STP summary paper

Sustainability and transformation plans are five year plans detailing how local areas will work together to modernise health and care and achieve financial balance by 2020. In March 2016, England was divided into 44 geographic ‘footprints’ to create plans based on the local health needs. These plans were submitted to NHS England and NHS Improvement in October 2016 and have since all been published. The plans are still in development and areas will simultaneously start to implement the sections of the plan furthest ahead whilst continuing to work on other sections.

NHS England’s ‘Next steps for the Five Year Forward View’, published in April 2017, changes the language around STPs – referring to them as Sustainability and Transformation Partnerships.

This summary gives an overview of the key points in your STP based on the plans submitted in October 2016. It is not exhaustive and there will have been developments since this point. The level of detail in the summary is reflective of the level of detail within the plan. It does not reflect the BMA position in any way. To stay up to date with what is going on and to read the BMA’s analysis of the plans, please see our website: www.bma.org.uk/stp

If you would like to send comments on the STP process nationally then please email Holly Higgs (hhiggs@bma.org.uk).
13. **Lincolnshire**

**Population:** 700,000

[Link to plan](http://lincolnshirehealthandcare.org/en/stp/)

**Lead:** Allan Kitt, South West Lincolnshire CCG

Contact your regional coordinator about your STP: istringerr@bma.org.uk

**Priorities are:**
1. Clinical redesign
2. Capacity optimisation
3. Operational efficiency
4. Workforce productivity and redesign
5. Right Care and Commissioning priorities

**Key points:**
- The plan builds on the work of the Lincolnshire Health and Care programme.
- Proposals will be put forward next year to centralise maternity services – with an option to keep consultant led births on only two hospital sites and emergency children’s surgery moved to a single hospital site.
- New service models for specialties – those likely to change include dermatology, pain management, neurology, ophthalmology and diabetes.
- Proposed movement of planned care activity into the community (possibly to include, diabetes medicine, dermatology, ophthalmology, orthodontics, pain management, endocrinology, neurology, rheumatology – depending on outcome of a cost-benefit analysis).
- Proposals in development for a community model of care in mental health and more acute mental health beds for those who need inpatient care.
- Learning disability reconfiguration: plan promises to continue the consultation on the closure of Long Leys Court, temporarily closed since June 2015.
- Key performance indicators or 'success factors' include:
  - Non elective admissions reduced by 29,377 (accumulative) equivalent to 10% by 2021.
  - The number of emergency admissions stopped in 2021 is equivalent to 28 per day.
  - Target of 3.8 day length of stay by 2021, equivalent to 118 acute beds being closed at 90% bed occupancy.
  - Five urgent care centres alongside proactive care services will divert 244,063 A&E attendances by 2021 which is equivalent to 235 per day.
  - Delivery of integrated care for 38,434 people by 2021 which is 5% of the population
  - Reduction of c.750 whole time equivalent staff by 2021.

**Engagement:**
- Contact lhac@lincolnshireeastccg.nhs.uk
- No final decisions will be made until the public have had a chance to express their views through a full public consultation likely to start in May 2017.
- Similarly, a consultation will be held on emergency and acute care, proposing the closure of Grantham A&E (Q1, 2017/18).
- A consultation on maintaining stroke services on two sites but with a dedicated hyper-acute stroke facility is also likely to take place (Q1, 2017/18).
- Engagement with over 18,000 people; plan developed for further engagement and involvement in the future; website fully operational with information about the STP.
- Clinical leadership through the “care design groups” and “expert reference groups”; several workshops, events and briefings to engage and involve clinicians; incorporating the work of ULHT’s clinical strategy, which was developed by their clinicians.
Lincolnshire County Council opposed the STP — contentious elements were closure of Grantham A&E to an urgent care centre, midwifery service at Boston also downgraded. Major trauma moved out of the county.

**Finances:**
Financial gap by 2020/21
— Combined health and social care: £182 million

Provider/commissioner split of £85 million and £97 million respectively

**Savings proposed:**

<table>
<thead>
<tr>
<th>Financial Bridge</th>
<th>Impact of Solutions</th>
<th>Total 2020/21</th>
<th>Net Changes</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CCG</td>
<td>987.7</td>
<td>1,092.9</td>
<td>105.2</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Medical Care (Mandate)</td>
<td>108.4</td>
<td>116.8</td>
<td>8.4</td>
<td>8%</td>
</tr>
<tr>
<td>Specialised (Spec Comm)</td>
<td>165.4</td>
<td>198.4</td>
<td>33.0</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total Commissioner Income</strong></td>
<td><strong>1,261.5</strong></td>
<td><strong>1,408.1</strong></td>
<td><strong>146.6</strong></td>
<td><strong>12%</strong></td>
</tr>
</tbody>
</table>

**Commissioner Investment**
- Acute Care: £543.8, 15.5%, 11%
- Mental health: £110.0, 14.5%, 10%
- Community Health Services: £106.0, 6.4%, 5%
- Other NHS Services: £0.1, 0.0%, 0%
- Continuing Care: £94.8, 25.2%, 18%
- GP Prescribing: £166.9, 19.7%, 14%
- Other Primary Care: £26.4, 13.5%, 10%
- Running Cost (Admin): £12.1, -4.3%, -3%
- CCG Other - Non-NHS, Non-Recurrent Reserve, Contingency: £29.8, 9.4%, 7%
- Social Care Expenditure: £0.0, 0.0%, 0%

**Sub total**
- £1,089.8, 100.0%, 71%

**Primary Medical Care (Mandate)**
- £118.7, 11.5%, 8%

**Specialised Expenditure (Spec Comm)**
- £198.4, 29.4%, 21%

**Total Commissioner Expenditure**
- £1,407.0, 141.0%, 100%

Net Surplus/(Deficit) 1.2, 5.6

**Capital funding required: £205 million**