

Lincolnshire Sustainability and Transformation Plan – Status Report

January 2017

The STP was published on Tuesday 6 December and whilst formal public consultation on the options for service changes will not start until after the LCC elections in May 2017; communication and engagement activities with all stakeholders have started in earnest.

The full submission document, the public summary version, frequently asked questions and all of the appendices are now available to the public on the LHAC website at www.lincolnshirehealthandcare.org/stp

This is not a draft plan it is a live document that will continue to evolve through the implementation of the two year operational plans. The contracts we signed on 23rd December are between commissioners and providers. They cover the ongoing delivery of core healthcare services. The contracts and the operational plans do not contain any changes which require full public consultation. Major change will only be made after full public consultation. When we do have the consultation, and if this leads to a change in the way that hospital services will be provided, then we will go through the normal process of contract variation to update the contract to reflect the new service provision.

The critical steps in the next six months include the Options Appraisal Event on 25 January 2017, Clinical Senate on 20 February 2017 and the subsequent submission of the Pre Consultation Business Case to NHSE at the beginning of March 2017. The 12 week public consultation is likely to begin in May 2017.

Key areas to be addressed

Our and the Arms Length Bodies assessment of the STP is that it is a realistic plan which both addresses the long standing quality challenges around our services, in particular our need to rebalance our system as well as tackling the long standing challenges of sub-scale delivery in a number of specialties; plus provides a framework, within the assumptions outlined in the plan, to enable financial balance by 2021. However it is also recognised that it is a high risk plan and there are a number of key areas to be addressed;

- ❖ Deliverability - the change management capacity needs mobilising. Change is at an unprecedented scale for Lincolnshire and with the right kind of support probability of success will be significantly improved.
- ❖ Capital – a significant number of feasibility studies have been undertaken and securing capital is a very real enabler to improving the chances of the Lincolnshire system in delivering its new care model and resolving the long standing quality issues faced. We identify significant risks in both moving services into the community and reconfiguring our hospital system to ensure improved standards of safety, without the level of capital included in the plan.
- ❖ Multi-Specialty Community Providers – these new models of care, underpinned by the ongoing development of the neighbourhood teams and work taking place to deliver the GP Forward

View, are fundamental to being able to deliver our vision. Significant gains need to be made in 2017 to realise the STP by 2020. This work will include how strategic commissioning will evolve.

- ❖ Governance – The STP approach is not addressed in law. The mixed executive and non-executive groups that have assumed a leading role in the STP are not in themselves legal entities. A letter published by Simon Stevens and Jim Mackey on 12 December describes the following;

Having turned initial STP proposals into STP plans - through the contracting round and following engagement and consultation - the third phase during 2017/18 will be to give life to your agreed plans as STPs become implementation partnerships.

Work has commenced to set out in writing how organisations within the STP are going to work together and this will probably take the form of a memorandum of understanding (MoU). The MoU will need to be both precise and explicit and all participants will need to have signed up to it via their Boards. It should also be clear that the accountability of each participant is to the board of their own organisation. As some of the service reconfiguration is likely to be contentious and the scope for challenge will increase if the legal footing of decisions is unclear.

- ❖ Risk and benefits sharing mechanism – there has been much debate about agreeing a single system control total in Lincolnshire for the NHS budget. Risk sharing will need to be explicit in our agreed governance process.

We now have a single system wide plan for the county with a vision for a new model of care that will deliver improved health and wellbeing and consistent quality by 2021, as well as bringing us back into balance. There is strong commitment from all NHS partners to work together in partnership to deliver this plan. The challenge will now be for us to work together effectively as we move from planning into implementation. This is likely to be difficult at times as we balance pressures and risk faced by individual organisations with an ambition to work as a single system to tackle some of the longstanding challenges that have held us back in the past. We will have to change behaviour and work in a different way. If we do this, we have the opportunity to transform patient care and deliver a safe, sustainable and good quality health and care service which is fit for the future. We are only at the start of a five year process and will continue to listen to, engage with and involve both staff and public as we work together to deliver this plan.