

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire STP

Report to	Lincolnshire Health and Wellbeing Board
Date:	26 September 2017
Subject:	Sustainability and Transformation Partnership (STP) Update

Summary:

This report provides information on the progress since the last report to the HWB in June 2017.

Actions Required:

To note the progress in the last 3 months.

1. Background

1.1 Context

The Lincolnshire STP is one of 44 partnerships established nationally to deliver proposals that have been drawn up locally to improve health and care in the area that we serve.

The Lincolnshire health system developed and approved the Sustainability and Transformation Plan in October 2016. Its aim was to meet the challenges set out in the NHS Five Year Forward View – better health, transformed quality of care delivery and sustainable finances. Development of this plan has fostered a collaborative approach to plan around the health needs of the Lincolnshire population rather than an individual approach by 7 separate statutory health organisations.

1.2 Seven Key priorities

Lincolnshire has been working on seven key priorities since April 2017.

1.2.1 Mental Health

- The psychiatric intensive care unit opened in July 2017, enabling male patients with the most intensive mental health needs to be cared for locally without the need to travel out of the county. Discussions are taking place regarding a similar unit for women with the focus on high dependency care opposed to intensive care.
- Transformation Funds have been identified and recruitment has started for three services which are;
 - Psychiatric Clinical Decisions Unit
This is a new service; building work is expected to be completed by November 2017 with an anticipated service start date of January 2018. The benefits of the proposed service contribute to reducing out of area placements and to the wider system in terms of taking patients for assessment that have presented to A&E departments.
 - Enhancement of Crisis Resolution and Home Treatment teams
The investment will increase the number of staff in these teams in order to provide increased home treatment episodes, avoid admissions and facilitate discharge from the inpatient wards. Service expansion expected from January 2018.
 - Bed Managers
It is expected that the introduction of the bed managers will have an immediate effect on the number of patients travelling out of area and more importantly the average length of stay of those patients out of area. These posts will enhance the current five days a week 9am-5pm bed management provision to a seven day service that operates outside of core hours.

1.2.2 Neighbourhood Teams

- Gainsborough – the integrated neighbourhood team has passed the half way point in its 100 day improvement programme and evaluation of impact to date has been collected and learning is about to be shared with the next wave of implementer sites. Key findings are that staff are focusing on what matters to the individual opposed to what is the matter with the individual with case studies demonstrating improved outcomes such as reduced hospital stay. In addition, there has been improved use of the voluntary sector meaning that it is easier to access the wide range of support available, evidenced through an increase in social prescribing.
- The next wave of implementer sites has been identified and they are all preparing to start their 100 day programme of improvement from October 2017. The five sites are; Spalding, Grantham – Rural and Town, Boston, Lincoln South Federation area and Stamford.
- The objective is for these six sites above to be fully operational by end of March 2018 and the rest of the county to be covered by March 2019. The Better Care Fund has invested in this programme.

1.2.3 Implementation of GPFV

In the last three months, the following impact has been seen.

- 26 additional GPs in post via International recruitment.
- 3 Clinical Fellows in place across the county.
- Changes to primary care delivery model are underway, with a number of practice mergers across the county. The number of practice in this calendar year has reduced from 101 to 90.
- There have been successful applications to deliver clinical pharmacists

1.2.4 Acute Care Reconfiguration

Work continues to finalise the preferred options that will be consulted on with the public. The services being considered are learning disabilities, hyper acute stroke services, breast care services, Grantham A&E services and women and children services.

- Learning Disabilities – the preferred option and the consultation plan is being considered by the Health Scrutiny Committee on 11 October 2017, with a regional NHSE Assurance Check Point meeting on 26 October 2017. Should these key decision points be successfully concluded, public consultation is planned to start this calendar year.
- Public Consultation for the remaining four acute care services will be next year, with a number of key gateways still to be completed.

1.2.5 Urgent and Emergency Care Transformation

- The main focus of the work is the recovery of the A&E 4 hour standard.
- The Urgent Care Streaming Service will be in place in October with a phased implementation.
- A gap analysis has taken place between the current Lincolnshire out of hospital urgent care services with the national Urgent Treatment Centre standards. Commissioning intentions are now being decided now in order to meet these new standards next year.
- The Better Care Fund has also invested in this programme to support a “Quick Response” Service as part of Transitional care which will start before this winter.
- Grantham A&E - Over the next few months, whilst working with stakeholders (on the detailed plans) before consulting the public on the long term solution; ULHT, LCHS and South West Lincolnshire CCG are working together to explore an interim 24 hour urgent care service for Grantham hospital. This work is being led by clinical staff to ensure Grantham residents will be able to access services for urgent care quickly and easily, day and night. The plan is to develop and implement this in the next few months ready for this winter.

1.2.6 Operational Efficiencies

Co-ordination of this workstream had not commenced prior to the formation of the team in July 2017. Schemes are therefore at varying rates of development depending on how advanced the original ideas were. There are now five programmes within this workstream;

- Prescribing Programme – progressing well, 10 projects identified with savings been achieved against plan.
- Brief has been completed for the non clinical estate programme and recommendations for reducing non clinical estate are on track to be delivered by the end of this fiscal year.
- Back Office reviews (mergers) are advancing, initially with estates and ICT service provision in provider trusts.
- Some of the procurement schemes are also progressing, e.g. Pathlinks and joint working with procurement teams, although detailed work plans are yet to be finalised.
- Workforce planning and conversion of staff cost reductions into tangible plans are proving more challenging – joint discussions are now being co-ordinated across the 7 organisations.

1.2.7 Planned Care

This programme is as follows;

- Transformation of MSK services across Lincolnshire – 18 month programme with approval from all 4 CCGs to proceed. On track.
- Reduced demand and referral to secondary care – this includes 4 projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval. All progressing well and on track except RMS. This has experienced delays although not recovered time is now moving forward. There will be a loss of saving caused by this delay.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become “Wave 2” of the national Elective Care Transformation Programme that supports health economies to implement innovative interventions, i.e. the 100 day improvement plans. The 100 day methodology is a structured, facilitated programme to implement transformation at speed. It is designed to give frontline specialty teams the space and tools to innovate rapidly, test new ideas and gather learning as they progress, with explicit permission from local system leadership to go beyond incremental change. Three specialties have been identified to go through the 100 day programme; dermatology, diabetes and ophthalmology. The 100 days starts in November 2017.

2. Conclusion

Good progress is being made in delivering the STP in Lincolnshire; however the plan remains high risk.

3. Consultation

Public Consultation for acute care reconfiguration will take place next year.

4. Appendices

Not applicable

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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