

OVERVIEW STATEMENT

1. **Welcome and Introductions**

'INTRODUCTION TO HEALTHY CONVERSATION 2019'

2. Our NHS is a much loved British institution. It is here for us all, and plays a vitally important part in our lives, and those of our loved ones and our communities.
3. Here in Lincolnshire there is so much to be proud of in our NHS, we have excellent and dedicated staff and partners working very hard to deliver the best for people. Much works really well. At the same time our health system here in the county faces significant difficulties.
4. Securing the best possible health for our population in Lincolnshire, and delivering the highest quality of services to patients is why we are here. But we know that, like other areas in England, our NHS in the county is not fit for the future, and that we must address the difficulties we have.
5. So, we are determined to move forward into a new phase for our NHS in Lincolnshire, to ensure that it is fit for purpose for the years ahead, retaining what works well, addressing the difficulties, and creating a new service model.
6. The NHS belongs to us all. Today, therefore, we are starting an open engagement exercise with the public, their representatives, our partners and staff about how we can rebalance and develop our NHS to be fit for the future.

7. This engagement exercise is called "Healthy Conversation 2019", and will run throughout the year.
8. The purpose of HC2019 is for the NHS to openly share our thinking about how we need to change to meet the challenges we face, to listen to people, and to let them have their say and shape our thinking and our subsequent plans further.
9. HC2019 will consist of open engagement events along with information being available in public places across the county, on our website and through social media. We'd like you to tell us about what's important to you about your health and your NHS, and we will be listening and welcoming your feedback.
10. As you would expect, we in the NHS, clinicians and managers together, have done a lot of thinking about how we ensure that our NHS is fit for the future, but we don't have all the answers. This is where HC2019 – and people's thoughts on what's most important to them and comments on how the NHS could be improved – comes in. We want, over the coming months, to hear what people think. We want to do this together.
11. HC2019 will take place across the county, and we hope to be talking and listening together with people from all the areas in Lincolnshire.
12. As part of HC2019, we are also today providing an update on what is being asked of us in the light of increased national funding for the NHS and the recently published national NHS Long Term Plan; as well as work which has been ongoing in the county over the past year in relation to both community based and hospital services. We need to make sure that the additional funding we will receive is put to best use across the county and that our NHS

becomes fit for purpose.

13. By starting HC2019 now in February, we intend that by the autumn all of the feedback we have received will help us to develop a plan and approach for how we take our NHS forward and ensure it is fit for purpose over the next 5-10 years.

NHS IN LINCOLNSHIRE – CHALLENGES

14. We have much to be proud of in the NHS in Lincolnshire, we have excellent and dedicated staff and partners, some of our services are outstanding and many compare well nationally.

15. However, the NHS in Lincolnshire, like the NHS across England, does have significant challenges, notably:

- i) Quality of Care and Outcomes for patients are not consistently high across our services, and in some important services we are failing to meet national quality standards
- ii) Workforce – in many services we struggle to recruit and retain staff across our GP, community and hospital services. Currently over 800 posts are either vacant, or filled by temporary agency or locum staff. This creates a number of problems for staff, for service continuity, and for quality of care.
- iii) Finance – as a public service funded by the taxpayer we have a duty to balance our books. Whilst some services do work within budget, overall as a system we do not. We are currently overspending by almost £100 million - on top of the

£1.2 billion allocation we received.

16. And we haven't really changed how our NHS model works in the county for many years, meaning that today:

- i) many patients go to hospital for care that can be better provided in local community settings
- ii) the NHS doesn't focus enough on helping to prevent illness in the first place or helping people to care for themselves. It is a reactive, not proactive service. We know that we can do more for example in helping people to take up health checks which are already available, in detecting cancer early, improving immunisation rates and preventing cardiovascular disease.
- iii) the NHS, which consists of many different services, is fragmented, which inhibits excellent care and frustrates patients and their families, partners and NHS staff alike. Care needs to be more joined up and integrated, both within the NHS and with our partners across the health and care services. People already tell us for example that they are repeatedly asked the same questions by different health care staff.

17. We also know that there are some really important conditions which we need to do better on for people in the county. These include improving prevention, diagnosis and care in cancer, in diabetes, cardiovascular disease and respiratory care which are health priorities in our population. We also need to do more in mental health, especially for Children and Young People and in autism too.

18. Lincolnshire's geography, and the fact that our population is dispersed over such a large area does present us with further challenges. We will, therefore, have to be innovative in our thinking about how we address these issues, and our development of Neighbourhood Teams serving local populations is a good example of this.

19. All of these challenges have been well rehearsed in the public domain in recent years.

WHAT IS BEING ASKED OF US NATIONALLY?

20. In July 2018 as a nation we celebrated the NHS's 70th birthday, and that also provided an opportunity to reflect not just on the fantastic achievements of the NHS since 1948, but also how we address today's challenges and ensure it is fit for the future. As a result of this, the Government announced additional funding of an average of 3.4% over each of the next 5 years - £20.5bn in total. For us in Lincolnshire we anticipate that we will receive additional funding of 23% or £ 281m over this period, taking our core allocations from £1.1bn in 2018/19 to almost £1.4bn in 2023/24.

21. In January, a new National NHS Long Term Plan was published, which describes how the NHS is expected to use the additional funding and to meet the challenges we have. Much of what the plan asks of us is already happening to some degree here in Lincolnshire, so we do have a lot in place to build on.

22. However, the National plan is clear that the overall way in which the NHS works is not sustainable, and that there needs to be a new NHS service model for the 21st century. So, this is the new era for our NHS in Lincolnshire which we need to develop and which we would like to discuss through HC2019.

OUR THINKING TO DATE

23. In broad terms, our thinking to date is that a fit for purpose health service for Lincolnshire would consist of the following elements. We would like to discuss these with you as part of HC2019 so that we can develop our thinking further and together:

a. A greater focus on Prevention

Prevention is better than cure, and we need to work differently with people and our partners to prevent as much illness as possible. We want to do more to prevent diabetes, to maintain good mental health, to prevent cancer and heart disease. The top causes of premature deaths are smoking, poor diet, high blood pressure, obesity, and alcohol and drug use, with lack of exercise also a contributory factor.

b. Support for Self Care

Where it is safe and sensible to look after ourselves to manage our health conditions then we should. However the NHS does not always help people to care for themselves and we would like to explore how we can do this better.

c. Joined Up Health and Care in Local Communities

Where illness cannot be prevented and self-care is not appropriate, then wherever it's possible it should be treated locally, in primary and community services. We will take a 'Home First' approach. The vast majority of health and care is already delivered locally – in our GP Practices, Community Hospitals, Community Health and Mental Health Services and with Care partners across the county. We know, however, that much more can be done in local settings and achieving this is a key priority. There are over 90 GP practices in the county, and for most of us, most of

the time, our GP Practice is our main contact with the NHS. Our GPs and their staff are also under great pressure – they work hard to innovate to try to maintain and develop services for patients and we will continue to support and invest in them. There will be additional investment in local primary and community care, and these services will become more joined up and supported. In Lincolnshire we have been developing our thinking along these lines for some time, and have invested in Neighbourhood Team working as a priority. Our Neighbourhood Teams are now established across the county and will continue to be supported to develop as our core approach to achieving joined up, innovative and proactive local care.

- d. By focussing more on Prevention, Self Care and Joined Up Local Services, we would intend to relieve the significant pressure on our Acute Hospital Services, and ensure that these specialist services and staff are protected so that they can concentrate on caring for patients for whom there is no alternative but acute hospital care. Where patients do require acute hospital care, we would wish for them to receive care of the highest quality and to be able to return home as quickly as possible once it is safe to do so. To do this, and to ensure that our acute hospital services are fit for the future, we do need to reconfigure those services which are under most pressure. Over the past 12 months, the NHS in Lincolnshire has undertaken a review of the acute hospital services which are under greatest pressure, and as a result have come up with some emerging options for change. These emerging options have been developed by our senior clinicians within our services, and reviewed by external clinical experts, ensuring that they are in line with best clinical evidence and practice. We have called this work the Lincolnshire “Acute Services Review”.

I shall describe each of these emerging options in a moment, but I would like to

make the following points:

- i) Nothing has been decided. The NHS can only make substantial changes permanent once it has been through a full public consultation process in line with our statutory obligations and national guidance.

- ii) As I have already described – Healthy Conversation 2019 is an open public engagement exercise. It is not a formal public consultation process. The fact that we have been undertaking the Acute Services Review has been in the public domain for 12 months now. We feel that it is important, as part of HC2019, to share publicly what our emerging options are for our acute hospital services and to discuss these, and our thinking behind them, with you. We are therefore in ‘listening mode’ and the feedback we receive from the public and our partners as part of HC2019 will in turn inform the options which would be subject to formal public consultation.

- iii) We are also working closely with our colleagues in NHS England, our national regulator, about these emerging options, and these discussions are currently ongoing.

- iv) Many of the emerging options will require additional capital funding, primarily for building works. We are currently exploring how this additional capital money could be secured and will continue to work to do so.

- v) It is important to note that we, the NHS in Lincolnshire, will only be able to progress to full public consultation on options once we have both completed our discussions with NHS England, and identified the source of the capital required so we know

proposals are deliverable. We are addressing these as a priority, although it is not possible to say today when this will be.

- vi) Nonetheless, it is important that we put our thinking and the emerging options in the public domain. The design of each emerging option for each service has been led by our senior clinicians here in Lincolnshire, and reviewed by external clinical experts, and represent our assessment on how we can address the real difficulties we currently have in these services relating to Quality of Care for Patients, and creating the best service structure for staff to work in and, therefore, resolve our staff recruitment and retention problems.

24. Details about our emerging options are in the briefing pack. As part of this, I can confirm that each of our hospitals has a positive future as part of our NHS – not just our three largest hospitals, but also at Louth Hospital and our Community Hospitals in Gainsborough, Spalding, Skegness, and Stamford.

25. Details about all the emerging options of our Acute Services Review are in the briefing pack and will be on our website. The emerging options which the NHS currently prefers are to:

- a. Create a 'centre of excellence' for Breast Care which could be based at Lincoln or Grantham
- b. Maintain obstetrics, paediatric and gynaecology services at both Lincoln and Pilgrim Hospitals, and enhance each of these with a Midwifery Led Unit

- c. Maintain medical services at Grantham Hospital and adopt a new model whereby they are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team
- d. Create a 'centre of excellence' for elective short stay day case surgery for Orthopaedics and General Surgery at Grantham Hospital
- e. Maintain A&E services at both Lincoln and Pilgrim Hospitals and developing an Urgent Treatment Centre at both sites. Develop an Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally. This would replace the current restricted A&E service and reinstate local 24/7 urgent care. We would also like to develop Urgent Treatment Centre services at Louth, Stamford and Skegness Hospitals and explore options for Spalding and Gainsborough.
- f. Consolidate Haematology and Oncology inpatient services at Lincoln Hospital.

26. I would just like to reiterate that we wish to discuss these emerging options openly as part of Healthy Conversation 2019; we are not formally consulting at this point – we anticipate that formal consultation will follow as a separate exercise in due course once our discussions with NHS England are complete and the source of capital funding has been identified.

OTHER KEY ELEMENTS OF OUR THINKING

27. As part of HC2019 we would also like to discuss four further elements which we believe we need to address to be “fit for the future”.
28. Firstly, our thinking indicates that as well as improving care for patients and helping to address our workforce difficulties, creating a new NHS service model as described above will also assist in moving us towards financial balance. We will need to become more efficient and effective in everything we do – so we do intend to drive out waste in our system, to tackle unjustified variation in service quality and outcomes, to cut administrative costs and to share more services across the NHS and wherever possible with partners as part of this. We want to look after the public taxpayers’ money as well.

Through HC2019 we will welcome thoughts and feedback about how we can make sure that we get better value for money from the resources we invest in our NHS.

29. The second of these is about the use and development of Digital Technology. Our NHS is at the forefront of lots of innovation in medicines and clinical technology, but we have a long way to go in the use of digital technology, which we know can help and empower patients, support our staff and improve and join up care. We know that our NHS, and all of us as patients, don’t use digital technology in health in the same way as many of us do in other areas of our lives. We would like, through HC2019, your thoughts and experience on how we can best address this.

30. The third is about the NHS Workforce. The NHS across England currently has approximately 100,000 vacancies, so we are not alone in struggling to recruit and retain people to work in our NHS in Lincolnshire. There is much work going on at national level to address this; but we must ask ourselves what more we can do locally to make the NHS in Lincolnshire a great place to work, and offer interesting and rewarding careers for people.

We will continue to discuss this with our staff and partners within our services, but we also want, as part of HC2019, to discuss this openly with the public and our partners, to gather your thoughts on how we may best address this concern.

31. And the fourth element is about joining up services and staff better within the health service and with our partners. Integration.

Our overall health and NHS is dependent on a stronger, more integrated, partnership approach and joint working between the NHS and colleagues in local government, the local and third sector, the care sector and with people across the county. Better joined up working should result in better joined up services for patients and the public, and we want to do more and build on many examples of joint working.

Again, we welcome the views of the public on this aspect too.

32. So, in conclusion, we want our NHS in Lincolnshire to be fit for the future, and at the moment it isn't. I'm delighted to be confirming the start of an open public engagement exercise called "HC2019", which is a discussion about how we can address the challenges we have in our health and health service, and make sure that our NHS is fit for the future. I have described

- What HC2019 is and its purpose
- The challenges we have in our NHS
- What the Government is asking of us
- Our thinking to date about
 - o Prevention
 - o Self-Care
 - o Joined Up Local Health and Care
 - o Acute Hospital Services in the county
 - o Digital Technology, the NHS Workforce and Joined Up Working.

33. We're all now really looking forward to 'HC2019', having open discussions across the county, listening, and developing our thinking together.