Lincolnshire Health and Care Options appraisal & emerging options

Health Scrutiny Committee for Lincolnshire

July 2015

A reminder who LHAC partners are

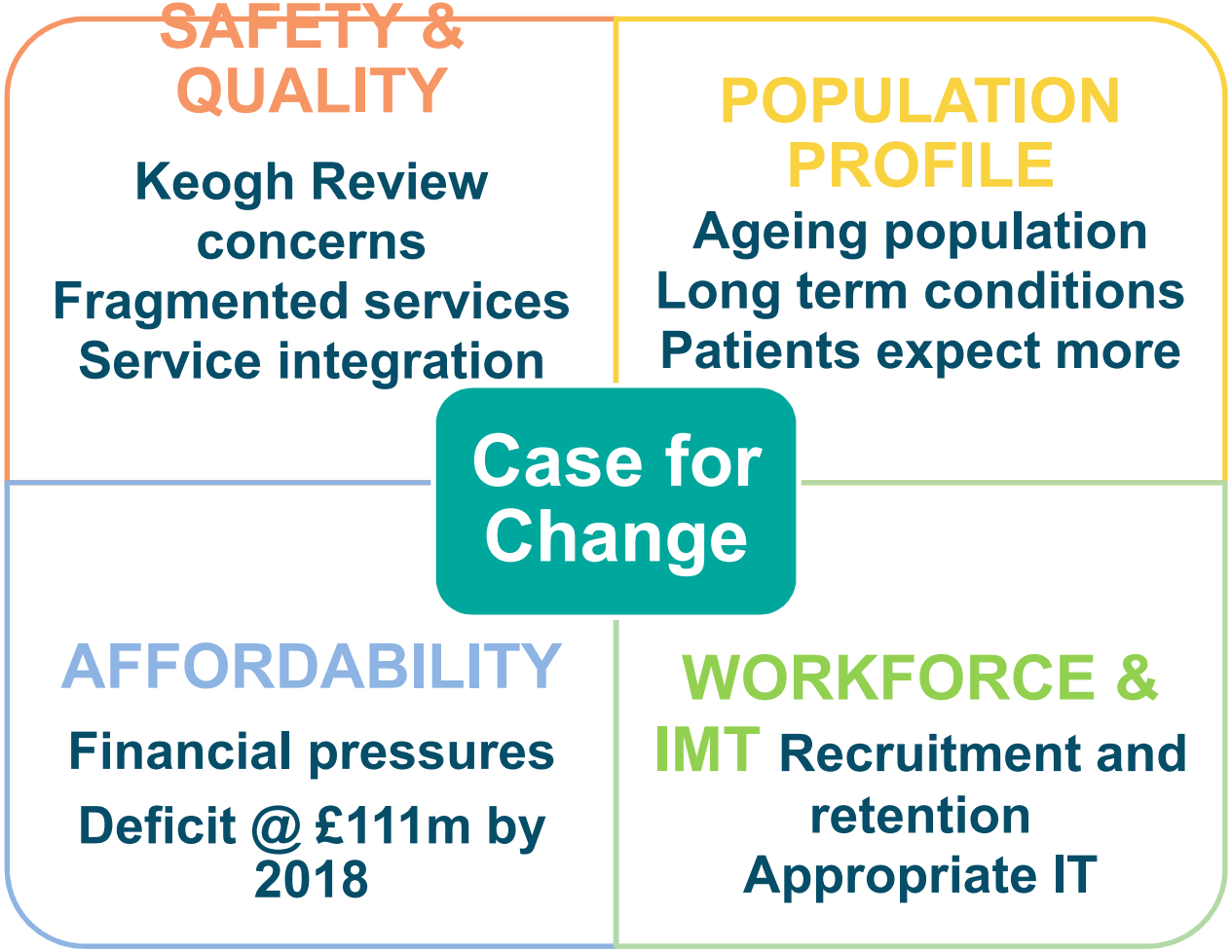
Lincolnshire Health and Care
Shaping services to meet your needs into the future

- NHS Arden and Greater East Midlands Commissioning Support Unit
- Lincolnshire County Council
- United Lincolnshire Hospitals NHS Trust
- NHS Lincolnshire West Clinical Commissioning Group
- Local Medical Committee LMC Lincolnshire "Representing and supporting GPs"
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire Community Health Services NHS Trust
- NHS South Lincolnshire Clinical Commissioning Group
- East Midlands Ambulance Service NHS Trust
- NHS South West Lincolnshire Clinical Commissioning Group
- Lincolnshire Care Association
- healthwatch Lincolnshire
- NHS Lincolnshire East Clinical Commissioning Group

NB: Process observers

The Case for Change

Change needs to occur now to ensure delivery of health and social care meet the expert standards of **safety** and **quality** and that services are **sustainable** and **affordable**



Lincolnshire Health and Care

Shaping services to meet your needs into the future

The story so far … 2013 - 2014

July 2013

LSSR Board set-up

to consider future of health and social care in Lincolnshire around four Care Design Groups

December 2013

BLUEPRINT SIGNED OFF

May - August 2014

Expert Reference Groups

set up to focus on detailed clinical design work >>> Gateway reviews

ACTION: Design clinical blueprint

Sep/Oct 2013

Care Summit

200+ attendees challenge and confirm a final Blueprint with CDG ideas, option outputs and proposals

Feb/March 2014

Phase 2

Lincolnshire Health and Care set-up (LHAC)

Looking at:

- Models of care
- Pre consultation engagement ensuring staff, patients & public are informed

September 2014

Early implementer sites

- Multi-disciplinary teams meet to discuss patients
- Board outlines potential next steps

Lincolnshire Health and Care

Shaping services to meet your needs into the future

Key milestones and timelines 2015

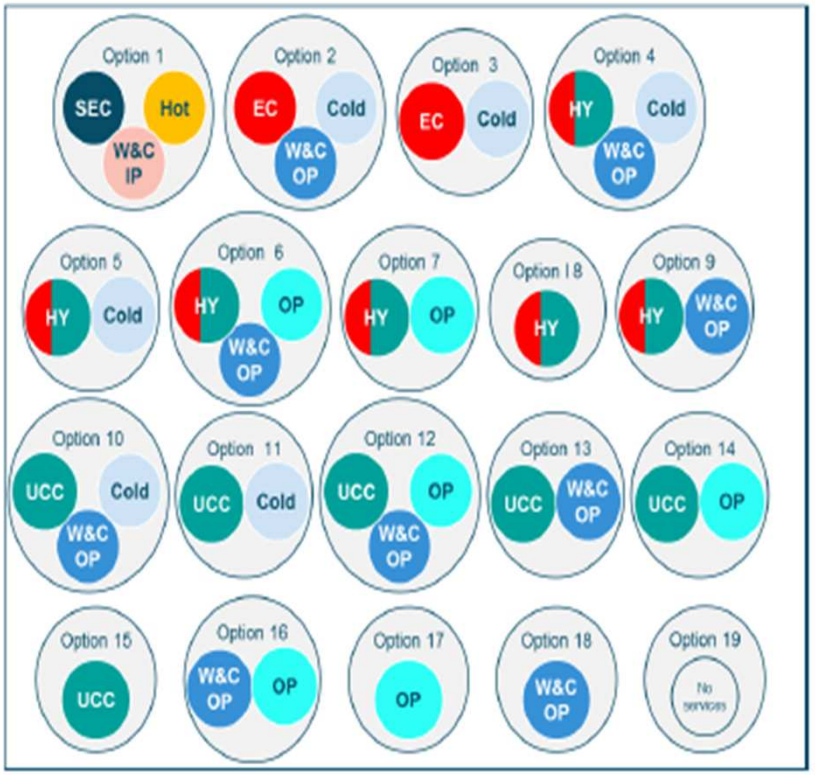
Deliverables for assurance – and consultation	Timeline 2015
Options Appraisals and Commissioner Requested Services completed	June
Completion of service model development for the Strategic Outline Case	July
Development of services that do not need consultation, e.g. NT, CAS	July
Development of final options for consultation	August
Agreement of final Strategic Outline Case (SOC)	9 Sept
Lincolnshire Health Scrutiny Committee	16 September
Stakeholders and Partner Governing Bodies sign offs	Commences September
Overview & Scrutiny & Health & Well Being Board	24th & 29th September
Lincolnshire County Council Executive	6 October
Public consultation starts (min 12 weeks) post NHS Assurance	November

The approach to establish a set of options for consultation

The long list had 19 options

- This is too many to propose for consultation

- In order to develop a process to evaluate each option we have established a two stage evaluation process



Approach

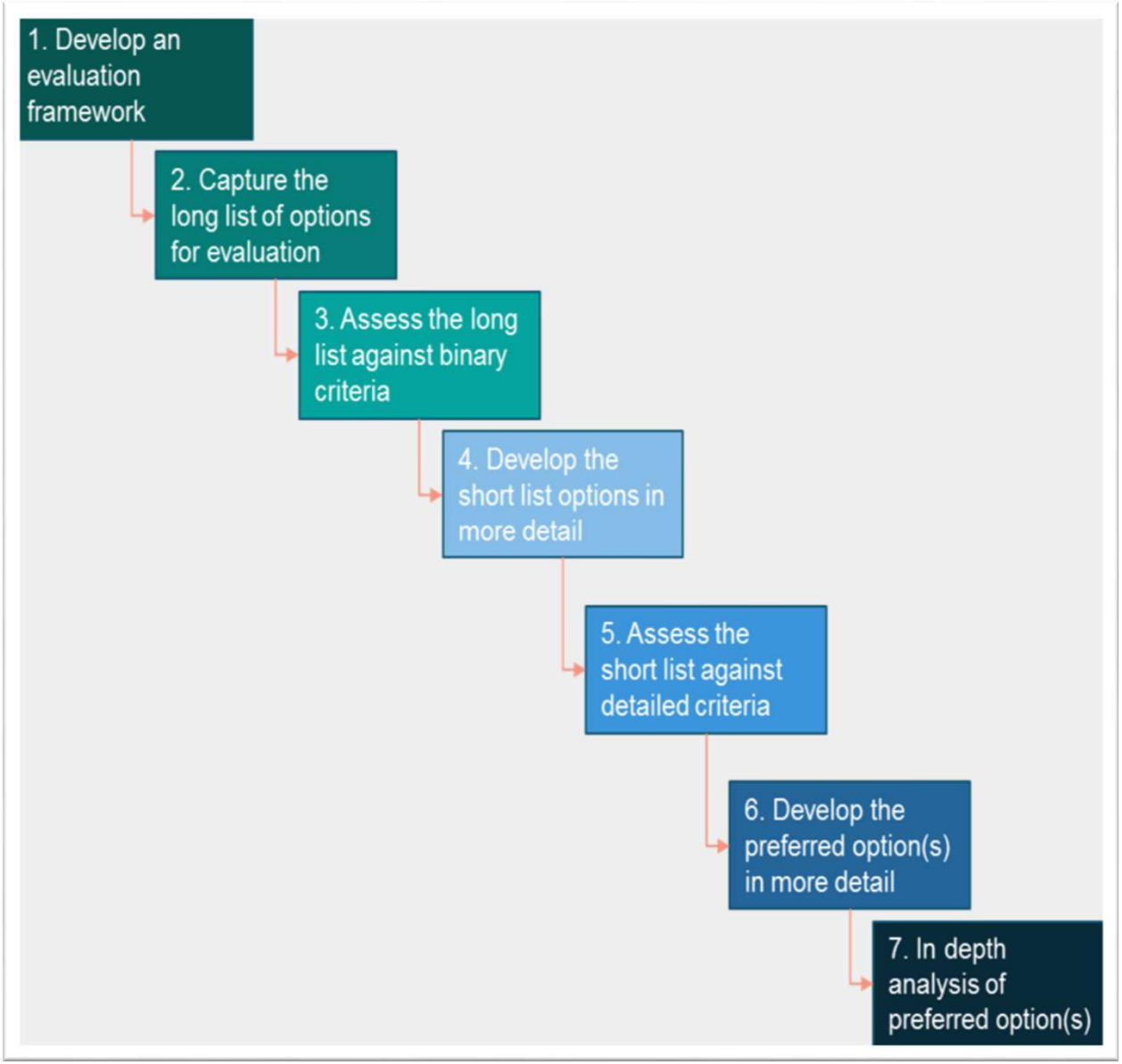
A seven-step process (consistent with guidance from HM Treasury) has been developed and used to appraise service delivery options for Lincolnshire.

The evaluation framework was developed with input from the JCB and consists of two sets of criteria:

- **Binary ('hurdle') criteria**
- **Detailed evaluation criteria**

The binary criteria were applied to the long list of service delivery options to arrive at a medium list.

The following slides offer a summary on this aspect of the evaluation.

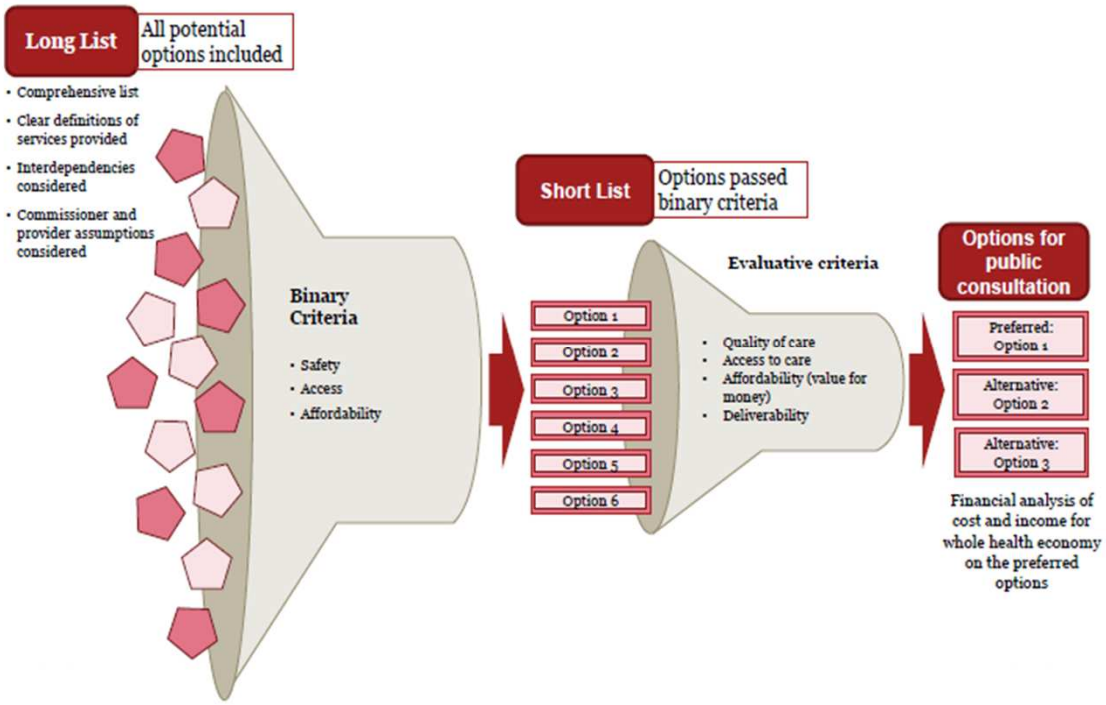


Lincolnshire Health and Care

Shaping services to meet your needs into the future

How we decide on the options – the criteria

- Initial draft criteria is based on LHAC Blueprint vision and similar programmes
- Consultation with LHAC Stakeholders, May 2015
- Long list of proposals measure against a binary criteria, leading to a evaluative criteria for a short list for agreement at JCB, Sep 2015, and governance and assurance
- Outcome is the list of proposals for public consultation, Dec 2015



Binary criteria

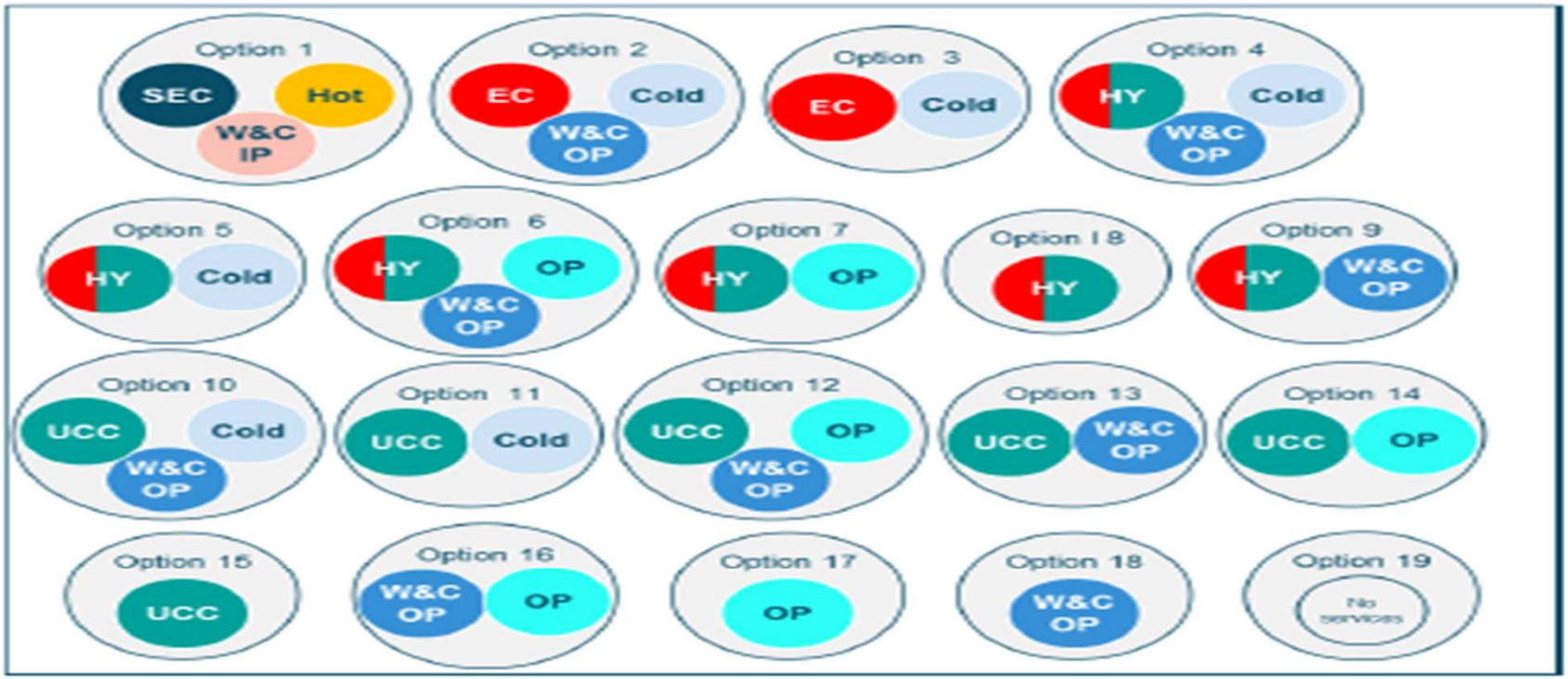
The binary criteria consider three aspects which are also reflected in LHAC principles: Safety, Access and Affordability. The criteria do not consider deliverability, which is considered in the detailed evaluation criteria.

Criterion	Tests	Symbol
Safety *Does the option support safe and sustainable services?*	• Does the option have critical mass to deliver safe services under national guidance? • Does the option meet minimum national safety standards? • Does the option consider clinical interdependencies? • Does the option meet Royal College guidelines and national/international best practice standards?	*X*
Access *Does the option provide appropriate access to essential services for the local population?*	• Does the CRS analysis show appropriate access levels?	*Δ*
Affordability *Does the option reduce costs of providing care relative to maintaining the status quo?*	• Does the option being considered cost no more than the current health provision?	+

Evaluation criteria

Criteria	Proposed tests	Proposed weighting
Quality of care • Clinical quality and outcomes should be maintained and where possible improved. • Patient experience should be maintained and where possible improved. • Care should be integrated and focus on prevention and early intervention.	• Assess attainment and compliance of clinical outcomes against standards referenced in Phase 2 • Assess combined friends and family test for preferred service • Assess options against national guidance on safety requirements such as nurse to patient ratio	30
Access to care • Care should be provided into closer-to-home / better value care settings wherever possible • Ease and availability of care should be taken into consideration • There should be at least as much patient choice as current provision	• Undertake analysis of incremental increase in travel time • Choice criteria built into the CRS analysis • Inequality tests from CRS analysis	20
Affordability (Value for money) • Long-term costs to the system (costs across the system in different domains must be considered) • Better value settings should be provided where possible • Ease of release costs needs to be taken into consideration	• Assess costs of provision • Assess income and expenditure benefit • Assess impact on other organisations	25
Deliverability • Ease of achieving transition towards new model of care • Feasibility of obtaining required transition funding • Ease of achieving workforce requirement (recruitment, retention, upskilling) • Alignment with national and local political agenda	• Assess the level of public and staff support with key stakeholders • Review of the expected estates and recruitment risks • Estimate expected time to deliver and transition costs • Assess long term and financial sustainability • Assess alignment of options to other strategies	25

What are we evaluating Urgent Care, Elective & Woman & Children's



MTC – Major Trauma Centre
SEC – Special Emergency Centre
EC – Emergency Centre
UCC – Urgent Care Centre
W&C OP – women's and children's outpatient
HY – Hybrid (small EC, with primary care urgent care at front door)
Hot – highly acute elective care
Cold – low acuity elective care
OP – outpatient diagnostic centre
W&C IP – women's and children's inpatient

Emerging options

Enablers support these proposals and include:

- IMT
- Estates
- Transport
- Commissioning
- Contracting
- Workforce
- Estates

Proactive Care

- NT x 12 roll-out in 2015
- Possibly commissioned by January 2016

Urgent Care

- Single Point of Contact
- Major Emergency Care Centre
- Urgent Care Centre
- Integration into NT of acute setting activity

Elective Care

- More elective care in community and primary settings
- Redesign pathway for clearer patient journeys

Women & Children

- Consolidation
- Care through NT outreach
- Local consultation
- Day cases/in-patient only at main sites

Lincolnshire Health and Care

Shaping services to meet your needs into the future

Route to consultation

June-July

Tender process underway for consultation partner

July - August

Stage 2 pre-engagement

Intensive public focus groups and information sessions to test workstream options

Formal Consultation with Lincolnshire Public

September

JCB to make recommendations of options for consultation

October

Options to be reviewed at partner boards and go to NHS Assurance gateway

November

Formal consultation

- 12 week engagement
- Reporting by April '16

Questions