

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of South Lincolnshire Clinical Commissioning Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	25 March 2014
Subject:	NHS South Lincolnshire's Strategic Operational Plan

Summary:

Our Strategic aims for the five years will mirror that of the Lincolnshire Sustainability Services Review (LSSR) of which SLCCG and our Stakeholders will play a key role. Plans have been jointly submitted to use the BCF to benefit patient services locally with strategies, where appropriate to enhance and sustain proven effective service delivery.

Our Vision, Mission and Values statement is the outcome of the Stakeholder event held during July 2013 and reflects what these statements mean to our stakeholders.

Our commissioning intentions are the outcome of patient and public, provider and local authority engagement, JSNA and Health and Wellbeing board priorities for the population of South Lincolnshire.

Improving Health –

Working with HWB boards to deliver the five outcomes identified ensuring commissioning decisions align with outcomes where appropriate, this has and will continue to involve reviewing Primary Care data at our clinical commissioning attended by all 15 practice representatives. Each practice identifies areas to work on to improve primary care for patients. The delivery and development team with clinical teams have already started work on areas such as CVD, Heart failure, Cancer prevention and LTC's. Commissioning plans against the five outcome areas can be seen in Appendix A.

Reducing Inequalities –

New Arrival Communities

We had already engaged the services of GEM Equality and Diversity Manager to develop and implement a comprehensive action plan to improve awareness of and access to health care services specifically:

Improving access to health screening information – including mapping new arrival health needs and reviewing screening information in terms of language and cultural requirements.

Improving access to health care - by using existing support groups to engage with / support new arrivals as to the differential service offerings between their originating country

compare to the local system; through work with GP's to address any barriers to access; the promotion of GP registration and use of the 111 service and; developing Health Champions within new arrival communities.

Long term, we are in the process of ensuring that we cater for the needs of this population within the all of our commissioning activities, including our many work programmes. Although we of course must acknowledge and recognise the cultural and language differences of these communities, these differences should not be the factors that define this group of people – put simply we need to provide services for individuals and not see these in terms of cohorts defined by their illness, their disability or their background.

As well as stating that this is an underlying strategy in all our work programmes we are currently arranging some specific training for D & D staff so that we can develop some appropriate tools to ensure that this is not a tick box exercise.

The CCG have recently completed an EDS2 Evaluation report which has actions proposed to address areas outcomes as required.

Parity of Esteem

SLCCG will be working with the other Lincolnshire CCGs to apply the principles addressed in the national Parity of Esteem document, including a requirement that providers have a mental health champion on their boards to raise awareness and the profile of mental health services, particularly within the acute setting.

During 13/14 SLCCG have funded a dementia liaison nurse at PSHFT to identify patients that have undiagnosed dementia, once identified, the GP is notified and patients are referred to the care and support they need. There are also already psychiatric liaison services on all three ULHT sites. These include a Hospital Intensive Psychiatric Service in Lincoln and Older Adult Liaison through nursing staff in Boston and Grantham. Part of the liaison role is to raise awareness and educate acute staff on mental health and mental illness. The intermediate care liaison function of the Community Mental Health teams for Older People also provides awareness and training for community health care staff

Regarding awareness of physical health care needs in the mental health environment, the Lincolnshire Partnership NHS Foundation Trust has trained staff in basic physical health care with two link nurses who are physical health care trained to support areas of LPFT. The MECC CQUIN has rolled out across the Trust with routine conversations around smoking cessation and obesity, with mental health nurses employed by the smoking cessation service.

Actions Required:

To formally support South Lincolnshire CCG Strategic Operational Plans for 2014/15 – 2015/16.

1. Background

Everyone Counts, planning for patients 2014/15 to 2018/19 final guidance published in December 2013 sets out how NHS England propose the NHS budget is invested to drive

continuous improvement and to make high quality care for all, now and for future generations into a reality.

It asks that commissioner's work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care.

Jointly Lincolnshire CCGs, provider's, local authorities, patients and public are developing and will implement a five year plan for Lincolnshire. SLCCG have produced, with partners, a two year operational plan that will work towards the five year strategy and where appropriate, accelerate the implementation of integrated working.

The Strategic plan aligns with all national frameworks and strategies including the NHS Outcomes Framework, The Mandate and Everyone Counts, planning for patients 2014/5 to 2018/19 and takes into account identified financial constraints.

SLCCGs main areas of concern during 13/14 have been:

- A&E of which we work collaboratively with our main three providers inputting into recovery plans funding schemes to keep patients in the community rather than hospital.
- Cancer services, SLCCG are lead for cancer services we have and will continue to work with ULHT to get full implementation of the cancer reform strategy and the strategy for cancer, trying to encourage adoption of recognised good practices learnt from.
- Health Care acquired infections – A detailed work programme to ensure infections both in community and hospital are prevented and where acquired dealt with effectively and with appropriate learning shared has been implemented, recruitment of infection prevention control nurse in December 2013. SLCCG have been successful during year reducing quinolone prescribing through raising awareness and joining localities prescribing groups.

The CCG will continue to focus on these areas throughout 14/15/16 with a view to going beyond acceptable by developing new pathways, working together with our partners to localise and integrate services were possible.

2. Conclusion

Patient safety, patient experience and value for money for the taxpayer will be the basis on which all services are commissioned. Where these are not achieved SLCCG will review and investigate to ensure that lessons are learnt and that appropriate, timely action is taken to address the issues.

SLCCG will be proactive in the move towards the LSSR five year strategy constantly seeking to improve services, processes and where appropriate using the BCF to begin services that are delivered by the community, integrating with providers and local authorities to enable patients to have a seamless journey localised where possible.

The LSSR builds on our current initiatives that the CCG is undertaking, such as Assertive In reach Teams and Community Response and Recuperation. It will ensure that both patients and the wider population recognise one health and care system, with local issues

within it, and that no one falls through any gaps that might appear due to boundary difficulties.

The BCF is supporting 14/15 and 15/15 transition years and is aligned with the LSSR. Jointly across the wider health and social community, we have carefully selected five 'Early Implementers' that are seen as central to securing early progress against the LSSR. They will also help ensure we are well placed to meet the requirements for performance improvement against the BCF national targets and our locally selected target. In addition these Early Implementers are intended to build on some of the pre-existing infrastructure that exists and which require further development if they are to secure profound improvement to outcomes, quality and sustainability – as such they provide early momentum and opportunity for learning. Finally, they have been chosen as pre-requisites to creating the opportunity for substantial reductions in acute beds which in turn frees-up resources for further primary/community based capacity – with the expectation that this will produce a virtuous cycle.

The Early Implementers are:

- The development of 'neighbourhood teams' at a number of locations reflecting GP clusters.
- The Development of a pooled budget and jointly commissioned Intermediate Care Layer.
- Seven-Day Working which will begin in the Acute Sector but be developed into community where appropriate.

Prevention, this will incorporate a number of short term projects funded by the BCF and the developing 'Wellbeing' service led by Public Health colleagues. It will also need to include young people – notably regarding the implications of 'Support and Aspiration'

3. Consultation

Development of the two year operational plan has included collaborative working with patients, carers, citizens, stakeholder's providers and outputs from locality group development meetings.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	H&WB commissioning plans
Appendix B	SLCCG Strategy on a page
Website address for full SOP	http://www.southlincolnshireccg.nhs.uk/

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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