United Lincolnshire Hospitals

То:	Public Trust Board
From:	Kevin Turner, Deputy Chief Executive
Date:	31st May 2016
Title:	The Lincolnshire STP 2016/17 to 2020/21 – Progress update
Responsible Director: Kevin Turner, Deputy Chief Executive	
Author: Sarah Furley, Programme Director, Lincolnshire's STP	
 Purpose of the Report: The purpose of this report is to provide the Trust Board with a progress update in relation to the development of the STP for Lincolnshire 	
The Report is provided to the Board for:	
Decision	Discussion 🗸
Assurance	e v Information v
Summary/Key Points:	
To provide the Trust Board with:	
1. An outline of the activities in progress to develop the STP for Lincolnshire	
An update on the timescale for submitting the STP	
3. The governance process supporting the development of the STP.	
Recommendations:	
 That the Trust Board note the requirement for the STP 	
 That the Trust Board note progress made thus far 	
 That the Trust support the process and approach for developing the STP. 	
Strategic Risk Ro	egister Performance KPIs year to date
-	
Resource Implications (e.g. Financial, HR)	
Assurance Implications	
Patient and Public Involvement (PPI) Implications	
Equality Impact	
Information exempt from Disclosure – Yes	
Requirement for further review? Yes	

1. Purpose

The purpose of this report is to provide the ULHT Board with an update on the progress made to date on Lincolnshire's Sustainability and Transformation Plan.

2. Governance, leadership and engagement

Governance arrangements have been established within Lincolnshire. In summary:

- The NHS Lincolnshire Leaders Forum is continuing as the programme board for the STP with full oversight of the process for developing a Lincolnshire STP
- An STP Project Board, drawn from representatives of each organisation to drive forward the development of the STP, is now meeting weekly to ensure we meet challenging timescales and deadlines for the development of the Plan
- The STP Financial Group which is co-ordinating the development of a Long Term Financial Model for Lincolnshire have agreed on a figure of £292m as the deficit by 2020 if no action is taken.
- Lincolnshire County Council Corporate Management Board now more engaged in STP process; work is underway on a review of the system governance including NHS and Local Government; Health Scrutiny Committee have been given a private briefing on emerging issues; agreement on a programme to create an Integration Plan by March 2017 and more long term joint governance arrangements to deliver the transformation across Health and Social Care
- Wider stakeholder engagement is still primarily focused on LHAC and the clinical design element of the programme but there is a need for all STP partners to work on ensuring clinical ownership and buy-in for the other workstreams of the STP
- PMO arrangements developing across whole system for LHAC and STP
- System leadership capacity being freed up for STP
- New analytic capacity in place with Optum
- LHAC work streams and Financial work streams being more closely joined: each work stream has a CEO, Director of Finance and Programme lead assigned
- Pre-engagement and communications is focusing on the case for change with plans for a public document to be made available early in June

The timescale for completing the STP is extremely tight. The STPs will need to be submitted to NHS England on 30th June as a draft document for discussion and dialogue. It is anticipated that there will be a period of three months from this checkpoint to refine the STP with NHS England.

During the week commencing 20th June, each Governing Body or Board will be required to give approval of the draft STP in individual private Board meetings which will be scheduled for. To enable Boards to have sufficient time ahead of this to consider the STP and debate issues collectively, we have invited Board members from Lincolnshire's 4 CCG Governing Bodies, 3 Provider Trusts and the County Council to come together on 14th June to look at the emerging shape of our draft Sustainability and Transformation Plan (STP). It will provide a chance to have early sight of costed options, discuss the Plan, give input and share views on both opportunities and any risks or concerns, in advance of our submission of the draft Plan to NHS England.

3. Progress update

The programme is on track for submission by the end of June. Regional feedback from NHS England has been positive. Lincolnshire has worked hard to address some of the feedback from April and has made the following progress on a number of key areas including:

- Greater focus given to the prevention agenda and understanding potential inputs and impacts; support from Lincolnshire Public Health team.
- Further discussion with the County Council to ensure involvement, engagement and input into emerging STP
- Primary Care work stream developing "industrial strength" plan for Lincolnshire including workforce
- A first draft has been received for the five workstream areas: clinical redesign, capacity optimisation, provider efficiency, workforce redesign and commissioning priorities.
- Finance Gap reviewed; indicative savings estimates developed by whole community for the five workstream areas of opportunity; review ongoing
- Positive work underway to address workforce supply and sustainability across acute/primary/health and care a short and long term issue
- Media and engagement plan being developed to meet growing public interest and press coverage of possible configuration proposals: agreement from all partners that we need to be more open with the public about the reasons why things need to change and the evidence supporting some emerging options

The following key milestones must be met:

- 7th June: STP programme board to review first draft STP, risks and any remaining gaps
- 14th June: Joint Governing Body and Provider Board Event to review draft STP
- Week commencing 20th June Governing Bodies and Provider Boards formal approval of STP in private board session
- 30th June: Submission of STP to NHS England to meet checkpoint deadline
- July onwards: review by NHS England

4. Key risks

- We are required to submit a draft STP to NHS England on 30th June 2016, which is prior to public consultation on the LHAC options scheduled for October 2016. Therefore, the STP will describe LHAC options that will then be developed further for public consultation. Once the public consultation has concluded the STP will be refreshed to take account of that consultation.
- The public consultation will take place less than six months before the local elections. This timing is difficult politically, given that we know some of the options will be contentious and will

lead to substantial and vocal local challenge. We are working with politicians to ensure they are fully briefed on the emerging options and the clinical and wider evidence behind them.

- Focusing local capacity on STP work is proving difficult whilst there are still very significant 16/17 and local service pressures. There is a risk we continue to invest capacity in projects with high local return but limited system return
- Quality 'map' of local provision is incomplete because CQC will not have completed a full reinspection of relevant sectors; Nursing and Care home sector emerging as high risk
- Current sub scale provision for a number of services will need capital investment to enable consolidation as envisaged in emerging proposals. This needs to be fully costed and considered as part of the financial evaluation of proposals.
- We need to start to schedule and plan for implementation, ensuring there is sufficient capacity and understanding when benefits will be realized