

## South West Lincolnshire Clinical Commissioning Group - 2016/17 Operational Plan on a Page

The CCGs Operational Plan outlines how we will balance our resources, both recurrent and non-recurrent, and how this will be used to improve quality and outcomes for patients within the CCG locality. A key element of this plan will be to use a Right Care approach with a focus on elective care and prescribing whilst continuing the transformation of care in the community for those that do not require an acute setting. We will aim for a joined up system with patients and families at the centre with proactive care providing early intervention and supported self-care being the prime drivers for change. This plan on a page reflects the CCGs intentions aligned to the nine National priorities for 2016/17.

### Sustainability and Transformational Plan

Currently, health and social care services are commissioned and provided by a number of separate organisations with service models based on partial views of the system. This system is 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. Lincolnshire Health and Care will form the basis of the Sustainability and Transformation Plan (STP) covering 6 specific work streams – proactive; urgent; women's and children's; planned; mental health, learning disabilities and autism; the enablers (workforce, IT, estates & transport).

### Access

The A&E performance in Lincolnshire has deteriorated since September 2014 and has not had a sustained recovery. This is not unique to Lincolnshire with many Trusts in neighbouring areas also not achieving the 95% standard. A remedial action plan has been implemented by ULHT in January 2016. Other initiatives are being considered or implemented to support recovery. The East Midlands Ambulance Service continues to fail against all of the standards. A number of actions have been put into place to manage this poor performance – 1) revised remedial action plan including an improvement plan and core system actions; 2) A Recovery Action Plan (RAP) is being drafted and will cover - handover, activity & Staffing; 3) A review of the service improvement plan including improved retention of resources; 4) A trajectory plan for 2016/17; 5) Review of the national pilot to test out the re-categorisation of Red 1 and 2 calls and changes to response times.

### Mental Health

Physical health care has been embedded into contracts to help reduce the health inequalities between people with serious mental illness and the general population. Investments in mental health include dementia, Children and Adolescent Mental Health Service (CAMHS) and a self-harm pathway. Improvements include - early intervention sub teams have been re-established; training in Family intervention skills planned February 2016; Cognitive Behaviour Practitioners identified and training arranged to increase capacity; Performance monitoring has been agreed and capacity will be reviewed in line with performance; Trajectory for achieving compliance with Early Intervention waiting time standard has been agreed. IAPT - Current performance exceeds the required target. This will be monitored via the contract management group. A refurbished S136 suite is due to open in February 2016, allowing police officers to detain people who may be a risk to themselves or others and arrange admission for assessment in the suite.

### Financial Balance

The CCG has received the lower threshold of growth allocation which presents a number of challenges for the CCG that will also be influenced by the financially stretched local health and social care economy. A robust and sustainable QiPP programme which is clinically led is essential to ensure financial balance.

The focus for the CCG in 2016/17 is a comprehensive review of outpatients, elective care and diagnostic direct referrals with scrutiny on consultant to consultant referrals. A review of specific elective care pathways which could be commissioned in a community setting, rather than within an acute hospital, will be undertaken. The Right Care information packs are being reviewed to ensure we target our focus to maximum gain both in terms of best use of resources and quality outcome for patients.

### Referral to Treatment

It is a priority to maintain the NHS Constitution standard that 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice. As at November 2015 92% of our patients on an incomplete pathway were within the 18 weeks standard. Our main provider United Lincolnshire Hospitals NHS Trust (ULHT) is just below the standard at 91.2%. At this Trust a number of specialties are not achieving the incomplete standard and remedial action plans are in place for recovery. The Planned Care improvement plan for 2016/17 will promote - improved outcomes; reduce unplanned contact; improved patient access the right person at the right time; reduced demand for secondary care services; supported recovery from acute treatment; profiling elective care to increase non-electives during winter

### Learning Disabilities

The Transforming Care Partnership in Lincolnshire has been established between the 4 CCGs and Lincolnshire County Council (LCC) and SROs from both organisations are in place. A Transforming Care Board has been convened to enable organisations to work together and create a plan to transform services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging, in Lincolnshire. This includes people of all ages and those with ASD who do not also have a learning disability. Key areas of the transformation plan include – 1) Redesign of community learning disability services to ensure community focus and less reliance on inpatient beds; 2) 24/7 access to crisis intervention and home assessment and treatment for people with a learning disability; 3) Increased liaison functions to increase access to mainstream services. Including widening this function to include autism liaison as well as physical health and mental health liaison; 4) Safe spaces and alternative to hospital crisis options

### General Practice

*The CCG has a draft vision to support our member practices to deliver consistent, accessible and high quality primary care, using networks of healthcare and other professionals and innovative solutions to deliver services. We will support members to widen the primary care offering to our patients, to allow them to receive care in the community where appropriate.* Key themes to tackle in 2016/17 are: 1) Delivering sustainable primary care that is able to meet local needs and which are fit for the future; 2) Develop local based services with closer integration to enable robust out of hospital care; 3) Workforce planning, including innovative recruitment; 4) Working in new ways and using technology to improve care and reduce unwarranted variation; 5) Making it easier for GPs to refer patients correctly to other services where required

### Cancer

Cancer performance has been recovering throughout 2015/16. As at November 2015, 6 out of the 8 cancer standards were being achieved, however year to date only 2 of the 8 standards have been achieved.

The Lincolnshire Cancer Improvement Plan will be designed to deliver the strategic objectives outlined in the National Cancer Strategy for England *Achieving World Class Cancer Outcomes*. The overarching objective of the local plan for 2016 / 17 will be to – 1) To establish clinical pathways that enable referral to diagnosis within four weeks; 2) To ensure that service models and configuration enable sustainable delivery of cancer services through proactive management of identified constraints.

### Quality

The CCG will have a number of areas of focus and these will include:

- Mortality rates and avoidable deaths
- Healthcare Associated Infections (HCAI)
- Maternity Review
- Safeguarding
- Equality and Diversity
- Palliative Care and End of Life
- Patient Experience
- Improving Patient Choice
- Friends and Family Test
- Personal Health Budgets

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