

Theme: Delivering high quality systematic care for major causes of ill health and disability.

Outcome: People are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.

We want to make sure people have all the information and support they need to make healthier choices.

Priorities:

Improve the diagnosis and care for people with Diabetes.

Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.

Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.

Improve the speed and effectiveness of care provided to people who suffer a Stroke.

Reduce mortality rates from Cancer and improve take up of screening programmes.

Minimise the impact of long term health conditions on people's mental health.

What we said we would do:

Assess Lincolnshire's performance on Diabetes against quality standards.

Review the performance of each general practice in the county against relevant indicators within the Quality and Outcomes Framework and agree with Clinical Commissioning Groups plans to improve performance.

Develop a Cancer Strategy for Lincolnshire and extend the Early Presentation of Cancer (EPOC) initiative.

Develop and implement a plan for delivering improvements in the contribution of primary care to the management of long term health conditions.

Ensure, through working with the 'Promoting Healthier Lifestyles' theme, that effective evidence based preventive measures are commissioned to reduce the prevalence of major causes of ill health and to minimise the impacts of long term health conditions on peoples mental health.

Review the evidence in relation to long term neurological conditions as part of the Joint Strategic Needs Assessment for Lincolnshire.

What is working well (examples):

CCGs are planning for the recommissioning of diabetes services.

Some CCGs are using Commissioning for Value Right Care Deep Dives to develop intelligence and plans on various long term conditions, for example, diabetes, CHD, stroke and cancer.

The Lincolnshire Health and Care (LHAC) developments support this work, particularly the developments in relation to the proactive and urgent care design groups. The Blue Print refers to the high disease prevalence for nearly all LTCs across all four CCGs.

CCG Strategic and Operational Plans support the delivery of Theme 3. For example, the inclusion of Quality Premium Local Priorities relevant to CHD, stroke and cancer.

The commissioning of cardiology and stroke services at ULHT by CCGs has improved the service provision for people requiring these specialist services.

Work is taking place across Lincolnshire to scope cancer services to ensure full implementation of the cancer reform strategy.

A draft cancer strategy for Lincolnshire has been developed.

The Early Presentation of Cancer programme (EPOC) is working within CCG areas.

An initiative to increase cervical screening uptake is taking place in CCGs.

A mental health promotion strategy and a mental illness health needs assessment are in development.

Challenges, Threats and Opportunities:

- Need to review the indicators to determine if they accurately assess the progress against the Theme outcomes.
- Need to reframe the priorities to be more proactive / positive.
- The full impact of mental health on Theme 3 priorities needs to be assessed.
- The role of self-help / care is essential to this Theme.
- Need to understand the influence Theme / Board has over commissioned services / providers.

Outcome Indicators:

Priority	Indicator	RAG	Trend	Lincs/E.Mids/Eng
Improve the diagnosis and care for people with Diabetes.	Proportion of people feeling supported to manage their condition.	Grey		
	Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices (17 years)	Red		
Reduce unplanned hospital admissions for people with Chronic Obstructive Pulmonary Disease.	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	Red		
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Red		
	Age-standardised mortality rate from respiratory diseases for persons aged under 75.	Orange		
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Males).	Green		
	Age-standardised mortality rate from respiratory diseases for persons aged under 75 (Females).	Orange		
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years).	Orange		
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Males).	Orange		
	Rate of mortality that is considered preventable from respiratory diseases (< 75 years - Females).	Orange		
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.	Chronic Obstructive Pulmonary Disease - Disease Prevalence	Red		
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years).	Orange		
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - Males).	Orange		
	Rate of mortality from all cardiovascular diseases (including heart disease and stroke) (< 75 years - Females).	Orange		
	Under 75 mortality rate from cardiovascular diseases considered preventable	Orange		
	Under 75 mortality rate from cardiovascular diseases considered preventable (Males)	Orange		
	Under 75 mortality rate from cardiovascular diseases considered preventable (Females)	Orange		
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check	Green		
	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Red		
	Cumulative % of the eligible population aged 40-74 who received an NHS Health check	Green		
	Coronary Heart Disease - Disease Prevalence	Red		
	Heart Failure - Disease Prevalence	Red		
Improve the speed and effectiveness of care provided	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale	Grey		
	Stroke and Transient Ischaemic Attack (TIA).	Red		
Reduce mortality rates from Cancer and improve take up of screening programmes.	Survival from Cancer: Colorectal (1st year).	Grey		
	Survival from Cancer: Colorectal (5th year).	Grey		
	Survival from Cancer: Lung (1st year).	Grey		
	Survival from Cancer: Lung (5th year).	Grey		
	Survival from Cancer: Breast (1st year).	Grey		
	Survival from Cancer: Breast (5th year).	Grey		
	Deaths from all Cancers <75 (DASR)	Grey		
	Cancer diagnosed at early stage (Experimental Statistics)	Grey		
	The percentage of women in a population eligible for breast screening at a given point in time who were screened	Orange		
	The percentage of women in a population eligible for cervical screening at a given point in time who were screened	Red		
	Age-standardised mortality rate from all cancers for persons aged under 75.	Orange		
	Age-standardised mortality rate from all cancers for persons aged under 75 (Males).	Green		
	Age-standardised mortality rate from all cancers for persons aged under 75 (Females).	Orange		
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years.	Orange		
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years - Males.	Orange		
	Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years - Females.	Orange		
	Cancer - Prevalence	Red		