an ageing population, many with long term conditions and multiple needs)
- We can't get the skilled workforce to sustain the services - that's not just about money, it's about national shortages of key staff and about Lincolnshire not always being seen as an attractive place to work – the result is that we rely on expensive temporary staff or have unfilled vacancies which puts a huge strain on existing staff
- We can't afford to sustain what is an outdated system of care – there is too much demand on our hospital system which is over £60m in deficit. We need to rebalance the system and treat people before they reach crisis point
- Too often too many people are travelling too far for care at a hospital site which could be provided closer to home at facilities such as a GP surgery or a community hospital
- We are not smart at joining up services – users of multiple services, who are often our most vulnerable residents, end up with a fragmented, and often poor, service. This is a poor use of staff time and leads to a duplication of work.

Our service vision

To overcome the gaps in Health and Wellbeing, Care and Quality, and Finance and Efficiency, our vision is for

- More focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.
- A change in the relationship between individuals and the care system, with a move to greater personal responsibility for health; more people will use personal budgets for health and care.
- A radically different model of care, moving care from acute hospital settings to neighbourhood teams in the community, closer to home for patients; Services will be

joined up for physical and mental health and for health and social care, with barriers removed so that people can access support from their communities and from a range of professionals to live well.

- Support to neighbourhood teams by a network of small community hospital facilities which will include an urgent care centre, diagnostic support such as x-rays and tests, outpatient facilities and a limited number of beds
- A small number of specialised mental health inpatient facilities to give expert support to neighbourhood teams and community hospitals
- A smaller but more resilient acute hospital sector providing emergency and planned care incorporating a specialist emergency centre; specialist services for heart, stroke, trauma, maternity and children; Hospital doctors who are specialists will support neighbourhood teams and community facilities, to provide expert advice.
- A major reduction in referrals to acute hospitals, with a simplified journey for patients with specific diseases, based on what works well; there will be clear referral thresholds and access criteria; improved community based services; fewer people travelling out of county for care; and some services which do not deliver good results for patients will be stopped.
- High quality services where NHS constitutional standards are met; all services are rated as good or outstanding; environments meet patient expectations; and permanent staff are the norm.

Our governance vision

To support our service vision a radically different governance and organisational structure will be required. We anticipate that in time this will extend across the whole of Greater Lincolnshire. The components will be:

- Neighbourhood Teams as the initial building block providing services to a geographically based population of between 30,000 and 50,000 people and linking a GP Federation with other primary care professionals, prevention services, community health services, community mental health services, pharmacy, therapies and social care. Community involvement will be essential. They will have lead clinicians and managers.
- A small number of Multispecialty Community Providers each coordinating four to seven Neighbourhood Teams and commissioning care within a strategic context
- A more efficient way of working which reduces transaction costs and overheads
- An acute hospital sector with links to a number of larger specialist hospitals out of county
- A more integrated strategic commissioning arrangement for health and social care with appropriate clinical support and advisory arrangements

How will it be different for patients?

In the future residents of Lincolnshire will take more responsibility for their own health, both in managing long term conditions and in making healthy lifestyle choices to keep fit and well. They will be able to access their records via the Care Portal to assist them with caring for themselves if they have self-limiting or long-term conditions. They will know who their GP is but are likely to have initial consultations with a range of primary care and community based health and care staff, often via phone or using telemedicine. They will find they don't need to explain their health and care issues in detail more than once. For ongoing health and care issues, their main contact may well be their GP. They can expect that most diagnostic tests and specialist consultations will be undertaken locally. If they need specialist emergency or planned care, they may need to travel to an acute hospital

but will be able to return to their own community very quickly. They will find that all those caring for them are well trained and motivated, working effectively with their colleagues, and that their care is delivered in comfortable surroundings. They will be able to access the right service first time and will consistently receive good quality, safe care wherever they live in the county.

The staff perspective

Lincolnshire will be a great place to work, a place where staff feel valued and empowered to carry out their roles. Staff will have a clear understanding of their own role and skills and where these fit in with others across the health and social care setting, enabling them to work seamlessly with their colleagues. They will work in pleasant environments, mostly in community settings, free of the frustrations from IT systems and unreasonable work load expectations. They will have a good work life balance and their job roles will be varied and exciting with greater opportunities for development.

Feedback from NHSE following 30th June submission:

Following the submission of the draft STP on 30th June, Lincolnshire representatives attended a meeting with Simon Stephens, Jim Mackay and others on 22nd July. This was an hour long session to provide an opportunity for the national leadership to ask questions, challenge and feedback on the Lincolnshire Plan. Overall the meeting went well – the key points raised are highlighted below:

- Lincolnshire has worked hard as a System on their STP, supported by the LHAC transformation programme and the extensive work undertaken through this to develop a new model for health and care in Lincolnshire
- The submission did not do justice to all the work that has gone on behind the scenes; the presentation could have been clearer, with more focus on the big changes that are required to deliver on quality, health and wellbeing and finance.
- The Governance could be simpler with more of a focus on accountability for delivery
- The evidence for hospital service changes needs to be more clearly articulated – this should inform any business case which would need to be completed before the public consultation.
- Lincolnshire must submit a balanced plan (the first submission had approximately £50m shortfall)

This has been helpful in focusing attention on the key areas where the plan needs more work, ahead of the next submission.

3. Conclusion

September is a crucial month for the STP, with much activity focused on a number of key elements. Below are some of the critical milestones:

- **16th September:** A refreshed finance submission to NHSE including more detail on capital, efficiency sources and investments for all STPs
- **Mid September:** Review of progress with the Clinical Senate
- **Mid September:** A workshop to kick start discussion of 2 year cross-organisational operational plans which need to be finalised by December 2016; draft commissioning intentions also agreed by end of September.

- **September:** Ongoing dialogue with key stakeholders, staff and public on the high level vision for 2021; planning for more extensive engagement and the consultation on the LHAC proposals after the 21st October submission date.
- **Early October:** discussion of refreshed STP submission by local Boards and Governing Bodies
- **21st October:** Submission of refreshed STP draft to NHSE
- **Post 21st October:** Approval of STP and confirmation of timetable for consultation; STP made available to the public.

There is a strong commitment from all STP partners to meet these challenging timeframes and to make progress on transforming our health and care system. We will continue to engage with our residents and our clinical community as we move forward from planning, into implementation. The introduction of the Care Portal and the CAS this autumn have shown that we can be at the forefront of best practice nationally, with both of these initiatives sited as “exemplars” in developing solutions to clinical need with buy-in and ownership from our whole community.

Similarly, we have been able to make good progress on a number of solutions to tackle our recruitment challenges, such as the introduction of the first Integrated Health and Social Care Apprenticeship, the MSc in Frailty (the first of its kind nationally) and initiatives to support flexible working for those nearing retirement and provide county-based courses for those who wish to requalify to return to practice. We are also looking at international recruitment initiatives and mentoring and training schemes for our GP workforce.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Governance Structure for Lincolnshire’s STP

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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Appendix A: Governance structure for Lincolnshire's STP

