

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire West Clinical Commissioning Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	22nd March 2016
Subject:	Lincolnshire West Clinical Commissioning Group Draft Operational Plan 2016-2017

Summary: Lincolnshire West Clinical Commissioning Group Draft Operational 2016-2017 Plan on a Page is listed below.

**Lincolnshire West CCG 2016/17
Plan on a Page**

<p>Delivering Integrated Diabetes Care</p> <ul style="list-style-type: none"> • Identification of people at high risk of developing diabetes & provide support to reduce incidence; Reduce outpatients by 30%, emergency admissions by 5% • Improved access for people diagnosed with diabetes to 'Self Care' support & advice; • Increased number of people with Diabetes receive care in line with NICE Guidance - 8 key care processes. Minimum 80% SCHEME Integrated Diabetes pathway 	<p>Urgent Care</p> <p>Deliver Access A&E Standard SCHEMES: Improvement plan - crisis care for all ages. Transitional care, Clinical Assessment Service, Crisis Concordat, scope Urgent Care Centre at Lincoln County Urgent Care Front Door paediatric training</p> <p>Deliver AMBULANCE WAITS CATA SCHEMES: Co responders, Lives, CAS LHAC consultation</p>	<p>Planned Care</p> <p>Deliver RTT Access Standard SCHEMES: RTT Improvement plan, use of alternative providers, Rightcare: M/SK Neurology pathway reviews</p>	<p>Women & Children</p> <p>CAMHS SCHEMES: CAMHS transformation plan, Transitioning Care Paediatric Admissions review, community paediatric review</p> <p>LHAC consultation - maternity,</p>	<p>Proactive Care</p> <p>Reduce A&E attendances, emergency admissions, facilitate hospital discharge</p> <p>Reduce DTOC 2.5% SCHEMES: Phase 2 Neighbourhood Teams, Care Home project, implementation of Transitional Care, Promoting Wellbeing and self-care & enhanced carer support project, SAFER bundle & review - community hospitals,</p>	<p>Quality</p> <p>Reduction in avoidable mortality in hospital SCHEMES: CQUIN Sepsis screening & treatment, Mortality Summit, quality review assurance cycle and support mechanisms, Quality and CQUIN (End of Life Care) built into Contacts</p> <p>Seven Day Services: roll out 4 clinical priority standards SCHEMES: contract management</p> <p>Patient Experience: Improve patient choice maternity & end of life - patient experience score GP, OOH - FFT, inpatient & maternity SCHEMES: Improving Patient Voice for Maternity Services, Review trends in F&F for GP practices. Develop cancer engagement pathway, Outpatient Communication charter</p>	<p>Finance</p> <p>QIPP 2% - year 1 of 5 year programme, implementation of Proactive care schemes, Rightcare, prescribing</p> <p>Aggregate financial balance jointly managed risk & demand, capacity plans aligned,</p> <p>Meet business rules on financial surplus, contingency and non-recurrent expenditure</p>	<p>Workforce Recruitment & Retention</p> <p>SCHEMES: Leadership Academy, Marketing Strategy, LMC/HEEM project. Learning hub, LETC.</p> <p>Training, SCHEMES: Lincoln Uni & College projects, apprenticeships, expansion of F&P role</p>	<p>Better Care Fund</p> <p>Integrated services - reduce delayed transfers of care, & non-elective admissions, people still at home 91 days after discharge, people feeling supported to manage long term conditions, care and support gives better quality of life</p>
<p>Supporting People with Heart Failure</p> <ul style="list-style-type: none"> • Identify undiagnosed heart failure and record diagnosis on primary care registers at least equal to like CCGs • Ensure people are on the most appropriate heart failure treatments • Fewer people with underlying heart failure admitted to hospital SCHEME: Best practice care for Heart Failure project. 	<p>Enhancing Mental Health</p> <p>Deliver early intervention in psychosis Access Standard SCHEMES: Local specialist mental health early intervention, ICMHT review, delivery July 2016.</p> <p>Improve Crisis Care SCHEMES review Crisis Home Treatment Team, feasibility repatriate out of county placements, action plan Crisis Concordat,</p> <p>Transforming Care for people with Learning Disabilities SCHEMES: Redesign community services, Personal Health Budgets, implement autism strategy</p> <p>Access Standard IAPT SCHEMES: 2016/17 contract delivery.</p> <p>Dementia diagnosis SCHEMES: CCG Improvement Plan diagnosis rates & post support</p>	<p>Supporting Sustainable Primary Care</p> <ul style="list-style-type: none"> • Primary Care Strategy including workforce, estates & use of communications technology • Working with HEE, HEEM & LMC to implement plans to address workforce issues. • Enable greater integrated working with other healthcare professionals, • Encourage practices to federate & form alliances to provide greater resilience & capacity 	<p>Improving Prescribing Efficiency</p> <p>High quality, cost effective prescribing.</p> <p>SCHEMES:</p> <ul style="list-style-type: none"> • Appropriate antibiotic prescribing • Best Practice prescribing for people with LTC • Care Home prescribing • Cancer prescribing 	<p>Improving Cancer Outcomes</p> <ul style="list-style-type: none"> • Deliver Cancer standards, • Improve one year survival rates • Improve palliative care access • Maintain screening uptake rates for cervical, breast and bowel <p>SCHEMES: Deliver improvement Plan, including use of alternative providers. CCG priorities: Lung/Lower GI/Upper GI/Urology, LHAC configuration review, Rightcare prescribing review</p>	<p>Estates Projects</p> <p>Primary Care Estate: Options appraisal 3 localities</p> <p>Estate utilisation review completed April 16,</p> <p>Primary Care Urgent care centre feasibility study</p>	<p>IT Digital Road Map</p>		

LHAC Programmes

Supporting Programmes

Actions Required: Formal consideration of the Lincolnshire West Clinical Commissioning Group 2016/17 Operational Plan to ensure the Plan takes account of the JSNA/local priorities in the JHWS.

1. Background

NHS England is requiring the NHS locally to produce two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

5 Five Year Sustainability and Transformation Plan (2016/17 – 2020/21)

CCGs in Lincolnshire have agreed a Lincolnshire wide initial footprint for the 5 Five Year Sustainability and Transformation Plan to support collaborative working across CCGs and the Lincolnshire County Council and to facilitate transformation and strategic planning with our 3 main healthcare provider trusts. The Lincolnshire Health and Care (LHAC) is a key element strategic plan. North Lincolnshire is also conducting a review of its strategic footprint which may result in the need to conduct further review of the Lincolnshire Strategic Footprint.

Nationally it included an £8.4 billion real terms increase by 2020/21, front-loaded. With these resources, we now need to close the health and wellbeing gap, the care and quality gap, and the finance and efficiency gap.

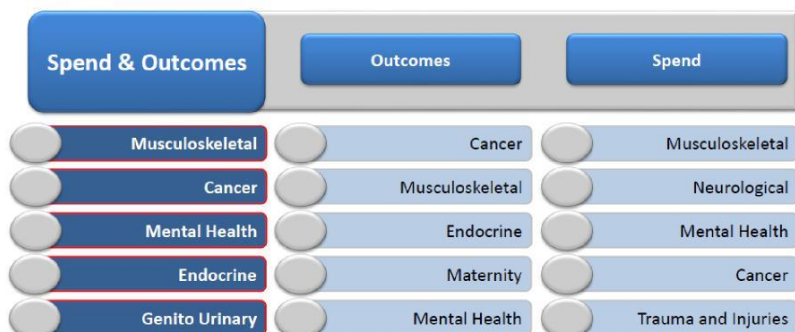
For the first time, the local NHS planning process will have significant central money attached. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. This step is intended to reduce bureaucracy and help with the local join-up of multiple national initiatives

CCG Operational Plan

The NHS Lincolnshire West Local Operational Plan specifically relates to the financial year 2016/17, and is the first year of the 5 year Sustainability and Transformation Plan. The Plan describes how commissioning intentions will be delivered with a focus on meeting

- NHS Constitution Standards, and Governments mandate to the NHS for 2016/17
- Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 Annex 2 to the Technical Guidance: Guidance on Commissioner Operational Plans (including '9 MUST Dos')
- Implementing Primary Care Strategy and developing place based integration across the CCG.
- Ours Plan is informed by;
 - **The Lincolnshire Joint Strategic Needs Assessment (JSNA)** (the JSNA is currently being updated and our draft plan may be further updated during March to reflect this),
 - Our understanding of the populations health needs emanating from discussion and consultation with local people,
 - Benchmarking using tools such as 'RightCare' ,
 - CCG Localities, local providers and other stakeholders and through working in close partnership with local authorities, and public health.

Headline opportunity areas for your health economy



A note on the methodology used to calculate your headline opportunities is available on our website:
<https://www.england.nhs.uk/comm-for-value/>

NHS Lincolnshire West CCG



The table to the left describes headline opportunities to improve and is taken from historical data and comparative benchmarking with like CCGs developed by Right Care.

With the exception of GU, each of the areas shown in the Table is addressed in this plan either as a CCG Transformational Programme, or LHAC Programme.

Our plans are aligned to

- Lincolnshire Health and Care (LHAC), 5 year Blueprint, which has been agreed by all Four Lincolnshire CCGs,
- Clinical Strategies from three main NHS providers in Lincolnshire.
- Lincolnshire Health and Well Being Strategy** (five main themes, with mental health running throughout)

HWBS Theme	CCG Operational Plan Priority
Promoting healthier lifestyles	LHAC Proactive Care Programme Transformation Programme Diabetes Transformation Programme Heart Failure Transformation Programme Mental Health Sustainable Primary Care Programme
Improve health and wellbeing of older people	LHAC Proactive Care Programme Transformation Programme Diabetes Transformation Programme Heart Failure Transformation Programme Mental Health Sustainable Primary Care Programme
Delivering high quality systematic care for major causes of ill health and disability	Support Programme Quality Our 6 major Transformation Programmes
Improve health and social outcomes for children and reduce inequalities	LHAC Women and Children Programme Support Programme Quality Sustainable Primary Care Programme
Tackling the social determinants of health	LHAC Proactive Care Programme Sustainable Primary Care Programme

Why is our plan important?

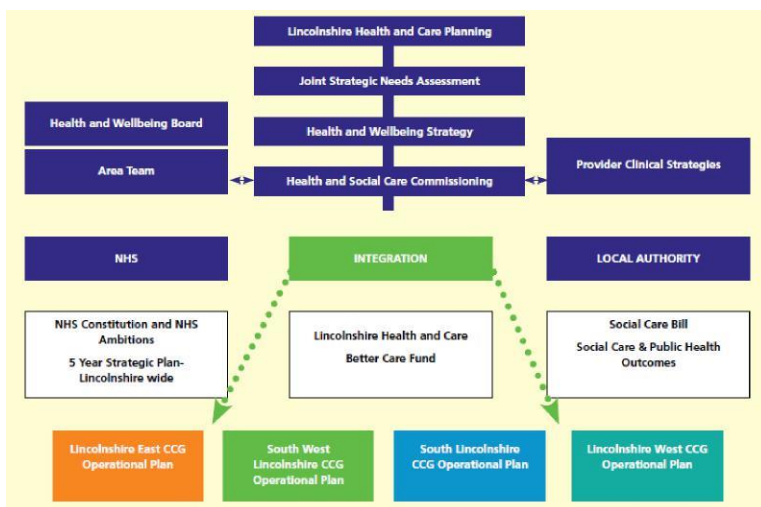
- To ensure our citizens can access services that at least meet national standards for quality and access and which do not vary in quality depending on where our citizens live or what services they access.
- To support our citizens to live longer healthier lives and prevent our citizens dying avoidably and prematurely from the major causes of illness in our population such as cancer, diabetes, heart failure, or as a result of mental health conditions
- To ensure we achieve maximum value for every pound we spend on behalf of our citizens.

This year our local plans will focus on working with our providers to achieve '9 MUST Dos' and associated priorities outlined in the 2016/17 planning guidance, national standards such as the NHS Constitution Standards and 6 major transformation programmes

Delivering the 5 Year Forward view – Overview CCG work streams and transformation programmes - meeting 2016/17 planning priorities 9 ‘MUST Dos’

Lincolnshire West CCG Local Priorities	National ‘Must Do’	Develop a high quality and agreed STP	Return the system to aggregate financial balance.	Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.	Access standards for A&E and ambulance waits	Improvement against and maintenance of the NHS Constitution standards RTT	Deliver the NHS Constitution Cancer	Achieve and maintain the two new mental health access standards: IAPT & EI, dementia	Deliver actions set out in local plans to transform care for people with learning disabilities	Develop and implement an affordable plan to make improvements in quality
Lincolnshire Health and Care including county wide work streams (STP): Proactive Care	✓	✓	✓							✓
Urgent Care (including SRG)	✓	✓	✓		✓					✓
Women and Children	✓				✓					✓
Planned Care	✓	✓	✓			✓	✓			✓
Mental Health, Learning Disabilities & Autism	✓				✓			✓	✓	✓
Finance, Estates, IT and Workforce Strategies	✓	✓	✓		✓	✓	✓	✓	✓	✓
Quality & Safety:	✓	✓	✓		✓	✓	✓	✓	✓	✓
CCG Transformation Programme- Sustainability/quality/access to Primary Care	✓	✓	✓		✓			✓		✓
CCG Transformation Programme – Mental Health		✓	✓		✓		✓	✓		✓
CCG Transformation Programme - Cancer		✓	✓				✓			✓
CCG Transformation Programme - Diabetes		✓	✓		✓					✓
CCG Transformation Programme – Heart Failure		✓	✓		✓					✓
CCG Transformation Programme - Prescribing		✓	✓							✓
Financial Plan	✓	✓	✓		✓	✓	✓	✓	✓	✓
Better Care Fund		✓	✓		✓				✓	✓

Lincolnshire Health and Care and CCG integrated approach to developing the Plan



The table left summarises the framework for developing the 5 Year Plan and local CCG Operational Plans

Strategic Priorities

- Delivering sustainable quality services that are
- financially viable in the medium and long term
- Delivering NHS Constitution Access Standards in the short and longer term
- Develop sustainability & quality of general practice
- Developing high quality integrated place based integrated care.

Currently, health and social care services are commissioned and provided by a number of separate organisations. Service models have developed and evolved based on these partial views of the system, with services being fragmented by organisation boundaries, traditional professional distinctions, and separate funding, regulation, physical locations, and IT systems.

The leaders of health and social care across Lincolnshire have come together to focus on defining the right services for Lincolnshire to improve quality and outcomes, and deliver services that the population will value, and care professionals can be proud of.

Since August 2013, the Lincolnshire Health and Care (LHAC) Programme has brought together the health and social care community in Lincolnshire to establish a system vision for health and social care provision, and to focus on how the people of Lincolnshire can achieve the best health and social care outcomes for the resources available, and what care should look like in the future. The overall objective is to

Collaboratively design and implement a sustainable health and care system that works in a joined up way, focuses on the prevention of ill health, co-ordination of care and improves clinical and patient outcomes and goals, with quality driving efficiency.

LHAC will form the basis of the Sustainability and Transformation Plan (STP) covering 6 specific work streams:

- Proactive Care
- Urgent care
- Women's and Children's
- Planned Care
- Mental Health , Learning Disabilities and Autism
- Enablers; Workforce, IT, Estates and Transport

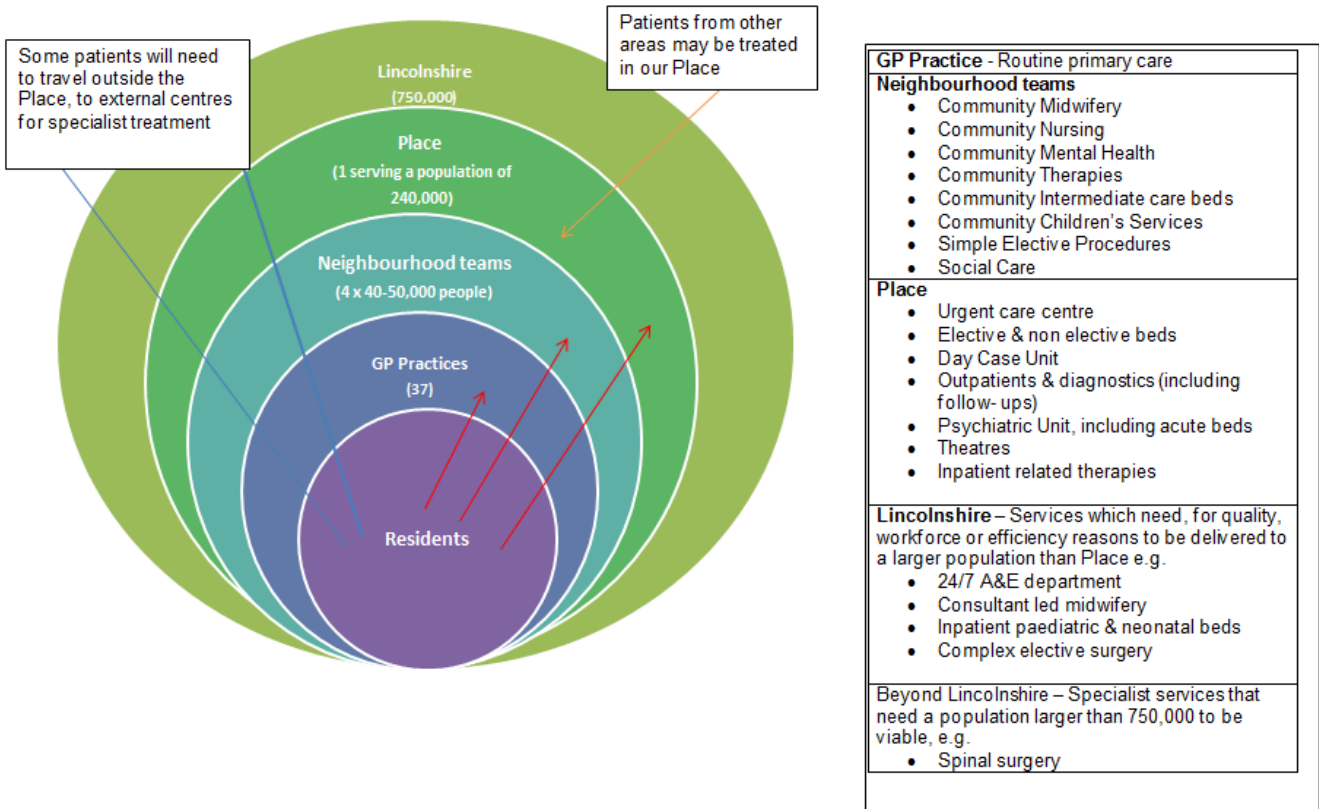
The Lincolnshire System STP will be subject to a full public consultation which will seek the views of the Lincolnshire public on the options for change.

The spring and summer the LHAC programme will continue to engage with the public and opinion shapers inside and outside of Health and Social Care in preparation for the public consultation.

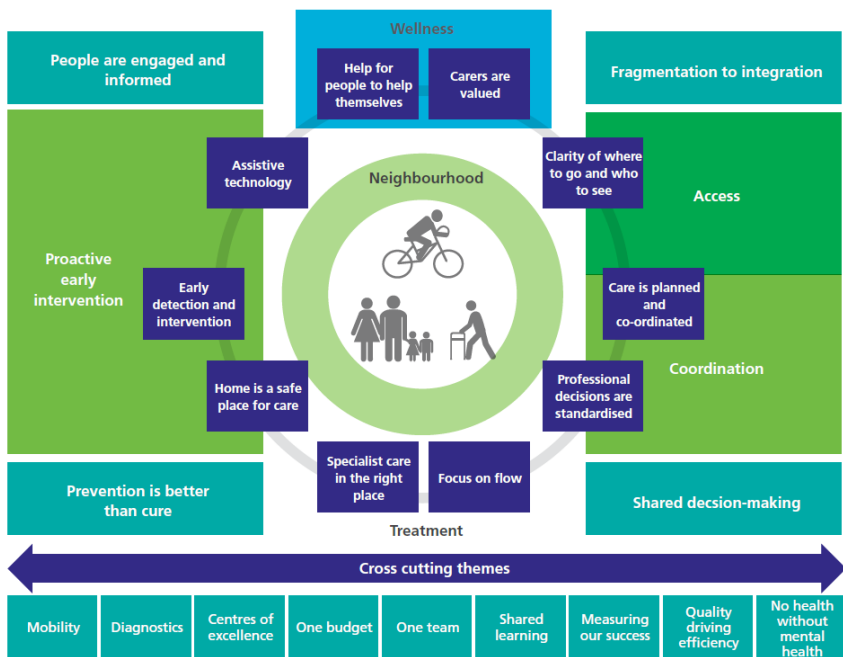
The Contracting work stream of LHAC has identified that new contractual and organisational forms will be required to deliver the ambitions of the programme. Work is currently underway across the system on reaching a definitive view on which FYFV model is the best fit. However there is broad consensus amongst local commissioners that "Accountable Care" type organisations are most likely to succeed.

One of the emerging models is a place based approach, based on multi-speciality/care of commissioning and delivering services to health and care needs of a population of approximately 250,000. It is envisaged there would be three such organisations in Lincolnshire, each based around a local hospital site (Lincoln, Boston and Grantham). These three place based systems would work together as part of the Lincolnshire wide network. The vast majority of services would be accessed locally, but with a recognition that for highly specialised services, there would be a need to buy in care from specialist providers outside Lincolnshire. The 'place' based approach would be built up from GP practices who in turn work in Neighbourhoods of approximately 50,000 – 60,000 population.

How a Place based approach might works is illustrated on the next page



The Plan on a Page, below, has been developed by the Lincolnshire Health and Care Programme (LHAC) and has therefore been signed up to, and agreed, across all Health and Social Care partners in Lincolnshire.



Our 6 major transformation Programmes are:

- **Cancer (linked to LHAC work stream)** - the primary focus will be to improve one year survival rates, meeting the NHS Constitution Standards and deliver Outcomes outlined in the National Cancer Strategy for England Achieving World Class Cancer Outcomes.
- **Diabetes** – to ensure people with Type 1 and Type 2 diabetes received NICE-recommended care processes
- **Mental Health** – To ensure effective care for people living with severe mental health conditions such as psychosis, bipolar disorder or severe anxiety or depression. This will focus on recommendations in the newly published Mental Health Taskforce Report, delivery on new waiting time standards for Early Intervention in Psychosis, and include proactive integrated physical and mental health care through to crisis home treatment support and repatriation of out of area placements.
- **Heart Failure** - During 2016 scope and establish project to ensure sure best practice care for Heart Failure is delivered across the CCG area through e.g. Improved detection, targeted screening, primary care audit and medication review, more rapid access to echocardiograms and specialist advice, more specialised in-patient care, improved discharge coordination and monitoring and better access to cardiac rehabilitation.
- **Prescribing** – reduction in inappropriate prescribing across primary and secondary care
- **Primary Care Sustainability** – Implementation of Primary Care Strategy and associated improvement schemes

NHS Constitutional Standards

The NHS Constitution Standards set out the rights and responsibilities of our population in relation to NHS Services. United Lincolnshire hospitals Trust continues to struggle to deliver performance standards in a number of areas including:

- **Cancer waiting time standards.** Significant improvement work took place countywide in 2015/16, which has begun to impact on performance and this work will continue at pace during 2016/17 with a focus on delivering the strategic objectives outlined in the National Cancer Strategy for England Achieving World Class Cancer Outcomes
- **A and E waiting times:** Performance is variable between sites and throughout the year. As part of the System Resilience Group and its associated Programme of work the CCG will continue to work with ULHT to support redesign of patient flow, reducing inappropriate admissions and attendances. Two initiatives implemented in 2015/16 Clinical Assessment Service and Transitional Care are expected to impact on improved performance in 2016/17
- **Ambulance CAT A 8min:** There are a number of initiatives currently taking place in Lincolnshire which either directly or indirectly affect reactive urgent and emergency care including the Joint Ambulance Conveyance Project, Co-responders, LIVES and Clinical Assessment Service implementation.
- **18 week referral to treatment waiting:** Significant improvement work took place countywide in 2015/16, which has started to impact on performance and this work will continue at pace during 2016/17. A critical success factor for this work stream will be management of the interdependency with the urgent care work stream. The planned care work programme for 2016/17 will support delivery of NHS Constitution Standards, the long term strategic objectives as outlined in LHAC blueprint and the 5 year forward view. As year one of the wider sustainable and transformation plan the focus will be on building the foundations of a planned care system that will enable service delivery to be transformed.

The CCG will also focus on achievement of the mental health NHS Constitution Standards in 2015/16

- **Dementia Diagnosis:** During 2014/15 the CCG commissioned a new Memory Assessment and Management Service (MAMS) that was fully operational in 2015/16. The CCG has seen an increase in referral rates to form 54.9 - 62.8% Jan 2016. The CCG has now appointed a mental health commissioning manager to support improvement and further improvement work is planned for 2016/17 to ensure the CCG achieves 67% target.
- **New mental health waiting time standards:** The CCG expects to achieve Improving Access to Psychological Therapy (IAPT) waiting time standards (6 and 18 weeks) from April 2016. The CCG will not achieve 2 week standards for Early Intervention in psychosis (EI) from April. Improvement plans

are currently being developed with an expectation that EI standards will be achieved from July 2016 onwards.

The CCG will also support delivery of the following county wide Lincolnshire Health and Care Programmes during 2016/17

- **Urgent Care** – Lincolnshire commissioners wish to continue to develop a more locally responsive urgent and emergency care service that meets the needs of our population. In addition, commissioners will ensure there is resilience in the urgent and emergency care services / system during periods of surge. Develop a locally determined model for Ambulance Service (East Midland Ambulance Service)
- **Proactive Care** - Further development of Neighbourhood Teams , implementation of Transitional Care, wellbeing, self-care, carer support and care homes
- **Planned Care** - The planned care work programme for 2016/17 will support the long term strategic objectives as outlined in LHAC blueprint and the 5 year forward view. As year one of the wider sustainable and transformation plan the focus will be on building the foundations of a planned care system that will enable service delivery to be transformed.
- **Women and Children** – This programme will lead on the implementation of Transforming Care for Child and Adolescent Mental Health Services (Inc. eating disorders)
- **Mental Health, Learning Disabilities and Autism** – This programme will include Transforming Care for people with learning disability through redesign of community services to ensure more robust comprehensive service provision in the community and ensure hospital admission is avoided where ever possible.

Quality Priorities 2016/17

- **Improved Mortality Rates:** Continued action by ULHT against Mortality Reduction Action Plan and Keogh, plus CQC recommendations. Latest SHMI indicates higher than expected mortality rates in quarter 4 2014/15. The focus to address mortality outlier areas will therefore be maintained, including assurance on actions being taken to improve sepsis management i.e. robust implementation of the Sepsis Care Bundle, which includes antibiotics within the hour where indicated.
- **2016/17 Priority Seven Day Services.** The CCG is committed to safe good quality services seven days per week twenty four hours per day. It will achieve this by ensuring we have robust emergency and urgent care systems (see work stream urgent care, primary care) where possible we will increase diagnostic capacity across both primary and secondary care, we are also committed to enabling our provider to provide timely senior clinical review and senior clinician lead care. Another vital element of seven day services will be to ensure we have the workforce to deliver this (see workforce section).
- **2016/17 Priority further National quality improvement priorities**
 - Existing national quality improvement work programmes e.g. Friends and Family; Safety Thermometer (including Pressure Ulcer Reduction and zero tolerance of avoidable pressure ulcers); Dementia; VTE; Healthcare Associated Infection Reduction (notably MRSA and CDiff) will continue to be driven forward by the CCGs.
 - CQUINs for 2016/17
 - Each larger commissioned service has a Commissioning for Quality and Innovation Scheme (CQUIN) Scheme funded by the CCGs which comprises of both nationally developed schemes and locally developed schemes. An overview of the National scheme and proposed local schemes is provided below

Commissioning of Primary Care

The CCG was granted delegated responsibility for commissioning primary care services in March 2015 taking effect from April 2015. The Primary Care Strategy developed during 2015/16 (workforce, estates and service design) will drive improvements in 2016/17.

Specialist Services

Work is ongoing to confirm arrangements for specialist commissioning in 2016/17

Financial Plan (Draft)

The summary shown below sets out the CCGs financial plan for 2016/17 (please note this is work in progress and does not represent a final version at this stage).

Revenue Resource Limit		
£ 000	2015/16	2016/17
Recurrent	304,354	313,611
Non-Recurrent	5,460	2,798
Total	309,814	316,409
Income and Expenditure		
Acute	147,668	149,460
Mental Health	28,792	29,561
Community	25,229	26,287
Continuing Care	18,383	18,085
Primary Care	47,057	47,163
Other Programme	4,845	6,568
Primary Care Co-Commissioning	28,650	29,795
Total Programme Costs	300,624	306,919
Running Costs	4,992	4,970
Contingency	1,400	1,650
Total Costs	307,016	313,539
£ 000		
	2015/16	2016/17
Surplus/(Deficit) In-Year Movement	(500)	72
Surplus/(Deficit) Cumulative	2,798	2,870
Surplus/(Deficit) %	1.0%	1.0%
Surplus (RAG)	AMBER	GREEN
Net Risk/Headroom		11
Risk Adjusted Surplus/(Deficit) Cumulative		2,881
Risk Adjusted Surplus/(Deficit) %		1.0%
Risk Adjusted Surplus/(Deficit) (RAG)		GREEN
Underlying position - Surplus/ (Deficit) Cumulative	6,359	7,607
Underlying position - Surplus/ (Deficit) %	2.1%	2.7%
Underlying position (RAG)	GREEN	GREEN
Contingency	1,400	1,650
Contingency %	0.5%	0.5%
Contingency (RAG)	GREEN	GREEN

Overview of financial position:

- Acute tariff uplifts are in line with the planning guidance proposal of a net 1.8% inflator. This may change once the tariff consultation concludes.
- Demographic growth of 0.6% has been applied in line with the year on year projected population increase. Further non-demographic growth has been applied in individual service areas depending on the trend analysis of expenditure.
- Prescribing is a key focus for the CCG and efforts will be concentrated on addressing unwarranted variation within localities.
- QIPP plans are still being developed and will focus on the key priorities of the CCG as identified through Right Care, (these are listed elsewhere within this plan).
- CCG intentions are to invest further in the 3rd sector especially in community based health services.
- Mental Health investment will increase in line with the CCG allocation to meet Parity of Esteem requirements.
- CCG contributions to the Continuing Healthcare Risk Pool nationally will reduce from £250m to £100m. The Lincolnshire West CCG contribution has reduced by 40% for 2016/17 from £1.742m to £0.697m, in line with national planning guidance

QIPP

Lincolnshire West CCG has targeted delivery of 2% in QIPP productivity, equating to £6.2m. Plans have been developed for countywide schemes for Secondary Care prescribing, Clinical Assessment Service and Transitional Care. The CCG is in the process of developing schemes in respect of Primary Care prescribing and continuing healthcare and using the atlas of variation to identify the opportunity for productivity savings that support the five key priorities for the CCG.

Consideration has been given to an increase in the targeted level of QIPP from 2% to 3% (in line with the regional baseline) but the CCG has elected to retain a target of 2%. In part, the rationale for this is that the local health economy has discussed the development of a single economy wide QIPP plan for 2016/17 and 2% is the CIP target for providers.

The table below shows the QIPP schemes in detail including description of the scheme, the stage of progress and when the cost savings are planned to be delivered.

QIPP scheme	Description of scheme	Stage	2016/17	2017/18
Prescribing	1. The introduction of Optimise RX will deliver significant shifts in prescribing towards more clinically and cost effective choices.	Outline	330	360
	2. Care homes support provided around medicines management for patients residing in care homes	Well progressed	120	0
	3. Utilisation of CfV and SPOT tools to identify areas of outlying expenditure (30% savings of full opportunity deliverable in year 1 and 2)	Outline	869	869
MSK pathway redesign	Right Care approach for MSK (utilising the C4V packs and SPOT tool analysis) 25% achievement in yr1 and 45% in yr 2.	Outline	697	1253
CVD pathway redesign	Right Care approach for CVD (utilising the C4V packs and SPOT tool analysis) 25% achievement in yr1 and 45% in yr 2.	Outline	236	425
Cancer pathway redesign	Right Care approach for Cancer (utilising the C4V packs and SPOT tool analysis) 25% achievement in yr1 and 45% in yr 2.	Outline	195	351
Continuing Healthcare transactional QIPP	Reduce the inefficiencies in the management of fast track patients in CHC. Assessments to be made in a shorter timeframe.	Outline	750	900
Mental Health transactional QIPP	Mental Health contract efficiencies	Outline	200	0
Running cost transactional QIPP	CSU contract efficiencies	Outline	22	200
CAS	The Clinical Assessment Service is an enabling service and forms part of the Lincolnshire Health and Care (LHAC) programme. It comprises all the clinical elements of the Hear and Treat services currently in place within the system. ie EMAS, NHS111, Out Of Hours.	Well progressed	528	0
Transitional Care	The transitional care scheme plans to reduce the expenditure on reablement (30 day beds). LCHS have agreed to work with the CCG's to improve productivity over a number of performance indicators.	Well progressed	430	0
Secondary Care Prescribing	A secondary care prescribing cost reduction scheme focussed on the " High Cost Drugs" (i.e. excluded drugs under PbR). The scheme is based on combined work of the Trust Pharmacists and the CCG, with both parties incentivised to seek savings via a gain share agreement.	Well progressed	45	0
Dermatology	Redesigned pathway and telederm being offered to reduce activity.	Outline	50	0
ENT	Contract efficiencies	Well progressed	128	0
Integrated personal health budgets	Continuation of 15/16 scheme with more emphasis and greater promotion.	Well progressed	150	150
Unidentified			1450	2000
	Total		6200	6508

Better Care Fund (further development of plans is taking place in parallel to operational planning during March 2016)

The Better Care Fund was announced in June 2013 as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. Lincolnshire West Clinical Commissioning Group is clear that the LHAC must move at real pace to bring about necessary change in each year of this planning cycle. Lincolnshire West Clinical Commissioning Group has worked very closely with the Local Authority and partner CCG's to develop pace for the creation of the Better Care Fund for the county. The BCF will be embedded with the LHAC programme, and is seen by the CCG as an opportunity to lever system efficiency through closer, more integrated working across the health and social care sector. The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing. Summary funding arrangements in Lincolnshire are listed in the table below. In 2016-17 NHS England has mandated a minimum of £3.9 billion of the overall Clinical Commissioning Groups allocation to be deployed via the Better Care Fund, in order to support greater integration between health and social care. The minimum BCF contribution based on the allocations for Lincolnshire West CCG in 2016-17 is £14,453m, (2015/16 - £14.497m)

Better Care Fund		
Clinical Commissioning Group	Minimum contribution 2015/16 £m	Minimum contribution 2016/17 £m
Lincolnshire West	14.5	14.4
Lincolnshire East	16.2	16.3
South Lincolnshire	9.8	9.9
South West Lincolnshire	7.9	8.0
Total	48.4	48.6

The CCG still awaits planning guidance for the Better Care Fund in 2016/17 and it is unclear at this stage whether there will be a pay for performance element in respect of delayed transfers of care.

Better Care Fund Metrics

National:

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; older people (65 and over)
- Effectiveness of reablement; older people (65 and over) who were still at home 91 days after discharge
- Delayed transfers of care.

Local:

- People feeling supported to manage their (long term) condition
- Do care and support services help you to have a better quality of life

2. Conclusion

The Lincolnshire West Clinical Commissioning Group Operational Plan 2016-2017 sets out our commissioning intentions and priorities for the forthcoming year. The 5 Year Sustainability and Transformation Plan will be published in summer 2016 following review the NHS England therefore assumptions that have informed this plan are based on best available evidence at the time of writing and the plan may need to change in year to reflect the published 5 year Plan.

Communication and Engagement is still ongoing and will not be concluded until late March 2016.

Financial analysis and activity projections (***please note that projections are not a final version and represents work in progress at the time of producing this report***)

Planning Timetable 2016/17

29 January: Submit proposals for STP footprints

8 February: Initial submission of operational plans to NHSE to include BCF and transformation plan with narrative and copy of Unify templates to locality teams (copy narrative plan to HWBB)

9 February: Review by HWBB

9-12 February: Review of plans by NHSE locality team.

15 February: Feedback on operational plan to CCGs

2 March: Second draft of operational plan submission

7th March: Submit draft narrative plan to HWBB

3-11 March: Review of plans by NHSE locality team

15 March: Feedback on operational plan to CCGs

22nd March: HWBB review plans

11 April: Submission final 2016/17 operational plans aligned with contracts

End of June: Submit full STPs

October: Begin implementation of approved STPs

3. Consultation The Operational Plan outlines how stakeholders have been engaged in developing the plan and the process for stakeholder engagement in future strategic planning.

- August – September 2015 consultation with CCG Locality Groups
- October 2015 stakeholder engagement events in Lincoln and Gainsborough using ‘Open Space’ methodology and Listening Event Lincoln resulted in a number of emerging themes
- November 2015 CCG Executive Committee planning event to review emerging themes, evidence from Joint Strategic Needs Assessment and Right Care and develop first cut priorities
- December 2015 Health and Wellbeing Board review emerging priorities
- January – February 2016 stakeholder event and stakeholder survey to review priorities and identify local quality premium priorities
- February 2016 Health and Wellbeing Board review first cut plan
- Easy read and plain English version of the plan on a page will be produced and used to conduct an equality impact of the plan during March / April 2015.
- March 2016 Health and Wellbeing Board review final draft plan



The table left summarises key themes identified by stakeholders and how the CCG has responded in the operational plan

All projects within the Operational Plan are required to have an equality impact assessment and an equality impact assessment is being completed on the plan as a whole during March 2016.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Annette Lumb head of Planning and Corporate Governance Lincolnshire West Clinical Commissioning Group who can be contacted on (01522 513355.) or annette.lumb@lincolnshirewestccg.nhs.uk