

# Agenda Item 5

 <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Lincolnshire Sustainability and Transformation Partnership Update</b>

## **Summary:**

This report provides information on the development of the Lincolnshire Sustainability and Transformation Partnership (STP) and the current position of the STP.

## **Actions Required:**

To note the progress on the delivery of the STP.

## **1. Background**

### **1.1 National Context**

Nationally Sustainability and Transformation Plans (STPs) began life in 2015/16 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. In Lincolnshire, the Lincolnshire Health and Care Programme (LHAC) has been absorbed within the STP and is the clinical service redesign element of the Lincolnshire STP.

STPs are now considered to have moved from a set of proposals (submitted to NHS England [NHSE] in October 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).

The 'Next Steps On the NHS Five Year Forward View' published in March 2017 by NHS England started to evolve thinking on STPs. 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.

## **1.2 Lincolnshire Context**

The Lincolnshire STP is one of 44 "footprints" established in England. The Lincolnshire "footprint" has the advantage that it incorporates historical geographic boundaries whereas other STPs in some parts of the country have drawn together constituent organisations that have not previously worked closely together nor shared patient pathways.

The Lincolnshire STP sets out an ambitious five year programme of work to be undertaken to 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.*

## **1.3 Case for Change**

There is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and today, the case remains. Key areas in our case for change are as follows;

- Our current NHS care model does not always deliver high quality, safe services, despite best efforts of staff. It is out of date as a result of incremental service changes over two decades and has not fully embraced digital solutions.
- Demand for services are increasing as a result of the Lincolnshire population profile (an ageing population, many with long term conditions and multiple needs).
- It is difficult to recruit a skilled workforce to sustain services which is as a result of national shortages of key staff. As a consequence, we continue to rely on expensive temporary staff or have unfilled vacancies which puts an added strain on existing staff.

- We can no longer afford to sustain what is an outdated system of care. In 2016/17, our system was in financial deficit of £54m and this year, one organisation is in CQC and financial special measures.
- The public still feel our services are fragmented which is detrimental to patients and is a poor use of staff time and leads to a duplication of work.

There is shared acceptance that Lincolnshire is a challenged health economy and the status quo is neither safe nor sustainable. This understanding was the driver behind creating the STP vision.

## **1.4 Implementation of Seven Priorities**

Lincolnshire has been working on seven key priorities since April 2017.

### **1.4.1 Mental Health**

The aim is to improve the quality of care for people with severe and enduring mental health problems by providing a clear pathway from community to crisis care through to inpatient and rehabilitation care then back into community care. The objective is to reduce the number of adult patients admitted out of county for mental health in-patient care when the service is delivered locally. The following services are contributing to the aim;

- The psychiatric intensive care unit opened in July 2017, enabling male patients with the most intensive mental health needs to be cared for locally without the need to travel out of the county. Discussions are taking place regarding a similar unit for women with the focus being on a building that can be used flexibly for delivering a range of bed based services such as acute, high dependency or intensive care.
- In addition, recruitment has started for three other services which are;
  - Psychiatric Clinical Decisions Unit - This is a new service with an anticipated service start date of January 2018. The benefits of the proposed service will contribute to reducing out of area placements and to the wider system in terms of taking patients for mental health assessment that have presented to A&E departments.
  - Enhancement of Crisis Resolution and Home Treatment teams – With an increase in the number of staff in these teams, there will be an increase in home treatment episodes, avoided admissions and facilitated discharges from the inpatient wards. Service expansion expected from January 2018.
  - Bed Managers - It is expected that the introduction of the bed managers will have an immediate effect on the number of patients travelling out of area and more importantly the average length of stay of those patients out of area. Service expansion will be to a seven day service that operates outside of core hours.

### **1.4.2 Neighbourhood Teams**

The aim is to implement Integrated Neighbourhood Care Teams including 'self care' networks across Lincolnshire, which brings together health and care professionals, the third sector, local authority and independent organisations. Each team will serve

a local population of 30-50,000 people. The key outcome is to enable individuals to remain / supported as fit and well and at home for as long as possible.

This work stream continues to be one of the main priorities for the STP and work is well underway, supported by the Better Care Fund, to deliver at least 4 fully operational teams by April 2018, with countywide coverage by April 2019.

- Gainsborough – the integrated neighbourhood team has passed the half way point in its 100 day improvement programme and evaluation of impact to date has been collected and learning is now being shared with the next wave of implementer sites.
- The next wave of implementer sites has been identified and they are all preparing to start their 100 day programme of improvement from October 2017. The five sites are; Spalding and area, Grantham – Rural and Town, Boston, Lincoln South Federation area and Stamford.
- Work has taken place to identify the impact on reducing non-elective admissions for each of the 6 current teams. Work to agree an outcome framework for Neighbourhood Working is on-going.

#### **1.4.3 Implementation of GP Forward View**

The aim is to ensure sustainable, accessible, high quality primary care services are available across Lincolnshire in line with the GP Forward View. GP services are the bedrock of the NHS delivering over 90% of our patient contacts, skilfully assessing undifferentiated patient presentations. In the last three months, the following impact has been seen;

- 26 additional GPs in post via International recruitment.
- 3 Clinical Fellows in place across the county.
- Changes to primary care delivery model are underway, with a number of practice mergers across the county.
- There have been successful applications to deliver clinical pharmacists to work with both GP Practices and the wider Neighbourhood Teams.

#### **1.4.4 Acute Care Reconfiguration**

The STP has been looking at the potential reconfiguration of a small number of vitally important services to ensure sustainability into the future. Work continues to finalise the preferred options that will be consulted on with the public. The services being considered are learning disabilities, hyper acute stroke services, breast care services, Grantham A&E services and women and children services.

- Learning Disabilities – the preferred option and the consultation plan is being considered by the Committee on 11 October 2017, with a regional NHSE Assurance Check Point meeting on 26 October 2017.
- Grantham Hospital A&E – Following the Secretary of States letter to the Committee in August, work continues with local stakeholders to identify a short term solution to extend access to Grantham A&E during this winter and also to agree a sustainable model for the Town in the future.

- In relation to the other three services, work remains ongoing in terms of options for the sustainability of these services into the future.
- In the event of any significant service changes being proposed, full public consultation will be required which would also be subject to scrutiny by the Health Scrutiny Committee in line with its duties.

#### **1.4.5 Urgent and Emergency Care Transformation**

A&E Constitutional Standards are not currently being met within the county and all partners are focused on improving performance to meet these standards over the coming winter. A range of actions are being undertaken for this winter and include;

- Implementing the Urgent Care Streaming Service at Lincoln County and Pilgrim A&Es
- Strengthening the Clinical Assessment Service
- Developing direct admissions to community beds
- Reducing delayed transfers of care
- Implementing a falls pathway
- Enhancing the Transitional Care Service; this new “Quick Response” Service will enable more people to be supported at home rather than conveyed to hospital
- Increasing seven day access to primary care
- The Ambulance Response Programme will assist the East Midlands Ambulance Service to drive efficient behaviours so that the patient gets the right response in a clinically appropriate timeframe.

The NHS will also in the coming months be working hard on flu programmes for patients and staff including proactively communicating with the population about preparing for winter.

#### **1.4.6 Operational Efficiencies**

The aim is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. This priority programme is currently focused on the following area;

- Prescribing Programme – progressing well, ten projects identified with savings against plan, including the introduction of clinical pharmacists in the community which supports the GP Forward View.
- Estates Rationalisation – a review of the use of non-clinical estate has been commissioned to develop recommendations for rationalisation; the review is on track to be delivered by the end of this fiscal year. The scope of the review will include exploring the potential for estates efficiencies with non-NHS partners.
- Back Office – the methodical review has started of the potential to merge/collaborate back office functions, initially concentrating on the estates functions and ICT services in the provider trusts.
- Procurement – a number of schemes are progressing; including a system-wide review of the commissioning of pathology services, as well as schemes to maximise the benefit of procuring the more traditional supplies and services.

- Workforce Efficiencies – a significant area of work for which joint discussions are now being co-ordinated through the seven NHS organisations as the operational efficiency opportunities are intrinsically linked to the deployment and development of the workforce, and to the supporting enablers such as IM & T solutions.

#### **1.4.7 Planned Care**

The aim is to manage demand and growth to achieve the best outcomes for patients. There will be an increasing emphasis on self care, closer clinical integration to deliver advice and support plus deliver treatment closer to home. This programme is currently focused on;

- Transformation of Musculo-skeletal services across Lincolnshire – this will be a significant 18 month programme of work, CCGs have given approval to proceed with this development.
- Demand management – this includes four projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval. These four elements will work together to ensure people are seen quickly and by the right service, this may not be in a hospital setting but a local community service.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become “Wave 2” of the national Elective Care Transformation Programme. The 100 day methodology is a structured, facilitated programme working with front line clinicians to implement transformation at speed. Three specialties have been identified to go through the 100 day programme; dermatology, diabetes and ophthalmology with the work commencing in November 2017.

#### **1.5 Other enabling programmes**

The seven priorities are all supported by a number of enabling work streams covering:

- Technology – this includes various technological and technical solutions such as technological infrastructure (e.g. networks) and telehealth solutions.
- Estates – ensuring the estate is able to support the delivery of the service reconfiguration agenda and the new care models whilst keeping the fabric of the hospitals and care facilities safe.
- Workforce and organisational development – ensuring that the workforce has the right skills, in the right place, at the right time to provide the appropriate care. The workforce plans are being developed to ensure that the recruitment and training of staff will allow the appropriate roles to be filled.
- Finance – ensuring system financial leadership and utilising collective available financial resources to support the delivery of the system-wide priorities.
- Communication and engagement – ensuring robust and meaningful engagement with patients, carers, staff and stakeholders to support the successful implementation of the STP.

### **1.5.1 Capital**

It is currently estimated that a sum of £205 million may be required to meet service redesign needs. This is dependent on a number of issues to be addressed including but not exclusive to the outcome of the acute care (service) reconfiguration.

This year, NHSE requested bids from across the country for national capital funding; Lincolnshire submitted 2 bids as part of this process. The bids are for acute services at United Lincolnshire Hospitals NHS Trust (ULHT) and mental health services.

In parallel to these bids, seven Outline Business Cases are being developed, with a completion date of end of March 2018, for community services such as primary care hubs and / or redesign of community buildings. These Outline Business Cases will be used when / if there are further requests from NHSE for bids for further national capital funding.

In addition, an eighth outline business case is being developed to address the reconfiguration (rationalisation) of non-clinical buildings. All work is being done in conjunction with One Public Estate. One Public Estate is a national programme delivered by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to public sector organisations to deliver property-focused programmes.

Lincolnshire STP has formed a Capital & Estates working group that is collaboratively working together to ascertain future capital and estate requirements, having both scoped short and medium term future need against current estate.

ULHT are working on the required back log maintenance and fire risk issues as well as modelling the impact of the changes in provision of both the STP plan and its own internal 20/21 transformation project.

The STP is fully committed to developing the role of community hospitals across the county. We are working with stakeholders to identify the role of these sites in the future. It is expected that there will be a network of community hospitals to work with our developing neighbourhood teams, providing support for tests and x-rays, outpatient appointments with doctors and other health professionals, and a limited number of beds. These sites will provide essential infrastructure from which to delivery more care closer to local communities.

We are concerned about the quality of estate at both Louth and Skegness Hospitals and know we need to address this issue. The Outline Business Case for Louth Hospital will support this work and whilst there are currently no specific plans, we look forward to engaging with the public and their representatives about this in the future.

### **1.5.2 Information Management & Technology (IM&T)**

In the last two years, Lincolnshire has been successful in securing £5 million to support transformation of services using IM&T. One example of this type of transformation is the Care Portal: the vision is to deliver a single integrated

electronic view of the patient, embed self-help and signposting as a core part of the NHS, and to provide an integrated view of demand, capacity and availability of services.

## **2. Consultation**

This is not a consultation item at this stage. As stated in paragraph 1.4.4 above, where there is a requirement to consult on major service reconfigurations, the Health Scrutiny Committee will be invited to consider proposals as required.

At this stage it is not expected that there will be any consultation on significant changes prior to the spring of 2018.

## **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

The Sustainability and Transformation Partnership plan utilised the Joint Strategic Needs Assessment as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

The seven key priorities identified above are linked to, and align with, the Health and Wellbeing Strategy and work is currently taking place to ensure even closer working with the Health and Wellbeing Board as its revised priorities are confirmed.

## **4. Conclusion**

The report outlines the background to the evolution of the STP, highlights the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It is presented to inform the Health Scrutiny Committee of current progress in delivering the STP.

## **5. Appendices**

There are no appendices attached to this report.

## **6. 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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