

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 January 2018
Subject:	Lincolnshire Sustainability and Transformation Partnership Update

Summary:

This report provides information on the development of the Lincolnshire Sustainability and Transformation Partnership (STP) and the current position of the STP.

Actions Required:

To note the progress on the delivery of the STP.

1. Background

1.1 Context

The Lincolnshire STP is one of 44 footprints established nationally to deliver proposals that have been drawn up locally to improve health and care in the area that they 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 – improved health and wellbeing, transformed quality of care delivery and sustainable finances. Development of this plan has fostered a collaborative approach to planning and meeting the health needs of the

Lincolnshire population rather than an individual approach by seven separate statutory health organisations.

In the last nine months, STPs have evolved from plans, to partnerships and current thinking nationally describes STPs as working at a system level.

1.2 Case for Change

As stated in previous papers there is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and today, the case remains.

Despite excellent dedication and commitment of staff, the NHS in Lincolnshire is severely challenged as follows: -

- Deteriorating Quality
 - ULHT is in Quality Special Measures
 - As a system, we are in Category 4 (this is the lowest category) for urgent and emergency care
 - As a system, we are in escalation for not achieving constitutional standards for cancer
 - CCGs are long way from Right Care upper quartile performance
- Significant Staffing Challenges
 - We have a recruitment challenge with a high vacancy rate \approx 9%
 - As a consequence, we have very high use of agency / locum staff (average 400 Whole Time Equivalent each month)
 - We have been more successful with GP International recruitment. An extra 26 GPs are now in post compared to this time last year.
- Deteriorating Finances
 - Month 7 showed a system deficit of £70million with an additional £26million financial risk identified
 - Month 8 is showing further deterioration; final figures are still being worked on
 - ULHT in Financial Special Measures
 - All CCGs carrying significant financial risk

There is shared acceptance that Lincolnshire is a challenged health economy and the status quo is neither safe nor sustainable.

1.3 Seven Key priorities

As part of the STP as a plan (rather than as a partnership or system), Lincolnshire has been working on seven key priorities since April 2017 and each area is now gaining traction and starting to deliver real change for people needing to access care and support across the county.

The remaining paper provides the key developments since the last up-date report and starts to show impact of the changes taking place.

1.3.1 Mental Health

During 2017/18, the priority for Mental Health is to enable more people with complex mental health needs to be cared for in Lincolnshire rather than to travel out of county, often a long way from family and friends.

Over the last 6 months considerable progress has been made, key actions include:

- 10 Male Psychiatric Intensive Care beds are now operating – at least 15 people have been supported to receive their care in Lincolnshire rather than being placed outside of Lincolnshire.
- Psychiatric Clinical Decisions Unit opened on 2 January 2018 at Lincoln County Hospital and is providing a 24hr assessment period for people with mental health needs. A key outcome from this initiative is the ability to assess patients in a specialist unit rather than remain in A&E for long periods of time.
- The expansion of the Crisis Resolution and Home Treatment services is in progress; 50% of staff are recruited and anticipated start date is later this quarter.
- Additional Bed Managers have been recruited and the service was expanded to seven days in December 2017 with the aim of improving 'flow' of patients through mental health beds. These posts are reducing the length of stay for people who are placed in a bed based service outside of Lincolnshire.
- Workforce planning – a detailed Workforce Plan has now been completed which identifies how to achieve a robust workforce for mental health services over the next 5 years. NHSE have commended Lincolnshire on this plan reporting that it is the most comprehensive in the region.

1.3.2 Integrated Neighbourhood Working

Work to implement the six Neighbourhood Teams is progressing. The following are the highlight actions over the last 3 months;

- Gainsborough has just produced its 100 day report and this shows that over the last 3 months;
 - 84 people have been supported by the team
 - The membership of the core team has expanded to include Housing, Fire & Rescue, Alzheimer's society, carers and Voluntary Community Services
 - There have been 4 community engagement events
 - GPs are increasingly becoming part of the team, with a GP lead now identified
 - Social Prescribing is now well established with 54 people supported into different services
 - Work with local care homes has started so that residents have an advanced care plan in place; to date 29 residents have such a plan.
- The five new sites are now becoming established with all sites having a 'steering group' to ensure local involvement in translating the concept into a locality specific solution recognising "one size does not fit all". All have GP leads in

place. Stamford team now co-located at Stamford Hospital and Spalding team to work from Johnson Hospital site in due course.

- A recruitment process has been undertaken and five dedicated Neighbourhood Team Leads have been appointed. These post holders will start in February.
- Further work is being completed to ensure that we can measure the difference that Neighbourhood working is making to the wider system, local people and local staff members. The impact / outcome measures need to be sensitive enough to monitor local differences, i.e. focused on what is important to that locality.
- Work is also moving forward with Public Health colleagues to develop Health Needs profiles for each Neighbourhood area to enable more detailed local planning of services.
- An interactive Frailty Pathway has now been completed and is being tested by the Gainsborough team. It is planned to roll this out Countywide in January. It is anticipated that it will reduce the number of people over 65, with frailty, who currently attend A&E by at least 10%. This equates to 40 people being supported in their communities each month rather than being transferred to A&E.

Enhanced Support to Care Homes Programme

This is an emerging work stream which forms a key element of Neighbourhood Working and is aimed at bringing all the work taking place across the County under one 'umbrella'. This will ensure Lincolnshire is delivering support to our Care Homes in line with the National Framework for Enhance Support to Care Homes that has been developed by the national Care Home Vanguard sites.

The key areas of work include:

- Clinical Assessment Service (CAS) for Care Homes – this enables both Residential and Nursing homes to have direct phone access to the CAS to seek clinical advice to support their residents to remain at home. So far 43 homes are connected, equivalent to 1,808 beds with an aim to have 80 care homes connected by January 2018.
- The deployment of Telemedicine – this project is currently being established and will enable Care Homes direct, visual, access to a clinician, again to support residents to remain at home.
- Medicine reviews – a medication management policy with procedures is being developed for providers of care to care homes. Once in place, these should help to reduce demand on emergency services and admissions to hospital as a result of medication errors.
- Access to out-of-hours / urgent care when needed – health and care professionals are working together to share best practice to develop a single, countywide approach to care planning to supplement the managing medical emergencies protocol already in place for care homes.
- Preventing falls and fractures in older people – promotion of the frailty pathway with health and social care professionals and independent and third sector providers countywide.
- End of life care – further development of anticipatory care plans to ensure individuals living with a long term condition are better supported by health care

practitioners, carers and their family members to plan for an expected change in their health or social status, including health improvements and staying well.

1.3.3 Implementation of GP Forward View

The STP has now appointed a senior programme manager to work alongside clinicians and drive this critical area of work forward. The key focus is:

- Applying to secure up to a further 39 new GPs via an International Recruitment process. Lincolnshire has been successful at the first stage of this national NHS England application process and is expecting to hear imminently on the next steps.
- Workforce planning – a detailed Workforce Plan has now been completed which identifies how to achieve a robust workforce for General Practice over the next 5 years.
- Workforce planning – is underway with a deadline of 12 January 2018 which will identify how to achieve a robust workforce for other professionals that will work in primary care alongside GPs over the next 5 years, e.g. clinical pharmacists, primary care mental health workers.
- All 4 CCGs have now submitted an application for funding to commence roll out of e-consultation during 2018/19.
- All 4 CCGs have now submitted plans to show how 7 day access to General Practice will be developed by 2019.

1.3.4 Urgent and Emergency Care Transformation

The Urgent and Emergency Care work stream is well established as part of national expectations and guidance for the delivery of care, meeting of performance targets such as the A&E 4 hour standard and in terms of how urgent care services (e.g. NHS 111, 999 and Out of Hours call services) are expected to be integrated.

A local Urgent and Emergency Care Strategy 2018-2021 is drafted and currently under review by the A&E Delivery Board members to ensure accuracy of the agreed vision. The anticipation is that Board will approve the Strategy on the 16 January which will then be circulated to a wider audience across all sectors.

The key transformation projects for the urgent and emergency care programme for the remainder of this financial year are as follows:

- Decision to be made on the local provider of NHS 111 online – a national requirement for a new service to provide an online version of 111 in place by December 2019.
- To further develop the capabilities of the Clinical Assessment Service (CAS) who currently triage all the 111 calls requiring input from a clinician (approx. 50% of all 111 calls go through this route). The ability for CAS to undertake video-consultation, to take direct calls from paramedics 'on scene', to take direct calls from care homes are all key areas of development.
- Develop the capability for direct booking of appointments for clinically triaged and, appropriately urgent, 111 callers into Urgent Treatment Centres or primary care.

- To work across the county to develop standardisation of Urgent Treatment Centres which will aid the public's understanding of where to go for their urgent care health needs.
- To complete the 3-month review of the Urgent Care Streaming Service in the A&E departments (where clinically appropriate patients are streamed into a primary care service rather than A&E) – this service started in November 2017.

1.3.5 Operational Efficiencies

The aim is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. This priority programme is currently focused on the following areas:

- Prescribing and Pharmacy Programme – progressing well, with a number of projects well advanced (including an ambitious drive of supporting initiatives to introduce new clinical pharmacists into the community, together with drugs management software in hospitals to support the more effective management of medicines).
- Estates Rationalisation – a detailed scope for the review of the use of non-clinical estate across the Lincolnshire NHS has now been agreed. The review will explore the potential for estates efficiencies both within the NHS and with non-NHS partners. The work is expected to be complete after the end of March and will inform the review of corporate / back office functions.
- Back Office – joint working initiatives between the providers are now being implemented for communications, estates and ICT functions; and CCGs are also working more closely together. The Health community is in the process of establishing an oversight committee to review and steer the development of shared services in a consistent way – first meeting is booked.
- Procurement – joint working between the three NHS providers has been strengthened to collaborate on targeting procurement savings and initiatives to support the implementation of the national procurement transformation programme and associated efficiencies. Countywide, there is now a collaboration of both the providers and the CCGs to negotiate the provision of pathology services for the county for 2018/19 and beyond.
- Workforce Efficiencies – a significant area of work for which joint discussions are now being co-ordinated through the seven NHS organisations as the operational efficiency opportunities are intrinsically linked to the deployment and development of the workforce, and to the supporting enablers such as IM & T solutions. These discussions will inform the 2018/19 business plans and any associated savings.

1.3.6 Planned Care

The key transformation projects for the planned care programme for the remainder of this financial year are as follows:

- Transformation of MSK services across Lincolnshire – a team from Lincolnshire has now made visits to two national sites who have already changed the way they deliver MSK services. The outcome of these visits and other information is being presented to the CCGs at the end of January 2018 in order that the CCGs

can make the final decision as to how Lincolnshire will take this MSK pathway redesign forward.

- 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.

Focus is currently on establishing 'Advice and Guidance' with ULHT, it is anticipated that by the end of March 2018 at least 10 specialties will be set up to deliver this. This will enable GPs to access a wide range of support from hospital colleagues without the need for making a formal referral meaning patients will not attend an outpatient appointment unless absolutely necessary.

- 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. The three areas that are part of this programme are:
 - Dermatology
 - Ophthalmology
 - Diabetes

The launch event took place on 13th December with the official start taking place in January. All three areas of care are now establishing their projects and implementation plans. Leads have been identified for all three pathways.

1.3.7 Acute Care Reconfiguration / Acute Service Review

Lincolnshire has been considering how to achieve clinical and financial sustainability notably since 2014 as part of Lincolnshire Health and Care (LHAC) and in the last 12 months as part of the Sustainability and Transformation Partnership (STP). Work has been on going with Women and Children's Services, hyper acute stroke services, breast care services and Grantham A&E services. These four areas of work have previously been reported as part of acute service reconfiguration and this work continues today.

Since the last progress report to this Committee, the Lincolnshire Co-ordinating Board agreed that the current STP plan is not ambitious enough to address quality, staffing and finances and that in addition to delivering the above six key priorities, an Acute Services Review is required to fully address sustainability of services for our population. This is partly as a response to the deteriorating quality and financial position and the magnitude of the scale of change required in Lincolnshire to achieve sustainable services.

The Acute Service Review (ASR) will answer the following question;

"What is the optimum configuration of ULHT services and the role of neighbouring acute trusts, in order to achieve a thriving acute hospital service in Lincolnshire and for the population as a whole and to deliver clinical, staffing and financial sustainability across the Lincolnshire NHS health economy?"

This ASR has commenced and is building on all the previous work completed, whether that be through LHAC, work completed for the original STP submitted in October 2016 or the work underway today as part of the acute care reconfiguration, e.g. women and children's services etc. By assimilating all previous work,

completing the work where there are gaps (i.e. planned care) and creating a list of options for the optimum configuration of hospital services on hospital sites, the aim is to be able to identify what acute hospital services are required for the whole population.

The ASR will be operating using the principles identified in Appendix A and initial propositions will be identified at the end of February 2018.

Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.

1.4 Other enabling programmes

The seven key priorities above are all supported by a number of enabling work streams covering:

- Information Communication Technology (ICT) – this includes a planned upgrade of broadband services to all NHS premises to support advances in telehealth and e-Consultation capability, deployment of a web based tool to improve communication across health and social care organisations and the deployment of the Clinical Portal to be able to share information and care records with patients/service users to ensure continuity of care.
- Estates – ensuring the estate is able to support the delivery of the service reconfiguration agenda and the new care models whilst keeping the fabric of the hospitals and care facilities safe. A workshop for key stakeholders is planned in March 2018 to help drive the estates strategy for the STP.
- Workforce and organisational development – ensuring that the workforce has the right skills, in the right place, at the right time to provide the appropriate care. The workforce plans are being developed to ensure that the recruitment and training of staff will allow the appropriate roles to be filled.
- Finance – ensuring system financial leadership and utilising collective available financial resources to support the delivery of the system-wide priorities.
- Communication and engagement – ensuring robust and meaningful engagement with patients, carers, staff and stakeholders to support the successful implementation of the STP.

1.5.1 Information Management & Technology (IM&T)

In the last two years, Lincolnshire has been successful in securing £5 million to support transformation of services using IM&T. One example of this type of transformation is the Care Portal. The ‘clinical’ part of the Care Portal has been on release to groups of ‘early adopters’ over the last 6 months. Wider roll-out will commence in the New Year.

Work has also commenced on the implementation of the ‘patient’ part of the Care Portal. This is in support of the “Personalised Health & Care 2020” vision of citizens having full access to their care records. Initial work is focussing on improving information in relation to maternity and diabetes services. The provision of Integrated Care Plans is also being explored.

2. Consultation

This is not a consultation item at this stage. As stated in paragraph 1.3.7 above, where there is a requirement to consult on major service reconfigurations, this Committee will be invited to consider proposals as required. It is envisaged that this could take place in the second half of 2018.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The Sustainability and Transformation Partnership plan utilised the Joint Strategic Needs Assessment as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

The seven key priorities identified above are linked to, and align with, the Health and Wellbeing Strategy and work continues to ensure even closer working with the Health and Wellbeing Board now that its priorities for 2018/19 are known. There are a number of planning sessions between the STP team and Public Health early in the New Year.

4. Conclusion

The report outlines the background to the evolution of the STP, highlights the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It describes the Acute Service Review and the expected outcome and timescale.

It is presented to inform the Health Scrutiny Committee of current progress in delivering the STP.

5. Appendices – These are listed below and attached at the end of the report

Appendix A	STP Acute Service Review Principles
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6. Background Papers

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

This report was written by Sarah Furley, who can be contacted on 01522 307315 or sarah.furley@lincolnshireeastccg.nhs.uk.

STP Acute Service Review Principles

We will;

- Optimise service quality and outcomes within the monies available to the Lincolnshire health system
- Carry out this review as a system; collectively own the outcomes of it; make clear decisions in the best interests of Lincolnshire residents as a whole; and implement the agreed configuration
- Build on all of the work that has been carried out in the past and is currently being undertaken in relation to acute service planning
- Support our clinicians to shape proposals based on best clinical practice, patient outcomes and quality
- Ensure that work is underpinned by strong analytics, based upon the starting point of 'now'
- Learn from other areas which have undertaken similar work
- Seek expert clinical advice from external clinical bodies, including the Clinical Senate and national clinical leaders
- Ensure effective governance of proposals
- Ensure close liaison with neighbouring acute hospitals and STP systems
- Set out a clear path for engagement and consultation
- Assess and consider issues of accessibility and the impact on health inequalities, particularly given the geography of the county and our dispersed population
- Spend the NHS £ locally, when appropriate