

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire West Clinical Commissioning Group

Report to

Lincolnshire Health and Wellbeing Board

25 March 2014

Subject:

Lincolnshire West Clinical Commissioning Group Operational Plan 2014/15-2015/16

Summary:

The CCG is required by NHS England to produce a 5 year strategic plan 2014/15- 2018/19 and an Operational Plan for 2014/15- 2015/16. CCGs in Lincolnshire agreed a Lincolnshire wide footprint for the 5 year strategic plan to support collaborative working across CCGs, the Lincolnshire Health and Wellbeing Board and Lincolnshire County Council and to facilitate transformation and strategic planning with our 3 main healthcare provider trusts. The Lincolnshire Sustainable Services Review (LSSR) is in essence the 5 year strategic plan.

The NHS Lincolnshire West Clinical Commissioning Group Operational Plan 2014/15 - 2015/16 is the key document that presents our organisation's plans to address health inequalities and improve the health of our population, in response to the population's health needs.

The Operational Plan sets out our intention to transform quality and access to services within the financial resource we have available. The plan has been developed to support the implementation of in the Lincolnshire Sustainable Services Review (LSSR,) and in the context of the national reforms set out in the Health and Social Care Act 2012, and National guidance 'Everyone Counts: Planning for patients 2014/15 to 2018/19.

There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare, and significant variation in healthcare need between and within localities. For example, women in our most deprived communities on average die on average 17 years earlier than those in our least deprived, whilst men die 12 years earlier.

In developing the plan we have identified nine strategic programmes that encapsulate what is required, to address the most significant challenges facing us, and to deliver our

strategic goals.

The CCG Operational Plan outlines local operational delivery of the Lincolnshire Sustainability Services Review and all of our programmes are aligned to LSSR work streams and the Lincolnshire Joint Health and Wellbeing Strategy. These are;

CCG Programmes	LSSR Work Stream	Joint Health & Wellbeing Strategy Theme
 Reducing Inequalities and Improving Life Expectancy Long Term Conditions and Frail Older People Improving Outcomes in Cancer Mental Health & Learning Disabilities 	Proactive care	 Promoting healthier lifestyles Improving lives of older people Delivering high quality systematic care Tacking social determinants of health
Integrated Urgent (Reactive) Care	Urgent Care (Reactive)	Delivering high quality systematic care
Elective Care	Elective Care	Delivering high quality systematic care
Women & Children	Women & Children	Improving Outcomes for children
 Quality and Safety Primary Care Strategy	Cross Cutting Themes	Delivering high quality systematic care

The Operational Plan outlines high level summaries of our programmes, and detailed programme summaries are included in the appendices.

Priorities

Focus on quality

Focus on quality is integrated across all programmes. In addition national and local CQUINs will be used to incentivise quality improvements

CQUINS

The list of nationally developed CQUINs applicable to Acute, Primary Care and Mental Health Services was published at the end of December 2013, these may be summarised as:

National CQUIN Scheme	Acute services providers	Community services providers & care homes	Ambulance services providers	Mental health providers
Friends and Family Test	V	√(community services only)	·	_
NHS Safety Thermometer	✓	~	n/a	√
Dementia and delirium	√	n/a	n/a	n/a
Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)	n/a	n/a	n/a	V

In addition the following local CQUIN targets have been agreed with providers:-

Local CQUIN Schemes	Acute services	Community	Mental	Ambulance
	providers	services	health	services
		providers	providers	providers (waiting confirmation from Erewash CCG)
Workforce Expectations	~	~	V	
Care Bundles	~			
Medication Safety	V			
Thermometer				<u> </u>
Clinical Escalation	~			
Falls Reduction	✓			
Development of PROMS (End of Life)				
7 day working,	✓			
Development of PROMS (End of Life)				
Autism (Training & Awareness))	V	
Development of PROMs for Dementia			√	
Medication Safety				
Thermometer,			,	
Cultural Barometer		·		
Care rounding on virtual wards		·		
End of Life Care		√		
Medication Safety Thermometer		·		
		,		
Co-ordinated discharge planning with GPs		·		
Train the Trainer/ palliative care eo!		✓		
champions				

Quality Premium 2014/15

The quality premium is intended to reward CCGs for improvements in the quality of services that they commission and for associated improvements in health outcomes and reduction in inequalities. Quality premiums are divided into national measures, all of which are based on measures in the NHS Outcomes Framework:

- Reducing potential years life lost through amenable mortality
- Reducing avoidable emergency admissions
- Ensuring the roll-out of the friends and family test and improving patient experience of hospital services
- Preventing healthcare associated infections

And local a local measure which should be based on local priorities identified in the Joint Health and Wellbeing Strategy. Lincolnshire West CCG local quality premium priority is described below.

Local Quality Premium : Appropriate treatment of Atrial Fibrillation

Measure:

 To increase by at least 5% from current baseline of AF patients who are prescribed optimum preventative therapy.

Rationale.

- Atrial fibrillation (AF) is the most common sustained dysrhythmia, affecting at least 600,000 (1.2%) people in England alone. It is also a major cause of stroke. Uniquely it also is an eminently preventable cause of stroke with a simple highly effective treatment.
- Clinical discussions with the stroke consultant have identified a problem with prescribing of appropriate medications for patient who are admitted with a stroke
- Clinical peer pressure created by selecting AF a local target will be used to help improve the lower performing localities and in doing so help to reduce health inequalities.
- This target will help reduce the number of stroke admissions to hospital

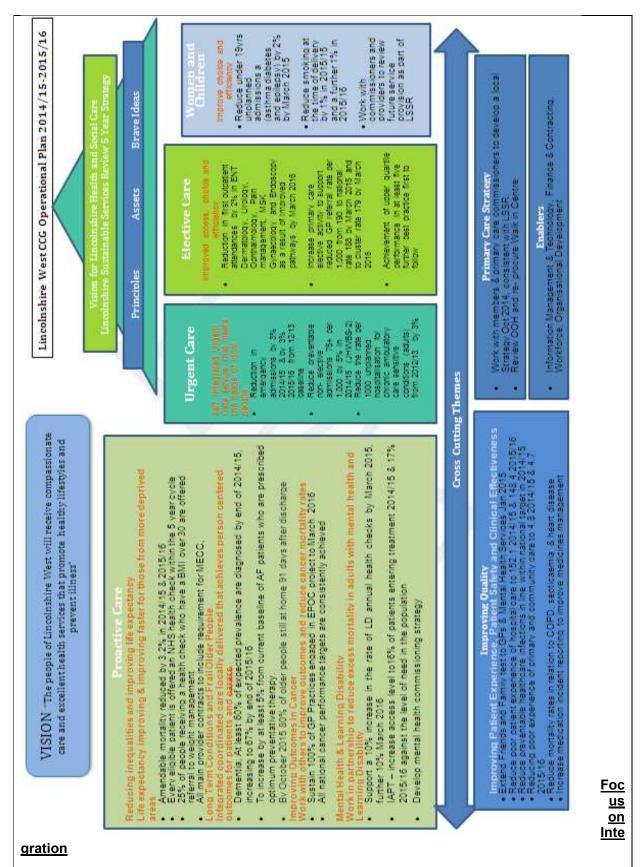
Focus on outcomes

The table below outlines how the CCG local ambitions support NHS England Ambitions

NHS England Ambitions

LWCCG Local Ambitions	Securing additional years of life for people with treatable mental health and physical conditions	Improving the health related quality of life of people with one or more long- term conditions, including mental health conditions	Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	Increasing the proportion of older people living independently at home following discharge from hospital	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and the community	Making a significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	Improving health through ensuring every contact counts -promote a healthy lifestyle and healthy environment	Reducing health inequalities, ensuring the most vulnerable in society get better care and better services	Moving towards parity of esteem
Reducing inequalities and improving life expectancy	✓							√	√	√
Long Term Conditions and Frail Older People		✓	✓	✓	✓	✓		✓	✓	√
Integrated Urgent (Reactive)Care			✓		✓		✓		✓	√
Elective Care		✓	✓			✓				
Quality			✓	✓	✓	✓	✓		✓	✓
Primary Care Strategy	√	√	✓	√		√		√	√	✓
Mental Health & Learning Disability	√	√	√	√	√	√		√	√	√
Improving Outcomes in Cancer	√				√	✓		√	√	
Maternity and Paediatrics		✓	✓		✓	✓		√		

Metrics have developed for all programmes to measure progress in achieving ambitions and are summarised on the plan on a page



The Better Care Fund (previously referred to as the Integration Transformation 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.

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.

Organisation	Spending on BCF schemes in 14/15	Minimum contribution (15/16)
	£'m	£'m
Local Authority Social Services	£15.40	
Lincolnshire East CCG		£16.19
Lincolnshire West CCG		£14.50
South Lincolnshire CCG		£9.81
South West Lincolnshire CCG		£7.90
BCF Total	£15.40	£48.40

Alignment to the LSSR

The Lincolnshire West Operational Plan is the local implementation of the first two years of the LSSR. The CCG has

- Prioritised and designed local ambitions, interventions and metrics that align to and have a measurable impact on delivery of LSSR ambitions (and further metrics will be developed)
- · Prioritised financial and human resources
- Worked with partners to ensure investment of the Better Care Fund supports delivery of the LSSR

The CCG has developed four priorities to support the LSSR, that will be implemented in 2014/15, these are

- 1. Develop Neighbourhood Teams
- 2. Re-procure the intermediate layer by winter 2014/15
- 3. Focus on improving prevention, early detection and delivery of cancer services
- 4. Management of atrial fibrillation (AF) in general practice

Finances

Local and national economic conditions will influence the availability of resources and requirements for all public services. The financial allocations for Lincolnshire West CCG are as follows. (2013/14 allocation included to provide context):

	13/14	14/15	15/16
Allocation (£'000)	253,509	258,934	263,336
Population	228,278	230,271	232,199
Total Growth		2.14%	1.70%
- Population		0.87%	0.84%
- Price		1.27%	0.86%

Impact of Engagement Activity on development of the Operational Plan

Engagement Activity	Outputs	Influence on Operational Plan
Commissioning Intentions Stakeholder Event (circa 100 stakeholders) July 13	 Test CCG's vision, mission and goals Rank CCG priorities for transformational change for 2014/15 	Informed themes of: Patient-centred care Integrating services around the patients' needs Improving access, choice and efficiency Improving consistency of high quality care
LSSR Stakeholder Event October 13	Draft Blueprint reviewed with stakeholders	 Format and content of plan updated and aligned to draft LSSR Integrated Community teams reviewed against the draft blueprint for Neighbourhood Teams
GP Member Practice Think Tank Event October 13	Identify workable solutions to key challenges around A&E, IHD, Breast Cancer, Friends and Family Test and Integrated Services	 Ideas fed into planning, e.g. improving access to prevention, improving integrated working Different ways of delivering urgent care in Primary Care
Clinical leaders content development groups October –November 2013	Think tank ideas reviewed Long list of potential projects reviewed and shortlist produced Review of draft commissioning intentions	 Improved sharing of clinical information and Integration of clinical notes Higher profile of mental health in the plan and production of Mental Health Commissioning Strategy Short list of elective projects Recommendation to produce a Primary Care Strategy to support implementation of plans
Provider Event	Share draft	Providers' inputs to draft

November 13	commissioning intentions with providers	commissioning intentions • Able to link draft commissioning intentions to emerging LSSR themes and provider plans
Strategy Group briefing December 13	 Share outline Plan, including local innovations, with Member Practices 	Informed development of local innovations, including neighbourhood teams
Keogh Listening Event December 13	Identify main issues impacting on individual patient experiences	Main issues informed themes of: Patient-centred care Integrating services around the patients' needs Improving access, choice and efficiency
Content Development Event January 14	Secure engagement of Local Authority partners to: Identify level of ambition for trajectories Agree local priorities	 Informed trajectory targets Informed development of five local priority measure options for wider consultation
Public and stakeholder consultation on draft priority measures January 14	 Feedback on five local priority measure options from public, stakeholders and Member Practices 	Informed development and inclusion of local priority measure: Management of atrial fibrillation in general practice
Informal meeting of Health and wellbeing Board and CCGs to review draft CCG operational plans	Discussion of operational plans across 4 CCGs. CCG plan could have more focus on addressing childhood obesity.	CCG to explore opportunities to support any public health initiatives
Consultation on draft plan February- March 11 th 2014	To follow	To follow
Equality Impact Assessment of the Plan February- March 11 th 2014	To Follow	To follow
Member practice Strategy Group March 2014	Shared draft plan	Ideas for development of localities to support implementation of the plan including delegation of responsibilities

Actions Required:

To agree the Lincolnshire West Clinical Commissioning Group operational Plan 2014/15-2015/16

From 5pm on Wednesday 12th March the full Draft Lincolnshire West Operational Plan will be accessible form the Lincolnshire west CCG homepage www.lincolnshirewestccg.nhs.uk

1. Appendices

These are listed below and attached at the back of the report			
Appendix A	Lincolnshire West Clinical Commissioning Group Operational Plan on a Page 2014/15-2015/16		

5. Background Papers

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

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