



Lincolnshire's Vision for Health and Care

System Executive Team

24th August 2016



The Challenges:

- Current services are not always high quality and safe, despite best efforts of staff
- Demand is increasing because of an ageing population with long term conditions
- We can't get the skilled workforce – staff are overstretched and we rely on expensive locums

Our Vision for 2021

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

The Challenges:

- Our system is outdated and unaffordable – too much demand on a hospital system already £60m in deficit
- People travel too far to hospitals for care that could be delivered by their GP, at home or in their community
- We're 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



To overcome the gaps in Health and Wellbeing, Care and Quality, and Finance and Efficiency by 2021 we will

Focus resources on **keeping people well and healthy**; providing tools and support for people and communities to make healthy choices, take more control; this will **improve quality of life and reduce numbers of people dying from avoidable disease**

Change 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

Move care from acute hospitals to neighbourhood teams in the community, closer to home; **join up physical and mental health, health and social care**; remove barriers between professionals, communities and patients so that people live well

Provide 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



To overcome the gaps in Health and Wellbeing, Care and Quality, and Finance and Efficiency by 2021 we will

Provide a small number of specialised mental health inpatient facilities to give expert support to neighbourhood teams and community hospitals

Develop 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 providing expert advice into the community

Refer fewer people to hospital, applying consistent thresholds and access criteria; a simplified journey for patients with specific diseases, based on what works well; fewer people travelling out of county for care; services stopped where they don't deliver good results for patients

Deliver a 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: A radically different governance and organisational structure, in time extending across the whole of Greater Lincolnshire

- **Neighbourhood Teams:** 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.
- **Multispecialty Community Providers:** a small number, 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
- **Partnerships out of county:** An acute hospital sector with links to a number of larger specialist hospitals out of county
- **Working together to plan and deliver services:** 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



How will it be different for patients by 2021?

- Residents 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 don't need to explain their health and care issues 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 will be 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, work 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.





How will it be different for staff 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 will be varied and exciting with greater opportunities for development.



LHAC and the STP

- The STP: a national requirement for every area to develop a 5 year plan which will tackle the gap in health and wellbeing, quality and finance and deliver the national Five Year Forward View
- Our STP footprint is the same as LHAC: the LHAC blueprint and work on transforming our model of care and delivering consistent quality/safety is a major part of our STP
- We submitted a draft in June and feedback was mostly positive
- The quality (meeting constitutional standards) is as important as the money but we must have a balanced plan
- Next submission date – 21st October; no proposals for public consultation can go forward until we have had assurance on our STP.