Lincolnshire Sustainable Services Review

Health and Well Being Board Update

10th September 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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Programme Over-view

A vision for the Lincolnshire health and social care economy

Leaders of the health and care economy have committed to work together to realise the aims of the Sustainable Services Review Programme in the interests of the population and the whole health and social care system.

- **For service users** : we will create an experience of a health and care system that works in a joined up way, a system that focuses on the prevention of ill health and improves clinical and personal outcomes and goals.
- **For health and social care professionals**: we will create a culture where a sense of collective responsibility exists for the whole journey through the system.
- **For health and social care providers**: we will create a common vision where the needs of service users transcends the need to protect organisational form.
- **For commissioners**: we will create a more productive and sustainable future for the health and social care system in Lincolnshire.

Specific challenges faced by Lincolnshire

- Our patients and citizens tell us that;
- Services can be disjointed and confusing;
- Assessment processes are lengthy and repetitive;
- Support often comes too late to have any real benefit;
- Current services take away too much control from the individual.
- It is also important to recognise the challenges that the Lincolnshire health and social care community faces as a care economy.
- **Financial.** Financial pressures across health and social care will increase significantly over the next decade. Whilst looking at individual organisations provides a picture of surplus or deficit this does not reflect the situation for the whole health and care economy.
- **Clinical**. United Lincolnshire Hospitals NHS Trust is currently being reviewed as part of the Keogh review, having been an outlier on HSMR and SHMI measures.
- **Geographical.** The Lincolnshire health economy is geographically large relative to its population with a varying geography and distribution of people.
- **Reliance on acute services**. Community service provision is under developed, which is likely to have led to over reliance on acute provision.
- **Inequalities**. The health economy suffers from large health inequalities, particularly for children. And this has been recognised in Lincolnshire's JSNA and supported the development of strategic .priorities.

LSSR Programme Charter

Lincolnshire COUNTY COUNCIL — Working for a better future

NHS

Objectives:

- Critical review and assessment of the clinical operational and financial performance of the current Health and Social Care systems in Lincolnshire and comparison to what is known to be good practice in high performing systems.
- Identification of specific service areas where there is a clear lack of clinical or financial critical mass due to scale or geography.
- Identification of opportunities to make significant, quality and efficiency gains by the development and implementation of a whole system change programme.
- Development of a Health and Social Care service Blueprint with key milestones – based upon a process of discovery as opposed to a single and fixed solution for the future.
- Development of the likely footprint of services and patient and service user's flows in the new system and what the best, worst and most likely scenarios might be following implementation.
- Development of a change strategy incorporating an implementation plan.
- Consideration, of what organisation changes will need to be made in order to make the future options deliverable.
- Build upon what is already in-train and what works e.g. the Adult social Care Blueprint, the development of an intermediate care specification.

Background: Reduced funding & resources & significant imbalance between community investment in early intervention & prevention & over reliance on Secondary Acute healthcare.

- Rapidly increasing ageing population.
- Pressure to meet clinical standards & better outcomes & improved pt safety (incl. safeguarding notably for adults & respond to Francis Report).
- Tension between local access to more generic services v more distant access to specialist services.
- Recent change in NHS organisations & limited experience & confidence in integration, agreed joint outcomes & combined metrics.
- Need for collective response to ULHT Keogh actions.
- Increasingly pluralistic range of providers and need for innovative models of commissioning.
- Recruitment of high quality professional staff is very difficult in Lincolnshire.

Key Risks

- Inability to achieve real change through building consensus around how care should be delivered.
- Lack of engagement in review and co-design.
- Timely access to data & information.
- Managing public messages about the proactive way Lincoln has come together to ensure sustainable services are there for local citizens.

Key Activities:

- Stakeholder engagement & shared principles.
- PMO & governance arrangements.
- Collection and analysis of key data.
- Care Design Process involving nominations, briefings workshops and a final summit event.
- Development blueprint, strategy & implementation plan.

Scope:

- **Organisations:** Lincolnshire County Council; Lincolnshire West CCG; Lincolnshire East CCG; South Lincolnshire CCG; South West Lincolnshire CCG; Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership Foundation Trust; United Lincolnshire Hospitals NHS Trust.
- **Reactive Services :** Urgent Care**;** A&E; Non-elective inpts (excl.mat & children);Critical Care; EMAS.
- **Proactive**: Early Intervention and Prevention and LTCs **;** recovery, reablement and rehabilitation including physio & OT; ILT & Intermediate Care Services; Primary care; LTC management; Diagnostics; Screening; Health promotion; Palliative care; Comm-based specialist nursing; Care homes (nursing and residential); Relevant mental health activity i.e. when it impacts upon general health e.g. dementia services or impacts on general health services e.g. primary care or A/E; Social care for the frail & elderly.
- **Women and Children:** Maternity (Obstetrics and Midwifery but excluding Gynaecology); Children (Paediatrics – inpatients and outpatients; non-elective); Social care for children; Relevant mental health services e.g. CAMHS.
- **Planned Care**: Elective (including all day cases and elective Gynaecology); Outpatients; Sexual health; Specialised Services – NHS England.

Resources

- SRO Dr. Tony Hill DPH.
- Programme Director Annette Laban
- Patient & Public Representation – via HealthWatch .
- Programme Board – Executive and clinical/practitioner representation across whole system.
- Programme Office – PwC plus additional local staff at East CCG.
- Care Design Groups – Clinician / practitioners from whole system.

Deliverables:

- **Critical review and assessment of clinical operational and financial performance** of the current Health and Social Care systems in Lincolnshire.
- **Health and Social Care Service Blueprint** with key milestones.
- **Strategy** including an implementation **plan for change**
- *Consideration if need be of future organisational form.*

Measures of Success:

- Whole system engagement in validation of current position and sustainability gap.
- Whole system co-design for future sustainable services that address the gap in cost and qualit.
- Deliverables within timelines and on budget.

Benefits:

- **Independent assessment of the clinical and financial current position in Lincolnshire.**
- **Co-design of a blueprint for the Lincolnshire health and care economy** covering the major areas of future demand which will; deliver safe services & high quality outcomes for patients; services centred around patient needs; safe and sustainable organisations that remain in financial balance now and in the future.
- **Financial assessment of the future vision** to help close forecast health and care economy deficits.
- **Evidence to support any future health economy reconfiguration**.
- **Recommendations** on key enablers to support the successful delivery of the clinical blueprint.
- **Programme office support** to deliver the above with the local health and care economy.

Lincolnshire Sustainable Services Review
Programme Governance

H&WB Board will be provided with regular updates during the programme and approve final blueprint following sign off at all statutory boards

Health and Wellbeing Board

Commissioning Boards
NHSE Area Team
CCGs
LCC

NHSE

The Commissioning Boards as commissioner for the LSSR will be provided with regular updates throughout the programme and will approve final blueprint following sign off at all statutory boards..

Key stakeholders
* Boards of
·ULHT
· LPFT
· EMAS
·LCHS

Health Overview and Scrutiny Committee

TDA

Monitor

LETB

Sustainable Services Review Board

Commissioners

Providers

The principal governance forum for the SSR programme, made up of the key partners in the health and social care economy.

Sustainable Services Programme Team

The responsible operational group for delivering the SSR programme, made up of the key partners in the health and social care economy.

Care Design Workstream

Analytics Workstream

Prevention Early Intervention / LTC **(Pro-active)**

Urgent Care **(Reactive)**

Current position review

Option evaluation

Women & Children

Planned Care **(Elective)**

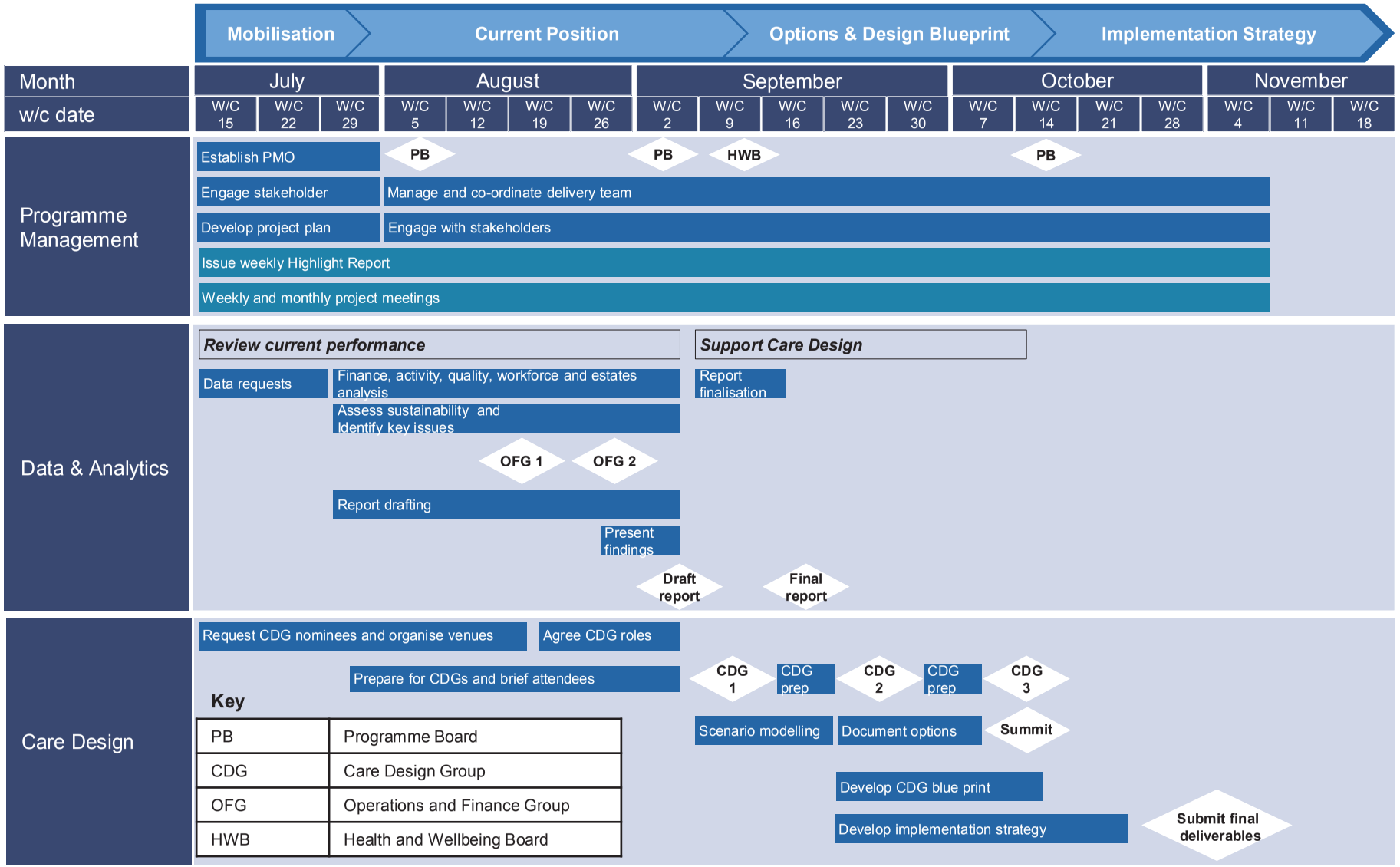
Enablers

Workforce | Communications | Estates | IM&T

--------- Update
——→ Report

SSR Programme Board members will provide regular updates to statutory boards .
They will also ensure that interfaces with other key initiatives e.g. provider reviews in bordering counties ; Keogh Review etc. are managed in line with programme aims.

Lincolnshire Sustainable Services Review Programme Plan



Critical review and assessment of clinical operational and financial performance

Analysis of the care economy current position has been undertaken to provide health and social care professionals enough information to make evidence-based decisions on service configuration both now and in the future to support sustainable services for Lincolnshire.

Key Messages

- There is an identified **need to significantly improve health outcomes for the citizens of Lincolnshire**, **address the quality concerns** outlined in the Keogh Review, **align workforce with service needs** and **reduce fragmentation of care**. In addition to this there is a significant expected increase in both the elderly population and children.
- Last year there was a **£26.3m deficit** in health and social care provision in Lincolnshire. If nothing is done, the financial gap **could grow to £111m by 2017-18.**
- All of this points to the **need for design options put forward to be somewhat radical** and not a "tinkering around the edges" of either existing provision or improvement initiatives in train. The change needs to include large scale cultural change with **both clinical and citizen / patient buy in if sustainability is to be achieved.**
- Different models of provision which **balance the complexity of rurality and access with greater levels of safety, higher quality and efficiencies brought about by economies of scale and innovative approaches to care** will need to be developed.
- The **Joint Health and Well Being Strategic Priorities** for the county **will inform the options appraisal process** and **the Health and Well Being Board will be updated throughout the process.**
- **Potential options put forward for consideration will be sense checked by HealthWatch** during this phase on behalf of patients and the public and **patients and carers have been invited to participate in the design process.**
- **All organisations within the health and care economy are committed to the co-design of future sustainable options** and nominations for the care design process to take this forward have been received.

Lincolnshire already has high disease prevalence and an older population

Proactive Care

We analysed the prevalence of long term conditions in Lincolnshire and profiled its demographics.

What this means for Lincolnshire

All four Lincolnshire CCGs have above average disease prevalence for the majority of the disease categories in QOF. East Lincolnshire has particular problems, and is in the top five percent of CCGs for disease prevalence for chronic kidney disease, coronary heart disease, diabetes mellitus, heart failure, hypertension and stroke. In part this is due to the characteristics of the local population, which is significantly older than the England average.

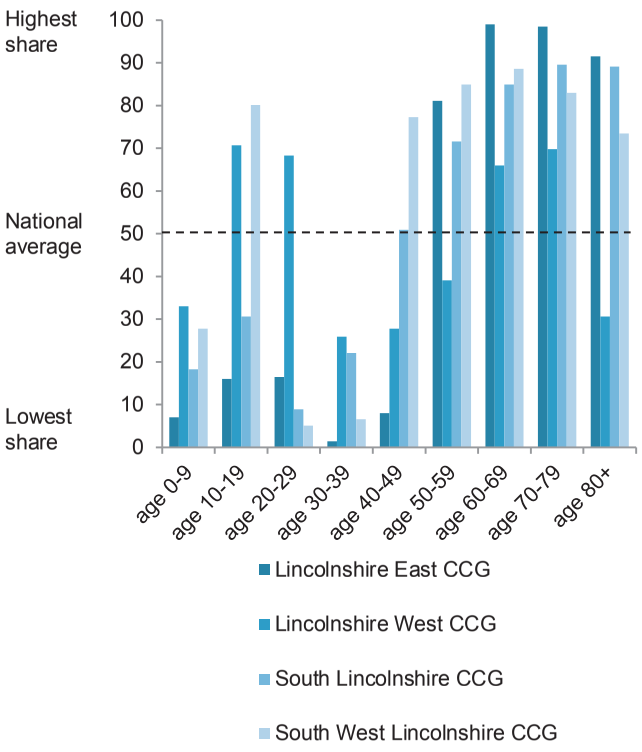
Disease prevalence relative to all CCGs

Disease	East CCG	South CCG	South West CCG	West CCG
Asthma	Average	Average	Average	Average
Atrial Fibrillation	Above average	Above average	Average	Average
Cancer	Above average	Above average	Above average	Average
Cardiovascular Disease Primary Prevention	Below average	Above average	Above average	Below average
Chronic Kidney Disease (ages 18+)	Above average	Above average	Above average	Above average
Chronic Obstructive Pulmonary Disease	Above average	Average	Average	Average
Coronary Heart Disease	Above average	Average	Above average	Average
Dementia	Average	Above average	Average	Above average
Depression (ages 18+)	Average	Above average	Average	Average
Diabetes Mellitus (Diabetes) (ages 17+)	Above average	Above average	Average	Average
Epilepsy (ages 18+)	Above average	Average	Average	Average
Heart Failure (2010)	Above average	Above average	Above average	Average
Heart Failure Due to LVD	Above average	Average	Above average	Average
Hypertension	Above average	Above average	Above average	Average
Hypothyroidism	Above average	Above average	Average	Average
Learning Disabilities (ages 18+)	Above average	Average	Average	Average
Mental Health	Below average	Below average	Below average	Average
Obesity (ages 16+)	Above average	Average	Above average	Above average
Palliative Care	Above average	Average	Average	Above average
Stroke or Transient Ischaemic Attacks (TIA)	Above average	Average	Average	Average

Below average
Average
Above average

Source: Quality and Outcomes Framework accessed via NHS England CCG Outcomes tool.

Share of population by age group, compared to national average (percentiles related to all other CCGs)



Source: NHS England CCG Outcomes tool.

Demand for health and social care is expected to increase as the population ages rapidly over the coming years

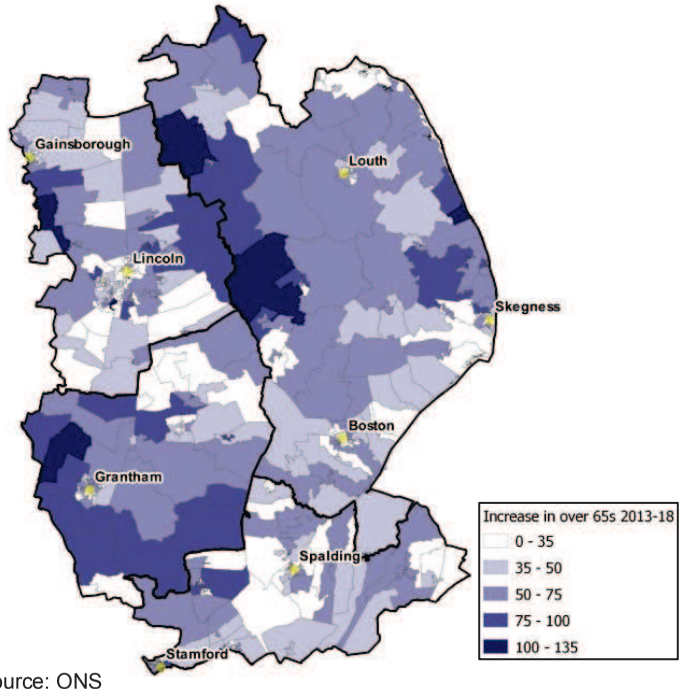
Demographic analysis

We have analysed demographic trends in Lincolnshire which suggests that the West and South West of Lincolnshire are ageing most rapidly. We have highlighted over 65s because this group is a significant user of health and social care.

What this means for Lincolnshire

Although historically the population with the biggest health needs have been located in East Lincolnshire CCG, it appears that other CCGs are ageing more rapidly. East and West Lincolnshire are still expected to have the greatest number of over 65s in 2018.

Increase in over 65s, 2013-18



Source: ONS

Expected percentage increase in number of over 65s, 2013-2018

CCG	Projected increase in over 65s, 2013-18 (%)	Projected number of over 65s 2018
West Lincolnshire	12.59%	50,025
South West Lincolnshire	13.36%	29,391
South Lincolnshire	11.84%	35,611
East Lincolnshire	11.66%	65,909

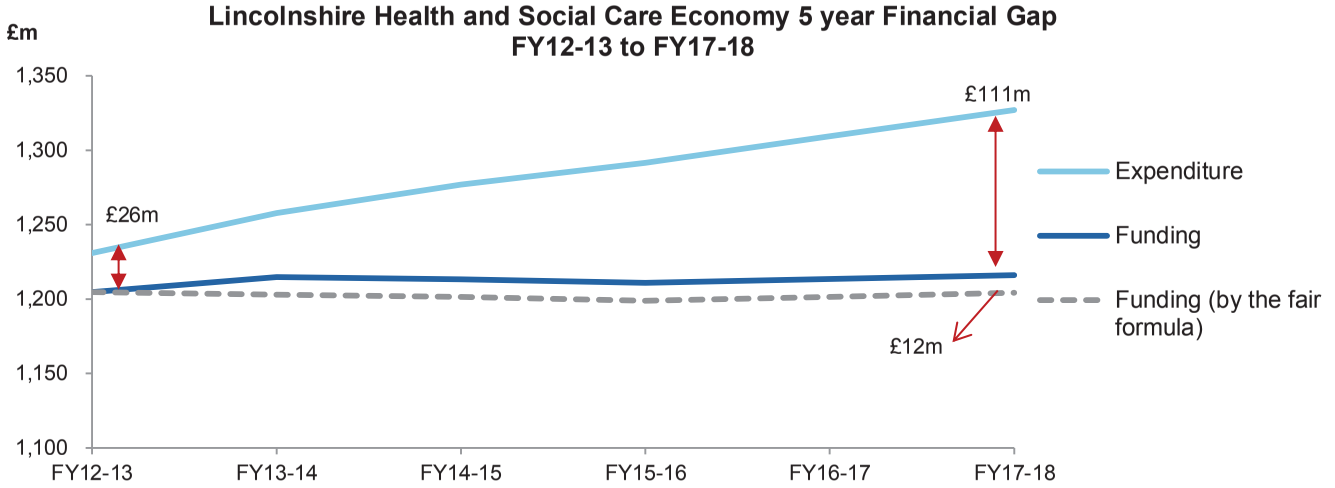
Source: ONS

If nothing is done, the financial gap could grow to £111m by 2017-18

Financial analysis – Financial gap 5 year projection

The financial gap for health and social care is expected to grow from £26m in FY12-13 to at least £111m in FY17-18.

If NHS England pursues the "fair formula" for CCG allocations, the gap could widen further as 3/4 Lincolnshire CCGs could receive lower allocations.



Notes:

1. The financial gap in FY12-13 was £26m, which comprises of provider net surplus/deficit adjusted for net non-recurrent income, and the net deficit of LCC.
2. Healthcare funding is frozen in real terms for the next 5 financial years from FY13-14.
3. Healthcare expenditure increases in proportion to demographic change. 40% of cost is incurred from treating the people aged 65 and older. The over 65 population grows at 2.5% per year on average and the under 65 population grows at 0.7% per year on average (source: ONS forecasts).
4. In a different scenario (dotted line), the allocation to CCGs falls from FY13-14, based on the draft NHS England "fair formula".
5. CCGs share the PCT surplus from FY12-13 (£9.3m) in FY13-14. This is non-recurrent for FY13-14 and is hence excluded from our baseline.
6. Adult social care funding and expenditure is based on a 5 year forecast provided by LCC. Children's Social Care and Public Health funding and expenditure is assumed to be frozen and remain breakeven, per discussion with LCC.
7. The long-term temporary population in Lincolnshire is usually excluded from population estimates used in the funding formula. If this population was included it has been estimated that an additional £22m funding may be provided.

Reactive Care – Key findings

Reactive Care › Proactive Care › Women & Children › Elective Care

Quality

- Only 83% of patients at Pilgrim hospital A&E are seen within 4 hours, which is significantly below the 95% target.
- A&E has a high percentage of ambulance handover delays over 30 minutes (15% of ambulance handovers), significantly above national and peer average.
- Non-elective HSMR and SHMI are significantly above peer national and peer average.
- Critical Care medicine, Thoracic medicine and General medicine have particularly high mortality statistics
- Across the United Lincolnshire sites, 20% of non-elective inpatients are discharged within 24 hours.

Finance

- Reactive Care shows a deficit of £31.2m in FY2012-13 and has been assigned a target saving of £4.7m for FY13-14, growing to £19.9m by FY17-18.

Provider Landscape

- A&E and critical care are currently provided on three sites. However, concerns about quality and staffing levels raised in the Keogh Review suggest that the current model is not optimal.
- There are also Urgent Care Centres (UCC) and Minor Injury Units (MIU) at six other sites in the County.

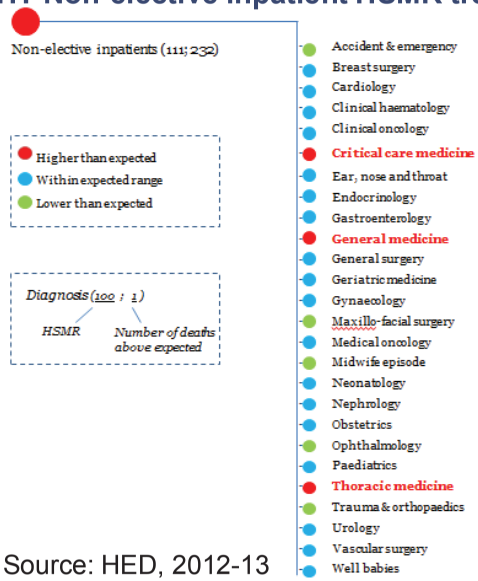
Activity

- Activity benchmarking suggests that volumes are significantly above peer average, and reductions in activity levels could lead to commissioner savings in cardiac surgery, respiratory system and digestive system volumes of up to £16.1m.

Potential options

- Change the model of provision for reactive care looking at how A&E, UCC, MIU and PCCs can be utilised to greatest advantage.
- This may suggest delivery of A&E provision at fewer sites.
- If this scenario were considered and Pilgrim A&E was closed, average patient travel times would increase by between 0 (MIU/UCC) and 23 minutes (A&E).
- If this scenario were considered and Grantham A&E was closed, average patient travel times would increase by between 25 (MIU/UCC) and 26 minutes (A&E).

ULHT Non-elective inpatient HSMR tree

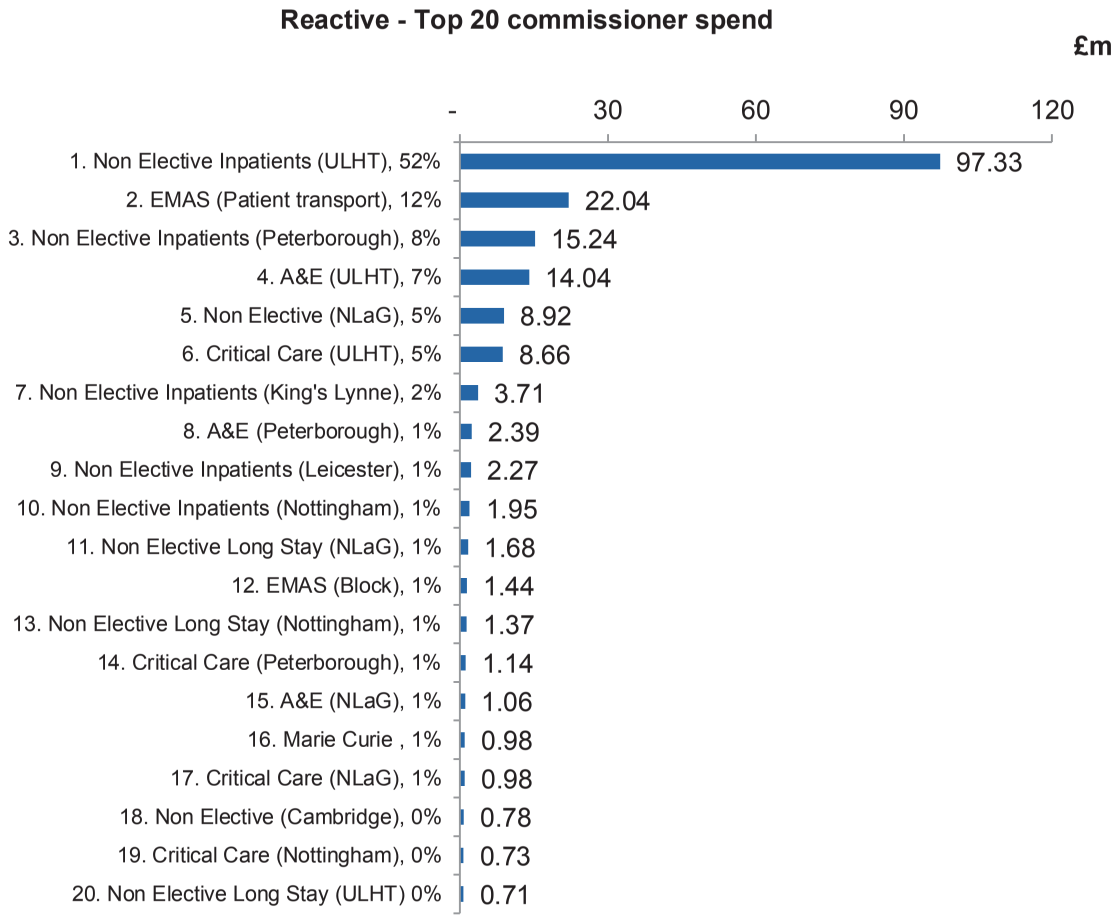


Source: HED, 2012-13

Reactive Care – Health and social care expenditure, FY13-14

FY13-14 Planned Spend

Reactive Care Design Group spending is dominated by non-elective specialities at ULHT and A&E and ICU activity at the trust. Activity is also commissioned from other providers such as Peterborough, Northern Lincolnshire & Goole and Queen Elizabeth Hospital.



Source: CCG, LAT and LCC spending plans, 2013-14

Proactive Care – Key findings

Reactive Care › **Proactive Care** › Women & Children › Elective Care

Quality

- Above peer group deaths are occurring at home, a positive indicator of well functioning community provision. However, below peer group deaths are occurring in care homes and hospices, with more than expected deaths in hospital. This points to some further opportunity to review end of life care.
- There is significant variation in the number of emergency hip fractures, one indicator of effective proactive care, across Lincolnshire, with South Kesteven and South Holland outperforming the other districts.
- Return to independence for older people through rehabilitation/intermediate care is above peer average, suggesting that some parts of proactive care are working well.

Finance

- Proactive Care shows a deficit £3.4m in FY2012-13 and has been assigned a target saving of £13.4m for FY2013-14, growing to £56.7m by FY2017-18.
- LCC is targeting significant savings in adult social care. This may be challenging as our benchmarking analysis suggests that spend per adult on social care is already below peer average.

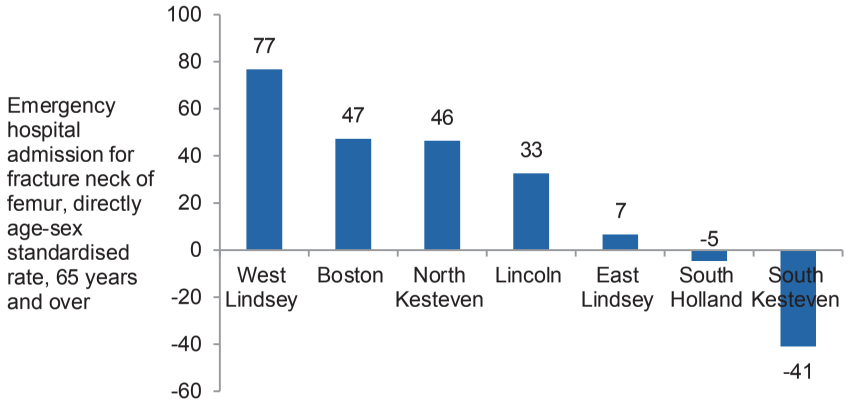
Provider landscape

- LCHS, LPFT, GPs, Care Homes (with over 12,000 beds in Lincolnshire), and other social care provision are the main providers of Proactive Care.
- Lincolnshire GP practices are understaffed with doctors relative to peer average, although they have above peer average practice nurses.
- Based on reference costs benchmarking, LPFT appears to have higher than expected unit costs for mental health community contracts and mental health secure units.

Activity

- Disease prevalence across all CCGs is considerably higher than national average for nearly all LTCs.
- This is expected to get worse as Lincolnshire ages rapidly. West and South West CCGs are ageing most rapidly in relative terms, while West and East CCGs are ageing most rapidly in absolute terms. POPPI forecasts have shown how these demographic changes may affect LTC prevalence, with some diseases increasing by more than 30% by 2020.

Emergency hip fracture admissions above English average

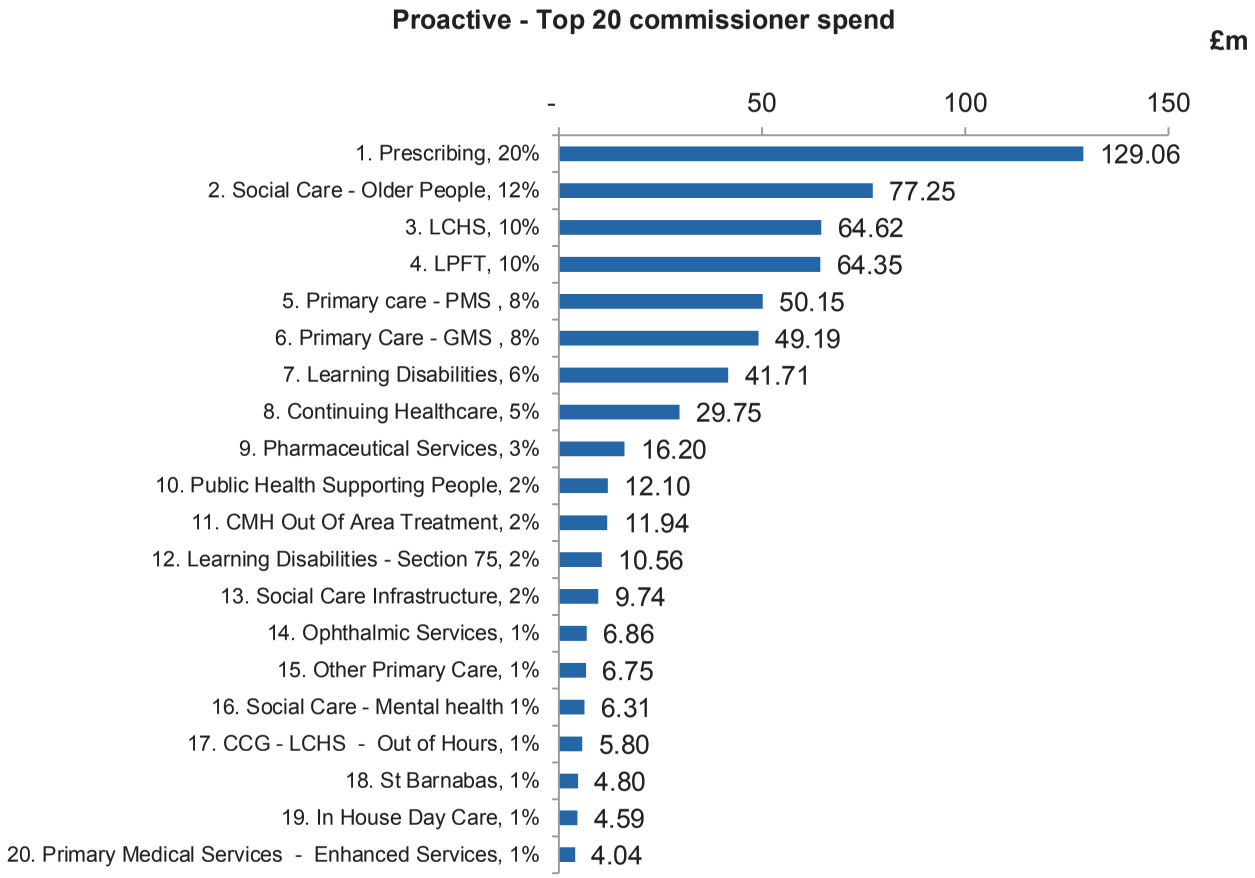


Source: Public Health Observatory, 2010-11

Proactive Care – Health and social care expenditure, FY13-14

FY13-14 Planned Spend

The main items of Proactive Care spending are prescribing, adult social care and services commissioned from LPFT and LCHS. Also, there is significant expenditure on primary care and public health.



Source: CCG, LAT and LCC spending plans, 2013-14

Women & Children – Key findings

Reactive Care › Proactive Care › **Women & Children** › Elective Care

Quality

- The HSMR value for under 18 year olds in United Lincolnshire Hospital is statistically above peer and national average. It is also worth noting that Lincolnshire has a low vaccination rate for Whooping Cough (86%) and MMR (92%).

Finance

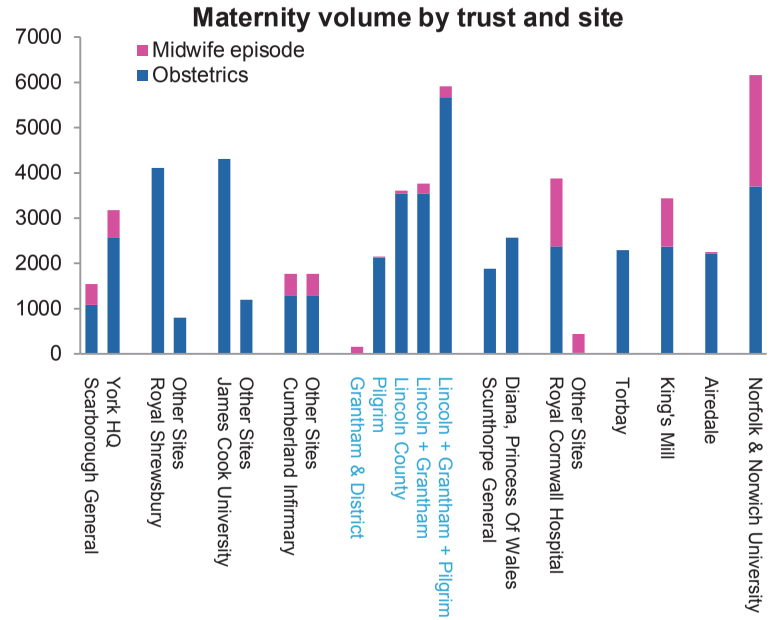
- Women & Children shows a deficit £0.9m in FY2012-13 and has been assigned a target saving of £1.4m for FY2013-14, growing to £5.8m by FY2017-18.

Provider landscape

- Lincoln and Boston hospitals are the lead providers for large parts of Lincolnshire. There are few regions which are overly dependent on the Women & Children services provided by Grantham. The Midwifery Led Birthing Unit at Grantham is to be relocated. All three sites provide paediatric services.
- Neonatal Care is provided at Lincoln and Boston. Both units show low occupancy rates of 48% and 42% respectively.

Activity

- Midwifery appears underused for maternity in Lincolnshire relative to comparator trusts. There could be potential savings from moving to a model such as that used by Norfolk & Norwich, where a higher proportion of maternity activity is midwife-led.
- Our analysis of relocating Grantham's Midwifery Led Birthing Unit to either Lincoln or Pilgrim suggests that in order to minimise the impact of increased travel times, over two thirds of current Grantham patients would have shorter journeys to Lincoln than Boston.
- For paediatric inpatient activity at site-level, ULHT's hospitals have low volumes compared to the national site-level median. As a result, there might be scope for consolidation of some paediatric services.

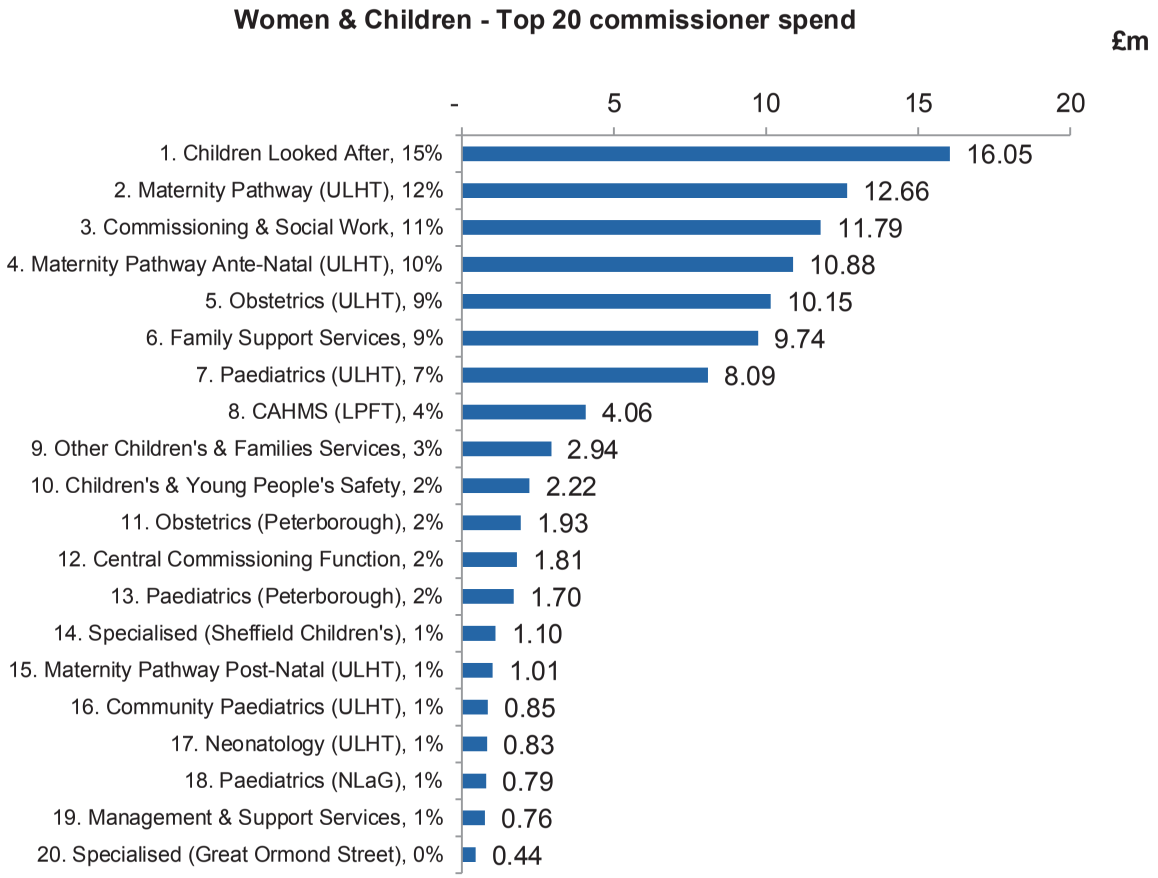


Source: Healthcare Evaluation Data 2012-13

Women & Children – Health and social care expenditure, FY13-14

FY13-14 Planned Spend

Commissioner spend on Women & Children is mainly focussed on children's social care and the maternity pathway at ULHT. Children's mental health and some specialised and paediatrics services also form a significant part of commissioner spending.



Source: CCG, LAT and LCC spending plans, 2013-14

Elective Care – Key findings

Reactive Care › Proactive Care › Women & Children › Elective Care

Quality

- General medicine is the only treatment speciality within elective care with a higher than expected SHMI, having recorded a year-on-year 42% increase to 244 in 2012-13.
- Hospital Standardised Mortality Ratio and all other Hospital-level Mortality Indicators are within expected range for other Elective specialties.

Finance

- In FY2012-13 there was a £10.1m surplus in Elective Care and a significant portion of this relates to ULHT. Our analysis has assigned a commissioner saving of £6.7m for FY2013-14, growing to £28.6m by FY2017-18. Consideration therefore needs to be given to ULHT's financial position if elective activity is reduced.

Provider landscape

- Lincolnshire is particularly dependent on out-of-County providers for the following elective specialties: General Medicine, Trauma & Orthopaedics, General Surgery, Urology, Cardiology, Ophthalmology, Paediatrics and Obstetrics. 37% of elective inpatients, day cases and outpatients is provided by out-of-County providers.
- Pilgrim's main, laminar flow and ophthalmology theatres appear under used.

Activity

- Volume benchmarking has identified that Grantham's Urology and Ophthalmology specialties are amongst the lowest volume sites in England.
- Benchmarking analysis suggests that up to £13.3m could be saved from activity reductions in Musculoskeletal and Digestive System, Trauma & Orthopaedics and Cardiology.
- Trauma & Orthopaedics, Urology, Pain Management, Breast Surgery and Clinical Oncology consistently perform poorly on operational metrics, such as Length of Stay, compared to a peer average.

Elective specialty benchmarking

Specialty	LoS	Day case conversion	New to follow-up ratio	DNA
1. Trauma & Orthopaedics	Average	Average	Worse than peers	Worse than peers
2. General Surgery	Worse than peers	Better than peers	Average	Average
3. Ophthalmology	Average	Better than peers	Average	Worse than peers
4. Urology	Average	Worse than peers	Average	Average
5. Gynaecology	Worse than peers	Worse than peers	Better than peers	Worse than peers
6. Cardiology	Average	Worse than peers	Better than peers	Average
7. Ear, Nose & Throat	Worse than peers	Average	Better than peers	Worse than peers
8. Gastroenterology	Better than peers	Better than peers	Average	Average
9. Clinical Haematology	Worse than peers	Better than peers	Worse than peers	Average
10. Dermatology	Average	Better than peers	Average	Average
11. Pain Management	Worse than peers	Average	Worse than peers	Average
12. Breast Surgery	Worse than peers	Worse than peers	Average	Worse than peers
13. Clinical Oncology	Average	Average	Average	Worse than peers
14. Respiratory Medicine	Average	Better than peers	Average	Average
15. Rheumatology	Better than peers	Better than peers	Average	Average

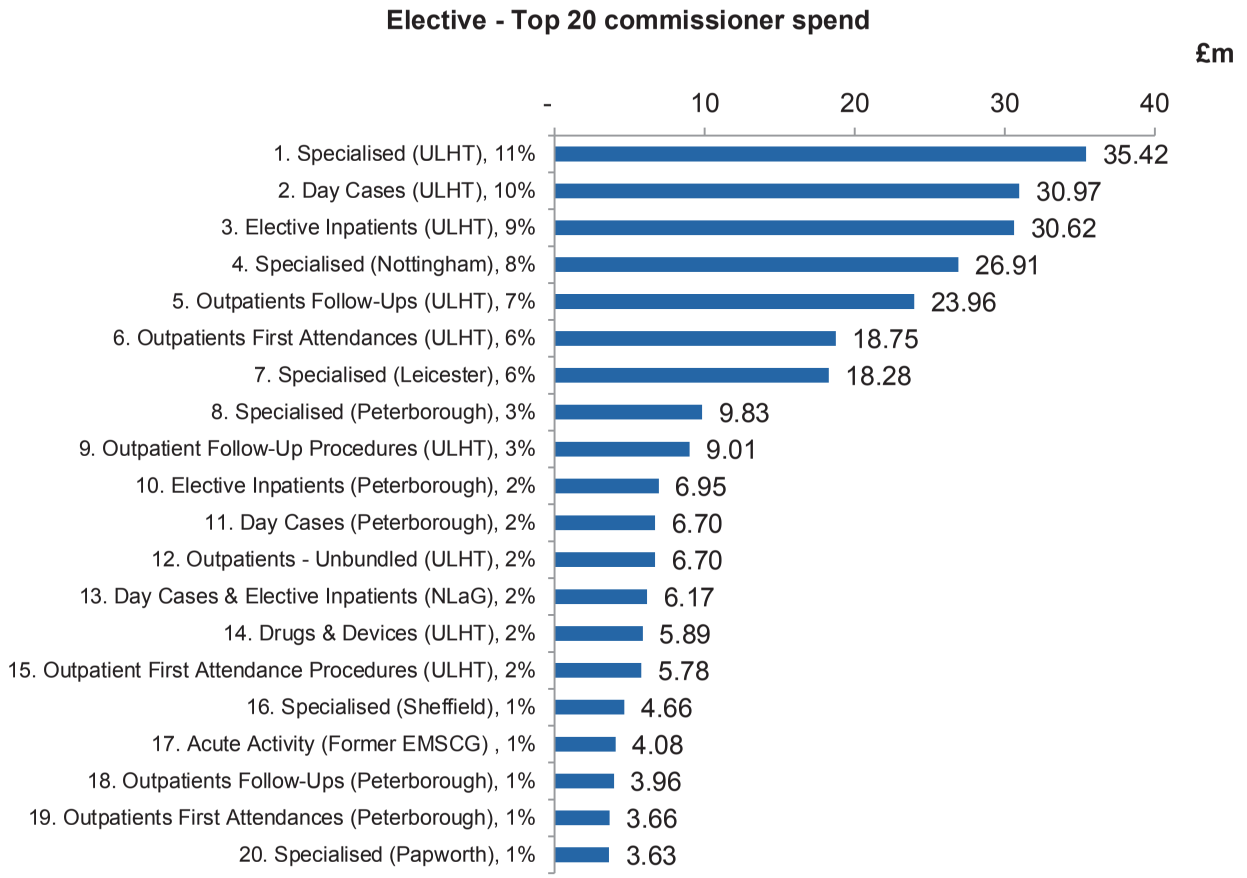
Worse than peers
Average
Better than peers

Source: HED, 2012-13

Elective Care – Health and social care expenditure, FY13-14

FY13-14 Planned Spend

Elective Care spending is mainly focussed on inpatient specialties and specialised services at ULHT. Specialised spending at other providers, for example Nottingham University Hospital (8%) and University Hospitals of Leicester (6%), also forms a large portion of the Elective Care Design Group.



Source: CCG, LAT and LCC spending plans, 2013-14

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