

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on Behalf of
(Lincolnshire East CCG)

Report to	Lincolnshire Health and Wellbeing Board
Date:	22 March 2016
Subject:	NHS Lincolnshire East CCG 2016/17 Operational Plan

Summary:

Our 2016/17 work programmes have been developed with the clinical leads within the Lincolnshire East Clinical Commissioning Group, (CCG), and from intelligence taken from our patient and public listening events; national and local outcome data, such as the Atlas of Variation; Commissioning for Value packs using the RightCare principles, (a tool that Lincolnshire East CCG are adopting for 16/17), and in alignment with the Joint Strategic Needs Assessment (JSNA), and the Joint Health and Wellbeing Strategy (JHWS).

During 16/17, there is a requirement for the NHS 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

Our commissioning intentions and the first year of what will be the five year plan, aims to develop and deliver changes in models of care, working in partnership with organisations within our health and social care system

The purpose of this paper is to assure the Board that the JHWS continues to be supported by Lincolnshire East CCG and to request the Board to formally support the plan.

Our 16/17 Operational Plan will be available for viewing on Lincolnshire East CCG website <http://lincolnshireeastccg.nhs.uk> once the required levels of approval have been given. It is currently in second draft format and the final version will be submitted by 11 April 16

Actions Required:

Confirmation that Lincolnshire East CCG plans meet the needs and outcomes of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

1. Background

Lincolnshire East CCG's 2016/17 Operational Plan outlines our current position across a number of key areas and our plans to continue to develop and deliver plans to provide services that are safe and will deliver the quality outcomes for our patients.

Using information and national priorities such as the new '9 Must be Done's' in 'Delivering the Forward View: Planning Guidance 2016/17 – 2020/21; the NHS Constitution; Everyone Counts: Planning for Patients 2014/15 to 2018/19; , and local data from the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and from internal sources, Lincolnshire East CCG has focussed on the requirements and needs most important to its population

Lincolnshire East CCG has also recently been selected as one of 60 CCGs to receive additional support to implement the local Commissioning for Value approach, using information provided by Public Health England (PHE), NHS England (NHSE), and RightCare. This approach provides a *“methodology for quality improvement, led by clinicians. It not only improves quality but also makes best use of the taxpayers' pound”*.

<https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/mids-ee-2015/>

2. Conclusion

Key priorities for the Lincolnshire East CCG in 2016/17 are to achieve the overall system wide transformation described within the Lincolnshire Health and Care (LHAC) programme and the 5 year Sustainability and Transformational Plan (STP) but very much focussing on delivering to meet the local needs of our population. We will work with our patients, public and stakeholders to continue to commission the quality services required to provide the best outcomes within the financial resource available to us. Summary of Lincolnshire East CCG 2016/17 work programmes is attached as **Appendix A**.

3. Consultation

Consultation is undertaken by LECCG in concert with appropriate stakeholders utilising different approaches with a clear link to LHAC. The CCG has a Communications and Engagement plan which outlines our communications and engagement aims and objectives and is aligned to its commissioning intentions and general direction of travel. The CCG actively engages with all stakeholders, patients and the public and continues to improve upon its continuous listening approach. The priorities of LECCG are clearly

aligned to the expectations and requirements as set out by NHS England in the aforementioned documents

4. Appendices

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

5 Background Papers

Document	Where to Access
Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21	https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf
New Mandate to NHS England – Annexe 2	
NHS Constitution	https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
Commissioning for Value: Refreshed NHS RightCare Value Packs	https://www.england.nhs.uk/wp-content/uploads/2016/01/lincs-est-ccg-16.pdf
NHS RightCare - Atlas of Variation	http://www.rightcare.nhs.uk/atlas/downloads/2909/RC_nhsAtlasFULL_LOW_290915.pdf
JSNA (update Report 2013)	http://www.research-lincs.org.uk/UI/Documents/jsna-overview-update-report-2013.pdf
Joint Health and Wellbeing Strategy for Lincolnshire 2013-18	http://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/health-and-wellbeing-board/115339.article

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Programme	Scheme	CCG Countywide	Description	Ambition	Timescale
Urgent Care	Clinical Assessment Service	Countywide CCG support	Part of the Lincolnshire Recovery Programme to achieve constitution standards – Made up of the component parts of the urgent care system.ie EMAS, NHS111, Out Of Hours. Aim to improve the current process by introducing a robust assessment service	Reduce emergency admissions Reduce waiting times Improve patient experience	Part of SRG programme 16/17
	Transitional Care	Countywide CCG Support	Programme of work to commission levels of care/services which are required to support people to stay in their home. This includes: development of 'Assisted Discharge' teams and Intermediate care bed procurement for Boston locality	Reduction of admission to hospital when alternative care can be provided Reduced costs from non admittance Improved use of acute hospital beds	Part of SRG Programme 16/17
	Vulnerable Patient Pathway (previously £5 per head)	CCG	Review the current over 75 £5 per head scheme to identify the best practice for all 25 schemes and deliver across participating practices in 16/17 with a view to full procurement in 17/18	To reduce emergency admissions To support vulnerable people within the community	On-going 15/16/17
Prescribing	PMOS QIPP Review	CCG	The Prescribing and Medicines Optimisation Service (PMOS) have completed an initial review of national and local priorities and have produced a recommended list of Prescribing QIPP initiatives for action in 2016/17. The review considered information around patent expiries, product pricing, product availability and new guidance. Measured through PMOS standardised monthly reporting.	Reduce prescribing costs Improve effective, efficient prescribing	On-going

Planned Care	Community Access to Audiology	Countywide CCG	Improved access to audiology services for Hearing Aid Devices in closer to home. Measurements as per pilot in SWLCCG, linked to patient experience and reduction in acute services spend.	Currently proof of concept delivered in LSWCCG. Reviewing for remaining CCGs	Scoping already started. Scheme start in 16/17
	Community ENT service	3 CCGs	Increased usage of ENT service. Measurement through CI data reports on service. LECCG reviewing current contract with community provider	To reduce numbers referred to secondary care To improve local access for patients	Scoping already started. Scheme start in 16/17
	Community Surgery Scheme	Countywide	Increase opportunity for patients to access services closer to home. Measurement through useage of schemes once live. Increase additional services available through the CSS	Reduce numbers referred to secondary care Reduce cost Improve local access by provision of services	Scoping already started. Scheme start in 16/17
	Secondary Care Follow Ups		Around 130,000 outpatient follow-up appointments will take place 2015/16. Identify if all are required as traditional face to face appointments. Some may not be required at all. This project will establish a benchmarked current position in terms of ULHT first to follow-up ratio's at speciality level and secondly seek to increase the utilisation of non-face to face follow up methods.	Reduce no. of follow up appointments in secondary care Improve patient waiting times	Scoping already started. Scheme start in 16/17
	Advice and Guidance	Countywide CCG support	Work with secondary and primary care clinicians to develop a robust and usable Advice and Guidance service for GPs to access for expert support. Commencing with Cardiology	Reduce referrals to secondary care Improved waiting times Better patient experience	Scoping already started. Scheme start in 16/17
	Community Dermatology Service	CCG	To procure a Community Dermatology Proof of Concept to inform full procurement commissioning intentions, in order	Improve patient waiting times Reduce referrals to secondary care	Scheme started. Stringent monitor and

			that we can develop a bespoke LECCG service		review during 16/17
	Review of MSK CATs service	CCG	Phase 2: Full procurement of community dermatology service for 3-5 year period Review usage by CCG by locality. Challenge referral pathways and impact on secondary care. Challenge MSK CATs outcomes Identify how the service can be measured as cost effective. Does LECCG wish to continue to commission an MSK Service.	Improve use of service if identified as more efficient and cost effective service. Reduction in the perceived 'duplication' of treatments/procedures Improve waiting times in secondary care	Scoping already started. Scheme start in 16/17
	Neurology – Planned Care Board priority	Countywide	Review Neurology services across Lincolnshire. Undertake deep dive on all services connected eg prescribing LECCG committed to commissioning a PD Nurse through PD Society	Improve neurological services across Lincolnshire	Still being scoped as deep dive due for review in March 16.
CVD – Cardiovascular Pathway	Cardiology Up-skilling Training	CCG	Opportunity identified through CfV using Right Care methodology. Series of Cardiology Upskilling Training to GPs/PNs delivered in LECCG. Assessment has been supported by East Midlands Clinical Network Best Practice and Evidence Based interventions	The aim is to anti- coagulate at least half (as a minimum of) the patient group currently not receiving any anticoagulant drug therapy at each practice. Ambition to:	Commenced 15/16 as part of 2-3 year programme of work
	Atrial Fibrillation	CCG	Review practice and processes regarding management of AF. Increase identification of patients with AF and optimise clinical management with anticoagulation where necessary.	Reduce number of strokes Avoid preventable deaths Improve management of AF Patients	
	NHS Diabetes Prevention Programme	Countywide CCG supporting	Part of the Lincolnshire cohort to receive support in diabetes prevention awareness	Improve early detection of preventable diabetes	Start April 16
	Integrated Diabetes Pathway	CCG	Diabetes pathway to be an integrated model across both primary and secondary care with	Reduce variation of care Manage discharge of non Super 6 patients from secondary care	

			the expectation that the majority of activity will take place in a primary care/community setting.		
Mental Health	Dementia Services	CCG	Continue with supporting practices to identify and diagnose Dementia. Continue with progression of Dementia Support Network	Diagnose and optimally treat dementia	On-going
	Review of Community MH Team	Countywide	Undertake review to identify where gaps in service provision are, improve current provision		
Research and Development - Technology	Prescribing – PINCER Trial To test intervention aimed to reduce prescribing errors in Primary Care		PINCER trial developed to study whether a pharmacist led IT-based intervention could reduce medication error rates within the primary care setting. As a research trial all measures will be as per protocol.		
	'MyHealthLincolnshire' Web App	CCG	The development of a web-based multi-media information portal to promote patient self-care. The portal will have 3 links on the home page <ul style="list-style-type: none"> - I am ill - My child is ill - I have a long term condition (development to be added) 	Strengthen greater patient control and responsibility for the management of their long term condition. This will include both long term life style change and self-management of minor acute exacerbations/deteriorations	
Quality /Efficiency	Review of Butterfly Hospice	CCG	Currently underutilised as bed occupancy averaged 64%. Communication to the Hospice on increasing in-take on a daily basis (currently only 1 admission accepted) and communication out to all practices to ensure awareness	Increase bed occupancy to 80% Encourage as many LECCG GPs to use the service, as is practicable. Contribute to reduction in hospital admission as EOL patients could use this facility	

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