Appendix A – Fundamental Elements of Operational Plan

Fundamental	Key Features to be demonstrated in plans	Page in Operational Plan to evidence and additions
Outcomes		
Delivery across the five domains and seven outcome measures	• Your understanding of your current position on outcomes as set out in the NHS Outcomes Framework	Page 45-48 of Operational Plan (Appendix 10). In addition: The CCG are fully aware of their position against the domains set out in the NHS Outcomes Framework. Performance is reported to the Governing Body on a monthly basis via a performance report. To review the most up to date performance please follow the below link: http://southlincolnshireccg.nhs.uk/key-documents/cat_view/14-key-documents/16-governing-body-meetings
	• The actions you need to take to improve outcomes	Key actions which the CCG are working on for the Outcomes Framework are highlighted in the One Year Review – page 16 & 17 (Appendix 6).
Improving health	• Working with HWB partners, your planned outcomes from taking the five steps recommended in the commissioning for prevention report	Page 25 (Operational Plan Appendix 10) – Lincolnshire Health and Wellbeing Strategy. In addition to this: The CCG has chosen to focus on Cardio Vascular Disease in terms of commissioning for prevention. This is the disease area which makes the greatest contribution to the CCG's Potential Years of Life Lost and Under 75 mortality rates. In terms of the steps highlighted in the Commissioning for Prevention Call to Action, the CCG is working towards the mature scenario outlined and in some specific areas, is operating at that level. The CCG has continued with the local priority measure to reduce the Under 75 mortality rate to the England level or below. In 2013/14 the standard for South Lincolnshire CCG for CVD mortality rates was 73.2 DSR per 100,000. During that year

		the CCG reduced to 66.80. In 2013, the South Lincolnshire U75 mortality rate from Cardio Vascular Disease (DSR) standard was 73.2/100,000 registered patients. The CCG achieved 66.8. Analysis of data locally and through the East Midlands Cardio Vascular Disease Strategic Clinical Network has identified a number of areas where specific initiatives such as the GRASP AF tool and the IMPAKT Chronic Kidney Disease tool has been implemented to provide an opportunity to contribute significantly to this priority and these are in the process of being implemented.
Reducing health inequalities	• Identification of the groups if people in your area that have a worse outcomes and experience of care, and your plans to close the gap	Page 24 of Operational Plan (Appendix 10)- JSNA, Demographics and Public Health needs – Improving Health and Reducing Health Inequalities. For full details on trajectories see page 24 onwards of this document. In line with recent guidance released by NHS England and the Collation for collaborative care 'Personalised Care and Support Planning Handbook: The Journey to Person-Centred Care' the CCG's Engagement Manager will be working with the wider Quality team within the CCG to develop a programme of work ensuring that personalised care planning is embedded both within the CCG and each practice sitting within the CCG. In addition to this: The CCG has carried out extensive engagement work, working in partnership with local employers with high proportion of A8 employees – see page 7 of the One Year Review (Appendix 6). We have introduced a CQUIN scheme with Peterborough and Stamford Hospitals to enhance the system of transition for adolescents (12-18 years) who are moving from Children's to Adult Services.

	• Implementation of the five most cost effective high impact interventions recommended by the NAO report on health inequalities	Working with pre diabetics; those with type 1/2 and their families/carers within the South Lincolnshire area, to support with education and interactive skills to better self-manage and reduce hospital admissions. Educational programme running throughout 15/15 – page 7 of One Year Review (Appendix 6). We are working with people with dementia and their families to develop a programme of awareness raising, to support early diagnosis. Working with local GP Practices SLCCG are working towards the introduction of the CANTAB mobile app – Page 14 & 15 of One Year Review (Appendix 6). In addition various members of the CCG have attended the Dementia Friends course. For Dementia trajectories see appendix 2. In addition to this: The 5 most cost-effective high impact interventions identified by the NAO report on health inequalities are: -Increased prescribing of drugs to control blood pressure; - Increased prescribing of drugs to reduce cholesterol; - Increase smoking cessation services; - Increased anticoagulant therapy in atrial fibrillation; - Improved blood sugar control in diabetes; There are 2 elements to these high impact interventions – finding patients; and optimising the management of those patients for whom these interventions are appropriate. All practices within the CCG are providers of NHS Health Checks which provides a means of identifying previously undiagnosed patients with or at increased risk of CVD, diabetes and CKD. In Lincolnshire, the NHS Health Checks process has been augmented to also identify

		patients with AF. NHS Health Checks makes a significant contribution to identifying new patients and therefore to increasing prescribing and disease management in these areas. In common with the majority of other CCGs, there are variations in disease management across practices within the CCG and work is ongoing to identify these and to benchmark practice with peers. The immediate focus for the CCG is cardiovascular disease and chronic kidney disease. This will be completed by April 16. Increasing anticoagulant therapy for AF is going to be a specific focus for the CCG through the implementation of the GRASP AF tool, the training for which has already been rolled out to the majority of practices. The impact of this should be reflected in an increase in the proportion of AF patients receiving this intervention and a reduction in acute admissions for stroke associated with diagnosed and undiagnosed AF. The Local Authority will be working closely with practices to improve data recording in relation to smokers and the proportion of those who are referred or decline referral to stop smoking services. Public Health is currently in the process of identifying someone to undertake the audit.
	• Implementing EDS2	Page 21 of Operational Plan (Appendix 10). In addition to this: In recognition of the benefits that equality can offer, we have adopted the NHS equality standard called the Equality Delivery System (EDS). The EDS is a tool that assists the integration of equality as well as ensuring that commissioning plans meet the legal requirements under the Equality Act 2010. An Equality Delivery System Governance Group has been set up and continues to grow and support the CCG in driving forward the agenda. The Governance Group is a joint initiative between local NHS organisations and provides a coordinated approach to helping the CCG to understand the barriers to healthcare and

		good health faced by the people of Lincolnshire. It has a critical role in providing systematic scrutiny and monitoring of the CCGs equality agenda. Furthermore, our association with Healthwatch and the Health and Wellbeing Boards helps us to work in partnership to ensure that our priorities encompass the "bigger picture". Next Step: we will be using the refreshed Equality Delivery System (EDS2) as the base for meeting our moral and legal duties. The Governance Group will continue to play the advisor, scrutiny and support role and will grow and develop as new members join the group to help us to commission excellent services.
	• Examination of how the organisation compares against the first NHS Workforce Race Equality Standard	The CCG is committed to ensure that we and the providers that we commission meet the NHS Workforce Equality Standard. We will do this by ensuring that the NHS Workforce Race Equality Standard is included within the 2015/16 NHS Standard contract and that providers commissioned meet the expected standards. We will also ensure that this is embedded both within the internal contracting process/frameworks within the CCG and also the wider contracting team which is provided by GEM. At present the standard is included within the draft NHS Standard contract. This has not yet been signed off but when it is GEM contracting will monitor this requirement on the CCG's behalf.
Parity of esteem	• The resources you are allocating to mental health to achieve parity of esteem	Page 26 of Operational Plan (Appendix 10). In addition to this discussions are taking place across all four Lincolnshire CCG's to allocate appropriate funding to mental health to achieve parity of esteem it is estimated that this will cost 1.3 million across Lincolnshire. The CCG's plan for Mental Health invests 4.5% in excess of the 2.5% required.

		Liaison services currently offer assessment and treatment advice for the older person only. A new service to replace Hospital Intensive Psychiatric Service (HIPs) and across the three ULHT sites is in development and a specification has been written. Discussions are taking place on how to fund this proposed service going forward. In essence this will embed liaison nurses in A&E, on older adult wards and also allow for a peripatetic team to service the remainder of the inpatient areas. The intermediate care liaison function of the Community Mental Health Team (CMHT) for Older People should also provide awareness and training/education for community health care staff (LCHS). These staff remain in place and are working with the emerging neighbourhood teams as well as rapid response and ILT services. Lincolnshire CCG's and Lincolnshire County Council continue to review provider contracts. Service specifications are also being reviewed and amended as necessary through a programme of review and development in order to ensure parity of esteem. An external review has taken place with regards to ensuring suicide prevention policies and effectively implemented. As a consequence LPFT are revising and introducing a new risk assessment and management process which will improve the current position. The whole Trust will be trained and implement the new process to embed a culture of risk management and improve outcomes.

	• Identification and support for young people with mental health problems	Page 26-28 of Operational Plan (Appendix 10). In addition to this: For children and young people a new self-harm pathway has been initiated for acute hospital sites, Boston and Lincoln offering specialist nursing assessment, treatment and management 8am – 8pm Monday to Fridays with on call arrangements in place out of hours via crisis resolution and treatment and consultant psychiatry. The CAMHS service is currently being redesigned to address perceived gaps in behavioural management and attachment disorders. A new hub and spoke model is being proposed strengthening the current Primary Mental Health Worker role and access to Tier 3 services. Urgent care is being offered via a new Tier 3+ service to offer urgent community intensive care and support to avoid unnecessary admission to inpatient services and to support earlier return to the community. The STEP service which is for early intervention in psychosis (part of the integrated CMHT) is available to people aged 14 to 35 years. This service is part of the ICMHT and is under review to establish fidelity to the model and delivery of best practice going forward.
	• Plans to reduce the 20 year gap in life expectancy for people with severe mental illness	Ensuring the Care Programme Approach supports people with severe mental health conditions. The lead commissioners have identified this as an area on which to focus to ensure that best practice is carried out and that people receive appropriate follow up and support within specified target timescales. Public Health has undertaken some research and has developed a baseline for Mental Health patients. Lincolnshire West CCG are seeking to introduce a specific pilot on improving wellbeing and

		physical health in partnership with LPFT and this scheme if it evaluates well will be supported across the county and all four CCG's. The Mental Health Promotion Strategy will be published March 15 which will focus on health promotion and the prevention of mental illness. The JSNA for mental Health has been undertaken and is being strengthened to ensure social as well as health factors are addressed. A commissioning strategy will be published to drive developments forward. It is expected that this will be published in March 15.
	• The planned level of real terms increase in spending on mental health services	There will be an increase in spending for perinatal services this will be roughly 1 million (countywide). There will be no reduction in funding above the efficiencies agreed within the contract. Seeking to reduce usage on out of area treatments/placements to invest in services within Lincolnshire particularly with regards to psychiatric intensive care and acute beds.
Access		
Convenient access for everyone	• How you will deliver good access to the full range of services, including general practice and community services, especially mental health services in a way which is timely, convenient and specifically tailored to minority groups	The CCG has planned to review, localise and integrate services including preventative where appropriate. Additional tools such as My Right Care pathway is to be piloted within Primary Care and other key stakeholders. This will complement the risk tool stratification process, patient care planning and management. The five year forward view suggests different models of integrated working between primary, community, mental health

		and secondary care which the CCG are exploring. The CCG has expressed an interest to have fully delegated co-commissioning with a view to use these models along with the new flexibilities in contracting to deliver good access to services. The CCG has also been one of the first implementer sites (Stamford) for the Neighbourhood Teams as part of the LHAC work. The Neighbourhood Teams will allow access to services and ensure that patients receive the appropriate care and remain out of hospital for as long as possible and care is delivered within the community where appropriate. South Lincolnshire CCG has commissioned a Clinical Assessment Team (CAT) car via EMAS. The car will respond to urgent calls received by the call centre for patients who have fallen but after assessment over the phone do not need hospital admission. The Car is staffed with a paramedic and Emergency Care Assistant who will attend the scene and provide a full assessment. They will also ensure that the patient is taken home or to a place of safety. If hospital attendance is needed the crew will call for an ambulance to convey the patient to hospital. The CCG has also in conjunction with other Lincolnshire CCG's successfully completed the tender for ENT to be provided in the community. Next year we will be looking at providing dermatology in the community and we are also considering an AQP for community CSS (Community Surgical Scheme) to put more CSS services into the community proving better access. We have also increased AQP provision in direct access diagnostics. Further AQP for additional CSS service will continue throughout 15/16. Outreach clinics for chemotherapy have also started in Spalding

		again giving better access to services for patients. Mental Health: A Triage car is currently in the pilot phase, managed by EMAS the car is staffed by a Mental Health Nurse and a paramedic. The car will respond to all urgent calls which do not require an A&E admission. Early results show good rates of both diversion and outcomes which do not result in use of policy custody or admission to hospital. The Crisis Concordat Declaration has been written and signed up to by the main stakeholders. An action plan to support this is in development and will be published in March 2015. This is a whole community approach to Mental Health Care. CCG's support the Mental Health Partnership Group (MHPG) a stakeholder group which provided feedback and communication regarding service performance, gaps and commissioning plans. The Mental Health Trust is a foundation Trust and engages people through their membership with Patient and Carer Governors. This is supported by engagement teams in Public Health and Adult Social Care. Public Health is developing the service user partnership known as the people's partnership. The advocacy and involvement contract has been separated to procure a new range of advocacy services and new involvement mechanism. The MHPG remains in place. The Learning Disability and Autism partnerships remain in place and are developing the Autism Strategy. STEP psychology is being redesigned to deliver better access and outcomes. Emphasis will be on improving psychological support in the CMHT and targeting psychology at the most complex needs. This will be co-produced with commissioners. A SPA within LCHS is in development to rationalise the SPA across

		the county and improve the ease of referral for Mental Health Services. Choice in Mental Health is now implemented in line with legislation and guidance. Access to a range of services will also be improved via the ongoing work of the Neighbourhood Teams. Any gaps identified with regards to the provision of services will be reviewed by the CCG. The contact Centre is also provided for access to Lincolnshire Community Services, this allows easy access for patients and health care professionals including Primary Care by contacting one number and the referral is taking for the service needed. The CCG has also commissioned via LCHS a Rapid Response Service. This additional service will support the development of the Neighbourhood Teams as the service will function as the unplanned urgent response element to support the wider team. A Complex Case Manager will be 'on call' 7 days we week from 8.00am to 8.00pm, supported by a wider MDT team, covering the South Lincolnshire CCG area. Where hospital admission is likely if no interventions occur then a referral can be made to the service. Referrals will be accepted from: • GP's • LCHS Contact Centre • EMAS • A&E • AIR Team • Social Services • Welland Ward, Johnson Hospital • John Van Geest Unit, Stamford

	• Plans to improve early diagnosis for cancer and to track one-year cancer survival rates	• Any service/person where a hospital admission can be stopped The CCG commission GEM contracting who take lead on acute contracts for the CCG. The contracting team ensure that all contracts with acute providers ensure good access for patients that require secondary care. The CCG also works closely with acute providers and the contracting team to review the pathways between primary and secondary care to improve access, patient experience and flow. Lincolnshire CCGs along with Public Health colleagues will continue to focus on ***Raising Awareness and Early Diagnosis*** working and working with providers /Area Team to increase capacity for screening and detection for: • **Breast Screening –** Age extension implemented offering screening to 47 to 73 year olds • **Cervical Screening -** Human Papilloma Virus triage (HPV) and Test of Cure • **Bowel Cancer –** Age extension has been increased to men and women age 60 to 75. **Collaboration** We will continue to work with the East Midlands Strategic Clinical Network for cancer and Leicestershire and Lincolnshire Area Team with providers to support the delivery of any new or additional projects that deliver local, regional and national goals, missions and values. Through the developing relationships between organisations the CCGs will seek advice from the East Midlands Network and Clinical Senate where it feels appropriate. Where possible (and practical) existing work streams and strategic boards will lead this work for the Lincolnshire population to maximise our use of resource and avoid

		duplication/double-counting. As part of agreeing the delivery of the proposed plan local leads and 'champions' will be agreed to deliver the outcomes of the work. As this plan is developed further (to include the detail and required outputs of the 'how') local agreement will be needed to underpin its delivery (via task and finish groups, embedded work stream/operational meetings) with clear actions and roles/responsibilities shared across the communities with a collective agreement for shared learning and continuous improvement as part of a methodical approach, allowing best practice to be measured and shared (where needed). The CCG will track one year cancer survival rates using the Cancer Commissioning Toolkit. Early Presentation of Cancer (EPOC) team are aligning to the Lincolnshire CCGs to provide focused support to multiple stakeholders whilst also attending Cancer Research UK training on raising awareness levels in communities/neighbourhood teams, with a view to a phased roll-out of train the trainer teaching. Further information can be found in the Lincolnshire Clinical Commissioning Groups Development and Delivery Plan 2014-16 in Appendix 5.
Meeting the NHS Constitution Standards	• That your plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment as set out in Annex B and how they will be maintained during busy periods	Page 45-48 of Operational Plan (Appendix 10) & page 21 of One Year Review (Appendix 6). The CCG have submitted plans to ensure that we commission sufficient services to deliver NHS constitutional standards. Some changes have included commissioning additional activity from

		alternative providers where certain specialties have failed to achieve the 18 weeks standard. Also see activity and finance submission with narrative. The CCG have also commissioned alternative capacity for cancer services to be delivered closer to the patients' homes and also to ease the pressure of those providers that have struggled during 14/15. Commissioned activity levels at acute providers are calculated by considering run rates for the previous 12 months and known step changes that have increased or decreased requirements for the service. Provider capacity is also considered and if not sufficient, discussions will be held to try and increase capacity at the provider. Likewise consideration is given to changes in services being considered, e.g. where a community service has been procured, to take activity out of secondary care and put it in the community, both to increase patient choice and geographic availability. Where activity is commissioned in this way, conversations will be had with secondary care providers, to plan reductions in their activity. Within planning assumptions for 15/16 1.72% population growth has been agreed and for non-elective has been taken off 3.5%. Further information on planning assumptions can be found in appendix 8. We also have the following schemes which have been commissioned to ensure achievement of the NHS Constitution and allows access to services for patients: • AIR's Team • DTOC Team • EMAS CAT car

	• How you will prepare for an implement new mental health access standards	• EMAS Mental Health Car • Operational Resilience schemes following the additional funding provided by NHS England – detailed in the plan previously submitted to NHS England. The CCG have run various AQP's and a full tender process to deliver services out of secondary care and into the community which will ease pressure on secondary care and will improve access for patients. This will continue during 15/16 on other services where appropriate. For the full details of all the commissioning intentions are in the operational plan: http://southlincolnshireccg.nhs.uk/key-documents In addition to this we continue to implement the commissioning priorities of the CCG which includes more care delivered locally, increase access to diagnostics and appropriate services that can be delivered in the community rather than in an acute setting. For full details of commissioning priorities please see Operational Plan (Appendix 10) and the One Year Review (appendix 6). This will be discussed with the current provider and will be implementing this through the contract. Extensive work has been carried out re IAPT and performance is improving across all areas. Additional funding has been used non-recurrently to address service changes. HSCIC data is now embedded as the performance management information. The service is participating in a capacity and demand exercise to establish what is required for each CCG going forward.

Quality		
Response to Francis, Berwick and Winterbourne View	• How your plans will reflect the key findings of the Francis, Berwick and Winterbourne View Reports – including how your plans will make demonstrable progress in reducing the number of inpatients for people with a learning disability and improve the availability of community services for people with a learning disability	Detailed on page 19 of Operational Plan (Appendix 10).

Patient Safety	• How you will address the need to understand and measure the harm that can occur in healthcare services, to support the development if capacity and capability in patient safety improvement	Detailed on page 19 of Operational Plan (Appendix 10).
	• How you will increase the reporting of harm to patients, particularly in primary care and focused on learning and improvement	Detailed on page 19 of Operational Plan (Appendix 10). In addition to this the CCG encourages all practices to report all incidents and serious incidents will be followed up by Significant Event Analysis investigations and lessons learned will be shared. Similarly practices already report any concerns via a health professional feedback system which allows investigation and improvements to be made where needed and this is captured in a summary report which is sent to all practices.
	• Your plans for tackling sepsis and acute kidney injury	Detailed on page 19 of Operational Plan (Appendix 10). In addition to this the CCG will also ensure that all relevant providers implement the acute kidney injury and sepsis CQUIN's.
	• How you will improve antibiotic prescribing in primary and secondary care	The Lincolnshire wide prescribing and clinical effectiveness forum (PACEF) will continue to be instrumental in ensuring good practice with regard to prescribing of antibiotics across primary and secondary care. This is facilitated by shared formularies and clinical audit against these across all sectors of the health care community. The CCG commission GEM Prescribing Management Team to support and monitor prescribing within Primary Care and the prescribing of Quinolones has been a local priority within the Quality Premium. This has yielded a reduction in the prescribing of Quinolones.

Patient Experience	• How you will set measurable ambitions to reduce poor experience of inpatient care and poor experience in general practice	Page 20 of Operational Plan (Appendix 10) and see Unify Planning Submission narrative for: • Patient Experience of Primary Care – GP Out of Hours Service (included within the Quality Premium) • The CCG also have a composite indicator which is comprised of (i) GP Services and (ii) GP Out of Hours. The aim is to reduce negative responses to the GP Patient Survey. • The CCG also have a measure from the NHS Outcomes Framework, Domain 4 which is 'patient experience of hospital care' (reduction in average number of negative responses).
	• How you will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients	Page 20 of Operational Plan (Appendix 10). In addition to this: The quality schedule requires PSHFT to collect patient experience information from those patients with Learning Disabilities and/or Autism Spectrum Conditions. This is then combined with specific complaints and PALS data and thematic analysis undertaken with an action plan produced to support improvements.
	• How you will demonstrate improvement from FFT complaints and other feedback	Page 20 of Operational Plan (Appendix 10).

	• How you will ensure that all the NHS Constitution patient rights and commitments given to patients are met	Detailed on page 20 of Operational Plan (Appendix 10). In addition to this the NHS Constitutional Rights are monitored by the performance team both through GEM and South Lincolnshire CCG and presented to the Governing Body on a monthly basis in the form of a performance report for scrutiny. These standards are also included within the quality schedule which is reported to Clinical Committee.
	• How you will ensure you meet the recommendations of the Caldicott Review that are relevant to the patient experience	The majority of the recommendations within the Caldicott review will have relevance to the patient experience. It is crucial that we get information sharing right - to improve safety, to lessen the need for patients to have to repeat themselves to different health professionals and to make care more efficient. Further, when undertaking research to find new cures and therapies for diseases it is still vital that we respect people's privacy and put them more in control of how their information is used. This is a fine balance to strike, but an achievable one. As commissioners we will undertake the following: • examine existing arrangements, and lead by example with local partners to make it easier to share information • underpin in contracts that relevant personal confidential data is shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual • seek advice from the ICO and refer to the HSCIC's Confidentiality Code of Practice for further advice on managing and reporting data breaches • mandate that there should be an explanation and an apology for every personal data breach, with appropriate action agreed to prevent recurrence • clearly explain to patients and the public how the personal information they collect could be used in de-

		identified form for research, audit, public health and other purposes • make clear what rights the individual has open to them on the CCG website including any ability to actively dissent by publication • use the best practice contained in the HSCIC's Confidentiality Code of Practice when reviewing provider information governance practices to ensure that they adhere to the required standards • encourage partners such as social care that social care providers use the Information Governance Toolkit • review with all providers that they have appointed a Caldicott Guardian or Caldicott lead with access to appropriate training and support • encourage via contracting arrangement with local authorities that they consider extending Caldicott Guardian arrangements to children's services • strengthen leadership on information governance by use of a cross organisational group which shares best practice • ensure that the information provided to inform public about how their information is used does not exclude disadvantaged groups • use the revised Caldicott principles in all relevant information governance material and communications • use the NICE Quality Standard 15 in commissioning and monitoring adult NHS services (in relation to information sharing) • investigate, manage, report and publish personal data breaches and ensure that commissioned bodies are investigated, managed, reported and published appropriately

Compassion in Practice	• How your plans will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans • How the 6C's are being rolled out across all staff	Page 20 of Operational Plan (Appendix 10). In addition to this: Providers are monitored against implementation of compassion in practice through strengthened quality schedule indicators which are reviewed at the quality review meetings held quarterly. Oversight provided through the Lincolnshire quality forum which enables integration of the strategy and a common approach in both provider and commissioning organisations. Agreed priorities include leadership, the culture of care and development of core values and behaviours.
Staff Satisfaction	• An in depth understanding of the factors affecting staff satisfaction in the local health economy and how staff satisfaction locally benchmarks against others • How you plans will ensure measurable improvements in staff experience in order to improve patient experience	Page 21 of Operational Plan (Appendix 10). In addition to this: The CCG will continue to implement the National CQUINs requirement in relation to the Staff Friends and Family Test. Alongside this we are monitoring proxy measures of staff satisfaction such as turnover on a regular basis. Improvement in staff FFT will be measured through the quality schedule.
Seven Day Services	• How you will make significant further progress in 2015/16 to implement at least 5 of the 10 clinical standards for seven day working	Page 21 &40 of Operational Plan (Appendix 10). The CCG are working with PSHFT as the main provider. We are actively involved in Peterborough's Seven Day Working Board and the provider is aware of the requirements to address 50% of the standards. The further requirement in year 3 to meet all of the required 10 standards. The CCG are working with the provider and will make every effort to ensure that community providers also implement seven day working to support this.
Safeguarding	• How your plans will meet the requirements of the accountability and assurance framework for protecting vulnerable people	Page 20 & Page 38 of Operational Plan (Appendix 10). In addition: The CCG is represented on Local Safeguarding Boards and the Public Protection Board. A CCG Safeguarding Strategy

		outlines the strategic direction the Clinical Commissioning Groups (CCGs) in Lincolnshire will work towards over the next 3 years. The strategy aims to: • ensure that CCG statutory duties to protect vulnerable people are met; • commission services to ensure, first and foremost that children young people and adults at risk of abuse are safe; • encourage, embed and maintain the best safeguarding practice across Lincolnshire; • ensure continuous improvement and compliance with national and local policies; • develop and implement systems for quality monitoring that are robust, auditable and effective; • ensure effectively contribute to multi-agency approaches such as MAPPA, MARAC, PREVENT and the Multi Agency Safeguarding Hub (MASH); • ensure learn the lessons and good practice from serious case reviews, domestic homicide reviews, significant incident learning processes, local and national enquiries. A Safeguarding Steering Group is in place which promotes and assists effective inter-organisation co-operation in order that statutory health bodies operating in Lincolnshire co-operate and discharge their statutory safeguarding responsibilities effectively. Safeguarding key performance indicators are embedded in

		provider quality schedules to which includes section 11 audit and markers of good practice, safeguarding adults assurance framework, incidents and response to MARAC,MAPPA and MCA requests, adherence to domestic abuse legislation, response to national cases i.e. Saville/winterbourne, compliance with the prevent strategy, policies and procedures around case management and safeguarding of vulnerable groups including learning disabilities, roll out of signs of safety. The CCG is working with the local authority to develop a Multi-Agency Safeguarding Hub (MASH).
	• The support for quality improvement in application of the Mental Capacity Act	Page 20 & 38 of Operational Plan (Appendix 10). In addition: The CCGs have contractual levers in place to monitor compliance with MCA and DOLS post Cheshire. Targeted, bespoke support for Middle Management/ Supervisors/ Team Leads/Champions is being commissioned to up-skill front-line staff in delivering good quality supervision regarding the MCA requirements on a day-by-day basis and to identify, equip and build capacity of frontline staff to champion MCA understanding and compliance.
	• How you will measure the requirements set out in your plans in order to meet the standards in the prevent agenda	Page 20&38 of Operational Plan (Appendix 10). In addition: A Lincolnshire PREVENT strategy and Action Plan is in place and monitored via the CCG Safeguarding Steering Group. The CCG is represented on the Regional Prevent Forum and the Lincolnshire Prevent Steering Group which has mandated authority to deliver the new national proposals for PREVENT and ChANNEL. Provider compliance with the national prevent strategy is monitored through the quality review meetings with providers.
Innovation		
Research and Innovation	• How your plans fulfil your statutory responsibilities to support research	Page 23 of Operational Plan (Appendix 10).

	• How you will use Academic Health Science Networks to promote research	Page 23 of Operational Plan (Appendix 10).
	• How you will adopt innovative approaches using the delivery agenda set out in Innovation Health and Wealth: accelerating adoption and diffusion in the NHS	Page 23 of Operational Plan (Appendix 10).
Delivering Value		
Financial resilience; delivering value for money for taxpayers and patients and procurement	• Meeting the business rules on financial plans including surplus, contingency and non-recurrent expenditure	Page 52-57 of Operational Plan (Appendix 10) – In addition: Page 24 - 26 of One Year Review (Appendix 6)
	• Clear and credible plans that meet the efficiency challenge and are evidence based, including reference to benchmarks	Page 52-57 of Operational Plan (Appendix 10) – In addition: Page 24 – 26 of One Year Review (Appendix 6)
	• The clear link between service plans, financial and activity plans	Page 52-57 of Operational Plan (Appendix 10) – In addition: Page 24 – 26 of One Year Review (Appendix 6).
Other		
Clear trajectories set for reducing health inequalities	• Clear trajectories set for reducing health inequalities (for CCG's with averages below national average this might be a trajectory to reduce the gap between the area and the national average, whereas for those with a better than national average baseline it would be expected for them to be looking at reducing the local gaps between communities	South Lincolnshire CCG have a trajectory for reducing PYLL and Under 75 Mortality Rates and we will be aiming to get back on track with performance. South Lincs CCG have arranged for a meeting to take place week commencing 23rd February 15 with Public Health to review data and set further improvement trajectories. After further data analysis Public Health have identified that CVD

		makes the largest contribution to PYLL and Under 75 Mortality Rates in terms of diseases which are potentially avoidable. Public Health will analyse data further on Under 75 Mortality and PYLL to identify the most common causes and develop a number of clinical quality reports during 15/16 to explore areas for quality improvement, initially focusing on differences between practice outputs. All GP Practices within the CCG are commissioned to deliver the NHS Health Checks Programme. Data from NHS Health Checks suggests that a majority of patients identified as smokers do not have a record of having been referred to, or having declined referrals to a stop smoking service as part of the Health Check Record. Whilst this may be a data recording issue, for 15/16, South Lincolnshire CCG practices will focus on ensuring that patients who are obese and/or smoke have a record of being referred to, or having declines a referral into an appropriate lifestyle service. The target will be 90%. The CCG are aware of the numbers of premature deaths and these numbers as highlighted by Public Health are very small.
Short Medium and Long Term Plans for Health Inequalities	• The CCG should after setting trajectories have short medium and long term plans of how the trajectory will be delivered.	In the short term the GRASP AF tool will be rolled out to all GP Practices within South Lincolnshire. GRASP-AF is a free, easy-to-use tool that assists GP practices to interrogate their clinical data enabling them to improve the management and care of patients with AF and to reduce their risk of stroke through appropriate intervention with anticoagulation. The tool also assists with case-finding activity, helping practices to establish more accurate prevalence rates within the practice population. The CCG along with Public Health will then monitor the number of admissions to secondary care for AF related stroke to see whether the GRASP AF tool is improving performance against the standard and reducing the number of patients accessing secondary care due to

	• Reducing variation and exception reporting on key measures to ensure for example more of those patients with HF are receiving appropriate anti-coagulation, statins, falls assessment and prevention, CHD patients are getting Cardiac Rehab and Smoking Cessation	AF related stroke. Public Health in conjunction with the CCG will also produce clinical quality reports which will be shared with practices and QOF data will also be analysed – this data will be available in October 16 so will be a long term plan. The CCG will also conduct a premature mortality audit which will identify deaths which were potentially avoidable and identify areas of practice or themes which can be targeted to prevent premature deaths in the future. The Brighton and Hove Preventing Premature Mortality Audit will be used as a basis for the South Lincolnshire CCG audit. It is anticipated that the audit will be completed within the next 18 months. The CCG will also encourage GP Practices to refer patients on the unplanned admissions resister for a pharmacist led MUR. The constraints of the current MUR pharmacy contract will mean that this can only be undertaken for those patients who have their prescriptions dispensed by a community pharmacy. This will all be picked up within the Clinical Quality Reports as described earlier.
The use of Brief Intervention Techniques	• The Use of BI Techniques such as MECC in Primary Care as well as services that they commission	The CCG is committed to having a systematic approach to commissioning and contract negotiation in which Making Every Contact Count is encompassed in every contract. All practices are encouraged to use MECC as part of their daily

		practice and various audits throughout the year will be conducted and shared with practices to monitor top performers and those will lower performance with regards to referral rates. This will then be raised with individual practices and the CCG along with Public Health will work with the practices to encourage better performance.
	• Diabetes Prevention	The CCG has applied for and been successful in its bid to deliver a series of diabetes education programmes. The programme will include 6 sessions running for 2 hours each and will include the following: Session 1 – Introduction. Weight & BMI checks, smoking status and current levels of physical activity. Readiness for change assessment. Food and activity diaries will also be issued. There will then be an introduction to diabetes and pre diabetes. Session 2 – Information on healthy eating and eat well plates, food labelling, portion control and advice on smoking and alcohol consumption. Session 3 – Benefits of physical activity in relation to diabetes and effects on the body. Session 4 – Interactive session showing participants how to grow own fruit and veg and how to incorporate this into their diet. Session 5 – Healthy cooking session Session 6 – signposting/referrals, follow up meetings will also be arranged. The programme will then be evaluated by the senior health trainer and feedback will be given to the CCG to disseminate.
Social Prescribing Models	• Signposting patients into other services can reduce NHS demands and get appropriate support to	This is something that the CCG will look into in the medium/long term plans. This will require investment to identify volunteers

	improve health outcomes	and community navigators which is why this will be in the medium to long term plans. The CCG will review some of the social prescribing projects that have been implemented across the country in partnership with the GEM Prescribing Team. A plan of action will then be developed. It is aimed that an action plan will be developed by December 15 which will outline actions and timescales.
Reducing Inequalities	• How approaches will reduce inequalities. The CCG need to demonstrate an understanding of proportionate universalism and the need to target additional support for improvement towards specific communities/areas.	Page 24-28 of Operational Plan (Appendix 10). The CCG also undertook various events to engage with A8 communities. Full details of the projects can be found in appendix 7 and One Year Review.
Contracting and Procurement to influence health improvement and lifestyle	• How will the CCG use its contracting and procurement influence to contract for health improvement and lifestyle	In 15/16 the CCG will explore including the Making Every Contact Count concept as part of provider contracts. In order to do this over 2015/16 the CCG will scope other work completed by commissioners in other areas to see how this has been implemented within other CCG's. Additional information can be found in the Operational Plan on page 27 (Appendix 10) and page 24-25 of the supporting narrative document. Lifestyle services already commissioned by Public Health are as follows: • Stop Smoking Services • Weight Watchers • Variety of physical activity programmes based at various age groups • Substance Misuse service A pilot is also being run within Lincolnshire East to work with local pharmacies working with Audit C to provide Brief Interventions for alcohol misuse. If this is a success Public Health will roll this out to other CCG's within Lincolnshire.

Appendix 1

CVD Prevalence

The prevalence of AF across South Lincolnshire is 3,164 (1.98%) the aim is to get to 3,195 (2.00%). If we can reach the target and treat 85% of those patients with anticoagulation we can prevent 31 strokes.

Appendix 2

Dementia Trajectories

Practice	Dementia ES sign up	Cantab Sign up	"Gap" to ambition - updated Dec 14	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Abbeyview	Y	Y	18	41.1	44.4	45.2	44.76				
Beechfield	N	Y	51	38.5	41	43.6	43.04				
Bourne Galletly	Y	Y	3	64.2	63.6	65.3	67.02				
Deepings	N	N	66	38.5	41.5	42	47.14				
Gosberton	Y	Y	18	50.5	49.4	50.4	49.94				
Hereward	Y	N	0	69.4	67.9	70.6	72.85				
Littlebury	N	N	12	60.2	56.4	58.2	59.93				
Long Sutton	Y	Y	47	4308	44.5	50.6	50.67				
Moulton	N	Y	35	26.9	29.2	29.7	29.48				
Munro	Y	Y	0	69.8	71.1	72.3	71.94				
Pennygate	N	N	0	150	168	172.4	186.47				
Sutterton	Y	Y	21	28.3	29.2	29.5	29.36				
St Marys	Y	Y	0	63.3	65.4	68.5	70.77				
The Little Surgery	Y	Y	10	33.3	37.9	45.1	57.32				
The New Sheepmarket Surgery	N	Y	48	39.8	40.7	41.6	41.45				

*****Gap to ambition is the number of screens needed to achieve the target.

Further Appendices

Appendix	Document Title	Where the document can be viewed/accessed
Appendix 3	Latest Dementia Report	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 4	South Lincolnshire CCG Assurance Document	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 5	Lincolnshire Clinical Commissioning Groups Cancer Delivery Plan	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 6	South Lincolnshire CCG One Year Review	See Appendix B
Appendix 7	Engagement Reports – Bakkovor & Morrisons	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 8	Planning Assumptions	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 9	South Lincolnshire CCG's 7 Ambition	Contact cumba.balding@southlincolnshireccg.nhs.uk
Appendix 10	South Lincolnshire CCG Operational Plan	http://southlincolnshireccg.nhs.uk/key-documents/cat_view/14-key-documents/72-strategic-and-operational-plan