



Lincolnshire System Executive Team

Vision for the Lincolnshire Sustainability and Transformation Plan

The aim 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 by 2021.

The challenge

The challenge for the Lincolnshire Health and Care system is well set out in the 'Lincolnshire Health and Care Case for Change' dated 24th June 2016. The key components of the challenge are described below:

- Our current model doesn't always deliver high quality, safe services – despite best efforts we often struggle to deliver the quality of care that we would be proud of
- Demand for our services is increasing because of our population profile (an ageing population, many with long term conditions and multiple needs)
- We can't get the skilled workforce to sustain the services - that's not just about money, it's about national shortages of key staff and about Lincolnshire not always being seen as an attractive place to work – the result is that we rely on expensive temporary staff or have unfilled vacancies which puts a huge strain on existing staff
- We can't afford to sustain what is an outdated system of care – there is too much demand on our hospital system which is over £60m in deficit. We need to rebalance the system and treat people before they reach crisis point
- Too often too many people are travelling too far for care at a hospital site which could be provided closer to home at facilities such as a GP surgery or a community hospital
- We are not smart at joining up services – users of multiple services, who are often our most vulnerable residents, end up with a fragmented, and often poor, service. This is a poor use of staff time and leads to a duplication of work.

Our service vision

To overcome the gaps in Health and Wellbeing, Care and Quality, and Finance and Efficiency, our vision is for

- More focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.
- A change in the relationship between individuals and the care system, with a move to greater personal responsibility for health; more people will use personal budgets for health and care.
- A radically different model of care, moving care from acute hospital settings to neighbourhood teams in the community, closer to home for patients; Services will be joined up for physical and mental health and for health and social care, with barriers removed so that people can access support from their communities and from a range of professionals to live well.
- Support to neighbourhood teams by a network of small community hospital facilities which will include an urgent care centre, diagnostic support such as x-rays and tests, outpatient facilities and a limited number of beds
- A small number of specialised mental health inpatient facilities to give expert support to neighbourhood teams and community hospitals
- A smaller but more resilient acute hospital sector providing emergency and planned care incorporating a specialist emergency centre; specialist services for heart, stroke, trauma, maternity and children; Hospital doctors who are specialists will support neighbourhood teams and community facilities, to provide expert advice.



- A major reduction in referrals to acute hospitals, with a simplified journey for patients with specific diseases, based on what works well; there will be clear referral thresholds and access criteria; improved community based services; fewer people travelling out of county for care; and some services which do not deliver good results for patients will be stopped.
- High quality services where NHS constitutional standards are met; all services are rated as good or outstanding; environments meet patient expectations; and permanent staff are the norm.

Our governance vision

To support our service vision a radically different governance and organisational structure will be required. We anticipate that in time this will extend across the whole of Greater Lincolnshire. The components will be

- Neighbourhood Teams as the initial building block providing services to a geographically based population of between 30,000 and 50,000 people and linking a GP Federation with other primary care professionals, prevention services, community health services, community mental health services, pharmacy, therapies and social care. Community involvement will be essential. They will have lead clinicians and managers.
- A small number of Multispecialty Community Providers each coordinating four to seven Neighbourhood Teams and commissioning care within a strategic context
- A more efficient way of working which reduces transaction costs and overheads
- An acute hospital sector with links to a number of larger specialist hospitals out of county
- A more integrated strategic commissioning arrangement for health and social care with appropriate clinical support and advisory arrangements
- An ongoing commitment to work with patients and the public to design and provide the services they need

The patient experience by 2021

Residents of Lincolnshire take more responsibility for their own health, both in managing long term conditions 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 self-limiting or long-term conditions. 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, often via phone or using telemedicine. They find they don't need to explain their health and care issues in detail more than once. 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 undertaken 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.

The staff perspective by 2021

Lincolnshire is a great place to work, a place where staff feel valued and empowered to carry out their roles. Staff have a clear understanding of their own role and skills and where these fit in with others across the health and social care setting, enabling them to work seamlessly with their colleagues. They work in pleasant environments, mostly in community settings, free of the frustrations from IT systems and unreasonable work load expectations. They have a good work life balance and their job roles are varied and exciting with greater opportunities for development.