

**Three key areas of focus for the 2015/16 operational plan**

1. Quality and safety first. Working together in partnership and empowering patients and public to take part in planning services
2. Designing and implementing sustainable services for people of East Lincolnshire
3. Developing local services which are integrated and with a clear focus on prevention and self-management

**Access****Meeting the NHS Constitution standards and Mandate commitments:**

**A&E 4 hour waits** – Current performance is 96% and we will work on site specific challenges. SRG is coordinating system wide projects that manage demand, activity and flow. CCG schemes focus on a Community MDT In-Reach service based at the front door of Pilgrim A&E, Rapid Response and ILT. Develop and implement Integrated Urgent Care Centres, in Louth and Skegness as part of LHAC.

**Winter resilience** – improve overall system resilience on proven SRG schemes with ability to flex in periods of high demand (e.g. Rapid Response, Assertive In-Reach, 7 days services –Therapies, Pharmacy). This will be overseen by SRG.

**RTT** – Additional capacity commissioned with alternative providers to sustain reduction in backlogs and achieve RTT standards. Focus on Choice. Current under performance admitted 85.4% forecast 90%, non-admitted 94% forecast 95%.

**Cancer waiting times** – Implementation of outcomes from the cancer summit with key priorities for 2015/16 being the redesign of the breast cancer pathway and optimisation of lower GI, dermatology and urology pathways. Current performance is below for 2ww and 62 day wait, additional capacity being commissioned.

**Diagnostics** – continue to increase provision, promote and utilise AQP contracts.

**IAPT** – Continue to achieve national standard and new waiting targets and work with local provider to ensure equity of delivery of the standards across LECCG.

**Dementia** – Continued development of and implementation of dementia pathway. We will increase diagnostic rates utilising best practice guidance and review of disease registers; we will use CANTAB tool and increased identification and care planning in care homes.

**Early intervention** – MECC is embedded within contacts. Focus on long term conditions e.g. pre diabetes register and development of proactive care (neighbourhood teams).

**Primary Care** – Maximise the quality of primary care across all domains with particular focus on the management of long term conditions and investment in case management of >75s which links to A&E activity and admission avoidance. Exploring new models for delivering Primary Care.

**Outcomes****Delivery across the five domains and seven outcome measures –**

The CCG will continue focus on PYLL. Public Health will publish report on major disease groups in 2015 and we will develop schemes in response.

**Improving health** – We will through the two locality level HWB ensure a targeted approach to improving health and recognition of local health issues. The CCG will work with Local Authority Public Health to identify and address short/medium/long term actions for addressing the main causes of mortality in the CCG, focusing on those actions in A Call to Action: Commissioning for Prevention. For 2015/16 joint work will be undertaken to address the issues of social isolation in rural areas eg TED (Talk, Eat, Drink).

**Reducing health inequalities** – The CCG will work with Public Health to ensure that the five most cost effective high impact interventions on health inequalities are implemented. Continue partnership working with Public Health will aim to reduce inequalities and major diseases (i.e. cancer and CVD) through locality projects such as e.g. Connecting Communities, NHS Health Check Programme, Smoking cessation and weight management services and implementation of the CCGs Long Term conditions work programme. For 2015/16 joint work being undertaken with Public Health to analyse and understand the needs of caravan dwellers/ temporary residents as a key demographic. The new Wellbeing service will be rolled out to ensure vulnerable people are better supported in their own homes.

**Parity of esteem** – Our commissioning and contracting approaches for Mental Health, Learning Disability and Autism Services will become more outcome focused with Parity of Esteem being a key priority and cross cutting theme. This will include better access to care as well as an increased focus on early intervention and prevention. Delivery of the new national access standards for Mental Health, CAMHS Tier 3+, the Crisis Care Action Plan, further progress in relation to the Transforming Care agenda and an increase in the uptake of Health Checks and Health Action Plans for vulnerable people are priority areas for 2015-16.

**Quality**

**Patient safety** – The CCG has a robust system for monitoring and driving improvement in patient safety. The CCG as an organisation has signed up to the ‘sign up to safety’ campaign. We will ensure that organisations measure and report against a range of patient safety indicators, including harm free care, and serious incident monitoring and reporting. Primary care are encouraged to report through these same mechanisms to ensure system wide learning and development are achieved. The Lincolnshire wide prescribing forum brings together primary and secondary care to drive improvements across the system e.g. antibiotic prescribing and Cdif rate to achieve the target trajectories.

**Patient experience** – We will monitor against the nationally mandated components of the NHS constitution. Additionally the CCG will drive improvements in patient experience through an active programme. The CCG will use its continuous listening model, to hear the patient voice. We will use our patient council to drive improvements in the quality of patient experience.

**Compassion in practice** – We will monitor the implementation of compassion in practice, with oversight provided through the Lincolnshire quality forum. This enables integration of the strategy and a common approach in both provider and commissioning organisations. The agreed priorities include leadership, the culture of care and development of core values and behaviours.

**Safeguarding** – We will implement the strategy the core themes being governance, education and training, monitoring and disseminating learning, and this will strengthen processes to ensure effective partnership working. The key priority is on ensuring the protection of vulnerable people, and setting quality improvement.

**Staff satisfaction** – We will continue to implement the national CQUIN requirements in relation to the staff friends and family test. This will be monitored through quality monitoring and benchmarking tools. We will increase our focus on provider plans with the implementation of workforce safety metrics and a cultural barometer.

**Seven day services** – The CCG will continue to work on the delivery of seven day services, working with providers to implement 5 of the clinical standards.

**Response to Francis, Berwick and Winterbourne View** – We will continue to drive and embed improvements in safe and compassionate care to reflect the learning from these reports. The Duty of candour is embedded within provider quality schedules and monitored as part of the incident reporting and learning process. The Transforming care programme will focus on prioritising care and treatment reviews for patients, and learning from this process will be used to facilitate discharge to the most appropriate setting.

**Reconfiguration** – We will drive reconfiguration to develop high quality sustainable services where the evidence demonstrates added value.

**Transformation programmes, reconfiguration plans and reprourement**

Continued support and implementation of Lincolnshire Health and Care  
Development of five Neighbourhood Teams (across health and social care)  
Procurement of Integrated Diabetes pathway  
Implementation of new community ENT service  
Implementation of care home support team  
Development of frailty pathway as part of the Long Term Conditions Strategy  
Supporting patients Self Care through web app and patient education guides  
Procurement of enhanced model of care at Louth Community Hospital  
Procurement of countywide Intermediate Care (across health and social care)  
Review and develop neurological pathways  
Procurement of community support in development of Dementia services

**Delivering value**

Financial resilience; delivering VFM for taxpayers and patients and procurement – plan is compliant with all aspects of 5 year forward view.

- Financial plan delivers 1% surplus, £3,298k in 2015/16.
- The CCG’s underlying surplus in 2015/16 is planned to be 2.1%, £6,995k.
- Business cases submitted to access drawdown to support transformation of out of hospital care to support integration – £751k
- Planned investment in mental health in accordance with parity of esteem expectations
- 0.5% contingency held to mitigate against unforeseen financial pressures.
- Activity commissioned sufficient to meet population growth c1.27%
- Financial plan sets out the transfer of funds to the Better Care Fund). This will be a key for driving efficiencies and integration.

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