

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open on behalf of Lincolnshire East CCG, Lincolnshire West CCG, South West Lincolnshire CCG, South Lincolnshire CCG

Report to	Lincolnshire Health and Wellbeing Board
Date:	9 December 2014
Subject:	Draft Lincolnshire Unit of Planning 5 Year Strategic Plan (Lincolnshire East CCG, Lincolnshire West CCG, South West Lincolnshire CCG, South Lincolnshire CCG)

Summary:

Lincolnshire CCGs are required to produce a Lincolnshire Unit of Planning 5 Year Strategic Plan 2014/15- 2018/19 and refresh individual Operational Plans for 2014/15- 2015/16. NHS England is expected to issue further annual planning guidance in December 2014.

Lincolnshire Health and Social Care (LHAC), formally known as Lincolnshire Sustainable Services Review is in essence the 5 year strategic plan, with the addition of two further major work streams i.e. Primary Care, and Mental Health Learning Disabilities and Autism. The strategic plan includes interventions that can be developed and implemented locally through routine consultation as part of the annual commissioning cycle and a number of high level options, some of which will have a significant impact on the service delivery landscape across Lincolnshire that will require further development and formal public consultation before preferred options are identified in 2015. The detail on these options is currently being developed with a view to formal public consultation in 2015.

The Plan will be refreshed in 2015 following formal public consultations.

The strategic plan aims to improve quality of services through 6 major work streams (proactive care, urgent care, elective care, services for women and children, primary care and mental health learning disability and autism) and including better integration of services. These improvements must be achieved alongside narrowing the financial gap in funding across the health and social care system in Lincolnshire which is provisionally estimated to be £282m (provisional) in 2017/18 if we do nothing.

The 5 year strategic plan aims to bridge the financial gap across the health and social care system as outlined above. The current forecast of the gross recurrent financial gap in 2018/19 is £282m (provisional). This is the combined gross deficit of all providers and commissioners and the relevant part of the deficit from the NHS England Area Team (Primary Care and Specialised Services). This is a gross figure before any planned organisational efficiency savings over the period of 14/15-18/19 This headline figure is shown gross in order to avoid the risk of double counting efficiencies. Once planned organisational efficiency saving are taken in to account the provisional pre LHAC financial gap is circa £68m deficit (provisional).

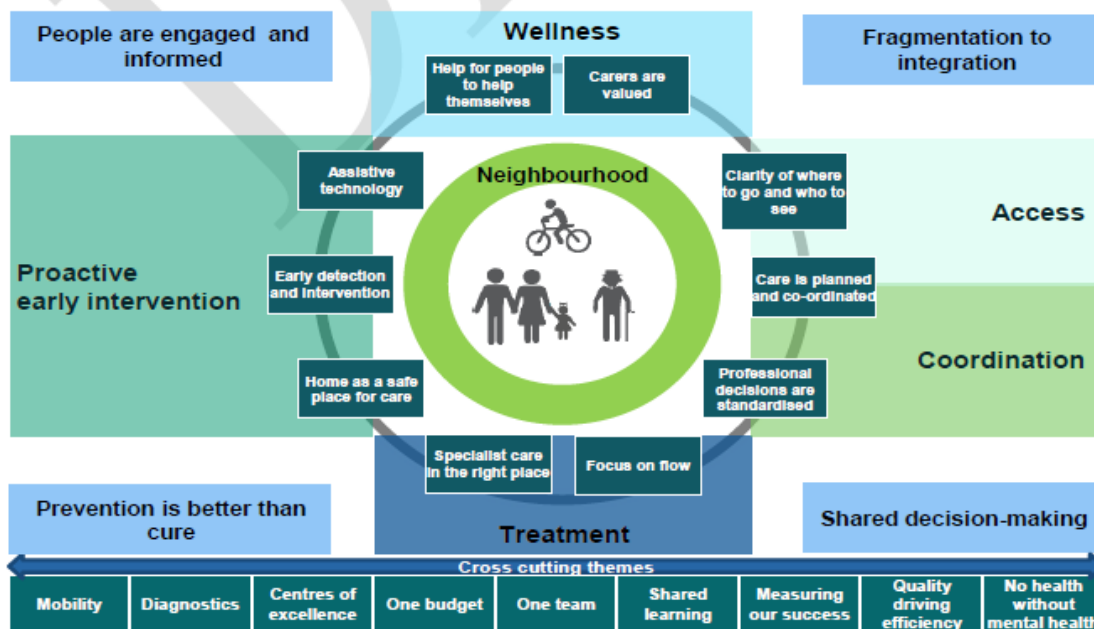
The ambition is in a short period of time, 3-5 years, to move the Lincolnshire health and care system from being one that faces challenges on quality, safety and sustainability to being a leading edge health and care economy reducing mortality to a level in line with the best 10% nationally.

The aspiration is to develop a system which reflects best international practice and where our citizens can expect improved health outcomes, as well as high levels of positive patient experience

Effective prevention and early intervention strategies.

At the heart of the system vision is quality as the driver for efficiency; developing a health and care system that works in a joined up way, focuses on the prevention of ill health, coordination of care and improves clinical and personal outcomes and goals. Care delivered closer to home provided by joint coordinated multi- disciplinary teams underpinned by rigorous case management and surrounded by a support network providing proactive support services that can encourage and foster self-care, community support and increased resilience within our communities. The overarching vision is for a step change in service provision, with a very significant change through reduction of more than 390 beds across the system and the movement of more than 380 staff between current hospital setting and community based services.

The figure below outlines the system vision centred around neighbourhoods.



The key principles for delivery of this vision are;

- People are engaged and informed;
- Services move from fragmentation to integration;
- A focus on proactive care (prevention is better than cure) rather than reactive care;
- Shared decision-making with decisions based on evidence and
- Quality improvement where possible.

By 2017/18 we will;

- Focus on outcomes, safety, quality and experience
- Deliver integrated, personalised proactive care through multi-disciplinary neighbourhood teams
- Deliver measureable results
- Developed innovative roles to attract staff and address recruitment issues
- Improved joint working of health and care professionals - an integrated service for patients
- Work with the public, statutory and voluntary services to support individuals, families and communities in maintaining and improving their own wellbeing
- Be on a trajectory to a stable and financially sustainable position

Delivering the vision

To do this we will:

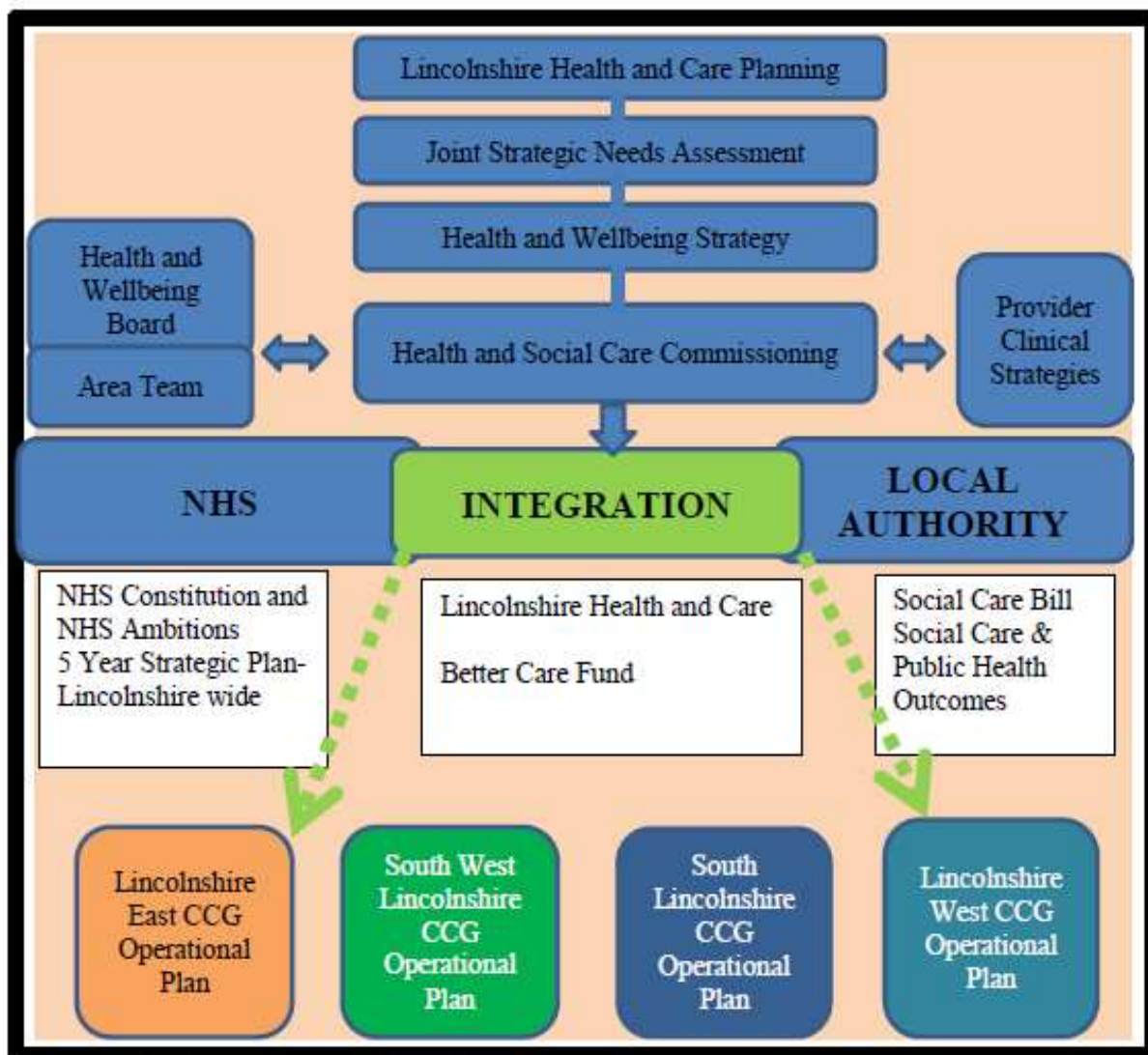
- Continue to develop our partnership working with all agencies to deliver better system wide outcomes facilitated through our agreed Concordat and shared criteria for success.
- Link to the Joint Health and Wellbeing Strategy aims in particular; help people lead a more healthy and independent life; make the lives of older people better; help people with long-term illness or disability to get good healthcare and make sure all children get the best possible start in life.
- Provide more care in the community – including elective care – with patients able to access the right care in the right place at the right time by the right person.
- Work with NHS Area Team, CCGs and the LMC to support the development of

General Practice delivered at scale which will be pivotal to the new model of care. CCGs and the Area Team will determine service model options across the County (not necessarily one size fits all) and determine common principles, incorporating 7 day working and the implementation of Neighbourhood Teams, consistent with the Area Team primary care strategy.

- Provide access to safe and efficient urgent care when this is needed which is responsive and able to deliver rapid access to specialists, diagnostics and follow on care.
- Identify work programmes required to enable this change i.e. transport; technology; estates; workforce and contracting considerations

We recognise that in order to deliver our vision and achieve these ambitions, we will have to take tough decisions as a community with people and residents. The changes will be clinically led and evidence based.

Summary approach to developing the plan



Actions Required:

The aim is to produce a final draft of the strategic plan in December 2014.

The Health and Wellbeing Board is asked to

- Note current status of the strategic plan
- Note the financial modelling is only provisional at this stage
- Note that the LHAC Programme Board is considering the integration of the NHS England '5 Year Forward View' and detailed LHAC implementation timelines and resource requirements at its meeting on 25th November 2014 (this will inform the final draft of the strategic plan).

The Health and Wellbeing Board is asked to comment on the Draft Lincolnshire Unit of Planning 5 year Strategic Plan.

- 1. Background** Lincolnshire CCGs are required to produce a Lincolnshire Unit of Planning 5 Year Strategic Plan 2014/15- 2018/19 and refresh individual Operational Plans for 2014/15- 2015/16. NHS England Area Team is aware of the ongoing LHAC process and time lines and accept that Area Team assurance of strategic planning must aid this process not detract CCGs from it. On 23rd October 2014 NHS England published its '5 year Forward View' which sets out the strategy for the NHS over the next 5 years, describing a new relationship with patients and public focused on prevention and self-management, alongside seven new care models for service provision.

Overview of the new care models**1. Multispecialty Community Providers**

- Extended group of GP practices
- Focal point for wide range of care
- Could employ, or partner with, consultants
- Could take over community hospitals and in time have budgets delegated

2. Primary and Acute Care Systems:

- Single organisation providing primary care, hospital, mental health and community services
- Potential for delegated capitated budget

3. Urgent and Emergency Care Networks

- Integrate between A&E departments, GP out-of-hours, urgent care centres, NHS 111, and ambulance

4. Viable smaller hospitals

- Look at adjusting payment regime
- Examine sustainable staffing and cost structures
- New organisational models building on Dalton Review:
- Hospital chains
- Other providers on same site
- Form integrated provider

5. Specialised care

- Consolidation where there is strong evidence for this

- Networks of services 'over a geography'

6. Modern maternity services

- Review future models of maternity units (report by summer 2015)
- Ensure provider payment systems mothers' choices
- Make it easier for groups of midwives to set up NHS funded services

7. Enhanced health in care homes

- New models of in reach support – working with local NHS, local authorities and care homes

In conjunction with the 5 Year Forward View CCGs have the opportunity to take on increased responsibility for more of the NHS budget through Co-commissioning of primary care. In January 2015 CCGs will be asked to choose one of three options to take on increased responsibility for primary care, either, greater involvement in primary care decision making, joint commissioning arrangements, or delegated commissioning arrangement. This initiative along with the above models is a potential enabler for commissioning more integrated care.

During November and December 2014 the LHAC Programme Board and individual CCGs are reviewing how the 5 Year Forward View could best enable and inform local strategic planning. In addition further planning guidance is expected to be issued by NHS England in December 2014.

Lincolnshire CCGs submitted individual Operational Plans on 4th April 2014. CCGs agreed a Lincolnshire wide footprint for the 5 year strategic plan to support collaborative working across CCGs and Lincolnshire County Council and to facilitate transformation and strategic planning with our main healthcare provider trusts. Lincolnshire Health and Social Care (LHAC) is in essence the 5 year strategic plan, with the addition of two further major work streams i.e. Primary Care, and Mental Health Learning Disabilities and Autism.

2. Conclusion The plan outlines LHAC (high level options where further work and consultation is planned for 2015), the revised financial plan **which is only provisional at this stage**, the strategic approach we are taking to developing primary care, and mental health, learning disability and autism. The plan is the key document that aligns LHAC, CCG Operational Plans and the Lincolnshire Unit of Planning 5 year Strategy.

3. Consultation The strategic plan includes interventions that can be developed and implemented locally through routine consultation as part of CCGs annual commissioning cycle (taking account of consultations led by the LHAC programme office in 2013 and 2014) a number of high level options, some of which will have a significant impact on the service delivery landscape across Lincolnshire that will require further development and formal public consultation before preferred options are identified in 2015.

Clinical Committees from Lincolnshire East, Lincolnshire West, South West Lincolnshire and South Lincolnshire have reviewed the content of the plan during October and November 2014, and this review has, particularly, informed the development of the Primary Care work stream. The Draft Lincolnshire Unit of Planning 5 Year Strategic Plan is being presented to CCG Governing Bodies in November 2014 and the Lincolnshire

Health and Wellbeing Board for discussion in December 2014. Further work is required to integrate the NHS England '5 Year Forward View' and develop more detailed implementation timelines.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Lincolnshire Unit of Planning 5 Year Strategic Plan (Lincolnshire East CCG, Lincolnshire West CCG, South West Lincolnshire CCG, South Lincolnshire CCG)

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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