

**LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP
QUARTERLY UPDATE**

An overall update on the progress made by the Lincolnshire Sustainability and Transformation Partnership is set out below in three sections:

- Clinical Services;
- Operational Efficiencies; and
- The Enabling Workstreams.

In addition there is information on progress with the Acute Services Review and Engagement.

1. Clinical Services

Mental Health

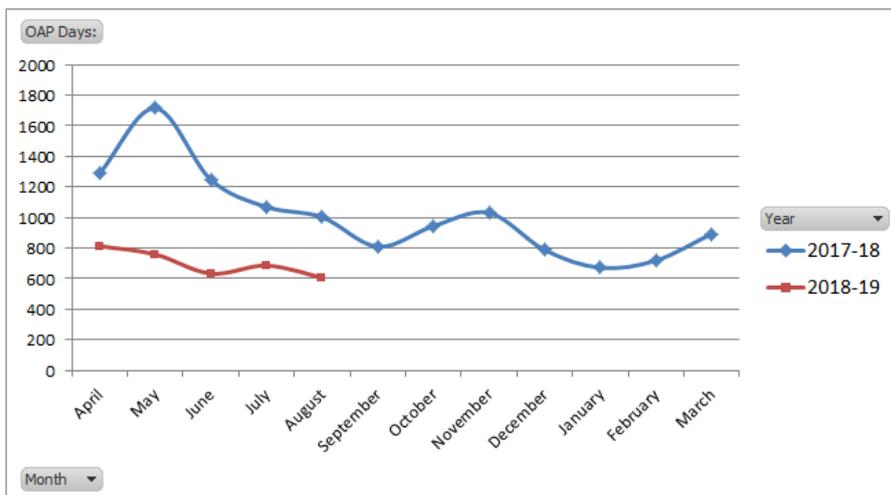
The work to reduce the number of people having to travel out of Lincolnshire for acute mental health care was presented to the Committee in October which included a detailed report on the progress to date.

Key outcomes included;

- Ten Male Psychiatric Intensive Care beds now in place – over the last 12 months this has enabled all male patients requiring this level of care to be managed within Lincolnshire – no out of area placements have been made.
- Psychiatric Clinical Decisions Unit which has been open since the New Year and this is now providing a 24-hour assessment period at Lincoln County Hospital to ensure patients are assessed in a specialist unit rather than remain in A&E for long periods of time. In the first 5 months of operation 464 patients were assessed with only 18 requiring an admission.
- Increased numbers of Bed Managers providing a seven day a week service to improve ‘flow’ of patients through mental health beds in place. These posts are reducing the length of time people are spending out of county and this has resulted in people spending shorter periods of time in a bed – see graph below.

Number of Out of Area Bed Days - Year On Year:

Year on Year:



OAP Days:	Year	
Month	2017-18	2018-19
April	1291	814
May	1716	760
June	1248	634
July	1070	687
August	1003	606
September	810	#N/A
October	945	#N/A
November	1031	#N/A
December	788	#N/A
January	672	#N/A
February	720	#N/A
March	894	#N/A
Grand Total	12188	#N/A

- As well as significantly improving outcomes for patients through local service development and delivery, this work has realised a c£500k saving on the initial cost of the service.

Whilst the focus for the Mental Health work stream in 2019/20 will remain on achieving the aim that no mental health patient will be cared for out of county; work will also move to the re-design of the community mental health offer, particularly how community mental health and wellbeing services are delivered within the Neighbourhood localities. An initial work shop to explore this was held on Thursday 22nd November which worked with a number of stakeholders and an action plan from this session will be developed, particularly focussing on workforce issues.

Integrated Community Care Programme

This work programme was considered by the Committee in detail in November and has three workstreams: Neighbourhood Working including work with Care Homes; GP Forward View; and Urgent and Emergency Care.

a. Integrated Neighbourhood Working

Neighbourhood Working is now being implemented across the whole County with 10 Neighbourhood Leads having been appointed supporting 12 areas. These Neighbourhood Leads come from different professional backgrounds including nursing, social work and allied health professionals.

Over the last 6 months the Neighbourhood Leads and GP practices in the local area have been working closely with their communities and staff working in the area, to agree key areas of focus which will have the greatest impact. Whilst the priority is to develop approaches that support more people to remain at home and ensuring people only go to hospital when needed, each Neighbourhood has identified approaches they will 'test' to achieve this.

Neighbourhood	Current Focus
Boston	Frailty Personalised Care and Support planning
Gainsborough	Frequent attenders at Secondary Care Personalised Care and Support planning
Lincoln City South	Mental Health
Lincoln South	Care Homes
Lincoln North	End of Life & palliative Care
Stamford	Frailty and links to Acute services
East Lindsey	Frailty – Home visiting
Skegness and Coastal	Frailty and Extra Care
South West (Sleaford & Grantham)	Personalised Care and Support planning
South (Spalding area)	Continence and Carers

As well as the above the following pieces of work are progressing to support the wider development of Neighbourhood working:

- **Library of Information and Services** developed in partnership with Lincolnshire County Council will offer the public and staff a central repository of services and functions across the county. The service will also offer both ‘live webchat’ and telephone contact for advice and guidance. The service was ‘soft launched’ in November 2018.
- **Local Area Coordination** – Care Navigation and Social Prescribing is now being piloted across the County with partnership working between the Lincolnshire Voluntary Sector infrastructure, primary care and the voluntary and third sector organisations, including a connection into the Wellbeing service. The Countywide roll-out commenced in September and since that date 124 people have been supported.
- **Personalised Care and Support Planning** – now forms part of the Integrated Accelerator programme being led by NHS England. This has given the Neighbourhood working project the impetus and momentum to really start to drive forward the implementation of care and support planning across the County, this work also includes the development of an electronic solution to ensure a consistent approach across the County.

Enhanced Support to Care Homes Programme

Work is also taking place to support Care Homes, the key activities are;

- Clinical Assessment Service (CAS) for Care Homes – This project has now extended access to over 80 Care Homes across the County with an expectation that by the end of March over 1,300 residents will have been supported.
- 6 new Clinical Pharmacists, as part of their roles, will be undertaking medication reviews in Care Homes.
- 50 Oral health & nutrition ambassadors recruited from care homes to promote oral health, nutrition, hydration & Food First
- The implementation of a real-time system to monitor care home bed availability in order to determine bed capacity available which will aid

accelerated patient flows out of hospital. This will be available by Friday 18 January 2019; all CCGs are expected to be using a web-based care home bed tracker system and for a minimum of 50% of care homes to be inputting data into the system on at least a weekly basis.

- Roll out of a tool to support care home staff to identify residents at end of life earlier thus enabling appropriate support to be in place earlier.

Implementation of GP Forward View

This programme has been progressed at a local level by individual practices, by groups of practices who have come together to form a network / federation, by CCGs working with local GPs and by the STP GPFV steering group. The work programme has been facilitated and enabled by the LMC and NHS England.

The current focus for this Programme of work is to:

- Develop workforce plans aligning with other workforce projects
- Agree Lincolnshire Primary Care Strategy through Federations
- Continue to meet with federations to support their development.
- Promote attendance on General Practice Improvement Leadership programme
- Start development of Lincolnshire Primary Care QI faculty
- Identify delivery and impact of the 10 High Impact Actions at practice level

During the last year there have been many successful initiatives that have made a tangible difference to patients and the professionals working within general practice. Some examples include:

- International recruitment is on-going via the national recruitment process.
- Introduction of workflow optimisation
- Local pilots delivered in partnership with colleagues in the neighbourhood including Care home support, Emergency Care Practitioner home visiting schemes
- Being selected as one of only two pilots to establish a practice nurse programme that will enable newly qualified nurses to take their first jobs in GP
- Extending the GP team to include other professionals such as Clinical Pharmacists, First contact physiotherapists
- Neighbourhood leads and GPs working together to identify patients who would benefit from a personalised care package which includes support from other agencies
- Roll out of extended access across Lincolnshire – enabling everyone to have the opportunity to see a GP in an evening during the week and on both Saturday and Sunday.

During 2019/20 the focus for this area of work will be workforce development, development of GP Federations, training and development of Practice teams eg Practice Nursing and Practice Managers.

The Integrated Community Care Programme will be the priority programme during 2019/20 with the key work streams being:

- On-going development and embedding of Neighbourhood working
- On-going delivery of Forward View, particularly the development of GP Federations.
- Implementation of an integrated community diabetes service, looking to utilise different ways of 'commissioning' the service to support this development.
- A focus on embedding a frailty pathway, consistently, across Lincolnshire. This will build on extensive work already undertaken.

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.

The key projects that have been taken forward during 2018 are as follows:

- 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). By the end of 2018/19 it is anticipated that CAS will have handled in the region of 100,000 calls.
- CAS now supports 80 care homes across the County and so far this year have taken in the region of 640 calls from Care Homes with only 20% of these calls requiring an ambulance.
- Work is taking place to develop the ability for CAS to undertake video-consultation, to take direct calls from paramedics 'on scene' and to take direct calls from care homes, this will build on the CAS for Care Homes project already in place.
- 111 'on-line' is now available and on average across Lincolnshire 200 contacts per week are received.
- During the summer work took place to develop the ASAP App which is aimed to provide access to alternative options to A&E/urgent care. This App was launched on 5.9.2018 and to date the website has been visited 10,000 times, and the app itself has been downloaded 7,000 times.
- To work across the county to develop standardisation for the designation of Urgent Treatment Centres is on-going with more detailed planning currently being undertaken.
- Urgent Care streaming is now implemented across the County and by the end of 2018/19 it is anticipated that this will result in over 20,000 people being seen via this route.
- The work to develop the Winter Plan for Lincolnshire has now been completed and signed off. This is a detailed plan to enable all services across Lincolnshire to work together to manage the winter demand and maintain services.
- Home First Prioritisation Project – this work includes a range of colleagues, particularly EMAS and the Neighbourhoods to identify how fewer people are conveyed to hospital, particularly those with frailty. From this week it was

identified that falls and people with respiratory issues were the main reasons for calling an ambulance. £350k has now been assigned to develop falls support across the County. Overall during the week 279 patients were reviewed and of these, 25% could have been supported at home had community pathways been available.

During 2019/20 the key transformation projects will be:

- Delivery of an Integrated Urgent Care Service – this has just been identified as one of 6 key system intentions for 2019/20 and how services such as CAS, Out of Hours, Urgent Care Streaming, will come together to deliver an integrated, 24/7, urgent response.
- Expansion of access to the Clinical Assessment Service both for care homes and ambulance staff both via the phone and also to provide visual access to CAS staff.
- Delivery of Urgent Treatment Centres.

Planned Care

Over the summer the Planned Care Programme has been refreshed with key projects including the roll-out of the 100 day pathways and previous projects such as the development of a musculo-skeletal (MSK) pathway, Referral Co-ordination service.

The priority projects include below are in train now and will form the Planned Care work programme for 2019/20:

- Establishing a community based Dermatology service – starting with ‘spot’ clinics in the community. This will support over 3,000 appointments to happen locally.
- Neurology pathway re-design.
- Ophthalmology – achieving the national High Impact changes for Ophthalmology services.
- On-going development of the Referral Co-ordination Service – which is supporting GPs to ensure patients are seen in the most appropriate setting for their needs. By the end of 2018/19 it is expected that this service will realise a reduction of 10% new out-patient activity and 10% for follow ups for the services covered. Its impact will further increase during 2019/20.
- During 2019/20, there will be a real focus on out-patient activity and how we can support people to receive on-going care but in different ways, e.g. e-consultations, greater use of telephoning, transferring care to community setting, e.g. long term condition management.
- Re-establish the work to implement an integrated MSK service across the County.

A new community based Pain Management service will commence across Lincolnshire from 1 April 2019. The mobilisation of the service is happening now and it is expected that all of this service will be delivered in a community setting.

Women's and Children's Programmes

The Women's and Children's Programme incorporates the local implementation of the National Maternity Transformation Programme known as Better Births which has a focus of improvement the safety of the maternity service. Lincolnshire Better Births have therefore undertaken the following interventions:

- Foetal Movements awareness events undertaken
- NIPE film made by Neonatal Team
- Safety Video formulated and published
- Reduction of Stillbirth rates through the implementation of Saving Lives Care Bundle
- Reduction in the number of term babies admitted to the neonatal care through improved labour care

In addition, there is emerging evidence of improving safety, e.g. a reduction in the number of still births 6.25/1000 births in May, now 4.43/1000 in September.

The Better Birth Teams continue to expand the number of community hubs across Lincolnshire that deliver integrated services for pregnant women and new mums. The Spalding Community Hub was launched 7th November 2018 and three more hubs are being planned before March 2019 (Mablethorpe, Stamford and Lincoln Central).

In addition, the Social Media development that the Better Births team is undertaking as part of their engagement and communications strategy was a runner up for a National NHS FAB Academy Award.

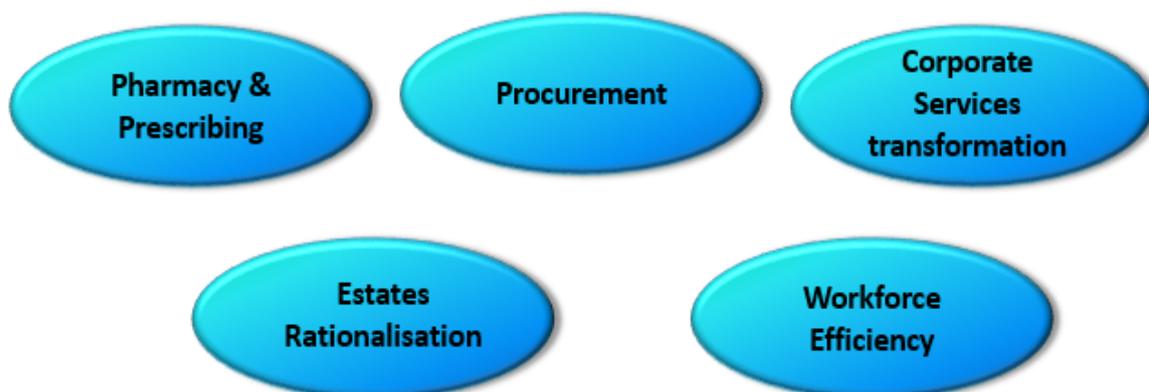
Transformation of Children and Young People's Services is gathering pace. A stakeholder event for Health Professionals was held on 20th November where the priorities for transformation and focus were agreed as follows:

- A focus on early intervention and prevention (including children with mental health conditions)
- Integrated delivery and commissioning with specialist care capacity supporting children in Neighbourhood Teams ;
- Prevention of avoidable admissions for children, including those with mental health problems and;
- Sustainable hospital services that are configured to deliver optimum quality and safety standards

The above outcomes from the event will be developed into a robust work plan for 2019/20 and will lead to the development of new models of care particularly rapid response teams and greater integration between acute paediatrics and community led services.

2. Operational Efficiencies

This work stream focuses on improving operational efficiency and value for money across the system, contributing towards the £60m target (by 2021) in the original STP. The work broadly covers five programmes:



Progress since the last update is outlined as follows.

Pharmacy and Prescribing

There are several schemes that have been implemented since the last report to the Committee:

- A software system (Blueteq) to manage high cost drugs has now been successfully implemented and is now embedded as 'business as usual' within the CCGs and provider Trusts. Blueteq ensures that drugs are appropriate, safe, cost effective and managed in accordance with NICE guidelines. It has the added benefit of controlling costs and is expected to save about £500k a year. The software is now being considered for application in other areas and a business case has just been approved by the CCGs to manage procedures covered by the Prior Approval Policy (namely procedures with evidenced limited clinical value). The benefits anticipated are largely clinical and support better outcomes for patients, reduction in variation and standardisation of access to care.
- The number of new Clinical Pharmacists within the county has now reached six in post. There is central funding secured for a total 14.2 whole time equivalent (WTE) posts so far, with recruitment and appointment processes underway to increase staff in post above the current six. New bids have been submitted for a further 8 posts in Wave 7 of the GP Clinical Pharmacist NHSE Pilot. Within this scheme there has been a recent change to the criteria bidders are required to meet, such that practices which already have approved bids can request to increase their funded establishment without applying again. These pharmacists provide better management of medicines for patients, as well as releasing GP time. National evidence suggests that each pharmacist also saves £240k a year through more cost effective medication management.

- Patients requiring nutritional supplements are now discharged from hospital with appropriate supplies. The new service is led by dieticians and not only provides a more convenient service, it is also more efficient and saves about £100k a year.

Moving forward, a number of new schemes are under development, including the use of standardised wound care products, supporting medicines management in care homes, supporting prescribing practices in mental health and learning disabilities, and exploring the potential for other digital solutions in pharmacy services.

A single governance structure for this subject area is being proposed to incorporate all commissioners and providers, as well as community pharmacy & public health, to support delivery of a single joined up work plan and efficient decision making framework. This will seek to align clinical and system governance and support sustainable transformation and development of our pharmacy services.

Procurement, Corporate and Workforce Efficiencies

There are a number of projects within this area of work, which have progressed as follows.

- **Procurement** - The local county acute, community, and mental health Trusts are actively working together routinely to explore procurement efficiencies. This means, for example, that where service contracts are nearing their renewal dates, the Trusts are working to align tender opportunities so that not only is there an administrative benefit in undergoing tender exercises once instead of three times, there are also potentially greater economies to be gained from the increased buying power. The Trusts are also collaborating in respect of the Department of Health's national procurement transformation programme, particularly in terms of utilising prices negotiated on a national basis, supplier framework agreements, and the local development of national procurement standards: all of which help reduce the costs of procurement and improve the efficiency of the procurement process.
- **Pathology** - As a county, the providers and the CCGs have been collaborating with the pathology services provider to improve the efficiency of the services across the system. This has resulted in efficiencies in excess of £2m with further work still to be developed to manage activity volumes more effectively.
- The corporate services transformation agenda continues to expand with both provider Trusts and CCGs keen to exploit opportunities from collaborative working. In terms of recent activities:
 - The local community is currently undertaking an exercise to develop its strategy to steer the transformation of corporate services.

- The established local shared services partnership group is expanding its membership and focus to oversee the ongoing development of shared services.
- The estates functions of two of the Trusts have been collaborating this year and expect to function as a shared service from April 2019. Similarly, the communications and engagement teams across the seven local organisations (both Trusts and CCGs) have been working together this year with a view to entering a shared service arrangement from April 2019. Furthermore, ICT (information technology) services between the three Trusts have been exploring the potential for collaboration and is likely to develop during 2019/20.
- In terms of human resources services, a background scoping exercise is now underway to ascertain what each organisation currently does and identify possible areas that may be looked at in more detail from a system perspective. There are no formal views or decisions at this stage on how this might move forward.
- Alongside the corporate services transformation work, an exercise has been completed to understand how the local NHS utilises its estate/premises for corporate services. The review has also taken into account emerging themes from the 'one public estate' initiative to ensure that potential benefits from working with other public sector bodies are incorporated. Recommendations are now being drafted to consider the potential to work in more agile ways and to rationalise space requirements.
- In terms of workforce efficiency, a new exercise has commenced to explore the scope for efficiencies in workforce systems and processes across the three Trusts. It is expected that this project will be concluded before the end of the current financial year.

Moving into 2019/20, work will develop further in respect of reviewing pathology activity across the system (better identification of potential duplication of tests) as part of ongoing business. The priorities for the operational efficiency work stream are likely to shift more towards the transformation of both workforce efficiencies and corporate services, together with maximising the use of the corporate estate. This will be aligned and interdependent with the transformation of clinical services.

3. Enabling Workstreams

Capital and Estates

There is a STP Estates and Capital Planning Group which is well established and has representation from each of the CCGs, from provider organisations, Acute, Mental Health, Community and County Council sectors. The Regional NHS Improvement Estates advisor from the Strategic Estates Planning Service also attends as does the Greater Lincs One Public Estate (OPE) Lead. The STP is represented at the OPE Board.

The overall purpose of the Lincolnshire Estates and Capital Planning Group is to support the STP on a range of estates and capital related initiatives to ensure the Lincolnshire health community has a sustainable estate for the provision of health care. Through this work stream the NHS funded a number of the OPE district level asset challenge workshops that have taken place over the past 12 months. There is an agreed vision and set of principles.

In July, the STP submitted Lincolnshire's draft Estates Plan. This prescribed template set out the issues that Lincolnshire has with its existing estate and the vision for our NHS estate to meet the needs of the growing population and the planned changes to service models and delivery.

This work looked at primary care, community and mental health estate and services as well as hospital services.

As part of this work we have developed a strategic estates roadmap which is comprised of four components:

- **Wave 4 capital bids:** Projects prioritised for Wave 4 of funding. This is a national capital budget and bids had to be submitted in July at the same time as the draft plan. We submitted 7 bids totally £119.5m. These span a range of settings and cover schemes that are needed to maintain existing infrastructure to provide safe and sustainable care in the short to medium term through to those that will transform care models. We expect to hear the results of our bids in December.
- **Community/Primary Care estates projects:** Schemes to support delivery of the Out of Hospital/Integrated Community Care programme. A number of outline business cases are being developed to support the integration of services in the community and deliver increased capacity in primary care to meet planned population growth.
- **Acute Services Review (ASR) capital projects:** Capital works projects required to implement the proposed configuration of acute services across ULHT.
- **Long term transformation projects:** Longer term estates schemes to deliver transformational solutions to the estates challenges faced. This includes the opportunities that digital and technology will have and the impact of this on the estate that we will need.

We are expecting feedback on the draft plans in December and our intention is to publish our refreshed plans in the New Year.

Once we have had the feedback on our plan and the results of the Wave 4 capital bids we will reflect on our priorities. We are expecting further announcements on the future national funding opportunities in December and this will contribute to our prioritisation discussions.

Information Management and Technology

The updates for this quarter are as follows: -

- **NHS Shared Network Upgrade:**
 - The upgrade will deliver significant bandwidth increases across Acute, Community and Primary Care sites. It will enable improved speed of communication, agile (mobile) working, electronic consultation as well as general video (Skype type) capability. It should also deliver circa £ 1M in saving over the five-year life of the contract, compared to current costs;
 - There are 300 sites in scope. The infrastructure build is progressing well. St. Barnabas have been live for 2 months. It is anticipated that 14 GP Practices will be live by the end of December on the new network.

- **Care Portal Programme:**
 - Clinical Portal - this delivers an integrated care record ,which brings together selected patient information from multiple systems, notifies users when relevant patient events occur, and provides secure communication between care providers to support integrated patient care. Roll-out is now happening 'at pace'. There are 500+ users currently live, with an anticipated 2000 expected by the end of March 2019. Work is ongoing to connect the Social Care System.

 - Patient Portal - work is ongoing to support the Maternity Service Transformation programme. We currently anticipate going live with the release of electronic self-referrals to the maternity service during January.
 - Electronic Care Plans – an options appraisal report has been produced to support the Integrated Community Care Programme (section 2.1.2 refers). A decision on the preferred option will be made by end of November 2018.

- **Technology Enabled Care:**
 - The scope is to develop system strategies for both Telehealth and Self-Care, in order to support remote monitoring of patient conditions to build their self-care competencies, specifically with regard to supporting management of multiple long-term conditions and rehabilitation
 - A small working group has been established. The group is currently working to identify appropriate devices that could be trialled, which would support the Cardiology Transformation programme. Work is also starting to identify devices which could support the Diabetes Transformation programme too.

- **Capacity Management:**
 - Aims to provide a single system for managing live bed capacity, understanding demand, and managing patient flow to improve the efficacy and efficiency of resource deployment in the system.
 - It is anticipated that the first version of an urgent care dashboard to support the above ambition will be made live by 30th November.

- **Neighbourhood Teams:**
 - Work has continued in the background to provide infrastructure (network connectivity, hardware, software, voice, collaboration services etc.) and support, to the last of the emergent and maturing Neighbourhood Teams.

4. Progress on the Acute Service Review (ASR)

The Lincolnshire Acute Service Review started in December 2017 and posed the following question;

What is the optimum configuration of United Lincolnshire Hospitals NHS Trust (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) achieving clinical and financial sustainability across the Lincolnshire NHS health economy?

As stated in June, it is anticipated that the Acute Service Review will suggest significant service change which would require a full public consultation exercise in line with national guidance. The ASR process is therefore following the published (March 2018) guidance from NHS England titled “Planning, assuring and delivering service change for patients” which fully describes the current policy position, including regional and national gateways, that any proposals are required to progress through. Once this process has been completed we will formally consult with the public once this process is completed.

As many elements of this process are national, it is not possible to say when public consultation will commence. A full and open public consultation will be required to inform any final decisions on the configuration of services through the Acute Services Review.

5. Public Engagement

In our report in June, we committed to relaunching our STP website, holding a number of public engagement events across the county and launching an online survey as a further method by which the public could share their views. These actions have been delivered.

In summary, we undertook a series of nine engagement events to discuss hospital services in Lincolnshire, each in a different location within the county. In addition, an engagement questionnaire was launched in online and paper formats to enable the public and other stakeholders to share their views.

Both the events and the questionnaire sought to explore general issues affecting healthcare and hospital services in the county, with an additional focus on specific service areas, namely: breast services, trauma and orthopaedics, general surgery, stroke services, women's and children's services, urgent and emergency care plus haematology and oncology services.

The questionnaire, event invites and publicity materials were distributed from all seven NHS organisations mainly via email as this is the method most commonly used. This generated over 3,000 comments within the survey responses and 150 pages of feedback from the listening events. These responses are informing both our current work programmes detailed above in sections 1, 2 and 3 of this quarterly update plus we are also learning from what went well and what we can improve in future engagement exercises.

In general, there was widespread understanding of why changes were being considered, the need to improve quality and safety standards, the importance of supporting the NHS workforce and the challenges of delivering care across our rural county.

There were numerous comments about the rurality of Lincolnshire and the limitations of its public transport and road infrastructure (exacerbated by seasonal fluctuations and public transport timetable changes in eastern coastal areas). Although some attendees were happy to travel further for better care, others felt that particular types of patient might be disadvantaged by having services in fewer locations, e.g. those financially challenged or living in deprived areas, those without personal transport, those needing to attend repeat appointments or travel while unwell/recovering from treatment, and those who family or friends might find it harder to visit. The possible impacts on dependents and the wider family was also mentioned by some.

These engagement exercises in the summer are one example of the work currently being done with patients, the public and staff. Briefings, listening exercises, targeted work for example with the homeless and social media campaigns have continued into autumn and we have plans to continue these healthy conversations in 2019.