

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>20 June 2017</b>
Subject:	<b>Lincolnshire Sustainability &amp; Transformation Plan (STP) Priorities and Update</b>

### **Summary:**

This paper details the STP priorities for 2017/18 and provides an update on progress against the wider STP including arrangements for public consultation.

Mrs Sarah Furley will deliver a short presentation at the meeting which will provide further detail to the Board.

### **Actions Required:**

The Health and Wellbeing Board are asked to:-

- note the STP priorities
- note the progress to date
- identify further opportunities to support delivery of the STP priorities.

### **1. Background**

The Lincolnshire Sustainability and Transformation Plan (STP) sets out an ambitious programme of work to be completed by April 2021. The plan is aimed at working with a wide range of stakeholders and partners to redefine how care and support is delivered across Lincolnshire to ensure sustainable, accessible services are available for people in the future. The overarching vision for the STP is:

***To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation.***

## 1.1 National Context

Nationally STPs began life as pragmatic vehicles for enabling health and care organisations within an area to chart their own way to keeping people healthier for longer, improving care, reducing health inequalities and managing their money, working jointly on behalf of the people they serve. STPs are a means to an end, a mechanism for delivering the *NHS Five Year Forward View*, available at <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

However STPs are evolving and the *Next Steps On the NHS Five Year Forward View* published in March 2017 starts to develop that thinking, available at <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

This document concentrates on what will be achieved over the next two years and focuses on improving urgent and emergency care, cancer performance, mental health services and access to primary care. In addition how to help frail and older people stay healthy and independent, avoiding hospital stays where possible.

Nationally STPs are now considered to have moved from a set of proposals (published December 2016) to more concrete plans (Two Year Operational Plans submitted in December 2016) and now the ambition is to accelerate these plans to go further and more fully integrate their services and funding through partnerships of care providers and commissioners in an area (Sustainability and Transformation Partnerships - STPs).

## 1.2 Lincolnshire STP

### 1.2.1 Planning / Programme Management

The operational plans submitted in December 2016 do not contain any changes which require public consultation. In the last five months, these plans have been further developed and implementation across a number of programmes has either accelerated or started.

Deliverability of the plans is challenging in some areas and the change management capacity has been mobilised by all NHS organisations who have identified staff to support delivery. Change is at an unprecedented scale for Lincolnshire and with the right kind of support probability of success will be significantly improved.

Further detailed plans have to be submitted to NHS England at the end of June 2017.

### 1.2.2 Five key priorities for 2017/18

In April 2017, financial forecasting for 2017/18 suggested the financial deficit was greater than anticipated. This figure is currently being refreshed and will be available when the Board meet. To mitigate this risk, the System Executive Team (chief officers from NHS organisations, Local Medical Council and LCC) have identified 5 key priorities that provide the greatest opportunity to improve this financial position as a health system.

These areas are already within the Lincolnshire STP and link to organisational cost improvement and quality plans. The aim is to focus our collective resources and expertise to increase our ability to deliver improvements to patients as well as financial balance. These priorities also reflect those within the *Next Steps On the NHS Five Year Forward View* published in March 2017.

Each priority has a Chief Executive or Accountable Officer identified as the Senior Responsible Officer (SRO).

	5 key prioritises	SRO
1	Integrated Care including <ul style="list-style-type: none"> <li>• Neighbourhood Teams               <ul style="list-style-type: none"> <li>❖ Plus supporting the resilience of primary care, i.e. GPFV</li> <li>❖ Expansion of Transitional Care</li> </ul> </li> <li>• Urgent care that will include 3 specific projects;               <ul style="list-style-type: none"> <li>❖ Integration of services at the A&amp;E front door</li> <li>❖ Expansion of CAS</li> <li>❖ Redesigned processes in Emergency Departments</li> </ul> </li> </ul>	Andrew Morgan Chief Executive, LCHS  Jan Sobieraj Chief Executive, ULHT
2	Operational Efficiency Solution – predominantly Carter initiatives focused on reducing variation	Andrew Morgan Chief Executive, LCHS
3	Prescribing across the system and for all care groups	Dr Sunil Hindocha Chief Officer LWCCG
4	Planned Care including Demand Management, MSK, Repatriation and elective care bed optimisation, pathway redesign	Gary James AO LECCG
5	Mental Health Out of County placements	John Brewin Chief Executive LPFT

\*CAS – Clinical Assessment Service

\*\* Carter - An independent report for the Department of Health by Lord Carter of Coles published in February 2016, Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

### 1.2.3 Public Consultation on major service change

Further progress has been made on the options for changes to major services including stroke, maternity and paediatrics, learning disability, urgent and emergency care and some elements of planned care. An event on 25 January 2017 with 135 senior clinicians, leaders and stakeholders looked at a range of options for these services and assessed each option against a set of agreed criteria: quality, access, affordability and deliverability. The presented options were refined to a shorter list.

On 20 February 2017, the East Midlands Clinical Senate undertook an independent clinical review of these refined options for the future of health and care in Lincolnshire. The final report was received on 9 May 2017. This is part of the process which will enable a final agreed set of options to be submitted to NHS England for approval before being put to the public for consultation. Major service change will only be made after full public consultation.

Whilst formal public consultation will not start until later in 2017/18, communication and engagement activities with all stakeholders have continued; purdah has been respected.

### 1.2.4 NHS Regulators

Following assessment of the STP on 25 April by NHS England and NHS Improvement, the view is that we have made good progress and our STP is well regarded nationally. Our regulators support our focus on the development of Neighbourhood teams and implementing the *General Practice Forward View* (GPFV available at <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>) as these are the bedrock of a sustainable

system. However it is also recognised that it is a high risk plan and there are a number of key areas to be addressed;

- Governance and decision making – STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations. It is a case of “both the organisation and our partners”, as against “either/or”. Lincolnshire meets all national requirements in terms of governance arrangements and Appendix A is a diagram of the governance structure. This structure includes the newly formed clinical cabinets whose aim is to improve clinical leadership in acute and primary care.
- Finances – A revised financial position reflecting 2016-17 outturn and relationship to service change options has to be agreed by the end of June so that the system can prioritise which changes will have the greatest financial impact. This links to the major service changes, cost improvement and quality plans and five key priorities.
- Capital – a health and care group has been re-established and is starting to refine the capital requirement in Lincolnshire plus is reviewing all NHS building and is identifying a plan to increase usage aided by integrating teams.

## 2. Conclusion

Good progress has been made in developing and delivering the STP in Lincolnshire; however the plan remains high risk.

## 3. Consultation

Public consultation will start later in 2017/18.

## 4. Appendices

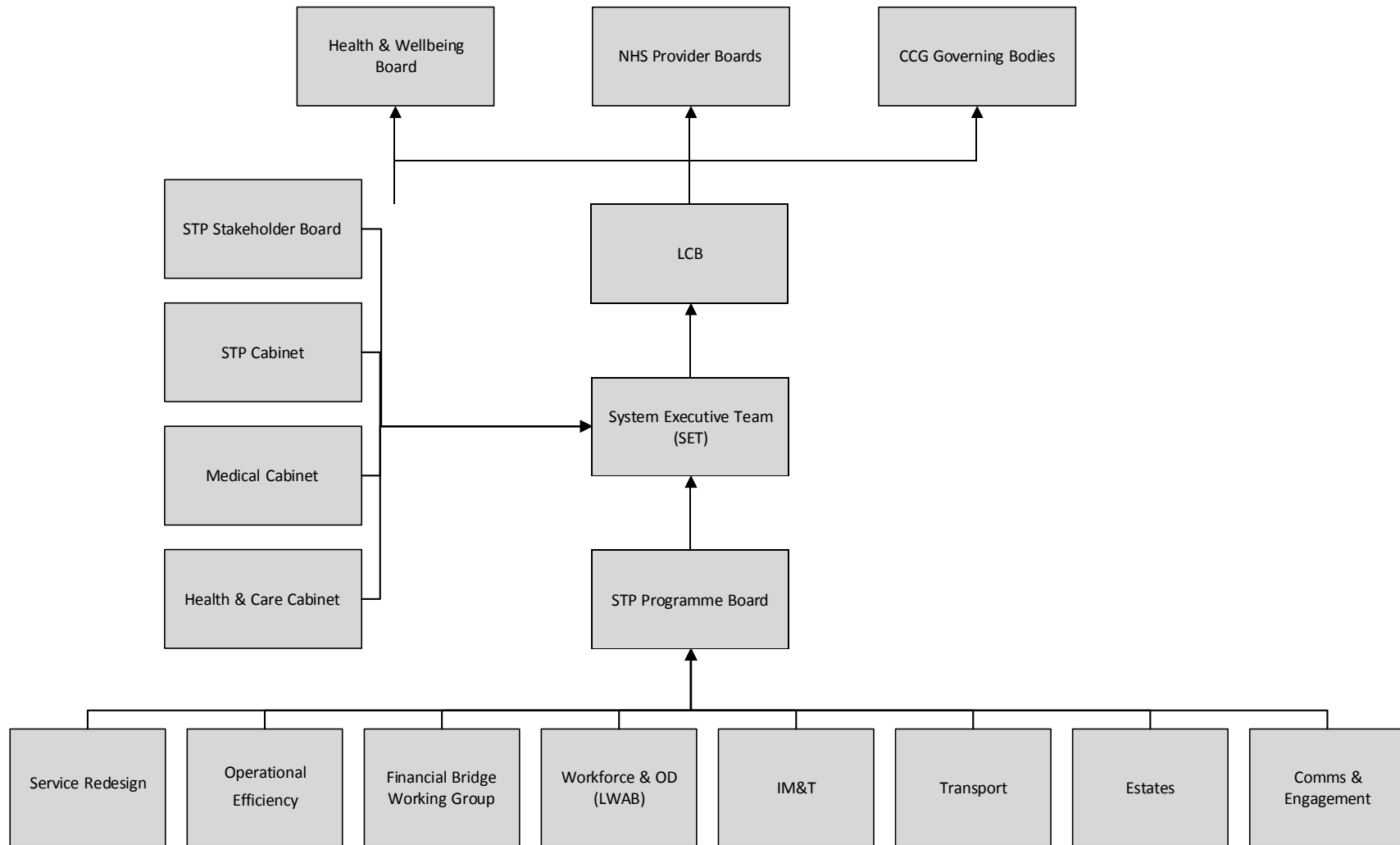
These are listed below and attached at the back of the report	
Appendix A	STP Governance Structure

## 5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Mrs Sarah Furley who can be contacted on 07964 304558 or e-mail: [sarah.furley@lincolnshireeastccg.nhs.uk](mailto:sarah.furley@lincolnshireeastccg.nhs.uk)

# Appendix A – STP Governance Structure



This page is intentionally left blank