





## Contents

An update on our new five year Plan for health and care services in Lincolnshire.....	2
Why do our health and care services need to change?.....	4
Process .....	5
What you've told us so far .....	6
Lincolnshire's vision for health and care.....	8
Improved wellbeing for all .....	10
More care out of hospital in your home and community .....	11
Mental health, learning disabilities and autism .....	13
Improved care for women, babies and young children.....	15
Services in an emergency which are safe and easy to access.....	16
Effective support for planned operations or treatment.....	19
Making sure we make best use of every pound we spend in Lincolnshire .....	20
A 21st Century approach to care.....	22

## An update on our new five year Plan for health and care services in Lincolnshire

### Health and Care Services in Lincolnshire are changing.

Lincolnshire health and care organisations have been working together on a new 5 year Plan – it is called our Sustainability and Transformation Plan (STP). We want to make sure that services are safe and effective. We want every pound we spend on services in the county to make a real difference for Lincolnshire residents.

This document is a summary of our Plan. It sets out how care in Lincolnshire will be provided differently by 2021. It explains what the benefits will be for Lincolnshire residents. It also describes how we will continue talking and listening to residents and staff as we finalise this Plan and take it forward.

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# 1

## Why do our health and care services need to change?

Our health and care staff work really hard to provide excellent care. However, the quality of services in Lincolnshire is not always as good as it could be.



Many people say it can be really hard to get an appointment with their GP, particularly if they want to see a specific doctor. Patients are travelling too far to hospitals for care that could be delivered by their GP, at home or in their community. It also takes too long to get people home from hospital and there can often be delays before people are discharged. For people who have long term conditions like heart disease, diabetes or breathing difficulties, care is often very disjointed, with many different professionals providing care without talking to each other.

We know that **over 2,000 planned operations are cancelled every year**. This can be difficult and upsetting for patients. Over 50% of people needing operations have their operations outside of Lincolnshire. **We also know that we don't meet some of the key NHS standards, such as making sure no one has to wait longer than four hours in A&E**. We don't work efficiently and there is duplication, for example with tests or assessments being repeated.

On top of this,



**we are spending £60 million more each year than we have in funding**

We spend too much money on treating people in hospital rather than providing support in the community to prevent people needing hospital care.



In Lincolnshire we have an ageing population **the number of people aged over 75 set to double in the next 20 years**

We also have lots of people with poor health and many who have several different illnesses at the same time. Lincolnshire's residents are spread thinly over a huge area. This means that it can be difficult to provide a fully staffed service when the numbers of people being seen and treated are low.

We don't have enough doctors and nurses in Lincolnshire across health and care. There's also a national shortage of nurses and doctors in specialities such as emergency medicine, radiology, and paediatrics (children's health). This leaves staff overstretched and we have to rely on temporary staff which can be expensive and not good for patient care.

# 2

## Process



Over the past nine months, Lincolnshire's health and care organisations have been looking at how we can:

- improve the wellbeing of our population
- provide better quality care and
- deliver services within our budget over the next five years.

Our Plan is built on, and includes, the work we've been developing for over 3 years through the Lincolnshire Health and Care programme. We know there are difficult decisions to make about how services are provided. But if we don't change things then our health and care system will buckle under the pressure.

### Who has worked on this Plan?

Our Plan covers health and care services. NHS organisations in Lincolnshire have taken the lead on the Plan, in particular the changes to Healthcare services. Lincolnshire County Council has given advice about how social care can link up with health services. The Council has also helped develop ideas for how support services in the community can best keep people well and healthy and prevent them going into hospital when they don't need to. We have also listened to the feedback from our public and talked to lots of organisations from the voluntary, public and independent sectors which provide vital services in our communities. We've made sure we talk to health organisations over our borders too so that our Plans are coordinated.

This Plan is an opportunity to improve and transform the way our health and care services work. Now we want to hear views from the public, patients and staff about this Plan. This Plan is our final draft but is not set in stone. Many of our proposals are still at an early stage and need to be further discussed, tested and developed. Some changes will need to go through a full public consultation. Plans are now clear enough that we can talk in detail to the public to get their views and input. Over the next 6 months we will be holding a range of events where people can come and hear about the Plan and share thoughts and ideas on how we take it forward. If you are interested in finding out more or getting involved please email [lhac@lincolnshireeastccg.nhs.uk](mailto:lhac@lincolnshireeastccg.nhs.uk) or call 01522 718051

To view the full Plan please go to [www.lincolnshirehealthandcare.org/stp](http://www.lincolnshirehealthandcare.org/stp)

# 3

## What you've told us so far

We've been out talking to the public for the last 3 years to get their views about our services. We've heard from over 18,000 people during this time. The key issues that have been raised are:

- The difficulty in getting a GP appointment and waiting times for referrals for things like tests, operations and assessments
- The need for services to be more joined up – people are frustrated with having to repeat their healthcare stories several times to different professionals. Communication needs to improve between professionals and care for patients with lots of different conditions must be coordinated better.
- Not knowing where to go for support and difficulty in accessing a service, often because of the distance to travel
- Wanting services to be as close to home as possible although it was understood that it is not possible to have all services available close to home, all the time
- The importance of services being safe and good quality for all people in the county

Some parts of our Plan are already starting to deliver the changes that patients and staff have said they want to see.



The graphic below sets out how some of the feedback from public and stakeholder engagement has directly influenced our Plan:

Page 7

- You Said** Services are confusing – it’s not always easy to know where to go when you have a crisis
- You Said** Why can’t it be more joined up for those receiving care from a number of different places
- You Said** I don’t want to repeat myself all the time
- You Said** I want to be at the centre of my care
- You Said** I don’t know where to go for support in the community
- You Said** I want services as close to home as possible with improved access
- You Said** For mental health, I want to be treated at home or in my local community
- You Said** I want to have confidence that I will receive high quality, safe services
- You Said** I want to be engaged and involved in decisions about changing health and care services

- We Did** Developed the Clinical Assessment Service to deliver one route via 111 for those with urgent care needs who will be directed immediately to the most appropriate place for their needs
- We Did** Developed the Care Portal as our technology solution allowing instant access to a patient’s records  
Designed integrated neighbourhood care teams to ensure a joined up service
- We Did** Developed the Care Portal to ensure better communication between health and care professionals to deliver better care to the patient
- We Did** Finalised the Self-Care Strategy with a number of initiatives to empower people to take more control over their own health and wellbeing
- We Did** Community Directory of Service up and running, provided by Lincs2Advice – online/telephone access to a wide range of local services with information on opening times, eligibility, access etc
- We Did** Developed Integrated Neighbourhood Care Teams; proposals for moving care from an acute to community setting; improvement plans to deliver GP FYFV to include 7 day access;
- We Did** Proposals in development for a community model of care in mental health and more acute mental health beds in county for those who need inpatient care
- We Did** Proposals in development around a number of options to improve clinical services through hospital reconfiguration
- We Did** Engagement with over 18,000 people; engagement plan developed for further engagement and involvement in the future; website fully operational with information about LHAC and the STP

# 4

## Lincolnshire's vision for health and care



**Our vision is to achieve really good health for the people of Lincolnshire by 2021 with support from an excellent and accessible health and care service with the money we have available.**

To make this happen we will:

Spend more money on keeping people well and healthy, providing tools and support for people and communities to make healthy choices and take more control over their care; this will improve their quality of life and reduce the number of people dying from diseases that could be prevented

Support people to take more responsibility for their care and increase the number of people who use personal health budgets for their health and care

Reduce the number of people needing to be admitted to hospital and instead provide care in the community through joined up neighbourhood care teams; join up physical and mental health, and health and social care; care will be genuinely closer to home and if people do need to be in hospital, we will get them home quickly

Have a network of small community hospital facilities and urgent care centres to work with neighbourhood teams; these will provide support for tests and x-rays, outpatient appointments with doctors and other health professionals and a limited number of beds

Have a small number of specialised mental health inpatient facilities to provide support to neighbourhood care teams and community hospitals

Have a smaller acute hospital sector providing emergency and planned care with specialist services for things like heart attacks, strokes, maternity and children's services; have better links between expert hospital doctors and professionals in the community

Have a consistent approach for which patients can be referred for treatment to hospital, based on evidence of what has the best results for patients; improve the care experience for people with particular diseases such as diabetes or cancer, making sure care is joined up and waiting times are reduced;

Improve the effectiveness and safety of services so patients have a better experience and we meet all national standards for care



## How will this be different for patients?



They know who their GP is but are likely to have initial consultations with a range of primary care and community based health and care staff. This will often be by phone or using new telemedicine technology (this allows patients to receive care from doctors or specialists far away without the patient having to travel to visit them). They find they don't need to explain their health and care issues in detail more than once.



Residents take more responsibility for their own health, both in managing long term conditions such as high blood pressure and in making healthy lifestyle choices to keep fit and well.



They can access their records via the Care Portal to assist them with caring for themselves if they have long-term conditions like high blood pressure or breathing difficulties.



For ongoing health and care issues, their main contact may well be their GP. They can expect that most diagnostic tests and specialist consultations are done locally. If they need specialist emergency or planned care, they may need to travel to an acute hospital but can return to their own community very quickly.



They find that all those caring for them are well trained and motivated, working effectively with their colleagues, and that their care is delivered in comfortable surroundings. They can access the right service first time and consistently receive good quality, safe care wherever they live in the county.

# 5

Improved wellbeing for all

Page 10  
By 2021 individuals, carers, families and communities will be able to take control of their own care. They will have access to the information, knowledge, skills and resources needed to prevent ill-health and improve and maintain health and wellbeing.



We know that as many as 300 deaths could be prevented in Lincolnshire by 2021 if we provide support so that people can make healthier lifestyle choices.

We will spend more money on keeping people well and healthy for longer. We know that as many as 300 deaths could be prevented in Lincolnshire by 2021 if we provide support so that people can make healthier lifestyle choices. Our focus will be on helping people who are overweight and who are smokers.

We will also work with our staff to make sure that every time they come into contact with a patient or service user they can provide information and support about healthy lifestyle choices.

- We are already part of the National Diabetes Programme which provides 9 month intensive lifestyle support to those at risk

of diabetes – over 500 people were referred in the first four months of the programme which started in July 2016. This programme is vital as we have a very high level of diabetes in the county.

- We now have a community directory of services in place to link residents to a wider network of activities to improve wellbeing and reduce isolation and inactivity.
- We are also looking at how we can work with the public to make sure that people use services appropriately – for instance pharmacies can offer to review medication or provide advice which might mean someone doesn't need to see a doctor.



# 6

## More care out of hospital in your home and community

**By 2021, people will be supported close to their homes and only need to go to hospital for specialist treatment or emergencies. Social care and health services will be fully joined up. There will be much better relationships with local charities and independent organisations which provide such crucial care and support services to many people in our communities.**

We will provide care closer to home so that fewer people have to be admitted to hospital. We know that hospitals are not always the best place for people to be, particularly older people who can lose their independence and their mobility very quickly if they are in a hospital bed.

We will bring together doctors, nurses, mental health practitioners, social care professionals, therapists and other community based professionals to work as one team in a neighbourhood, linking in with wider services and support.

Our Plan includes proposals for 7 day a week access to GP services. Our GP surgeries will work together in larger groups to provide access to a range of services. These will be delivered by a wider workforce including pharmacists, physiotherapists, doctors and nurses. This will mean that patients will be

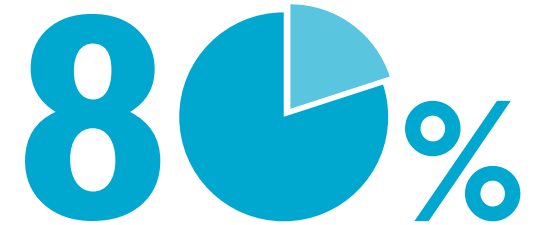
able to get an appointment more easily and more services currently provided in a hospital setting will be available locally. This would include things like getting antibiotics through a drip or follow up appointments following sprains or breaks. Although GPs are currently over stretched, we are making good progress in recruiting new GPs to the county.

We are working with groups and organisations in Lincolnshire's communities to get people out of hospital as soon as possible.

NHS bodies and local councils will continue to work closely together to meet the demand for care home places and home support in a timely manner. More funding will also be provided for transitional care services. These services ensure support for people who have been in hospital or need some limited observation

because they are frail or have just had an operation.

Staff in nursing and residential care homes will be treated as vital members of the wider integrated team, having immediate access to shared care plans. They will have a more proactive role in the care of their residents.



Over 80% of people with complex needs already have an identified case manager to help them to move back home after a hospital stay.



### Vera's story

Vera is an 89 year old widow with a small family. She is very independent and copes well on her own, despite falling and breaking her leg a few years ago. Vera's daughter-in-law helps with daily tasks but lives 25 miles away. Vera has a cleaner and a 'Piper' alarm she can press to summon help if she needs it. She has some long term health problems including arthritis, anaemia and kidney problems and sees her GP and a hospital doctor regularly for her care. Over the last 6 months she has been struggling to get about and needs help going to the bathroom. Vera wants to stay at home in her council house in the small village where she lives, despite her health getting worse.

In July, she had a fall and was not found for 12 hours. She was taken to hospital where she was found to have a urinary tract infection and an infection in her leg. She stayed in hospital 2 weeks and then had a week in a community hospital to prepare for going home. She was

discharged home with some support but her family were not involved in this decision and were concerned. A week later she fell again and had another 2 weeks in hospital. She lost weight and struggled with getting out of bed. She had a further 2 and a half weeks in a community hospital, put on weight and was sent home with carers coming in to help her. 10 days later she fell again and the ambulance came out but they did not take her to hospital as she wanted to stay at home. She was taken to hospital the next day because she was in pain and they found she had a broken hip and had a mild heart attack. She had a hip operation and is still in hospital.

Throughout this time the complications of the system and Vera's wish to return home has led to decisions being taken without a plan involving her family. Organisations supporting Vera have not been joined up. The GP is not involved. Over the last 10 weeks, Vera has lost her independence and now needs significant care for the time she has left.

### In the future Vera will:

- Be well known to the team in her GP surgery who will have been regularly supporting her for the last 5 years to manage her long term health conditions
- Have a care plan that is agreed with Vera and her family and sets out what help she needs to stay safely at home, before she actually needs it
- Have wider support from a joined up Neighbourhood Care Team with professionals who work together to support Vera and help her link up with wider community services to keep her active
- Be pulled from hospital much earlier after her first hospital visit and be taken home to manage her urinary infection in the community, so she would not lose her independence

# 7

## Mental health, learning disabilities and autism

**By 2021, people will get the right support in the right setting provided by mental health services which are fully joined up with physical health and with care services.**

Much work has already been done to improve mental health services and transform care for people with learning disabilities. We have a new community model of services for people with learning disabilities which meets the new national standards. For most people with learning disabilities this means support at home or in their community rather than having to be in an inpatient bed. We have improved support for people with autism and introduced a new service which provides more support for those with mental health needs who are in hospital.

We will improve community mental health services to make sure they are joined up with neighbourhood care teams and wider community services. We will improve our new crisis support service in the community so that we can respond rapidly to people in crisis and, where possible, avoid them being admitted as an inpatient.



We will have more psychiatric intensive care beds in Lincolnshire for those people who need to be in an inpatient facility – at the moment 305 people are placed in beds outside of Lincolnshire for their care.

We will improve the mental health support provided for people with conditions like cancer. We will look at improving the quality of services for our Older Adults and develop plans for a new community based service. This will mean fewer older adults need to be in an inpatient bed. As part of the development of our new learning disability community service, we will be consulting with the public on the closure of Long Leys Court which is our Learning Disability Unit. Long Leys Court has been temporarily closed since June 2015.



### Paul's story

Paul is in his mid-20s, works in IT and lives with friends in Lincoln. He starts to feel unwell with back pain and general illness and he struggles to cope at work. He visits his GP a few times and is sent for physiotherapy. He continues to be in pain and regularly calls out the ambulance. He can't manage to keep working and falls out with his flatmates – he moves back home with his parents. He can't find a new job and has a breakdown. His GP thinks he might have epilepsy and he is referred to a mental health team but they send him back to his GP. He is passed back and forth between the GP and the mental health team 4 or 5 times and he also regularly takes himself to A&E but they send him back to his GP.

He eventually has a crisis and is put on medication but he doesn't take this properly and his behaviour becomes really challenging. He is not

assessed again by the mental health team but goes on a waiting list for an occupational therapist. His family eventually call the police as he is behaving in a way that puts them at risk of harm. The police take him to A&E but there is no mental health support and he is sent home. His family call the mental health crisis team and after 36 hours they come and do an assessment. They suggest a rehab unit but leave without any plans in place for when he can go. He collapses in a fit and his family call the crisis team again. They finally agree that he needs to go into an acute mental health bed and he agrees. However, they can't find one available. Eventually he is sent to a unit 60 miles from home. He spends 6 weeks there and then is moved to a local rehab unit where he is still an inpatient. He has seen an occupational therapist but is waiting for more psychological assessments.

### In future Paul will:

- Have a joined up service from physical and mental health professionals in the community with a single assessment and general support to help him stay in his job
- Be able to get specialist help more quickly
- Get support which means he will not reach a crisis point
- Have access to a crisis team 24 hours a day if he needs it
- Have support if he attends A&E from mental health specialists
- Be able to access inpatient beds in Lincolnshire if he needs to be admitted to a hospital bed



Improved care for women, babies and young children

**By 2021, women will have choice about their pregnancy and births and mothers, babies and young children will be well supported with an excellent standard of care. Services will be safe, high quality and sustainable.**

Our maternity services for Lincolnshire will be safe, personalised, kind, professional and family friendly. We will ensure that every woman has access to clear information so that she can take decisions about her care and has the confidence that support will be tailored to her and her baby's needs.

We want to provide more choice to women about the place and type of birth they want. We are looking at offering women a range of options for their births including a consultant-led service, mid-wife led services and home births. At the moment we do not offer midwife led services.

The way services are provided for mothers, babies and children in the county needs to change.



We have 5,500 births a year across our two hospital sites (Lincoln and Boston).

This low number of births makes it difficult to make sure that the staff have the right clinical experience and it is

hard to recruit enough staff to work on two sites. For specialist children's care (paediatrics) this is even more difficult because there is a national shortage of doctors and nurses.

**Currently all babies born under 29 weeks go out of county (either before birth or after birth) because the premature baby service is not able to provide suitable numbers of trained doctors and nurses to meet the national standards.** We regularly do not have enough children's doctors on our sites to meet the national safety recommendations for staffing. Even if we had more money, it is likely that we would not be able to recruit enough staff to keep services as they are.

We need to ensure services are safe. We will be putting forward proposals next year which are likely to include options to centralise some elements of maternity and children's services, as well as an option to keep consultant led births on two hospital sites. In particular, it is likely that emergency children's surgery will need to move to a single hospital site. However, we have not finally agreed our options and need to test them with clinical experts to ensure that they are safe before we consult formally with the public. We look forward to talking to women and their families about these options.



Services in an emergency which are safe and easy to access

Page 16

**By 2021, people will be able to access services for urgent care quickly and easily. When they need emergency care, they will experience excellent care from highly qualified staff. Care will meet all national standards for quality and safety.**

When there is an emergency, we need to ensure we have skilled staff who can provide high quality care. For urgent care, we know that the public often find it hard to know where to go for help. We are already taking steps to change this. We will make sure that people’s needs are met in the right way, at the first contact, without having to travel far unless it’s really necessary.



Our new Clinical Assessment Service takes calls from NHS 111, low priority 999 calls and calls direct from GPs and Care Homes. The service has a team of clinical staff who can see a patient’s records and make a decision about the most appropriate place for their care.

40% of people who go to A&E in Lincolnshire leave without the need for any treatment. This shows us that A&Es are not always being used for emergencies. Our plans are to provide a network of Urgent Care Centres which will be able to see and treat the majority of urgent care patients. This will reduce the pressure on A&E and should lead to fewer people being admitted to hospital.

*We will consult with the public next year on options for emergency and urgent care provision in the county.*

This will include proposals for Grantham hospital. Currently, Grantham hospital does not meet the Level 2 Critical Care standards and does not take a large amount of

emergencies such as stroke, major heart attack, head injury or trauma.

The A&E is also currently temporarily closed between 6.30pm and 9am, with an out of hours service operating from the hospital. We are still developing plans for Grantham, listening to views from the local Grantham community and from our clinical staff and looking at national standards and guidance. Any changes will have an impact on our other hospital sites, and on Peterborough hospital, so it is important that we make the right decision.

In Lincolnshire, the population is spread over a large area and we have a shortage of skilled staff. We know it is vital to bring together our key specialist services onto fewer sites if we are to have sufficiently skilled staff seeing a high number of complex cases.





Our Heart Centre in Lincoln is an example of where we have brought care onto a single site. The Centre now has some of the best results in the country with better survival rates for those people who have a heart attack or cardiac arrest.

We do not have a good record of providing this and too many of our stroke patients do not receive this care.

It is likely we will consult the public on proposals for how we maintain stroke services on two sites but with a dedicated hyper-acute stroke facility. We may also want to move our emergency vascular surgery site to make sure it is located in Lincoln, close to our Heart Centre.

We know that the public have concerns about services moving further away from where they live. However, a poor service that is very close to home is not an alternative to a high quality service that is a bit further away but is accessible.



We are considering whether we may need to bring our hyper-acute stroke services onto a single site in order to improve the recovery and survival rates for people who suffer with a stroke.



Evidence shows that having the first 72 hours after a stroke in a hyper-acute unit can massively improve your chance of recovery.



### Bob's story:

Bob is in a nursing home as he is frail and vulnerable; he has had a stroke so can't move the left side of his body and can't speak very clearly. His wife visits him every day and takes him home for a few hours a day so they can spend time together.

Bob arrives by hospital transport for an outpatient's appointment; he is cold and poorly dressed on a very cold day. His wife meets him at the hospital and is concerned he is very quiet. He warms up and seems better but the hospital doctor is worried about him going back to the nursing home in hospital transport. His wife offers to take him back in her adapted car. The doctor calls the Nursing Home to say Bob seems unwell and asks that his wife gets help getting him in from the car. The Nursing Home are defensive about Bob's health and

condition and do not agree to help his wife. To add to his wife's stress, her car has a parking ticket. She had parked in the disabled bay with her blue badge but hadn't realised she needed to pay.

The next day Bob is back in A&E as he has a problem with his catheter (that helps him go to the loo). He is eventually taken to Boston because there is no one to deal with it in Lincoln after midday. He spends 5 hours in Boston A&E but becomes too ill to have his problem seen to. He is admitted into a bed and his wife spends 4 days and nights with him sleeping on the floor beside his bed. His previous Nursing Home won't take him back because he has different care needs and he dies 24 hours after leaving hospital in a different Nursing Home.

### In future Bob will:

- Be able to have support in his Nursing Home for simple issues like changing his catheter
- Have doctors give advice on the care he needs via the new Clinical Assessment Service which means a senior doctor can speak to his care home directly
- Have a care plan put together by Bob, his wife, his GP and the team in his Nursing Home which means he avoids going into hospital
- Be shown compassion and support, both for him and his wife
- Be supported to die in the place of his choice

# 10

Effective support for planned operations or treatment

By 2021, people will have a good experience when they go for treatment or an operation and will be well supported to access care which makes a positive difference to their lives.

We understand that many patients might choose to have their care delivered out of county because it is more convenient, but we think that more people would choose to have planned treatment in Lincolnshire **if the experience and quality of the service was improved. We want to make sure that when people need planned operations or treatment, they are well supported and their care is delivered in a joined up way.** We will reduce the number of cancelled appointments and operations by making sure that beds for planned operations are protected and not used for emergency care. We will also make sure that things work more efficiently and people's experience is improved.

We have to make sure we refer people for operations when they are most ready to benefit and only when they really need an operation. This might mean that someone would need to have physiotherapy first, or try exercise or medication, before we would agree to do an operation.

We know that many aspects of planned care which are carried out in hospitals could be done by a GP or in a community based service closer to home. We are already looking at some conditions such as diabetes to see if we can make changes to deliver support closer to home. We

will make sure people don't have to wait so long for tests, assessments and treatment. Our new Care Portal will mean that tests are not duplicated as we will be able to see patients' full medical records more easily. It can be dangerous for your health to have unnecessary tests.



We carry out too many operations that do not improve people's lives and in some cases cause greater problems so doing the right thing at the right time is a key part of our plan.

**We are looking at which planned care services should be delivered on which of our hospital sites.** We currently provide some services from more than one site. This makes it hard to attract staff, keep up professional skills and make sure that we have enough staff working to cover all the appointments. As with the changes to the Lincolnshire Heart Centre, we think there would be benefits in bringing together some services onto a single site to make it a Centre of Excellence.

# 11

Making sure we make best use of every pound we spend in Lincolnshire

By 2021, we will spend our allocated budget on services that deliver good value and support good health and care for the people of Lincolnshire.

We currently receive funding of £1.2 billion pounds to spend on health services in Lincolnshire. At the moment, we spend more money each year than we have actually got



*this year alone we will have spent over £60 million more than we have.*

Increasing demands on our health and care services and increases to the cost of healthcare mean that, **if we do nothing, we will have a £182 million shortfall by 2021.**

Our Plan sets out how we will bring our finances back into balance by 2021.

The table right shows where we have identified savings that can be made. In addition to these savings we have assumed that we will receive £52m of national funding in 2020/21.

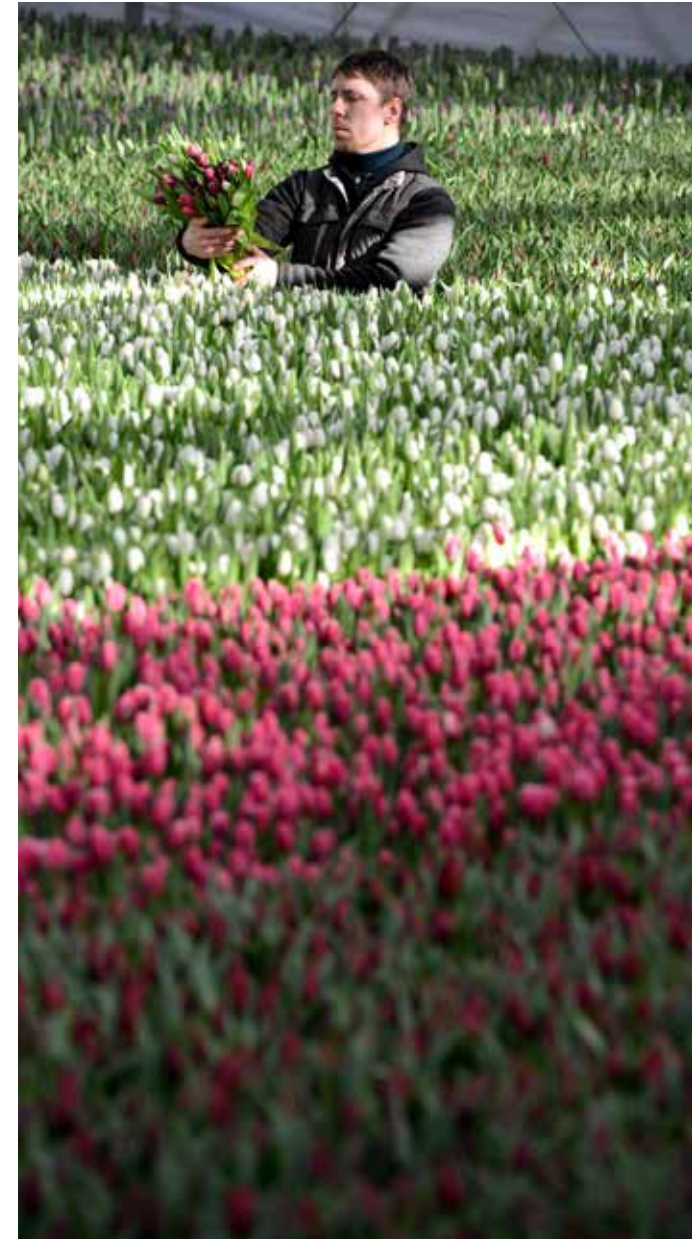
Theme	Objective	Savings
Changing the way services are delivered	<ul style="list-style-type: none"> <li>• Making sure our services deliver national standards</li> <li>• Improving safety and quality</li> <li>• Having the right skills in our workforce and enough staff</li> <li>• Preventing people going to hospital</li> <li>• Having a joined up service where staff work together more effectively</li> <li>• Bringing together some services onto fewer sites</li> </ul>	£30m
Making the most of our resources	<ul style="list-style-type: none"> <li>• Reducing duplication (like doing x-rays or assessments twice)</li> <li>• Making better use of physical space (like our community hospitals)</li> <li>• Increasing local capacity so that more patients have a choice of services in Lincolnshire</li> </ul>	£14m
Operational efficiency	<ul style="list-style-type: none"> <li>• Spending less on senior managers</li> <li>• Spending less on agency staff and temporary staff</li> <li>• Using technology like the Care Portal to save time and effort and improve patient care</li> <li>• Being smarter in the way we buy goods and services</li> <li>• Reducing costly duplication between different organisations</li> </ul>	£62m
Changing the roles and skills in our workforce	<ul style="list-style-type: none"> <li>• Having the right workforce to deliver the care we need</li> <li>• Helping our workforce work more productively</li> <li>• New roles and career pathways</li> <li>• Managing the increase in pay</li> <li>• Creating an engaged and innovative workforce</li> </ul>	£18m
Decisions about how we spend our money	<ul style="list-style-type: none"> <li>• Spending money on things that deliver better value and outcomes for the people of Lincolnshire</li> <li>• Making sure we do what works and reflects best evidence</li> </ul>	£6m
Total Savings		£130m
Additional Transitional Funding	Lincolnshire is due to receive £52m national funding	£52m
Final Total		£182m

We need to ensure that all of the £1.4 billion we will be spending by 2021 delivers services that make a positive difference to the health and care of our population. This will only be possible if we change the way we provide services as set out above.

This Plan needs to balance the books, as well as improving the quality of care and the health and wellbeing of our population. Not all of our initiatives will save money – some may even cost more. Many of the reasons that we might want to change the way we provide services, such as having a single site for hyper-acute stroke care, are focused on providing better quality care and saving lives, not saving money. We believe that our Plan can be delivered if we start working together as one health and care system not as lots of different organisations and we've already made a positive start in doing so.

The table below illustrates where we currently spend our money and where we will be spending our money in 2021. The overall amount we spend will be increasing but we will prioritise investment into primary care and community services.

	2016/17	2020/21	Movement
Primary Care (ie GPs and other services) excluding Prescribing	120.1m	145.6m	+25.6m
Prescribing	147.2m	166.9m	+19.7m
Community Services including care packages for complex needs (CHC)	169.2m	200.8m	+31.6m
Mental Health Services	95.5m	110.0m	+14.5m
General Hospital Services	528.2m	543.8m	+15.5m
Specialist Services (Hospital and Other)	169.0m	198.4m	+29.4m
Other Expenditure	20.5m	29.9m	+9.4m
Administration	16.4m	12.1m	-4.3m
	<b>1266.0m</b>	<b>1407.5m</b>	<b>141.5m</b>



# 12

A 21st Century approach to care

Page 22  
By 2021, we will have the right workforce, buildings, transport and IT infrastructure to support a high quality health and care service.

The table above shows that many of the savings will come from changing the way health and care organisations work. This is a really important part of our plan.

Many of the projects and plans we have in place to work more effectively together and spend money more efficiently are in line with advice and recommendations from Government, for example:

- Reducing how much money we spend on management in the health system
- Having a single team for things like information and technology (IT) and human resources (HR) rather than lots of teams across the different Lincolnshire health organisations
- Reducing the money we spend on prescribing medication in line with evidence and best practice and avoiding waste

**Our workforce:** We have detailed plans in place to make sure we have the right skills in our workforce. Many of these plans include looking at new roles which don't exist at the moment and thinking about how different professionals can develop skills to provide care in a different way. A good example of this is Advanced Nurse Practitioners who can do a lot of the work that a GP currently does, or Pharmacy technicians who could also support patients with their medication. Our Plans provide greater opportunity for our current workforce to develop their careers in Lincolnshire.

For those people who want to work in health and care in Lincolnshire this is an exciting time. We will need all the skills and expertise that we currently have, but our Plan shows that if we change how we work, by 2021 we will probably have a slightly smaller workforce. This doesn't mean we'll be making anyone redundant as we have an older workforce that is likely to shrink as people retire.





### Making better use of our

**buildings:** We have looked in detail at all the buildings we have and how they are used. Our Plan includes:

- Making better use of our space, including getting rid of buildings or estate that is not used
- Looking at upgrading properties which are in a poor state of repair and, if this is not possible, moving the location of some services to a more fit for purpose building
- Looking at building some new facilities, for instance an Urgent Care Centre at the front of Lincoln and Boston hospitals. This is dependent on us being able to get capital funding and we are looking into this now

Where services will be moving location in order to make better use of space or move to a more appropriate site we will fully engage with the public and look at how easy it is to get to any new location for the people using the service.



### Supporting people to access

**services:** We know that it is often difficult for people to travel to access services in our very rural county. Over 55,000 households

in Lincolnshire do not own a car or a van. Many people who are disabled struggle to use our public transport system which is spread thinly across the county and often runs infrequently. We are committed to making it easier for people to access our services, particularly where we may be changing the location of where services are provided. We are looking at possible transport solutions and how technology can help to reduce the need for staff and patients to travel.



### Using technology to deliver

**better care:** We have a really detailed plan for how we will use new technology to improve the way health and care services are delivered. Here are some of the projects that are already underway:

- The Care Portal: a technology solution which enables a professional involved in your care to

pull up information from all your care records, with your permission, to see a complete picture of your care. It means patients won't have to repeat themselves and doctors can see test results, past treatment, medication and care plans before they make a decision about your care. This is a really exciting development and will save time and improve a patient's experience. It could also save lives in an emergency situation. Next year, we are hoping to give the public access to their own records too via the Portal.

- Telehealth – there are lots of different devices and equipment which we can use which will allow people to manage their own condition better.
- Skype – we have talked to the public about whether they would be happy to speak to a doctor, nurse or other professional on the phone or over the internet using things like Skype, if it meant they could get advice or support more quickly. Some people do not like this idea but many people would be happy with this approach.

**Summary and next steps:** We believe that Lincolnshire is a fantastic place to live and that we can work together to transform the way people manage their own health and care, and access services to support them. By 2021, the balance between hospital and out of hospital care will have moved significantly. Care in the community rather than admissions to hospital will be the norm for most people apart from those who really need specialist or emergency hospital care. This will feel very different for people who use our services and for our staff and we will need people to behave in a different way.

Page 24

We do not underestimate the challenges of delivering this plan. We appreciate that there are some hard choices to make if we want high quality care that is as accessible as possible in our rural county but can still be delivered by our workforce with the money we have.

We won't be changing everything all in one go. There are some things that we can do immediately like the work on our Neighbourhood Care Teams. This is already being developed by staff, care workers, professionals and local organisations who are working on the ground to find new, better ways of joining up care.

We'll be updating you regularly on our progress and you can check the website [www.lincolnshirehealthandcare.org](http://www.lincolnshirehealthandcare.org) for more information.

There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change. We expect a full public consultation in 2017 on proposals covering urgent and emergency care and maternity and children's care in particular but more work is needed to finalise our options before we formally consult the public. We are committed to being as inclusive and open as possible. We will listen to all

contributions and use these contributions to influence the decisions we make.

This Plan is likely to change and develop over time. We look forward to your input and involvement to give us the best chance of making this transformation of health and care in Lincolnshire a success.

For more information or to get involved email us at [lhac@lincolnshireeastccg.nhs.uk](mailto:lhac@lincolnshireeastccg.nhs.uk)

